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FROM THE PRESIDENT: A DREAM COME TRUE

David Ramirez, PhD

Division 39 marked the beginning of its next quarter century with the annual spring meeting held in Philadelphia, Pennsylvania. Co-chaired by Noelle Burton and Dennis Debiak, the steering committee set its sights on planning a meeting that would be long remembered by attendees and presenters. Happily, they succeeded. The meeting’s theme, *Love, Desire & Passions: Variety, Enigma and the Disruption of Psychoanalysis*, offered an intellectual organizing point as well as a subtext for the meeting’s intentions. The theme’s visceral, quasi-rebellious language suggested the possibility for the unexpected, the disrupting.

Attendance figures for the meeting are tangible indicators of the steering committee’s success. The 625 attendees include a remarkable 111 graduate students. Twenty-nine percent of the attendees were making their first visit to a Division 39 Spring Meeting. Fifty-five registrants were identified as ECP, taking advantage of the lowered registration fee. We listed 20 foreign affiliates who trekked to Philadelphia for the meeting. These are impressive numbers; we are unique among divisions within APA in our ability to mount such a successful conference.

Although the Spring Meeting is but one facet of an increasing complex and far-reaching organization, it is unique in the creation of an opportunity for members to encounter one another socially as well as intellectually. The coincidence of the meeting’s venue in Philadelphia during my presidency stirred a deep desire to have the meeting break new ground with two critical constituencies in our organization: graduate students and early career professionals. As previously reported in this column, the Division’s leadership has thought long and hard about how best to address the needs and interests of the next generation of psychoanalytic practitioners and scholars. For this meeting, the Graduate Student Committee and the Task Force on Early Career Professionals provided a rich combination of programming, exclusive access to keynote speakers, reduced registration fees and the ordinary pleasures of food, drink and good company.

The dream-come-true at the meeting had two parts. In the first part, I arrive at the Presidents’ Reception, an annual feature of the meeting to which graduate students, and this year the early career folks, are invited. What begins as a slightly larger than usual crowd of 10 or 15 people soon mushrooms into a kind of mosh pit crowd of more than 100 animated friends and strangers. The meager ration of wine is exhausted wherein executive privilege is invoked to keep the spirits flowing. My rounds through the crowd reveal some key information, including the fact that for many, this is the first Spring Meeting, and that several people are attending because of the reduced fee for ECP. In fact, two local psychologists who are not division members nor analytically identified, but who liked the look of the program and the generous ECP registration discount, decided to attend and are impressed by what they experience. Several past presidents of the division are there and all share the same incredulous reaction: look at all the younger people in this crowd. Never have any of us seen such a strong showing by the forty-and-under crowd. A wish, and a lot of hard work, have been gratified.

Part two of the dream came immediately afterward. One thing that many cultures share is the idea that a meaningful ritual can be improved by dancing. Whether it’s a wedding, bar or bat mitzvah, quinceañera, graduation or barn raising—dancing, with its privilege of action over spoken word, allows people to cut loose. Relying on the musical talent of a former supervisee whose band, The Boogie Knights, would provide the stimulus, I hoped for evidence that psychoanalysts would dance with one another, given the opportunity.

Our meaningful ritual is the Annual Spring Meeting; could it be improved by dancing? By all accounts, the resounding result is that we like to dance and are happy to do so with one another, even if we haven’t been properly introduced. The mood at the dance seems to capture the mood of the entire meeting: there is room for everybody and pleasure to be found in the company of one another.
A comment made by our conference organizer earlier in the day seemed to sum it all up. She noted that people were excited and pleased about the content of the Spring Meeting and that moreover, there was a level of civility and friendliness that was extraordinary in her experience with our organization. There you have it: independent verification. The panels, symposia, keynotes, receptions and dance: a wish and its fulfillment, a dream come true.

**Then, The Nightmare**

Last month many of you received an email from me that began:

On June 7, 2006 the *New York Times* published an article titled “Military Alters Make-up of Interrogation Advisors” reporting that the Department of Defense had announced it would use only psychologists in the interrogation process of enemy combatants because the American Psychiatric Association had issued a ban on its members participating in the interrogation of detainees. The American Psychological Association has issued NO such ban. The Executive Committee and our Task Force on Basic Human Rights immediately began discussing how to respond to the flaw in our ethics code and this public information catastrophe.

Reaction to the *Times* article was swift, reflecting the gravity of concern over the threat this information holds to the integrity of our profession. Sadly, the news article did not come as a surprise to several division leaders who have been working within APA to recognize the flaws in our ethics code that create ambiguity in regard to acceptable professional behavior. Our delegates to the APA Council of Representatives have taken the lead in getting council to approve new language for the APA Ethics Code that would unequivocally privilege “basic human rights” as the paramount principle to guide psychologists. Although Council passed the new language unanimously last year, implementation in the form of an amendment to the Ethics Code has lagged. A coalition of 10 APA divisions united to form the Divisions for Social Justice (DSJ), chaired by Division 39 Council Representative Neil Altman. This group has been monitoring the APA Ethics Office in regard to implementation of the changed language for the Ethics Code.

To further facilitate progress with this critical task, one that several of our board members see as critical to the integrity of our profession, I have empanelled the Division 39 Task Force on Basic Human Rights to affirm our institutional commitment to addressing both the need to amend the Ethics Code and the concerns raised by reports of psychologists participating in illegally coercive interrogations of individuals named as enemy combatants. Chaired by Neil Altman, its members include Marilyn Jacobs, Frank Summers and Laurie Wagner. In the lead up to the summer APA meeting in New Orleans, the task force identified short- and long-term goals that included having the Council of Representatives consider a resolution against psychologists’ participation in interrogation of enemy combatants at venues where the UN Convention on Basic Human Rights and the Geneva Convention have been suspended. The task force will continue to take the lead in collaborative efforts with the DSJ and will keep division members informed of efforts taken on their behalf.

While I have characterized this situation as a nightmare, it is in fact all too real. In the immediate aftermath of the September 11, 2001, attacks on New York and Washington, DC, most of us understood that a trauma of this magnitude, unprecedented in its exposure of our country’s vulnerability, would surely test our leaders and citizens as we had never been tested before. As the violence and further exposure of vulnerability have increased, the challenge to our ability to articulate and hew to principled, conscientious professional behavior calls out for reasoned leadership. If there is any good news in the recent events regarding psychologists, it is that there are many members of our division and of APA who are prepared to bring their clinical expertise to bear in a way that safeguards not only the good name of our profession, but also the virtues of human nature, which the international community has agreed are critical to civilization. I am proud to count them as my colleagues.

**Membership Alert**

- It is **your** responsibility to update the Membership Directory with any changes you wish to make. Please take the time to visit the website and check your information and add or correct information as needed.
- If you are not receiving *Psychoanalytic Psychology* and *Psychoanalytic Abstracts*, contact APA or Ruth Helein to make sure your mailing address is correct for these publications.
- This newsletter is available in PDF format and can be accessed from our website, www.division39.org
- Finally, members are invited to reply to articles and reports in the newsletter. You may do so directly by contacting the author, or by writing to the editor at drmacg@bellsouth.net. Please note if you wish your comments to appear in the newsletter.
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.

**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
LETTERS TO THE EDITOR

You and the Division are to be congratulated for having published such a worthwhile and well-informed discussion of Adam Phillips’s “A Mind Is a Terrible Thing to Measure” by Dr. David Wolitzky. When Phillips’s essay came out in the New York Times, I passionately wanted to reply with the full force of my statistical and psychological training from Dr. Jane Loewinger. In her inimitable way, Loewinger made it clear to me a couple of decades ago (when I was her graduate student and her research assistant, and did my dissertation in ego development under her supervision) that science is never to be equated with materialism and that complex subjective experience can be studied objectively without reductionism.

I wanted to say all of the things that Wolitzky said so well. I wanted to remind all of us that our forefathers and foremothers did not found a psychoanalytic movement that was to be based in hearsay and blind faith, but rather a psychology and therapeutic method that rested on systematic study and objective knowledge. Wolitzky showed exactly why the clinical case study can never be adequate evidence for methods or theories. I never took the time to write out my passionate response, but Wolitzky (whom I do not know) did it for me in a resonant tone and manner. I am deeply grateful for his labors and have showed his essay to colleagues in psychology and psychiatry. Thanks so much for publishing it.

Polly Young-Eisendrath, PhD
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Worcester, VT 05682

HONOR ROLE

Laurel Bass Wagner, PhD

At the Division Reception during the APA Convention, we will take time out from our normal festivities to honor those members of our community, both division and local chapter members, who contributed to relief efforts in New Orleans and surrounding states last August in aftermath of Hurricanes Katrina and Rita. Individuals have been asked to nominate themselves and others to be so recognized. Realizing that this gesture will only honor some of our colleagues, those noted below are among those recognized for their community service. We know many more Division members volunteered their time and effort. Please contact Laurie Wagner at <lbwagner@comcast.net> so that you or someone you know can be recognized and thanked by the Division.

• Gemma Ainslie: Worked with a young woman who had been a student at Tulane University, helping her to adjust during her fall semester at the University of Texas as she dealt with the trauma of relocating.
• Sharon Brennan: Served as a Disaster Mental Health worker at the American Red Cross Reception Center and the Red Cross Call Center in New York City.
• Rebecca Curtis: Performed volunteer work in New Orleans, but also went to Sri Lanka to do tsunami relief last year.
• Raul Martinez: Helped at the local level at a registration center to assist evacuees.
• Joanne Ponder: Worked with hurricane evacuees in Austin, Texas.
• Erik Sprohge: Volunteered through the Red Cross for two weeks.
• Marguerite Stewart: Volunteered with the Red Cross in Denver and helped in a Red Cross Call Center that responded to evacuees’ crisis calls, and at a Red Cross Service Center for evacuees who relocated to Denver.
• Nina Thomas: Worked at the Family Disaster Assistance Center in New York with evacuee families relocated to New York after Katrina.
• Annie Vreeland: Worked with evacuees in the shelters in Dallas as a Red Cross volunteer.
• Laurie Wagner: As a Red Cross volunteer, coordinated and provided mental health services for children and adolescents in the shelters established for Katrina evacuees; chaired the Child and Adolescent subcommittee of the Katrina Mental Health Services Task Force of Greater Dallas.

GUIDELINES FOR SUBMITTING MATERIAL

Submissions, including references, need to be in APA style. 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.

ADVERTISING

Psychologist-Psychoanalyst accepts advertising from professional groups, educational and training programs, publishers, etc. 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.

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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Psychologists Involvement At Military Interrogation Centers: Some Background and Concerns

Neil Altman, PhD, Nancy Hollander, PhD and Lu Steinberg, PsyD

In 2005, Jane Mayer reported in New Yorker magazine about the activities of psychologists in military interrogation centers (“The Gitmo Experiment,” July 11, 2005). Psychologists, who are part of “behavioral science consultation teams,” had initially been used by the military for the SERE (Survival, Evasion, Resistance and Escape) program, designed to help individuals in the US military when captured to withstand torture without divulging information. It is alleged that under the guidance of SERE psychologists, these psychological methods, which were developed for defensive purposes, have more recently been used by the military in their efforts to retrieve information from enemy combatants held in military detention centers, like GuantánamoBay. The rationale for the participation of psychologists who serve in their capacity as behavioral scientists rests on a distinction between their roles as consultants to the behavioral science teams and those who treat detainees by providing direct care as healthcare professionals. The APA has stated, in its PENS (Psychological Ethics and National Security) Task Force report, that psychologists may not ethically participate in or consult to interrogations that involve torture and cruel or inhumane treatment. However, the APA ethics code does have a provision whereby psychologists may act in violation of the ethics code when ordered to do so by a lawful authority or by the organization for which they work.

Those who support psychologists’ involvement in detention centers believe they have a useful function in protecting detainees from abusive treatment, and in reporting such treatment to the appropriate authority when it occurs. However, questions have arisen as to whether psychologists can indeed provide this function, particularly in a setting of coercion, intimidation and even torture. Critics of this practice argue that psychologists are as vulnerable to “behavioral drift” as others in the military, making it difficult for them to always act within human rights parameters. Concerns have been expressed within Section IX as to whether psychologists can conceivably function ethically in detention centers that operate outside the US legal system, where the Geneva Conventions on the treatment of prisoners of war do not apply.

Section IX members are currently studying both the complex history of psychologists’ involvement in US military interrogations, as well as what is known about the actual efficacy of psychological techniques in producing the kind of “actionable” information needed to subvert terrorism. Several months ago some Section IX members wrote a petition (http://www.the petitionsite.com/takeaction/483607021?itf=1152876882) expressing the opinion against psychologists involvement in such detention centers. Please consider signing this petition.

As of the writing of this report, widespread criticisms of US policy have been effective in producing a Supreme Court decision resulting in the Bush Administration having just conceded that detainees at government detention centers have the right to be treated according to the Geneva Conventions. However, Section IX will continue to work within the APA to urge a clear and unequivocal position in the Ethics Code that prohibits psychologists from teaching or participating directly in interrogations of detainees. For a history of CIA and military involvement in torture, see the recently published A Question of Torture: CIA Interrogation from the Cold War to the War on Terror, by Alfred McCoy (Metropolitan Books, 2006)
IN MEMORIAM: GEORGE MAHL 1917-2006

George F. Mahl, professor emeritus of psychiatry and psychology, one of the early researchers of the relationship between fear and gastric secretion, and an expert in transitory anxiety and speech disruptions, died March 11 at age 88. Mahl’s research ranged from physiological psychology to clinical research in the process of psychotherapy and psychoanalysis to Freud’s writings. He discovered that chronic, but not acute, fear increased hydrochloric acid secretion in dogs, monkeys and humans. His major research contribution, however, dealt with the expression of emotions and thought in speech and body movements, primarily in psychotherapeutic and psychoanalytic interviews. He was credited with being the first to systematically investigate everyday disturbances of speech. Most of that research focused on the relationship of transitory anxiety and such speech disruptions. A selection of his papers about speech and body movements was assembled in his 1987 book, Explorations in Nonverbal and Vocal Behavior. Late in life he learned that his research on speech brought him international recognition as one of the pioneers in establishing a new area of linguistic research now called dysfluencies. In addition to two other books, Mahl was the author or co-author of over 50 papers. His writings were widely reprinted, and some were translated into German, Italian and Japanese.

As a scholar George was at home in the world of letters and in the world of Shakespeare. His last paper was a psychoanalytic vision of Hamlet. The manuscript was submitted by George to Psychoanalytic Psychology in late 2005. At the recent Division 39 Meeting in Philadelphia, Joe Reppen, told me that it had been accepted for publication—after George’s death. It was a moving tribute to George and to his daughter Barbara, who survived him.

I hope these comments contribute to our memories of George as psychoanalytic researcher, teacher, theorist, clinician, man of letters and a forceful and lovable man.

Norbert Freedman
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SELECTED BIBLIOGRAPHY: GEORGE MAHL

A chronology of Freud’s writing his psychological works. The Annual of Psychoanalysis. 20, 1992, 49-68.
On March 22, 2006, my brother, Paul, died suddenly of a heart attack. The news was to all who knew and loved Paul at once shocking and deeply saddening. Paul was not only my older brother, but owing to our background, he was my mother, my father, and my family. In offering this appreciation, I will hold true to many of his own words, drawing from an autobiographical sketch he wrote for the Journal of Personality Assessment (Lerner, 2004). That Paul died at Logan Airport in Boston on his way to the Society for Personality Assessment annual conference was ironic and ties together many facets of his remarkable life. We were born in Boston and Logan Airport was a familiar destination due to our father’s job as a traveling salesman. Paul was heading for a conference he loved to attend. Being one of the world’s foremost authorities on the Rorschach was only one of many reasons that he was the center of attention, surrounded by students and colleagues and engaged in lively and heady conversation. Paul was particularly warm, down-to-earth, and loved. His numerous papers were remarkably sophisticated yet jargon-free, straightforward yet nuanced and incisive. He had an uncanny ability to appreciate other people’s experience, to empathize with them, and to communicate experience in an emotionally compelling and meaningful way.

Anyone who knew Paul knew that life for him was a metaphor for baseball: to be more specific, the New York Yankees. His Yankee lapel pin was his signature; he was buried in his Yankee uniform, and his lifelong love of the team and its tradition lent incredible meaning to his life. As a young boy and until his death, Paul was an avid baseball autograph seeker—his collection, numbering well over 5,000 signatures is the largest single baseball autograph collection in the country. When others reflect back on their lives, they often arrange their years in terms of significant events, major moves, and career changes. Paul organized his memories in terms of where the Yankees finished in the standings and which players comprised their roster—not so much the superstars, but those players who were reliable, often underappreciated, and could always be counted on to come through when needed most. He marked his birth in 1937 to the year after Joe DiMaggio’s rookie season and two years before his lifelong hero, Lou Gehrig, the “Iron Horse” removed himself from the Yankee lineup after playing in the last of his 2,130 consecutive games.

Paul and I got our love for the Yankees from our father, Ed. Our parents were loving and devoted, although not well suited for each other. The marriage was a union between the YMCA and the country club. Our father was a high school drop-out raised by a poor, illiterate immigrant family. Our father was short in stature yet filled with a room with his overbearingness and volatile moods. He was opinionated, holding strong and singular views on everything that really counted. As Paul put it, “He was an individual who led with his heart, spoke from his gut and shot himself in the foot.” In stark contrast, our mother was well educated, sophisticated, and raised in an upwardly mobile family that valued culture and education. As Lou Gehrig was with the flamboyant Babe Ruth, Rosalie was content to remain in the background. Paul was taken by her beauty. She suffered from a range of ailments including arthritis. Paul remembered her as frequently tired and depleted, often retreating to her bedroom to take naps. Later, as an adult, he came to understand her tiredness and physical complaints as expressions of an underlying and enduring depression. Unwittingly, he responded to her depressiveness with a sense of wanting to protect her, to lift her heavy burdens, and to refrain from asking too much of her. Unable to ease her suffering, it was inevitable he would aspire to become a psychoanalyst, a profession based upon understanding and relieving mental pain and suffering.

In 1952, our mother died of cancer. According to Paul, “When you are fourteen years old you do not understand death. You regard it as something distant and removed and imagine it was a mysterious dark cloud that descends upon the elderly, grandparents for instance, and upon those whom you do not know. When it visits your home and takes away your 41-year-old mother, it no longer feels distant and removed. And when the adults you depend upon maintain their conspiracy of silence and are so handcuffed by their own pain as to be unavailable, you are left alone to wallow in your own agony and loneliness.” One of Paul’s most telling papers is, “Helping a Child Cope with Loss” (Lerner, 1992). The last sentence reads: “...paraphrasing a line from Dylan Thomas, ‘After the first death there is no other’. If an early loss is responded to in a sensitive, caring and loving way, it can provide a valuable lesson in life for the child, one he or she will inevitably call upon in later years.”

As could be expected, Paul was drawn to the phenomenon of loss, especially early loss and its impact on later personality development. From Freud’s (1917) “Mourning and Melancholia” to Judith Rosner’s (1987) August, he devoured all of the psychoanalytic literature on loss. Of all his publications, the writings on loss came from the deepest places within him. Rita Frankiel included his paper, “The Treatment of Early Loss: The Need to Search” (Lerner, 1994) in her volume, Essential Papers on Loss. Paul felt particularly proud that his paper appeared together with papers on loss by Freud, Abraham, Klein, and Jacobson.

Always able to draw the best from people around him, Paul embraced our father’s values about traveling...
and seeing the world beyond Boston. He enrolled at the University of Illinois to major in psychology. At Illinois, Paul played freshman football and baseball. Norman Grabner's class on diplomatic history of the United States introduced the concept of historical determinism that later set the stage for Paul's receptiveness to the notion of psychic determinism, a cornerstone of psychoanalytic theory. In his senior year, Paul took a counseling course offered by Merle Ohlsen. More than the content of the course, Paul was inspired by Dr. Ohlsen's genuineness and warmth. Because he was actively treating clients, unlike other professors, Ohlsen spoke from his experience and not just the text. Although Paul applied to and was accepted into some clinical programs, Dr. Ohlsen offered Paul financial aid and tailored a program that fit his interests in clinical work and assessment. The Counseling Program was practice-based and deeply steeped in the client-centered orientation. Carl Rogers' philosophy and method pervaded the program and emphasis was placed on respect of the client's personhood, careful listening, the therapeutic value of empathy, and the need to attune to and follow feelings. The program provided Paul with a solid foundation for later psychoanalytic training. In later years, Paul was especially receptive to the work of Heinz Kohut.

A traineeship at the V.A. Hospital provided Paul with a much needed and experiential complement to his academic work. Paul's doctoral dissertation, "Resolution of Intrafamilial Role Conflict in Families of Schizophrenic Patients" (Lerner, 1965) was based upon the research of Gregory Bateson, Theodore Lidz, and Lyman Wynne. The study had a Rorschach component. After graduate school, Paul, always quick to use baseball metaphors, likened himself to a "raw thrower but not an accomplished pitcher." Despite listening well and being empathic with patients, Paul had little idea of how to think about or organize the material they presented—he lacked a theory of personality functioning and a theory of treatment. He sought postdoctoral training and was accepted at the Menninger Foundation, the New York Yankees of American psychoanalysis. The Foundation's deep commitment to clinical work, the overarching goal to help clients get better, and the high standards and investment in psychoanalysis was exactly what Paul was looking for.

Stemming from the work of David Rapaport, the Psychology Department at the Foundation was regarded as the citadel of individual and individualized psychological testing. Within days of arriving, Paul put himself to studying Rapaport, Gill, and Schafer's (1968) Diagnostic Psychological Testing. According to Paul, "I saw open before me an incredible landscape in which test responses took on a depth of meaning no one had shown to me before. I also saw, first hand, how, in the hands of skilled psychologists, psychological test findings could be elevated from mundane, descriptive, useful statements to a level of interpretation with unbelievable heuristic sweep." The marriage brokered by Rapaport between psychoanalytic theory and psychological tests, especially the Rorschach, became the cornerstone of Paul's career. The postdoctoral training included clinical work, intense supervision, workshops, and seminars. Paul received supervision from Marty Mayman, Steve Appelbaum, Sidney Smith, Howie Shevrin, Len Horowitz, and Irv Rosen. Paul was particularly inspired by Marty Mayman whom he interviewed in 1996: "... each time he is presented a new protocol he still feels the same exhilaration, curiosity, and opportunity to be creative that he had five decades earlier."

While at Menninger's, Paul reluctantly took a seminar titled Schools of Psychology. Feeling that he had chosen Menninger's to learn psychoanalytic theory, he anticipated that it would be a rehash of what he learned in graduate school. Expecting lima beans, the course was in Paul's words, "a 16-ounce porterhouse steak." The seminar was beyond Paul's wildest expectations because the instructor was trying out some of his ideas and had an extensive reading list that included British object relations theorists, the early psychoanalytic writings, which predated but eventually led to the borderline concept, and all of the core papers on narcissism. The instructor was Otto Kernberg, and when he presented his theory it was still a work in progress. His seminar made a lasting impression on Paul and later became one of the foundations of his work on borderline and narcissism.

Following Menninger's, Paul accepted a position at Sinai Hospital in Detroit, a teaching hospital associated with Wayne State University College of Medicine. He was recruited by LaMar Gardner, a black psychologist and psychoanalyst, who was remarkably erudite—as conversant about psychoanalysis as he was about experimental psychology and opera. Building upon his immersion in the Rorschach with Mayman and Appelbaum along with Kernberg's seminar, Paul had the budding sense of wanting to extend the conceptual basis of the Rorschach by integrating into Rorschach assessment the major and exciting shifts that were beginning in psychoanalysis. It was at Sinai that Paul met an occupational therapist, Carole, along with her large and handsome boxer, Bogart. It was a match made in heaven. They became engaged on Valentine's Day, 1967, and were married on May 6th, Freud's birthday. Paul was drawn to her lovingness, honesty, compassion, relatedness, and attractiveness. During their 36-year marriage Paul discovered her loyalty, supportiveness, integrity and inner strength. Bogart was the first of their three boxers.

Two major events occurred shortly after they were
married. Carole quickly became pregnant and nine months later, in February 1968, their son Brett was born. Two months before Brett’s birth, our father, Ed, died of cancer. At his funeral, his rabbi and friend emphasized his love of New York, the Yankees, his devotion to his family and his immense sense of gratitude. One year later, Paul and his family moved to Waterloo, Ontario, where he accepted a position as both chief psychologist at a community general hospital and an associate professorship at the University of Waterloo. Richard Steffy and Don Meichenbaum, two friends and fellow students at Illinois, orchestrated the offer.

It was at Waterloo that Paul edited the Handbook of Rorschach Scales (Lerner, 1975), a compendium bringing together a host of Rorschach scales reflecting creative and innovative ways in which the instrument was being utilized for research purposes. With psychoanalytic training in mind, Paul was then invited to join several colleagues from Menninger’s who were in practice in Toronto. With the move to Toronto and acceptance at the Toronto Psychoanalytic Institute, Paul felt he had been called up from the minor leagues.

