FROM THE PRESIDENT: NAME DROPPING

I have been showing off a lot lately; I’ve noticed that I’ve been doing a lot of name-dropping. I like to think I have an excuse for this kind of showing off, linking it to the responsibilities and prerogatives of being president of Division 39. However, I have to confess that the kind of showing off that I have been doing did not start with my presidency.

It actually started a number of years ago as I was finishing my psychoanalytic training at the Philadelphia School for Psychoanalysis. It was apparent to me then that while most of my colleagues felt pride in their training as psychoanalysts, it also seemed to be an identity that provoked some “staying under the radar” behavior. I have come to understand their reticence as having at least two primary sources. The first is the status of psychoanalysis in organized psychology as a whole; over the last 20 years psychoanalysis developed into an apparent straw man for attacks by those who felt that there were better ways to provide psychotherapy. The second source comes from within the field of psychoanalysis itself; the ambivalence and lack of consensus about who exactly could properly call themselves a psychoanalyst resulted in identity uncertainty on the part of many whose training was outside of the mainstream institutes.

In what perhaps could be characterized as an attitude of counter phobia, I found myself wanting people to know about my pleasure in having been trained psychoanalytically and the gratitude I felt toward my institute and psychoanalytic psychology for providing me a firm foundation for the practice of clinical psychology as well as the conduct of my personal life. In any event I have engaged in what I am calling name-dropping for many years, mentioning psychoanalysis in non-psychoanalytic settings every chance I get. It is just that recently the incidents and scope of my name-dropping have both increased.

I will start with a minor example and then move on to one that’s more substantive. Despite my locally well-known dismissal of television as a medium that can reliably provide any information of importance, I leapt at the opportunity recently to go on television as an “expert.” The venue was a cable talk show program on CN8 entitled “It’s Your Call, with Lynne Doyle.” The program was to feature author Nora Vincent in a discussion of her recent book Self Made Man. The book chronicles Nora Vincent’s experiment of posing as a man for 18 months. During that time, she joined a bowling league, dated, went on a monastic retreat, and ultimately participated in an “Iron John” style men’s group retreat in a wilderness setting. The book is a fascinating, and I think accurate, reflection on the experience of being a man, with all of its stereotypic intensities.

I had two goals for my appearance: to say something intelligent when the opportunity presented itself and to make a public mention of Division 39. Happily, I was able to achieve both goals. I had a chance to comment on gender identity issues and conflicts and was able to make a pitch for the importance of curiosity in life and the utility of therapy as a venue to explore conflicts. But it was the success with name-dropping that really pleased me. For some period of time next to my image on the television screen, there appeared the caption “President, Division of Psychoanalysis of the American Psychological Association.” This was the effect of my appearance: the opportunity for the general public to see a specific example of a psychoanalyst, which for many people most likely embodies something mysterious and foreign.

An earlier incidence of name-dropping occurred in my hometown of San Antonio, Texas at the beginning of February. I was there at the invitation of the San Antonio Society for Psychoanalytic Studies to give the Fifth Annual Frank Paredes Memorial Lecture on Culture and Identity. The title of my talk was “A Cultural Inheritance: The ‘Mojado’ Roots of My Psychoanalytic Identity.” It was an extended reflection on two cultures and their effect on my identity: Mexican-American culture and the culture of psychoanalysis. The lecture preceded the APA Expert Summit on Immigration, co-sponsored by Division 39.
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.

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DEADLINES
Deadline for all submissions is January 1, April 1, July 1 or October 1. Issues generally appear 5-6 weeks after deadline date.

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Much to my surprise it appears that many people read the San Antonio Express-News. This was confirmed by the fact that when it came time to give my talk, relatives who hadn’t known that I was going to be in San Antonio were on site to hear me speak. Moreover, childhood friends whom I had not had contact for many, many years (I moved away in 1971) also made an appearance. It was gratifying to me that among the audience were many people who, as it turns out, were 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 7.5" x 9"; $250 half page 7.5" x 4.5"; $150 quarter page 3" x 4.5". Checks should be made payable to Division 39 and mailed along with camera-ready copy.

San Antonio Express-News: You’re a leader in psychoanalysis, which was founded by Freud and comes out of a 19th century, white patriarchal society. It’s associated with years of expensive treatment and affluent, educated people. Is it relevant for diverse cultures today, for the poor or for the immigrant experience being discussed at this summit?

Ramirez: It’s one of those funny ironies in my career that my graduate program had a very dim view of psychoanalysis, and I came East to study with all the “weirdos” in psychoanalysis. But psychoanalytic thinking, the theory, just pervades psychology even in places where people don’t think of it. For example, the idea that the human mind has unconscious cognitive experiences that happen outside our awareness but nevertheless affect the way we think and feel—the idea of the dynamic unconscious. Those psychoanalytic concepts are there in psychology.

The old stereotype is alive, but psychoanalysis is not just for the socially and economically elite. There are many, many practitioners who are trained psychoanalytically and are working in community mental health centers, clinics and hospitals. Our division Web site (www.division39.org) summarizes outreach efforts by members to help people who need it. The division program at this summit is about one of our members with an Asian-Indian background who has started a clinic at Massachusetts General Hospital specifically designed to meet the needs of the Asian population. A lot of them are immigrants.

E-N: But does psychoanalysis fit in with managed care and the shift from lengthy sessions of talk therapy to medications?

Ramirez: Plenty of studies show that combining medication with psychotherapy is more effective treatment and more long lasting treatment than medication alone. There’s room for both.

Plenty of studies show that combining medication with psychotherapy is more effective treatment and more long lasting treatment than medication alone. There’s room for both.

2 See <http://www.mysanantonio.com/salife/stories/MYSA013006.1P.RamirezQA.20fb42e.html> for the entire interview.
were not psychologists at all but were simply interested in the topic and possibly curious to see what a Mexican-American psychologist would have to say.

Apart from my attendance at the biennial National Multicultural Conference and Summit, I have rarely, if ever, been in an audience at a professional talk that included so many people of color. In this case, they were primarily Mexican-Americans. I found myself in the enjoyable position of giving a lecture that, while designed for a professional audience, could be adapted to a lay audience. In the paper I used D.W. Winnicott’s concept of the “use of an object” to illustrate the effects of growing up Mexican-American, and of studying psychoanalysis, on my sense of identity.

Apart from the opportunity that this appearance afforded in terms of my broadening the exposure of the Division of Psychoanalysis both within APA and the broader public, on a personal level the experience of presenting this paper to this audience in my hometown wound up being mind-boggling. First of all, the unexpected attendance by my relatives and childhood playmates brought immediacy to the content of my talk. This was amplified further by the invitation to visit my high school, where I had been part of the Class of ‘69.

Someone there had read the newspaper interview and was interested in having me come and visit and speak to some students. Although initially noncommittal to this invitation (high school had included unpleasant experiences with bigoted administrators), I eventually decided to make an appearance. What ensued was an hour-long meeting with the current principle, some teachers, and three graduating seniors, all of whom were Mexican-American or African-American. I spoke about my career as a psychologist and of what it means to practice psychoanalytically. Ultimately, the lecture and the visit to my high school were a double shot of surprise and satisfaction. Never had I imagined that I would be returning some day to my high school as a psychoanalyst to explain to a group of Mexican-American kids what that means.

Reviewing these experiences, I realize that they are not necessarily activities one could make a resolution to accomplish in advance of assuming a leadership position in an organization such as ours. These are serendipitous opportunities one simply seize as they appear. The experiences that I chronicle in this column have left me feeling profoundly gratified both about my identity as a psychoanalytic psychologist and my role as president of the division. I have to admit that I love showing off in this way and enjoy being one of the public faces of psychoanalysis. If anyone reading this piece has had similar experiences that they would care to write up, send them to me.

DIVISION 39 PROGRAM AT 2006 APA CONVENTION

PSYCHOANALYSIS: A GENERAL PSYCHOLOGY

This year, I served as chair for division programming for the APA Convention. It has been a bumpy ride, beginning in August with the devastation of New Orleans by Hurricane Katrina and the flooding that came in its wake, and continuing through January when the APA Convention Office shut down my access to convention planning. It’s now up to APA to complete the schedule and send out a directory and await the arrival of participants to a city that has a long way to go to recover its “big easy” stride. At this point, I have done my best to develop a program that I hope will not only be of interest to division members, but also reach out across division lines to our colleagues and peers.

As you may know, the theme for the division program, Psychoanalysis: A General Psychology, echoes a festschrift for Heinz Hartman on the occasion of his 70th birthday (Loewenstein, R., et al, International Universities Press, 1966). Its titling then reflected the heady assurance that psychoanalysis was a viable competitor with other models of human behavior, and in particular was beginning to hold its own with behaviorist conceptions. When colleagues lament the decline of psychoanalytic thought and practice, they generally refer to the rise of competing clinical conceptions and practice, intrusion of managed care, or the decline in psychoanalysis in the medical profession and medical schools. Although never ascendant, there was a brief moment in time when psychoanalytic psychology appeared poised to become competitive with if not preeminent over other psychological models.

Psychoanalysis always had rough going in psychology departments. As Mark Rilling (American Psychologist, 2000) explained in a fascinating recounting of J. B. Watson’s rivalry with Freud, most of American psychology was hostile to Freud’s ideas throughout the old century. It was the ambition of ego psychology to advance a model of psychoanalysis that could enter the mainstream of academic psychology. The Hartman festschrift is a valuable marker of this ambition, just as the death of David Rapaport, perhaps, foreshadowed its demise. When I attended my first APA Convention years ago, I was introduced to a “very famous psychologist” by my former professor, who praised my recently completed dissertation. When I observed that I was here to attend a Division of Psychoanalysis meeting, the famous man looked quizzical
and then sadly commented, “Poor boy, I didn’t think people did such things nowadays.” He seemed quite concerned for my intellectual and possibly emotional health!

So much for background on the title of the division program, here is my rationale for asking for proposals that fit this description. I wanted proposals that would cut across division lines as a way of attracting colleagues who would not ordinarily think psychoanalysts had anything interesting to say. I asked that both juried and non-juried panels seek co-sponsorship with other divisions and include other division members on their panels. I also asked for topics that would address issues that could be explored from multiple perspectives. I think that I was successful in this regard and I hope that our members as well as other psychologists attending the convention with find this theme relevant and important.

One measure of success in actualizing the program’s goal is to note that eight programs are co-sponsored with other divisions, including Theoretical and Philosophical (24), State Associations (31), Independent Practice (42), Media (46), Peace (48) and Psychopharmacology (55). One advantage of this process has been to expand the number of hours available, since co-sponsorship means that the divisions each contribute one hour of their time to the panel, i.e., we essentially added eight hours to out total APA allotment. Since I have not seen the APA Directory, and I did not keep count as the process unfolded, many division program chairs selected our panels to co-list; and this should also help boost cross-division attendance at panels. In addition, many of our presenters have their primary affiliation with other divisions, including George Albee, Steven Behnke, Sharon Brehm, Betsy Carll, Beverly Greene, Eric Harris, Steve Hollon, Bob McGrath, and Brent Slife.

The booklet with the complete division program schedule will be out in a month or so, so I will not describe every program; but I would like to highlight some of the panels. Six sections have scheduled programs ranging from an analysis of Charlie Chaplin’s humor (Section I) to an examination of the consequences of the war on terror (Section IX); and one of the presenters for this panel will be Barbara Olshtansky, a lawyer with the Center for Constitutional Rights and author of Secret Trials and Executions (Open Media, 2002). Along the way, there will be panels that address power and powerlessness in women (Section III), the nature of evidence in psychotherapy (Section IV), treatment of trauma (Section V) and what makes group therapy analytic group therapy (Section VII). There will be a panel on ethics, addressing the problem of the APA Ethics Code for psychologists who work with highly troubled and litigious patients, with Lawrence Hedges joining Eric Harris and Steven Behnke for a very important discussion of this issue. Laurie Wagner will head up a panel on recovery after disaster with Joy Osofsky, Betsy Carll and Naama Tokayer. There will also be a “Happy Birthday, Sigmund” panel with Peter Rudnytsky and Barbara Stimmel assessing the impact of Freud’s life and teachings 150 years on. There will be a reprise of some panels offer at this year’s Spring Meeting, with Jaine Darwin holding a workshop in implementing the SOFAR project in other communities and Nancy McWilliams describing the development and utility of the Psychodynamic Diagnostic Manual (PDM), although she will be joined by a number of folks who were not on the Philadelphia panel. There is a lot more, 44 hours in all, including a Friday evening reception.

Now, here is the hard part. Who is going to come to New Orleans (or NOLA, as we’ve all learned to call it in the last year)? For several months, the question was whether APA was going to go to NOLA; and that question was only answered in December. As I developed the program panels, I asked that question a lot of potential presenters; and the presenters in turn wondered if anyone would come to hear them if they did show up. The question has been raised as an accusation: Why go to NOLA to celebrate our profession and promote our work in the face ongoing devastation, with the charge of “disaster tourism” leveled by some. Of course, when APA did not immediately affirm that it would hold the convention there, some criticized APA for considering “abandoning” NOLA. Well, all of the questions have been answered except one: Are YOU going to attend the convention? Of course, division members have been answering that question negatively for a number of years, despite the division leadership’s commitment to hold quality programming during the convention and pay for meeting space for division subgroups. Remember, APA gets all the registration money and the division has to shell out for the hospitality suite, reception, board meeting room and other amenities from its regular operating budget. So Division 39 is committed to schedule a program; your colleagues and peers have committed to attend and present; so now it’s up to YOU. Please consider attending this year. The more division members attend, the more hours we are allotted in subsequent years. Your participation helps the division continue to stay connected to our parent organization in this important way.

There is one more thing that needs to be planned for the convention. This part of the article would normally emphasize the opportunity of colleagues to enjoy the unique amenities of the most European of American cities, from the boulevardier culture, to the music, to the ambiance of its neighborhoods, and, oh yes, the food… the glorious, glorious food. This will be part of the adventure
of attending the convention. This year, however, there will be other things to learn and explore that will be quite a bit more sobering. Although we have not worked out details, we will be exploring ways we can connect with the New Orleans psychoanalytic and psychology community, as well as find other ways to make member attendance at the convention include the opportunity for some greater awareness and understanding of the scope of the disaster caused by the hurricanes and flooding. You will learn more about this later.

It was convenient to rely on the first person voice throughout this article, but impossible to develop the programs and schedule this meeting without the ideas, energy, contributions of time and effort and kind words of many individuals, including Andrea Corn, Jaine Darwin, Barry Dauphin, Marsha McCary, Nancy McWilliams, Jane Tillman and Laurie Wagner. Come and find out what great work they did!

FROM THE EDITOR: BECOME A MORE ACTIVE MEMBER!

Bill MacGillivray, PhD

Membership in our organization should be an interactive affair. In addition to this newsletter, we communicate with our members through spring and summer meetings, website, quarterly journal, Psychoanalytic Psychology and quarterly summary of psychoanalytic journals and books, Psychoanalytic Abstracts. Although these activities are important ways to inform and educate our members, in order to survive and thrive, our organization needs the active engagement of our members.

There are several ways to stay engaged, but one important way to do so is afforded by this newsletter. Most of the authors in this issue have provided email addresses in order to allow members to reply directly with thanks, praise or criticism. Any member may reply directly to the editor with a suggestion or critique. When you peruse this issue, please consider sending along your thoughts and ideas, either to the author or the newsletter editor.

I would like to highlight several articles that should get members thinking and responding to the issues raised by the authors. In this issue, there are two articles called Controversial Discussions, and they raise similar issues and concerns: What is the proper role for clinical insight versus empirical findings in determining the substance, nature, value and efficacy of our work? David Wolitzky explores this issue in the context of the praise heaped on Adam Philips for his recent Op-Ed column in the New York Times. Gerald Davidson addresses this concern in the context of his generally favorable response to the findings of Ron Levant’s Presidential Task Force on Evidence-Based Practice in Psychology (EBPP). Both authors invite members to think about and respond to the questions raised. Although Dr. Davidson’s request was originally directed to members of Division 12, I would like to publish any comments members have about the points raised by him at the close of his article. And by then you should have thoroughly memorized the word, “Auseinandersetzen.”

While these articles explicitly invite a response, most of the writers featured here would welcome a reaction from our members as an important way to know if anyone is reading, if nothing else. Certainly, Allan Schore has been inviting member comments for some time.

Another important way members can communicate is by making sure their membership information on the directory is up to date. As you know, the Membership Directory is available on our website, www.division39.org. It is your responsibility to update the directory with any changes you wish to make. It is very easy. Also, members should contact Ruth Helein if they are not receiving all the division’s publications and literature.

Our website has a great deal of content that is an excellent source of information about division activities as well as archival information, such as newsletter issues and book reviews. Larry Zelnick is interested in making the website more informative and interesting and welcomes your thoughts on this.

Become a more active member… today!

- Write a short reply to at least one article in this issue
- Review your information on the division website directory
- Check whether you are getting all of the division’s publications
- Go to our website and learn more about division activities

And now for some corrections from last month’s issue: In the review of Robert Lipgar and Malcolm Pines book, Building on Bion, the author of the chapter on Bion’s War Memoirs is Paulo Sandler (not Pablo Sandler); and the author of the chapter “Anthropological Psychoanalysis” is Claudio Neri (not Claudia Neri). Also, in Jane Hall’s article, “The Importance of Psychoanalytic Training,” a reference was omitted: Szurek, K. (2003) Unpublished case report.
Letter to the Editor

We write with respect to Jane Hall’s essay which you published in which our institute, the New York School for Psychoanalytic Psychotherapy and Psychoanalysis (NYSPP) is referred to by our previous name, the New York School for Psychoanalytic Psychotherapy. The article compares our psychoanalytic psychotherapy training program with the more recently established one of the New York Freudian Society (NYFS).

Jane is an old friend from our days of studying with Gertrude and Rubin Blanck, and was one of the founders of our school in 1978, which received its Absolute Charter from the Board of Regents of the State of New York in 1982. Jane left our board more than twenty years ago to devote more time to the NYFS, where she is presently the president, although she has continued to teach and supervise at NYSPP.

We agree with much of what Jane has written, but would like to clarify certain differences between these two approaches to psychoanalytic psychotherapy training. As Jane states, NYSPP was founded to provide an advanced training program leading to a certificate in psychoanalytic psychotherapy. We believed that psychoanalytic psychotherapy, usually once or twice a week, as contrasted with psychoanalysis three to five times a week, was by far the most prevalent form of mental health treatment in America. We believed that psychoanalytic psychotherapy was in fact an independent discipline in its own right and that it deserves the highest level of training. We developed a three-year “core” curriculum based on contemporary psychoanalytic theory, and we require intensive supervision of cases and students must have personal analysis or therapy. A case presentation before a committee is required for graduation. All our faculty and supervisors are psychoanalysts, some members of NYFS, IPTAR, the International Psychoanalytical Association, and other analytic institutes. Some of our faculty members teach at NYFS as well. We are authorized by the Board of Regents to issue a certificate in psychoanalytic psychotherapy to our graduates.

Over the years we have graduated more than 220 psychologists or social workers as psychoanalytic psychotherapists. Some graduates went on for additional training in psychoanalysis at NYFS or other institutes. Several years ago some graduates asked us to provide additional psychoanalytic training based on the extension of our “core” psychoanalytic psychotherapy program. We responded by developing a two year supplemental curriculum in psychoanalysis for them and we added “and Psychoanalysis” to our name. This two-year curriculum in psychoanalytic technique is also open to others with equivalent training from other psychotherapy institutes. Thus, our psychoanalytic candidates receive a total of five years of courses and clinical workshops. We also require two supervised cases seen a minimum of three times per week for two years each, and personal analysis with a qualified analyst, a minimum of three times per week. (We do not consider frequency, by itself, a sufficient basis for defining psychoanalysis.)

We already have several graduates who have received their certificate in psychoanalysis, which is also authorized by the Board of Regents, and several other candidates who have finished their courses and are on their way to completing the psychoanalytic program.

We hope this will clarify the history and philosophy of our school in relation to our training programs in psychoanalytic psychotherapy and psychoanalysis.

Edwin Fancher. MA, FIPA
New York, NY 1001

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Chartered by the Board of Regents of the University of the State of New York
The multiplicity of perspectives now entertained by psychoanalysis can generate a cornucopia of views on what we might call “clinical momentum.” Attempts to give expression to complex experience challenge received understandings about what, in our ways of being with others and with ourselves, propels the forward motion of clinical engagement. The contemporary affinity for uncertainty, interest in complexity, and appreciation of each treatment’s unique flux, moment by moment and through protracted time, seize our attention.

We invite proposals from multiple perspectives that highlight and address the dynamic elements that contribute to clinical momentum. The elements that capture the moving and evolving dynamism of experience as it filters into awareness may include: interpretation, enactment, emotional creativity, disclosure, empathy, rupture and repair, attachment patterns, corrective experience, reflective function, procedural “now” moments, the linking of affective and/or bodily states and neurobiology. Submissions that consider applied research and the intersection between clinic and culture are welcome.

For Each Submission:

- Send four (4) copies of the proposal with a TITLE ONLY (omitting names). NO FAX SUBMISSIONS WILL BE ACCEPTED.
- Create a cover page containing: Your name(s), address, fax and/or e-mail, title of submission, and, for each author, his/her primary affiliation and a ONE-PAGE Curriculum Vitae.
- FOR PANELS ONLY: Submit four (4) copies of the following (a) A 150-word over-view of the panel; (b) A 350-word abstract for each paper. In order to facilitate discussions between presenters and the audience, we strongly recommend that panels be limited to two (2) papers and a MODERATOR (versus DISCUSSANT).
- MEET THE AUTHOR has a delivery time of 50 minutes and requires a 150-word overview WITH name(s) INCLUDED.

Papers 50 minutes
Panels I hour 50 min.
Conversation Hour* 50 minutes 2 hours
Poster Session**

PAPER DELIVERY TIMES

PROPOSAL LENGTHS

350 words
150 word overview
+ 350 words/paper
150 words
150 words

*Please specify issues to be addressed in this informal format.
**The Core Planning Committee encourages graduate and undergraduate students to present their psychoanalytically relevant research.

NOTES:
1. All presenters must register and pay for the Conference. NO EXCEPTIONS. Please consider this when putting together your program.
2. Only three (3) proposals will be accepted per person. Scheduling decisions are nonnegotiable.
3. Psychoanalytic Psychology has the right of “first consideration” for all papers and panels under the aegis of the Division of Psychoanalysis (39).
4. Please direct all questions regarding submissions to the Conference Co-Chairs: Hazel Ipp, Ph.D., email: hazeli@rogers.com and Judi Kobrick, Ph.D., email: judikobrick@rogers.com.

Send all submissions to: Division 39 Spring Meeting
c/o Natalie P. Shear Associates, 1730 M Street, NW, Suite 801, Washington, DC 20036.

DEADLINE FOR SUBMISSION: POSTMARKED BY SEPTEMBER 8, 2006
Psychoanalytic Profiles: Rudolph Ekstein

Rudolph Ekstein died March 2005 at the age of 93. His entire adult life reflected an uncommon commitment and devotion to his chosen profession, psychoanalysis. Born in Vienna, he arrived in the United States in the late 1930’s barely escaping capture by the Nazis. He spoke no English and had no papers to support the fact that he had a Ph.D. in Philosophy from the University of Vienna, nor that he had been schooled in psychoanalytic pedagogy, knew and worked with Anna Freud, August Aichhorn, Willi Hoffer and Heinz Hartmann, Erik Erikson and was trained as a psychoanalyst. These difficulties were not, of course unusual for a great number of the European analysts who arrived on U.S. soil during the post-World War II years. Rudi as a young man of 26 when he arrived knew no one and was seriously ill. He spent the first months in a Boston hospital recovering from pneumonia, where he stated he “fell in love” with his beautiful nurse who taught him a few basic words of English. His first job was distributing telephone books door to door. Later, as his English improved, he entered graduate school and received a degree in clinical social work so that he might begin again to practice as a clinician. In 1947, Rudi was invited to come to the Menninger Clinic in Kansas. He took on the directorship of the Southard School for children, wrote his first book (co-authored with Robert Wallerstein) and became a training analyst there. When he moved to Los Angeles a number of years later (1957), he affiliated with the Reiss-Davis Child Study Center and was director of their Childhood Psychosis Project for many years until it’s closing in the 1980’s.

Rudi saw himself first and foremost as a teacher and educator. While he loved being a clinician, he utilized his clinical work to think and elaborate his ideas about psychoanalytic theory, training of candidates and treatment methodology. From the 1950s until quite recently he wrote and lectured around the world. During his lifetime he authored or edited more than eight books as well as many significant papers in the major psychoanalytic journals. I have decided to focus this essay on key ideas selected from several of his seminal papers, which demonstrate, I believe, the range of his contributions to psychoanalysis and to our literature. Much that he elaborated continues to be gems in our field and should not be forgotten.

While Rudi is well known for his many publications regarding early infantile autism, and childhood psychosis, several of his early papers were in reference to an understanding of psychoanalytic training issues. For example, in one of his earliest papers written in English appeared in 1948 called “Trial Analysis in the Therapeutic Process.” First presented at the Topeka Psychoanalytic Society and then to the American Psychoanalytic Association meetings (Montreal, 1949). The paper was later published in the Psychoanalytic Quarterly (1950).

His view of what he termed “trial” analysis is still relevant to beginning analyses today, most especially analyses of candidates. He wrote:

Today, not only the id but also the ego is analyzed; not only the repressed but also the repressing forces. It has come to be appreciated more fully that the analysand has to have the conviction of his need for an analysis rather than the formal compliance with an accepted principle that it is good for an analyst to be analyzed. The trial analysis then not only helps the analyst to come to a decision about the candidate’s suitability for training, but helps the candidate as well to find out what an analysis really is, whether he really wants it, and its purpose beyond obtaining status and a specialty.” (p. 56)

Not everybody can or should be psychoanalytically trained. A constructive use of a trial period of analysis should help analyst and analysand to come to a decision. (p. 61).

In a paper a few years later, he continues his writing about psychoanalytic training. He includes aspects of the real relationship emphasizing that those views the candidate develops in analysis about his analyst (e.g., transference) not only represent displacement and instinctual wishes, but also must be understood as part of the “real aspects of the relationship” and the role of the analyst in the institute in which the candidate is being trained. (Ekstein, 1955). In 1958, Ekstein participated on a highly prestigious panel at the American Psychoanalytic Association meetings on Early Psychic Functioning. Invited by the chair, Leo Rangell, Ekstein was the only non-medical analyst presenting. Subsequently, the two wrote a definitive article together on analytic process, “Reconstruction and Theory Formation” (1961). While such occasions were to occur often for Ekstein, he never felt fully part of or accepted by the American Psychoanalytic Association, as he had been accepted in Europe.

Fisher (2006), an analysand of Ekstein’s, described this in a recent tribute. He stated that Rudi “endured but never quite overcame the opposition of the American Psychoanalytic Association toward lay analysis.” (p. 67).
At the Menninger Foundation for 10 years he was only allowed to be a training analyst of the lay analysts because he was non-medical. This continued when he moved to Los Angeles in 1958 (until the settlement of the lawsuit in 1987), even though he was a valued analyst/teacher of both medical institutes in the city. Prior to his need to curtail his professional activities due to failing health in the mid-1990’s he conducted training analyses, supervised candidates and led seminars both within and without the main institutes. In fact, over the years, he became a training analyst at the Los Angeles Institute and Society for Psychoanalytic Studies, Los Angeles Psychoanalytic Society and Institute, The Southern California Psychoanalytic Institute and California Graduate Institute. When asked how he felt about his relationship to the many institutes he would express ambivalence. He once said:

I am half outside, half inside. It’s a little bit like a love affair, you know. You have a person in your arms and it feels suddenly the two of you are one. But how often does that happen? How often does it happen that we suddenly feel alone? The same is with the institutes. Sometimes one feels it’s a lovely love affair and sometimes one thinks, “Oh heck, I got screwed again!” I never spoke this way in Vienna. I learned this in America. (Beneniste, 1998, cited in Fisher, 2006, p. 67).

Despite his ambivalences and his continued multiple affiliations, Rudi did not endorse the pattern of theoretical splits which continue to fragment the larger field of psychoanalysis. He felt such splits reflected issues centering on personalities and power rather than reflecting original ideas which might further the profession as a whole. Thus, as stated above, he remained an independent; half inside/outside any organization to which he belonged.

**Autism and Childhood Psychosis**

I met Rudi Ekstein when we were both on a panel on *Early Infantile Autism* at the American Orthopsychiatric Association meetings in Chicago (1968). Another member of the panel was Bruno Bettelheim. I was a young therapist working at the Developmental Center for Autistic Children in Philadelphia. The Center was run by two child analysts who supervised my clinical work. It with their encouragement and insistence that I dared to show a film of my sessions with a seven-year-old autistic girl to the two well-known psychoanalytic “giants” in the field of treatment of autistic children. Their reactions and responses could not have been more opposite, yet they reveal, I think the personality styles and differences between the two men. Bettelheim was dogmatic and attacking of the film while Ekstein praised the work. He ended by simply stating, “If I were an autistic child, I would want Beth Kalish to be my therapist.” Of course, this brought a great roar from the
large audience and a strong positive transference to Rudi was solidified. Many years later I moved to Los Angeles and participated in his weekly seminars on Childhood Psychosis at the Reiss-Davis Child Study Center. Still later, on beginning my analytic training, Rudi became my analyst for more than eight years.