The move to Toronto signaled the beginning of an especially creative and productive period. Paul established a private practice, began formal psychoanalytic training, was asked to teach a Rorschach course at the University of Toronto, and was appointed as a consultant in the Department of Psychiatry at Mount Sinai Hospital. Analytic training served to extend, further deepen, and solidify what Paul had learned at Menninger’s. Because the Institute’s faculty trained in various locations around the world, all points of view were represented. Paul felt he received excellent training in classical theory, object relations theory, and self psychology in which he could readily see how the different models fit together. He always felt confident and comfortable, both clinically and theoretically, moving from one model to another. Of his various supervisors and teachers, he was most influenced by Ruth Easser, whose empathic capacities and clinical savvy he admired. During her illness and death from cancer, Paul was provided an opportunity he had been denied years earlier with our mother: to say goodbye.

With training completed, Paul attempted to translate newer psychoanalytic concepts, particularly those from object relations theory into the language of the Rorschach. In book chapters and articles he wrote about a number of the newer concepts such as borderline defenses, especially projective identification, the “false self,” depression and the depressive position. He began to revisit different aspects of the Rorschach including specific scores (FCarb, Fe) and content. Although initially following the path blazed by Rapaport, Paul increasingly moved toward the more experiential formulations of Ernest Schachtel (1965). This was in tandem with changes in psychoanalytic theory moving away from an earlier interest in drives, energy, and structures to a more phenomenological interest with self, object relations, experience, and subjective meanings. Taking up an experiential approach to Rorschach assessment led to articles on the clinical inference process, Rorschach interpretation, and the roles of empathy and reflection in interpretation. He felt that a comprehensive theory needed to account for both structure and experience.

In response to an offer by Jay Kwawer to participate in a symposium involving the Rorschach and the borderline patient, Paul and I began what later turned out to be an extraordinary and meaningful collaboration. While Paul thought of me as a headstrong and at times cranky child, I was not stupid. Our father said, “Don’t be like me, be like Paul.” This was the best advice I ever received and that was exactly what I did. I attended the University of Illinois, went on to graduate school in clinical psychology, and followed in Paul’s footsteps. We set about writing our first paper together. In that paper, based upon Kernberg’s theoretical formulations, we reported on the development and application of a Rorschach scoring manual designed to assess the specific defenses underlying and organizing the internal object world of the borderline patient.

A number of remarkable and improbable occurrences came after presenting our work at the annual meeting of the Society for Personality Assessment. Our papers were well received and became the basis of our later volume, co-edited with Jay Kwawer and Alan Sugarman, Borderline Phenomena and the Rorschach Test (1980). James Gorney, one of the presenters, who was at Austen Riggs and is now in Knoxville, over the years became Paul’s valued and dear friend. This initial work with Paul, for me, led to a post-doctorate at Yale, collaboration with Sid Blatt, and the beginning of a productive and rewarding career. For Paul, the meeting marked the beginning of a long and exceptionally rewarding relationship with the Society for Personality Assessment. He regarded the Society as his professional home and its members as his professional family. Paul did not miss a meeting where he presented papers for more than 25 years. From Marty Leichtman and Mary Cerney to Gene Nebel, Irv Weiner, John Exner, and many, many others, Paul developed lasting friendships. He later participated in the Society’s governance and was an active contributor to the Journal of Personality Assessment. The Society honored Paul with the Bruno Klopfer Award.

As I accepted a position at the University of Michigan, Paul and I followed up on our earlier volume and published Primitive Mental States and the Rorschach (H. Lerner & P. Lerner, 1988). Paul later collaborated with two former students from Toronto, Scott McFadden and Tim Gilmore, in utilizing the Rorschach and TAT in
helping general managers in the National Hockey League select draft choices and corporations select executives. This brought Paul into contact with two hockey Hall of Famers, Bob Gainey and Bobby Clark, and helped bring a psychological mindedness into the NHL. On a personal level the work with Scott and Tim led to enduring friendships and on a conceptual level, the work reaffirmed Rapaport’s dictum that the focus of assessment is personality, not psychopathology. It was Paul’s experience that competent psychological testing was as helpful in identifying future professional hockey players and effective corporate executives as they are in identifying a patient’s strengths and vulnerabilities.

After Brett was accepted for college at Franklin and Marshall in Pennsylvania, Paul and Carole returned to the United States from Canada and moved to Asheville, North Carolina. As he had done in response to earlier relocations and the implicit sense of loss, Paul began writing another book and three years later, *Psychoanalytic Theory and the Rorschach* (Lerner, 1991) was released. Paul reestablished contact with colleagues, including Jim Gorney, in Knoxville. After several planning meetings, four colleagues, including Jim Murray, formed a local chapter of Division 39, the Appalachian Psychoanalytic Society, which continues to grow and thrive as one of the most vibrant chapters in the Division. Through the urging and help of Len Handler, Paul was appointed an adjunct position in the Department of Psychology at the University of Tennessee. This led to work with several graduate students including Mark Hilsenroth and Steve Hibbard. Paul valued his experience and relationships in Knoxville immensely. During this period he began to write monthly columns in *Braniff Magazine* and *Amtrak Express*. The columns included articles on dealing with the death of a pet, issues of adolescent development, depression, and of course, baseball. In 1994 the articles were awarded a Popular Press Writing Award by the Menninger Foundation.

Soon after Brett married, he accepted a position in Camden, Maine. Wanting to be closer to Brett and Kristine, Carole and Paul relocated in Camden. At that point, Paul finished the book, *Psychoanalytic Perspectives on the Rorschach* (Lerner, 1998). Reflecting his shift from Rapaport to Schachtel, the volume expressed a strong experiential orientation as well as an attempt to integrate contemporary psychoanalytic advances into Rorschach theory and practice. As his practice in Asheville was different from his practice in Toronto, Paul’s practice in Camden was unique. He functioned more as a family general practitioner than as a specialist. Also, he had become more flexible, mindful, and relaxed. Although he did less analysis, psychoanalytic theory and writing continued to inform his work. Several months after the move, Paul and Brett purchased a local bookstore, The Owl and Turtle, which became a family enterprise. For three consecutive years the store was voted the number one independent bookstore in Maine. His interests became increasingly literary as he became friends with Pulitzer Prize winners Richard Russo and David McCollough. Most recently, in the spring of 2005, Paul was honored with a Distinguished Alumni Award for his contributions to psychology from the University of Illinois, the University’s most distinguished honor. Most of all Paul enjoyed time spent with Carole, Brett and Kristine as well as their two daughters Caroline and Claire, with whom he spent every Sunday.

Paul’s abiding interests continued to be his family and friends, psychoanalysis, the Rorschach, and baseball. He cherished Lou Gehrig—the Iron Horse—who for Paul personified consistency, reliability, hard work, and gratitude. Because his life was taken from Gehrig at such a young age clearly connects him with our mother, but now Paul as well. Gehrig’s nickname was inspired by a train, and it was perfectly apropos. Most of us do not appreciate a train’s strength and dependability until they are standing on the platform one day and the train does not show up. For those of us who knew and were touched by Paul, our Iron Horse will be present everyday in our hearts, in our memories, and in our lives.

**References**


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**Freud’s Jewish World**

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Sponsored by The Leo Baeck Institute, The YIVO Institute for Jewish Research, and The Sigmund Freud Archives;
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Over the last decade it has been my pleasure to present a number of lectures and consultations in the United Kingdom, and to be in active and productive dialogue with many psychoanalysts of various British schools. About three years ago, I met Margaret Wilkinson, a prominent figure in the Jungian community in England, who had become extremely interested in writing a book on analytic theory, neuropsychoanalysis and traumatology. This ongoing relationship proved to be mutually rewarding, as I accepted a position as a Specialist Advisor to the Journal of Analytical Psychology, and Margaret published her excellent volume Coming Into Mind. The Mind-Brain Relationship: A Jungian Clinical Perspective, in which I wrote the Foreword.

In this cutting edge book, an exemplary contribution to neuropsychoanalytic scholarship, Margaret presents the complexity of current neuroscience and developmental data in a clear and understandable fashion, comprehensible and recognizable to clinicians of all schools. Written from the pragmatic viewpoint of a gifted working clinician, the book outlines clear expositions of current findings in not only neuroscience, but also in development, affect, memory, trauma, and dissociation. At later points of the book she ventures deeply into a topic hardly touched upon in current neuropsychoanalytic writings: adolescence. And in perhaps the most creative chapter, she offers an important contribution to psychoanalytic dream work. Throughout all of these applications of neuropsychoanalysis to clinical psychoanalysis, Wilkinson focuses upon recent studies of the early developing right hemisphere, which at all points of the life span is dominant for affect processing, implicit memory, the storage of traumatic experiences, and primitive defences, such as dissociation.

Her deep understanding of Carl Jung’s analytical psychology significantly influences Wilkinson’s psychoanalytic perspective of the clinical encounter. Continuing her earlier seminal publications on the numerous contact points of Jung’s writings and the data of contemporary science, this book represents the first detailed exposition of how many of Jung’s original psychoanalytic hypotheses, created within the framework of the early twentieth century science of the unconscious mind, are now validated by neuroscientific findings of twenty-first century neuropsychoanalysis. On that matter, I offer the following thoughts.

In the final chapter of my first book (Schore, 1994) I suggested that Jung (1943) described the “collective unconscious” as an “image of the world” that is the source of self-sufficiency, as it contains “all those elements that are necessary for the self-regulation of the psyche as a whole.” The concept of both the self and regulation are, of course, central to Jung’s contributions to psychoanalysis. At every stage of the development of his theories Jung returned to the centrality of the concept of the self. This “innermost nucleus of the psyche” is fundamentally composed of affect experiences, and it acts as a regulating center that brings about the maturing of the personality. Although he never offered a formal developmental theory of the origin of the self, he was convinced that “The symbols of the self arise in the depths of the body” (1940). And again, in Two Essays on Analytical Psychology (1943) he proposed, “The self is a quantity that is supraordinate to the conscious ego. It embraces not only the conscious but also the unconscious psyche, and is therefore, so too speak, a personality which we also are.” Indeed, over the course of his writings Jung attempted to shift the focus of psychoanalysis from the ego to the self.

Neuroscience now confirms that Jung’s self system (“the innermost nucleus of the psyche,” the “regulatory center”) and archetypes are processes that are emergent functions of the early developing right brain. I recently concluded (Schore, 2003b), in support of Jung’s emphasis on self over ego,

The center of psychic life thus shifts from Freud’s ego, which he located in the ‘speech-area on the left-hand side’ and the posterior areas of the verbal left hemisphere, to the highest levels of the nonverbal right hemisphere, the locus of the bodily-based self system and the unconscious mind. (p. 270)

Furthermore, Wilkinson cites Jung’s proposals about an area of previous controversy in psychoanalysis, the relationship of affective processes to trauma. In 1912 he described how the enduring emotional impact of childhood trauma “remains hidden all along from the patient, so that not reaching consciousness, the emotion never wears itself out, it is never used up” (para. 222). And in 1934, he asserted, “As a result of some psychic upheaval whole tracts of our being can plunge back into the unconscious.
Coming Into Mind: Relevance of Insights from Neuroscience to the Process of Change in the Consulting-Room

Currently in our profession, interest in the application of insights from contemporary neuroscience to the basic principles of analytic technique is burgeoning it seems, just as spring arrives full of promise after winter. But is this sense of promise justified? Will the profession be able to integrate this knowledge in a creative way? I believe it may be able to do so but that much depends on the sensitivity with which this new knowledge is incorporated both in regard to colleagues and to patients. I would like to take up just three points here. The first is the question of whether or not such integration of knowledge can be justified. The second is an exploration of the relevance of a particular piece of research for our understanding of how to work with differing trauma-induced self-states within the consulting-room. Lastly I begin to explore the affective transference, looking at insights derived from neuroscience concerning the nature of empathy.

Overview Of An Interdisciplinary Perspective
On the first matter, some practitioners may question how much, if indeed any, of this new scientific knowledge must be absorbed, particularly when there is so much that is new emerging in our own field. In reply, let us note that the pursuit of such knowledge traces back to the very beginning of psychoanalysis, and is rooted in the similar pursuit of science that not only Freud but also Jung embraced. In their early years both studied in Paris with Charcot. Freud was at the cutting edge of such neurological research in 1896 with his hypothesis that brain cells communicate with one another across spaces that he called “contact barriers,” named “synapses” a year later by Sherrington (Wilkinson, 2006). Jung’s neuropsychiatric research using the Word Association Test led him to suggest that pauses in a subject’s reaction indicated the presence of an unconscious “feeling-toned complex” (Jung, 1934). Jung described such complexes as autonomous “splinter psyches,” that is psychic fragments which become split off because of traumatic experience (Jung, 1934). His work with the Word Association Test remained an abiding interest and gave analytical psychology a foundation in empirical science.

Knox (2003) notes that the Word Association Test also highlighted the need to integrate models from different disciplines, in that it demonstrates the need to study mind not only as subjective experience but also in terms of the ways the mind organizes and processes information. She suggests that complexes, in which meaning is structured according to the operating rules of implicit memory, offer an intermediate level of mental organization between subjective experience and the underlying pattern of brain functioning. She comments, “In other words we need to learn to hold not just two levels of explanation—mind and brain—in our heads when trying to understand clinical phenomena, but sometimes three or four levels of organization of mind as well as brain.”

We may ask whether it is reasonable to pursue the connections between mind, brain and body in order to inform understanding of processes of change in the mind. In 1935, in the discussion that took place after Jung’s Second Tavistock Lecture, Bion probably had just such considerations in mind when he asked Jung whether he considered that there was a connection between mind and brain. Jung (1935) replied. “The psychic fact and the physiological fact come together in a peculiar way…We see them as two on account of the utter incapacity of our mind to think them together.”

It is of course the decade of the 1990’s bringing with it the development of “non-invasive neuroimaging techniques that allow three-dimensional spatial mapping of metabolic activity (which reflects level of neuronal activity) in real time” (Sherwood, 2006, p. 63) that have made such thinking more accessible for us. I believe the availability of such knowledge makes it not only possible but essential for us to ground our analytic theory not in the out-dated scientific theory of the 19th century but in the best knowledge available in the 21st century. These scans have enabled understanding of how electrochemical conversations that take place between neurons enable the coding of both inner and outer experience, and the responses of the human mind to such experience.

Example Of Clinical Relevance Of A Neuroimaging Study Of Trauma
With respect to the second goal of this paper, the discussion of the clinical relevance a particular piece of scientific research, I offer the neuroimaging research of Reinders et al. (2003) entitled “One brain, two selves.” This study of patients with a diagnosis of dissociative identity disorder (DID) clearly demonstrates the way in which the psychic and the physiological realms are indeed intimately related. This research into the brain activity of these patients as they experience different self states can help to clarify and to confirm our understanding of the nature and treatment of such complex states.

Reinders and colleagues (2003) explored the possibility of one human brain being able to initiate (at
least) two autobiographical selves. “The anatomical localization of self-awareness and the brain mechanisms involved in unconsciousness were investigated by functional neuroimaging different emotional states of core consciousness” (p. 2119) in 11 female patients who, as a result of therapy, had become able “to perform self-initiated and self-controlled switches” (p. 2120) between one of their, what the researchers termed, “neutral” or “apparently normal” personality states and one of their “traumatic” or “emotional” personality states. The Traumatic Personality State (TPS) of the patient was identified as being able to store a traumatic memory and able to acknowledge that its reactivation affected them emotionally while the Neutral Personality State (NPS) reported to be emotionally unresponsive to that memory and had no awareness of having been exposed to that event. PET scanning took place while previously prepared scripts were read by the therapist in a non-emotive voice. The results, which I will discuss in more detail in a moment, demonstrated that these patients have state-dependent access to autobiographical affective memories and thus different autobiographical selves.

It seems to me that some colleagues are aware of the implications of such research but are concerned that it may be used insensitively or even feel that the ability to explain, to root in science, an individual’s unique experience, in this instance of trauma, is in some way to diminish it, to belittle its power, its uniqueness and its pain. Let me first at least acknowledge the problem such research poses for me concerning the ethics of exploring the mind-brain relationships of patients in this way. However I know that there are many patients who are survivors of trauma who feel that in some minute way at least their trauma may be made more tolerable if they are able to use their experience to give insight to those who work alongside those whose experience has been traumatic.

So let us turn to the significance of this particular piece of research. From both attachment theory and neuroscience it is now well established that the early development of mind is associative and contingent upon early experience in relation with the primary caregiver. Therapists have long been aware of the ability of trauma patients to “painstakingly erect the semblance of a functioning, adaptive interpersonally related self around the screaming core of a wounded and abandoned child” (Davies & Frawley, 1994, p. 67). This has led to the clinical hypothesis that the therapist is actually treating two very different people at one and the same time. Davies and Frawley suggest that such a patient is not merely an adult patient with particularly vivid memories of childhood experiences but that the child part of the patient is a “fully developed, dissociated rather primitively

organised alternative self.” (p. 41). They observe that these different self states “jump out of the transference/countertransference process filling the therapeutic space with their unmistakable presence.” (p. 6)

For me one of the values of integrating clinical observation with scientific research is that we move back and forth from the realm of subjective observation, however well grounded that may be in analytical theory and practice, to the world of objective, replicable evidence. However I believe that this research holds more for us as clinicians than mere proof of a fairly generally accepted surmise, arising from already well-documented clinical experience. What this might be begins to emerge if we look closely at some of the outcomes of this particular piece of research. Let us consider some of Reinders findings:

1. Different regional cerebral blood flow patterns exist for different senses of self
2. The right MPFC (medial prefrontal cortex), thought to play a crucial role in the representation of the self-concept was significantly deactivated when the apparently neutral personality state “listened to the trauma script.”
3. Areas which play a role in regulating emotional and behavioral reaction to pain were activated when the trauma personality state listened to the trauma script but not when the apparently neutral personality state heard the same script.
4. Changes in the visual association and other related areas “reflect an inability of normal personality state to integrate visual and somatosensory information. This ‘blocking’ of trauma-related information prevents further emotional processing, which reflects the defense system, as applied by DID patients, to enable them to function in daily life.” (Reinders et al, 2003, pp. 2122-2124)

Clinical Implications For Treatment
The Reinders neuroimaging study implies that the therapeutic demands made on these different aspects of the personality to become totally integrated might actually present the patient’s mind-brain with an impossible task. Rather it may be that therapy should be directed to help the different self-states to co-exist in a more coherent way, with a respectful awareness and appreciation of the needs of different self-states. This treatment perspective more accurately reflects the way the healthy self functions as it takes due care of its differing needs and ways of being. Searles (1986, p. 80) noted,

The more healthy a person is, the more consciously
does he live in the knowledge that there are myriad ‘persons’—internal objects each bearing some sense of identity value—within him. He recognizes this state of his internal world to be what it is—not threatened insanity, but the strength resident in the human condition.

However this research clearly shows that in this particular cohort of patients with a diagnosis of DID the “apparently normal personality” that brings the patient to the consulting-room is literally unable to recognize the trauma script, the trauma experience of the traumatised self; neither is that part of the patient able to feel its pain. The importance of the therapist recognizing and regulating the affect experienced by the more vulnerable aspects of the self becomes not just a possible treatment path but an absolutely essential one as we help the neutral, everyday self that functions ordinarily to at least begin to acknowledge the existence of such pain, and to allow for its effects.

Furthermore, this research presents room for thought about the analyst’s countertransference: which state of being is being experienced through the countertransference? Does it mean that the analyst who finds herself in a “switched-off” state of mind at a time when the patient may be experiencing emotional pain is actually resonating to the “apparently normal” but affectively insensitive personality state? On the other hand does the analyst become over-identified with the needs and feelings of the trauma personality state? Does this complexity in part explain the complex, indeed even warring reactions that may occur in a group of analysts who are meeting to evaluate a candidate presentation of a particular piece of clinical work?

In noting the literal blocking of trauma-related information, the researchers underline what we have long suspected: that the only possible way for an abused child to manage her trauma experience of “daddy in the night” alongside her experience of sitting down at breakfast with the same person before going off to school is for each experiencing self to know nothing of the other. The same applies to the refugee mother who having experienced appalling atrocities blocks them out and seemingly interacts with her children in her new country from an entirely different part of her self, but the ghosts, or in Jung’s words “splinter psyches” (Jung, 1934), remain and affect not only the one who suffered the trauma but the children and indeed other people around, and even the choice of future partners. Winnicott’s term “false self” takes on a whole new meaning here, far beyond his original use of the term. Indeed the apparently normal self-state is indeed false to recognise its truth and is unable to feel its pain.

What may we surmise from this research about the experience of patients whose trauma has caused less severe alienation between self-states but who still experience the kind of experience that Davies and Frawley write about so cogently? Of course we know a huge amount of work has been done in the consulting-room to explore work and technique with fluctuating self-states, (see Wilkinson, 2006 for an exploration of some of the issues around this). It is not that the insights from neuroscience such as this research offers can ever replace careful clinical work and the sharing of clinical observation, such as that which occurs in print, in presentations and in conferences, but I do suggest that it may have a significant voice to contribute to the clinical case approach.

**Case Example**

To consider a further clinical application of such knowledge let me introduce you to Clare, a very capable lawyer in her early fifties. I have already written about Clare’s relationship to her father and his presence in the therapies that she has experienced:

Clare described to me, her second analyst, the subtle differences in the transference manifestation of her early trauma, arising from a difficult relationship with her father, in her two experiences of analysis. This relationship manifested itself...
in similar yet subtly different ways in each. She described both analysts as working with her in a very gentle but containing way, yet with both the relationship from the past, born of early trauma, could easily intrude. In the first analysis, with a man, she quickly encountered the internalized father, whom she experienced at that time as “a monster,” conceptualized only as “a fearsome black beast.” By the later stages of the second analysis the transference image had become humanized, albeit remaining very persecuting and persecutory. At this stage the father was experienced as a severe critic, the one who often summoned her to the door of his study to berate her for her shortcomings, often adding as a veiled threat, “And I don’t even have to touch you to break you” (a restraint that he had signally failed to observe with Clare’s elder sister, who had removed herself from the family home for that reason). For me, the attachment perspective of rupture and repair was helpful as I sought to find appropriate ways to be with my patient...It was important to allow the re-experiencing to reoccur in the context of the transference relationship....

(Willkinson 2007, in press).

What I would like to make clear here is just how much difficulty the grown-up coping self who took Clare to work and enabled her to function fairly well in her daily life had with helping her to manage her more vulnerable feelings, not only in relation to those who might be experienced as her father had been experienced, but especially as they related to her body. It took a long while for us to begin to put together the way this derived from her refugee mother’s inability to help her daughter, particularly with feelings about her body and its vulnerability. You will realise that her mother is the woman who I described earlier as blotting out her experience of the atrocities visited on her own body. This mother inevitably passed on a deep sense of hopelessness and dread to her daughter, which in turn Clare sought to dissociate, just as her mother had done. The need to seek medical help for a physical condition had at one time to be articulated clearly by me in the consulting-room in order to avoid a further tragedy of a different order.

The personhood of the analyst is at the heart of the analytic encounter. Wharton draws our attention to the subtlety of the differences in interaction in each analytic dyad, how “intensely personal to the two people concerned” and how different each patient is “how, for example, even when the affect being expressed, or the developmental innovation with respect for tradition

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stage being enacted in the transference, is known by the same name, the quality of it varies subtly from one patient to another, or in the same patient at different times, and elicits subtly different responses” (1998, p. 215). The unique interactive experience between therapist and client is crucial for the development of the emotional scaffolding necessary for the emergence of reflective function, for coming into mind. Let us consider for a moment the knowledge from neuroscience that may throw light on the patient’s experience of the analyst’s voice.

As the self is fundamentally associative and relational (Schore 1994, 2003 a, b), the analytic discourse is inevitably rooted in the relational. Schore and many others have sought to explore the insights that neuroscience may hold for us concerning the building blocks that go to establish intimacy in the beginning of life. It is these that are activated again in the very special kind of engagement that develops in the consulting-room. The inferior colliculus, which mediates affective process, is the region where “our mother’s voice may leave forever its first affective imprint.” This region is “richly endowed with opiate receptors which may mediate attachments” (Panksepp & Bernatzky, 2002, p. 137), and this of course applies to the attachment that develops within the analytic experience. The inferior colliculus is adjacent to the periaqueductal gray (PAG), a subcortical site where all the emotional systems converge creating a coherent virtual self-representation (Schore, 2003a).

Our very sense of who we are is wedded closely to what we learn of our being from our earliest experiences of our mother’s voice. It is from a reliving (Andrade, 2005) that the analyst’s voice in the consulting-room may enable an awareness of a coherent sense of self ultimately to emerge. My patient struggled with the shades of fear and despair that were hidden in her mother’s voice inside her; it led her to wish to take great care of me and for her to need a lot of time before she could have a sense of me being there for her in a caring and robust way.