In 1966, Rudi published, *Children of Time and Space, of Action and Impulse*. This is one of his most revered books. The information presented spans over two decades of his clinical investigations with a particular group of very young children and adolescents suffering from borderline disorders, different forms of childhood schizoprenias, autism or severe character disorders. In this text, he opens by informing the reader that when starting to work with this population he had little to go by, that many of these cases did not seem to fit the usual analytic techniques despite the theoretical knowledge he knew so well about these children’s disorders. While psychoanalytic thinking informed all of his work, he expressed his concerns that at times he was “truly groping in the dark.” He saw each case as a piece of clinical research for clues and for answers during the treatment process. It was the child patient who forced on the therapist new methods and new data. Creatively, he used the example of the Moebius strip to teach in concrete terms. Thus, he would illustrate how the outer surface of the strip is continuous with the inner surface. There is no difference between the I and the non-I, between conscious and unconscious in such patients. He described their lack of boundaries; “there is no clear-cut inside and outside in the conventional sense,” when one is attempting to understand and to analyze the child’s psychotic organization. His early wisdom still rings true today regarding the painstaking efforts of the treatment of such cases be they children or adults, when he reminds us:

> Psychoanalytic work necessitates slow and painstaking reconstruction. There is no final insight; revision of earlier insights, the sharpening of older concepts, the updating of fragments of theory are the order of the day. I continue to be confronted with that feeling that made Freud speak of the “patchwork of my life’s labor” and that in all probability kept him from ever attempting to write a textbook …of psychoanalysis. I, too, do not want to attempt this, since [I] want to stress the fact that our opinions are fluid, that we are ready to face new clinical facts and to dispense with methods should they prove to be useless for a specific case. The reader who searches for the consistency of that final version, the commitment to a fixed therapeutic prescription, a perfect theoretical explanation, will be disappointed. (italics mine). (p. 8)

In all of his work, Rudi was a master of the use of metaphor. He perfected interpretation within the metaphor. He believed that metaphor may be regarded as an essential aspect of technique and aids the process of communication and insight between therapist and patient. He emphasized that the metaphor utilizes primary process material, manipulates it, while not changing the meaning into the language of secondary process. Like a dream, he emphasized, “the metaphor enables the patient to maintain the necessary distance with the feeling that the meaning of the dream/metaphor is ego-dystonic..only gradually is the meaning accepted as part of [the patient’s] inner reality” (p. 159).

In 1993, Hunter interviewed Rudi for her book *Psychoanalysts Talk*. It was one of his last published interviews. It seems appropriate to end this brief look at his extensive work by quoting him directly while talking about...
himself and his teachers of whom he valued Anna Freud above all.

It was only through Anna Freud that I could learn to think. The same was true for my philosophy teachers in Vienna, Schlick and Wittgenstein… I learned from her and similar teachers how to think analytically. I never felt that I had to be dogmatic. I saw once, in Salzburg, a poster… I was teaching… in that room where the patients sit was a big poster. I have it now here in my collection because they gave it to me and it says in German, **Sagemir; in Welcher Sprache Soll ich zudir Sprechen**—Tell me in which language shall I speak to you. And I thought how come they knew it? I thought only I knew this. It is my invention. That I listen to a patient: I don’t force on the patient the lingo of analysis or whatever else…if she has a Viennese dialect, I go for the Viennese dialect. If she comes in and she speaks English with a Mexican dialect, I try whatever I can, a little bit to adjust myself. I rather try to listen just like Frieda Fromm-Reichmann did with the patient who “talks” with her feces. You talk the language—or at least understand—the language of the other. (p. 280)

Rudi Ekstein has been described as a truly decent man. Those whose lives he touched and taught will sorely miss him. His writings are inspiring and will influence for years to come. His own English-Viennese voice rings loud and clear in my ears. I think it always will.

**BIBLIOGRAPHY OF RUDOLF EKSTEIN**


Beth I. Kalish-Weiss is a training analyst and president of the Los Angeles Institute and Society for Psychoanalytic Studies. She is in private practice in Hollywood, California
The *Psychodynamic Diagnostic Manual (PDM)* is the result of a unique collaboration among the major psychoanalytic organizations. The PDM covers adults, children, adolescents, and infants and systematically describes:

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At the very beginning of this month’s contribution, Ruth Newton, a member of one of the Los Angeles groups, taps into her autobiographical memory and recalls her early precocious transformative insight that “the mind,” like “the brain,” is an illusion, not because of its intangibility or ineffability, but because in essence both are not singular entities but dual systems. Indeed, one of the most important advances in both psychoanalysis and neuroscience is that there are two minds, two brains. Ornstein (1997) differentiates a “right mind” in the right hemisphere from a “left mind” in the left hemisphere.

Asserting a fundamental principle of brain research, Kaplan and Zaidel state, “Each hemisphere can function as an independent cognitive unit, complete with its own perceptual, motoric, and linguistic abilities” (2001, p. 158). Echoing this dual hemispheric model in a fashion familiar to psychoanalysis, Larsen and his colleagues conclude,

In most people, the verbal, conscious and serial information processing takes place in the left hemisphere, while the unconscious, nonverbal and emotional information processing mainly takes place in the right hemisphere. (2003, p. 534)

In a very recent paper I have (again) offered interdisciplinary data that characterizes discrete explicit and implicit self systems, identifying the latter as the neurobiological substrate of Freud’s system unconscious (Schore, 2003a, 2005a). In accord with this model, Mancia (2006) is now identifying the right hemisphere as the substrate of both implicit memory and what he calls the “early unpressed unconscious.”

The current surge of energy in psychoanalysis, the science of unconscious processes, is now even being observed by the mass media (Newsweek, March 27, 2006). The ongoing paradigm shift within psychoanalysis is being fueled by a cross-fertilization with other disciplines that are also extremely interested in the essential nonconscious structures and functional processes that drive all aspects of human functions, as well as in the explicit and implicit self systems. The major sub-disciplines that are contributing to this expanding dialogue are neuropsychoanalysis and developmental psychoanalysis. Echoing a principle articulated by generations of psychoanalytic theorists, Whitehead now writes, “The developmental point of view had always been central to the Freudian vision” (2005, p. 647).

Consonant with this perspective I have recently suggested, Because psychoanalysis has from its very beginnings shown a continuous intense interest in the earliest stages of the development of the mind, the emergent discipline of developmental neuropsychoanalysis has been a fertile repository for the incorporation of interdisciplinary data from developmental psychology, developmental biology, and developmental neurochemistry. (Schore, 2005a, p. 830)

With respect to developmental psychology, attachment theory, an outgrowth of psychoanalysis (Schore, 2000), is an important contact point of interdisciplinary convergence, especially with pediatrics (Schore, 2005b). The burgeoning field of developmental psychopathology is also significantly influenced by the psychoanalytic knowledge base (Fonagy & Target, 2000). Very recent advances in developmental psychoanalysis are now being rapidly integrated into developmental clinical models, and this applied attachment theory is contributing to practical models of not only clinical intervention, but broader programs of early intervention.

PRACTICAL APPLICATIONS OF ADVANCES IN DEVELOPMENTAL PSYCHOANALYSIS

Dr. Ruth Newton is an advisory board member for the Attachment Institute at the University of California, San Diego, and Psychology Supervisor of the Child & Family Mental Health Services St. Vincent de Paul Village, San Diego, CA. She runs Project SAFECHILD, a full service rehabilitation center for homeless families. In this community program 85% are single mothers and 40% of the children are under 5. These infants are high-risk for later emotional disorders and cognitive deficits. Her work thus centers on early prevention, and it is heavily informed by current developmental psychoanalytic and neuropsychoanalytic models of the relationally driven development of the infant’s implicit self. These efforts towards impacting the earliest formative stages of development in high-risk populations are an important expression of the long held goal of psychoanalysis to effect not only individuals through therapeutic treatment, but also the broader culture. As a member of the Commission on Children at Risk (Hardwired to Connect, 2003), I can attest to the current significant increase in emotional distress and
mental illness in the infants, children, and adolescents in our present culture.

At the very outset of my first book I asserted, rather boldly, “The understanding of early development is one of the fundamental objectives of science. The beginnings of living systems set the stage for every aspect of an organism’s internal and external functioning throughout he lifespan” (Schore, 1994, p. 3). Over the course of the last ten years an impressively large body of studies over a number of psychological and biological disciplines now confirms, in remarkable detail, how nature and nurture interact in the infant mother dyad, and how affective transactions during the brain growth spurt of the first two years of life indelibly influence the development of internal psychic structures over the rest of the life span.

A multitude of authors in a spectrum of developmental disciplines are now converging on the principle, “The environment in early life can have a major impact on later life” (Son et al., 2006, p. 3309). This developmental principle is one of the strongest findings in science. It represents an essential organizing principle of all biological and thereby psychological systems, and as such it constitutes a law of biology, at the same level of meaning as the fundamental laws of other sciences, i.e., chemistry and physics. It applies to all developmental sciences, including developmental psychology, psychiatry, and psychoanalysis.

The critical importance of early development was embedded in all of Freud’s models, and yet he emphasized later Oedipal over early preoedipal events in his conceptions of pathogenesis and treatment. Freud admitted his subjective difficulty in directly accessing maternal and preoedipal functions:

Everything in the sphere of this first attachment to the mother seemed to me difficult to grasp in analysis, so grey with age and shadowy and almost impossible to revify, that it was if it had succumbed to an especially inexorable repression. (1931, p. 228)

Current progress in developmental psychoanalysis has finally remediated this blind spot. It is this area of psychoanalysis, especially attachment theory, which has benefited greatly from the mutually informative dialogue with the other sciences. This dynamic interface has shifted psychoanalysis into a new phase of growth, one in which preoedipal dynamics, maternal transference, and the regulation of nonverbal bodily-based affect are identified at the core of the psychoanalytic change process (Schore, 1994, 2003b).

**Practical Applications of Advances in Neuropsychoanalysis**

In the following brief but revealing description Ruth Newton outlines her detailed (and clinically relevant) observational and videotaped evaluations of the child’s socioemotional development. These assessments of infants, toddlers, and young children key in on their capacity to process and regulate attachment dynamics, and focus not upon explicit verbal data but upon the child’s relational, implicit nonverbal facial expressions, gesture, and prosodic communications. This skilled observation of what she calls “dropping out the words” in order to take a snapshot of the “nonverbal person” is congruent with recent updates of attachment theory.

Indeed, current trends in this field are now exploring the connections between attachment and the perception of facial expression of emotion (Niedenthal et al., 2002). This work indicates that adult (and child) attachment orientation is associated not only with specific patterns of emotion regulation, but also with the perceptual processing of emotional stimuli emanating from faces. Other important studies are beginning to look at patterns of nonverbal behavior and sensitivity in the context of attachment relationships (Schachner, Shaver, & Mikulincer, 2005). In a description directly relevant to Newton’s work, these authors state,

Because infants are largely preverbal, parental sensitivity must, at least in a child’s early years, be conveyed nonverbally through gazing, smiling, gentle touch, soft voice, and behavioral synchrony. Even if the parents use words, which of course they do, the meanings of the words are not understood by the child, except through accompanying paralinguistic cues, facial expressions, patterns of touch, and so on. (2005, p. 146)

These ideas are echoed in current psychoanalytic writings by Etchegoyen and Mehler: “The prosodic contour—a pattern of successive levels of pitch—of adult’s speech towards babies always conveys a communicative intent in the speaker, in response to the infant’s affective state… prosodic engagement precedes semantic understanding in language development” (2004, p. 1479).

Utilizing a developmental neuropsychoanalytic perspective, Newton also stresses the critical role of right brain regulation mechanisms, dominant for the processing of nonverbal information, facial expressions, and prosodic communications (Schore, 1994, 2003b, 2005a). Throughout she ties together psychic processes long described in the psychoanalytic literatures with right brain functions. Summing up another current trend in attachment theory,
Fonagy and Target (2005, p. 334) now conclude,

If the attachment relationship is indeed a major organizer of brain development, as many have accepted and suggested (e.g., Schore, 1997, 2003), then the determinants of attachment relationships are important far beyond the provision of a fundamental sense of safety or security (Bowlby, 1988).

A growing body of interdisciplinary data suggests that attachment experiences impact the experience-dependent maturation of specifically the early developing (Chiron et al., 1997) right brain (see Schore, 2005b). Basic developmental research currently highlights a “right hemispheric specialization in regulating stress- and emotion-related processes” (Sullivan & Dufresne, 2006, p. 55). Thus, “The role of the right hemisphere is crucial in relation to the most precious needs of mothers and infants” (Sieratzki & Woll, 1996, p. 1747). Interdisciplinary research on maternal participation in the mother-infant dialogue now indicates,

A number of functions located within the right hemisphere work together to aid monitoring of a baby. As well as emotion and face processing the right hemisphere is also specialized in auditory perception, the perception of intonation, attention, and tactile information. (Bourne & Todd, 2004, pp. 22-23)

In this dyadic system of mutual influence the right hemispheres of both infant and mother are involved. Paul MacLean (1996), one of the pioneers of modern neuroscience, describes the infant’s impact on the maternal brain:

[Pl]roprioceptive brain stimulation from movements caused by the baby’s breathing, wiggling, crying, coughing, and the like would be expected to excite predominantly the right postcentral and parietal region. Moreover, auditory stimulation from the sounds of the baby’s breathing, sniffing, whimpering, crying, cooing, babbling, and so on might be expected to be conveyed more strongly by the left ear to the right primary auditory area and the adjoining region of the temporal association cortex...(p. 433)

He concludes, “For the mother the experience during pregnancy of the formless life within, could become after birth a sense of exteriorization and extension of the self that physiologically derives to a large extent from the right hemisphere” (MacLean, 1996, p. 435).

These models of early right brain development integrate nicely with current portraits of human infancy:

From birth, an infant is plunged into a world of other human beings in which conversation, gestures, and faces are omnipresent during the infant’s waking hours. Moreover, these harbingers of social information are dynamic, multimodal, and reciprocal. It is no wonder that infants’ early perceptual preferences include the human face, the human voice, animate motion, and events and interactions with these important social beings. (Walker-Andrews & Bahrick, 2001, p. 469)

But of course, we are now well aware that other scenarios, much darker that this exist in the early life histories of individuals exposed to early attachment trauma. In his last work Freud (1940) observed that trauma in early life effects all vulnerable humans because “the ego... is feeble, immature and incapable of resistance.” Again, current developmental neurobiological research supports this psychoanalytic precept. According to Poeggel, Nowicki, and Braun, “Traumatic emotional experience during early phases of life such as maternal separation and social isolation appears to have a dramatic impact on the shaping of individual’s responsiveness and behavioral strategies at later stages of life” (2003, p. 617).

As the reader will note Newton specifically discusses the nonverbal expressions of insecure disorganized/disoriented attachments, an accompaniment of early abuse and neglect. This most pathological of attachment patterns is associated with a predisposition for later forming Axis I (PTSD) and Axis II (Borderline Personality Disorder) psychopathologies as well as a vulnerability to later drug addiction. Early detection and developmental neuropsychoanalytic right brain-focused interventions with these high-risk children during the brain growth spurt of the first two years of life would impact these individuals at a time of maximal plasticity. Psychoanalytic parent-infant psychotherapy (Baradon et al., 2005), attachment-based interventions (Marvin et al., 2002), and early home visiting programs (Stern, 2006), all practical forms of early prevention, are now in place. Such programs, if expanded on a large cultural scale, would contribute greatly to an adaptive alteration of the intergenerational transmission of deficits of the psychobiological core of the human unconscious and optimize the developmental trajectory of the implicit self over the ensuing stages of the lifespan.

In closing, I welcome the members of two new study groups, a second Seattle group, and one in Portland. There are now seven groups in these cities, Berkeley, and Los Angeles.
REFERENCES

Speaking Out of Both Sides of the Mouth: The Unnoticed Road to Childhood Disorganization

Ruth P. Newton PhD

Until that which you think, that which you feel, and that which you act and speak are a single integrated whole, not only are you at war with yourself... you fragment and split every child you come across automatically.

Swami Chidvilasananda

When I was a young child, I made what I thought was a stunning observation that some people had “two” people in them. This fascinated me to the point of becoming somewhat obsessed with figuring out which one was the real person. Hanging around on the periphery within earshot of conversation, I would intensely watch people’s faces and behaviors, listen to their voices... and their words. Interestingly, I had no grand theory of what it meant to have two people inside of one body. Little did I know however, what an important observation this actually was.

Right Brain Communications In Infancy

As early as the first two months of life, infants are gazing at their caregiver’s face. In fact, infants can recognize their mother’s face at 6 weeks of life (Lavelli & Fogel, 2002). Infants can also recognize their mother’s voice (DeCasper & Fifer, 1980) and discriminate the scent of her breast (see Porter & Winberg, 1999 for review) at 3 days of life. The early recognition of both mother’s voice and scent is thought to be evidence of the fetus’ ability to learn from the chemosensory and auditory environments in the womb during the last trimester (Fifer & Moon, 2003).

From the moment of birth, infants communicate their feelings or internal states through sound, body movements, and/or facial expressions. Caregivers are generally learning how to understand these expressions and respond to the infant so that optimal homeostatic regulation is achieved. As sleep and feeding rhythms begin to stabilize during the first 6 to 8 weeks of life, the infant becomes increasingly interested in human faces, particularly the caregiver’s face. In attuned dyads, mutual gazing between caregiver and infant can lead to the infant spontaneously smiling, an event that rapidly ignites a cascade of positive affect within the dyad.

The importance of synchronized, dyadic interactions for the developing child cannot be overstated. In fact, a child’s socioemotional development rests upon these early caregiver/child interactions. Not only are caregivers ensuring the physical development of the child through proper diet and medical care, they are also regulating the child’s emotional interactions that directly impact the development of the regulatory systems in the infant’s right hemisphere (Schor, 1994). Specifically, the interactive regulation of the primary caregiver is directly associated with entraining the sympathetic and parasympathetic branches of the autonomic nervous system and directly related to the subcortical-cortical connectivity needed for optimal functioning of the infant’s right brain (Schor, 1994, 1996, 2001a).

The right hemisphere is dominant for face processing and visuospatial perception (Le Grand, Mondloch, Maurer, & Brent, 2003; Van Lancker, 1997); prosody including tempo, intonation, pitch of speech and communication pragmatics (Lattner, Meyer, & Friederici, 2005; Mitchell et al., 2003; Van Lancker, 1997); and the activation of physiological responses (Spence, Shapiro, & Zaidel, 1996). It is also dominant during the first 3 years of life (Chiron et al., 1997). What would a young child’s experience be or more specifically how would a young child’s nervous system respond to a caregiver whose facial expressions and voice prosody give one impression while their speech and behavior convey another? What if the verbal story told is different from the nonverbal story? How would cognitive development emerge from such a foundation encoded in the right hemisphere when hemisphere dominance switches to the left at about 3 years of age (Chiron et al., 1997) corresponding to preschool concept development, i.e., learning colors, body part naming, counting to 10, shape recognition. How would this impact the overall organization of a child?

Early Interventions With Homeless Families

In my work with homeless children and their families at St. Vincent de Paul Village (SVdPV) in San Diego, we evaluate all children age birth to 5 coming into the shelter. Through trial and error, we have learned that we need to do as much of an evaluation in one sitting as possible due to the transient nature of homelessness. Therefore, we begin the evaluations with two 5-minute video clips of the caregiver/child older than 8 months in a structured and free play interaction to give us the most natural look at the child interacting with his/her caregiver. Even though the caregiver is aware of the video, we have learned that socially desirable responses by the caregiver that are perhaps less characteristic of typical interactions are identifiable based upon the responses of the child. The videos are later rated using the Early Relational Assessment (ERA; Clark, 1985) and are used in clinical interventions.

After the ERA, the young child’s cognitive, motor, and behavioral development is evaluated using the
Bayley Scales of Infant Development-II (BSID-II; 1993) for children age 1 to 42 months or the NEPSY (1998) for children age 43 to 60 months with the caregiver in the room. An intern serving as the observer is also in the room chronicling all caregiver/child and child/examination team interactions. Impressions of the child’s attachment to his/her caregiver are coded using modifications of Ainsworth’s secure, avoidant, and ambivalent categories (Ainsworth, Blehar, Waters, & Wall, 1978). Disorganized impressions are coded using the Main and Solomon (1990) criteria. Although the four attachment categories were developed from the Strange Situation paradigm (Ainsworth et al., 1978; Main & Solomon, 1990), we have found that impressions of the categories are readily observable and measurable in a developmental assessment and reliably predict cognitive and behavioral scores on the BSID-II (Newton et al., in review).

Recently, we tested a 4 year old child who displayed many disorganized behaviors in the developmental assessment including startling to sound, grimacing, behavioral stereotypies, bizarre hand movements, sudden breaks in attention, and age-expected language interspersed with incomprehensible speech. The child appeared apprehensive, did not smile, and had little to no eye contact with the examiner. She never looked at or approached the caregiver throughout the testing. During the developmental history, it was difficult to hold the caregiver’s attention due to the caregiver’s preoccupation with the child’s movements. The child was reluctant to leave the observation room and only left when the caregiver gave a nonverbal signal that the child appeared to understand.

During the ERA, the examiner seated the caregiver next to the child who then suddenly moved to the seat across from the caregiver. The child began to put a puzzle together with the caregiver commenting on the design when the child suddenly shifted her attention to across the room, flipped the puzzle board so that all the pieces fell out, and left the table. The caregiver’s voice became low, simmering, and controlled; however, the words the caregiver used were appropriate to the child’s age. The caregiver’s behavior was also appropriately focused on getting the child back to the puzzle yet the caregiver’s nonverbal facial expressions and body language showed frustration, impatience, embarrassment with some disgust, and barely hidden hostility.

**Nonverbal Assessments of Early Traumatizing Interactions**

Perhaps because of my early two-people-in-one preoccupation, I have developed the dubious skill of dropping out the words to take a snapshot of the “nonverbal person.” If this child responded to the nonverbal facial expressions and body language of the caregiver, the child would likely experience terror. If the child responds to the caregiver’s appropriate behavior, the child might feel some sense of security... but only if she could transform her bodily reactions. No matter how appropriate the caregiver’s words or how well the caregiver scaffolded the task, the child’s inner world is likely resonating danger to the caregiver’s threatening appearance. Responding to the prosody of the caregiver’s voice, facial expressions, and body language i.e., how the caregiver feels to the child, the child’s nervous system, specifically the right amygdala, will likely trigger a fight/flight/freeze response as if the child were in the presence of a predator. The child’s biological reaction to seek the caregiver for protection is now dangerous, hence the disorganization. Responding to the appropriate behavior and words of the caregiver however requires the child to override her biologically driven survival mechanisms, a task that could not occur without a dissociative split and the fragmentation of attention. The child is presented with the impossible dilemma of how to not know and not see one reality in deference to the other, perceived safer reality. In short, her choices may be to resolve this corruption by abandoning her internal world for the perceived safer external verbal world and attempt to regulate her affect through stereotypies, grimacing, and bizarre movements.
It is becoming clear that parental frightening behavior is associated with childhood disorganization. In maltreatment samples, 77% of the children are coded disorganized (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999); however, childhood disorganization is also found in nonclinical samples (15%, van IJzendoorn et al., 1999). Although maternal states of mind with respect to attachment coded from the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984, 1985, 1996) predict childhood attachment categories with 75% correspondence in general (van IJzendoorn & Bakermans-Kranenburg, 1996), unresolved loss in the caregiver specifically predicts childhood disorganization (AAI/Unresolved Loss category 53%, van IJzendoorn, 1995). Main & Hesse (1990) further suggest that frightening behavior in the caregiver in particular is related to childhood disorganization.

Schuengel, Bakermans-Kranenburg, and van IJzendoorn (1999) found that irrespective of unresolved loss (or maternal sensitivity), frightening behavior predicted disorganization. They also found that many of the frightening behaviors were subtle and co-existed along side of maternal sensitive behavior. Referring to the van IJzendoorn (1995) meta-analysis, Lyons-Ruth, Yellin, Melnick, & Atwood (2005) point out that 47% of the disorganized infants were not associated with maternal unresolved loss. These authors add that “chronic relational trauma” may be associated with a Hostile/Helpless state of mind that is “pervasively unintegrated.” Based on their coding system (Lyons-Ruth, Melnick, Atwood, & Yellin, 2003), they found that the Hostile/Helpless state of mind accounted for the unexplained variance not associated with the Unresolved Loss category in disorganized children.

Since our initial evaluation of above child, we have seen numerous caregiver/child interactions in other settings at SVdPV including a number of play therapy sessions. Although the caregiver appears to us to have many elements of the Hostile/Helpless state of mind, the behavior we are most concerned with is a preoccupation to be with the child as if the caregiver’s organization is dependent upon the presence of the child. We are specifically concerned that the child is the affect regulator for the parent. As the play therapy continues, we will introduce a review of the ERA video clips in collateral sessions with the parent and “wonder” together what the child might see and feel looking at the caregiver. We will also “wonder” together what the caregiver might be thinking and feeling in moments that we will pause for reflection. In fact, we are likely to have the caregiver watch the tapes without sound to better see and feel these differences.

Listening For Right Brain Dysregulation
Schore (1994, 2000) has successfully argued that affect regulation is the biological underpinning of attachment theory. In secure dyads, the child develops the neural connectivity to the right orbitofrontal cortex needed for executive override of the amygdala allowing the child greater self-regulation and an increasing use of focused attention for learning and play. The inevitable verbal and nonverbal mismatches encountered in the natural course of a child’s development in most cases can be repaired and thus understood by the child who is not threatened by his/her parent. For children who are disorganized however, it is not safe for the child to use the parent for interactive regulation creating severe affect disturbances seen in the bizarre, disorganized behaviors of a child attempting to auto-regulate fear states. These regulatory demands leave the child with very little room for focused attention needed for learning and play.

Unbridled stress responses as are often found in disorganized children have a profoundly negative impact on the development of the right brain’s cortical regulation systems (Schore, 1997, 2001b, 2002) that can lead to psychiatric disturbance. For such children, the nonverbal self encoded into implicit memory in the right hemisphere (Mancia, 2006, Schore, 1994) based upon these early caregiver/child experiences may be out of phase with
the verbal self, just as it appears to be for the caregiver presented above. As the disorganized child proceeds into other life settings, this lack of self-integration/regulation and now lack of self-esteem can greatly impact learning, friendships, and intimate relationships.

In the discussion that occurs after each assessment, I watched and heard my interns struggle with the impact of this caregiver. I was struck with their desire to point out how well the caregiver used appropriate redirection and how well the task was scaffolded by the caregiver. Only when I asked, “How did you feel in the presence of this caregiver?” were they able to focus on the nonverbal world that they in fact had seen and felt but did not comment on. It was only then that they were able to acknowledge they felt something dangerous in this caregiver and felt heavy, depressed, and creepy.

The power of words that fit the expectations held within any given context may cloud awareness of the instinctive, body communications, indicating that all is not as it seems. The incongruity of the caregiver’s responses was confusing to my interns, but I was struck by my childhood recognition that here was a caregiver with two selves in one body, one verbal and one nonverbal… who is now entraining the nervous system of a child who may be wondering which one is real?

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The multiplicity of perspectives now entertained by psychoanalysis can generate a cornucopia of views on what we might call “clinical momentum.” Attempts to give expression to complex experience challenge received understandings about what, in our ways of being with others and with ourselves, propels the forward motion of clinical engagement. The contemporary affinity for uncertainty, interest in complexity, and appreciation of each treatment’s unique flux, moment by moment and through protracted time, seize our attention.

We invite proposals from multiple perspectives that highlight and address the dynamic elements that contribute to clinical momentum. The elements that capture the moving and evolving dynamism of experience as it filters into awareness may include: interpretation, enactment, emotional creativity, disclosure, empathy, rupture and repair, attachment patterns, corrective experience, reflective function, procedural “now” moments, the linking of affective and/or bodily states and neurobiology. Submissions that consider applied research and the intersection between clinic and culture are welcome.

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CONTROVERSIAL DISCUSSIONS I: ADAM PHILLIPS’S A MIND IS A TERRIBLE THING TO MEASURE

DAVID L. WOLITZKY, PHD

An Op-Ed article, A Mind is a Terrible Thing to Measure, in the New York Times (2/26/05) by Adam Phillips triggered rounds of debate via email exchanges on the listserv run by the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. There were several positive, indeed laudatory, comments about Phillips’s article. I found these reactions disturbing. They prompted my initial critique of the Phillips’s article, to which others objected, and which led to several lengthy email exchanges. As one of the parties to these email exchanges, I will attempt to summarize the essence of the heated controversies stimulated by this article. Following my summary, I will present my critique of Phillips, the responses to my critique, and my comments on the critiques. The issues raised are not novel ones but they are important, unresolved ones that have important implications for the future of psychoanalysis.

PHILLIPS’S POSITION

Many readers undoubtedly read the article, clearly a play on the phrase “A Mind is a Terrible Thing to Waste,” and implying that measuring the mind is therefore wasteful. Phillips contends that there are two indications that “Psychotherapy is having yet another identity crisis.” The first indication is that some clinicians are “…trying to make therapy into more of a ‘hard science’ by putting a new emphasis on measurable factors; the other is a growing belief among therapists that the standard practice of using talk therapy to discover traumas in a patient’s past is not only unnecessary but can be injurious.” I will address only the first of these alleged signs of an identity crisis.