NEUROSCIENCE, PSYCHOANALYSIS, AND EMPATHY
The third, and last part of this paper is devoted to how neuroscience can inform us about empathy, an essential component of all psychoanalytic treatment models. An interesting example of the neuroscientists’ understanding of empathy enriching psychoanalytic thinking about clinical work has recently been presented in a cutting-edge paper by Zanocco et al. (2006) entitled “Sensory empathy and enactment.” Here sensory empathy is defined as “that process which is based precisely on the ability to assimilate, through imitative identification, what another person is feeling” (p. 148). While the paper explores the interaction in the analytic dyad, it also sheds light on the supervisory process.

The paper begins by stressing the unconscious, “bottom up” nature of sensory empathy, which the authors link to Freud’s concept of primary process. The authors describe the analyst’s dawning awareness of unspoken communications from the patient as “empathic intuition” (2006, p. 148). Here I am reminded of Sidoli’s understanding concerning the foundations of analytic work:

Enactment concerns just these primitive elements of experience that have not yet come into mind and become nameable for the patient. The power of these affects can also be experienced as they reach out through the therapist to the supervisor as together they re-encounter these primitive elements in the experience of the therapist and in their experience as the material is being presented. Often awareness of these elements will come through bodily experiences, through tone of voice and modes of interchange between the twosome as they discuss the material that is being presented. Zanocco et al., describe that in such experiences “a part of the ego has retained a primitive way of functioning” (2006, p. 150), and I suggest it was just such functioning that sometimes emerged in Clare’s sessions. I am reminded of the work of Decety and Chaminade and their conclusion that empathic understanding that others are like us, at the psychological level, develops as one represents the mental activities and processes of others by generating similar activities and processes in oneself (2003, p. 582). Such an understanding gives a sound foundation for our understanding of transference and countertransference as emanating from the realm of the implicit and arising from the very earliest experiences of life (Wilkinson, 2006).

I believe we are now at a point where psychoanalysis, analytical psychology and the psychoanalytic psychotherapies have an opportunity to explore in detail the significance for our clinical practice of research that has as its underlying premise: “Natural science combines two worlds, the physical and the psychic
[and that] psychology does this only in so far as it is psychophysiology” (Jung, 1946, italics in original). We have an opportunity to explore and absorb the insights that are of such radical importance for our work. I suggest that we should do so not merely from the standpoint of our own particular sector or even school of thought within that sector but rather embrace the opportunity we are offered to explore together in a more comprehensive and integrated way the significance of neuroscience for our clinical practice.

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Continued from Page 12
and vanish from the surface for years and decades… disturbances caused by affects are known technically as phenomena of dissociation, and are indicative of a psychic split” (para. 286). In recent contributions I have suggested that early relational (attachment) trauma specifically impacts the right hemisphere, causing enduring deficits in affect regulation (Schore, 2003b), and that dissociation represents an impairment of the vertical cortical-subcortical circuits of the right brain (Schore, 2003a). Current neuropsychoanalytic conceptions of psychic structure that Jung described are thus directly relevant to clinical work with the body, archetypal defences, and affect regulation in treatment of trauma, especially early relational trauma.

In the following, Wilkinson offers a short essay on the relevance of neuropsychoanalysis to clinical psychoanalysis.

In closing, I’d like to announce the formation of new study groups in Denver-Boulder, and that I will be presenting a 2-day workshop October 13-14 in Boston (www.ceuregistration.com). I am also delighted to accept an invitation to become the Series Editor of the WW Norton Series on Interpersonal Neurobiology.

REFERENCES

Allan N. Schore
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:

- **Healthy and disordered personality functioning**
- **Individual profiles of mental functioning**, including patterns of relating, comprehending, and expressing feelings, coping with stress and anxiety, observing one’s own emotions and behaviors, and forming moral judgments
- **Symptom patterns**, including differences in each individual’s personal or subjective experience of his or her symptoms

For the past two years a task force selected by presidents of the psychoanalytic organizations listed above systematized the descriptions of both the deeper and surface levels of an individual’s personality, emotional and social functioning, and symptom patterns, emphasizing individual variations as well as commonalities. The PDM describes the whole person and complements the DSM and ICD efforts in cataloguing symptoms and behaviors.

The PDM opens the door to improvements in diagnosis and treatment of mental health disorders and to a fuller understanding of the functioning of the mind and brain and their development.
While it is unpleasant to be judged by Gary Walls as irresponsible, I am pleased that he did respond to David Wolitzky’s recent article and has contributed to the discussion of the role of research in development of clinical theory and practice. Perhaps this will rectify my violation of protocol. The editor.

This is a reply to David Wolitzky’s apologia, in a recent issue of Psychologist-Psychoanalyst (Spring 2006) for a positivist research agenda for psychoanalytic psychotherapy. I found the form of his article unusual, in that in addition to presenting his own arguments in favor of the empiricist reduction of psychoanalysis to quantitative variables and randomized control trials, he also presented bowdlerized summaries of his critics’ arguments. Nowhere to be seen were accounts of the competing arguments by the dissenting authors themselves, leaving readers in the awkward position of having to trust that Wolitzky would present opposing arguments with the persuasiveness and power of the original authors. Having read (and written) some of these critical arguments countering Wolitzky’s position, I can assure Psychologist-Psychoanalyst readers that nothing could be further from the truth: Wolitzky refashioned opposing arguments as softballs to be propelled out of the stadium. Unless we are to believe that Wolitzky’s critics would agree, for example, that referring to their perspective out as being not only a buzzword without intellectual content, but as “taken, ironically enough, from the study of inanimate processes.” This is only partly true, and quite misleading. In fact, one of the prime arguments of chaos theorists is that the traditional sciences explain most, but not all inanimate phenomena fairly well, but that its linear, determinative metaphysics produces a dead universe (Prigogine & Stengers, 1984). The laws of physics can explain how a robot functions, but not how a person functions, because a person does not obey laws of mechanics. Unlike inanimate things, life does not obey the second law of thermodynamics, which states that entropy can never decrease, and therefore that matter tends towards increasing disorder. The development of life is in the opposite direction, towards increasing organization. Not only have the principles of chaos theory successfully addressed some inanimate phenomena, such as dripping faucets and weather patterns, but it also has been applied to the population variations of biological species and the morphology of living organisms. Psychology is an apt extension for the application of chaos theory, as
the metaphysics of chaos provides a less mechanistic, deterministic basis for the study of the complex, unpredictable phenomena of the living universe.

Other criticisms I have of the kind of quantified systematic research that Wolitzky advocates have to do with its formal qualities. Most of this research works with measurements that involve reductions of lived experience to numbers that, as Wolitzky acknowledges, are nearly always based on arbitrary metrics, such that the scales of measurement fail to correspond meaningfully to the phenomena being studied (Kasdin, 2006). Studies of statistical differences between group means cannot logically draw valid conclusions about the therapeutic processes that take place between individual therapeutic pairs, since the particular qualities of each pair have been erased through the mathematical process of aggregation. Much attention is paid by such researchers to the dynamics of the laboratory (internal validity), but little weight is given to the degradation of experience that accompanies the “gathering” of the “data.” This is not really captured by the notion of external validity, because that term refers only to the limits of the generalizability of what are assumed to be bona fide representations of actual experiences, albeit controlled and decontextualized. Further, Wolitzky considers it a bias that clinical data are often determined by the clinician’s theory, but Kuhn (1970) long ago established that all data are theory determined.

The potential contributions of the systematic research studies to producing better therapists must be compared to knowledge learned from clinical findings reported by master clinicians. I can think of no more cogent testimony than recently published comments by Deborah Luepnitz (Crumbly, 2006), from whose writings I have learned much about how to be a more helpful therapist. She was asked: “What do you think about the growing emphasis on empirically-based treatments?”

Ah, evidence. I was trained as a researcher, not a clinician, in graduate school and started out believing in “empirical methods.” I was forced to stop believing in the relevance of collecting psychological data after I had collected two years’ worth for my dissertation comparing three kinds of child custody arrangements. Fairly early on in the data analysis, I realized that, without lying or exaggerating, I could use the test scores and other numbers, so carefully collected and tallied to argue for my hypotheses, or against my hypotheses, or countless positions in between. This is all not to mention the fact that the credibility of the test scores rested on a belief that strangers are willing and able to rate their self-esteem, well-being, interpersonal conflicts, and those of their children on a five-point Likert scale. It assumes not only that interviewees are willing to be transparent, but that the unconscious doesn’t exist, and that transparency is indeed possible.

My personal analysis changed my life for the better, but try to imagine a paper-and-pencil test that could capture its meaning in my life! Some people cry less, go on more dates, and make more money after psychotherapy. But others cry more, are less social and make less money. Take the case of “Don Juan in Trenton” from Schopenhauer’s Porcupines (2002). You may recall that the patient felt much worse during most of the treatment than he did on entering. He was a better human being by most standards: less apt to exploit people, less apt to lie to partners about his STD, and less likely to obsequiously support an incompetent boss. But he felt a loneliness and an inadequacy he had never experienced before.

The so-called evidenced-based therapies are, not surprisingly, the ones that work at a level more superficial than psychoanalysis. The research deck is stacked, and always is, by the way the research questions are framed. If people want to go to behaviorists or CBT-ists, it’s okay with me, but the evidence-based zealots are against people choosing something they disapprove of. At bottom, it’s an attack on depth. Just another attempt by this culture to make the unexamined life worth living.

This is not about submitting to authority in an unquestioning way, as Wolitzky suggests. We all can learn from others’ clinical writing and retain our critical perspective on what we are learning, comparing it with our own clinical observations and rational evaluation. In fact, that attitude is precisely what defines the “reflective practitioner” that Donald Schön (1983) described in his book based on his empirical study of how competent professionals actually practice. The shoe, I think, is really on the other foot. It is Wolitzky, I believe, who surrenders his critical skepticism to the false guarantee of valid knowledge that he asserts is offered only by so-called systematic scientific methodology.

But what is the substance of the knowledge contributed to the clinical field by quantitative empirical methods? What contributions to psychoanalytic theory and technique have emerged from empiricist methods as opposed to clinical experience? I personally am unaware of any major contributions to theory or technique from that source, so I will have to rely on Wolitzky to point them out to me.

On the other hand, I can think of many, many
contributions to psychoanalytic theory and technique that have emerged from clinical/theoretical dialogue, case reports, and the ensuing critical discussions of those cases. The list includes Freud’s discovery/construction of talk therapy, free association, repression, transference, countertransference, dream analysis, interpretation, resistance, resistance analysis; Anna Freud’s elaboration of the mechanisms of defense, and forms of child analysis; Klein and Fairbairn’s pioneering formulations of object relations theory, etc, etc. In fact, the list is practically coterminous with the history of the psychoanalytic discipline, including many contemporary psychoanalysts such as Stephen Mitchell, Irwin Hoffman, Donnel Stern, Darlene Ehrenberg, Jody Davies, Jessica Benjamin, Neil Altman, Ted Jacobs, etc. To compare the scientific fruitfulness of clinical methods to systematic empiricist research is truly telling, I think.

In fact, for nearly fifty years, psychoanalysts have been engaged in the kinds of research that Wolitzky assures us will answer our critics and rescue the scientific credibility of psychoanalysis. As Norman Doidge (1997) pointed out, the psychoanalytic psychotherapies are the most frequently studied of the over 150 types of psychotherapies. The results of these studies provide clear empirical evidence of the therapeutic effectiveness of psychoanalysis with a broad range of diagnoses. Why have our critics found these studies so unpersuasive?

The reason is not, I believe, that these studies failed to take the form of controlled clinical trials. Psychoanalysis is not directly comparable to other treatments in the ways that would make such horse race research meaningful. Psychoanalysis has been demonstrated to alleviate symptoms, but what distinguishes it as an approach is that it does so much more, as the quote from Luernitz shows. Some of the important reasons for the lack of public acceptance of psychoanalysis include, I would argue, that political policy-makers, wealth holding elements of society, insurance companies, behaviorists and cognitive-behaviorists, and academic psychologists have vested interests that converge in promoting more superficial, cost-effective and authoritarian therapies that serve the purposes of social control and conformity rather than self-awareness and liberation. I realize that this is a bold assertion, one that I have elaborated on previously (Walls, 1999), but cannot adequately discuss here.

Calls for systematic empirical studies of the effectiveness of psychotherapy are not new, and in fact many such studies have been published. David Orlinsky is one of the most prolific and respected of psychologists, one who dedicated 40 years of his career to studying psychotherapy research of just the kind that Wolitzky advocates. What is his assessment of the value of this accumulated research knowledge? In a recent paper Orlinsky (2006) reflected on the value of this approach to research on psychotherapy process and outcome:

I must start by confessing that I don’t really read psychotherapy research when I can help it. Why? The language is dull, the storylines are repetitive, the characters lack depth, and the authors generally have no sense of humor… (p. 2, emphasis in original)

Orlinsky argues that, among other things, psychotherapy research in the empiricist tradition fails to take into account the fundamentally relational, bi-directional nature of the therapeutic interaction, as well as the culturally-defined individual subjectivity of the patients studied:

Neither of these realities seems to me to be adequately addressed by the dominant paradigm or standard research model followed in most studies of psychotherapeutic process and outcome. Instead, the dominant research paradigm seriously distorts the real nature of persons and of psychotherapy (as I see them). (p. 3)

Orlinsky, the consummate veteran of four decades of Wolitzky-style psychotherapy research, came in the end to reject it as involving a primary distortion of the enterprise he was trying to study. He goes on to explain the persistence of the dominance of positivist research paradigms in terms very similar to the political/economic factors I articulated above.

Further, I am unaware of any empirical evidence to support the assertion that when therapists increase their knowledge of the empirical research literature, they become more proficient in helping their patients. In fact, I find this assertion highly unlikely, and I would challenge Wolitzky to produce, if he can, any empirical evidence to substantiate this improbable claim.

The studies I am aware of, and the results of personal inquiries I have conducted on my own, consistently show the opposite results. When asked what educational experiences helped them most to learn to do psychoanalysis, most analyst will tell you that their own analysis was the most useful, that their supervision by experienced knowledgeable analysts was the second most important learning experience, and that didactic coursework was third. I am assuming that as in my own training, the didactic coursework largely consisted of readings in the clinical/theoretical literature, with very limited reading of systematic empirical research. If the reading of empirical outcome research were on the list, I doubt it would be
CONTROVERSIAL DISCUSSIONS II: THE RETURN OF EXPERTISE IN EVIDENCE-BASED PRACTICE

An earlier version of this paper appeared as, “The fall and rise of expertise,” in Bulletin of the American Academy of Clinical Psychology, Fall 05/Winter 06, 10, 1, 8-10. http://www.aacps.org/resources/docs/vol10n1bis.pdf.

Something remarkable has happened this past year in professional psychology. It can give comfort to those unassuming and quietly competent colleagues who have little time for funded research into their work; colleagues who do not like labels, diagnostic or otherwise; people in whose hands we entrusted, with trepidation and increasing confidence, our own psychological well-being and even our lives. Members of Division 39 have cause to celebrate. The new APA Policy and Position Papers on “evidence based practice” are not the latest endorsement of empirically supported treatments, but something far more sophisticated, and relevant for all of us as practicing clinicians. In particular, the importance of context and clinical expertise are once again recognized by APA as essential to professional competence in an “evidence based practice.” Without expertise, all psychologists would be equal, as long as they had received training in manualized interventions specific to certain diagnostic categories in the DSM. Even psychodynamically oriented psychotherapists would tend toward standardization and homogenization, in so far as they adhered to manuals that had been empirically supported in controlled clinical trials. It is not surprising that many of us have felt alarmed at the rising scientific status of psychological interventions that treat expertise as a confounding variable.

A brief recap. In 1993, Division 12 (Society of Clinical Psychology) proposed that clinical psychology demonstrate its treatment efficacy in a way that would be persuasive to our colleagues in psychiatry and medicine. There was good empirical reason to believe that we psychologists would knock our medical colleagues’ socks off when it came to the treatment of conditions such as anxiety and depression. Ironically, however, Division 12’s report endorsed the culture of medical and pharmaceutical hegemony. Psychological treatment research adopted medicine’s definitions of psychopathology and its method of controlled trial comparisons as the measures of scientific credibility and therapeutic effectiveness. Treatment objectives became defined solely by the DSM; recruited “subjects” were carefully screened to exclude “comorbidities,” after which they were randomly assigned to different treatment modalities, or placebo groups or waiting lists as controls; “therapists” in outcome studies were trained to implement treatments according to precisely written treatment manuals. Division 12 produced an initial list of “well established treatments,” together with a list of “probably efficacious treatments,” for certain disorders. Psychologists were encouraged to support treatment research that would either validate their approaches or would show them to be no better than placebo. In the latter case, those psychologists would need to be retrained in approved manualized procedures.

Especially alarming for many of us was that this policy was explicitly meant to assist the health care insurance industry (ibid. p.1). Thus there was a realistic concern that EVT’s (empirically validated treatments) might become the insurance industry’s measure of professional legitimacy. There were even occasional hints that practicing within a tradition not listed for specific diagnostic categories might be incompatible with best practice and therefore make one vulnerable to malpractice charges. (Mercifully, I do not know of a case in which this actually happened.)

Expertise had not explicitly been rejected, but it had been effectively abolished as an undesirable treatment variable. As the Division 12 report stated: “Such standardization and precise definition of treatment through treatment manuals and other procedures reduce the methodological problems caused by variable therapist outcomes and lead to more specific clinical recommendations” (ibid. p. 1). Competence had been implicitly redefined as knowledge of the research literature, diagnostics, appropriate patient selection, and the precise implementation of manualized treatments. Expertise was worse than irrelevant; it was unscientific and confounding.

The demise of expertise was one of the unintended consequences of clinical psychology’s adoption of the medical model as its standard for measuring therapeutic efficacy. The pressure on our good colleagues was felt as an accusing professional atmosphere. We were on the defensive, such as when filling out those interminable insurance forms asking us what specific symptoms we planned to target over the course of the next ten sessions and what treatment model we planned to implement.

Many of us felt abandoned by APA. Its Template for Developing Guidelines (APA, 1995) effectively endorsed the assumption that practice guidelines should be based upon research in which controlled clinical trials formed the standard of professional legitimacy. But then, what would become of those who identified themselves, not as “psychodynamic,” (according to what
templates?) but as Freudian, Kleinian, Independent, object-relational, Sullivanian, Kohutian, Lacanian, feminist, or social constructivist? Similarly, what would become of the various types of family therapists, or all the colorful characters that make up our charmingly heterogeneous wider field? How could one of my colleagues possibly make time in her practice so as to hustle a controlled trial experiment that would put her approach—Jungian, with large doses of attachment theory, an affection for Winnicott, and feminist sensibilities—on some approved list? What insurance check box would not be misleading? Ironically, what treatment successes of hers, perhaps checked in the “Psychodynamic” box, would not further delegitimize her true orientation and skills? (And what failures would not be an undeserved black eye for all those who also label themselves as psychodynamic therapists?)

Energetic research and scholarship over the past ten years threw the clariy and mission of the purely medical model for clinical psychology into some disarray. Critiques of validity as an impossible standard softened the term to “empirically supported treatments” (“EVTs Light”). The notions of empirical support, and of treatment manuals, became increasingly flexible. While controlled clinical trials remained the gold standard of efficacy studies, case lore and clinical practice outcomes, previously derided as “anecdotal,” were slowly accepted as relevant and supportive. The definition of “manuals” broadened to include a range of psychoanalytic texts, such as Clarkin et al.’s (1999) book on the psychoanalytic treatment of borderline conditions. What I found particularly interesting was that these books were hardly manuals in any simple sense. To practice in accordance with these “manuals” requires years of training and probably one’s own analysis.

A number of intellectual criticisms and research findings led to the decline of the EST movement and the return of expertise as a desirable variable in professional competence. Space precludes detailed argument, but here are some markers for the significant changes that had been occurring.

Different persons with the same DSM diagnosis need to be treated differently because of individual and cultural differences, including expectations about what kind of therapist or treatment might be helpful. Treatment goals are collaboratively formed, and are often adjusted as treatment proceeds. As Seligman (1995, p. 997) noted, therapy in the real world is of variable duration, with self-correcting improvements, and is aimed at improving the quality of life as well as symptom relief for patients who have multiple problems and select their own therapists. Because of this, controlled clinical trials have insurmountable external validity problems.

Comorbidity and lack of diagnostic specificity are more common than not. The quest for diagnostic purity can be so far removed from clinical practice as to be utterly absurd. In one report of CBT for generalized anxiety disorder, an astonishing 450 of over 500 applicants were rejected from the study for not meeting the diagnostic criteria for GAD. Apparently the study showed treatment to be efficacious (Borkovec and Costello, 1993). But as Todd and Bohart (1999) comment: “[O]ne can ask how useful such information is to a practicing clinician given that nearly 90% of the clients referred for the study (presumably because they were anxious) were not included” (p. 459).

Treatment outcomes in controlled clinical trials tend to be disappointing. In one meta-analysis of 34 outcome studies for treatment of depression, panic disorder, and PTSD, fewer than 36% of potential study participants were included in the studies, the large majority being rejected because they had “comorbid conditions.” More than half of the patients accepted into treatment dropped out. Of the fewer than half of the one third who were both selected and completed treatment, most continued to have mild symptoms after treatment and gains were only partly maintained after two years. Over 50% of these patients who had completed these courses of treatment went on to other therapies (Westen and Morrison, 2001). In other words, fewer than a half of a half of one third (≤ 8.3%) did not pursue treatment elsewhere, and it is difficult to believe that those few were all fine. With outcomes like that most of us would have given up years ago.

Brand names for treatment approaches are poor descriptors for the processes that are effective in those approaches. In one major study (Ablon and Jones 1998), it was shown that the sessions of effective CBT therapists met the defining templates for competent psychodynamic therapy, and that the sessions of most psychodynamic therapists met some defining features of competent CBT sessions. Incidentally, the authors concluded that CBT techniques formed a subset of psychodynamic therapeutic skills.

There is increasing evidence that adherence to treatment manuals is negatively correlated with treatment outcome. In the Ablon and Jones study (ibid.), those cognitive behavioral therapists who had adhered to their manuals were not effective. In a study of CBT for depression, better outcomes were found when therapists did not adhere rigidly to a manual (Castonguay et al., 1996). I take this to imply that therapies work best if sensitivity to process leads the treatment.

The nonspecific factors, that is, factors shared by effective therapists of different orientations, are arguably more significant in treatment outcome than specific techniques (Wampold, 2001). In particular, it is once again generally accepted that “empirically supported therapeutic
relationships” (Norcross, 2002, 2004) are nonspecific, complex, and necessary to positive treatment outcomes. (Yes, it is bizarre that Norcross had to demonstrate this experimentally. It shows how out of touch the EVT movement had become, determined, as it was, to rid treatments and outcomes studies of any nonspecific, “placebo” effects, effects which we have described in exquisite detail for decades.)

Evidence from the insurance industry suggests that there is no correlation between theoretical orientation and treatment outcome, even controlling for diagnosis or severity of psychopathology (Brown, Dries & Nace, 1999). Good, indifferent, and bad therapists come in all colors. Differences in competence, measured in outcomes, are greater within treatment modalities than between modalities (Wampold, 2001, p. 212).

It should be noted that APA had been fairly responsive to these developments. Its revised Criteria for Developing Treatment Guidelines (APA, 2002) was significantly more subtle and sophisticated than its 1995 version. In many respects it astutely anticipates some of the themes of the Policy and Report that were produced in 2005.

In late 2004, incoming APA President, Ronald Levant, hit the ground running with a Task Force reviewing the question of competence in evidence based practice in psychology (EBPP). This Task Force comprised scientists and practitioners of various theoretical persuasions, reflecting the diversity of the field. They were given the brief of formulating a Policy and a Position Paper that would describe, “the best possible care based on the best available evidence” (APA, 2005b, p. 3). The fact that the Task Force reached consensus, despite a few behind-the-scenes groans, is a testament to their members’ good will and perhaps to Levant’s considerable skills as a family therapist. A provisional report was made available for comment in March 2005. The final Policy Statement on Evidence-Based Practice in Psychology was approved as APA Policy and the accompanying Report of the 2005 Presidential Task Force on Evidence-Based Practice was accepted by the Council of Representatives of APA in August 2005.

The Policy and the Report discuss three areas: the question of best available evidence, clinical expertise, and patients’ characteristics. In my reading, clinical expertise is the pivot around which the questions of evidence and patient characteristics are organized. It is up to the clinician to evaluate different forms of evidence in the context of the patient’s characteristics, circumstances, and values. This means that we are advised not to submit our expertise to the results of controlled clinical trials, but to use our critical thinking and good judgment in our assessment of various sources of evidence as well as the needs, preferences, and circumstances of each particular patient.