Phillips believes that among the things that cannot be controlled or predicted are psychotherapy sessions. As he put it, “Just as we cannot know beforehand the effect on us of reading a book or of listening to music, every psychotherapy treatment, indeed every session, is unpredictable. Indeed, if it is not, it is a form of bullying, it is indoctrination.”

Phillips stops short of urging us to be against science. At the same time, he claims that presenting psychotherapy as [H]ard science is merely an attempt to make it a convincing competitor in the marketplace. It is a sign, in other words, of a misguided wish to make psychotherapy both respectable and servile to the very consumerism it is supposed to help people deal with.

He agrees that in buying a car one is entitled to a vehicle that works but that “The honest psychotherapist can provide no comparable assurances. She can promise only an informed willingness to listen, and the possibility of helpful comment.” He notes that there always will be “casualties of therapy” and “No amount of training and research, of statistics-gathering and empathy, can offset that unique uncertainty of the encounter.” He ends by stating that “Since it is narrow-mindedness that we most often suffer from, we need our therapists to resist the allure of the fashionable certainties.”

If Phillips’s article was merely a warning not to jump blindly on the bandwagon of the evidence-based practice movement with its emphasis on randomized clinical trials, treatment manuals, and unsophisticated notions of, and avoidance of, the complexities of inner experience, his cautions would readily be heeded, particularly by psychodynamically oriented clinicians. However, the tone of his remarks seems more than a cautionary note as he emphasizes the unpredictable aspects of psychotherapy, implies that we should not have to demonstrate its value any more than one would have to demonstrate Shakespeare’s value, and that a focus of childhood would be regarded as a “wissy-wissy” practice.

Character and inspiration, the past and the future—are neither measurable or predictable. Indeed, this may be one of the reasons they are so abidingly important to us. The things we value most, just like the things we most fear, tend to be those we have least control over.

Any of the things we value most—the gods and God, love and sexuality, mourning and amusement,
He asserts that trying to make psychotherapy a “competitor in the marketplace” is “misguided.”

Critique of Phillips

Phillips’s article contains a number of dubious points and is not the view psychoanalysis should embrace if it is to survive as a mode of psychological treatment. Psychotherapists are rightly under pressure to go beyond self-serving assertions and provide empirical support for their claims. It is not that “reconstructing the past” is (or is not) a “wishy-washy” practice per se. Rather, it behooves us to be able to say, based on research evidence, when it is a useful, desirable practice, and when it is not necessary or even harmful.

The statement that “One of the good things psychotherapy can do, like the arts, is show us the limits of what science can do for our welfare.” misses the point. Psychotherapy aside, we know that science cannot tell us “how to live and who we can be.” Neither can psychotherapy or the psychotherapist tell us how to live, it can only provide the forum for exploring that question.

Although Phillips is correct in asserting that we have least control over the things we value most, it does not follow that phenomena such as “love and sexuality, mourning and amusement, character and inspiration...” cannot be measured or predicted. For example, we have a growing body of evidence that measurable aspects of a very brief videotaped interaction of a couple has strong predictive power regarding whether that couple will divorce.

Phillips claims that every therapy session “is unpredictable” and if it is not “it is a form of bullying, it is indoctrination.” The unpredictability Phillips refers to is true only in the superficial sense that we do not know ahead of time exactly what the person will want to talk about. However, to expect a particular theme to be on the patient’s mind in view of what has been explored in previous sessions and in view of our knowledge of the patient’s current life predicaments is not unusual, nor does it have to connote “bullying” or “indoctrination” at all. In fact, an interesting and important empirical question is how well therapists can make such predictions (perhaps one indication of how well attuned the therapist is to the patient) and whether the degree of accuracy in such predictions is related to other aspects of the treatment, including its outcome.

To argue that it is a “misguided wish to make psychotherapy both respectable and servile to the very consumerism it is supposed to help people deal with” is problematic. First, trying to make it “respectable” is no more misguided than trying to determine if teaching method A is superior to teaching method B or whether a drug is more effective than a placebo. It is unfortunate that the pressure to show the effectiveness of treatment is more a response to external pressure than to the internal pressures of therapists to demonstrate the value of their work and in that sense it is “servile” to “consumerism.” However, to say that psychotherapy is supposed to help people deal with consumerism is a misguided way to characterize psychotherapy. It might be that as a by-product of self-understanding one becomes less susceptible to consumerism but that is not the goal of psychotherapy. There well may be patients for whom consumerism is not ego-alien, in which case it would be “bullying” to urge the patient to be less influenced in that way.

It seems most analysts feel, along with Phillips, that because conducting non-manualized treatment is an art it cannot and should not be studied in a way that involves quantification and measurement. The title of Phillips’s article clearly implies that it is a waste of time to measure the mind, at least in the context of psychotherapy. Although it is admittedly difficult to define and measure the kinds of phenomena of interest to psychoanalysts in a meaningful, ecologically valid manner, not to attempt the study the mind in relation to the process and outcome of treatment is the waste of a compelling opportunity to advance our knowledge and is thus indefensible. However, even more indefensible is the insistence that analysts in the consulting room are functioning like scientists, a claim I saw in some recent emails on the listserv. It is a mistake to think that careful, disciplined thinking, reflections on one’s observations, and openness to error-correcting feedback is a sufficient definition of science. By this definition, in my grandmother’s thoughtful approach to making plum jam she was functioning as a scientist.

Finally, Phillips asserts, “Psychotherapy turns up historically at the point at which traditional societies begin to break down and consumer capitalism begins to take hold.” Although one cannot expect him to address this claim in any detail in the context of the Op-Ed piece, the issues involved are much more complex than Phillips’s statement implies.

Listserv Rebuttals

As a prefatory note, I should say that because the listserv is considered private, I will not cite the authors who objected to my views. The main reactions to my comments were: 1) to label me as someone with positivistic, linear leanings; and to criticize most science as guided by this allegedly misguided, conservative approach, 2) to imply that we are fighting a losing battle against other forms of treatment (e.g., CBT) that are quick, simple, and superficial and appeal to insurance companies for precisely those reasons. In other words, that science is being co-opted by
a consumer-driven, market orientation, and, 3) to argue against my view that clinical/theoretical writings and research on the process and outcome of psychoanalysis and on clinical phenomena more generally can usefully complement one another. I was seen as disparaging clinical contributions and placing undue emphasis on the importance of systematic research.

First, a comment on the charge of positivism and its alleged corollary, a focus on linearity. Those who supported Phillips’s position see positivism as a misguided, conservative ideology that claims that there is only one path to the truth. Some comments implied that a so-called positivist, scientific approach fails to take cognizance of uncertainty inherent in complex processes. It allegedly ignores the implications of chaos theory for the study of psychotherapy and ignores nonlinearity in the relationships among variables. No one bothered to define the different meanings of “positivism.” It was just used in a pejorative sense.

It also is argued that we should be quite cautious about the possibility of prediction when we are interested in subjective and intersubjective processes. In short, we are told that we are dealing with complex processes and that there is enough that is uncertain that it should make scientists humble, implying that they have a tendency to be arrogant.

Kazdin’s (2006) American Psychologist article on “arbitrary metrics” is cited in connection with the concern that operational definitions and linear thinking are being substituted for an appreciation of the complex nature of the phenomena we see in the consulting room. Arbitrary metrics refers to measures in a psychotherapy outcome study that might show a statistically significant difference but not a psychologically meaningful one. Obviously, this issue should be addressed in any well-designed study.

Second, Phillips’s supporters suggest that the evidence-based movement has been pre-empted by the CBT folks and that we would be playing a losing game to compete with them.

The main upshot of these kinds of criticism is not simply a set of cautions for the proper conduct of psychotherapy research but the strong implication that operational definitions and linear thinking are being substituted for an appreciation of the complex nature of the phenomena we see in the consulting room. Arbitrary metrics refers to measures in a psychotherapy outcome study that might show a statistically significant difference but not a psychologically meaningful one. Obviously, this issue should be addressed in any well-designed study.

The main upshot of these kinds of criticism is not simply a set of cautions for the proper conduct of psychotherapy research but the strong implication that we cannot measure anything that has meaning and relevance and that to try to do so is to play into the hands of the insurance industry and the CBT researchers who have stacked the deck against us.

**Response to the Critics**

I would maintain that at least 75% of the psychotherapy research literature consists of studies that were poorly designed and irrelevant. But, I also find that a similar percentage of the clinical literature is deficient with respect to clear, disciplined thinking and the presentation of evidence adequate to support the claims made. Although case studies are based on “empirical” data, the case material is highly selected in order to support a particular point, it often rests on memory or is a condensation of material from several patients, it typically has a high ratio of inference to observation, and alternative hypotheses are rarely considered.

As Lew Aron commented in a listserv exchange a year ago on the issue of evidence-based practice,

[I]am not satisfied that all clinical reports should qualify as empirical research. Many are (fictionalized) illustrations provided by authors to support their points of view. If we are going to champion the psychoanalytic case study as a meaningful form of evidence in support of psychoanalytic theory or practice then we will need to study the methodology of case reports in a serious, scholarly and sophisticated way. As of now we have hardly begun that task… Reading case studies rarely convinces any one from one school of the validity of another schools position or even of the point the article is trying to make.2 Let me state this more strongly. I have often read case studies with study groups and classes only to find that not only does it not convince the group of the author’s point, but the group often does not even agree that the patient improved! I have read case studies with groups of analysts where the author/analyst directly claims that this is an example of a well conducted analysis and that the patient got better only to have the group of analysts divided with half believing (based on reading the case) that the patient did not improve but just complied with the analyst. Now this in and of itself is valuable and educational, but it is also problematic and should be a step in the process of developing research methodology rather than the end point. Do we all just leave after the discussion believing what we always believed? What is the process by which we persuade and convince others? What kind of data does it take for us to change our minds about our analytic convictions? Can these processes be studied? If the differences among us in our reading and understanding of case reports comes down to our values, can we at least make these values public and study them consensually?”

Aron adds that “…many writers in disguising case material essentially fictionalize the narrative to make their points. Remember Kohut’s Mr. Z? Kohut was hardly alone in

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2 DLW: This also is true when reading research reports that go against one’s preferred clinical theory.
this.” Aron also gives an example of an analyst who for purposes of disguise wrote that the patient had colitis, instead of another symptom, and notes that “Later a researcher studied the analytic literature reviewing all cases of colitis and came to conclusions based on this case among others.” Considerations like these should give us serious pause in regarding the case study method as a sufficient investigative method.

The limitations of each method of observation (i.e., research and case study) should not preclude us from taking and integrating the best of what each method has to offer. While acknowledging the complexity of the psychoanalytic situation, at least some aspects of it are amenable to study. To use terms like nonlinearity, chaos theory, and positivism as buzz words to imply that virtually any kind of systematic empirical inquiry is not worth doing is to consign us to debate the same issues for another 100 years. This is not to say that research findings should be accepted uncritically. A warning against “arbitrary metrics” is apt. No one should say that research findings should be accepted uncritically. Considerations like these should give us serious pause in regarding the case study method as a sufficient investigative method.

We devote many years to study and training on the assumption that one’s knowledge of the clinical and theoretical literature makes a difference in our effectiveness as analysts. Yet, we have no solid evidence for this assumption. For example, there are many papers that encourage the view that the therapist’s awareness of and proper handling of countertransference reactions is important to the success of the treatment. The typical clinical paper reports one or more cases in which there has been a stalemate followed by the therapist’s awareness of a heretofore unconscious attitude or conflict that has interfered with his or her understanding and proper intervention. These stories always end the same way: the detection and improved management of the countertransference led to a (usually) dramatic breakthrough. Is that generally the case? Without some systematic empirical study of this issue, we are left only with a series of plausible testimonials. Although many of these testimonials might be convincing they are not sufficient.

Consider the assumption that what we say in therapy matters. One could take this as a truism not in need of systematic empirical support. I, for one, however, was pleased to see that Luborsky found a correlation between interpretations in therapy that focused on the Core Conflictual Relationship Theme and positive outcome.

There are many other examples of opinions based only on clinical experience (e.g., the importance of transference interpretation) that could be subject to more systematic inquiry. To conduct such studies does not deny the many ineffable aspects of the analytic process nor the value of compelling clinical insights that cannot readily be measured in a meaningful manner.

One should not need to be persuaded of the benefits of more than anecdotal-based information. Imagine going to your internist and saying that you recently heard that pink grapefruit lowers cholesterol and if that works you’d rather use that than Lipitor. Imagine that your internist replies that he has three cousins and an uncle who have been eating a pink grapefruit everyday for the past three months and that it has lowered their cholesterol. He also adds that other doctors have told him similar stories. Would you feel satisfied with that answer? Or, would you rather hear that a recent study in Israel with x number of males and females with cholesterol levels of y and z ate such-and-such an amount of pink grapefruit for x number of days and it lowered their HDL and LDL by such-and-such amounts compared with a matched control group that ate only white grapefruit and a control group that took Lipitor only. Now, your doctor would be the first to tell you that those are group results and that there was no assurance of how you would do. Nonetheless, I believe you would feel on firmer ground regarding what remedy to try than you would on the basis of the story about the doctor’s uncles and three cousins.

Now, imagine a patient consulting you for the first time who meets the criteria for Major Depression. You
are thanked for your attention and concern and then asked “what treatment options make the most sense, doctor, based on your experience and knowledge of the literature?” How would you answer? Or, if the question was whether, on average, the presenting condition responded quicker and more favorably to three versus four times a week analysis or whether the frequency mattered per se, or if it mattered in relation to whether medication was also used, or whether any of these differences had any probabilistic implications for a recurrence of the depression. Beyond falling back on one’s own clinical experience and the prevailing clinical opinion, what would one say? Should we not aspire to be able to answer these questions someday on the basis of more than just cumulative clinical experience? Must seeking such answers interfere with attention to the complex, subtle nuances of the therapy process? Can we not distinguish between “scientism” and meaningful attempts at scientific inquiry that could generate knowledge beyond what could possibly be encompassed by any individual analyst’s clinical experience?

As for the criticism leveled at me that my position reflected a positivist, linear bias in an age in which nonlinearity, chaos theory, and complexity theory are better perspectives for understanding the psychoanalytic process. My response is that at least as early as the 1908 Yerkes-Dodson Law we were aware of nonlinear relationships and that positivism and linearity are orthogonal notions. We need not allow the charge of positivism to block us from investigating what can be studied in a meaningful way. Terms like nonlinearity and chaos theory (taken, ironically enough, from the study of inanimate processes) often are used as buzz words by those who do not do research and who claim that human interactions in the therapy process are too complex and ambiguous to be studied systematically.

As analysts, we are particularly aware of the tendency toward self-deception. We should therefore be wary of citing the authority of our own clinical experience or of a prominent theorist. Science is a way of reducing reliance on authority. It is thus less rather than more conservative than clinically-based beliefs. It also has the ability to detect its own tendencies toward self-deception. For example, Luborsky has shown that there is a correlation between the therapy outcome findings and the theoretical allegiance of the investigator. Science does not abhor or deny uncertainty, as some have claimed. It tries to reduce uncertainty and it embraces skepticism while seeking lawful regularities. If it is being misused by rival therapies to seek political advantage, we can point out the flaws and limitations of those approaches. We also need to take responsibility for the fact that not all the pressures for accountability are unreasonable and, unfortunately, have been largely externally imposed.

Perhaps the strongest critique of my position was that I was disparaging clinically-based evidence and not appreciating that clinical work also is “empirical.” I had readily acknowledged that clinical work has produced many “compelling insights,” but that clinical case studies, although vital, are not a sufficient basis for conclusions about questions they were not designed to answer (e.g., the long term effects of psychoanalysis versus other forms of treatment). When clinical case studies offer a cohesive, internally consistent narrative and stick to elucidating meanings they can be quite illuminating and useful. I also recognized that it is very difficult to translate many of these insights into research studies. But, when case studies go beyond a discussion of meanings and talk about processes and mechanisms, or generalize too much, they exceed the bounds of what are suited to accomplish. Furthermore, just because an idea is plausible and compelling does not mean it is necessarily correct.

The concern was expressed that conceding that clinical research is necessary plays into the political power structure and diminishes the evidential value of case studies. I suggested that researchers might have gained the upper hand politically, in part, because we resisted calls for accountability and made claims that could not reasonably be supported by the case method alone. These issues

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are crucial ones for the future of our field and deserve continued consideration and debate.

I also was criticized for hoping that we could make some generalizations on the basis of research studies, partly on the grounds that I failed to recognize that such generalizations would not help us with regard to what to do with a particular patient under particular circumstances. I noted that reading case studies about how a particular therapist dealt with clinical issues with a particular patient also would not directly inform us about how to deal with a similar situation with a different patient.

As indicated above, there are many clinical issues that we cannot resolve only on the basis of our collective clinical wisdom. One example is the fact that analysts rarely do systematic follow-ups on their patients after treatment. Recent controversy based on follow-up data on individuals who had a psychotic episode make it unclear in what cases medication was a useful part of the treatment plan. This is information simply unavailable to an individual practitioner. Another example has been the chronic dispute, largely moot these days, of the relative merits of a four time a week analysis versus a three time a week analysis. A final example is the linking of childhood abuse and borderline personality without having any extra-clinical baseline data (e.g., the percentage of abused kids who do not develop borderline personality and who do not show up in the consulting room.)

Those who regard psychoanalysis as only a hermeneutic discipline are not particularly troubled by the fact that 100 years after Little Hans there still is debate as to whether Freud’s formulation makes sense or whether an interpretation in terms of trauma or attachment theory provides a better account of the clinical data. It might be extremely difficult to study the merits of alternative explanations of the meanings of dreams or fantasies outside the consulting room but psychoanalysis also is concerned with explaining the etiology of particular symptoms, and of psychopathology more generally. The study of psychological processes and mechanisms are aspects of psychological functioning that cannot be readily studied in the consulting room.

What I am not capturing well in this account is the intensity of affect aroused by Phillips’s article as well as by the subsequent postings on the listserv, particularly around the issue of whether data gathered via systematic research methods has any advantages over case studies for adjudicating theoretical differences. To even suggest that it has a useful complementary role was seen by at least one vocal critic as denigrating the value of clinical data. At the same time, it could be said that those who took this position of privileging data from clinical case studies, and ignoring their weaknesses, failed to show sufficient appreciation for the work of that small cadre of psychoanalytic researchers (e.g., Sid Blatt, Lester Luborsky, Drew Westen, etc.) who have made notable contributions to our understanding of clinical phenomena and the process of psychoanalysis.

It has long been said that if you put 10 analysts in a room to discuss a case, you get at least 11 different opinions about what is going on. Although I did not focus on it directly in my listserv remarks, the “consensus problem” does not appear to trouble those who exalt the clinical case method and have a disdain for clinical research. Forty years ago, Seitz (1966) showed how difficult it was for analysts to agree in their understanding of clinical material. Even in a hermeneutic age one would hope to see better reliability in inferences about the same material, particularly among those who share the same theoretical persuasion. Yet, we have seen prominent theorists disparage the potential contributions that research might make. Stephen Mitchell, for example, refers to what he dubs the Grunbaum

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1 http://www.universityofcalifornia.edu/senate/inmemoriam/EnricoE.Jones.htm

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CONTINUED ON PAGE 32
At its August 2005 meeting, the Council of Representatives unanimously adopted an APA policy based on the report from Ron Levant’s Presidential Task Force on Evidence-Based Practice in Psychology (EBPP). This report has for months been available online at www.apa.org/practice/ebpreport.pdf. I regard Council’s action and especially the report as important an achievement of our national organization as anything in my memory since joining APA in 1965 right out of graduate school.

Like any action or product by an organization as large and as diverse as APA—or like any product issuing from human effort—the task force report on EBPP is not perfect. But to my mind, considering the enormous complexity of the issues of empirically based practices and the mind-boggling heterogeneity among the membership of APA, it is as good a statement as can be expected on a matter that goes to the heart of psychology as a science and profession. And the report is particularly relevant for our Society of Clinical Psychology. If you have not yet read it, I urge you to do so sooner rather than later. If you work primarily in an applied setting, it is important that you know the issues and conclusions and discuss them in-house and at other professional gatherings. And if you work primarily as a researcher and/or teacher, it is important not only that you know the report but that you initiate and maintain thoroughgoing conversations with your colleagues and especially with your students from the undergraduate through the postdoctoral level. It’s a good read.

Students of my own may recall, perhaps ruefully, my frequent use of the German term auseinandersetzen. I heard it a lot during a year of study at the University of Freiburg after I graduated from college and before I started graduate school. The German students, both in classes and in the evening over delectable southwest German wines, showed a great love for the word, perhaps even more than did faculty in what was at the time a rather more hierarchical educational system than we are accustomed to in the US. Like most long German words, auseinandersetzen (actually the construction is a bit more complicated in that it is a reflexive verb and requires a particular grammatical context) cannot easily be translated into one English word. My own understanding of the term is something like this: To engage in a thoroughgoing analysis and passionate discussion; to study a complex issue from all possible angles. But even as I write these words, they don’t adequately reflect what the process is like experientially. Like the study of philosophy, it is perhaps better to do it than to talk about it. So in this the first of my three presidential columns in The Clinical Psychologist this year, I would like to invite you to engage in an auseinandersetzen exercise with me. To begin the process, I offer here a couple of my own reactions to the APA Task Force Report on Evidence-Based Practice, and in my next two columns I will discuss some additional questions and concerns about the report and related issues. Whether you agree with my opinions or not, I hope the report and the following brief comments will generate some auseinandersetzen activity of your own.

**What Passes for Evidence?**

The report defines evidence-based practice in psychology as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” This is based on a definition from the Institute of Medicine in 2000. I have seldom come upon as succinct a statement that is as full of promise and ingenuity as it is fraught with problems.

Above all, there is the question of how one defines “evidence” and a term that is almost always used in conjunction with or instead of it, namely “research.” Some of the more hard-nosed members of Division 12 (which, you will recall, initiated the empirically supported thrust within APA in 1993 under the leadership of divisional president Dave Barlow) and other individuals and groups not affiliated with our division or even with APA, restrict acceptable research to such methodologies as randomized clinical trials or, for the more adventurous, Skinnerian-type single-subject designs. This is certainly a viable position. But the core meaning of the word “empirical,” a term that has always been part of the discourse of what we are now calling “evidence-based,” is “based on experience.” And here’s where Pandora’s box is opened. Whose experience are we talking about? Are reports from clinicians to be accorded the same epistemological respect as the conclusions drawn by researchers based on a randomized clinical trial?
In collaboration with Arnold Lazarus, I have argued for over 35 years that it is a serious mistake to discount the experiences (empirically based observations) of practitioners. The critical epistemological question is what status such observations, which of course are not theory-free and which are subject to a host of well-known biases, should have in our conceptualization and designation of “evidence.” Put more generally, what kinds of information should we pay attention to? I don’t believe that the EBPP report addresses this issue fully. Here is how Lazarus and I put it a while ago:

While it is proper to guard against ex cathedra statements based upon flimsy and subjective evidence, it is a serious mistake to discount the importance of clinical experience per se. There is nothing mysterious about the fact that repeated exposure to any given set of conditions makes the recipient aware of subtle cues and contingencies in that setting which elude the scrutiny of those less familiar with the situation. Clinical experience enables a therapist to recognize problems and identify trends that are usually beyond the perceptions of novices, regardless of their general expertise. It is at this level that new ideas come to the practitioner and often constitute breakthroughs that could not be derived from animal analogues or tightly controlled investigations. Different kinds of data and differing levels of information are obtained in the laboratory and the clinic. Each is necessary, useful, and desirable (Davison & Lazarus, 1994, p. 158).

THE IMPORTANCE OF THEORIES AND PARADIGMS

And this takes me to the second aspect of the APA report that I want to highlight in this communication. I have already alluded to it in reminding the reader that observations are not theory-free. Scholars far more philosophically sophisticated than I have argued for eons that people don’t simply observe what is out there. Even at the basic perceptual level, we encounter the world with conceptual filters or what Thomas Kuhn called paradigms (and in fact he used perception research as a way to explain the concept of paradigms). Our perceptions of even simple inanimate phenomena are not simply experiential summaries of what stimulates the sensorium. The eye, for example, is more than a camera. Consider how much more nuanced things get when we enter the domain of complex interpersonal phenomena, which is surely how we must characterize the arena of clinical and other applied psychologists.

Let me mention just a few places where the EBPP Task Force Report glosses over the sometimes subtle role of theories or paradigms. In a section entitled “Multiples Types of Research Evidence,” the report suggests that clinicians must create “optimal combinations” of different kinds of research, their own individual personality and values, the treatment relationship, and the particularities of the patient to devise the best intervention; and that when empirical data are sparse, “clinicians use their best clinical judgment and knowledge of the best available research evidence to develop coherent treatment strategies” (italics added). My question is simply this: How can we define “optimal” or “coherent” outside of the boundary conditions of a theory (or on a broader scale, a paradigm)?

And to take but one other example, in the section on Patient Characteristics, Culture, and Preferences, the report states, “It is important to know the person who has the disorder in addition to knowing the disorder the person has.” Nicely put. My question: What does it mean to know a person outside of the parameters of a particular theory or paradigm? Psychological assessment methods from projective tests to behavioral observations cannot be understood outside of a particular conceptual system. It follows that any knowing of a patient is possible only within a general perspective of what makes people tick. Indeed, the very definition of a datum and the means by which one garnered that datum are not theory- or paradigm-free. The report does not deal with this core epistemological issue.

So, colleagues and friends, in the spirit of auseinandersetzen perhaps you will be moved to share your reactions with fellow members of the Division. I am very eager to know how the membership of Division 12—and I definitely include student members—weigh in on these very important issues:

1. What should pass as evidence? Of course, this is central to the concept of evidence-based practice. Can reports from clinicians ever be accorded more value than as a heuristic? Can they ever be given the same epistemological respect as the conclusions drawn by researchers based on a randomized clinical trial or a tightly controlled single-subject design?

2. Clinicians are supposed to use their best clinical judgment and knowledge of the best available research evidence to develop coherent treatment strategies. But can we define “coherent” outside of the boundary conditions of a theory (or on a broader scale, a paradigm)?

REFERENCE


Gerald Davidson is professor of psychology at University of Southern California and president, Society of Clinical Psychology.
Contemporary psychoanalysts know that to speak of mind is to speak in metaphor. We’ve been frequently and well reminded that all of our concepts, honorable and useful as heuristics as they may be, are metaphorical. Our terms describe experience by indication, by pointing at aspects of it, by comparing it with other things, for example, ego to a mechanism; defense to a military strategy; repression to a pushing down.

Which is not to say that we’re necessarily happy about this state of affairs. Most of us, I suspect, envy the brain scientists with their observables: their neurons, anatomical structures, electro-biochemical exchanges, and images on a CAT scan.

Others of us, or the same folks at different times, and here I include myself, envy the poets for the comfort they take and the pleasure and illumination they get from metaphor. This is so particularly in light of the fact that so much of our actual clinical work involves taking up our patients’ metaphors and helping them to run with them. So often we’re like midwives to metaphor. It would be nice to be fully licensed midwives the way poets are!

Here’s an example of what a poet can do with metaphor: this is Gerald Stern on “mind.” Stern is greatly admired in the world of contemporary American poetry, although perhaps less well-known outside it. Here is his I Remember Galileo. (1981)

I remember Galileo describing the mind as a piece of paper blown around by the wind, and I loved the sight of it sticking to a tree, or jumping into the back seat of a car, and for years I watched paper leap through my cities; but yesterday I saw the mind was a squirrel caught crossing Route 80 between the wheels of a giant truck, dancing back and forth like a thin leaf, or a frightened string, for only two seconds living on the white concrete before he got away, his life shortened by all that terror, his head jerking, his yellow teeth ground down to dust.

It was the speed of the squirrel and his lowness to the ground, his great purpose and the alertness of his dancing, that showed me the difference between him and paper. Paper will do in theory, when there is time to sit back in a metal chair and study shadows; but for this life I need a squirrel, his clawed feet spread, his whole soul quivering, the loud noise shaking him from head to tail. O philosophical mind, O mind of paper, I need a squirrel finishing his wild dash across the highway, rushing up his green ungoverned hillside.

I find this a stunning poem, for the wild rush of thought, for the oddly crude diction, which is intimate (the way we talk to ourselves) and pleasing. There’s a riveting hold-your-breath situation, an intense emotionality and, finally, a spiritual triumph. The accomplishment is masterful, making use of two vivid and unforgettable images as metaphors for mind. Interestingly, while there’s no formal argument here, an argument is taking place. Stern lets the metaphors argue with each other. “Paper will do in theory,” he says, “when there is time/ to sit back and study shadows; but for this life I need a squirrel....”

As is characteristic of his poetry, “I Remember Galileo” has a naive, ungoverned, in-process feel. But this is not free association (although surely Stern’s is a mind free to associate). The images—the wind blown paper, the terrified squirrel—might seem almost to be dream images, but they are not. For all the embrace of wildness, a careful selection has taken place.

Take Galileo. Why Galileo? I don’t know if Stern is correct about Galileo actually describing the mind as a piece of paper. My own brief library search reveals no evidence of it, although perhaps Galileo does say it somewhere and I didn’t find it. But the history does remind one: Galileo’s mind could be blown about like a piece of paper. Famously, he guessed wrong about which way the (political) wind was blowing, was hauled before the Inquisition and made to sign the piece of paper put before him, his recantation, under threat and in terror of his life. It is said, of course, that he never really changed his mind. But the Galileo metaphor, it turns out, is a sly one: Even for the scientific mind, the “philosophical mind,” the platonic mind studying “shadows,” terror is a subtext.