Expertise is operationally defined and discussed in considerable detail, and readers are encouraged to read the Policy and Report for themselves. I would simply like to highlight a few of the statements (all from APA, 2005b) that go to the heart of why we can celebrate—and why we can extend our thanks and congratulations to Ron Levant and his colleagues on the Task Force. We can start with their summary statement:

- Experts recognize meaningful patterns and disregard irrelevant information, acquire extensive knowledge and organize it in ways that reflect a deep understanding of their domain, organize their knowledge using functional rather than descriptive features, retrieve knowledge relevant to the task at hand fluidly and automatically, adapt to new situations, self-monitor their knowledge and performance, know when their knowledge is inadequate, continue to learn, and generally attain outcomes commensurate with their expertise. (p. 10)
- Psychological practice is a complex relational and technical enterprise that requires clinical and research attention to multiple, interacting sources of treatment effectiveness. (p. 8)
- Expert clinicians revise their case conceptualizations as treatment proceeds. (p. 11)
- The goals of therapy are developed in collaboration with the patient. (p. 11)
- Psychological practice is, at root, an interpersonal relationship between psychologist and patient. Each participant in the treatment relationship exerts influence on its process and outcome, and the compatibility of psychologist and patient(s) is particularly important. (p. 12)
- Psychologists must attend to the individual person to make the complex choices necessary to conceptualize, prioritize, and treat multiple symptoms. (p. 16)
- Perhaps the central message of this task force report, and one of the most heartening aspects that led to it, is the consensus achieved among a diverse group of scientists, clinicians, and scientist-clinicians from multiple perspectives that [Evidence-Based Practice in Psychology] requires an appreciation of the value of multiple sources of scientific evidence. (p. 18)
- Treatment decisions should never be made by untrained persons unfamiliar with the specifics of the case. (p. 18)

It could not be clearer than that.
higher than fourth. Perhaps even fifth, behind tasting Grandma’s jam.

I have read many research articles. I have never found the knowledge conveyed by random clinical trials or quantified group studies to be even slightly helpful or relevant to making me a better therapist. I agree with Orlinsky that such studies constitute fundamental distortions of both the nature of persons and the nature of the therapy process, and therefore are likely to degrade rather than contribute to our understanding of psychotherapy. So until something is pointed out to me that I am missing, I’m with Grandma and her plum jam.

REFERENCES


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RECORDED CONFERENCES

New Developments in Attachment Theory
Beatrice Beebe, Ph.D. Mary Hartzell Sir Richard Bowlby Diana Fosha, Ph.D. Robert Neborsky, MD Edward Z. Tronick, Ph.D. Allan Schore Daniel N. Stern, M.D. Daniel Siegel, MD

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Karlen Lyons-Ruth, Ph.D. Bessel van der Kolk, MD James Masterson, M.D. Allan Schore Howard Steele, PhD Alicia Lieberman

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SPRING MEETING SUMMARIES
26TH ANNUAL SPRING MEETING — LOVE, DESIRE AND PASSIONS: VARIETY, ENIGMA AND THE DISRUPTION OF PSYCHOANALYSIS
APRIL 18-23, 2006, PHILADELPHIA, PA

SECTION I: CAN PSYCHOANALYSIS EMERGE FROM ITS OEDIPAL PHASE

PRESENTERS: Gemma M. Ainslie, PhD, ABPP
Mother, Where Art Thou?
Johanna Krout Tabin, PhD, ABPP
The Logic of the Oedipus Complex
Howard Covitz, PhD, NCPsyA, ABPP
The Possibility of a Variety of Oedipal Paradigms

DISCUSSANT: Sydney Pulver, MD
CHAIR: Howard Covitz, PhD, NCPsyA, ABPP

Dr. Covitz introduced the panel with some historical notes on the Oedipus and an admission that the panel had bitten off more than it could rightly chew in two hours. Now, nearly 100 years after Freud's introduction of the Oedipus Complex that purports to chart the movement from tumult to peaceful resolution, it seemed all the more curious that the psychoanalytic community remains, as it has been, swaddled in tumult. One group pitted against another; and other groups joining in coalitions to do battle against a third. If, indeed, as Freud noted, “religion, morals, society and art converge in the Oedipus complex,” then the time seemed ripe for clinicians with different orientations towards the Oedipus and differing community affiliations to discuss their views of this complex and how it informs their work both as clinicians and as members of a single polity with mutual concerns and interests.

To start us off, Gemma Ainslie presented a report of a single session with a female psychotherapy patient with content related to gender and competition in and out of the transference with her female therapist. Her clinical vignette was followed by two theoretical papers and a discussant in order to provide a forum for discussing the common ground that exists in the psychoanalytic community surrounding oedipal dynamics and to simultaneously provide a forum for discussing the manner in which broad psychoanalytic paradigms impart differences to other areas of the psychoanalytic enterprise. The panel included members of Section I, the National Association for the Advancement of Psychoanalysis and the American Psychoanalytic Association.

Johanna Krout Tabin explored the maturation of all young children, in order to understand the ubiquity and centrality of this phenomenon. Some points: Gender identity and self-identity appear simultaneously, developing observably from about the age of fifteen months through the third year of life. Thus, issues around gender and those around separation/individuation operate in tandem, often with opposite torques. Gender is one constant in the self-experience of a rapidly changing little person. Thus, it becomes a core value in the nascent ego (and subsequent ego-development). Gender links the child to the world of two sexes, the child learning it will grow up to be an adult like one or the other parent. Sexual sensitivity demonstrably exists from birth. Thus, the child integrates gender identity, personal bodily sensations, bodily observations of the parents, and awareness of the parents’ interrelationship in its understanding of who it is in the family. This blueprint for the ego creates the Oedipus Complex. Other issues preoccupying the very young during this period influence the nascent ego in the context of Oedipal and attachment/individuation concerns, e.g., good versus bad, omnipresence versus annihilation, dominance versus helplessness. By age six years, most children comprehend generationality, enabling resolution of the Oedipus Complex. Interest in sexuality might not abate, but conscious fantasies of marrying the parent of the opposite sex disappear. The early constellation of the Oedipus Complex explains gender-differentiated later pathologies such as anorexia and suicidality.

Howard Covitz proposed a more skeptical position, suggesting that models for Oedipal development, as they represented the acceptable and culture-specific norms, are interdependent with idiosyncratic notions of the healthy individual and the healthy polity. As an example of an alternative model, he reviewed his previous suggestion that it would not be unreasonable to propose a more general model for Oedipal stage that is gender-free and that centers on the graduated maturational capacity for accepting that two others can have a relationship independent of the child. By so doing, it could be argued, the child reluctantly accepts the subjectivity of another and only through such developments does the child.
eventually accept object-object differentiation (as distinct from self-object differentiation). Indeed, internecine conflict within the psychoanalytic community was seen as an inability to accept the relationship that others have to their own theoretical models, a failure to successfully reconnoiter the Oedipal in this emended model. The possibility was presented that ongoing conflict within the psychoanalytic community might be attributed in part to the incompleteness (as in Glover’s notion of “incomplete interpretation”) of the Oedipal interpretations seen only through a sexual-symbolic lens.

Sydney Pulver noted that the title covers a lot of territory. It could refer to the struggles within psychoanalysis as a field, or to the struggles within psychoanalytic theory about the Oedipus. He focused on the latter, noting differences about: the universality of the Oedipus; its role in pathogenesis; and whether it’s impelled by sex and aggression, or by other motivational forces. He proposed that, in order to call something Oedipal, there were four sine qua nons: triangularity; it must be between three or more people; these people must be in relationship; at least one of them must have desire (in the Lacanian sense); and that desire must be conflicting.

He asked Dr. Tabin whether she still held to her idea of the early Oedipal phase, as described so nicely in her book, noticing that she hadn’t referred to that specific phrase. Perhaps her interest today was on non-developmental aspects of the Oedipal. Had she given up that particular nomenclature? He was certain that she hasn’t given up the idea that Oedipal manifestations begin early.

He pointed out that Dr. Covitz’s description of Oedipal development approaches it from the viewpoint of the impact of a third person in the relationship on his/her self-esteem. Dr. Covitz postulates five stages beginning with an inability to tolerate the existence of the inner world of the other and culminating with the capacity to accept the subjectivity of another and his or her relationships (to others or even to idiosyncratic theories). Dr. Pulver wondered if it isn’t better to say that these are descriptions of various kinds of impairment in the development of mindfulness, since, unlike the description of other lines of development, they don’t seem to address normal development nor do they seem to be chronological.

Dr. Pulver concluded by suggesting that Drs. Tabin and Covitz’s views of the Oedipus, like most of the controversies about it in the field of psychoanalysis, are really not incompatible with each other, but simply look at the phenomenon from differing viewpoints. No consensus between participants or the audience was negotiated and, clearly, further study is necessary.

Howard H. Covitz
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SECTION II AND COMMITTEE ON INFANT MENTAL HEALTH:
GROWING UP IN A DIVORCED AND REMARRIED FAMILY: NEW
FINDINGS FROM A 25 YEAR LONGITUDINAL STUDY

Presenter: Judith Wallerstein, PhD
Differential Parenting and Step Parenting with Siblings in the Post Divorce Family:
Report from a 10 year Longitudinal Study

Chair: Diane Ehrensaft, PhD

Discussants: Stephen Seligman, DMH
Arietta Slade, PhD

This panel began with a presentation by Dr. Wallerstein of findings from her and Dr. Julia Lewis’s most recent work in their longitudinal study of post-divorce families, focusing on differential outcomes of children from the same families, followed by commentary and discussion by Dr. Slade and Dr. Seligman, along with comments from the chair.

Dr. Wallerstein’s presentation was a first report of parenting and step parenting relationships with siblings in the post-divorce and remarried family. Psychoanalytic theory about family relationships and child development has evolved within what was, at one time, the average expectable intact family. With this reasonably stable model of family life in mind, psychoanalytic interest in the factors that shape parenting styles has concentrated on their roots in the infancy and childhood experiences of the parent, with the expectation that these early patterns will endure except as modified by the subsequent maturation of the child and parental response to these later developmental stages. There has been little psychoanalytic exploration of how parenting is changed by the marital disruption or when it reconstitutes in remarriage. This study shows that these changes are substantial and can make for significant changes the child’s attachment and development along with radical change in parenting interest.

Similarly, psychoanalytic interest and theory in regard to siblings has focused largely on sibling rivalry. There has been little recognition of how and why siblings are differentially parented by mothers and fathers in intact or divorced families, or in remarried families when step parenting takes center stage. Major academic studies of divorce and remarriage have uniformly examined only one “target child” in each family. As a result, differences among sibling that arose during the post divorce years have been undetected and came to light unexpectedly at the 10-year mark.

The longitudinal clinical study presented consisted of 60 families, with 130 children aged 2 to 18 at the divorce, followed over 25 years. One half of the multi-child families showed widely discrepant psychological adjustment among siblings along with disparate relationships with parents and stepparents at the ten year mark. These were not evident at the divorce or in the detailed marital history of these families (who were well-educated, and whose children were developmentally on target prior to the divorce). The effects on the siblings in each of these families who were marginalized or rejected were tragically evident well into their adulthood. The paper included many case illustrations.

Clinically, the vicissitudes of the Oedipal configuration have been traditionally framed within the psychological attributes of the stable and intact nuclear family, with the same individuals interacting over time during the growing up years of the child. What is clear from this study is that when nuclear families break up and reconstitute, with the figures in the Oedipal drama shifting, being replaced, but at the same time remaining interactive, new problems and new configurations not originally conceptualized emerge, which make the growing child’s developmental process along with the parental attitudes and commitments even more problematic. Our findings also show the power of the stepparent to reshape the biological parents relationships with their children as well as the critical influence of the individual child in maintaining his or her relationship with their father and stepparent. The paper is being prepared for publication and is currently not available.

Leading off the discussion, Dr. Slade thanked Dr. Wallerstein for presenting trenchant and remarkable research on post-divorce adaptation in families, making it clear that the situation we see so often in our practices, in which children are torn apart by their parents’ rage and hatred of each other, subject to the eruption of transferences, projections, splits, and powerful Oedipal distortions, are the rule rather than the exception. This fact, which challenges the notion that parenting is largely stable, and that characteristics like parental sensitivity are enduring, has for the most part been vigorously overlooked within psychoanalysis and attachment research. There are of course many factors that lead to such breakdown in parenting, but several were considered in this presentation.

The first is the fact that divorce involves the severing of a vital attachment relationship, the loss of which is usually experienced, especially when the attachment has been insecure, as a betrayal and abandonment. The disorganization that ensues presents an enormous challenge for parents during the divorce process, and often leads to
profound disruptions and enactments.

Also discussed was the notion that the aims of adult pair bonding, namely the search for a new partner, contradict those of caregiving and nurturing the child. In a healthy marriage, the expression of sexual desire does not run counter to the goals of family life; rather, it is intrinsic to its continuity and fullness. Courting, however, does run counter to the goals of family life and specifically caregiving, for the preoccupation that is part and parcel of courting is antithetical to the preoccupation and concern that is a necessary part of everyday caregiving. Within the context of a functioning marriage, caregiving and pair bonding systems are linked and compatible; in divorce, they may instead become highly incompatible, with long-term negative consequences for the child.

Dr. Wallerstein’s work suggests that as clinicians we must help our adult patients, as well as the parents of our child patients, hold their children in mind, even while they are liberating themselves from attachments that endanger them in some profound way. We must be alert to the ways in which their capacity to provide care and safety for their children is disrupted and disabled. We cannot forget that nurturing children is one of life’s greatest pleasures and accomplishments, and that to fail at this leaves psychic scars that are as real as any others.

In the second part of the discussion, Stephen Seligman spoke admiringly of Dr. Wallerstein’s paper, and of her lifetime achievement in applying psychoanalytic research to the immediate, pragmatic issues of children following divorce. Qualitative research of this sort is essential for analysts, first because it directly and cogently uses our sensitivity to emotion, personal history, family dynamics and the like, and also because our models are often too complex to be captured in conventional quantitative research formats, and such research will not, in any case, be sufficiently funded in the current climate.

In addition, Wallerstein’s research makes essential clinical-theoretical observations. Her assertion that insisting on the primacy of the traditional, triadic Oedipal triangle is outmoded and inappropriate to current social circumstances is both bold and urgent. In addition, she has a complex psychohistorical perspective, seeing how actual life events can trigger the emergence of various sets of internal representations. When marriages are stable, that is, particular patterns of internal representations become more salient and are stabilized in their dialogue with the actual spouses. An example is when a woman finds a version of her stern, but concerned father in a gruff, if attentive husband, while he finds a version of his overly solicitous mother in his accommodating wife. In such a psychic-relational circumstance, other possible patterns of internal-external relationship systems may not be so activated, and the marriage goes forward with stable “quasi-transferences.”

But after a divorce, various potential internal patterns of relating will get into play again, and a new marriage may stabilize around others. This may often work better for the parents, bringing forth more adaptive modes of projecting and getting along, but the children will be disoriented, since they have been influenced by and are still caught in the midst of the earlier interactive-representational systems that spawned, supported, and perhaps undermined their parents’ marriages. In such contexts, the differential responses of different siblings become even more understandable, as they will play varied roles in the new psychosocial array. With all this in mind, Seligman reminded the audience of the urgency of research and intervention of the sort that Wallerstein presented, since millions of children find themselves in the stressful situations that she describes.

Dr. Ehrensaft finished the session with commentary about the possibility of different results and less damage to children in the family when fathers had been more actively involved in their children’s lives, both before and after the divorce, and queried about the potential differential findings with a comparison group of shared parenting households in which there was joint physical custody.

Diane Ehrensaft
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SECTION III: THE FOUR WAVES OF FEMINISM: PSYCHOANALYTIC PERSPECTIVES

PRESENTERS: Jane Fonda
Gender and Destiny
Susan Shapiro, PhD
With one Foot in the Mud: Freud’s “Why War” and the Shantideva’s Way of the Bodhisatva
Hedda Bolgar, PhD
A Century of Essential Feminism

DISCUSSANT: Diana Diamond, PhD

CHAIR: Harriet Kimble Wrye, PhD, ABPP

Our distinguished Section III panel conceptualizing four waves of feminism from a psychoanalytic perspective brought together feminist activist psychoanalyst Hedda Bolgar, who at age 97 has lived through the four waves, Academy award winning actress Jane Fonda, who has made big waves as a social activist, Sue Shapiro, who brought her engaged Buddhism and psychoanalytic understanding to relieve the traumatized victims of the giant tsunami wave, and Diana Diamond, a feminist psychologist whose sapience as a discussant wove these waves together.

By way of introduction, I noted that the first wave of feminism focused on political change as the suffragette movement was undertaken at the turn of the 20th century by activists who lobbied successfully for women’s equality as citizens including the right to vote; the second wave, the women’s liberation movement (led by Betty Friedan, Kate Millet, Simone de Beavoir, Bela Abzug, Gloria Steinem and others) was a broad socio-political-cultural movement in the 1960s and 1970s, which focused on consciousness-raising around gender issues, sex role stereotyping in work and family, sexual politics, and job and economic parity. With sexual freedom and job opportunities more established for women, the third phase, co-incident with the “me generation” evolved in the 1980s and 1990s, signaled by cultural icons such as “the Material Girl” and “Sex and the City,” emphasized women “having it all”—juggling career, sex, motherhood, and trying to find time for themselves. The fourth wave of feminism brings us into the 21st century as women question the limits of materialism and turn from concerns about “me” to concern for the planet and all its beings, realizing that putting ourselves in the service of the world is feminism’s next step. At a time when the United States is viewed with increasing distrust by other countries, feminism’s shift toward cultivating a spiritually informed activism may help to repair our diplomatic ties. No less important is the depth that comes from quiet reflection. As Carol Lee Flinders notes, a “serious spiritual life with a strong inward dimension” is crucial in itself, releasing the energy that can turn visionary feminist theory into action.

Jane Fonda opened with a rousing and well-informed talk based on her own life experiences as a daughter, wife, mother, and activist. Women have suffered, she said, not so much from wishing they had a penis, but from wanting connectedness in a relationship of equality. Challenging the notion of the four waves of feminism, Fonda argued that the feminist movement has advocated for all encompassing social and political change from the suffragettes on. As early as the mid 1800s, Elizabeth Oakes Smith addressed a women’s conference saying: “My friends, do we realize for what purpose we are convened? Do we fully understand that we aim at nothing less than an entire subversion of the present order of society, dissolution of the whole existing social compact?” Fonda defines feminism as moving into a new way of being, an alteration in human consciousness and in styles of human behavior. It is a verb, a movement, a full coming into being of men as well as women. Fonda said:

I think, especially for psychologists, it’s important to see feminism in its fullness. This is the movement without which we will continue to see basic alienation within the psyche, which, obviously, manifests differently in men than in women and which is not always pathology, but which, in my opinion, lies at the root of all our culture’s dilemmas. As more and more feminists have moved into the professions—anthropology, archeology, theology, history, sociology, philosophy and psychology—we get closer to revealing the truth about the soul destroying paradigm that is patriarchy. For psychology, feminism has provided a new standpoint from which to hear the narratives of women.

Citing feminist psychologists, Nancy Chodorow, Carol Gilligan, Jean Baker Miller, Dana Crowley Jack, Marcia Westcott, Fonda argued that relational intimacy is at the core of women’s experience and the key to understanding women’s voices. Were it not for the pioneer feminist psychologists we’d still be handicapped by the notion that “rugged individualism, the stand-on-your-own, fully individuated person” represented healthy adulthood. These are the psychological male-defined characteristics that are considered most valuable. The flight from feelings
and vulnerability cuts off large parts of growth and consciousness in men. “They’re not even allowed to be depressed! But of course they are, and they do all sorts of destructive things (to themselves and to their relationships) to numb themselves.”

What a profound relief to learn that mental health, healthy adult maturation, is more about remaining relational, connected, and that this isn’t just a “woman” thing, but is true for men as well. And now brain science has shown that collaboration and collegiality (circularity) instead of competition (hierarchy) actually activates the chemicals in our brain that make us feel happy.

As exemplified in her talk, Sue Shapiro embodies the spirit of the Fourth Wave, unstintingly devoting her energy, psychoanalytic expertise and time to healing and education. “After the events of 9/11, I found it increasingly difficult to focus on the psychoanalytic research that I had hoped to pursue. I was preoccupied by my sense of uncertainty, by my efforts at understanding the hatred of America, by the clash of civilizations.” Shapiro reread Freud to see how he dealt with the trauma of World War I. She described her disquietude at seeing his blind eye to events in the real world: “His theoretical writings during the war years make almost no reference to the war even when writing mourning and melancholia.” Two examples: When Freud dreamt of his son’s death he interpreted the dreams as stemming from his envy of his son’s youth.

Never mind that three of his sons were in danger at the front! Just as Freud’s focus on Oedipal fantasies covered up the true incidence of sexual abuse and incest, so too, his allegiance to his theories and to the psychoanalytic movement blinded him to the major challenge facing humanity in the 20th and 21st century—the need to eradicate or at least greatly reduce our need for war.

Shapiro, whose practice of engaged Buddhism exemplifies a spiritually informed feminist recognition of planetary interdependence, explored how her experiences working as a volunteer in Thailand with survivors of the Asian tsunami raised questions for her about the relationship between the intimacy of the psychoanalytic encounter, indeed any therapeutic encounter, the theories we write about this work, and embedded nature of the individual within the larger social and cultural forces that shape and contextualize both. Shapiro stated,

Despite the kick in the ass we got from feminism and gay liberation, we still stay very much within the system. As Howard Zinn wrote in the people’s history of the US, we are still the prison guards even if we work to make prisoners safer and less distressed within the prison.

Hedda Bolgar recounted her experience as a little girl attending her mother’s suffragette gatherings in the
middle of World War I, while Freud was thinking more about Oedipal rivalry with his sons than about the real danger they faced in the trenches. Her unusually evolved feminist mother, a pacifist war correspondent in Budapest believed women needed to vote to end war, poverty and the oppression of women and children. Hedda learned early on how many women, including contemporary women (and by her own testimony, Jane Fonda), have deferred so much to their husbands that they lose their true selves.

When she registered to attend the University of Vienna, the dean told Hedda Bolgar, “I don’t believe women belong in the university.” Later, as she became a member of the psychology faculty at the University of Chicago, the department chair said, “You realize you are the only woman in a department of 39 people, 39 men and you can either blend into the wallpaper or you can be a castrating bitch.” That was the welcome she got and, with her trademark indomitable spirit, she said, “Again I wasn’t undone by it in any way.”

Bolgar cherishes the strong sense of self she got from her progressive parents and admonished us not to confuse equal rights with equality.

Equality I think created a lot of problems for the women’s movement and for women in general because we got really very confused . . . . We thought we had to be like men, we thought we had to act like men, we had to dress like men, we had to speak like men, we had to wear clothes like them, and we had to make love like them, and we just had to be men and not be women any more. That period was a really difficult one.

Hedda Bolgar also threw down the gauntlet to privileged professional women “glowing with happiness about what we have achieved” that really does not touch the Third World and poor women in our own country. She warned us about “something else that is not rosy about the women’s movement” and that is “we are not only losing the abortion issue, we are losing even the issue of contraceptives. We are definitely losing control over our reproductive lives. And I really think we need to do something about that.”

My colleague Diana Diamond’s stellar discussion integrated these unique and disparate contributions into a statement of how the four waves of feminism advance psychoanalytic thought. She stated:

The narrative of the fourth wave of feminism, a narrative still in process, must integrate the unfinished issues and contradictions of the last three waves in an overarching vision that combines spiritual practice with political action and economic power, and the insights derived from psychoanalytic theory and practice.

In her discussion of Jane Fonda, she emphasized how her life and work were emblematic of women’s struggles “to put themselves at the center of their narratives and to give voice to the unspeakable, painful and difficult as well as joyous aspects of their own lives—an endeavor at the heart of our work and training as psychoanalytic clinicians.” Drawing on both Fonda’s talk and her recent memoir, My Life So Far, Diamond highlighted how Jane Fonda’s capacity to rework early attachment traumas through narrative construction both in and out of the consulting room (evident in Fonda’s account of the reconstruction of the narrative of her mother’s life and early abuse and its impact on her) enabled her “to take the imaginative leap to understand the mental experience of impoverished women, teenage mothers and other underserved female populations that she concerns herself with throughout the world.”

In her discussion of Bolgar’s talk, Diamond highlighted Bolgar’s lifelong struggle to understand the complex dialectic between internal unconscious dynamics and external sociopolitical realities for women; to recognize when conflicts rooted in social inequalities can be experienced as insoluble individual problems, and when dynamic conflicts may keep women from assuming the political and economic power to change these realities.

Diamond, following Bolgar’s call to political action to redress the endangered aspects of women’s freedoms, such as the right to chose, reminds us that “it is important to remember that spiritual practice cannot substitute for political action although it may provide a vision that inspires political action.” Diamond sees Sue Shapiro’s account of her work with tsunami victims as such a combined spiritual/political vision, which allows Shapiro to “enter into the vortex of individual psychology and social forces in order to better understand the impact of a natural and historical trauma on the individual psyche.”

We are pleased to announce that the journal, Gender and Sexuality, has invited us to develop these papers into a special issue on the Four Waves of Feminism, so you will be hearing more soon.

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SECTION IV: EST, EBT, EBPP: WHAT MIGHT THIS ALPHABET SOUP SPELL FOR PSYCHOANALYSIS?

PRESENTERS: Linda Young, PhD

- The Abbreviating of Psychology
- V. Barry Dauphin, PhD
- Does Psychoanalysis Treat Passive Receptacles with Disembodied Entities?
- Thinking About Some Assumptions Behind Evidence Based Practice Initiatives

MODERATOR: Bertram Karon, PhD, ABPP

EBT, EST, and EBPP are variations on an important theme that for the last fifteen years has challenged mental health professionals to provide evidentiary proof of the effectiveness of what they do. Among the most central questions this movement has raised is the question of what constitutes the nature of evidence. How the concept of evidence is defined, and who gets to define it, is seen by Dr. Young as central in determining how and if psychoanalysis will not just have a voice in the discussion, but will retain its unique voice and perspective in the debate. In her paper, Dr. Young addressed the ways in which contrasting forms of scientific inquiry not only investigate data differently, but in doing so, also determine what that data will be, and what it is that shall constitute “evidence.”

Dr. Young approaches the topic of EBT from the perspectives of philosophy and epistemology, highlighting their relevance in discussing the evidentiary bases of different forms of psychology, and the manner in which these forms of psychology are called upon to demonstrate their effectiveness. She then articulates what she sees as the unique nature of the psychoanalytic enterprise and what distinguishes it from other branches of psychology and from other forms of scientific inquiry. She defines psychoanalysis as a science of hermeneutics—an interpretive discipline that attempts to find meanings and motivation. As a “science of the mind,” it reveals psychical reality as experienced by the human meaning making subject. Consequently, its data is to be distinguished from material reality, which is the subject of “natural science.” Methods derived from an objectivist, positivist approach in the natural sciences are seen by Dr. Young as being inappropriate for the study of psychoanalysis; and their accompanying research methodologies are seen as similarly incompatible with the subject matter of psychoanalytic inquiry. She stated that such research methodologies pre-determine the nature of the “data” and in so doing, distort the essence of the data of psychoanalytic inquiry.

Dr. Young observed that “abbreviating” movements such as EBT put pressure on psychoanalysis to clutch onto definitions of science, reality and evidentiary proof that not only are inconsistent with many versions of psychoanalysis, but also threaten to take away its footing. As different branches of psychology compete to decide such things as the ground rules for determining evidence, Dr. Young asserts that it will behoove psychoanalysis not to lose ground by forgetting the unique ground upon which it stands. The ground includes, among other things, vital premises about individuality in contrast to the generic, the importance of context in contrast to extractable, objectifiable truths and the inherent opacity and contraditoriness of human experience in contrast to more manifest, face value, notions of self identity.

Dr. Young demonstrated how even when researchers attempt to sensitively pay attention to such things as individual differences among subjects, frequently there is a lack of appreciation for contextual factors which give specific meaning to such individual differences. For instance, often certain demographic characteristics among different subjects, are clumped together and treated as equivalent, with inadequate regard given to the fact that the meaning of such characteristics can only really be studied and understood from within the context of a living, breathing, meaning making and experiencing individual. Too frequently in EBT driven research, phenotypically similar symptoms and disorders are abstracted and objectified, resulting in a situation in which otherwise unique characteristics then end up being “controlled for” in scientific research, and treated as background, or non-significant features.

Dr. Young's paper concluded with a detailed clinical example, in which many of the points of her paper are illustrated, using “evidence” from the data of the consulting room. She demonstrated how subjecting the data of this clinical process to research methodology that would de-contextualize specific features of the material, attempt to formulate generalizing abstractions, employ rules of material evidence and impose linear positivist assumptions would do violence to the nature of the work and not contribute meaningfully to a deeper understanding of clinical process.

In his paper, Barry Dauphin utilized computer gaming as a metaphor for the EST/EBT movement. The upshot is that manualized research-derived treatment represents a good treatment for an imaginary character, one that goes by the name of the “average patient.” This average patient, created out of statistical tests, is like a computer-generated character that is created by code.
Dr. Dauphin considers that EBT/EST, as a movement within the profession, risks leading psychotherapists to cede intellectual and professional responsibility, save by complying with the manuals. Most guides for psychotherapy, including psychoanalytic work, are not meant to be followed in some sort of lockstep fashion. Yet, the EBT/EST movement looks to create a more rigid set of procedures to be used in conjunction with specific diagnoses. Specific sets of therapeutic procedures are applied to particular diagnoses; and one might be skipping professional ethics to use procedures that have not been validated. The procedure and the diagnosis, both of which are abstractions, are placed in the foreground, while the specific therapist and specific patient, both of which are human beings, are relegated to error variance.

Psychotherapy researchers are producing studies that show particular kinds of measurable changes for particular people with particular diagnoses within a limited timeframe under conditions of strong demand characteristics in the studies. They can then sell the package as the treatment for the diagnosis, regardless of the large number of unknowns and regardless of whether other ways of working have not been looked at in the same way. The package is attractive to legislators, regulators, and insurance bureaucrats because it also promises a form of cost containment.

Dr. Dauphin argued that many versions of psychoanalysis implicitly, if not explicitly, conceive of mental functioning as a complex system that is not controllable in the way so many outcome researchers hope. Psychoanalysis, as a set of theories, is generally applied in a manner that incorporates reacting to unpredictable changes in the system as well as unpredicted lack of change to the system. This was discussed in association to the separation of the patient from the cost of treatment via some form of third-party payment. EBT models use “free” psychotherapy for the research participants and do not examine of the role of payment on treatment process or outcome, although outside of the laboratory, payment issues can raise significant concerns for patients and therapists alike.

Bert Karon discussed the benefits of the psychoanalytic enterprise and spoke to large-scale research in Europe that testifies to the efficacy of psychoanalytic work for all kinds of patients. He addressed some of characteristics necessary for good psychoanalytic work to take place and cautioned against researchers assuming an overly reductionistic and mechanistic approach to psychotherapy research.

V. Barry Dauphin
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Hiddenness, Gender Protest and Passionate Affirmation: Relational Approaches to Women and Love

Presenter: Linda Jacobs, PhD  
*For Love of the Patient: Transformative Desire in the Analyst*  
Jill Salberg, PhD  
*Who Wears the Pants Here? Gender as Protest*

Moderator: Daniel Shaw, LCSW

Dr. Jacobs’s paper explored the ways in which the desire, sexuality and autonomy of women patients is damaged by the loss of maternal love and the failure of identificatory paternal love. Jacobs referred to *Swan Lake* and *Beauty and the Beast* as two examples of myths in which the curse of the false self can be lifted only through the genuine love of another person. She noted that without this love, the person is doomed to a dehumanized existence and must live life unseen and unfelt. Jacobs elaborated on these themes of being lost, then found, by drawing on the work of Jessica Benjamin, noting that many fairy tales can be viewed as a process of moving from hiddenness and alienation to recognition and mutuality.

Jacobs described her work with Jeannette, who entered treatment with symptoms ranging from financial instability, professional inhibitions, and depression. She suffered from bulimia, had extreme performance anxiety which seriously affected her career as an opera singer, and engaged in secret sexual encounters with married men, which seemed to represent her struggle with her deeply, but ambivalently, felt desire. Jeannette’s body indulgence and exhibitionism, both undone by bulimia and performance failures, seemed to carve out a transitional dimension that sustained both the assertion and the abdication of a more robust but hidden desire as well as a more powerful hidden self.

While working with Jeannette, Dr. Jacobs discovered strong identifications with her patient’s artistic strivings and experiences of parental discouragement. For Dr. Jacobs, this identification with her patient’s history of repudiated grandiosity and exhibitionism freed her to draw closer to her patient. The analyst’s subjective awareness of her own once dampened inner longings allowed her to recognize and encourage the expression of similar hidden aspects of the patient’s internal world. She sensed these rejected ambitions both as projections she received from the patient, and as real, not merely evoked, identifications with the patient. In time she was able to help her patient reclaim and productively use her talents and strengths.

Dr. Salberg’s paper focused on a clinical case presentation in which her patient appeared to perform gender in a way that expressed an unconscious protest. Salberg at first felt that her patient’s unconscious protest suggested a caricature of femininity, but eventually this perception gave way to an understanding of the patient’s complexity and multiple layerings of identifications and dis-identifications with the patient’s mother.

Although Salberg’s patient dressed in a highly sexualized manner, she had never dated, nor had any actual physical or sexual contact with men or women. She was unaware of the workings of her reproductive system, and had no real knowledge of sex. As unknowing as this woman was about sex, she was remarkably competent at work. A key turning point was discovered when Dr. Salberbg recognized that her subjective biases based on her personal gender history were interfering with her empathic grasp of the complexity and creativity in her patient’s gender performance. This recognition on the analyst’s part opened up previously foreclosed gender meanings and potential for both analyst and patient. The analyst’s unlocked capacity for intersubjective recognition led to the patient’s newfound freedom. She was then able to explore with less rigidity her gender identity, and to relate more fully and intimately within and especially outside of the analytic context.

Daniel Shaw, as moderator, then noted that in both papers, the analysts were able to move out of enactments, which then enabled them to better understand their countertransferential responses to the patients. In Dr. Jacobs’s paper, the enactment that led to therapeutic movement involved a complex intersubjective process, in which the analyst experienced deep longings and strivings on behalf of the patient, who was not at first ready to own her banished grandiosity and potency. This projective identification is specifically relational in the ways that the analyst comes to recognize forgotten aspects of her own subjectivity that serve to co-create the enactment. By contrast, in Dr. Salberg’s case, aspects of the analyst’s unconscious subjectivity proved to be an obstacle to deeper analytic intimacy and needed to be recognized to be transcended. Once this was possible, trust between the analyst and the patient deepened, allowing the more complex meanings of the patient’s gender identity to be revealed. This in turn freed the patient to explore intimate sexuality for the first time. The patient was then able to integrate and maintain a more fluid and more enlivened experience of gender.
HOLDING ON FOR DEAR LIFE: THE LOSS AND RECOVERY OF DESIRE AND PASSION

PRESENTERS: Frank Summers, PhD  
*The Adhesiveness of the Libido Revisited: When Desire and Play are Lost*  
Peter Shabad, PhD  
*Did it Really Ever Happen? When Passion Sours and Recapturing a Sense of the Real*

MODERATOR: Gary Walls, PhD

This panel explored various facets of the dynamics that underlie tenacious clinging to people from the past and present at the expense of their own growth and well-being. Both papers addressed the power of maintaining a single object tie. The first paper looked at the issue from the viewpoint of abandonment anxiety and the attendant loss of desire and play. The focus was the adumbration of a theory of therapeutic action grounded in the formation of a special type of therapeutic relationship uniquely designed to provide opportunity for the patient’s creation of new ways of being and relating. The thesis of the second paper was that the passion that fuels desire is necessary to maintaining a meaningful sense of the real. Both focused on the developmental arrest that occurs when desire is either impeded or de-realized retroactively.

In his paper, Dr. Frank Summers explored the phenomenon Freud called “adhesiveness of the libido,” that is to say, the inability of some patients to detach from an other despite the lack of interest from the other. The focus of the paper was on the therapeutic action that allows such patients to relinquish seemingly intractable object ties. According to Dr. Summers, such patients suffer from overwhelming abandonment anxiety, but understanding the depths of this anxiety is insufficient because adhesive bonds are not relinquished until a new relationship of a particular type is forged with the therapist. Imprisoned by the fear of being abandoned, such patients assume a singular focus in their emotional lives. Consequently, the key to therapeutic action with such people must include a powerful affective bond that includes gaps in the relationship. Empathic resonance and the understanding of disruptions to it are important components of this bond, but the pivotal therapeutic experience goes beyond synchrony and tolerance of breaks in the analytic relationship.

For the patient to relinquish an adhesive bond, the gaps in the relationship must not be simply tolerated, but utilized by the patient for the creation of new modes of engagement. Therefore, the analyst must see disruptions not simply as disturbances that must be repaired and tolerated, but as opportunities for the creation of a new type of bond.

As this new relationship is created by the patient, desire and play can emerge. In opposition to the drivenness of the adhesive bond, the freedom exercised by the patient in the new relationship allows for desire to take form and replace compulsive clinging to objects. This view of therapeutic action is differentiated from theories that emphasize internalization. Two extended case examples were used to show how this therapeutic strategy, based on the facilitation of the patient’s creativity, fosters the relinquishment of adhesive object ties, and favors new ways of being and relating.

In the second paper on the panel, Peter Shabad used his own experiences of revisiting Moscow as a springboard to examine the implications of love, loss, and defense for achieving a sense of what is real. He viewed the choice “Is it better to have loved and lost, or never to have loved at all?” as elemental in psychological life. Dr. Shabad suggests that when good experiences end badly, “loving and losing” can become so painful that some individuals resolve not to love anymore—or even for the first time—and thereby shut themselves off to previously fulfilling experiences and/or hopes for a better life.

In the wake of the mind’s attempt to defend against experiences of loss, such persons begin to doubt not only the reality of the loss, but the love that is intertwined with that loss. The mind’s de-realization of the good, in turn, fuels repeated countervailing attempts to resurrect the forgotten phantoms of times gone by in order to bring experiences that have been rendered unreal back to realized life.

Dr. Shabad recounted a clinical example to illustrate how a patient’s imitative identification with his mother’s inaccessible self-enclosure through their shared passion of reading was a means by which the patient used an adhesive loyalty to fill the void left by the absence of a loving interchange.

*Frank Summers  
franksumphd@hotmail.com*
THE POWER AND THE PERIL OF ANALYTIC LOVE: THERAPEUTIC PATHWAYS AND TRANSFERENTIAL QUAGMIRES

Presenters: James. L. Fosshage, PhD
Analytic Love and Power: Responsiveness and Responsibility
Andrea Celenza, PhD
Searching for Love and Expecting Rejection: Co-creating the Analytic Relationship
Moderator: Daniel Shaw, LCSW

The two papers presented in this panel were introduced by Daniel Shaw, who pointed out that the role of love in psychoanalysis has been controversial from the beginning, dating at least to Freud’s version of what happened between Breuer and Anna O. Freud’s well-known recommendations of neutrality, abstinence, and surgical sangfroid came in the wake of a number of transgressions early on, which led to the Freud–Ferenczi schism. Yet Freud was far less surgical in practice than in print, and Ferenczi was more methodical, purposeful and principled than his detractors made him out to be.

Shaw went on to state that from within the Freud–Ferenczi dialectic, American ego psychologists went on to take abstinence and neutrality to the limit, focusing more and more narrowly on unresolved id drive derivatives at the Oedipal phase, while Winnicott and later Kohut kept alive the Ferenczian “developmental tilt” of attending to thwarted longings for love and recognition.

The papers presented took up the theme of the analyst’s responses to our analysands’ pleas for love from differing perspectives, in some ways representing the Freud–Ferenczi split. Celenza discussed the profound responsibilities associated with the psychoanalyst’s role, given the ways in which the structure of the psychoanalytic setting both stimulates and frustrates fantasies of romantic perfection. She explained that the analyst’s responsibility begins with an awareness of the full extent of the seductive power inherent in the psychoanalytic structure. Against a background of the two defining dimensions of the treatment setting, mutuality and asymmetry, her paper discussed the ways in which these dimensions intensify the experience and longing for intimate, sexual union.

Celenza believes that the treatment frame, especially the seductiveness of unconditional acceptance and commitment, both stimulates and frustrates fundamental and universal longings, including: a) the desire for unity (to be loved totally and without separateness), b) the desire for purity (to be loved without hate and unreservedly), c) the desire for reciprocity (to love and be loved in return), and finally, d) the desire for omnipotence (to be so powerful that one is loved by everyone everywhere at all times)

The asymmetric distribution of attention, comprising the analyst’s professional and disciplined commitment to the analysand, frustrates these wishes and instantiates several hierarchical power relations. For Celenza, these power imbalances are ambivalently held by both patient and analyst. Both analyst and patient are continually moved to level the hierarchy. Her paper elaborated several ways in which the analyst must withstand the pressure to level the hierarchy, from both within him-/herself and from the analysand.

For Fosshage, fundamental experiences of love, to love and to be loved, are central in development and maintenance of vitalized self experience. To love is described as involving a deep empathic knowing, liking, and caring for the other. To feel love is to feel deeply known, affirmed, liked and cared for. With various shadings, nuances and emotional valences love experiences range from a caregiver’s love, to Oedipal love, to a friendship love, to a romantic love.

Fosshage describes how repetitive thwarting of developmental needs for love during childhood establishes negative percepts of self and other and implicit patterns of thinking and relating that encumber co-creating needed experiences of love. In the analytic relationship a patient often searches for needed experiences of love and affirmation, and yet constructs, cognitively and interactively, expectancies of rejection. A patient enters the analytic arena with expectancies of hope and rejection and implicit patterns of relating. Reciprocally the analyst enters the arena with complex implicit patterns of thinking and relating.

For Fosshage, one avenue of change involves repetition of new experience that gradually gets logged in memory as new implicit procedural relational knowledge—positive enactments that may or may not get discussed. A second avenue of change involves patient and analyst finding their way through a maze of problematic implicit and explicit patterns of thinking and relating (negative enactments) that requires exploration and conscious awareness in order to relinquish the grip of these patterns and to co-create the varied needed experiences of love that serve to establish new percepts of self and other (new implicit relational knowledge).

These papers will be published in a forthcoming issue of Psychoanalytic Inquiry entitled The Analyst”’s Love: Contemporary Perspectives, to be edited by Daniel Shaw, LCSW.

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Will the Real Eminem Please Stand Up? Psychoanalytic Perspectives on a Rapper and His Adolescent Fans

**Presenter:** Sanjay R. Nath, PhD  
*Loss Yourself in the Music: Adolescent’s Fascination with Eminem*

**Moderators:** Joshua V. Saks, PsyD  
Jeanine M. Vivona, PhD

Olive (2002, in the *Psychoanalytic Review*) has said of Eminem that he embodies, “Sex and aggression beyond Freud’s wildest imaginings, sung out in a stream—no, river—of consciousness that would make James Joyce jealous . . . [his lyrics are] a dream sequence mixed with a conscious awareness that lifts a middle finger to the adult world.” Why wouldn’t psychoanalysts take a look and weigh in with our own thoughts? The goal of this panel was to introduce those who attended to Eminem’s story and music, and share some thoughts about why his music has such appeal to adolescents.

**Psychobiographical Presentation**

The psychobiographical sketch of Eminem presented was drawn from publicly available information, such as interviews with Eminem and his family members, and court and legal documents. Marshall Mathers III (later self-named Eminem) was born in 1972 outside of Kansas City, Missouri, to Debbie and Marshall Mathers Jr. About six months after his birth, Marshall’s father left (only a year into the marriage), for California and was not heard from again. Debbie and young Marshall took on a semi-nomadic existence, moving from public housing to mobile homes to relatives’ houses. Marshall experienced an impoverished, volatile childhood with little stability.

As an adult, it is clear that Marshall believed that his mother abused prescription drugs, and he has accused her in his music of having Munchausen’s Syndrome by Proxy. There also seems to be a lot of evidence of possible enmeshment and abandonment in Marshall’s relationship with his mother. In Marshall’s music, his rage, anger, and sadness are often directed towards his mother, whom he often fantasizes about killing in his lyrics, which repeatedly reference both incest and matricide. Eminem’s own life has been filled with turbulence: he has married and divorced the same childhood love twice, attempted suicide in his early 20s, and has had ongoing difficulties with drugs and alcohol, most recently being in rehab after having to cancel a music tour.

Eminem’s career has been marked by the taking on of various personas. His first successful album was called the “Slim Shady LP,” released in 1999. Slim Shady was a sinister alter ego, representing a dark side to his personality. In addition to the explicit language and violent, aggressive lyrics, each of Eminem’s albums make repeated references to his own childhood story of parental loss, abandonment, abuse, and family dysfunction.

Eminem has quickly risen to being the pre-eminent rock/rap star of the last several years. In total, he has sold more than 60 million albums worldwide. Eminem has garnered not only commercial success, but also has been awarded numerous Grammys and other music awards for his work. Nearly everyone from the left to the right politically has been disapproving of Eminem’s music and its potential ill effects on our youth and society.

**Video Presentation**

Following the psychobiographical sketch, the audience watched five music videos from Eminem’s first three albums. The music was chosen to be representative of his music and mindset, although only a sampling, and far from exhaustive. The songs included were “Cleanning Out my Closet,” “My Name Is,” “The Way I Am,” “The Real Slim Shady,” and “Role Model.”

**Paper: Appeal to Adolescents**

At some level, the basic question this paper attempted to answer was relatively straightforward: Why do adolescents listen to Eminem? In attempting to answer this question, the paper focused on four interrelated, central issues for Eminem that are expressed in his music: 1) splitting and use of opposites as they relate to a chameleon-like identity, 2) a terrorized defective core and vulnerability, 3) Eminem’s maternal deprivation and subsequent rage, and 4) aggressive and violent retribution as a defense against engulfment. The paper then linked these themes to Eminem’s perceived authenticity for adolescents. Beneath his aggression, Eminem’s lyrics reveal a person who is confused and struggling. Adolescents hear through the foul language and innuendo to this level and they identify with Eminem’s vulnerability and confusion. Eminem manages to convey that he is decent despite his ugliness and aggression—the type of message that aids adolescents in negotiating their own turbulent emotions and allows them to feel a measure of self-acceptance. Eminem demonstrates a keen relational ability to triangulate between adolescents’ contradictory impulses to judge themselves harshly and to find compassion for their internal experiences.

Yet at the same time, even while conveying that he has been damaged, Eminem is continuously and cleverly...
engaged in a form of "play"—playing with his own vulnerability and strength and whether he will amount to anything. Eminem is able to reference his own "defective core" and while screaming insults and rage, still reference that he is soft inside. Eminem provides a scaffolding function for adolescents in terms of how to survive the turbulence of adolescence. This does not require adolescent fans to share Eminem’s troubled past—it only requires them to share the feeling of being vulnerable and trying to figure out how to deal with it. But the fact that this message is masked, coded, and misunderstood by authorities and parents, allows most fans to feel they are receiving a personal communication, a type of secret code.

**AudiencE DiscussioN**

Several audience members remarked that they attended the panel because they are fans of Eminem; others were drawn by the topic, unusual for a Division 39 conference. Many members of the audience participated in the lengthy, vigorous discussion of several important themes, responding both to the panelists and to other attendees. In fact, there was insufficient time to discuss all the interesting ideas that emerged.

At the conclusion of the panel, several attendees expressed appreciation for the engaging topic and format, which, like psychoanalysis, fostered both energetic interaction and new insights. Discussion with the audience ranged from comments on race, music, and authenticity to comments about Oedipal issues, a Lacanian reading of how Eminem’s name phonetically contains the word “mom,” and how some of Eminem’s music contains an fascistic beat that prevents thinking but promotes affect.

If you would like a copy of the paper or have questions about this panel, please contact Dr. Nath.

*Sanjay Nath
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While there was little time after the readings of the papers for discussion, it appeared that some felt that Celenza’s approach ascribed too much aggression to the patient’s strivings for love; and some felt that Fosshage’s approach had an underlying quality of seductiveness. For Shaw, in concluding, those potentials described worst-case scenarios. Acceptance and recognition of the patient’s need for love, and awareness of the potentials for the analyst to misuse power, are not mutually exclusive concepts. Ideally, the analyst’s awareness of the dangers on both sides protects and nurtures the analysand, the analytic bond, and the analyst.

*Daniel Shaw
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Winnicott and Lacan: Paradox or Paradigm Shift?

This panel explored the possibility of a New Middle Group whose adherents feel their best work emerges from a “provocative contact” between Winnicott and Lacan. Panelists Deborah Anna Luepnitz and Mardy Ireland have, in fact, each created ways of putting the two together, and discussants Jeanne Wolff Bernstein and Neil Altman offered their views on the possibilities and problems of thinking about Winnicott along with Lacan.

Luepnitz focused on differences in Winnicott and Lacan’s treatment goals. She saw common ground between Lacan’s definition of love, “To love is to give what you don’t have,” and Winnicott’s idea that the mother becomes “good enough” only through failing the baby. Yet the two had very different ideas about practice, for example, the Winnicottian holding environment, focus on safety, and tendency to gratify the patient contrasts with Lacanian techniques such as the “cut” and the termination of a session at a point deemed most propitious for keeping the unconscious open. Lacan, like Freud, felt that the analytic experience should be mildly frustrating.