And the squirrel. I’d guess the process started observationally. I imagine him driving back along Route 80 from New York City to his home in Lambertville, New Jersey. Stern sees a squirrel get caught under and then miraculously escape from the wheels of a truck. He thinks
about it the rest of the way home. That is, I suspect the image came first and was followed by the illumination, the recognition of this as a metaphor. For what? For mind! There’s a wonderful, chance freshness here: the poet is as surprised as the reader is. And in turn—and thanks to Stern’s genius—the reader is as breathless, as relieved, as triumphant, as identified with the wild, living, terrified animal as the poet is.

The art of the poet starts in perception, noticing precedes understanding, not unlike the art of the working psychoanalyst. Indeed, Stern’s work here is not a bad model for our own: the openness to the accidental, the readiness to be surprised, the willingness to respond freshly, the awareness of one’s own response, the technique for getting it down, the (educated) context for giving it a context, the skill to communicate it. And his is a moral stance a lot like the one we aspire to: the willingness to see the world for what it is and to make an honest report. He’s brave enough to say that the mind (even for those of us who think of ourselves as philosophers) is an animal thing, wild, uncomprehending, terrified, lucky to escape alive.

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WOLITSKY - CONTINUED FROM PAGE 28

Syndrome as an unfortunate affliction in which the clinician is prone to guilt for not being interested in research.

In my view, it does not speak well for the vigor and progress of a field that we still are debating the evidential value of Freud’s famous cases 100 years later. On the one hand, we could say that this kind of archaeological re-examination, based in part on information revealed since those cases were written, can be illuminating not just for historical reasons, but because it can help us understand how Freud used the clinical data (e.g., what he might have selectively overlooked). From a hermeneutic perspective, this approach might offer some valuable insights. On the other hand, exclusive reliance on case study material as our primary source for theory construction and for seeking knowledge about the process and outcome of psychoanalysis is far too limiting. This would be true even if the past 100 years had produced the equivalent of Freud’s detailed, elaborate case studies. But, even if we had an extensive collection of highly detailed case studies, we would have to recognize that it is more than slightly ironic that we who have intimate knowledge of the vagaries and self-serving deceptions of memory and selective attention should want to rely virtually exclusively on this fallible source as the evidential base for our theories. Therefore, Phillips’s antipathy toward “measuring the mind” in the context of psychotherapy, if endorsed by the analytic community, will contribute to the further eclipse of psychoanalysis as a vital part of the overall therapeutic enterprise.

Even though the practice of psychotherapy is an art it does not mean that how skillfully it is conducted and what its effects are cannot be studied scientifically, just as we can study the impact of a Monet versus a Cezanne.

I close with a quote from Nobel Prize winner, Eric Kandel. Long sympathetic to psychoanalysis, Kandel, referring to psychoanalytic therapy, writes “I think it’s going to go down the tubes if the psychoanalytic community doesn’t make a serious effort to verify its concepts and show which aspects of therapy work, under what conditions, for what patients and with which therapists.” (Newsweek, March 27, 2006, p. 47).

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PSYCHOANALYTIC BOOKS: Reviews and Discussion


DAVID ANDEREGG, PHD

Self-creation: psychoanalytic psychology in the midst of a civil war? The “war” part of this metaphor seems apt, although “civil” may not work to describe the current ambience. Perfectly justifiable debates about theory seem to be devolving, with increasing frequency, into ad hominem attacks and charges and counter-charges of corruption, dishonesty, and just plain old lying (for example, Pizer, 2006). The things about which we argue seem clear enough: in the intersubjective matrix that seems a theoretical necessity given postmodern epistemology, how can we know what is “in” the patient? This is surely something worth arguing about, but the way in which we now argue is appalling.

In this poisonous atmosphere, Frank Summers’s book Self-Creation: Psychoanalytic Therapy and the Art of the Possible is as refreshing as a spring breeze. Summers has his theoretical adversaries, most notably Freud, and his arguments against classical metapsychology and technique are not completely justified (see below). He also has his heroes, most notably Winnicott and Loewald. But the book is not primarily polemical. It might seem relatively trivial to begin with tone: if the book has no substance, what good is polite discourse? Happily, Summers’s book is also substantial, scholarly, and original. But, from the beginning, the civilized voice welcomes the reader. The tone of the argument in this volume is remarkably respectful, serious, and yes, civil. Summers does not make a fuss about who he is against, but it is clear who he is for: our patients.

The book begins with a critique of the now-familiar problem of the relationship, in classical psychoanalytic theory, between insight and change. Like many contemporary analysts, Summers finds this relationship tenuous and theoretically weak, and unrescued by contemporary attempts to rescue it. Summers’s central thesis, in response to this theoretical quagmire, is almost purely Winnicottian in spirit. He criticizes all schools of contemporary analytic therapies for their over-emphasis on the therapist’s activity and the therapist’s contribution to psychic change. In Summers’s view, this makes the patient passive rather than active, “done to” rather than doing, even in contemporary relational theorizing. He takes us back to Winnicott’s insistence on the “spontaneous gesture,” the essential moment of creative action in potential space that makes for psychic change. It is in this gesture, this radically self-owned movement away from the past, that Summers finds the necessary antidote to analytic stalemate.

But what about that analytic stalemate? (Where is this articulate and kind man getting his referrals?) The heavy emphasis on frustration, failure and demoralization is a remarkable feature of Summers’s argument. He rightly castigates the classical Freudian conception of “working through” as theoretically and technically inadequate, and reminds us (over and over) that insight can only take our patients so far. But the over-emphasis on failure here is wrong: if all of our patients were so hamstrung, so unable to change despite the best of historical and here-and-now transference interpretations, we all would have given up long ago. It cannot be that every patient, as Summers seems to suggest, comes to a frustrating stalemate in which repeated interpretation turns to fruitless repetition at best and bullying at worst.

Indeed, this unnecessary bit of Freud-bashing is the weakest part of Summers’s book. After all, we might remember that it was not Freud who initiated the “widening scope” of psychoanalysis. He reminded us repeatedly that psychoanalysis, as he conceived it, was not for those whose ego weaknesses would not permit it. It seems a little unfair to castigate Freud for the inability of classical technique to cure those for whom it was never intended. Summers, following Winnicott, is not describing classical patients. He is describing patients who appear to deeply structured pre-Oedipal psychopathology. These seem to be people who have been subjected to such radical and intrusive projections from their primary objects that they do indeed seem to have had their futures “occluded” (to use a favorite term of Summers). But it cannot be true that all psychoanalytic patients are so bereft of the ability to use insight to move into new territory.

Summers’s insistence on the spontaneous gesture as originating, not in any past object relationship, but only in the core of the self is probably true in these extreme cases. There is no other choice. But there are theoretical alternatives that Summers does not consider. For example, a movement in the direction of a new, healthy or flexible way of living in the world can come about through the re-finding, in therapy, of a partial or fragmentary identification with a non-parental adult. (Anthony [1987], for example, describes something along these lines in...
his work on children who seem to survive extreme abuse and deprivation. The protective factor seems to be a positive relationship, however temporally fleeting, with a non-pathological adult.) Part of the occlusion Summers describes may not be true of all patients but may pertain more specifically to patients that do not have such latent or partial identifications to recover.

Summers moves on to cite another rationale for the theoretical necessity for a therapy focused on self-creation. This rationale is philosophical, and it has to do with the fact that “the future is inherent in psychological experience” (Summers, p. 31). Interpretations about past experience are never enough to explain the future, or to move us into it, according to Summers. Whether and how the past is projected onto the future is a topic for phenomenological philosophers, but their appearance in Summers’s book is neither complete enough to be useful nor necessary to his argument. The mystery of creativity: how the truly new thought comes into being out of the welter of past experiences, observations and fantasies—how anything original comes into the world at all—is still a mystery, but it is a mystery that does not need a solution here for Summers’s central argument to stand.

Summers does not, happily, throw out the interpretive baby with the bathwater. He insists upon the necessity of interpretation of the patient’s past object relationships as lived out in the present and in the transference. Indeed, this stage of the work is a necessary prerequisite for the work of self-creation to begin. The movement back to a very early phase of the emergence of potential space is not defined as a regression, then, but as a kind of exhaustion: the patient lives out and understands, through relatively traditional transference interpretations, the brittleness and futility of existing object uses, and comes to a stalemate. For Summers, this stalemate is where self-creation begins.

Summers provides numerous clinical examples to demonstrate the difference between the therapist’s interpretation of the past and the welcoming of the spontaneous gesture. For example, he describes the case of Anna, a socially adept and compliant woman whose apparent social fulfillment belied her internal sense of emptiness. After a period of calm and acquiescence in therapy, she erupted into rage. Summers states:

These outbursts constituted a free association indicating a previously buried desire to articulate her desires and interests and anger at their suppression. Viewing Anna’s angry outburst as the emergence of an assertive way of being rather than the displacement of long-repressed anger at an old figure, I understood her eruption as an expression of both her buried desire to live without the sense of obligation to others’ preferences and a long-suppressed aggressiveness that was beginning to gain expression. This way of construing her behavior was an interpretation not of the meaning of her past but of an incipient move toward a different future. I saw her rage as a step toward the realization of potential long dormant within her. (p. 99)

The strength of Summers’s work and his description thereof is exemplified in this moment: he is completely devoted to a developmental approach, in the best sense of that word. He articulates the great difficulty in creating the openness of potential space in therapy, and the great difficulty in not rescuing the patient from the terrible anxiety that ensues when she is faced with creating something new. Summers emulates Winnicott in his best work, being the attendant when she is faced with creating something new. Summers moves on to cite another rationale for the strength of Summers’s work and his description thereof as a step toward the realization of potential long dormant within her. (p. 99)
When I first read the title of this work, I assumed the author was promising to expound on conducting psychoanalysis with Puerto Ricans, perhaps including some descriptors of factors that are unique to this population. These projections were shattered the moment I started reading the introduction. I learned that “the Puerto Rican syndrome” is a medical term coined in the 1950s. I learned that Gherovici has worked with poor Puerto Ricans and other Latinos and was looked at with confusion for conducting Lacanian analysis with disadvantaged, poor people of Color. I learned that the purpose of this book is to educate in a way that is rooted in her vast experience and practicality.

Instead of reading about one aspect of clinical work with an ethnic minority group, I found myself enthralled with Gherovici’s eloquence. She captures the experiences of Puerto Ricans, and other Latinos, while arguing for a reconsideration of Lacan’s relevance in North America. I found myself swept away by the level of accuracy in her portrayal of Latinos that I have yet to find in any other analytic text. She never loses her balance as she walked the fine line of clinical work and social critique. This leaves the reader with a contextualized understanding of the Puerto Rican syndrome, deeply rooted in the experience of Puerto Ricans and other disadvantaged Latinos. Gherovici delivers far more than can be expected from one book and I, for one, am grateful for her insight and bravery.

This book may be classified as serving many purposes. It provides a review of a syndrome that continues to plague the Puerto Rican community, a treatise on Lacan’s applicability with disadvantaged and historically oppressed groups, and a lesson in the social reality of Puerto Ricans in the United States. For this reason, it is of use not only to psychoanalysts, but all clinicians working with Puerto Ricans, and anyone interested in gaining insight into North America’s history with Puerto Rico.

In the introduction by the series editor, Dayal explains that Gherovici helps us understand the Puerto Rican Syndrome as it relates to and is affected by the social and political forces acting on the individual as a member of the Puerto Rican community. This is different from most analytic works that relate everything back to the unconscious. He makes the point that

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Gherovici draws lucid but complex connections between the political and the psychic. She focuses our attention specifically on how, in the case of Puerto Ricans, issues of ‘race,’ mental illness, national origin, or cultural belonging merge with the problematics of political marginalization and social positioning. (p. xvi)

We then embark upon the body of the text. Gherovici begins by giving us a brief overview of how Lacan has been applied in North America. She distinguishes “North” from “South” America because of the distortions Freudian theory has suffered in the United States. Specific facts about the U.S. and its view toward Latinos are interwoven with the way Lacan posits the notion of “subject.” Gherovici helps us understand that, in the U.S., mental health treatment, including psychoanalysis, “...is geared toward the adaptation to ‘reality’...” (p. 4). This ultimately plays out in oppression of ethnic minorities. This chapter is highly political and seemingly oriented within a social justice perspective. What we begin to understand, however, is that Gherovici is unabashedly Lacanian.

In this first chapter, Gherovici explains the Puerto Rican Syndrome for the first time. She explains how it was “created” by U.S. Army doctors in the 1950s who witnessed “strange symptoms” in their Puerto Rican soldiers coming back from the Korean War. She considers it a mode of hysteria as described in the Lacanian sense, or a form of neurosis that is “…also a mode of discourse whose ultimate function is to tighten particular social links” (p. 8). The point is clearly made that the Puerto Rican syndrome is simultaneously a clinical as well as a political problem. Clinically, she focuses on hysteria and the power of the clinician who diagnoses and treats the condition. The political side is far more complex and the focus of the majority of the book.

In the next chapter, Gherovici positions herself in North Philadelphia’s Spanish-speaking ghettos, which houses the third largest Puerto Rican population in the U.S. mainland. (The term “U.S. mainland” is used because Puerto Rico is a U.S. territory and, as such, Puerto Ricans can move freely from the island of Puerto Rico to the U.S. mainland.) She also provides an enlightening history of how Latinos have been identified by the U.S. since 1930. She also gives a history of Puerto Ricans, and how many continue to struggle with issues of colonization by the U.S. Just when the reader begins to think that Gherovici has altered the course of the text, she pulls it together by

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2 Note on the use of terminology: The term “Hispanic” was used throughout Gherovici’s text, which she fully explains on page 14. The reviewer has chosen the term “Latino” as it is considered the most appropriate in current literature.
illustrating that the focus on psychopharmacology and behavioral treatment with disadvantaged populations only makes the Puerto Rican syndrome more salient, as it “...makes us aware of our impotence facing issues of gender, class, race, nationality, and language while leading us to challenge them” (p. 20). Lacanian analysis is best able to answer this call, according to Gherovici, because it “...addresses and confronts the subject with some of the most unbearable aspects of reality” (p. 25).

Just as we are beginning to understand the convergence of the societal with the psychological, Gherovici pulls us out of that by focusing on the history of the Puerto Rican Syndrome in the next eight chapters. She gives a detailed account of the first published account of the Puerto Rican syndrome, which occurred in the U.S. Armed Forces Medical Journal in 1955. What is made clear is that, “the Puerto Rican Syndrome varies in characteristics, incidence, prevalence, geographical location of occurrence, prognosis, severity, and risk factors. Each observer seems to have a particular perspective about it” (p. 46). She explains this as the “patient” challenging the “doctor” to tell them who they are:

The initial question starts with an “I” and presents intriguing symptoms addressed to the Others—any Army doctor, priest, anthropologist, social worker, espiritista will do. In fact, while the question appears incarnated in the body of the hysteric, the answer begins in the Other who produces speech. This answer is sent back to the hysteric who then becomes indeed whatever the Other says. Since one always receives one’s own message from the other in an inverted form, when those who are in the position of Other tell the hysteric what he or she (the hysteric) “is,” this answer then comes back to the Other as well. Thus the inverted message returns to say more about the speaker (the Other) than it may say about the addressee (the hysteric). (p. 51)

This is consistent with the idea that hysterical symptoms are “fundamentally culture-specific (p. 52), which means that they are constantly changing. Gherovici explains that

While it seems clear that the Puerto Rican syndrome is, at its base, a hysterical condition, Gherovici convincingly points out that it does not fit into traditional psychiatric nosology. She explains this as a result of bias on the part of those medical doctors who coined the term. She gives examples of the “contradictory and racially and ethnically charted statements” (p. 56) given in reference to this diagnosis. This begs the question of what is the true purpose of this syndrome? It seems “purely ideological” (p. 70), rather than a “true” psychiatric diagnosis. To illustrate her point, Gherovici gives a history of how psychiatry has consistently failed to recognize its cultural bias, particularly in documents such as the Diagnostic and Statistical Manual of Mental Disorders.

Specific facets seen in the syndrome are also discussed, including anger, justice, and violence. Gherovici describes its anger as the only way the “patients” could defend themselves in a horribly unjust system. This helps expose to the observer, or the Other, those areas in which they are lacking. That this act occurs in “fits” makes sense, when one considers what are socially acceptable displays of anger in a traditionally peaceful native Puerto Rican society. That they were considered a syndrome by the North American doctors makes sense as well:

While violent demonstrations, shootings, and rioting in the name of nationalist resistance cannot be called hysteria but political struggle, when this is perceived from the point of view of the Other—that is, in this case, from the American doxa of law and order—then the subversion of order can only be made sense of by being reduced to a madness seen as stubbornly opposing civilization. (p. 134)

When the Puerto Rican syndrome can be used productively, as Freud used symptoms, it can help guide the cure. Unfortunately, this is now what we see in how these patients have historically been treated, both clinically and socially.

The next two chapters focus on Latinos and what this term has signified in the U.S. Gherovici also discusses the popular belief amongst analysts that psychoanalysis is not suitable for poor minorities:

When the alleged unanalyzability of low-income patients is based on stereotypes that describe poverty as either a psychic problem or a “natural” cultural value, we meet prejudices that encroach on therapeutic models. What is at stake in these assertions of mental disorganization of the poor is the implication of some form of psychic inferiority. We see the strange spectacle of practitioners recommending therapeutic interventions that they
themselves call “second class.” The issues revolving around race, class, language, and culture that arise in these settings tend on the whole to exclude a consideration of the effects of the unconscious. Even when Hispanic therapists are committed to their practice and devoted to the population they serve and also represent, they betray the subtle workings of the logic of exclusion by which prejudice accompanies the vindication of difference. The tenacious infiltration of racism and its irrational nature are no news. (p. 190)

She finds this related to America’s pursuit of happiness as a culture and concludes:

I am not advocating that psychoanalysis provide a universal panacea for all evils but cannot help wondering why past efforts to take into account class, culture, and race have produced and added discrimination. The discrimination has been double, first against psychoanalysis as luxury treatment and then against all those who are “different,” not fully included in American mainstream society. (p. 192)

In the remainder of the book, Gherovici focuses on how to treat the Puerto Rican syndrome in a more culturally relevant fashion. This includes an acknowledgement of traditional healing practices, or espiritismo. She also provides case illustrations, though they are a bit curious. The text ends somewhat abruptly, without a conclusion or a summary. Instead, we are presented with a tale about Alaska, Puerto Rico, and the 1993 winner of the Miss Universe contest. Perhaps it is metaphorical for the Puerto Rican Syndrome itself?

The reader of this text is taken on a whirlwind ride that may or may not be appreciated. If one desires a simple understanding of the Puerto Rican understanding, they will likely feel distracted by the sociopolitical nature of this work. However, if a complete understanding of the relevance of the Puerto Rican Syndrome as a manifestation of a long history of systematic inequities is sought, this text will fully satisfy that craving!

As a Latina psychotherapist interested in psychoanalytic theory, I hold Gherovici’s text as the most in-depth exploration of social justice issues I have found. That she focuses on Latinos is an added bonus! Gherovici provides a fully contextual view of the condition that includes social, political, historical, and theoretical factors. The richness of her work cannot be overstated.

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A Component Society of the International Psychoanalytical Association
Although a multitude of schools of thought may be found within contemporary psychoanalysis, at bottom the discipline does afford significant common ground in a theory of mind that is critical of conscious self-knowledge. In that it affords any theory of mind, psychoanalysis shares a problem faced by all theories of mind. This problem was well put by Daniel Dennett (1978, p. 149) when he wrote: “Consciousness appears to be the last bastion of…. immeasurable subjective states—in short, the one area of mind left best to philosophers…. Let them make fools of themselves trying to corral the ‘quicksilver of phenomenology’ into respectable theory.”

By all accounts (c.f. Velmans, 2006) consciousness remains a philosophical problem whose terrain is difficult to corral. If one takes seriously Foucault’s (1969/1977) comment that Freud was in fact a discursive thinker in that Freud’s writing may be considered a primary point of reference that cleared a space for a discourse greater than his own, then revisiting Freud’s work might be a wise move for a philosopher interested in not looking terribly foolish while writing on this so called quicksilver of phenomenology. To his credit, Jon Mills has assembled such a band of philosophers in the current volume under review.

Weighing in at ten papers and two hundred and eighty-eight pages long, the collection manages to cover significant ground. Among the varied aspects of subjectivity found herein are images, dreams, narcissism, denial, remembering, race, and social construction. Although each paper holds its own, the collection manages in its rereading of Freud to work itself into a coherent whole that might be considered a preference for multiplicity and process despite the stylistic differences of each individual writer. In itself, such cohesion is worthy of notice. Cohesion aside, such a multifaceted work is not easily reviewed in a short space. However, it is possible that some brief comments including noting some of the other philosophers called upon to aid these authors in their writing might serve to pique another readers curiosity.

Objectivity is found wanting in the analysis of dreams. Writing on the logic and illogic of dreams, John Sallis is concerned with the psyche as translator. He makes evident the difficulty of translation in that one translation (or as he puts it, logic) conceals “the illogic of dream work” (p. 7). In the suggestion that interpretation may never be complete, Sallis evokes Derrida’s analysis of the difference between translation and transcription. For his part, Tom Rockmore evaluates Freud’s claim that in fact the unconscious can be known to suggest that such knowing occurs via a social construction between patient and analyst.

Addressing conceptions of the unconscious developed in Freud’s early work on psychosexual development, John Russon employs an intersubjective zeitgeist to address the child’s body within the field of a family. Here Russon suggests that Freud has not adequately accounted for our experience of other people. Russon evokes phenomenological philosophy pace Heidegger and Merleau-Ponty to argue that Freud has not fully taken account of the philosophical “problem of other minds” and the manner in which it is human to desire the perspective of others. Images are explored by Stephen Ross via Blanchot in order to illustrate the manner in which multiple identifications are necessary for ego formation. Emily Zakin addresses Luce Irigaray’s writing on femininity and melancholia in a manner that fits nicely with Russon’s analysis of other minds or subjectivity and the difference as noted by Ross that an image without subjectivity is corpse-like. Such a corpse is conceived to be at the center of melancholy.

Wilfried Ver Eecke writes on denial in order to affirm Hegel’s claim regarding the importance of feelings in relation to ideality. Ver Eecke notes that Freud’s emphasis on linguistic negation in his writing on denial occludes the need to elevate the “whole of life to the linguistic world” (p. 114).

Drawing on Merleau-Ponty, Maria Talero addresses Freud’s technical move from hypnosis to analysis of transference in order to illustrate the temporal reality in which the present is imbued by the past and the manner in which therapy’s goal is to afford an ability to redefine the present. That such redefinition is not limited to the individual alone is made clear by Bruce Wilshire and Shannon Sullivan in their respective papers on genocide and race. For his part Wilshire evokes Kierkegaard’s use of possibility in order to provide a ground to address anal rage. He suggests that genocide is connected to an anal rigidity that affords a belief that if one’s worldview is threatened that the world itself will give way. Sullivan weaves recent work in critical race theory with Freud’s work on anti-Semitism to address the relation between white supremacy and white privilege.

Continued on page 41

The discipline of psychoanalysis that has evolved over the past generation in the United States is not generally considered to be an entity with high aspirations toward social responsibility. Although many individual psychoanalysts have social interests, the culture of psychoanalysis in and of itself is usually not characterized as such. Psychoanalysis has been described in far less favorable terms with regard to its commitment to the general welfare. Further, it has not always been thought to be “liberal.” Psychoanalysis in the second half of the 20th century was regarded as a medically derived, rigid and formal pursuit, which was available only to society’s educated elite and at great cost.

The ascendency of the concept of the “mental health provider” and the managed care system dominated the public’s view of the opportunities for psychological transformation. The popularity of the cognitive behavioral paradigm and the difficulties in convincing medical providers, educators, legislators and journalists of the value of psychoanalytic theory and practice have been formidable obstacles to portraying psychoanalysis as having value. This trend was especially prominent during the 1980s when the death of Freud was widely proclaimed. The problem with American urban mental health services may have been that it “remains generally allied to the more functionalist model of mental hygiene.” This viewpoint was called “the psychosocial paradigm” by Erik Erickson (p. 207).

Division 39 has always had a progressive mandate and in the last several years, this trend has grown considerably with the highly successful outreach projects, the commitment to diversity and theoretical alternatives to classical theory. Thus, it is most timely that Elizabeth Ann Danto has completed a very compelling work, which is a complement to the progressive values and directions of Division 39. Many of us have some awareness of how those involved with psychoanalysis at its inception were motivated toward social action. What this author has completed is a mesmerizing history of that motivation.

In Freud’s Free Clinics: Psychoanalysis and Social Justice, 1918-1938, Danto tells the story of how the beginning of psychoanalysis was intertwined with the European progressive social movement. Thus, at its inception, the clinical practice of psychoanalysis “conformed to the social-democratic political ideology that prevailed in post World War I Vienna” (p. 2). The early psychoanalysts expressed this commitment by providing services to the working classes and the poor. From 1920 until 1938, psychoanalytic treatment centers were opened in ten cities and seven countries, including Vienna, Berlin and Budapest. The author interprets this trend as due to “…the heady climate of progressivism and social movements between the two world, wars … [in which] psychoanalysis was supposed to share in the transformation of civil society, and these new outpatient treatment centers were to help restore people to their inherently good and productive selves” (p. 3). The author describes how the involvement of the first psychoanalysts was intended to promote liberation and contribute to the struggle for a better world.

In a richly compelling, highly detailed and well written narrative, Danto describes a chronology in which psychoanalysis aspired to be and succeeded as an agent of social change. Her story is very well referenced and thus gives the colorful historical context validation. The backstory includes discussion of the socio-political events, personalities and aspects of each culture. The subtext reminds the reader that professional practice is highly influenced by external forces and that professional reality is socially constructed.

The book is complemented by photographs of archival materials (e.g., Sigmund Freud’s vouchers which could be used to obtain treatment at the Vienna Ambulatorium, and Melanie Klein’s patient schedules) and photographs both of the buildings which housed the clinics (e.g., the Berlin Poliklinik, the Ambulatorium in Vienna, the Budapest Clinic on Meszaros Street), and the persons who were a part of this social movement (e.g., Freud, Georg Simmel, Edith Jacobson and others).

After the debacle of World War I, European society was committed to the improvement of life for all, which was described as “civic society, government responsibility and social equality” (p. 17). It was believed that great lessons could be learned from the devastations of the war and that society need never again fall into such an abyss if suitable enlightenment could be afforded to the populations.

Psychoanalysis had a social responsibility in this arena. Freud was noted to have said: “… the poor man should have just as much right to assistance for his mind as he now has to the life-saving help offered by surgery …” and that “the neuroses threaten public health no less than tuberculosis” (p. 17). Psychoanalysis as an arm for social good was understood to depend upon access, outreach, privilege and social inequality. Freud gave a
speech in Budapest, Hungary, at the Fifth International Psychoanalytic Congress in September 1918, in which he appealed for postwar social action by psychoanalysis. Many of the psychoanalysts in the audience for the Fifth Congress actualized this message in their home cities. Most of the clinics that were established attempted to provide psychoanalytic treatment at no charge. It was thought that the psychoanalytic method was so powerful that it could enable those undergoing it to become better human beings, to reach the innate goodness of their being and thus avert future political disasters as had occurred with the war.

The movement to bring psychoanalytic treatment to the man in the street was part of the idea of building a future with new method and with new social inventions was the dominant cultural zeitgeist. In architecture, political systems and the arts, a utopian vision emerged. What the Bauhaus offered to art, psychoanalysis offered to the improvement of mental functioning.

In this milieu, psychoanalysis achieved considerable popularity and innovations were developed including the attempts to understand sexuality, serious work with children and the first short term and crisis treatments. Training centers were developed in close proximity to these clinics, establishing some of the models for training that became standardized. The book is also realistic in reconstructing how conflicts arose in personal relationships in spite of the lofty goals that the early psychoanalysts aspired to achieve.

Danto’s work ends with the tragedy of how the rise of Nazism destroyed the free clinics. The Jewish psychoanalysts fled for their lives. In Berlin, the Poliklinik became the Goring Institute, the Nazi center for racialized psychotherapy. The émigré psychoanalysts established themselves in disparate locations from London to Los Angeles. The heady spirit of the post war days was lost as Europe was plunged once more into violence and destruction with the start of World War II.

The section and chapter headings of the book vividly illustrate its dimensions. For example: Section One: Society Awakens; Chapter 1: Treatment will be free. Chapter 2: An Ambulatorium should exist for psychic treatment in the widest sense of the word. Section Two: The Most Gratifying Years; Chapter 1: This help should be available to the great multitudes. Chapter 7: The very fate of psychoanalysis depends on the fate of the world.

Danto’s work is a must read for anyone interested in psychoanalysis and progressive social responsibility. Also, it is recommended highly for graduate students and those interested in a model of psychoanalytic social activism. If psychoanalysis can enlarge itself to replicate this aspect of its origins, it would realize its true potential. This is especially so given how troubled times seem to pervade the history of human civilization, regardless of external progress.