Luepnitz presented the case of a woman who had been in a Winnicottian treatment before undertaking analysis with Luepnitz. In the Winnicottian treatment, the patient had felt cared about, nurtured, and safe for the first time; her therapist offered extra sessions and coached her through the difficulties of medical training. In the first few interviews, Luepnitz asked the patient the origin of her name, and both discovered that the patient was named for a great-grandmother who likely had starved to death in a concentration camp; this discovery shed new light on the patient’s symptom. The omission of the patient’s Holocaust history in her previous analysis was not idiosyncratic; Luepnitz differentiated the Winnicottian search for a true self from the Lacanian attempt to foster the truth of the subject. Evoking Lacan’s interpretation of “Wo Es war, soll Ich werden,” Luepnitz explained that Lacan’s ideas about the truth of the subject include: the return of the subject to full speech, in which the subject of suffering becomes the subject of speech; the need for the subject to recognize the constraints within which she became a subject; and an identification with the symptom, that is, with one’s conditions of existence, not with the analyst’s ego.

For Mardy Ireland, the art of the subject “concerns every person’s unique subjectivity that results from the interplay among the affective inner object world, the elements or letters of the drive, and symbolic representation.” Over the years, she says, she has found herself “making a squiggle in my mind between [the] analytic sensibilities” of Lacan and Winnicott. In Ireland’s squiggle game, she, Lacan and Winnicott all participate.

Her own contribution to elaborating the art of the subject is a supervision technique she developed in which the therapist makes a drawing of the feel of each session with a patient. She shared with the audience two drawings of first sessions, each of which revealed an unconscious relational field that the therapist’s verbal description did not capture but which, like a first dream in analysis, suggested much about how the treatment was likely to unfold.

Ireland proposed that we can apprehend a patient’s psyche in two modes: as an experience of dispersed particles, which the treatment might organize, or as a psyche embedded within pre-existing wave patterns within which individuals must both create and find a place. Winnicott’s way of thinking about what goes on clinically is more akin to the former mode, Lacan’s to the latter.

Ireland presented a case that showed how transference is always dual: Winnicott’s work allows us to explore transference on the Imaginary plane of inner objects. Lacan illuminates transferences to language: a transferential relation to the Symbolic net of letters and words for which the analyst stands and which the analyst allows the patient to make use of; and a transferential relation to the words we use to help the patient cut free of Imaginary illusions. Somewhat skeptical about a middle school with this “odd coupling,” Ireland yet proposed that such a “stream” would be an “analytical space intentionally and attentionally composed of… the subject of the analysand, the subject of the analyst, their co-created analytic third, and the symbolic webbing which marks the limits and possibilities of the first three things and their readings.”

Jeanne Wolff Bernstein, too, was skeptical about a New Middle School, but she also found several points of provocative contact. She juxtaposed Winnicott’s idea that “the breakdown has already happened” with Lacan’s...
The Task Force on Psychoanalysis and Health Care presented a panel chaired by Mary-Joan Gerson. The panel was wide-ranging, illustrating the multiple possibilities for psychoanalytic engagement in the health care arena.

Dr. Marilyn Jacobs presented her paper, an experienced-based description of her work with physicians in the American healthcare system. Dr. Jacobs reviewed how psychoanalysis had moved from being a popularized treatment frequently used as an intervention by medical doctors to being little understood, sidelined and ultimately replaced by cognitive behavioral therapy. Dr. Jacobs described the problems inherent in the reliance of the health care system on treatments based upon conscious control without attention paid to subjective experience and the unconscious. She concluded her paper with the hope that psychoanalytic thinking could be integrated into medical practice in the future. The area of mind/body interactions in health and disease and physician/patient interactions—domains where study has already begun—were suggested as being fertile areas for the development of a new school of thought.

Dr. Maureen Murphy’s presentation focused on assisted reproduction as part of a human technology revolution that challenges core psychoanalytic theory and practice. She noted that at stake is nothing less than an essential erotic transformation—the separation of conception and eroticism—that threatens to replace the libidinal body with a mechanistic one. Dr. Murphy described infertility as a complex psychobiological phenomenon that requires a reconsideration of Oedipal dynamics, the fate of desire, the family romance and notions of kinship.

Dr. Richard Zuckerberg’s presentation, characterized chronic disease as potentially striking anyone, at anytime, with the possibility of having lasting effects on the quality and trajectory of life. He noted that chronic disease can take away mobility, mental capacity, and productivity in life. In a marriage it exerts enormous psychic challenges for the afflicted, the spousal caregiver, and the family, victims themselves. In his presentation, Dr. Zuckerberg addressed the life stresses and strains, the psychic losses, and the varied dynamics of attachment which impact upon the quality of a shared life altered by chronic disease.
The Shadow of the Sibling: Reflections on Death, Differentiation, and Desire

Presenters: Jeanine M. Vivona, PhD
Differentiation from the Sibling and the Development of Desire

Moderator: Peter C. Badgio, PhD

This paper was inspired by Juliet Mitchell’s theory of the “lateral dimension” of psychic life, which is perpetuated in relationships with siblings and peers throughout life. The lateral dimension is structured around a unique psychic challenge, to find one’s special place in a world of similar others. This developmental challenge is often managed through a process of differentiation from the sibling.

Differentiation is an active, unconscious process of self-definition that involves developing or accentuating qualities and desires that are expressly different from those of another person, and simultaneously suppressing qualities that are similar. Like identification, differentiation serves to reduce competition with a rival who is simultaneously loved and hated; it involves compromises about what one will want and who one will be, a vigorous embrace of some qualities and wishes and a repudiation of others. However, differentiation magnifies differences, whereas identification magnifies similarities.

Through differentiation from the sibling, the child stakes out a unique but bounded territory and decides, unconsciously and ambivalently, not to poach on the territory of the other. This is akin to the territoriality of animal rivals, which evolution has crafted to aid survival by minimizing attacks. With precious territory secured, desire to kill the sibling may subside and loving feelings may emerge. By reducing areas of competition, differentiation attenuates sibling rivalry, without either resolving or eliminating it. Differentiation, in fact, is a refusal to relinquish one’s position at the top; one does not admit defeat, as one does in identification. But neither does one win, exactly; because each sibling gets a prize, the desire to win remains frustrated.

The common costs of differentiation include the fact that some siblings are left with a devalued role, as when one sibling is the “good one” and another is the “bad one.” The good sibling feels guilt and often a nagging sense that the prize has been falsely won; the bad sibling feels anger and resentment. Even when siblings’ identities have similar valence (e.g., the “smart one” and the “pretty one”), their roles must be constricting to some degree, as they channel identity and desire. Moreover, magnification of differences tends to strain siblings’ relationships with each other, either temporarily or permanently. This is in addition to the strain of sibling rivalry that persists unresolved and largely unacknowledged; the rivalry thus retains the potential to disrupt and confuse subsequent relationships with siblings and their substitutes, including therapists.

With three clinical sketches, Vivona demonstrated patients’ diverse uses of differentiation to manage sibling rivalry, and the costs of this strategy in terms of identity development and sibling relationships. Differentiation maintains rivalry, albeit in attenuated and disguised form, and thus perpetuates wishes to defeat the sibling and fuels guilt, resentment, and preoccupation with one’s relative worth. By attending to the unique processes and manifestations of the lateral sibling dimension may enable us to help patients resolve old rivalries, appreciate sibling attachments, and reclaim qualities and desires that have been disavowed or suppressed through differentiation. This examination of sibling differentiation expands psychoanalytic understanding of those functions, mechanisms, and qualities of psychic life that become noticeable and powerful when we attend to the lateral sibling dimension.

Dr. Peter Badgio orchestrated a lively audience discussion, during which several important themes from the paper were elaborated. Questions prompted an examination of the benefits and costs of differentiation as a way to manage sibling rivalry. Like identification, differentiation is a compromise that promotes some aspects of development and hinders others. Both identification and differentiation serve development but are eventually outgrown. Differentiation from the other-sex parent may serve to foster Oedipal development, but its contributions are obscured by the child’s identification with the same-sex parent; here identification and differentiation are two sides of a coin.

Because parental dynamics so often infuse sibling relationships, the latter are too easily subsumed within the former. The audience deliberated about the unique clinical manifestations of sibling dynamics, and identified this as an important point of expansion for Vivona’s paper. Another lively discussion centered on the many important contributions of siblings to development, as well as the complications sibling relationships may introduce. Audience members remarked that they found Vivona’s ideas illuminating, as they shed new light on both patient dynamics and their own personal experiences with siblings, which many were prompted to reflect on and to share. Requests for Dr. Vivona’s paper can be sent to her.

Jeanine M. Vivona
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If I could go back in time and counsel a younger Sandra Buechler about her career as a psychologist and psychoanalyst, what would I want her to know? I would like to tell her that she will help some people, mysteriously fail with others, get up and try again. She will seek training to get better as a clinician. In her writing, she will struggle to find her own voice. Most of all, I would like to tell her that she will find a way to love doing clinical work all her life. I believe that is all she really needed to hear, in her darker moments of uncertainty.

What can keep us all alive and invested in doing treatment? When patients assail us with disheartening skepticism, when insurance companies disrespect our work, when we tire of its burdens, what can enable us to fully engage in the fight for life that may be at the heart of the next session we conduct?

My personal answer includes evoking curiosity, inspiring hope, expressing kindness, and promoting courage. I would like to say a few words about these challenges.

Let me first introduce you to John, a young outpatient I treated while I was still working toward my doctorate. John presented a baffling story of severe childhood neglect. He spent his first five years mostly locked in his room, with food erratically left at the door. When I met him he was a pitifully constrained, rigid man in his early twenties. His daily life was made up of struggles to adhere to painfully constricting rituals. There was a proper way to wash, to sleep, to dress, etc. For John surviving was a full time, though unpaid, job.

I look back and wonder what gave me the chutzpah to attempt to help him. I must have had some hope, and I must have found a way to stir up enough hope in him to keep us going. I am sure I was sufficiently curious about him, about the function of his rigid rules for living. John could only allow himself to wash his hair with ice cold water. When he slept, he set the alarm to go off every few hours. What purpose, I am sure I asked myself, could this possibly serve? I imagine my curiosity evoked questions that provoked some wondering in John.

About two years into our work, John prefaced a description of his day with something like “you would say I felt anxious.” I remember how my heart leapt at these words. I could not have explained my reaction then, but I knew this was progress. Now I would say that John was developing a capacity for articulating, differentiating, and expressing his emotions. But, even more fundamentally, John knew me enough and cared enough about how I think, to accurately predict my words. There were two of us, finding the best words we could, to communicate feelings.

I liked John very much, and I am sure he knew it. I have always suspected that one of the reasons we often do good work with severely disturbed patients early in our careers, before we know much theoretically, is not that theory spoils us as clinicians, but that when we are young we are often unencumbered by prohibitions against being kind to patients. I am sure I got across to John how much I really wanted to help him have a richer life.

Eventually, of course, I had to bear losing John, and he had to bear the loss of me. As analysts we lose every treatment partner we ever have, some to abrupt terminations, in which we may be left holding the bag, so to speak, in a very hurtful sense. Do we each really examine how that affects us personally, over the span of our careers? Have we each looked at how these accumulated losses impact our willingness to invest emotionally in the next patient, how they contribute to our own burnout, how they affect our personal lives?

I hope we each can find the strength we need to sustain love for this work over our own professional lives. There is, to me, nothing sadder than a clinician who is burnt out, but feels she has to keep going to pay the rent, or to be able to pretend to herself, that she didn’t waste her life in the wrong career. And even when life as a clinician is negatively affected by shifts in the wider culture, by demoralizing managed care and other incursions, we must maintain our love for psychoanalysis, and faith in its promise. In what I feel is one of the greatest love poems, Shakespeare tells us that love should not alter where alteration finds. Our challenge, I feel, is to remain committed to the spirit of the psychoanalytic adventure, even as aspects of it alter. To stay this course, I am convinced, we must remain connected to the hopes, the curiosity, the sense of purpose that first enticed us into this field.

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AUTHENTIC GENDER: A PSYCHOANALYTIC PERSPECTIVE ON THE FILM STAGE BEAUTY

PRESENTERS: Batya Monder, MSW, BCD  
The Man Who Played Desdemona  
Ellen Toronto, PhD  
A Post-Modern Perspective on the Battle of the Sexes as Portrayed in the Film Stage Beauty

MODERATOR: Molly Donovan, Ph.D.

The panel began with 40 minutes of excerpts from the film Stage Beauty. The film begins with a highly stylized death scene from Othello in which Ned Kynaston, played by Billy Crudup, acts the role of Desdemona. Maria, or Mrs. Hughes, played by Claire Danes, is his dresser. She has mastered his part, and we see her dashing off to play Desdemona in a small tavern theatre, the only place that women can be seen on stage. Her performance becomes the talk of London. When the King Charles hears about it, he decrees that women may now act in legitimate theatre; in fact, “no he shall ever again play a she.”

While Maria is performing, Kynaston, still in costume, is taken out by two female admirers. All are propositioned by a pompous dandy. The women get away, and Ned, revealing he’s a man, rejects the dandy. The latter, who is enraged, arranges for a gang of thugs to beat up Kynaston after his next performance. The tables have now turned. Maria, the poor dresser, is playing to packed houses, while Kynaston, the former star, is recovering from a vicious beating, is out of work, and is rejected by his homosexual lover. To sustain himself, he is forced to act in drag in low-life bawdy houses. Maria, who cares deeply for him, finds him and rescues him. In time, he is persuaded to coach her in the role of Desdemona, and in the process, he finds the confidence to play Othello. They perform together with a death scene so realistic that the audience believes for a moment that he has actually killed her. Backstage the two actors express their passionate love for one another.

The first discussion, by Dr. Toronto, focused on the trajectory of heterosexual passion, using as points of comparison the two death scenes from Othello at the beginning and end of the movie. The first scene was described as an artifice, a masquerade, while the second captured theatre at its finest, portraying for the audience the intensity of emotion that can exist between two lovers. In the interim between the two death scenes, the young actors experienced heartbreak and disgrace as well as envy, jealousy, competition and curiosity fought in an all-out battle between the sexes.

Dr. Toronto compared the plight of the two young lovers to that of the Shakespearean duo, Othello and Desdemona, whose characters the actors eventually portray. While the film represents a consummate study of gender fluidity, the play itself portrays the most stereotyped of gender roles. The passive Desdemona, idolizes Othello’s capability as a warrior but must disavow her own aggression. Each is locked within the traditional demands of gender and lacking the ability to adapt to changing gender roles they are both destroyed.

The presentation addressed the fixed polarity of gender as pathology. The male/female gender binary represents an adaptation to family and culture that restricts authentic self-expression. But unlike their Shakespearean counterparts the young couple of the film rejects the gender binary. Against a backdrop of gender as masquerade, they negotiate a relationship consisting of shifting positions, acts and fantasies that dance erotically between male and female. Gender is fluid, changing, paradoxical, but it is uniquely their own, an individual and personal expression of meaning. To be known and loved for who they truly are becomes the ultimate antidote to battle and the most powerful affirmation any of us can hope for.

In the second paper, Batya Monder provides historical background and then presents an applied analysis of the character of Ned Kynaston. The film closely followed the life story of the famous 17th century Shakespearean actor Edward Kynaston, best known for his portrayal of Desdemona. In the film, we are confronted early on with the question: Who is Kynaston? Is he a man in woman’s form, as he asks of himself? We are given no information about his background, nothing about his birth parents or any other early object relations. We learn only that he was a street urchin, taken in by his “tutor” and raised with 14 other “pretty boys” to become an actor, trained from an early age to play female roles.

Monder draws on Lawrence Kubie’s classic paper, “The Drive to Become Both Sexes,” and on Freud’s “Family Romance” as a way of explaining Kynaston’s development. It is Kubie’s thesis that if the drive to become both sexes, common to both boys and girls in their early years as they identify with both parents, is not recognized and resolved, then it can lead to neurotic conflicts and prevent one from reaching genuine maturity. In the film Kynaston can act female on stage and proudly proclaim his maleness off, not having to give up either. Monder links this to a discussion of the family romance, which has two parts: the make-believe past that a child creates when not feeling loved enough followed by an overevaluation

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The Myth of the Phallus Palace—Gender as Actual Pathology of Identity

Oren Gozlan, PsyD

Most theoretical models dealing with the question of transsexuality focus on pathology and inevitably lead to pathologizing. The paper argued against this model to suggest that gender is both a representation and also must be represented. As for representing gender, Gozlan turned to writing by female-to-male transsexuals and clinical discussions of transsexuality. As for gender as a representation, the experience of the male transsexual was explored in terms of the relationship among concepts of identity, writing, and finitude as they relate to gender identity. The other’s desire and its prohibition or oppression lies in the first place, internally. It is reconstructed repeatedly, in the demand one makes on the other for recognition, for example, through writing (writing and gender are an attempt to play with signifiers and symbolize aspects of the self. But gender is a symbolic equation—this attempt becomes repetitive).

Gozlan focused on the loss of the whole through gender. Gender can be understood as an attempt to represent something that is beyond representation, a gap, an endless incompleteness. The binary of gender is an omnipotent defense against the perceived loss of wholeness through sexuality. The transsexual position is located within this gap but with the absence of the phantasized protection of gender which provides a compromise formation to loss, through imaginary wholeness. The inability to mourn the phallus signifies a rejection of all signs of castration. The transsexual’s idealization of the other’s completeness may, therefore, be a source for psychic inhibition.

The ideas of gender and its relation with anxiety, the capacity to play and the phantasy of certitude are taken through some Lacanian formulations to show how subjectivity and gender can only be conceptualized through the desire to desire the other’s desire: one’s phantasy of what the other desires and the wish to answer this desire completely. Lacan’s universalizes lack as a requirement for desire and for the configuration of the relationship between self and other. This means that ultimately desire will be the desire for the other and the desire for the other’s desire. The unconscious question one is struggling with is what does the other want?

Gozlan offered a critique of mainstream writings on the topic of transexuality and asserts that mainstream literature is caught in a collapse between the penis and the phallus and arrives at a notion of desire that is saturated with certitude. This notion forecloses the understanding of the existential dilemmas of the transsexual as identity becomes the function of the other’s desire through the conceptualization of a “normal” gender. Viewed in this way, gender becomes a literal construction, void of interiority and subjectivity, and the infinity of desire is killed.

The paper specifically looked at the male transsexual (F-to-M) and the way in which the phantasized lack of the penis represents a relation to the other which structures the internal world of the transsexual subject. This construction is elaborated in the psychical questions and existential dilemmas of the male transsexual and the fact of representation of the transsexual self, and leads to questions regarding the clinical implications of the two.

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LOVING AND LEAVING: A REAPPRAISAL OF ANALYTIC ENDINGS

**Presenters:** Kenneth A. Frank, PhD
*Ending with Options*
Estelle Shane, PhD
*Approaching Termination: Ideal Criteria Versus Working Realities*

**Moderator:** James L. Fosshage, PhD

**Discussant:** Sandra G. Hershberg, MD

This panel was based on an issue that we are co-editing for *Psychoanalytic Inquiry* on the topic of termination. The last time this journal addressed the topic of termination was in 1982, almost a quarter of a century ago. As a jumping-off point for our contributors, we invited Heather Craige to present the highlights of her study of termination experiences of 121 analytic candidates (“Mourning analysis: The post-termination phase,” *JAPA*, 2002).

Since 1982, two ongoing paradigm shifts—from objectivism to constructivism and from intrapsychic to relational or intersubjective field theory—have fundamentally altered the psychoanalytic theoretical and clinical landscape. Conceptually the analyst has been dethroned from an elevated, non-participatory engagement and has been faced with the recognition that he/she interactively participates implicitly and explicitly, regardless of theoretical conviction, in co-creating the analyst/patient dyadic system. These paradigm shifts have required us to embrace the interactive complexity of the analytic system in understanding analytic process and its therapeutic action. In addition, infant and attachment research, influencing and influenced by these paradigm shifts, have provided us with a new developmental model, replacing separation/individuation with what Lyons-Ruth (1991, *Psychoanalytic Psychology, 8*, 1-23) has called attachment/individuation, a model that profoundly affects how we view development in the psychoanalytic encounter.

How do these changes affect our view of termination? Does analysis end? How does it end and how does it continue? How do analysts and analysands negotiate endings and continuations? What is the experience like for each of the two participants, analyst and analyst? Partially based on Sandra Hershberg’s discussion we will highlight the presenter’s major points.

Kenneth Frank objects to the term termination for its connotative evocation of a morbid image of mortality, and replaces it with a more straightforward and less burdensome term, “ending.” Interweaving Craige and Tessman’s (2003) research with contemporary theory and clinical experience, he evaluates the permanent separation model as potentially damaging to the analysand and analytic relationship. Frank posits the goals of analysis to center around dual processes of evolving relatedness and individuation. These processes are advanced through multiple disruption-repair sequences that involve “attuned relatedness, disruptions of that relatedness, and some form of loss and mourning leading to internalization, as basic to therapeutic change.” Ending acts as a kind of “last call” that catalyzes dealing with transferences and the “reality that there are limits to everything, forcing a coming to terms with existential concerns about loss, separation, the limits and limitations of others and oneself, of time itself.”

Distinguishing between the “personal relationship” from the transference-countertransference relationship, Frank noted that prescribed endings undermine personal relatedness in the analytic relationship. He proposed that each ending needs to be negotiated specific to that pair and positions the analyst to more openly consider “ending with options.”

Frank noted that to assure “the stability of a good-enough outcome” requires “helping the analysand achieve, to the extent possible, a realistic image of the analyst and of the relationship.” While Craige emphasizes the maintenance of the analyst as internal object, Frank, in his development of a relational perspective, equally emphasizes the “internal object relationship” and “internalization of interactions.” Frank also focuses on the analyst’s experience of endings, filling out the analytic relational field that includes the analyst as well as the analysand.

Estelle Shane contrasted her current open-ended, non-linear dyadic dynamic systems perspective of the termination process that privileges one’s continual growth and development as part of ongoing, emergent life experience from her view, twenty years earlier, of termination as fixed and well defined. Replete with clinical examples, Shane asserted that psychoanalysis is a process that is never completed and involves “a relationship that… has such depth and enduring meaning, in one sense it cannot, and in some cases should not, be terminated.” Unlike her earlier position in which she saw the critical tasks of “successful” termination to be the working through of the loss of the analytic relationship and the renunciation of the analysand’s “infantile” strivings as projected onto the analytic relationship, Shane now emphasizes the “individual and idiosyncratic nature” of the analytic relationship. The particular way each member of the analytic pair has understood and shaped their relationship reflects the needs and tendencies of each one in the pair and the intersubjective processes and understandings that have developed throughout the analysis.

Underlining that “a successful analysis” is marked by a sense of jointly experienced accomplishment in a

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PSYCHOANALYSIS IN THE 21ST CENTURY: NEW LANGUAGES—NEW PARADIGMS

DIVISION OF PSYCHOANALYSIS (39)
AT THE 2007 APA CONVENTION
IN SAN FRANCISCO
FRIDAY, AUGUST 17, 2007
THROUGH
MONDAY, AUGUST 20, 2007

MOSCON CENTER
SAN FRANCISCO, CALIFORNIA

Division 39 is planning an exciting conference at the APA convention in San Francisco next summer. The conference will address how, if understood more expansively, psychoanalytic psychology might meet the needs of contemporary American society more effectively.

Psychoanalysts and psychoanalytically minded researchers and practitioners are moving quickly into areas of work and study beyond the traditional consulting room. We find psychoanalysis in places such as community clinics, primary care settings, as well as in fields such as neuroscience, geriatrics, and education. We are developing new languages and models of psychoanalytic treatment as the conception of who and what is analyzable expands. At the same time, our rapidly changing society presents us with enormous challenges such as demographic changes (immigration, aging, baby-boomer retirement), technological advancement (genetics, reproductive technology, computer social networking), and political/economic challenges (globalization, terror, war, healthcare crisis, education dysfunction). By addressing these and other challenges psychoanalysis has the opportunity for resurgence, for expanding its reach, and making a greater impact on society in general.

At the APA convention in San Francisco we will have a unique opportunity to continue to pioneer these new avenues of development. The APA convention setting also enhances the possibility of fruitful cross divisional conversation and collaboration. Proposals are encouraged that address the theme of psychoanalysis tackling the challenges of our evolving society (as described above), as well as proposals that innovate or expand the reach of psychoanalytic theory and practice. We also encourage proposals that develop our cross disciplinary associations.

All submissions for presentations and programs must be submitted electronically via the APA Web Site. Instructions for accessing the specific site will appear in the “Call for Programs” in the September 2006 issue of the Monitor on Psychology as well as on the APA website at www.apa.org/convention.

DEADLINE FOR THE SUBMISSION OF PROPOSALS IS FRIDAY, DECEMBER 1, 2006

For questions regarding proposals please contact program co-chairs:
Bart Magee, Ph.D. bart@accessinst.org
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I appreciated Bill MacGillivray’s editorial encouragement to become a more active member in the Spring 2006 issue of this newsletter. Among the means for doing so, Bill suggested writing a short reply to an article in the spring issue. Unfortunately, my timing is a bit off, since I have a reply to an article from the Winter 2006 issue. I had given up on submitting this when the April 1st deadline for the spring issue passed, but given Bill’s editorial, here goes.