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Mills - Continued from page 39 In his turn to Hegel, Jon Mills addresses Freud’s dialectics to suggest that Freud’s psyche model is composed of a single essence, process: a process of desire. Here the phenomenology of mental events are used to argue that id, ego, and superego are not separate entities. Similar to Foucault’s attribution of Freud’s work as the origin of a discursive practice, Mills’ rereading finds ample room for contemporary application and modification of Freud’s work. However, in his paper Mills suggests that contemporary psychoanalysis has shown a tendency to sacrifice the anti-Cartesian stance of Freud’s revolutionary philosophical privileging of the unconscious in favor of consciousness. Further, he maintains that contemporary psychoanalysis has forsaken, not simply modified or reread, Freud by creating a false dichotomy between drives and relationships. Unlike Foucault, Mills is very much alive in contemporary psychoanalysis as a member of the editorial board of this division’s journal and as the chairperson of the psychoanalytic section of the Canadian Psychological Association. From such a position, his rereading of Freud and concern regarding false dichotomies and Freud’s location in contemporary practice deserves to be taken seriously by any practitioner attracted to Freud’s project and the contemporary scene.

REFERENCES

Louis Rothschild is in independent practice in Providence, Rhode Island where he is active in his local chapter, RIAPP. Additionally, he is chair of Membership Committee.
Early in *Forms of Intersubjectivity*, the authors tell the following story:

One hot summer day the Italian researcher Rizzolatti, who was studying the premotor cortex in monkeys, took an ice-cream cone. A monkey nearby was watching. As Rizzolatti moved the cone to his mouth and began to lick it, the electrodes implanted in the monkey’s premotor cortex, which are active when a monkey performs a goal-directed action himself (such as reaching for an ice-cream cone) are also active when this monkey simply observes this same action in someone else (the researcher reaching for an ice-cream cone). (p. 52)

The story, told as an introduction to the concept of mirror neurons, provides an insight into action-recognition and empathy. But I found myself thinking about that hot summer day and the monkey and the researcher and the ice-cream cone. How hot was it? Was it hot even for a monkey? Do neuroscience research programs in Italy provide ice-cream cones for their staff? And what flavor of ice cream? Lemon, I hoped if it was really hot, or raspberry.

After reading fifty pages of this book, I was thinking of sensations and movements as well as words and concepts. The authors helped me to focus on the presymbolic and somatic states. Also, I was interested in the relationship between the monkey and the researcher. This book helped me to see that an interaction was going on. There was a bidirectional influence: the monkey watched the researcher move the cone to his mouth and the monkey’s electrodes were active; the researcher observed the active electrodes and began to wonder. Monkey and researcher influenced each other.

So the story about Rizzolatti and his monkey is about more than mirror neurons. It is also about different forms of interactions, the pivotal construct of intersubjectivity.

For Beebe and her colleagues, theories of intersubjectivity are theories of interaction and the most useful theory of intersubjectivity for psychoanalysis must address both verbal and nonverbal forms of intersubjectivity. Building on a ten-year collaborative study of nonverbal and verbal forms of interaction in the therapeutic encounter, Beebe and her colleagues use a dyadic systems view of communication to compare theories of intersubjectivity proposed by both infant researchers (Meltzoff, Trevarthen, and Stern) and adult psychoanalytic theorists (Benjamin, Ehrenberg, Jacobs, Ogden, and Stolorow and colleagues). There is enough variability in all these theories of intersubjectivity for Beebe and her colleagues to suggest that we need to throw out the word intersubjectivity and instead discuss *forms of intersubjectivity*.

Beyond comparing these theories, Beebe and her colleagues first review the forms of intersubjectivity in the work of adult psychoanalytic theorists, and then offer an integration and extension of the work of the three infant researchers and apply this integrative understanding to a clinical case.

Using visual models of interaction that chart both interactive regulation and self-regulation, Beebe and her colleagues note that Jacobs emphasizes the impact of the patient on the analyst and the analyst’s history of self-regulation. Ehrenberg pays equal attention to the patient’s impact on the analyst and the analyst’s impact on the patient while attending more to the analyst’s self-regulation in the present. Ogden emphasizes the patient’s impact on the analyst and the analyst’s own self-regulation process. Benjamin emphasizes the analyst’s impact on the patient and changes in the patient’s self-regulation based on the analyst’s impact. Stolorow and colleagues emphasize the patient’s impact on the analyst and the analyst’s current self-regulation process. But all of these analysts are working “primarily with the analyst’s and patient’s capacity to symbolize and verbalize experience.” (p. 23)

In reviewing the work of Meltzoff, Trevarthen, and Stern, Beebe and her colleagues state that all three conceptualize mind as beginning as *shared mind* (a dialogic origin theory of mind) and that the infant’s capacity for crossmodal perception is key in detecting nonverbal, implicit correspondences that help the infant sense the state of the other.

All three conceptualize a highly complex presymbolic representational intelligence, a motivated and intentional (rather than reflective) infant, capable of distinguishing self vs. environment
Beebe et al., extend the work of these three infant researchers by using a more neutral definition of intersubjectivity than what is occurring between two minds (not implying mutuality) and looking beyond correspondence to five other critical patterns of self- and interactive regulation: the place of interactive regulation, a full dialectic between similarity and difference, problems with the concept of matching, the role of self-regulation, and the balance model of self- and interactive regulation.

Beebe and her colleagues (p. 88) point out that infant research has documented the forms of intersubjectivity/interaction that are implicit and track how infant and caregiver impact each other, regulate themselves and perceive and align themselves “with the moment-by-moment process of the other.” In this way infant researchers have described the co-construction of the intersubjective field. While this co-construction of the intersubjective field is of great interest to psychoanalysis, there has been little published clinical illustration of the nonverbal and implicit dimension of this process. Beebe skillfully addresses this area in chapter four.

Chapter four is the description of the work done by Beebe and her patient Delores, a woman who experienced a good foster mother for two years before being returned to her impaired biological mother who physically, sexually, and emotionally abused her for two years. Then she spent a year in a hospital before being adopted by a loving family. Delores sought out Beebe in part because of Beebe’s videotaped work with infants. There is the strong sense that Delores knows what she needs—someone who will see her and hear her into speech and be with her and attune to her self-states that are prereflective and presymbolic.

Beebe (p. 95) states that Delores is preoccupied with faces. Beebe and her colleagues (p. 6) had alerted the reader to the importance of faces and videotapes when they illustrated procedural and emotionally implicit knowledge with a paper by Heller and Haynal (1997) titled, “The Doctor’s Face: A Mirror of His Patient’s Suicidal Projects.” This paper documented a finding that while a psychiatrist’s written predictions regarding which of 59 suicide attempting patients would re-attempt suicide were random, “fine-grained microanalyses of the videotapes of the psychiatrist’s face identified 81 percent of the re-attempters.” Beebe et al., enumerate the nonverbal implicit procedural action-sequences of head, eye, face, and voice and the implicit emotional reactions that will play such an important role in understanding self- and interactive regulation in the work Beebe does with Delores. Beebe’s chapter also guides clinicians in tracking these implicit moments in their own work.

In a course that I teach on clinical applications of attachment theory, Beebe’s description of her work with Delores is the graduate students’ favorite reading assignment. Beebe and her colleagues have taken on the enormous challenge of using a written manuscript to convey the nonverbal and the implicit. They succeed by using vivid illustrations (like Rizzolatti and his monkey), diagrams, case description, descriptions of videotaped sessions, and verbal excerpts from clinical sessions. My students were able to feel that they were in the room with Delores and Beebe, and they were appreciative of Beebe’s generosity in sharing her verbal and nonverbal interventions and feelings about the treatment. Beebe movingly describes the course of this ten-year treatment, the introduction of videotaping, and the dance of rupture and repair.

Beebe and her colleagues acknowledge the work done by Stephen Mitchell in unpacking what intersubjectivity meant to Ehrenberg, Jacobs, and Ogden. Also, they acknowledge the similarities they share with Beebe, Lachmann, & Jaffe; Mitchell and Aron; the Boston Change Process Study Group, Lichtenberg, Lachmann, and Fosshage; and Fonagy, Gergely, Jurist, and Target. In addition, they include contributions from Theodore Jacobs who reviews analytic contributions to the understanding of...
nonverbal behavior.

Jacobs comments on Beebe’s case study, describes how he has utilized patient and analyst nonverbal behavior to enhance his understanding of the analytic process, and reflects on the ongoing neglect of nonverbal phenomena in contemporary analysis and from Regina Pally who elaborates beyond a neuroscience perspective on the new type of interaction Beebe utilizes with Delores:

What facilitates the development of new, more flexible ways of responding in the patient’s current repertoire? Dr. Beebe provided a new type of interaction, one that was contingently responsive to slight shifts in Delores’s nonverbal behavior, although this responsiveness often occurred out of awareness of both partners. This form of responsiveness enhanced emotional regulation and feelings of trust, safety, and control in the patient. Delores learned these new ways of relating at the implicit level. She came to feel safer, before she could express this in words.

However, to maximize the likelihood that a patient will be able to apply this new learning to other relationships, or during periods of stress such as separation even within the therapeutic relationship, it is also important to explicitly recognize, in words, what is going on. Conscious explicit mechanisms differ significantly from nonconscious implicit ones, in ways that allow for a greater likelihood of flexible and deliberate choice. With explicit processing, despite similarities between a current situation and a prior traumatic one, old responses developed for coping with trauma can be inhibited, and newly learned more adaptive ones can be activated. (p. 227)

Pally emphasizes the nonconscious (as opposed to unconscious or conscious), nonverbal aspects of learning and interaction. I would like to hear the authors of this book in dialogue with psychoanalyst Donnel Stern (1997) who has conceptualized some unconscious experience as unformulated.

The first four chapters of this book were published originally in two issues of Psychoanalytic Dialogues with commentaries on Beebe’s case study by Michael Heller, Carolyn Clement, and Judith Edwards. Heller is one of the authors of the article about the analysis of the doctor’s face to predict suicide re-attempters. In his commentary on Beebe’s case study, he describes a postural dynamics model to better understand bodily dynamics. Beebe (2004) states:

Heller understands and has elaborated my fundamental message: Delores had to do more than “restructure her ideas,” change her representations or fantasies or even her relationship with me. She had to reconstruct her entire “bodily communicative behavior.” (p. 89)

Carolyn Clement, who had invited the papers by Beebe and her colleagues for publication in Psychoanalytic Dialogues, brings a relational psychoanalytic focus to Delores’s creative and active search for self-initiating agentic experience in the videotapes and in the sessions. Judith Edwards brings a Kleinian perspective and wonders if similar results could not have been achieved without the videotape (because Delores might have used it in an autistic fashion rather than as a transitional object) and through the here-and-now relationship between analyst and patient. In her response to Edwards’s critique, Beebe (2004) again highlights the important ideas in this book and offers the final words of this review:

By discussing primarily the verbal content of the treatment, Edwards overlooks the main point: how nonverbal, implicit, or out-of-awareness transactions are a potent source of therapeutic action. Edwards does not discuss the new ideas about what representations are, and how they may be transformed in the implicit mode. Representations are organized as much through action sequences, Downing’s (2003) “bodily micropractices,” such as Delores’s “making your faces on my face,” as through verbalized thoughts and feelings and their interpretations. (p. 97)

References

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Lacan has been highly vilified by many analysts for his highly abstruse theoretical corpus and his questionably unethical technical practices, eventually earning him the reputation of being the most famous analyst who was kicked out of the establishment—only to establish his own psychoanalytic tradition that has withstood the test of time. In American psychoanalysis, Lacan is largely unknown or marginalized, and if regarded at all, he would be labeled an enigma at best. In psychoanalytic training institutes in France, Belgium, and Argentina, however, Lacan is mandatory reading. Among academe, on the other hand, Lacan has transcended the circumscribed world of psychoanalysis and is arguably a notable presence among many contemporary intellectuals in several disciplines across the humanities and the social and behavioral sciences. Then what’s up with Lacan?

When I speak to non-Lacanian colleagues about Lacan they tend to be very critical of his technical innovations, which they find unacceptably experimental and careless, if not palpably egregious, invalidating, and damaging to patients. Take for example his variable-length sessions (seances scandées), sometimes lasting as little as five minutes, in which he spontaneously told patients to leave his office because he was bored with their associations. Of course this technical strategy was said to be justified under the theoretical assumption that it is productive to “surprise the unconscious.” In today’s society, this is a good way to invite an ethics complaint and lose business at the same time.

It is speculated that Lacan’s experimentation with technique had something to do with a rather humiliating experience he had in 1936 at the Congress of the International Psychoanalytical Association in Marienbad, where Ernest Jones had cut him off in mid-sentence just shortly into his presentation, a painful experience Lacan reportedly remembered for the rest of his life. I can identify with Lacan’s humiliation. When in graduate school, I was reproached by a professor for quoting the secondary literature without even bothering to consult the original source. This is a lesson I am grateful for to this day. Ever since then, in my scholarly activities, I developed a habit of only reading original texts. This is how I stumbled on Lacan. When I embark upon a new course of study, I tend to get obsessed. I quickly ordered all of Lacan’s books and published seminars available in English off the Internet and immersed myself in six months of intense reading. Even after reading several secondary sources and commentators on Lacan, I must confess that he still remains an intellectual challenge.

An informal fact is that most analysts who are critical of Lacan simply don’t understand what he said, nor have they taken the time to read his work with any precision. And Lacan does not make it easy. His writing and spoken discourse is atrociously convoluted and fragmentary, packed with scholarly condensations and tangential eccentric remarks culled from many different disciplines, is often purposely misleading and confusing, and at times psychotic in structure. At first glance he is incomprehensible.

Bruce Fink’s recent book, *Lacan to the Letter*, is a splendid attempt to clarify much of the confusion that surrounds Lacan’s obscure psychoanalytic writings. In a nutshell, this is a highly accessible and successful attempt to explicate many of Lacan’s key technical writings. Like Fink’s previously illuminating and digestible work, *A Clinical Introduction to Lacanian Psychoanalysis*, this book is a must read for anyone interested in grasping Lacanian thought.

Fink’s project takes a fastidious look at several of Lacan’s key texts regarding both theory and practice and attempts to render them intelligible in plain language. Fink argues that poor translations have aided in our misunderstanding of Lacan, translations he seeks to rectify and explain. In his discussion of Lacanian technique, Fink lays out Lacan’s thesis of the ego as imaginary, one entirely opposed to mainstream ego psychology, and implications for clinical practice including avoiding the interpretation of transference based on the patient’s personal history or the analyst’s own personality or countertransference. This goes counterclockwise to the whole psychoanalytic movement. Here Lacan’s arguments deserve our attention.

For Lacan, what’s primary is not the individual, but the Other, that is, the symbolic and social functions imbedded within the subject. And for Lacan, the subject is always the subject of the unconscious, and the unconscious is always the Other’s discourse. There is always another voice speaking in the patient, a metapsychology of internalized culture, the ontology of symbolic meaning and demand instituted through speech and desire. This is what the Lacanian analyst listens for. Fink expounds many important aspects of Lacanian theory in juxtaposition to Freud and in contradistinction to most post-Freudian
schools of thought, including challenging most of what ego psychology champions. And Lacan spares no punches: he advances his novelty by being ruthlessly disparaging and polemical. As a general rule, he tends to be critical of everyone, even Freud, although Freud is still respected as the master.

With this book, Fink’s most successful accomplishment is guiding the neophyte through turbid and sometimes turgid waters of Lacanian discourse, thus making comprehensible his notions of the imaginary and symbolic orders or contexts of being, the essence of desire and lack, the Name-of-the-Father and the role of the Phallus, symptoms and jouissance, and his revisionist revamping of Saussurean linguists, especially on the nature of the signifier and the signified. And Fink is very helpful in deciphering the many graphs, figures, axes, schemas, and mathematical equations Lacan is fond of using to concretize his ideas.

I have chosen not to highlight theoretical or technical problems inherent to Lacan’s theories because I think readers should decide for themselves what deserves praise and what warrants criticism in Lacan’s contributions to our profession. What I can say is that Lacan proves instructive in clarifying what one does and does not stand for. Like Kant, you can reason with him or against him, but you cannot reason without him. Those curious or intimidated about Lacan may wish to start with this book, because Fink is arguably the leading expositor of Lacan in the English speaking world today.

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As can be ascertained by the title, this book focuses on emotions. Despret has written an incredibly thorough text about a topic that is frequently taken for granted. It is both philosophically and psychologically grounded, and the reader is provided with an entire history of how emotions have been treated theoretically. The book begins with a question that many of us may be wondering: “How can what we think of as so obvious be the object of such an incredible accumulation of theories, proliferation of written work, definitions, explanations and controversies?” (p. 4). Despret spends the rest of the text answering this question.

In the first chapter, we are given an introduction of sorts, in which we come to understand that “…we fabricate our emotions so that they will produce us” (p. 20). In this way, we are inextricably bound to them, as they create us as much as we create them. Any kind of theoretical understanding is only an attempt to answer a question by taking all of the meaning out of emotion. Science (psychology and neuroscience) assumes that it is investigating emotions through experiments and laboratory research; while instead, science is constructing emotions with an a priori assumption that emotion and reason, pace Plato, are binary states. As a result, it is not surprising that scientific research focuses on the need to control passion, i.e., to reduce emotions to the control of reason.

The next chapter, “The ‘True Nature’ of Emotion,” gives a history of how emotions have been understood. Despret spends a lot of time discussing how, until the end of the 1970s, emotions were understood as psychobiological processes that could be read in the body and that were impervious to culture and society. The laboratory chose to control “culture” as an extraneous variable that tainted “true” emotions. It is a point well taken that, although researchers thought they were producing emotions in their research participants and achieving results that were “universal” and “generalizable,” this was not actually the case:

It [the psychology lab] is defined as a place of universalization, that is to say, a neutral system, a place that is true everywhere and for everything. It is not defined for what it really is and what it is for those who are invited there, that is, a social place characterized by its reference to science in which emotions and the possibilities of what they may be could be negotiated. The presupposition of the universality of emotions, as much as the way in which the lab constructs and defines the connections, thereafter frequently led the researcher to delete things and events “that count” from his research, as much for the one to whom his questions were directed as for all those he was not questioning. (p. 79)

This is an idea that is very important to think about, as much of what we are taught in traditional psychology training programs is based on the notion that quantitative, laboratory-based research is the only way to produce trustworthy results. While psychoanalysts have not typically fallen into this trap, as they utilize case studies and more qualitatively based research designs, the fact remains that in order to be deemed credible, one must utilize quantitative methods in the lab.

The next chapter delves further into this idea, and Despret tears apart the myth that the lab is a “neutral place.” We spend an entire chapter reading about how impossible it is to assume that research participants are doing anything other than what is expected of them:

The lab is not a neutral place, it is a social place laden with expectations, the researcher’s and the subject’s trying to guess those of the researcher. The mere fact of calling them ‘subjects’ already suggests to them how they should behave and places them in a specific connection of the social relationship, stamped with knowledge and authority, stamped also with the asymmetry of the roles. (p. 85)

This is interesting not only as it relates to the so-called scientific method, but also because it is this kind of philosophy that has formed the basis of the psychological theories that inform current practice. It is even more relevant when one considers the recent push in the field to focus on treatment that is “empirically supported.”

What kind of philosophy are we abiding by when practicing according to models that force our patients to talk about what is wrong with them? Despret likens this to repeating the torture that brought them into treatment in the first place:

…the biases on which our psychotherapeutic models are based prevent us from seeing the violence we
exercise upon “others,” and this even more seriously so when these “others” not only come from different cultural worlds but were victims of torture there. The Western model…based on the omnipotence of affects, as a last resort ends up by repeating the torture, since it is all about “making [the patient] talk” by repeating the violence of the intrusion. Seeking the truth of the repressed affects—as if the confessed emotion would permit the attainment of an authenticity of being—then takes on forms that are very similar to those of torture and confession. (p. 115)

One may call such behavior voyeuristic, though, of course, we are convinced that this is “helpful” and ultimately guiding our patients toward mental health. But what if it isn’t? What if talking about emotions is not the best way to recover from them? This idea is controversial and frightening, in that it goes against everything that we have come to believe as practicing psychologists.

The next chapter takes us away from these anxiety-provoking ideas and into a discussion about Plato and the controlling of passion. This is where the idea begins that we must contain those who fall prey to passion, or those who are uncontrollable, on the verge of rioting, etc. Despret makes the point that this is just another way of controlling people:

Speaking…of the necessity for controlling passions is speaking of managing those to whom the sad privilege of these passions is attributed; it is speaking of and stigmatizing those who cannot “contain themselves” as a danger. Speaking of controlling or managing emotions proves to be first and foremost nothing but a way of speaking of the duality of nature of those who are the particular target of this discourse. It is a nature that is experienced both as weak and as dangerous, that is to say, the nature of dominated groups. In other words, speaking of emotional control is one way of speaking about power and the exercise of power. (p. 153)

Is this not what we see in the way psychoanalysis is targeted as a treatment for the upper echelon of society, or those who can afford it? Is this not played out in those who have access to giving voice to their troubles and those who do not? Is not having the money to pay someone to listen to you speak the same as not having the right to?

The next chapter focuses on what emotions are like when seen for how they truly are: socially based, full of culture, and not easily contained. In this way, they represent what is going on in the world. Despret gives a historical account of emotions that used to exist but that no longer do, given that they are no longer relevant in modern times. This is an interesting idea, and this chapter helps us understand just how bound by culture emotions truly are.

The final chapter is simultaneously a conclusion as well as an introduction of sorts. It gives a summary of the text while also providing a rationale for the entire work. Despret talks about misunderstanding and translation as a way of reinventing new possibilities and new ways of understanding each other. We end with the promise of hope in our endeavors with emotion:

I am confident. I know what the confidence we may grant ourselves and upon which we can confer ourselves, may arouse: by contrast, this is shown in what a scientist’s lack of confidence vis-à-vis his subject can produce when loyalty to the ambition of practicing science reduces the subject to silence and ignorance. Not only does this confidence change the access to what we want to know and what we are examining, but it is also what saves humor from irony, astonishment from cynicism; it is what allows risk, hesitation, perplexity, and tolerance for the undetermined. This is the confidence I can see at work in translation and it is also what saves version from theme. It is what provides the courage to resist the motif of separation. It is what makes versions of knowledge into versions of passion: amazement, humor, love, interest, and curiosity. I am confident. Or rather, confidence has won me over. (p. 302)

In this work, we are taken on an historical and philosophical journey about how emotions have been theorized and researched in a way that is meant to control and maintain the status quo. While this may not be suggested in its title, Despret has written a convincing text about the exclusion of culture and the continued oppression of certain people throughout time. Although the material is dense and sometimes difficult to follow, it was validating to find such words in print, as this subject is not often discussed in the psychological or psychoanalytic literature.

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BECOMING ALIVE: PSYCHOANALYSIS AND VITALITY, BY RYAN
LA'MOTHE. NEW YORK: ROUTLEDGE, 2005; PP. 198, $33.95. MARILYN N. METZL, PHD

THE SEARCH FOR AUTHENTICITY IN THE ANALYTIC RELATIONSHIP
When asked to review Becoming Alive by Ryan LaMothe, I was unprepared for the journey that would ensue from the opening quotes2 to the final conclusion 165 pages later. The book was an exciting, enlivening and thought-provoking journey through the excellent and thoughtful eyes of LaMothe, a man of obvious integrity and intelligence. The many pages of references provided at the end of the book attribute to LaMothe’s scholarship and curiosity in writing this treatise.

While reading the book I frequently envisioned the character Martin Dysart, the psychiatrist in Equus (1973), when he spoke eloquently of his realization that mental illness had energy, and debated the question of when and how to puncture psychotic fantasy. The playwright, Peter Shaffer, expressed envy at the ability of some people, termed psychotics, to fully engage in their delusional universe. In my psychoanalytic practice I treat a compulsive gambler who lost everything material that he owned in the world as the result of a single bet. While helping him learn to modify his impulsive behavior I became aware of my own inner struggle and touches of envy—which would it be like to risk everything, even though risking everything would lead to potential disaster?

The question could be formulated as a struggle between Eros and Thanatos; between life and death, but which route is life and which death is open to question and interpretation. In my own life I chose to complete school, to seek psychoanalytic training, to raise a family, to develop a practice, and to participate in my professional associations, a life certainly filled with excitement, but different excitement compared to my patient’s crash and burn philosophy. In my heart, I know there is some awe of the patient’s ability to get to the edge of his quest and jump over. While not advocating sex, drugs, and rock and roll

2 “For man, the vast marvel is to be alive. For man, as for flower and beast and bird, the supreme triumph is to be most vividly, most perfectly alive. Whatever the unborn may know, they cannot know the beauty, the marvel of being alive in the flesh. The dead may look after the afterwards. But the magnificent here and now of life in the flesh is ours, and ours alone, and ours only for a time” (D. H. Lawrence)

“People say that what we are all seeking is a meaning for life. I don’t think that’s what we’re really seeing. I think that what we’re seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances within our inner most being and reality, so that we actually feel the rapture of being alive” (Joseph Campbell)

“Oh God! May I be alive when I die.” (Winnicott) as a solution to life’s existential boredom, I understand the allure of “the apple.”

A common thread running throughout psychoanalysis has been the study of human suffering (p. 4). In Freud’s view, the instinct for survival, which is manifested by the formation of symptoms, takes precedence over the motivation for the pleasure of freedom (p. 8). LaMothe views this eclipse of potential space and the hyper-attention on survival, which accompanies a draining of aliveness from the self and relationships, to be a consequence of massive distrust, betrayal, and hopelessness (p. 142). The author proposes that trauma manifests as a wound in the psyche and finds that the most devastating and long-lasting traumas are not necessarily natural disasters (unless the natural disaster is followed by the failure of other human beings to care), but disasters of profound human betrayal. Since it is not possible to live in a world of distrust and betrayal, the victim finds little hope for repair, and evades life because this avoidance becomes a way of avoiding surrendering to death.

Becoming Alive celebrates the experience of being alive and questions the entire practice of diagnosing mental illness as a convenient illusion. The book can be considered a companion piece to the newly released guidebook, the Psychodynamic Diagnostic Manual (2006), which emphasizes the importance of understanding the individual personality patterns found in many people, and reserving diagnosis of full-blown disorders only to these natural variations when they become extreme. In the manual, the dimensions of human motivation, emotional pain, and the stories behind the symptoms are available for exploration, as opposed to the simplistic DSM view of persons as “symptoms” that require only diagnosis and medication or less intensive, behaviorally oriented talk therapy.

LaMothe, as well, feels that DSM categories and case reports are deadening when compared with the liveliness of a patient and the patient’s symptoms. In this book, he challenges everyone: cognitive behavioral treatments, DSM, the practice of psychiatry, postmodernism, and pharmacology, which all come under the rapier vision of his commitment to being alive. He warns, however, of the difficult journey that will follow the course of challenging conventional wisdom. The book offers a theory about varying experiences of being alive and their organization in human life. It is comprehensive and integrates data from psychoanalytic theory, infant-parent research and recent neurological perspectives of the brain (p. 16). The author hypothesizes that experiences
of being alive link the mind, the body, and the other, with culture in an intricate dance. His stated intent was to utilize a variety of examples from clinical settings, culture, literature, and religion to illustrate his observation that couch and culture are inextricably connected, and that the patient and therapist’s aliveness or deadness, while shaped by the peculiarities of past family romances, are formed by the narratives and rituals of their respective cultures (p. 129). This book should be of interest to psychoanalysts, to all clinicians interested in theory, and to all teachers, philosophers, scholars, and people in related disciplines who are interested in pondering the question of why we are here and what difference it should make.

Chapter I addresses the question of vitality in psychoanalysis. The author claims that topics of passion and aliveness have been present since the beginning of psychoanalysis, provides an overview of psychoanalytic thinking, and identifies various attributes required for the celebration of being alive. He proposes that experiences of being alive during each phase of development depend upon maintaining a dialectical tension between generating and surrendering to experience (p. 19). LaMothe cautions that tragedy follows when individuals mistake theories and rituals for life itself, as substitutes for the experience of being alive (p. 28). He lays the groundwork for subsequent writings and discusses significant features of human development and potential, which he divided into four modes of organizing experience, which are embodied vitality, living objects, vital subjects, and enlivening stories.

The subsequent four chapters discuss embodied vitality, living objects, vital subjects and enlivening stories, and express varying modes of organizing experience which he forms: corporeal, taxonomic, symbolic, and narrative. The second portion of the book addresses the varying types of relationships that are part of the experience of relating, which he describes as contiguous, objective, subjective, and communal. Modes of organizing experience and the dynamic characteristics of potential space are subsequently presented as they pertain to the experience of being alive. The author states that in writing these chapters he has attempted to show both the developmental continuity and discontinuity of life by holding to the idea that the ingredients that make up experiences of vitality are present in each mode. In other words, when investigating varying theories of development, it becomes apparent that each theory is related to a progressive stage of development, and each stage is portrayed as possessing particular crises, obstacles, and achievements, yielding continuity in the space of cognitive and relational transformation.

An example cited in this work is Erikson’s first stage of trust vs. mistrust as a developmental challenge that parent and child must handle. The author proceeds to discuss the issue of trust and mistrust as continuous hurdles to be negotiated throughout one’s life. LaMothe feels that Erikson was attempting to demonstrate continuity even as new capacities, challenges, and virtues were emerging. He expands on Erikson’s formulation and argues that the necessary, interrelated ingredients for a sense of aliveness, which he characterizes as agency, emotional regulation, continuity, cohesion, and validation, are part of each phase of development, even though the manner in which we experience and understand each phase may be different. The argument is made that agency must be joined to a sense of freedom and spontaneity in order to experience the feeling of being alive, with the caution that agency is frequently defined in pop culture as a one-person theory indicating what “I” must do. LaMothe’s definition is broader and is taken from infant development: he argues that an infant has a rudimentary somatic agency, which becomes dynamically part of consciousness, rather than the more traditional depiction of agency that is subjective and inter-subjective. He concludes that agency, emotional regulation, continuity, cohesion, and validation have significantly different meanings given the mode of organizing experience.

The final chapter contains concluding thoughts on how this model of human experience alters traditional psychoanalytic views of trauma, which has a relationship to the repetition compulsion and regression. LaMothe...
proposes that a sense of deadness in human life is not simply the result of trauma but may be culturally dictated as well. To LaMothe, vitality is inextricably a part of life from birth to death (p. 185), and the slow and insidious foreclosure of potential space and draining away of vitality that the culture foments by the unrelenting pressure in contemporary society to conform to economic, political, religious, scientific, and social pressures are agents for creating trauma and deadness in people and in society. He feels that psychoanalysis and conscious awareness have the power to challenge these pressures. He further explores how culture plays a role in the diminution of experiences of being alive, and concludes with thoughts on how theory shapes ones understanding of psychoanalytic goals and process. With the promise of more excellent writing, LaMothe informs us that he is thinking about a new book on the implications of his theory for understanding the unconscious through semiotics, and will explore the important ideas of transference and countertransference.

LaMothe’s interest in how we become alive, how we create ways to experience being alive together and how we find ways to avoid being alive together are provocative, thought provoking, and would be a wonderful tool for analytic groups to utilize in generating discussions of how to proceed in therapy. The vision of the patient coming for treatment and sharing life narratives with the analyst is examined in depth in this work, and LaMothe sends forth the idea that he has learned as much from his patients as his patients have learned from him. His experience in interacting with people who “bravely survive” incredibly difficult and painful experiences and yet have the courage to give voice to their longing to be alive, challenges us to look upon a patient, not as an anemic artifact in the DSM characterizations, but as a person yearning for a voice and a relationship and mystery of being alive.

In this erudite and stimulating book, Summers gives four extended case histories that demonstrate the application of his theories to a variety of symptom presentations, including chapters on somatization, depression, intense self-criticism, and narcissistic despair. In each of these chapters, Summers demonstrates his encyclopedic knowledge of psychoanalytic literature, and gives an even-handed and respectful consideration to object-relations theory, self psychology, and relational psychoanalysis. Summers generously notes, in his concluding chapter, that life-transforming psychoanalytic cures can and do take place in therapies conducted without specific attention to his ideas about potential space, but he suggests that some of these transformative actions may be taking place in this space without explicit attention being paid by the therapist.

In this comprehensive book, Summers demonstrates psychoanalytic theorizing at its best. Summers is an original thinker and, obviously, a compassionate and committed therapist. But he also serves as a model of how we can learn from each other, and how we, as theoretical pioneers, can explore the theoretical terrain of our colleagues without colonizing or laying waste to their lands. Of all the great gifts in this book, Summers offers this one throughout: he comes in peace.

**References**


David Anderegg is on the faculty of psychology at Bennington College, and maintains an independent practice in psychoanalytic psychotherapy of children and adults in Lenox, MA. He is the author of Worried All the Time (*Free Press,* 2003).
In *Between Their World and Ours*, a carefully disciplined and deeply experienced psychotherapist reports on her psychotherapeutic work of over four decades of treating autistic children. She challenges the assumption that psychotherapy cannot help autists, who can only be trained behaviorally; and critiques use of current rigid diagnostic practices, which are likely to underestimate autistic children’s abilities. The author considers current practices to be a disservice to the likelihood that autists will attain their potential. The author strongly takes issue with an influential dictum of Bernard Rimland (1993), about whom she states:

> [L]ong an authority on autism, {Rimland] adamantly advises parents in one of his newsletters, “Refuse psychotherapy.” .... He attributes to all psychotherapies those excesses he believes typical of failed psychoanalytic attempts to treat young autists.... Such a recommendation deprives (them) of the help they would receive should the psychotherapy be geared to their particular needs. (p. 150)

Although behavioral methods hold sway in this field, Zelan’s book is a demonstration of what psychotherapy can offer autistic children. Most of the book consists of case studies of 9 autists, selected from the total of 45 autists with whom she has practiced, with specialized attunement and intense intellectual inquiry. She explains, “The feeling of being understood—feeling tuned in to—helps the young autist adapt to society.” Having experienced a pleasurable connection in the one-on-one situation of therapy, he is tempted out of his isolation. And when he is finally willing to connect verbally, this therapeutic relationship can help him find the courage to extend himself with his peers, to be more open with his parents, and to spontaneously take responsibility for improving his social skills. Zelan demonstrates that therapy can help the autist find the motivation and the courage to continually seek new solutions to his own problems, beyond the training others can anticipate he needs. Particularly since prominent autistic defenses are withdrawal and avoidance, psychotherapy can help him be willing to risk learning and making friends.

Interestingly, these 40 years of her work have spanned great changes in knowledge of this diagnosis. Thus the author possesses a rare angle of vision and overview of theory, since she has lived through it. She is able to look back and ascertain what remains, and what has fallen away in theory. Mainly what has been superseded is blame for parents, who were inappropriately labeled “cold, or refrigerator mothers,” by psychiatrist Leo Kanner (1944) in the 1940’s (p. 15). In contrast, Zelan states that responsive parents are the autist’s most important asset. “Far from being the cause of autism, they are unusually sensitive to their children.” She sees them as “reliable and enthusiastic partners in a team effort to evoke discernible changes in their children’s behavior, attitudes, and, especially, their feelings about being autistic” (p. xvii). Zelan demonstrates how the children are well aware that they are different, and the disdain of other children is apparent to them. Therefore therapy also must address these feelings of inadequacy.

Chapter 1, “Diagnosis is not the Person,” strongly challenges diagnostic procedures and tests which are likely to underestimate the potential of autists. She demonstrates in compelling detail how autists are lumped together diagnostically, and thereby deprived of many opportunities to develop. She discusses tests used in diagnosis that she finds problematic, misleading, and invalid. Mistakes of testing can “stigmatize [autists] as mentally deficient” when they simply do not respond to standardized test questions. Zelan reminds us of “their often oppositional, diffident, and uncooperative attitudes” (p. 168), which may make procedures and test results invalid. She suggests it would be preferable to estimate IQ by behavior, qualitative means, or observation. The author illustrates this with her own vision:

*Diagnosing these young people does not do justice to their individual personalities. ...Every autist I knew forged a distinctive relationship with me, and as I became acquainted with each one I almost forgot their ominous diagnoses and prognoses, often concentrating, as I would with any child, on each youngster’s special, sometimes lovable qualities.... The narratives in this book illustrate a psychotherapeutic approach aimed not only at luring young autists out of their often impenetrable isolation but also at convincing them that they are worthy of the people world.* (p. 7)

The author calls for us to “re-examine and rethink our purposes in evaluating other people.” Her purpose in writing this volume is by demonstrating several autists’ breakthroughs to sociability beyond what is ordinarily predicted, she hopes to inspire changes in diagnosis, and in our visions of what they can become. Her plea is that they
have a future and that they are able to develop progressively, although not precisely on the normal timetable. She suggests that instead of diagnosing what is wrong with them, we ask, “what experiences challenge autistic indifference and engage (them) in their own recovery?” (p. 28).

In Chapter 2, the author then proceeds to weave an illustrative case study, “Gregory’s Journey.” Other chapters continue this case study and those of 8 other autists, taken from her notes of intensive psychotherapy. It is a summation of everything she has learned in those four decades of deeply reflected upon clinical experience. Intriguingly, these chapters are not arranged as individual case studies. Instead Zelan has undergone the labor-intensive and pedagogically more enlightening task of arranging all 9 cases thematically. She intersects parts of the case studies very effectively to show the contrasts and commonalities of each child in regard to the stages of emergence from autistic isolation that can be stimulated by therapy.

Zelan’s case studies illustrate these themes. She begins with the earliest task of making a therapeutic connection, and then proceeds in the order of therapy tasks accomplished. She addresses the development of perspective-taking, emergence of sociability and reflection to ability to take risks to develop new relationships. These case studies are informative as to how to deal with the extreme sensitivity of the autist, and to make a connection with him despite his need to protect himself from overwhelming stimuli by withdrawal. They are rich in examples of how to show a child that he is liked without overwhelming him.

The case studies clearly demonstrate how some autists think. Zelan provides many concrete examples of how a therapist can respond. She purposefully lets the reader in on her inner dialogue on what to say, why or why not, what she tries, and how it goes over with the client. Repeatedly we read how the therapist reviews a number of speculations and hypotheses she has about the autist’s statements and actions. Often she tells us that she deliberately abstains from saying her best hunch to the child, and explains why chooses not to state this interpretation, in terms of the child’s needs or defenses at that moment.

When she does make an interpretation, she reports whether it is successful or not; and demonstrates how she can also learn from being wrong. It is a pleasure to read this open retracing of the process of therapy; it is more inspiring for real life than to read a case study in which all interpretations are correct, and received with validation. Ours is an art in which it takes courage to keep trying when one can only be right some of the time. Tolstoy wrote, “God sees the truth but waits.” Sometimes better judgment leads us to wait with what we know, when that will yield a better result for the client. This is especially important with autists, who are sensitive about mind control, as well as more empowering for other clients.

Chapters 7 and 8, “Self-Revelations” and “Risking Friendship,” are the most interesting, as they show the most advanced development achieved by the author’s patients. The author documents how the therapy relationship can make it possible for the autist to be willing to reach out to others. She explains

To have a true, sensate experience of self, of feeling REAL, one must reckon with the emotional reactions to oneself of an attuned other. Otherwise the self remains underdeveloped—it might even feel “empty”—devoid of the numerous reminders of the particulars of one’s social selfness emanating from a loved, trusted other. (p. 246)

Through the developing relationship with the therapist, the children begin to report their frustrations with other children, and then they may work up courage to ask her for advice on skills to use with classmates, and to take the initiative to modify their own behavior. When the child is thus motivated, and taking the initiative, they are far more receptive than when arbitrarily assigned to “social skills lessons.”

Zelan shows how sensitive young autists are to insults from others about their being different: “The idea the young autist has of himself as evil, wacky, retarded, spastic” (p. 237), impedes his being able to reach out to other children. In order to inspire him to become proactive on his own behalf, we need to help him deal with all the epithets, which have been thrown at him by peers, reified by diagnosis, and hurtfully internalized. It is this awareness on Zelan’s part that takes her beyond the formulation of Bruno Bettelheim, with whom she initially worked on her first two cases of autism in the 60’s. Whereas Bettelheim had hypothesized that the children feared for their lives, Zelan explains that these children fear being autistic, with all that implies. Therefore to inspire hope that they can become different, i.e., more socially accepted, is very important in treatment.

Chapter 6, “Theory of Mind Problems,” takes a time-out from the case studies to contest the assertion that these children lack a theory of mind (Frith, 1989). As in regard to her critique of diagnosis as currently practiced, Zelan is incensed at this assertion because it underestimates autists in a way that can lead to severe impoverishment of expectations and designed programs. It seems she has inserted this theoretical chapter here in the middle of the case studies, because the reader has now read some of her evidence that autists do have a theory of mind, and she can refer to it in her argument. Thus informed, the reader will understand the significance of further evidence in the last two clinical case chapters that follow.
Chapter 10, as its title, “What to Do,” indicates, covers a full array of practical advice for parents and teachers, including some hints for therapists as to how to approach and interact with these children. “I will make specific suggestions about how to help your autistic child learn and use language, play more freely, and above all, socialize more congenially,” the author states. The first section prepares parents for diagnostic assessment, and counsels them to list the child’s assets to present to the diagnostician as well. Explicit resources are suggested, such as Autistic Behavior Checklists, including the addresses of where to send for these resources. Parents are advised to contest the evaluation and seek a second opinion if they feel that it underestimates their child.

The author discusses the importance of non-verbal communication; and she coaches parents on how to respond in such a way as to build a bridge to later verbal communication. She specifically describes how to use language aids, play, board games, pretend games, and thinking games to stimulate and make contact with their children.

Chapter 11, “Hopes for Autistic Children,” summarizes the basic approach to be taken to the autistic, pointing out that the same principles apply at home, at school and in therapy. They are: 1) Understanding the nature of their withdrawal as a protection against overwhelming stimuli; 2) Recognizing the importance of hope; 3) Liking the child; 4) Setting appropriate expectations; 5) Permitting him his aloneness time, not baring in on his necessary time in his own world; and 6) Not foreclosing on their future with premature negative pronouncements. The author reprises her view of autism:

[O]ur respect for the autistic’s perspective, our... empathy for his condition, is what lays the groundwork for luring him away from his private world and into the “people world.” Showing ... that we care about what he does, thinks, and feels.... helps prepare him for the idea that he is capable of participating in his own recovery. (p. 358)

She again defines the “corrective emotional experience,” of psychotherapy with these children as essentially beginning with an experience of attunement, which has as its goal not the uncovering of the unconscious, but the strengthening of the ego and the ability to live in his social world. She states functions as a mother.... Nor should a therapist baby him, return him to infantile pleasures. This is the last thing a young autist needs. Infantilizing him.... would debilitate his struggling ego. Rather, he needs to develop the social and emotional skills.... appropriate to his chronological age. (p. 360)

Zelan shows us how we can have a new encounter of psychoanalytic knowledge with the special needs of the autist’s defensive system. Utilizing the classic concept of mechanisms of defense, we can find psychoanalysis very applicable to understanding these children. Therapist responses and techniques, Zelan shows us, can be creatively adapted and flexibly utilized for their particular defenses.

Since she believes that the best hope for an autistic child is a responsive family, therefore she recommends that psychotherapy be focused on overcoming his social reclusiveness, and not on dwelling on his ambivalence to those close to him. She gives examples of this principle, which can be informative to psychotherapists interested in what modifications of technique will make therapy most useful for autists. Instead of interpreting symbolic fantasies, she found that “the intensity of the inner struggle seemed to abate ... as I encouraged him to feel good and hopeful about himself.” I think this is a crucial focus with the autist who feels so despised. There appears to be a resonance with self psychology approaches in this view.

Zelan’s vision of an attitude toward autistic people with appreciation of their individuality is in the tradition of humanistic psychologists such as Robert Coles, offering a larger perspective. She concludes with a plea: “If only we would focus as much on the worked-with and lived-with child as we do on the theorized and tested child” (p. 387)! She urges us not to relegate them to labels which deny their variety and potential. The case studies challenge us to reassess and to revalue psychotherapy for them—the treatment which can, if appropriately adapted, make a great difference in their lives.

References

Diana Grossman Kahn has worked for eight years in residential treatment with severely disturbed children, including autists. This work was highlighted in a memoir written by one of her former charges, Not the Thing I Was, by Stephen Eliot (Saint Martins Press, 2002). She teaches in the Gender and Women’s Studies Program of Oberlin College and is in private practice in Oberlin Ohio.
Three years ago the world celebrated the centenary of Paul Schreber’s epochal *Memoirs of a Nervous Patient*, a book that inspired Freud and scores of contributors to a still growing secondary literature, reaffirming Schreber’s stature as the most famous—and the most influential—patient in the history of psychiatry and psychoanalysis. Like a book of the Bible, Schreber’s 385 pages have given rise to a never-ending work of exegesis. The excavations into Schreber’s life and work and their interpretation have become a multinational effort by generations of scholars from the United States, Austria, Germany, Switzerland, Belgium, Italy, Spain, the Netherlands, and, last but not least, France (Jacques Lacan, André Tabouret-Keller, Luis Eduardo Prado de Oliveira, Jacques Mervant, and others).

In addition to providing an interminable feast to commentators, the highly educated and polyglot Paul Schreber has been a well-spring for many theories. He moved Freud to publish in 1911 his theory of paranoia and homosexuality. He moved Jung to redefine the concept libido in 1912, and to create the anima/animus theory, and thus contributed to the historic break-up of Freud’s and Jung’s relationship. He popularized terms, e.g., soul murder, inspired the name of a journal (Scilicet), enriched concepts such as fragmentation of the mind in schizophrenia, first described by Otto Gross in 1904, and later adopted by Bleuler and by Melanie Klein. He was an impetus to Lacan’s concept of *jouissance* and to gender theories of many Lacanians. Also, he taught lessons to philosophers and became a subject for dramas and operas. Not bad for someone considered to be the quintessential madman!

Reminding the reader of the four meanings for “memoirs” as defined in the *Oxford English Dictionary*: (1) memorandum, records and documents in diplomacy, and I would add, law; (2) an autobiographical account; (3) “a record of events, not purporting to be a complete history, but treating of such matters as come within the personal knowledge of the writer”; (4) “an essay or a dissertation on a learned subject on which the writer has made particular observations,” what the French call “memoir à servir…” It was actually the French who elaborated this distinction between memoirs as an autobiographic confession and memoirs as detailing an author’s experiences of objective historical processes. The tradition started with Joinville’s life story of Louis IX and as Froissart’s *Chronique* to evolve into Philippe de Comine’s *Mémoires* and later into the *memoires* of Marguerite de Valois and those of Brantôme. This development was late in Germany, where the classical example is Otto von Bismarck’s 1899 *Denkwürdigkeiten aus Briefen, Reden, und letzten Kundgebungen, sowie nach persönlichen Erinnerungen. Schreber’s Denkwürdigkeiten is a work that contains all four elements of writing. Thus, not only did Schreber offer a personal account of his illness between 1884 and 1893, which rendered him unable to love and work, but he also bore witness to contemporary developments in psychiatry: the rise of academic soulless brain psychiatry and coercive, equally soulless and often inhumane institutional psychiatry. By 1893, neither of these institutions was able any longer to offer the much-needed psychological help to alleviate Schreber’s personal suffering and conflicts nor to restore his ability to function. Instead both Flechsig and Weber condemned him to nine long years of psychiatric imprisonment, a fact that in France only Maud Mannoni took into account. Countless commentators have falsely reduced his *Memoirs* to a mere clinical chart of his illness, which it is not; herein lies the danger of misunderstanding Paul Schreber as a person, of transforming interpretive fictions into facts (Lothane, 2005).

Now, Dr. André Bolzinger, a prominent French psychiatrist and psychoanalyst, also fluent in German, who has already published important contributions on the history of psychiatry and psychoanalysis, has given us the first full-scale monograph on Schreber in French. It includes material from the author’s previous articles in the literature. It is a splendid book, written with humor and wisdom and élan. I am honored to review the work of a fellow-Schreberian, whom I first met during a weeklong *Colloque Schreber* held at Cérisy-la-Salle, in 1993, which resulted in an edited book of essays, *Schreber Revisité* (Lothane, 1998a).

Bolzinger provides a wide historical descriptive and interpretive panorama and divides his book into three parts: I. *Freud et Lacan initiateurs*, a first glimpse into the commentaries by Freud and, as we call him in the USA, the ‘French Freud’; II. *Lire (avec) Schreber*: more from Lacan and on Schreber’s literary style and his use of language, with notes on Schreber’s external history; III. *Panorama de publications: Schreber à Paris*: comments on a selection of books and articles about Schreber. As a result of his labors Schreber begins to emerge as a person and as an author with a message and a style; and as Buffon noted, *le style c’est l’homme.*
Whatever else psychiatry and psychoanalysis have been since the emergence of the former two centuries ago and of the latter one century ago, or want to be today or in the future, one thing is beyond debate: they include talking and thinking. While psychoanalysis is all talk, psychiatry mixes talking and taking drugs. Initially Flechsig developed a particular eloquence, but about the new drugs which would cure Schreber quickly and effectively. His assistant Teuscher treated the patient with talk therapy on one occasion. During the long years of imprisonment in Sonnenstein nobody talked to Schreber, maybe a few times somebody talked at him. He lived in isolation: for two and a half years he was locked up nightly in a dark and windowless isolation cell. Thus, he mainly talked to himself and to his “innere Stimmen” (voices), as he called them, and to God.

One day in 1897, he woke up mentally and started writing. The various scattered notes and diaries finally coalesced into the 385 printed pages, minus elisions. The content of the writing was a post hoc recreation from memory as to what had happened to him from the summer of 1893 on, the intent of the writing was a legal defense, a personal vindication as well as an attempt to explain to his uneducated wife, who played a crucial role in his life that resulted in his complex personal religion. He was addressing the judges who would try his incompetency case in the very same Oberlandesgericht on which he had served for only six weeks, and to his future readers. The judges were the only people who listened to him, heard him, accepted his own appeal, based on his Berufungsbegründung and his essay on forensic psychiatry, whose title became the subtitle of the Denkwürdigkeiten, and gave him back his freedom on Bastille Day in 1902. They also made the case an important legal precedent.

Who has the authority to interpret Schreber? What is the truth about Schreber, the facts of his life and the fidelity with which he, the author, presented them? The first authority, of course, remains Schreber himself: he, too, was an interpreter. The first other to interpret Schreber was the Austrian psychiatrist Otto Gross in 1904; Freud was the second Austrian to do so in 1911. The first interpretations, and the preponderance of all that followed, have been nomothetic and synchronic, i.e., based on preformed generalizations and formulas, the preponderant trend. In 1955, the German psychoanalyst, Baumeyer inaugurated the historical, biographic, or diachronic, research of Paul Schreber and interpretations based on that biography, a much smaller endeavor. Another interpretive trend has been to trace Schreber’s glosses on various books he read to get to the meanings he intended, about which there is prolific literature. Bolzinger offers a generous review of all these interpretive modalities but tends more towards the nomothetic mode.

Bolzinger proposes a third approach to Schreber: the method of a literary analysis of a text, a book about a book, an exercise in reading employing the available literary means to achieve such an end. It is the method employed by literary criticism that attempts to penetrate either the mysteries of a book or its author; also, it may be likened to a modern musician interpreting a 19th century score, or a modern director staging a 19th century play. Bolzinger’s meticulous analysis of Schreber’s style, the verbal habits and quirks, the literary allusions, is a tour de force. He might have said, that Schreber made his own contribution to linguistics. Leipzig University was an arena not only for Schreber but for such other word craftsmen as Friedrich Nietzsche in 1869, and Ferdinand de Saussure in 1878, and his “méméoire de Leipzig” (footnote, 2p. 153), the father of the epochal distinction between “langue (Sprache) et parole (Rede)” (p. 153). True to Schreber and to the esprit gaulois, to the word magic of Arthur Rimbaud, Stephane Mallarmé and Paul Valéry, Bolzinger is enamoured of words, of rhetoric, prosody, of eloquence. He is exquisitely attuned to Schreber’s “inflexions d’une élocution délibérée,” his “assonance et le rythme prosodique,” his “équivalence homophonique” (p. 19), “le flux sonore,” (p. 74), “le mirage sonore des Voix” (p. 76).

So great is his love of words that he does not discuss Schreber’s visions, his visual hallucinations, important both from the descriptive and nosological point of view. On the other hand, the so-called “hallucination verbale,” a “trouble langagier” (p. 45)—what the Germans call Gedankenlautwerden, is a matter of thoughts and words, all this torrent of “Stimmen und Stimmengerede,” a “délire d’interprétation,” again a matter of thoughts and words, quod erat demonstrandum. As a monad, claims Bolzinger, Schreber “vivait dans une bulle langagière” (p. 43). Bolzinger further affirms that Schreber is not “a romancier; le rédacteur n’a pas fait oeuvre d’imagination” (p. 77), because he was essentially a “raisonneur,” ill with folie raisonnante. Here I respectfully but strongly disagree: Schreber was not an impersonal vehicle for words, like those famous miracle-up birds, the “gewunderte Vögel,” reciting words without understanding them, not just a manifestation of a de Clérambeauldian “automatisme mental.” Schreber’s words were meaningful speeches, words addressed to hearers, as were his literary allusions, structured both consciously and unconsciously. Imagination, as a unification of thought, metaphor, symbol, and emotions, is central to understanding of Schreber as person and author.

One of the most telling examples is Schreber’s imaginative allusion, at a point of acute despair in the first half year after being thrown into the snake pit Sonnenstein,
when he recalls that while still in Flechsig’s hospital, he played on the piano the aria *Ich weiss, dass mein Erlöser lebt* from Handel’s *Messiah*, at the suggestion of his wife. These words of hope amidst despair are from the Book of Job 19:25, 26: “I know that my Redeemer liveth … and though worms destroy my body, yet in my flesh I shall see God.” Bolzinger comments: “C’est tout. Pas de commentaire” (p. 82). However, the commentaire was there, but not made fully explicit by Schreber, for he was alluding to a text that would be known to an educated person of his time, as with the quote from Goethe that follows. On his own showing, Bolzinger makes reference to Job, quoting Lothane (p. 97). As noted by Bolzinger himself, Schreber identified with Goethe. But it goes much further. Schreber not only imitated Goethe’s magical realism, not only strongly identified with the innocent Job upon whom God visited various punishments at the instigation of Satan, but he also used Goethe’s transformation of the Job legend in Faust. Like Satan at the instigation of Satan, but he also used Goethe’s transformation of the Job legend in Faust. Like Satan, Mephistopheles-Flechsig seduced God to punish innocent Schreber (Lothane, 1998b), for the Devil, God’s fallen angel, as Schreber quotes, with a slight mistake, on his page 145 “das Dichterwort von den Außerungen jener Kraft ’die stets das Böse will und doch das Gute schafft’” (emphasis added).

Schreber’s peculiar and personal *Redensarten*, or schreberisms, were playfully adopted in the correspondence between Sigmund Freud and his crown prince Carl Jung, with the exception of one: soul murder was no neologism. Lacan claimed it was a grievous error that Bolzinger seems to endorse. Soul murder was a legal concept in the first half of the 19th century and it meant medical malpractice, which Schreber made use of in thus accusing Flechsig directly, in his Open Letter, but only after he left Sonnenstein, and Weber indirectly (by the way, Bolzinger does not mention *Anstaltsdirektor* Guido Weber). In the end, Schreber was able to declare that “aller Unsinn hebt sich auf,” all nonsense is conquered by sense. He distanced himself from his previous wild imaginings, left Sonnenstein to live in peace with the world, wife, adopted daughter Fridoline, and himself for the next five years, until the last illness in 1907, which ended his life.

Bolzinger is the only author who paid special attention to Schreber’s *guillemets*, in which Schreber put the words revealed to him by the rays, that is God himself. Actually, those quotation marks are a testimony to Schreber’s basic sanity in an insane world, as expressed in Pascal’s famous *pensée*, with which Bolzinger ends his fascinating and multifaceted book. The book deserves to be widely read and discussed.

**References:**


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In *A Philosophy for the Helping Professionals* (1983) Jock Sutherland laid out a straightforward, sensible working model for clinicians that articulated the interrelationship of the inner psychic world and the outer contextualizing realm. This has always been my approach to the scaffolding of ideas that help me to perceive and interpret what I observe in the human world I encounter. Accordingly I read this book with excitement, great interest and discovered much of worthwhile intellectual stimulation. However, as a child, adolescent and family psychiatrist, and psychoanalyst with an amateur interest in a wide scatter of fields, whilst I am somewhat familiar with some of the works of some of those referred to in the dialogues and some of those who were interviewed, I found myself an extremely inadequate reader, because Molino and those with whom he engaged in discussion took for granted familiarity with a great range of contemporary thinkers with whose works I was unfamiliar. And the bibliographies provided are inadequate for the uninitiated reader, such as myself.

This did make reading challenging for me. So armed with Google and a library I set out on an exhilarating search for some basic information about a stellar array of significant contemporary writers in the critical world of ideas, not only psychoanalysts, anthropologists and social theorists, but also original and in some cases prodigious critical thinkers bridging many realms of human endeavour. My enormously and rapidly expanded personal reading list includes *The Empire of Images* (Barthes), *The Plague of Phantasy* (Zizik), *The War of Dreams: Studies in Ethno Fiction* (Marc Augé, Pluto) and *Arguing Sainthood: Modernity, Psychoanalysis and Islam* (Katherine Ewing, Duke University, 1997) and extends from Zizik, to Bakhtin, Taussig, the Comaroffs, David Schneider, Deborah Battaglia, Lyotard, Bourdieu, De Leuze, Guattari, Robert Paul, Bruno Latour, Unni Wikan, Michael Jackson, Marcus, Clifford, Ross Chambers, Jameson, Hacking, Anderson, R. H. Brown, Lyotard, Karen Knorr-Certina, Roy Bhaskar (critical realism, transitive and intransitive dimensions, epistemic fallacy), Mandelbaum, more of Wittgenstein, Nietzsche, Habermas, Heidegger, Sartre and Popper—and I know I need to read more even of psychoanalysts like Lacan and Kristeva, Mel Spiro and Chodorow, and related works whose writers’ écriture I am largely, rather than altogether ignorant. Among these authors are Foucault, Derrida, Marcel Mauss, Barthes, Blanchot, Levinas, Ricouer, Leavis, Popper, sociologists such as Durkheim, Weber, Marx, and a range of anthropologists including those interviewed whose works I feel I need to know better, as well as that of Michael Rustin—who is not an anthropologist but whose writing and opinions as a sociologist span psychoanalysis and anthropology, the nature of scientific endeavour and literature.