In the winter edition, Marilyn Jacobs and Laurel Bass Wagner wrote an excellent summary of the presentations at the International Conference on Prejudice and Conflict held in Salt Lake City early in December 2005, which I attended as well. This conference was quite remarkable, and certainly the outstanding papers and panels were a large part of this. I would like to expand upon Drs. Jacobs and Wagner’s summary by commenting on what I thought truly distinguished this conference from any other that I have attended. What really made this conference stand out was a number of events that occurred between the panelists and the audience that were actively processed and used to expand and deepen the affective experience of all concerned. I will briefly describe a few of these.

First, I want to emphasize two contextual elements that Drs. Jacobs and Wagner mention, and which were crucial to what transpired. One is that the presenters and audience members were strongly interdisciplinary, both from within and outside of psychoanalysis. The other is the refreshing diversity among the presenters and audience members that included strong Native American, African American, Arab American, Israeli and Middle Eastern voices. It was an amazing and enriching mix.

Now, back to the program, Drs. Jacobs and Wagner describe in some detail a riveting panel on prejudice in the Palestinian–Israeli conflict. Significantly, they introduce each of the participants and include their nationality: “George Awad, a Palestinian psychoanalyst, Carlo Strenger, an Israeli psychoanalyst, and as moderator, Nadia Ramzy, an Egyptian-born psychoanalyst.” In their discussion of the panel, Drs. Jacobs and Wagner write, “Dr. Awad believes that Palestinian prejudice is based on rage and anger, particularly in the face of a lack of recognition from the West.” This belief played out during the discussion when an audience member challenged Awad’s perspective on the history of Zionism in the region, effectively enacting the “lack of recognition from the West.” What followed was extraordinary: Dr. Awad became very angry, and called the audience member a “liar.” Dr. Strenger intervened with an historical account that, while concurring with Awad’s, left space open for multiple and contradictory perspectives. And Dr. Ramzy, with astonishing skill, tact and empathy, offered her view on this piece of history and thanked the audience member for bringing his important perspective to the surface. She did so in a manner that contained the powerful affects aroused, and protected a potential space for ongoing dialogue. Nothing in the way of splitting, dissociation, disavowal, or other potentially destructive processes occurred that I could detect. This was a catalytic moment in the life of the conference that I will come back to and the end of this article.

Another tension ran through the first day and a half of the conference that appeared to be the result of a misunderstanding between the conference organizers and the presenters. It seems that the presenters thought they had 45 minutes to present their material, while the organizers had intended 25 minutes for presentation, and 20 minutes for audience discussion. The outcome of this was repeated frustration on the part of presenters, who either had to rush to condense their material, or had to stop around half way through. This frustration spread to many in the audience who wanted to hear more from the presenters. These frustrations were in direct conflict with the organizers’ laudable commitment to maintaining the time frame and allowing sufficient time for audience discussion.

Again, something I’d never quite seen before occurred. The audience produced a spontaneous insurrection when Elizabeth Young-Bruehl was about to be cut off in the midst of her presentation. An audience member raised his hand and received the microphone. He then asked Elizabeth something like, “Would you please continue with your description of manifestations of prejudice in various character types.” This was exactly the place where Elizabeth was going to stop. Applause from the audience, and Elizabeth happily carried on. The conference created a firsthand experience of what happens when a commitment to a particular set of democratic values is imposed upon a group who has a different vision of self-governance. Fortunately, in this situation, the outcome was very productive. Unfortunately, in the international arena, this rarely seems to be the case.

The conference closed with an open session for panelists and participants to process and reflect upon the powerful experience of immersion in such personally and professionally challenging material. One of the conference co-sponsors, the International Psychotherapy Institute
Narrative as Metaphor: Sharon Olds

Metaphors are a psychoanalyst’s stock in trade. If we know anything, we know that not only every symptom, every dream and every slip of the tongue, but also every word and every gesture, down to the most apparently inconsequential, resonate with potential meaning. As with words and gestures, so it is with stories: the accounts we give of how things are, how this happened, and then that happened, and who did what to whom. Our stories are inevitably metaphorical. The tales we tell ourselves, the big ones and the little ones, our collective and our personal narratives, carry meanings beyond the simple and the linear. Our stories sum up, embody and crystallize the complex collective experience of the culture, the subculture and the family or the individual life in which they arise. Think of Bettleheim’s (1975) analysis of Grimm’s fairy tales. Think of how those “enchanting” stories have functioned for generations of children to calm, reassure, organize and stabilize psychic life. Stories, as metaphors, help us understand ourselves and our struggles; from our earliest years they orient and organize us in our roles. That we find them compelling and beautiful attests to the deep satisfaction we get from such understanding and organizing.

Our poets, speaking as they do for those of us less gifted at speaking for ourselves, can be splendid storytellers, giving us both beauty and truth. A good narrative poem (like a good clinical retelling of the patient’s narrative) captures both what is universal and what is unique in a person’s experience. Here’s a luminous example from a master of the narrative form, contemporary American poet Sharon Olds.

This is from her book The Father (1992).

The Race

When I got to the airport I rushed up to the desk, bought a ticket, ten minutes later they told me the flight was canceled, the doctors had said my father would not live through the night and the flight was canceled. A young man with a dark brown moustache told me another airline had a nonstop leaving in seven minutes. See that elevator over there, well go down to the first floor, make a right, you’ll see a yellow bus, get off at the second Pan Am terminal, I ran, I who have no sense of direction raced exactly where he’d told me, a fish slipping upstream deftly against the flow of the river. I jumped off that bus with those bags I had thrown everything into in five minutes, and ran, the bags wagged me from side to side as if to prove I was under the claims of the material, I ran up to a man with a flower on his breast, I who always go to the end of the line, I said Help me. He looked at my ticket, he said Make a left and then a right, go up the moving stairs and then run. I lumbered up the moving stairs, at the top I saw the corridor, and then I took a deep breath, I said goodbye to my body, goodbye to comfort, I used my legs and heart as if I would gladly use them up for this, to touch him again in this life. I ran, and the bags banged against me, wheeled and courséd in skewed orbits, I have seen pictures of women running, their belongings tied in scarves grasped in their fists, I blessed my long legs he gave me, my strong heart I abandoned to its own purpose, I ran to Gate 17 and they were just lifting the thick white lozenge of the door to fit it into the socket of the plane. Like the one who is not too rich, I turned sideways and slipped through the needle’s eye, and then I walked down the aisle toward my father. The jet was full, and people’s hair was shining, they were smiling, the interior of the plane was filled with a mist of gold endorphin light, I wept as people weep when they enter heaven, in massive relief. We lifted up gently from one tip of the continent and did not stop until we set down lightly on the other edge, I walked into his room and watched his chest rise slowly and sink again, all night I watched him breathe.

This, I hope you will agree, is a beautiful poem, crystalline in its simplicity, deep in its evocation. The situation is clear, altogether recognizable, human. The story has a wonderful. I am tempted to say “breathless.” forward propulsion, and, of course, it tells a bigger human tale: it’s not just about this daughter and this father, it’s about children and aging parents, and it’s about the living and their anxiety about the dying.

When poets tell stories they tell them differently.
from what we’ve come to expect from prose. The larger who, what, when, where, why in The Race are submerged. The narrative is allusive and metaphorical. What we get is more like what we hear when a patient tells us about something: experiential bits and pieces, not free association but an associative telling. Olds’s sophisticated skill is such that she can create a sense of naive discovery: the narrator knows her personal odyssey has larger meaning but doesn’t quite know what that is. And there’s a confessional intimacy in the way we are told—not unlike those breathless clinical accounts wherein we (the audience, the analyst) are both participants in the telling and a part of the tale.

Olds is working, of course, within the conventions of a genre. In modern narrative poetry there is likely to be a disruption of order and/or balance. Here it’s balance: Olds dwells on the ordinarily forgettable but anxiety-provoking details of the airport and says nothing (directly) about her feelings about her father or about what he and his impending death mean to her. She starts her story after the beginning and stops before the end. In modern poetry the reader finishes the poem. Selected details do the work: images, the left, the right to the escalator; the long legs inherited from her father; how she thinks of women “... running, their belongings tied in scarves grasped in their fists.” The narrator’s loss of breath anticipating her father’s more ominous loss of breath; the way she watches his chest rise and fall. And, another convention, there’s no living happily ever after in modern poetry!

Finally, the relationship is a mystery, the father a cipher, the daughter’s anxiety palpable, understandable, but ultimately irrational. And we’ve all been here (or will be). The living attending to the dying, breathless, racing, racing only to sit helplessly by.

REFERENCES

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1Sharon Olds was born in San Francisco in 1942 and lives and teaches in New York City. She was named New York State Poet in 1998. Her honors include a National Endowment for the Arts grant; a Guggenheim Foundation Fellowship; the San Francisco Poetry Center Award for her first collection, Satan Says (1980); and the Lamont Poetry Selection and the National Book Critics Circle Award for The Dead & the Living (1983). Other books of hers include Strike Sparks: Selected Poems (2004, Knopf), Blood, Tin, Straw (1999), The Gold Cell (1997), The Wellspring (1995), and The Father (1992). Her poetry has appeared in The New Yorker, The Paris Review, and Ploughshares. For more on her and to hear her read in her own voice go to: http://www.poets.org/poet.php/prmPID/205
The idea of what it means to be human continues to be defined in a number of different ways across the major psychoanalytic languages. Freud’s structural theory is perhaps appealing in that its metaphors occur in time and in space; real things make up a self, an ego, an id, and a superego. Problems in living amount to not only dealing with environmental forces but also an internal internecine warfare. It is a war where territory is invaded, lost and incorporated. Indeed one of Freud’s oft-quoted and perhaps misunderstood statements about the goal of analysis is “where id was there shall ego be.” The structural model blends well with an archeological metaphor of analysis, the digging deeper and deeper into the strata of a thing to uncover something: a thought, an emotion, a memory, a fantasy. It is through a discourse with another that these things are unraveled and the tension and conflict surrounding them are worked through.

Lacan was also a structuralist like Freud. But the structures of mind for Lacan are paradoxically very unstructure-like. At the heart of Lacan’s human condition is the subject: more a fluid process of becoming than a thing like an ego. It is more like Freud’s id: unconscious, a coming-into-being experience. But unlike the id, it is not a repository of archeological history; rather it is an unrealized, always vacillating desire to become and to be recognized by another. In Freud’s drive theory, the self, mainly through the agency of the ego, is continually engaged in an adaptive process of accommodating its needs with the constraints of society. For Lacan as well, the human strives to become unchained, not so much from his own needs but to be realized in his own uniqueness, his specialness. Indeed, the self for Lacan begins as an untruth—a childhood incorporation of a false, alienating identity born of the fear of disintegration and the wish for wholeness.

For Freud the desire to feel special is the narcissistic element of the self, an element that must eventually bow to the demands of family and society, the reality principle replacing the pleasure principle. In normal development this narcissistic element becomes a benevolent aspect of the ego ideal, the complement to the more familiar guilt of the critical superego. But the narcissistic element in the self is also the childhood artifact of omnipotence. In narcissistic disorders there is no perceived lack of love or power. It is the rupture of such delusions that leads to the rage and severe depression in such patients. For Lacan, this dynamic is something that every human must encounter; therefore, it is more fundamental for Lacan than for Freud. One of the basic goals in analysis for Lacan was the realization and acceptance of “manqué” – the lack or absence. Patients with narcissistic disorders find such lack and absence as a profound and unbearable feeling of emptiness and disintegration.

Trauma

The use of the word trauma and its psychological implications was catapulted to the forefront of contemporary psychiatry essentially by two phenomena. The first was the difficult readjustment to society suffered by returning Vietnam War veterans. The diagnostic condition of Post Traumatic Stress Disorder was a good fit for describing and then helping these returning soldiers. Like the disease model of alcoholism, PTSD helped diminish the blame society directed at these soldiers as well as their guilt in response to that. A cardinal sign of PTSD was, and is, a close encounter with death.

The second phenomenon concerning the use of trauma as a signifier of a psychiatric condition was the increasing identification and treatment of adults who reported (or recovered) experiences of childhood sexual abuse. As with Vietnam veterans, the use of PTSD to diagnose the overall effects of this trauma minimized any blame or pejorative intent. Trauma as a signifier begins to slip a bit with such usage. No longer was it a requirement that there be an experience of near death. In addition the trauma could be spread out over many incidents across several years. Death could be one of a psychic nature, such as the loss of innocence, or the death of trust if the perpetrator was a family member or loved one.

Without specifying the use of the word, trauma as a signifier is too broad, and it slips too easily under the signified. What a single trauma or series of traumas leads to is its own signifying chain. The experience and repetition of trauma is validated only by the beholder and treatment is essentially the untangling of the chain of signifiers around the trauma. Every traumatic experience an adult could experience is a revival of some childhood event, whether traumatic or part of the course of normal development, such as a separation. In the clinical vignette I will present here, the trauma is experienced by Mr. H as an adult and its exploration leads to the untangling of a long history of conflict in his relationship with his father, the principal author of his superego, both from a Freudian and Lacanian perspective.

For Lacan, trauma was part of experience from what he called “the real.” Lacan divided all experience into three realms or orders: the real, the imaginary, and the symbolic. There is ontology in these orders, although we continually move between the imaginary and the symbolic, with the symbolic order being the most evolved, enlightened, and preferred. The imaginary order is one of fantasy and fluidity, where the boundaries between logic and imagination are
blurred. Symptoms are part of the imaginary order and analysis attempts to find the structure and the meanings in them, and in the process transforms them through discourse into the symbolic, articulated order of experience. The real is an order of experience that is pre-verbal, originating in the abyss of early experience—the terror of disintegration that Lacan felt was part of every infant's experience. The real is an order of experience that comes closest to the brush with death seen in PTSD. Being held up at gunpoint or being in a terrible car accident are moments where time seems to slow, perceptions are altered, and we feel on the brink of unmanageable fear. At its most intense, such experience cannot be rendered into symbols such as language; it remains unarticulated, only felt. Nevertheless, treatment attempts to transform such unfathomable experience into a dialogue, and at the least to understand and accept that some of life can only be endured, not understood.

**Clinical Vignette: Mr. H.**

Mr. H. was an accountant who came to treatment because he felt generally unhappy with his life. Marriage and two children were fulfilling; but he was haunted by a feeling that one day came over him when he thought, "There’s so little time left." It was after this existential moment that he called for his first appointment. Much of Mr. H’s treatment centered around his difficult relationship with his father, an alcoholic with little capacity for relating to others, including his son. Mr. H’s father eventually became sober and after the initial excitement of this wore off, Mr. H began to feel more and more resentful. Everyone in his family talked about what a miraculous change his father went through, but Mr. H saw that things were still the same, just without alcohol. He felt his father still didn’t love him or even like him.

Over the course of his analysis, Mr. H was able to find a relationship with his father; and he felt this was one of the major accomplishments of his analysis. One day Mr. H came in and described how he had been placed on probation by the accounting board for actions that he felt were appropriate. This was an overwhelmingly traumatic experience for Mr. H, a disruption of his fundamental sense of what Winnicott called going-on-being. In the years following this experience, the trauma of the board action reappeared from time to time, usually triggered by some signifier of this event. It was the remembering, repeating, and working through of this trauma over the course of years that sparked the interest in writing this paper.

**Superego Development**

For Freud, the resolution of the Oedipal complex resulted in a structuring of loss, of giving up something. It is the remains of abandoned object attachments that act as brick while identification acts as mortar. Out of these inner psychic experiences, the superego is built in terms of Freud’s tripartite structural model. In neurosis, it is the punishing aspect of this structure that causes so much psychic pain and to that point Lacan referred to the superego as an obscene, ferocious figure. Along what psychic fault lines does the superego follow a trajectory of sadism at the expense of benevolence? Does trauma expose such cracks and at the same time create opportunity for repairing them? In other words does trauma somehow expose the gaps from a not-good-enough Oedipal resolution, that is, a distant or damaging relationship with father?

Mr. H grew up with an alcoholic father and a depressed mother. He had the sense from a very early age that his father cared little or nothing about him. Though physical abuse was sporadic, it carried into Mr. H’s teenage years when such abuse in front of friends was intensified by the ensuing shame and humiliation. Mr. H’s mother lived in part in a fantasy world where all people were kind and good. Powerful denial mechanisms kept unwanted realities at bay, not the least of which was her husband’s occasional abuse and frequent neglect of Mr. H. Mr. H’s superego functioning was limited at best. The assumption of what Lacan called the law of the father or the name of the father was problematic due to the fear and resentment Mr. H developed toward his father. He tended to resent and resist authority, in part a result of his never having abdicated or identified to the law/father in a way that would encourage a benevolent aspect of superego functioning—to be the gleam in father’s eye. From an early age he felt this law to be corrupt and unfair and his superego development continued along weakened fault lines—a relationship to the law as alienating, secretive, and conflicted. It was the event of his probation by the accounting board that revealed these fault lines as well as what seemed to be the ensuing repairs of such basic faults.

"The assumption of his history by the subject, constituted by the speech addressed to the other, forms the ground of psychoanalysis."

Jacques Lacan

When Mr. H first went before the accounting board, he had no idea it would amount to an encounter with what Lacan called “the real.” At birth, existence is theorized to consist of undifferentiated sensory experience. The development of language provides structuring to inner experience and the passage through childhood is one of ever increasing complexity and mastery. Early childhood mental functioning easily allows the open-ended flow between imaginary, magic-like thinking and the constraints of reality, the symbolic order. Throughout life we continue to experience all three registers but it is the symbolic order that allows us to engage in a discourse of self-
realization, a search for our unique sense of who we are--what Lacan calls the subject (or the “I”). It is symbolizing capacity of the Word, of language, that acts as midwife to this realization, the process most illuminated in an analytic discourse. But the starting point of this process is of concern here: the trauma of experience unable to be symbolized, unable to find expression in a discourse with an other. What is common in the unintegrated experience of the infant is revisited most dramatically in trauma.

“The unconscious is that chapter of my history that is marked by a blank...the censored chapter...”

Jacques Lacan

What is the blank chapter for Mr. H? It lies behind the veil of his symptom. His symptom was characterized by painful and intrusive memories of the encounter with the real: the board’s action against him. He would think of this daily for the first two or three years and then gradually less and less. Each time he thought of it, he felt symptoms of guilt, anger, and despair. He thought that such memories would haunt him forever. In addition, he felt an ongoing anxiety that one day another unfair complaint would be made against him and he would be returned once again to the Kafkaesque world of the accounting board. Over time, however, there began a slow movement of these memories to something approaching benign. At first, he would do his work as if the board were looking over his shoulder. He would subject his work to an imaginary board for their approval. It was this change that seemed to herald the opening of the blank chapter in his history, namely, his relationship with his father.

The chain of signifiers in Mr. H’s symptoms were generally of a punitive nature. Some were of a self-righteous anger at his feeling of being unfairly punished, strengthened by some board members agreeing with him, as well as a subsequent overturning of the board’s actions by a higher court. Nevertheless, it wasn’t for a number of years that the “censored chapter” began to be filled in. This began in his analysis with admissions that he had cut some corners in his work. He would not follow established rules and procedures, believing he knew better, which was a clear indication of a gap or flaw in his superego functioning. Once this admission was made, he began to talk about his conflicted relationship with his father, the crucible of superego development.

“Desire has no object—it creates one—one which is always inadequate and insufficient and which ultimately serves only to maintain its movement.”

Lucie Cantin

Over the course of time Mr. H seemed to change his thinking about what he wanted from the experience with the board. Initially, it was a desire to symbolize the real and to reduce the paralyzing effects this had on him. Despite his efforts to cast the matter in terms of injustice done to him, he continued to suffer intrusive and painful memories of the event. In searching through the network of signifiers that became attached to the experience, there was a singular and punitive dimension that took hold, and indeed, one of Mr. H’s principal reporting symptoms. It was the movement from this position to one of almost benevolence that gave me the sense of some change in structure within him.

Mr. H struggled in childhood with idealizing his father. His father was chronically unhappy, spending most of his time at the neighborhood bar, drinking alone. Occasionally violent, Mr. H’s father took little interest in him and when he did, it was usually to administer punishment that seemed well out of proportion (such as, a blow to the head for coming in late as a teenager). It seemed the sort of relationship seen in the histories of antisocial personalities where a secret, “underground” resistance develops toward all authority. Fearing outright challenge from his father, Mr. H resorted to the same sorts of strategies, though intrapsychic in nature, employed by partisans in times of foreign occupation. Mr. H, however, found no public honor for his resistance, and indeed, the board action was a signifier of his father’s violence and rejection. As in childhood he was once again in an alienated,
self-righteous position and still hoping for, but not believing in, an experience of “the gleam in father’s eye.” This, of course, was an important element in his transference.

If the Word is absence made presence, then an analytic discourse has the potential of creating perhaps not a presence but an acceptance and integration of absence. For Lacan, desire can never be fully realized or gratified; it is kept in perpetual movement. Fundamental to his psychology is the importance of being desired by another. Indeed, it is first such an experience of being desired by another (the gleam in the eye, for example) that is foundational for the emergence and articulation of the subject’s own desire. This is the first desire—to be desired by another. This is a decided extension of drive theory, which goes beyond biology to the intersubjective.

Mr. H. began to think of the board’s actions in a way other than pejorative. As part of his analysis, he began to realize that he had missed something important with his father, an idealized image of himself that could guide him, a moral compass. He would fluctuate between extremes of high moral ground and self-serving, duplicitous expediency. It came to be that he could say to himself that the board was not completely wrong, that they saw that he did not follow procedures when he should have and that he tried to cut corners. As in the case of criminals who seem to want to get caught, Mr. H made matters worse for himself unknowingly. When the board asked for his records, he sent everything immediately, feeling anxious and afraid. What he did not do was to carefully go through the materials to see if anything would be damaging to him. He later found out that this was the case. This suggested that there was a limit to Mr. H’s antisocial tendencies.

“The network of signifiers which is the unconscious is the tissue or stuff of life.”

Robyn Ferrell

Over the course of several years Mr. H came to experience the memory of the board’s action as a healing of a rift within him. He felt that a hole had been patched with such memories acting as mortar. It seemed as though the trauma had filled some gap, which was a remnant of his difficult and ambivalent relationship with his father. How could such a disintegrating and denigrating experience transform something within him in what seemed a benevolent way? It was realizing his history and his lack of something that ushered in this transformation. The chain of signifiers that had for so long included in its core link a sense of inadequacy, of lack, of less than, had been shaken loose. To be sure, at the moment of the trauma, this very chain was validated to the brink of disintegration with Mr. H’s account of a disruption in his sense of going-on-being. It was a brush with psychic death.

The signifying chain changed. Memories of the board became associated with Mr. H’s memories of his father, specifically what their relationship lacked. This lack was not only the “gleam in father’s eye,” but also that internalized sense of guidance and direction, of what is the right thing to do, not the most convenient. This compass also included (or lacked in Mr. H’s case) a link in the chain of signifiers that I would call a basic sense of self-worth, an observing self that could love and criticize in balanced proportions. These proportions were out of sync with Mr. H as he characteristically had an inflated and narcissistically overvalued sense of self. As a defense, this belief or link was evidence of the well-guarded secret in the signifying chain—that deep down he was unlovable. This dynamic attempts to explain Mr. H’s sense of psychic disintegration and overwhelming depression in the immediate aftermath of the board’s actions. It is an expected reaction to a narcissistically organized personality. Mr. H restored some sense of inner equilibrium when he eventually fought the board’s actions and won on appeal. But his fight only made it harder to find those unwritten chapters in his history, the blank pages in his psychic life around his relationship with his father.

The trauma of the experience with the board became a signifier of the loss of a guiding, evaluating (good and bad) father presence in Mr. H’s inner psychic configuration. When he would consider a particular decision at his job, he would picture the board members and wonder about their reaction. Could he explain to them what he was doing and have them agree? For years prior to the trauma, Mr. H would rarely think of his father in such situations and when he did, he would recall his father’s critical remarks. Clearly, the mechanism for this change was rooted in the discourse with an other, the therapeutic relationship.

CONCLUSION
To think of oneself as a good person and to strive to be a better person are important goals of psychoanalysis no matter what theoretical perspective. For Freud, such thoughts emanate from a superego. From a Lacanian perspective it seems more elusive to locate such phenomenon somewhere more precise than the symbolic order of experience. The trauma experienced by Mr. H was particularly devastating as it underscored how unshielded he was in his image of himself. The foundation of his self-worth, his superego, or his relationship to the Law of the Father was laid with bricks mixed not only from enriching identifications but also from the sort of grandiose fantasies and painful memories that eventually came crashing down. This trauma set the stage for the writing of the unwritten chapter.

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I will begin my review of this most illuminating output of Section III with a caveat: The title is misleading because the book does not begin, as it claims, with a gender free case. It begins with a psychoanalytic case presentation of “T” by its chief editor, Ellen Toronto, in which the patient’s gender is not designated in the write-up. The patient is in fact gendered, but we are never told in what way, and are left to fill in the purposefully ambiguous void with our imaginations, projections, and theoretical and personal biases.