The more (to me) familiar psychoanalytic writers drawn on in this wide and deep-ranging discourse on self and psyche include Winnicott, Bion, Kohut, Bollas, Green, McDougall, Loewald, Kardiner and return to Freud, Devereaux and Roheim, Those interviewed with Anthony Molino’s probing erudition allowing them to engage in such sparkling and pertinent discourse provide a heady and literate wide-ranging feast. Personally I feel frustrated that it will take me time to read the works of Paul Williams, Katherine Ewing, Kathleen Stewart, Gananath Obeyeskere, Vincent Crapanzano and Mark Augé, and also acquaint myself with Wesley Shumar, Waud Kracke and Lucia Villela’s writings as well as more of Anthony Molino’s before I re-read these conversations with more to bring to them so as to be able to gain more from them.

I have read some of the works of anthropologists mentioned—but never enough of Geertz, Mead, Boas, Radcliffe-Brown, Malinowski, Fraser, Ruth Benedict, Leach, Levi-Strauss, Clyde Kluckhohn, Bateson, Kuper, Mary Douglas, Turner, Devereaux and Roheim. For years I have regretted not taking up an opportunity offered me by Meyer Fortis to read anthropology immediately on completion of my psychoanalytic training. But I wanted to consolidate my clinical experience and so became solipsistically learned in the private confidential histories, the dreams of my analysands and those with whom I engaged in psychotherapy or who consulted with me. I have become involved for lesser or greater periods of time in ways of lesser or greater significance to them and to me with certainly more than a thousand patients, and at least as many other professionals in a variety of settings. In some cases I have sufficient follow-up to know our encounters did have some positive impact on their lives, in others I doubt this. My professional occupation has grown and changed me, as has my reading over the years, and my non-professional encounters with people.

Under the media bombardment today omnipresent, as Marc Augé points out, information overload threatens to colonise us all, and to destroy the very real distinctions between fact (the real) and fiction (those invented ways
in which we have, over the years and in very different communities, made sense of our collective identity in the face of otherness). I wonder how much this problem is compounded in the additional intricacies of psychoanalytic practice? Analysts treat intrapsychic life as “real”: does this render them susceptible to a disregard for facts and a penchant for fictions? Reality is “fictionalised” by the onslaught of the mass media with consequent present-day confusion over reality and image. Is this not an even greater problem for practising psychoanalysts?

While reading, I have to ask myself in what manner the ideas about the construction of self, psyche, notions of culture and identity that garnish the pages may have helped me better to enable those who entrusted themselves, and revealed their personal dilemmas, to me to help themselves had I been acquainted with these ideas previously so as possibly to have been able to use them constructively in the clinical, strategy-planning, consultative and supervisory settings of my professional life? I wonder? Yet I consider this a significant book that deserves to be widely read because I have been involved in my chosen professional specialization since I realized, after completing medical school and a couple of years of laboratory-based essentially biochemical research work four decades ago, that I really knew very little about human beings and was extremely curious to learn more about human behaviour.

These conversations are replete with ideas and references to notions that do help me to think about human beings in ways I personally have not previously considered. So to the question to what extent reading this has enhanced my understanding: I can answer with confidence that certainly it has widened my conceptual horizons. It has made me hungry for more, pointed me in the direction of a great richness of ideas that so far in my Googling meanderings and downloadings have not disappointed but rather led me to further excursions. I have also been stimulated into thinking how some of what I have learned in reading this book might be applicable to situations that trouble me, both socio-political, and in working and thinking in the domain of applied psychoanalysis in other cultures. I found useful notions to which to return in reflecting about my own past clinical experiences that I have been engaged in writing about for the past couple of decades. So my conclusion is that the reading effort is well worthwhile for any thoughtful practitioner whether a clinician or an ethnographer. Academic disciples are artificially separated. It is unfortunate that those of us who attempt to understand human lives are limited in the population turnover and our own developmental capacities and exposures to ideas. In this sense Molino’s interviews, especially those with Paul Williams and Katherine Pratt Ewing, act like a kick start to a necessary intellectual awakening in those engaged in reflecting about the two disciplines in which like Anthony Molino, they have been trained, namely psychoanalytic psychotherapy and anthropology. This does not mean that the views of the others interviewed are not pertinent to psychoanalysts and worthy of their attention.

Following this paper trail, I was reminded of an eccentric professor of gynaecology half a century ago who used to preface every lecture with his belief that if we started with “that girlie in the street” and set out to understand her properly, in the end we would find we were trying to encompass all of knowledge. Obviously this ambitious and fascinating endeavour to explore how psychoanalysis can be enriched by anthropology and vice versa in relation to technique and theory, especially applied to notions of self, narration, symbolization, culture and psyche, and how their ideas overlap, has no such aspirations to omniscience. Nonetheless, if theories, like language, are necessary for us to grasp what may be lurking at the interstices of our private and publicly accessible experience, the more we have at our disposal, the better able we may be functionally in our clinical and in our field work endeavours.

The discourse reported in these pages is decisively illuminating even to someone whose training has but a clinical basis and lacks the necessary anthropological and wider academic background fully to comprehend the nuances of the discussions. I have enough comprehension to realise that I am longing to read more because I have no doubt that many ideas are relevant to areas about which I have been thinking, and to the domain of psychoanalytic and psychotherapeutic practice that has so endlessly fascinated me and richly complemented my non-professional life. Accordingly, henceforward, personally these seminal and thoughtful conversations will be an important source book for me, a referential resource that I will be using in my own further development and work. While one does not bother to continue to read a book that one does not enjoy or does not inform and stimulate one, it is rare that I want to start re-reading immediately I finish a book in order to try to digest the plethora of heady ideas which have engaged me so as to become able to accommodate-assimilate them, because I realise I want to become able to use them.

There are many memorable remarks in this astoundingly dense compendium of thought. On could open at almost any page and pull out a plum: for example, Marc Augé reflects on memory:

As we know memory is absolutely necessary for the construction of personal and collective identity, even if what it’s really about is constructing or
reconstructing a story… [but] we also have to forget. We could speak of the relationship between psychoanalysis and anthropology as having something to do with the relationship between memory and forgetting. Perhaps psychoanalysis, in a very classical sense, could be could be defined as a discipline which uses memory, or tries to use memory, in order to help a human being to forget…. While anthropology, perhaps… anthropology today—insofar as it deals with the relationship between us and the other—has to record the necessity of that relationship for our future. Perhaps ethnology can help the subject to forget the present, and its invasive plethora of images, in order to record and think of the other as a kind of memory. I should like to think of the relationship between psychoanalysis and anthropology in terms of memory and forgetting at its very root… (p.170)

There are some rivetingly arresting and fascinating definitions of culture mentioned: for example, Katherine Ewing has defined it as “a process by which individuals negotiate ambiguity and inconsistency,” while Kathleen Stewart’s definition of culture is quoted back to herself by Molino “as a shifting and nervous space of desire—immanent in lost or remembered things.” He then asks her if this metaphor at all reflects an understanding of the unconscious? She responds that she doesn’t know, but goes on to discuss how she is

… drawn to an idea of interpretative space or spaces that are almost like domains of thought. And these spaces can be generative, or have trajectories of desire.”…. These interpretative spaces of desire are publicly circulating sign systems and fundamentally mediated by expressive forms like narrative. (p. 152).

One could quote and quote. It is a book replete with provocative eloquence. In this book one is eavesdropping or rather being invited to become a participant interactor through time and space in an ever-widening noöspheric multi-logue, the traces of which will continue to reverberate in those who partake of the heady discussions herein recorded. I have always looked on psychoanalysis as one of life’s great enhancers in the simultaneous prismatic lenses its process opened in me with which to colour and illumine my life: the addition of the worlds of ideas exposed and rendered accessible through reading these interviews in which discourse has drawn on anthropology and the greater resources available in meta-fields of discourse from even my most preliminary explorations of the ides of the thinkers mentioned during the discussions has generated a similar sense of discovery, joy and enrichment. For this sense alone I am glad to have read and know I will re-read this book. Society exists and progresses, like analyses and academic endeavours, only if the messages circulating within it are rich in information and easy to decode. Knowledge per se is useless unless applicable, except if we place the ironic value Camus does on his Uncle in The Plague whose detailed Aspergers Syndrome-symptomatic knowledge of obsessively collected old train time tables he purports to admire no more and no less than any other form of erudition.

Anthony Molino’s explorations with his interviewees have convinced me that psychoanalytic and anthropological ideas are valuable and viable currency exchanges. Accordingly, I have no hesitation in recommending this book to anyone interested in what is a necessary broadening of the scope of psychoanalytic discourse, anthropology and ethnography, and the complexities and problems in looking at a whole range of notions such as the self, its narrative presentation, culture, psyche, transference and countertransference, or even the unconscious itself, among a host of others.

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Michael Guy Thompson has written a cogent, concise, and extremely relevant work about the role of honesty in the psychoanalytic enterprise. It ought to be must-reading for every psychoanalytic practitioner, new or seasoned, still in training or already practicing in the field. Thompson’s study is manageable to read and absorb since he has limited it to eight technical principles that were originally articulated by Freud and addresses how they need to be handled. Freud’s conception of honesty pervades his psychoanalytic method completely, and in doing so, it haunts every psychoanalytic encounter. Although writing about the eight technical principles, he has focused his attention on the fundamental role of honesty in psychoanalysis. This choice was both wise and inevitable, based on Freud’s philosophy of treatment.

Thompson lays out his main theme in the Preface: “The book you hold in your hands concerns the technical principles of psychoanalysis… the over-riding principles from which all the elements of psychoanalytic technique are derived” (p. xiii). The author then refers to the fundamental rule of psychoanalysis: “…. the pledge to be honest as articulated by Freud and, with modifications, remains so today.” This “fundamental rule” remains the basis for the book and the premise around which the material is organized.

Thompson goes on to say: “It is my thesis that the fundamental pivot around which the psychoanalytic experience revolves is the self-disclosure that each patient affects through the act of free association” (p. xvii). Thompson believes not only that free association is ubiquitous to the analytic experience but also that the understanding of what it entails hinges on a fundamental premise, mostly omitted from the psychoanalytic literature since Freud introduced it, namely, “the (explicit or implicit) promise to conceal nothing from one’s analyst, i.e., the pledge to be honest or candid.”

The practice of psychoanalysis is an inherently dangerous proposition…. Freud took pains to harness the potential for inflicting harm on one’s patients by formalizing a set of constraints that were conceived as rules, or recommendations, to follow…. These technical recommendations were paradoxically intended to restrain psychoanalysts from the temptation of doing too much (therapeutic ambition) for their patients, while protecting themselves (the rule of abstinence) and their patients (the rule of neutrality) from the risks unavoidably courted in this enigmatic treatment methodology” (p. xviii) “Freud’s technical recommendations are nothing less than ethical precepts, because their purpose was to formulate a working terminology with which the analyst’s experience could be articulated and communicated to colleagues. (p. xviii-xix)

Thompson states, in referencing the role of phenomenology in psychoanalytic inquiry,

[I]Instead of applying a theory that presumes to account for what is happening ‘in’ the patient one is analyzing, the phenomenologist goes directly to the person himself, by examining his experience of his relationship with this person. This is not a matter of speculation but rather of determining the ground of experience at the moment it is transformed through the interhuman bond shared with others. (p. xvi)

By way of helping to clarify his own understanding of phenomenology, Thompson states that:

Phenomenology shares with psychoanalysis the view that explanation is inadequate to the task of understanding what is given to experience and shares with psychoanalytic treatment the task of determining the nature of suffering itself. In other words, instead of posing the scientific question of what causes one to be this way or that, the phenomenologist asks, “What does it mean that I experience the world this way or that?” Once the meaning-question is substituted for that of causation. one enters the realm of phenomenology, because in raising this question one accepts the inherent mystery of existence…This feature of phenomenology… is both intentional and intersubjective, because my experience of the other is always unremittingly mine, with all its attendant ambiguity and luggage. (pp. xvi + xvii)

[P]sychoanalysis is already phenomenological in its latency because it has always favored interpretation over explanation, and because it relies on the
experience of the patient to guide the treatment, not what the psychoanalyst claims to know. ... Whereas the phenomenologist resists engaging in speculation as a matter of course, psychoanalysts appear to thrive on it, in effect wanting it both ways: to offer, in one breath, interpretations that endeavor to deepen the patient’s experience, while in the next offering explanations for what is presumed to have ‘caused’ the patient to be such and such a way in the first place. In contrast, the phenomenologist admits from the beginning of his inquiries that he does not know where he is going and does not pretend to. Hence the phenomenologist’s perspective is skeptical instead of theoretical, because it is rooted in a philosophy of perpetual inquiry that is surprisingly compatible with Freud’s technical principles. Indeed, Freud’s principles of technique make little sense outside of a phenomenological context. (p. xvii)

In America, psychoanalysis has rarely been concerned, as it is in Europe, with the problem of human existence... that speaks to the enduring fact of our suffering and the elusive promise of deliverance. Instead, its goal has become one of relieving that old saw, mental illness, diagnosable, to be sure, whose anticipated cure holds the hope that one eventually will recover, if you are lucky… Europe, the birthplace of existentialist philosophy, phenomenology, scepticism, and the avante garde, remains an existential culture to this day…. There, Freud is still perceived, a hundred years hence, as a radical, the first in a long line of subversives including Ferenczi, Reich, Groddeck, Klein, Fromm-Reichmann, Laing, Lacan, and others, who collectively cut against the grain of America’s penchant for the pragmatic. ... Like Freud, they believe you must swallow the poison and pay the price if you seriously expect to change. (p. xix-xx)

It was Freud who introduced the principles of morality, character, ethics, into the fabric of psychoanalysis and inaugurated in its wake a novel conception of honesty... Psychoanalysis has always been and is even today about truth, about disclosing what we dare about ourselves to an other. In fact, it is concerned with no other question (Sterba). It is only concerned with the truth (even the law) of the jungle, and of the price we invariably pay when we suppress it. This is why psychoanalysis was always supposed to be radical from the start, because it championed the act of lifting the veil and giving voice to what lurks beneath our protestations to the contrary…. All that we have to go on, as a beacon in the darkness ahead, are what we had in our discipline’s infancy: a set of first principles that, if sufficiently elastic, guide us in that necessarily isolated, unremittingly lonely universe of the treatment situation…. the essential, albeit unpopular, features of psychoanalysis are in danger of being forgotten, overlooked, and suppressed by successive generations of analysts who, ironically, have the most invested in its survival. The common wisdom characterizes Freud as the instigator of what is erroneously depicted as classical technique, whose contribution bears little, if any, relation to the so-called orthodox psychoanalytic perspective. (pp. xx-xxi)

The fundamental rule is fundamental for a reason, because the outcome of every treatment experience relies on the patient’s capacity to sit in judgment by another, at a considerable degree of risk, with no guarantee of the outcome. (p. xxii)

Thompson approach is to take

[E]ach of the technical principles on which psychoanalytic technique is rooted and explores them from a phenomenological perspective, which is to say, the manner in which they are encountered in the treatment.....Throughout this study, he endeavors to ask, WHAT is the fundamental rule of psychoanalysis? of free association? of neutrality? of abstinence? of transference? of countertransference? of therapeutic ambition? of working through?” He has “…. chosen these eight conceptual designations as representing the eight technical principles upon which psychoanalytic treatment is founded. (p. xxii)

For example,

[W]hereas many analysts insist that interpretation is the principal tool of every psychoanalytic encounter, Thompson has assigned it a more measured, though nonetheless essential, role. His chapters on free association, neutrality, transference, therapeutic ambition, and working through illustrate his view that interpretation sometimes interferes with and, at other times, furthers the psychoanalytic enterprise. And this enterprise has no other purpose than to return the analytic patient to the ground of his or her originary experience. (pp. xxii-xxiii)

Thompson begins his book by saying that “…. it has been
my observation that theories have never played a significant role in the formulation of what analysts actually do” (p. xiii). But it isn’t long before Thompson uncovers a problem which, presumably, he fails to recognize as one, namely, that “Freud’s conception of free association wouldn’t make much sense unless one appreciates the degree to which we ordinarily conceal most of what spontaneously comes to mind in the course of conversation.” This implies what is typical, average, and usual. But then he says, in the very next paragraph, that free association is not an artificial process but rather a form of verbal meditation that nevertheless requires considerable discipline to perform. Thompson goes on to say,

To free associate in the manner that Freud intended is simply an admonition to be candid during the therapy session. It entails nothing more complicated than the willingness to speak spontaneously and unreservedly, as one sometimes does when not the least self-conscious about what is being disclosed to another person. “Nothing more complicated,” sounds very much like a bit of denial of the difficulty of achieving this goal, as witnessed by how few people actually achieve it. Obviously, Freud’s conception of free association wouldn’t make much sense unless one appreciates the degree to which we ordinarily conceal most of what spontaneously comes to mind in the course of conversation. Seen from this angle, the fundamental rule—wherein I consent to reveal the thoughts that occur to me—is a precondition for grasping the nature of free association as it was originally conceived. (p. 3)

“Free association is not an artificial process but rather a form of verbal meditation that nevertheless requires considerable discipline to perform.” On the contrary, free association appears very much to be an artificial process, and in particular, one which we shy away from in order to protect our self-esteem.

Moreover, it entails speaking unreservedly while remaining attentive to what is being disclosed, something we don’t ordinarily do. Most of us either speak impulsively without awareness of what we say or think through everything we are about to disclose before speaking. Once patients realize the frequency with which they customarily resist disclosing things about themselves, they come to appreciate why complying with this rule plays such an integral role in the treatment experience. Hence, a patient’s capacity to free associate hinges on his willingness to comply with this rule. (p. 3)

“But Freud didn’t realize then that only someone who is uncommonly honest would be willing to spontaneously disclose the contents of her mind [as Dora did]” (p. 9). This statement by Thompson implies that spontaneous self-disclosure is not natural but rather is artificial, and thus requires effort to achieve.

Thompson goes on to cast doubt on two authors, S. Lipton and R.R. Greenson, when he says that “Both Lipton’s and Greenson’s characterization of free association overlook the ethical component of the fundamental rule stated earlier, the pledge to be honest with one’s analyst.” I doubt this conjecture of Thompson’s seriously. Both Lipton and Greenson probably presume that honesty goes without saying, a rather dubious assumption to be sure.

By 1913 Freud concluded that the need to fathom the ultimate cause of one’s suffering—as though knowing why one is neurotic has mutative value—is antithetical to the spirit of submitting to free association. though Freud didn’t know it, this is an inherently phenomenological manner of thinking, not a rationalistic (i.e., scientific) one. (pp. 32-33). (italics mine) In effect, this becomes Freud’s unwitting espousal of a phenomenological manner of thinking as the crux of psychoanalysis!

Later in the book, Thompson states that “…the delay of gratification is essential to this perspective and…. without it the treatment experience would be diluted, if not entirely ineffectual” (p. 61). In effect, Thompson seems to be saying that abstinence preserves the pain of suffering till treatment is over. Thompson goes on to say that

[P]sychoanalytic treatment was never intended to provide satisfaction in the conventional sense but to enhance the patient’s capacity for bearing hardship…. If the patient hopes to genuinely benefit from what the treatment has to offer, says Freud, then the patient, “has to learn from [the analyst] to overcome the pleasure principle, [and] to give up a satisfaction which lies to hand but is socially not acceptable, in favor of a more distant one, [but] which is perhaps altogether uncertain. (p. 66)

The Ethic of Honesty is an excellent book. It begins with an observation that psychoanalysis’s fundamental rule is not free association but the patient’s agreement to be honest with himself and with the analyst. The rule of free association derives from this, but it is not the fundamental rule itself. Most of the main thesis is handled in the first chapter, and the remaining seven chapters serve as elaboration of the main thesis and how it leads to the other “rules” of psychoanalysis.
Mark Epstein has been addressing the intersection of Buddhism and Vipassana meditation practices with psychoanalytic thought and practice for over 10 years, beginning with *Thoughts Without a Thinker* (Basic Books, 1995) and extending to his current work under discussion. He has relied upon the conceptual framework offered by Bion and Winnicott to address issues of self, desire and meaning. His latest book echoes Winnicott’s core concept of “going on being” and addresses the connection between this idea and Buddhist conception of the task of achieving “no self.”

*Going on Being* is an enjoyable, involving read. His very qualities of deftness and clarity, however, may obscure the depth of his scholarship. What he presents is so masterful and aptly exemplified that the reader seemingly does not have to work hard to understand what he is saying. He aims for an intelligent lay audience and amply deserves his popularity. Nonetheless, I think Epstein deserves greater attention as a theorist. He has the ability to explicate psychoanalytic insights in all their Jamesian “thickness.”

Epstein makes clear his earliest intellectual identification is with Buddhism; yet he leads off with a quote from Winnicott: “The alternative to being is reacting, and reacting interrupts being and annihilates.” This book is an exploration of what Winnicott meant, using the material of the author’s own psychological memoir. Epstein defines his conception of “going on being” as “a stream of unimpeded awareness, ever evolving, yet with continuity, uniqueness, and integrity,” (p. 31) He explores how this process is impeded with stories from his own life, including examples from his own analysis and training e.g., by seeking premature closure with a physically failing teacher or avoiding eye contact with an early therapist. He does not interpret such instances of defensiveness in psychoanalytic terms, relies upon Buddhist psychological terms, such as “emptiness.”

As in previous books, his main psychoanalytic “companions” are Bion and Winnicott. At times their ideas take focus in the context of meditation practice. He describes, for example, his growing understanding of “mindfulness” early in his meditation practice and its coherence with Winnicott’s notions:

In noticing the mind’s reactivity, I was learning to work with my caretaker self. All the habits and patterns that I had evolved to protect myself from the world came out in meditation. The simple act of trying to rest my awareness on the breath allowed me to see them in vivid color. As I became less reactive to my own reactivity, I started to peer into myself more (p. 78).

Epstein’s neurosis, his symptoms and his improvement are described simply and without drama. Although he is candid, there is nothing shocking or overwhelming as we follow his progress from overly cerebral kid to openhearted man. Intimate without being a tell-all, the book does show repeatedly how small moments and daily activities are the workshop of therapy. If you have clients who are reading this book to find out what to expect from therapy, they and you are likely to be well served.

How well Epstein deals with clinically relevant matters deserves mention in part because the exegesis of Buddhist thought may make the stronger first impression. He continually returns to Buddhism’s core concepts: “the four noble truths,” “the middle way,” and “emptiness.” The explanations are unforced, like intelligent and often funny conversation, the kind one might be able to have with somebody both deeply informed and patient with ignorance.

*Going on Being* makes a unique contribution to the Western clinical literature on the topic of joy. I am aware of very little writing connecting joy developmentally to clinical work. Epstein not only makes accessible the Buddhist explanation of the importance of positive affects, he argues convincingly for joy as a consequence of going on being. His pivotal example is a detailed retelling of the Buddha’s discovery, or rather recovery, of the path to enlightenment as a memory of infantile going on being. With this example he simultaneously glosses a piece of Buddhist lore and gives evidence for the necessity of a positively tinged consciousness in mental health. There is much to savor in this Midrash-like filling out of the Buddha story that brings it within useful reach by the skilled application of psychoanalytic insight. One need not agree with details of the Buddhist psychology to grasp the importance of what he has written. How might it impact our clinical practice to take seriously the fundamental importance of joy?

This contribution connects his work to another context worth acknowledging, the coming together of psychoanalytic psychology and spiritual thinking. Epstein evokes this context from the outset. His Freud story (there is always a Freud story, after all) is not about any absence of “oceanic feeling,” but about Freud’s acknowledgement to Binswanger that “spirit is everything.” I have not
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appreciated the tone and scope of Jerry Adler’s recent *Newsweek* article, which by now is likely to have been read by most Division 39 members. I felt that Adler portrayed Freud, his history, and his current presence in the United States in a fairly complex and more or less even-handed manner. Conversely, I had the same reaction as Antonio Virsida to the piece written by Jamie Chamberlain in the October 2005 issue of the *APA Monitor*, in which a number of Division 39 members come across as dismissive and unduly critical—not just of the history of psychoanalysis in the United States, but of Freud’s lifetime of work as well. It was then surprising to look across to the next page and read the interview with the distinguished relational theorist Jody Davies. In this conversation, Davies lays out her ideas for her upcoming keynote speech at this year’s Division 39 Spring Meeting in Philadelphia, wherein she embraces, if revises, the oedipal complex and the negative oedipal complex, both of which are at the heart of Freud’s thinking.

Are Freud’s ideas still relevant, or are they obsolete? Are the people who practiced along Freudian lines (and still, more or less, do) onto something legitimate, or are they completely out of touch? This was not the first head-scratching moment for me since I began studying psychoanalytic theory. In fact, there have been many, as I have come to learn a little about the current and past conflicts within psychoanalysis, and especially about how they have played out between psychologists and psychiatrists and their respective institutes.

I moved to New York City in the summer of 2003 to begin the doctoral program in clinical psychology at the Derner Institute of Adelphi University. I had been practicing psychotherapy with a master’s degree in social work in Salt Lake City and in Portland, Oregon, since 1996. I decided that I really wanted to be a psychologist and wanted to receive psychoanalytic training in New York City. Before arriving in New York, I had almost exclusively studied contemporary and relational theorists. My impression, derived from reading and talking with others, of the history of psychoanalysis, especially in the United States, was that it was rife with imperious, misguided, even sadistic psychoanalytic theoreticians and clinicians. I had also read and heard that this contemptuous spirit was alive and well within the American Psychoanalytic Association and its respective institutes. Therefore, I was considering training only at institutes that had come to be deemed “good” in my mind, such as William Alanson White and the NYU Postdoctoral Program.

But then a funny thing happened. Through my advisor at the Derner Institute, Wilma Bucci, I was offered a fellowship at the Pacella Parent Child Center of the New York Psychoanalytic Institute. Although this seemed like a great opportunity, because there is so little money for research in psychoanalytic ideas, initially I was reluctant to take even such a generous offer because I was leery of becoming affiliated with an institute whose members I was fairly sure would not only be narrow-minded, controlling, and arrogant, but also, would likely have horns.

I began meeting analysts at the New York Psychoanalytic Institute. To my surprise, not only were they homeless, but they were smart, humane, and usually open-minded. Could it be, I wondered, that many of my preconceived ideas about both the American Psychoanalytic Association and its respective institutes were wrong? Could the disturbing perspective of the anonymous interviewee, Aaron Green, in Janet Malcolm’s *The Impossible Profession*, on the scene at The New York Psychoanalytic Institute have been made up of half-truths? I began to hear evidence that this was the case.

As it played out, I began psychoanalytic training at The New York Psychoanalytic Institute in September 2004. Overall, I’ve valued and enjoyed the faculty tremendously. Currently, I have two training cases and two excellent supervisors who have said things to me like, “It doesn’t matter whether you are chatty or say very little, you just have to develop your own style,” and “There are no rules in psychoanalysis, because the goal is to really just do all that you can to allow your patients to realize their unique potentials as fully as possible.”

To be fair, I have heard criticisms, by members of my institute and members of the American Psychoanalytic Association, of contemporary and relational theories that at times seemed fair and well reasoned, and at other times were unfairly dismissive and misinformed. And though contemporary and relational theories will be covered, to some degree, in the third- and fourth-year courses at my institute, I wonder how they will be presented? Will relational psychoanalysts be caricatured as undisciplined and self-serving, as they indiscriminately disclose personal information to their patients, or will they be described, like all analysts, as working to elaborate and test their theoretical approach, as they help their patients as best they can?

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It seems an unfortunate fact of the current...
Theodor Reik: Memory and Appreciation

Jorge Luis Borges (1998) echoes psychoanalytic insight when he writes, “...both forgetfulness and recollection are creative” (p. 386). My memories, as well, are subject to the same fate, despite my conviction that my internal images truly reflect the experiences of a young psychoanalytic student who, with his classmates, took the last course Theodor Reik taught at the Institute he founded, the National Psychological Association for Psychoanalysis.

We were welcomed, for our first class, into an office on the upper west side of New York: a plain office, white-walled, with many book cases and even more pictures, mostly of Freud, but some of Reik’s family and some of the noted persons he had met. His thick-framed glasses focused my attention; I noticed what I could only describe as his interested eyes. As I sat on the fold-up chairs he had ready, I registered, to my surprise, that he was wearing a white medical coat, behind which his thin frame betrayed his age and physical condition.

His manner was genial; he asked, as best I recall, that the students present issues on the cases they were treating. But it soon became evident that such a didactic procedure was subordinate to his memories: memories of Vienna, of Freud, of the Princess Marie Bonaparte. That such memories would intrude on his case comments was not just a function of his age; anyone familiar with Reik’s writings would know that such a free associative process was his tool for hearing the unconscious. A few years before this class, I had read Listening with the Third Ear (1948) diligently. I usually got to my analyst’s office about a half-hour before my session, that was my favorite reading time. Reik’s relaxed confidence that the unconscious could be heard only when one lets go of a conscious investigation, his conviction that a complicated metapsychological description of psychic functions was more a hindrance than a help, and his enticing invitation to take note of the smallest remnant of a patient’s offerings struck me then, as they do now, as basic to any psychoanalytic enterprise. What I quickly concluded was that there was no cold, neutral analyst here. Genial with both his students and his patients, Reik represented to me the best of European, or should I say Viennese, graciousness and civility—a graciousness that did not seem to be the standard in the New York analytic world of the 1960s. It has taken the analytic world forty years to catch up with him, with little acknowledgement from all the new schools teaching the importance of an analyst’s human contributions. Forgetfulness, sadly, is a more effective weapon than a sword.

Psychoanalytic uncovering of what one forgets, of what one may have turned one’s eyes away from, of what haunts one’s actions and one’s dreams makes us humble and is a good counterpoint, Reik reminds us, to the narcissism of the conscious self. For Reik, technique was subordinate, for both analyst and patient, to the surprise of such discoveries. Technique, as it was taught in the 60s, was highly regulated and circumscribed by a powerful professional superego. Neutrality and abstinence were its hallmarks. Consequently, Reik’s approach, as well as his remembrances of Freud, came as something of a shock to us students. On one occasion, I recall him advising a student that if a young woman who may have suffered from depression came into one’s office in bright fine attire, the analyst should comment and compliment her. Was this European charm? Was this supplying a possible developmental need? Perhaps both. But it was shocking to us then. It no longer is.

The one story Reik conveyed that I remember vividly, and which I have repeated many times, was of his chance encounter with “the professor” crossing a street in Vienna. Reik related that it was a chance meeting, around noontime and Freud was clearly hurrying. When asked why the rush, Freud responded that he had a patient who was returning from a trip and he always brought Freud a present; Freud was scurrying to buy a gift to give him in return! No comment, but in the ‘60s and beyond it was clear how the Berlin school had influenced psychoanalytic practice in America. Self-aware technical correctness was not and is not the framework by which Freud created psychoanalysis. Despite some of his “Recommendations to Physicians Practicing Psychoanalysis” (1958), one has only to read the writings of HD and her remembrances of Freud to confirm this very human story of Reik’s.

There were other memories Reik shared with us, some had to do with the Princess Marie Bonaparte, some seemingly unconnected with what the class was discussing—as if memory was claiming him. While I now work within a much narrower notion of the unconscious than Reik espoused, his sensitivity to how we hear and respond to the unconscious is still with me. Reik ends Listening with the Third Ear with a chapter titled “The Courage Not to Understand,” anticipating again, an analysis of clinical interaction that Francois Roustang (1982/1983), fifty years after Reik, has discussed.

Before Reik’s course ended, a few of us asked if we could bring in a photographer for a class picture as well as for individual ones. Reik agreed. He had a picture on his desk of Freud at his desk; we asked if we could photograph that also. Reik was more than willing and he signed each
picture with a personal inscription to each student. And so, on my wall, next to my various professional plaques, there are three pictures that I look at daily: one of Freud at his desk, one of the young student analyst I was, sitting next to Reik, and one of him alone… looking at me all these years above his shaken signature.

I have wondered why. Although I suspect we might differ somewhat in how we practice psychoanalysis, I have kept his pictures so close to my daily functioning. The answer came to me as I paged through his text in preparation for this short tribute, a text that I had valued so highly in my studies, and it came on its last page. Reik wrote of the oncoming generation of psychoanalysts—of those who were already on the scene and how they represented its future. And then, echoing Freud’s words to him when they parted for the last time, he wrote: “We do not know them, but we feel close to them. People need not be glued together when they belong together” (p. 514).

Analysts need not be glued together ideologically either. That’s the work, all too often, of religious organizations. If we belong together, we can reach for the civility, graciousness and good manners that are the ingredients of any community. With those givens, theoretical and practical disagreements can and must flourish, but as possible advances in science rather than personal triumphs. I am well aware that Freud himself was not always capable of such an approach to those who disagreed with him; Reik did not respond to those who disagreed with him in the same manner.

The course ended and we had our photographs and our memories; thirty-five years later I have decided to reread Listening with the Third Ear; confident that there is more that Reik can teach me.

REFERENCES:


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psychoanalytic political environment that half-truths about the history of psychoanalysis, and misinformation about the current state of psychoanalytic ideas, institutes, clinicians, and professional organizations continue to exert such a strong influence on many of us, whether in psychology or psychiatry. Moreover, many individuals seem to be going out of their way to disparage “the other side” even as they are trying to nurture collegial relationships with other disciplines, such as neurology, or other divisions within psychology.

Given the blows that psychoanalysis has received over the last few decades from managed care, the pharmaceutical industry, and other theoretical orientations, it would seem more important than ever for all of us who are interested in psychoanalytic thinking and practice to band together, not necessarily to try to agree on issues of theory and technique, but to have a somewhat shared voice in affirming the value of a theory, and a general style of treatment, that is much more similar than otherwise, especially when compared to psychotropic medication, CBT, DBT and EMDR. A less polarizing stance would include being even-handed in criticisms about the history of psychoanalysis and with respect to current theories and training. Such a portrayal of the historical and cross-theoretical continuities in the psychoanalytic field is more likely to be taken as authentic by current critics, and it would allow those of us who are students to have a more integrated understanding of what has led to the current state of affairs. Also, it would facilitate a greater freedom of choice when it comes to deciding on a particular school of psychoanalytic thinking and postgraduate training opportunities.

Gregory M. Lowder is a third year doctoral candidate at the Derner Institute at Adelphi University. He is also a candidate in psychoanalytic training at the New York Psychoanalytic Institute, and a research fellow at the Pacella Parent Child Center.

Epstein - CONTINUED FROM PAGE 64

mentioned this spiritual aspect till now, because it is quite light-handed throughout the text. I include it here to give a nod to his intellectual honesty and to provide yet another reason you might want to read his book. I recommend it as nourishing food for thought whether your taste is for Buddhist, psychoanalytic or spiritual substance.

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The most recent council meeting was held February 16-19, 2006. The following issues were discussed:

- The Treasurer and Chief Financial Officer gave reports showing a $5.5 million surplus in 2005.
- The Council voted unanimous approval for a Division of Trauma Studies
- The Council did not approve the proposed Division of Human-Animal Studies
- Follow up on the Presidential Task Force on Psychological Ethics and National Security: Olivia Moorehead-Slaughter, Chair of the Ethics Committee gave a status report. The PENS task force has completed its work and Dr. Moorehead-Slaughter recommends that the Ethics Committee continue with the preparation of a casebook/commentary to apply the guidelines prepared by the PENS task force to actual situations that have been faced or might be faced by psychologists. The Ethics Committee has deferred action on the request by council that item 1.02 of the Ethics Code be amended to state that when there is a conflict between law, orders, and regulations and the Ethics Code, that psychologists may follow laws, regulations, and orders only in keeping with basic human rights. The current item omits the phrase “in keeping with basic human rights.”
- The Divisions for Social Justice presented the following statement:

The Divisions for Social Justice (composed of 10 APA divisions) met about the PENS TF report. We are pleased with the position taken by this presidential TF that “psychologists have an ethical responsibility to not engage in, directly support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment.” We are pleased that the APA Ethics Committee was asked to address the ethical challenges faced by psychologists on these matters. We encourage APA to consider how it might play a more proactive role in this critical social justice issue. We applaud that APA will be clear and unequivocal in its position against torture or other cruel, inhuman, or degrading treatment, and encourage it to take a leadership role to act in the public interest. Members of the Divisions for Social Justice who are here with me will address each of 10 specific suggestions we have made regarding the implementation of Council’s actions regarding the PENS report.

We are pleased that the Ethics Committee will prepare the casebook/commentary on the PENS Report. This Committee has a diverse membership that represents and interacts with a range of constituencies. This committee also has substantial experience and broad context for considering ethical issues.

Given that public allegations exist regarding psychologists’ involvement in the violation of the human rights of detainees, we ask APA, perhaps through an independent investigation, to determine the facts so that the allegations can be refuted or substantiated.

Because there has been ambiguity and confusion about specific actions that are alleged to have occurred and the definitions of these practices, we hope that the casebook will identify specific psychological interrogation practices that are coercive, cruel, inhuman, or degrading.

We believe that it would be helpful for APA to draw on international convention to define “torture,” “torture lite,” “cruel and degrading,” and other concepts that are key to this report.

We suggest that APA actively involve the Committee on International Relations in Psychology (CIRP) in distributing and publicizing relevant United Nations (and other) documents mentioned in APA’s own 1985 and 1986 resolutions on torture.

We suggest that the consultative function of the Ethics Committee be utilized to offer consultation to psychologists, and especially those working in or with the military, who face ethical issues related to interrogation and other practices.

We suggest that APA provide support for psychologists who observe and report, or refuse orders to engage in practices that conflict with professional ethics and standards.

Dr. Ron Levant, when he was APA president, visited Guantanamo (as mentioned in his past president report on Friday morning). We would appreciate his providing a report of his visit with a focus on what he observed about the roles that psychology and psychologists may have been playing in the treatment of detainees there.

We suggest that the ethical issues raised by the PENS Report and related discussions be used to inform the training and education of students. That is, we suggest that APA consider developing educational materials for students and professionals.
We suggest that APA, in the form of a Task Force or Working Group, take a new look at the 1986 and 1987 resolutions on torture. The resolutions may need revision, or likely updating, in light of almost 20 years of practice and research since the time of these resolutions.

- Resolution on education and training leading to licensure in psychology: A resolution was approved recommending the elimination of the postdoctoral year as required for licensure.
- Task force to review the APA psychopharmacology curricula and related policies: the Council allocated $18,800 from its 2006 discretionary budget to support one meeting of the joint Board of Educational Affairs/Committee for the Advancement of Professional Practice Task Force to review the APA psychopharmacology curricula and related policies.
- The Council of Representatives approved the report of the Presidential Working Group on Prejudice and Discrimination in all its forms.
- Council approved funding for a group, to be appointed to revise the model licensure act in light of changes in the field over the last decade.

LIAISON TO CAPP AND IG

This is a report of the winter meetings of the Committee for the Advancement of Professional Psychology (CAPP) and the Implementation Group (IG). I will highlight the major activities of the IG and CAPP that might be of interest to the Division membership.

The IG and CAPP now have representatives from Divisions 50 (Addictions) and 55 (Society for the Advancement of Pharmacotherapy).

At the IG meetings Barbara Cowen, representing the New York State Psychological Association (NYSPA), gave an update on the issue of using psychometricians in neuropsychological assessment. NYSPA is negotiating with the State Education Department (the relevant regulatory body in New York regarding this issue) to obtain a moratorium on the enforcement of the current regulations during the time that a long-term solution is being sought for this difficult problem. This is important to all psychologists because it is possible that the New York State regulations will become a model and could be adopted by other states.

The Division of Addictions (50) is bringing to the IG and CAPP an increased awareness of the practice and education issues that are of major significance to them and the practice of psychology.

There were breakout sessions at the CAPP meeting to review the structure and functioning of the IG. The general view seems to be that the IG could become more representative of the diversity of practice to include areas of practice such as: child/adolescent, gerontology and cultural and ethnic diversity. Another issue discussed at the breakout sessions was how to get the Divisions and State Associations to communicate their concerns to the Practice Directorate (PD) through the IG and CAPP.

Russ Newman and Randy Phelps reported on the improved financial position of the Practice Directorate (PD) and Practice Organization.

The PD is aware of the growing use of reimbursement plans for professional services in medicine that are based on pay for performance. These plans may be adopted by payers and applied in some manner to mental health providers. The PD will continue to study these plans and develop a policy on this issue for psychology.

Exciting public education materials have been developed for the next public education campaign. The campaign was delayed due to the need for the public education staff to respond to the great need for information and materials regarding resiliency after the hurricane Katrina and Rita. The mind/body program is getting back on track and the PD is working to get this effort launched. Behavioral components in heart disease, stress and obesity are the topics that are targeted in the mind/body public education campaign.

There has been considerable concern that Continuing Education (CE) credits for practice-related programs are not being approved for CE credit. CAPP and the PD staff believe that the current interpretation of the CE standards permit CE credit for practitioner programs. CAPP will continue to work with the CE Committee to ensure appropriate interpretation of the standards.

The PD and CAPP worked very successfully to gain approval of the 2006 reimbursement schedule for mental health services paid for by Medicare and Medicaid.

71.
Finance

This report is my last as treasurer of the Division. The treasurer duties have been turned over to Marsha McCary. The transition has been smooth and Marsha is doing a great job. As my three-year term of office ends, I herewith review some of the major accomplishments of the Division and how they perform for the Division. Other sources of revenue or increasing current sources will be necessary if the Division wishes to undertake new programs that require considerable financial support.

Expenses for 2005 were pretty much in line with what we expected. Thus, we ended the year with a balance in excess of our expectations. We estimated a year-end balance for 2005 at $4500 and the actual balance was $76,000. Our reserve account at the end of the year was $146,000. This is similar to the end of last year’s reserves. However, our reserves are less than one year’s operating expenses. It is generally recommended that organizations such as ours maintain a reserve account that would permit it to operate for one year without any revenue.

In summary, I turn over the duties of treasurer with an improved balance sheet and one that suggests continued improvement in our financial operations.

Martin Manosevitz, PhD, ABPP

Psychoanalytic Psychology and Division 39 Board

Papers are invited for the fifth 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, 2006, and presentation of the paper will be at the 2007 Spring Meeting in Toronto. 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 (email).

Deadline: July 1, 2006
MEMBERSHIP

Louis Rothschild, PhD

The following is a list of new members who joined the division between September 1, 2005 and February 28, 2006. Please take the time to look over the list to see if you know any of our new members and be sure to welcome them. An important part of our mission is to sustain our organization by attracting young (and not so young) colleagues to join and then actively participate in the division. Membership attraction is facilitated by propinquity more than by any other means. Please consider inviting your colleagues to join the division. Membership applications are on the website. An exciting new feature of the website is that new members can join by going to www.division39.org and filling out the information online.

Miri Abramis, PhD
Carrie Atikune, MA
Albert Banta, BSN
Sarai Batchelder, PhD
Anna-Leah Benson, EdM
Judith Bernstein, PsyD
Catherine Bianchi, PhD
Allen Bishop, PhD
Terry Blanken, PhD
Elizabeth Bogado
George Boudouris, PsyD
Dana Castellano, MA
Cindy Chen
Nancy Commissio, MSW
Kim Copeland, PhD
Peter Coster, PhD
Christina Coulombe, BA
Leilani S Crane, MA, MBA
Laura Curtiss, BA
Kylene Drewitz, MS
Rhonda Factor
Matthew Fishler, JD, MA
Joan Friedman, PhD
Kristen Gawley, PsyM
Emilija Georgievska-Nanevsk, MA
Dora Ghetie, PsyD
David Gluck, PhD
Ethan Graham, MA
Steve Guevara, MA
Richard Hale, EdD
Jennifer Harp, PhD
Clyde H. Hedgecoth, Jr.
Iris Hellner, PhD
Mark S. Horner, PhD
Agila Jagannathan, MA
Richard James, Doctorate
Chun Lin Ju
Helga Justman, MBA, LCSW
Kenneth Kim, PsyD
Pamela Kirby, PsyD
J. Michael Kirchberg, MS, MA
Sarah Kowal, MA
Jacqueline Kracker, MS
Ernest Latham
Stephanie Law, MA, MA
W Preston Lear, MA
Maria Lechich, PhD
Christopher Leveille, PsyD
Jordan Lief, MA
Laura Lipkin, PhD
Christine Liszewski, MA
Lya Lithgow, MA
Steven Luel, EdD
Lawrence Maleus, PhD
Scott Manus, MSW
David Marcotte, PhD
Richard Martielli, MS
Aleta Mattaino, MA
Heidi Meck, MA
Mia Medina, PsyD
Jon Meyer, MD
Carleen Miller, MA
Susan Moslow
Akiko Motomura, MA
Susan Munford
Sara Murray, PsyM
Giovanna Musso
Lara Nalbandian, PsyD
Sanjay Nath, PhD
Eric Peters, BA
Stella Petronda-Abd, PsyD
Anthony Procaccino, PhD
Alysa Ray, BA
Ben Reeb, MS
Michael Reison, PhD
Jennifer Robertson
Roger Rosenthal, MA, MSW
Stacye Rubin, PhD
Lina C. Schlachter, MA
Matthew Schullery, MA
Laurie K. Seremetis, MD
Said Shehadeh, PsyM
Yasemin Sohtorik, MA
Jeffrey Spodak, PsyD
Linda Sprague, MA
David Steinbok, MS
Julie E Surbauna, PsyM
Gina Taff, PhD
Christine Taylor, PhD
John Townsend, PhD
Linda Tucker, PsyD
Richard Waugaman, MD
Jami Wof, MA
Maya Yaar Golan, MA
Kaveh Zamanian, PhD

STUDIES IN GENDER AND SEXUALITY

The editors of Studies in Gender and Sexuality, through the generosity of the Alexandra and Martin Symonds Foundation, announce a competition for the best essay on a topic related to issues of gender, sexuality, or both. The winner of the Symonds Prize will receive $500 and the essay will be published in the journal. For more information contact: Martha Hadley at SGandS@earthlink.net.

DEADLINE: JUNE 1, 2006

SECTION V (PSYCHOANALYSTS CLINICIANS)

Section V Student Essay Contest: Section V will award a $500 Prize for the Best Graduate Student Essay Entitled: Encountering the Unconscious: A Personal Essay Exploring the Concept & the Experience of the Unconscious. Rules for submission: Essays should be no more than 15 double-spaced pages. Submit to: Section V; Student Essay Contest; 333 West 57th St., Ste 103; NY, NY 10019. Submit your essay without your name on it and include in your submission, on a separate piece of paper, your name, phone number, address, e-mail, and the name of the school and program you attend.

DEADLINE: AUGUST 15, 2006
Local Chapter Reports

Florida Organization for Relational Studies

FORS has found that there is an interest in our therapeutic community to broaden the scope of perspectives covered in our presentations, so we have been in the process of discussing and redefining our focus. FORS is proud of its newly designed website at www.forsonline.com, complete with video blogs of our latest workshop!

On February 24th & 25th, Les Greenberg presented a highly attended workshop entitled: Emotion-Focused Psychotherapy: The Transforming Power of Affect. Attendees were delighted and impressed with Dr. Greenberg’s warmth, humor, and intellectual immediacy as well as his research, which indicates the powerful role of emotion in producing therapeutic change.

FORS also sponsors ongoing study groups. Recent authors discussed at monthly reading study groups have been: Jody Messler Davies, James Fosshage, Edgar Levenson and Philip A. Ringstrom. In addition, FORS continues to offer a bi-monthly film study group, monthly couple therapy peer supervision group and a weekly peer supervision group.

The Connecticut Society for Psychoanalytic Psychology

This was a successful and engaging year for The Connecticut Society for Psychoanalytic Psychology (CSPP). 4 conferences were organized:

- Parental Death in Childhood: A Personal and Professional Perspective, with Francine Cournos
- The Current Status of the Profession of Psychoanalysis: A Discussion, with Kenneth Eisold
- Uncertainty and How We Regulate it: A Trauma Centered, Relational Systems Approach, with Doris Brothers
- Searching for Love, Expecting Rejection: Implicit and Explicit Dimensions of Relational Change, with James L. Fosshage

On April 29, CSPP will be celebrating its 20th anniversary. Also three of our members published this past year: George Hagman wrote Aesthetic Experience. Beauty, Creativity, and the Search for the Ideal (New York: Rodopi, 2005); and Angelica Kaner and Ernst Prelinger published The Craft of Psychodynamic Psychotherapy. (Lanham, MD: Jason Aronson, 2005).

Washington Society of Psychoanalytic Psychology

Washington Society of Psychoanalytic Psychology is very alive and very well, and continues to present stimulating programs to the professional community of Washington. Able to draw on the deep pool of talent in this metropolitan area, the Board and Faculty Committee of WSSP have gathered presenters who are exceptional clinicians and teachers to present on a wide variety of topics. These programs are presented free, with a charge for CE credits, if desired, and they attract a steady audience of 25–30 people. This past year the topics have included the identification of alcohol-use disorders in patients, depersonalization, sexuality, the use of affect-based therapies in breaking through therapeutic impasses, and inviting family members into an individual therapy. The presenters were, in that order, Jacob Melamed, Richard Chefetz, Ben Ellis, Linda Levine, and Carol Kutzer. The topics chosen are consistently ones which are clinically relevant and tend to stimulate much discussion among the participants.

For the coming year, the seminar program again has a distinguished faculty, including Rochelle Kainer on termination, Richard Chefetz on depersonalization and the body, Macario Giraldo on mourning and desire, Bruce Wine and Joyce Lowenstein on using countertransference in supervision, and Michael Gorman on countertransference with suicidal and hopeless patients. These programs are offered on Fridays, and also provide time and opportunity for networking.

Once again, this past winter, WSPP was a co-sponsor of the annual conference of the Consortium for Psychoanalytic Research, a group composed of seven local psychoanalytic institutes and groups. Presenting his most recent research at the conference this February was Stuart Ablon from Harvard University and Massachusetts General Hospital. He talked “Therapeutic Action: Psychodynamic Aspects of All Therapies.” The conference was well-attended.
I. Call to order: Dr. Ramirez called the meeting to order at 8:48 a.m.

II. Introductions: Dr. Ramirez asked the members to introduce themselves and give a brief statement of their background/activities.

III. Minutes: The minutes were reviewed; amendments/corrections made on the April 2005 minutes.

Motio 1: To approve the minutes of the April 2005 Board of Directors meeting as amended.
Action: Passed. Yes – 23

IV. Meeting Overview
A. Announcements
1. Election Results: President-elect Designate: N. McWilliams; Treasurer-elect: M. McCrany; Council: D. Morris; Members-at-Large: H. Seiden, Judith Logue; M. Metzl (filling N. McWilliams’s term); W. MacGillivray
2. APA Monitor: An article will appear in the October Monitor featuring Division 39.
3. San Antonio, Texas Conference on Immigration, February 2, 2006: The Division will have a panel at this conference. More information will be forwarded to the board.
4. Meeting with the Austrian Ambassador to US regarding the September 15, 2006 Commemoration of the 150th Anniversary Freud’s Birth: Dr. Ramirez and Dr. Ruth and representatives from other psychoanalytic groups met with the Austrian Ambassador regarding this Commemoration. Dr. Ramirez gave a brief summary of the program and events planned.

V. Budget
A. Treasurer’s Report: M. Manosevitz made comment regarding a number of budget constraints, but even with those constraints the Division made the following financial commitments:
   • Contributed to Multicultural Summit and had the board meeting in conjunction with the Summit
   • Placed the Journal on PEP CD; increased the number of journal pages
   • Invested in upgrading the website
   • Supported several committees
   • Supported the Consortium and ACPE
   Dr. Manosevitz encouraged all the Sections to comply with having their accounting moved to APA. He discussed the reasons why it is imperative to have all Sections utilizing the free accounting service of APA.
1. NYC 2005 Spring Meeting Revenues: M. Manosevitz reported that the Spring Meeting is projected to make about $80,000, which is almost double what was originally projected. This is the first time in five years that the Division will make more money on the meeting than anticipated.
2. GAPPP Contribution: The GAPPP board contributed $5,000 to the Division
3. ACPE Funding: L. Wagner discussed the reasoning for the change of the item in the budget for ACPE funding to $5,500.
4. Miscellaneous Items: It was noted that newsletter advertising has been an excellent effort for increasing revenue. Dr. Manosevitz thanked Dr. MacGillivray for his work in this area.

Motion 2: To accept the Revised Budget as submitted. Action: Passed. Yes - 22

VI. Committee Reports, Part 1
A. Membership Directory: The board was referred to the written report in the agenda packets.
B. Continuing Education: J. Darwin presented the report for Dr. Strasberg. The committee is looking at ways to increase the number of CE credits during the Division Spring Meetings.

Motion 3: Beginning at the 2006 Spring Meeting in Philadelphia, in addition to the pre-convention CE workshops, CE credits will be available at no extra cost for some of the Invited Section and Committee panels with the goal of gradually making as many sessions of the meeting as possible eligible for CE credit. Action: Passed. Yes - 21

C. Outreach: M. Lionnels reported that the committee has received approximately 40 responses thus far to their questionnaire. The committee is looking at developing a brochure on the outreach activities. The website includes individual members involved in outreach activities, as well as groups or institutions.

VII. New Business
A. ABPP (Psa Synarchy Grp): T. Ross distributed a written report and stated that he is the chair for the Psa Synarchy Group and was reporting in that capacity. His written report defined the purpose of the synarchy and provided information regarding the make up of different specialties within the group.
B. APA Council
  1. IC/CAPP Report: M. Manosevitz gave a brief report on the activities of CAPP. The practice assessment on the dues assessment from APA goes towards the activities of IC/CAPP. Individuals who pay the assessment have benefits for assistance with their practice.
  2. APA Presidential Task Force on Ethics and National Security: N. Altman discussed the Task Force on Psychological Ethics and National Security. He gave the background on the reason for developing this task force. The PENS document caused some serious concern. Informational reports, amendments, etc. were distributed earlier supporting the motion below. During the Council meeting a resolution to the issue was made with APA committing to revising the Code of Ethics to be more in line with the strong feelings of Council. Dr. Altman and representatives were able to convince APA to make the change to read: “psychologists may obey the law in keeping with human rights.” APA has also strengthened their position on this issue.

Motion 4: Division 39 endorses the statement of Division 48 on the Role of Psychologists in Coercive Interrogations both with/without Section 9 Amendments and requests the statement be presented to APA Council of Representatives. Action: Motion withdrawn.

VIII. Report from APA Practice Directorate: Dr. Russ Newman from the APA Practice Directorate joined the meeting to update the Division on the activities of the Directorate. He stated that an update letter had been sent to the members in the last few days. The Directorate works on the immediate problems that face the profession continually, but also is looking ahead at issues that need attention. They continue to work on Medicare issues, parity, etc.

He reported that the DC courts rejected APA’s fraud claim on the Virginia court action. Contract actions were settled, so it was a win on the one hand and a loss on the other hand. There is nothing further that can be accomplished on this case.

He spoke on the delayed and denied claims suit against managed care organizations using the Rico statute. Cigna has settled and the Practice Directorate is hoping that the other organizations involved will lean towards settlement as well.

The Practice Directorate sees opportunities for psychology through the fact that the public and policy makers are now more aware of the connection of health and behavior. They are mounting a campaign, Mind, Body, Health—See a Psychologist, to capitalize on this new awareness.

The Directorate is looking at a variety of ways to generate revenue to be able to fund current and future activities. They have made a change in the Practice Assessment, which now asks for those making more than $100,000 per year to contribute more.

Dr Newman discussed issues related to the PENS report.
IX. Committee Reports: Part II

A. Task Force on RFP: Dr. Slavin gave a brief summary of the process of developing the RFP and distributing it. The RFP emphasized the use of technology in distributing information regarding the conferences. He reviewed the work of his committee and the extent of the proposals received. The committee used a rating system to come to a final conclusion for recommending a company to the Board. The committee felt that the strongest proposal came from Natalie Shear & Associates.

Motion 5: To accept the Task Force on RFP Proposal to grant Natalie Shear and Associates the Event Coordinator contract as accepted by the Task Force for the period 2008-2012. Action: Passed – Yes – 22

B. Graduate Student Report: Dr. Slavin distributed copies of the new Graduate Student membership application. He discussed the makeup of his committee and gave a brief review on the activities of the committee. Their goals are to increase the number of graduate students, highlight the Philadelphia Spring Meeting, and increase exposure to graduate institutes. The committee has been very active calling schools across the US requesting permission to send the new brochure to them for distribution.

There are four graduate student programs included in the Spring Meeting in Philadelphia. M. Charles and Dr. Slavin gave brief summaries of those programs. The committee for the Spring meeting has been very receptive to the student programming.

C. Education and Training: D. Downing reported on the activities of his committee. His committee looked at internships, institutes, supervision, etc. He distributed a report on the information the committee was able to acquire through a survey.

D. Psychodynamic Diagnostic Manual: N. McWilliams reported that several groups are supporting the development of a Psychodynamic Diagnostic Manual. It is expected to be available in January 2006.

E. Ethics: K. Maroda gave a brief report on the activities of the Ethics Committee. An Ethics workshop has been set up for the 2006 Spring Meeting. Four CE credits will be offered for this workshop. They will continue to have workshops at the Spring meetings in the future.

F. Interdiv TF on Managed Care: A written report was distributed regarding the activities of this task force.

G. Internet Committee: L. Zelnick distributed a written report and expounded on the use of the website by Sections and Committees. He informed the Board that there was plenty of room for these groups to use the website.

H. Awards Committee: W. MacGillivray referred to the written report in the agenda packets. A third award has been developed—a Founder’s award which will be given to Oliver Kerner.

I. Program Committee (Spring Meeting 2006): D. Debiak reported on the programming and scheduling for the Philadelphia meeting. There will be six CE pre-convention workshops. He will be contacting the committees and Sections regarding their invited speakers/panels. There will be a number of graduate student and early career psychologist events.

X. Miscellaneous Items: H. Kaley will chair a task force to develop a process to have Congressional Fellows from the Division.

XI. Adjournment: There being no further business to come before the Board at this time the meeting was adjourned at 3:15 p.m.

XII. Master Calendar

A. Calendar of Events: Division Program Meetings
   2. 2006 APA Meeting (8/10-8/13), New Orleans, LA, Chair: MacGillivray
   3. 2007 Spring Meeting (4/18-4/23), Toronto, ON, Chairs: Ipp/Kobrick

B. Calendar of Events: Division Business Meetings:
   1. Executive Committee Meetings
      a. November 11, 2005, NYC
      b. January 20, 2006, NYC
      c. April 20, 2006, Philadelphia
   2. Board Meetings
      a. January 21, 2006, NYC
      b. April 21, 2006, Philadelphia

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Recorder: Ruth E. Helein
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Region: Michael Nash, Mid-Western Region: Johanna Krout Tabin
Members-at-Large: David Downing, David Lichtenstein, Nancy McWilliams, Spyros D. Orfanos - sdorfanos@aol.com; Robert Prince, Bertram Karan

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Region: Michael Nash, Mid-Western Region: Johanna Krout Tabin
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