When I read the commentaries on the five parts of the book and its seventeen chapters by my fellow Section III psychoanalytic colleagues, I fully expected to find, as the title promises, surmises and hypotheses generated by the “void” of gender markers as conceptualized today by many modern Freudian, relational, postmodern, feminist and other psychoanalytic scholars. I found, instead, a conglomeration of papers written between 1987 and the present, some, as promised, in response to the case write-up, most not. The book might be more aptly characterized by some other title, such as one suggested by Jill Salberg (personal communication, 2005) “Reflections in the Key of Gender.” Some, but not all of the contributors stress the false binary and stereotypic aspects of traditional and contemporary gender constructs, emphasizing, instead the ambiguities and uncertainties that constitute the gender “void” that the title of the book purports to capture. However, the book achieves its mission of identifying the pitfalls of gender caricatures, the main one being that many sex and gender categories have historically been presented not only as polar opposites but as hierarchical and patriarchal.

Mainly, Toronto’s patient, T, suffered from penetration anxieties, a lack of agency, an inability to express feelings, and an array of other problems that could be read as either stereotypically male, stereotypically female, or neither. Toronto alleges that her patient presents a striking picture of gender ambiguity, yet also, much to her credit, concedes that’s gender is more fluid and negotiable than we ever imagined, despite the fact that incessant biological feedback shapes us in nonverbal ways as irrevocably as does cultural interaction, and concludes, rightly, that we cannot separate the mind from the body. Toronto thus allows room for a primary feminine experience of women’s conscious awareness of reproductive and relational capacities as well as primary cathexes of female genital organs, an “essentialism” that is not categorically hierarchical in tilting toward patriarchal feeling, a position that many of the contributors unfortunately disagree with.

Molly Donovan, in her commentary on Part II, “Suspending Certainty in the Consulting Room” takes delight in the “gender-bending” elements of the exercise of this book, supporting, as I do, the idea of “playing in space” without undue certainty about gender that forecloses on analytic exploration. Thus, Donovan gets to the important relationship between material or essential reality, and a psychic reality that is not simply an endless proliferation of limitless and fluid possibilities. Toronto breathes new life into some pre-relational views that some authors in this collection have cast into their own void in order to promote a new and sometime fallaciously one-sided relational, postmodern moralism, instead of what postmodern feminism actually is—a new turn, and not an extirpation and replacement of older historically valuable perspectives on sex and gender.

Toronto and her co-workers at times seem to have exhumed old ghosts that psychoanalytic theorists of sex and gender have tilted at over the generations in order to kill...
them off again. Besides this ghost exhuming, there is also an apparent booting out of much of the ancestral good in modern psychoanalytic theory. Postmodern deconstruction need not be nihilistic, but it sometimes reads that way when it assumes an exclusively pejorative emphasis on essentialism or material reality. The reader is referred to Chodorow’s (2005) recent work on the connection between the Freudian–Relational divide and its relation to the modern–postmodern divide, to clear up some of the confusion that this book understandably suffers from, as this conceptual clarification is still a monumental work-in-progress (see also Gediman, 2005).

The point of view adopted by most of the contributors is the relational, feminist postmodern turn in psychoanalysis, which embraces gender multiplicity, ambiguity and uncertainty while criticizing gender “essentialism.” Many, but not all contributors would replace or overthrow just about all of traditional as well as contemporary Freudian views of gender, and that erasure constitutes the gap, absence, lack, and void that was most noticeable and that cried out to me for correction, because I am very troubled with the current tendency to ignore and rewrite past history.

Other contributors, particularly Diane Elise in her chapter on female desire, also emphasize a primary femininity, but I am concerned that with all the advances achieved in this new look on primary femininity, we risk reviving a matriarchal version of the old “anatomy is destiny” concept, which I know Elise herself does not accept and is, in fact, fairly criticized throughout this book. According to Elise, absence of desire in women is like a “castration” of sexual desire. Elise is to be applauded for her forthright recognition of the girl’s primary erotic tie to her mother: “I suggest that a woman wants an erotic experience that does not lack in the qualities of desire that she initially experienced in the sensuous bodily contact with her mother” (p. 199). I totally agree with her belief that we have bisexuality to thank for female heterosexuality and for a fulfilled male heterosexuality. Without acknowledging mother–daughter erotics as normative, primary femaleness, she says, becomes stripped of agentic erotics and becomes a painful and stereotypic waiting game. In this primary feminist reverse view of anatomy is destiny, male fears of the sexually agentic woman replace the female waiting game for men to take the initiative in all-important matters with them. Nonetheless, I worry lest primary femininity, which is not a gender-free view, risks, when taken to its extreme, replacing a simple one-sided patriarchal view with the other side of the same coin exclusively matriarchal worldview. For Molly Donovan, as well, gender contains something essential and not merely constructed. In her chapter on Demeter and Persephone

revisited, she asserts, “…mother and daughter are inextricably linked by their like biology and their conscious and unconscious psychology. Similarly, Ruth Lax, in her paper on “Boys’ Envy of Mother and the Consequences of this Narcissistic Mortification,” claims that womb envy in males implies certain normative and essential aspects of gender.

It is not surprising that Polly Young-Eisendrath’s chapter, “The Female Person and How We Talk about Her” was written as long ago as 1987. I find her ideas extremely sexist “in reverse” when it comes to characterizing men. She seems to be imprisoned, defiantly, in a patriarchally biased epistemology in splendid isolation from the work in psychoanalytic feminism of the past two decades. As a Jungian, she does not match the clinically persuasive archetypal “maternal–paternal split” that McWilliams uses to stretch gender characterizations across sexes, but would opt to limit all epistemology as being patriarchal in its social origins. Therefore, Young-Eisendrath feels that “individual women and girls unavoidably strive to validate theories of personal inferiority in a patriarchal society.” (p. 183). Furthermore: “Ideals of personal responsibility and self-determination are directly in conflict with ideals for womanly behavior” (p. 184). Gwendolyn Gerber, too, in her chapter on gender stereotypes claims for them one positive function: Making stereotypes real such as: women are accommodating, men are self-assertive; men are leaders, women followers, establishes a stable interaction free of conflict. There is also a matriarchal twist from penis envy to womb envy in Lax’s view of primary masculinity. There are some unfortunate overtones of sexism, sometimes in reverse, and the battle of the sexes—when we make too many or too hardened essentialized categories of what is normative.

An emphasis on present-day relational theory on occasion leads to gaps in accounting for historical antecedents. The most glaring absence of historicity occurs in two contributions, by Christine Kieffer and Lynne Layton, on women’s tendency to choose and identify with men who are selfobjects, and who project repudiated aspects of their idealized selves onto the idealized man. Kieffer’s topic is a self-psychological appraisal of the female “Oedipal victor,” which contains classical overtones as well a focus on both the female ideal of becoming the paternal phallus, via identification with the idealized male object. Thus, a woman’s male “selfobject” can become the basis of a subservient relation of a woman to a man. Layton’s chapter, “Beyond Narcissism: Toward a Negotiation Model of Gender Identity” reviews traditions proposed by both relational and postmodern feminists that hold that woman’s gender identities are narcissistic structures. Layton states: “The strategy of femininity
is to seek recompense in idealized love for the loss of agentic capacities” (p. 230), a precondition of narcissism. Kieffer and Layton both leave out any reference to the groundbreaking work, “Narcissistic Object Choice in Women,” written by Annie Reich and which appeared in the very first issue of JAPA in 1953. Reich broke then with traditional psychoanalytic classical patriarchal trends by suggesting that a woman’s pathologological attempt for self-esteem regulation often was a narcissistically driven quest to connect with a man as a substitute for connecting with the agentic power within herself.

A couple of chapters focus on child abuse, one by Judith Alpert and the other by Joan Sarnat. While not written explicitly for this book, they pertain in that they deal with what reasonably could resemble or at the very least stand as an analogue for a gender void: the uncertainty as to how psychic reality corresponds with material reality. Representations that are filled in, by both patient and analyst, that are not veridically or isomorphically representative of what actually occurred in cases of early childhood experiences of abuse, echoes the theme of allowing versions of gender to emerge that do not actually reflect any essential gender reality. Sarnat puts it well in her belief that trauma-oriented listening means receiving the trauma story the way a witness receives a historically factual narrative. Psychoanalytic listening entails receiving the trauma story in a way that preserves analytic space and the potential for finding multiple and sometimes unconscious meanings in the narrative without giving up belief in the patient’s idiosyncratic understanding of the facts, that is, the patient’s psychic reality.

To me, these chapters underscore that issues of psychic reality preceded historically, issues of hermeneutics, and historical and narrative truth, movements in psychoanalysis leading up to the postmodern turn. I would see the ambiguity in oscillating between the objective truth of real trauma and the psychic reality of that trauma’s symbolic meaning in the present transference-countertransference as one meaning of a void. Yet, we want to encourage the ambiguity “void” as unavoidable properties of psychic life and experience before jumping to conclusions about arbitrary gender categorization, paradox, and internal contradictions. Memory as accurate reflection of historical events, and memory elaborated over time both hold as true, and the therapist’s commitment or lack of commitment to either one or the other of these apparently contradictory positions is very valuable. Similarly, Barbara Gerson’s chapter on the analyst’s loss of a pregnancy touches on when and whether the analyst should disclose her experience, filling in or allowing the patient to live with a knowledge void, issues that are at the cutting edge of psychoanalysis today. However, the positions Sarnat and others advocate, and that I am also endorsing, are not uniquely relational or feminist. That claim is overdone frequently in this otherwise most valuable and challenging book.

A number of authors, mainly Nancy McWilliams, Molly Donovan, Polly Young-Eisendrath, Kimberlyn Leary, Ruth Lax, and Gemma Ainslie, as commentator, are more comfortable than others with the fact of gender differences between males and females, but approach these differences with variable underlying assumptions. Ainslie wonders how we talk about one another without some gender marking. McWilliams, in her commentary to Part III, Family Relationships and Shifting Perspectives, asserts that children abhor the void of no categories or universals. Children suffer over the fact of difference and over the biological implications of difference. She reminds us of Lax’s point that “boys will never nurse infants, no matter how much they want to, and girls, no matter how much they don’t want to bear or nurse infants, will have to deal with the risk of impregnation” (p. 114). Although gender is more fluid than once thought to be, it is not endlessly elastic. McWilliams discloses that she resisted the temptation to rewrite her original 1991 chapter, “Mothering and Fathering Processes in the Psychoanalytic Art” in less essential and binary terms. She cites empirical
evidence for an archetypically conceived maternal–paternal polarity, the former consisting of devotion and soothing, the latter integrity and stimulation, yet also argues that analysts of both sexes can express either or both of these and that these gender-linked qualities are not totally gender or sex-bound. That is, mothers can be fatherly and fathers can be motherly. In a 2004 footnote she notes that the divide between drive–conflict theorists and leaders of the current relational movement can also be framed as a paternal–maternal split. She notes how the dialectic about therapeutic technique has contained maternal and paternal polarities. “If I am right that both attitudes are necessary for effective therapy, it becomes clearer why our efforts to evaluate which position is ultimately ‘correct’ have been doomed” (p. 160). Her voice is the loudest and most persuasive of all the contributors in questioning the blurring, or sometimes conflation of feminism, patriarchal binaries, relational psychoanalysis, feminism and postmodernism. For her, gender is real and not just a construction.

Throughout the book, distinctions are made between constructionism and essentialism in the meaning of gender. My overall impression is that most authors pay tribute to both strategies. Steven Knoblauch, the only male contributor to this book, in his sensitive paper on “The Music of Masculinity: Clinical Attention to Gender Construction in Tone and Rhythm” is not literally essentialist. However, Knoblauch respects real, material gender differences and how both patient and analyst influence gender constructions in the psychoanalytic situation. It became possible for Knoblauch and his patients to know the meanings at any moment of boy, girl, masculine, feminine—the patient’s non-linear experience of the waxing and waning of the variability and uncertainty of gendered experience. There may be a contrived void when it comes to gender certainty, as when Toronto’s report leaves out any mention of her patient’s gender. In contrast, Knoblauch and his patients had joint and reasonable certainty regarding shifts in their shared experience of the patient’s gender experience based on affective tone and the many voices that provided clues about gendered identifications as one degree or another of masculine and feminine self-exposure. He attends to shifting versions of gendered experience, including macho sadomasochism and ritual confusion of power and submission. Knoblauch has put the drive, oomph, and force back into gender. In his emphasis on affect and tone in the musicality of the voices of gender, I am reminded of the movie, Transgendered America, in which the protagonist, who has changed his sex from male to female, emphasizes finding exactly the right “speaking voice” that would not feel gender-dysphoric to her. This paper strongly underscores my belief that a gender void is not the same as gender shifts, flexibility and multiplicity, which sing out in the many voices of multicolored multitonal gender regardless of innate or transformed sexual assignment.

Part V, the last in the book, is devoted to postmodern revisions of gender. Kieffer, in her introductory commentary, summarizes well the postmodern position that gender as multiplicity, as co-constructed within a relationship, contrasts with a classical model of gender containing a binary male–female split that does not capture all its nuances and forms of expression. However, she concedes that gender is located within the tension of material and social-construction experience, a much-softered departure from some recent postmodern claims that the material or essential cannot be applied to our understanding of gender. Virginia Goldner, in her fine contribution, “Ironic Gender, Authentic Sex,” reminds us that the late John Money, as recently as 1950, was the first to propose that sex was formally conceived as separate from gender, and that the word, “gender” is not found in Freud’s Standard Edition. Nonetheless, as I see it, classical as well as relational analysts both have challenged the anatomy is destiny creation of gender meanings in favor of early genital awareness emerging from early childhood family experiences and psychic representations of the genital and genetically related interpersonal experience. Although Goldner says that gender is made and sexuality found, she also rightly states that we should neither essentialize gender, that is, take it literally or concretely, nor dematerialize it, that is, take it solely as metaphor. “Whether we privilege sexuality or object relations as our ultimate psychic starting point, psychoanalysis still remains in the thrall of its search for embodied origins” (p. 250). By recognizing that sexuality and gender are special forms of truth telling, Goldner questions any absolute void as useful to a psychoanalytic understanding of gender today. She accurately summarizes the current state of our knowledge of gender when she says we have gone from duality to multiplicity, even though the binary may be culturally ubiquitous.

Kimberlyn Leary picks up the subtleties and complexities of Goldner’s contribution to Part V without missing a beat in her most original chapter on “Race in Psychoanalytic Space.” She reminds us that not just gender, but race and ethnicity have focused on hierarchically ordered binaries. “Difference exists as both a material fact in the world and as a rhetorical device” (p. 287). Although she represents many relational postmoderns, she speaks in a Freudian postmodern key as well. Leary holds that the “postmodern invitation to include multiple perspectives in its ‘bedrock suspicion’ of any theorizing involving universalistic or essentialist conclusions about
human subjectivity has permitted more complicated understandings of gender experience than traditional psychoanalytic experiences have allowed” (p. 287). Yet she does not overlook the fact that there are non-bedrock commonalities as well as multiplicities. Postmodern gender theorists have come a distance in countering the tendency to tell narratives of African American subjectivity in ways that are not elastic and cannot be told differently. Some postmodernists, she says, disavow race as an essentialist construct while at the same time maintaining “that race speaks to something real beyond abstraction… Although potentially open to a variety of narrative possibilities, race also has a factual status not amenable to revision” (p. 289). Those of us who are women limited by being whatever color we are can most assuredly learn from Leary that “The radical openness so central to postmodern gender theory gives way to a view that with respect to race we cannot afford to let the certainty of some things slip” (pp. 289-290). Although race exists in transitional space, like gender experience, it cannot either be reified or wholly indeterminate. “Race effectively functions as a fact even as it needs to be permitted to vary in each clinical dyad as a narrative possibility with meanings unique to the pair” (p. 290). Her au courant opposition to a total racial void fits to a tee my own earlier comments that there is no genuine gender void and nothing that is completely gender-free, despite the book’s misleading title.

I could not agree more with Muriel Dimen in her afterword: “Gender, deconstructed, is not done away with. You can strip it from a printed case, but it is still there in the mind of the analyst who writes up the case, the reader who reads it, the commentator who discusses it” (p. 303). “This book reminds us that we are in the squirmy spot of being modern and postmodern at once” (p. 298). Dimen asks how the contradiction between stability and flux can be resolved and concludes that in reacting to modernism’s commitment to absolute truth, postmodernism privileges difference, heterogeneity, and distrust of universalizing totalizing discourses. The clinician’s problem, she says, is how to negotiate between difference and hierarchy. You want to eliminate inequities that promote female subordination, but also recognize the differences that matter in the lives of men and women. While ostensibly promoting the relational feminist view as a paradigm to replace the traditional classical one of gender essentialism, Dimen draws our attention to the incredible similarities between the two, highlighting the paradoxical closeness of multiplicity, flexibility and fluidity, openness, foreclosure, rigidity and moralism: “Insofar as essentialist-categorical thinking returns us to the bad old days when men were men and women were the second sex, deconstruction acquires political correctness, its moral implications

warping unfortunately into moralism (italics mine), a state characterized less by ethics than by rigidity” (p. 302). The contemporary, even postmodern Freudian, as well as the enlightened relational feminist reader will undoubtedly welcome Dimen’s conclusion that gender should not be thrown into the void: “…If gender is not biologically essential—not ‘natural’—but a construct that varies cross-culturally, then perhaps gender might be whatever we want to make of it. Gender might be a dispensable category” (p. 302). Then, although we might be done with hierarchy, feminist thought had not counted, however, on psyche. “It was in response to difficulties of disentangling gender and power that feminism erroneously proposed that gender might be done away with.

In concluding, nothing can be more fitting that Dimen’s recognition that some authors and commentators in this book were not comfortable in doing away with gender, or even with Toronto’s obliterating any clue as to her patient T’s gender. Readers, she says, and I agree, will be grateful for McWilliams’s admission of guilt in her residues of universalism and essentialism in her thinking. I, for one, am most definitely among the grateful to Dimen for getting us out of this miring bind and for returning sanity and common sense to those of us who have found profound value in psychoanalytic thinking before as well as after the postmodern turn, and for giving us the high sign to feel O.K. that we can be feminists on either or both sides of the present-day thinking of the classical–relational divide.

References

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Stanley Greenspan and Serena Wieder’s comprehensive book on Autistic Spectrum Disorder (ASD), *Engaging Autism: Using the Floortime Approach to Help Children Relate, Communicate, and Think*, describes in detail how their “engagement” model is radically different from past and present methods of assisting autistic youth. Asserting that for sixty years “treatments for ASD have focused on the symptoms” (p. 2), an emphasis that the authors find unnecessarily limiting, they stress instead how a predilection for specific autistic behaviors arises from the processes underlying the condition. Their core thesis is that the “floortime” method creates a context in which a parent, teacher, or other professional can profitably engage the child in socializing and communicating. The triple-pronged approach, identified in the book’s subtitle, replaces thinking for playing in the usual cluster of socializing, communicating, and playing as target areas in a therapeutic program. The authors expand the theory behind their approach and counsel those working and living with autistic children on the benefits of the “developmental, individual-difference, relationship-based,” or the “DIR/ Floortime” model. The book seems primarily aimed at parents or other caretakers, although there are chapters toward the end dealing with schools and learning.

Psychologists will recognize echoes of the child development literature in the authors’ analyses of typical development, autistic development, and their methods of assisting children on the spectrum. The works of Daniel Stern (“the earliest sense of self,” p. 47), Erik Erikson (“the wisdom of the ages,” p. 53), and Jean Piaget (“conservation of space,” p. 139) come to mind as having had an impact on the elaboration and application of their “DIR” theory (Stern, 1985; Erikson, 1964; Piaget, 1969). Stern, however, theorizes that an early sense of self, “the core self,” emerges at two to three months, much before the child is one to two years, as Greenspan and Wieder assert.

Though the senior author has written amply referenced works on child developmental theory and its applications, in this new book the references consist mainly of those dealing with medical, diagnostic, and technical aspects of autistic spectrum disorder, such as neurological dysfunctions in ASD youth, the capacity for theory of mind understanding, and the ways in which behavioral treatment methods differ from the authors’ own. Absent are reports from ASD individuals themselves or from parents who’ve written testimonials on their successes and failures with such youth. Also missing is a discussion of, or reference to, recently published works that share essential commonalities with the authors’ major theses (Sacks, 1995; Siegel, 1996; Ozonoff, Dawson, and McPartland, 2002; Zelan, 2003).

The authors confirm once more that there is no single cause of autism. Though most experts researching the condition believe autism is multiply caused, the ways in which specific neurological etiologies are interrelated and manifested in individual children are still a mystery. Likewise, the apparent increase in autism’s incidence is poorly understood—the current estimate is 5.5 out of 1,000 (Schieve, 2006). The increase surely reflects a greater public awareness of autism and its typical symptoms. Some experts, as well as parents, argue that such environmental factors as pollution may trigger a predisposition to the condition. Another plausible reason for its rise is that children must often be diagnosed with autistic spectrum disorder before they can receive mainstream or special educational services.

Greenspan and Wieder identify the core symptoms of ASD and stress that the diagnosis is dynamic, not static. Their underlying premise is that all three components of their treatment efforts, a capacity for intimacy, an ability to communicate expressively, and the capacity for meaningful speech, underdeveloped or missing in ASD youth, require an emotional engagement with other people. A dynamic view offers hope to parents, many of whom have given up on their withdrawn, often recalcitrant kids, believing a diagnosed child will always be “autistic.”

The authors relegate the sensory sensitivities of autistic people to secondary status. Perhaps this is because some autistic children appear to have underdeveloped sensory sensitivities. Yet, if one posits that sensory sensitivities are present at birth, possibly even in the womb, a case can be made that heightened sensitivity, in itself, causes very young autistic children to protect themselves from excessive stimulation, including and especially that emanating from other people. Such children ordinarily turn away from sound, touch, bold colorful patterns, strong tastes and aromas, and interpersonal intimacy. The authors themselves describe the intensity of emotion often suffered by autistic children: “…studies are showing that autistic children can be very emotional but become so overwhelmed by their feelings that they avoid contact…” (p. 14). A twelve-year-old boy with whom I met in psychotherapy meetings finally found emotional expression palatable as he enacted his loving feelings for his mother by hiding his favorite marble in a doll he dubbed “Mom” (Zelan, 2003). Youngsters like this boy shut down a potential ability for expressive action and meaningful

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language as they deal with the daily onslaught of the sensory world and the chaos of their inner world (Zelan, 2003; Prince-Hughes, 2004; Williams, 1996; Grandin, 1995; Sacks, 1995). But they can be persuaded to join the people world when they feel understood and protected.

Early in the book the authors lay out their developmental approach toward autistic spectrum disorder. Many chapters are introduced by “case studies” that are vignettes only several lines in length. Since this is a parent education book, parents might want to know, for example, how the authors diagnosed “a receptive speech delay” in a one-and-a-half year old, which is better explained in an actual case study. The authors emphasize the importance of getting treatment started early, beginning with the current developmental level of the autistic child, whether developmentally on target in some areas, or significantly delayed. Gearing the treatment program to a child’s developmental level reassures parents that their child can begin anew, at the point he or she is on the stage scale, to progress in a promising, even liberating way. Sensitizing parents to typical developmental stages, and the ways in which parents and professionals can foster the attainment of later developmental milestones in ASD kids, is a theme permeating the entire book and represents a proactive approach.

Later chapters lead the reader step by step through the stage process inherent in helping these youth attain not only skills in relating, communicating, and thinking, but in integrating the three functions so as to bring order out of autistic confusion. Since playing is intimately related to thinking, the child’s parent or therapist can aid an organic stage-related development from the thought behind an autistic child’s enhanced ability to play freely to his increased ability to think inventively (Zelan, 2003, 2006).

Greenspan and Wieder cite the potential for developing the full range of higher intellectual functions in these youth. This has enormous implications for the development of theory of mind acuity. The authors happily conclude that these are within the developmental range of older autistic children if they are supported properly in their attempts to reach for skills they have not shown before. Parents and professionals are helped by the premise, geared to children’s individual strengths and talents, that they, like other children, can be the best they can be.

The authors devote several chapters explaining to parents how the “floortime” model works. Much of what the authors describe represents informed, effective play psychotherapy. What’s more, the model was devised so that parents could apply its principles in the home. Parents should follow their children’s lead and learn to share their interests with the aim of expanding their psychological and behavioral repertoires. Parents and professionals can best reach the child by letting the interaction evolve gradually, with the child an active participant, sometimes leading the way, sometimes following an inventive adult who varies their joint activities. Emotional engagement is at the heart of the method whereby children come not only to value human interaction but to actually take pleasure in it.

Greenspan and Wieder fortunately do not subscribe to the notion that ASD youngsters are incapable of pretend play. In building up a child’s use of words, concepts, and symbols, they stress the importance of pretend play in engaging the emotions. They also recommend “interactive drama” as a therapeutic tool. Citing the multi-modal appeal of attempts to help children think abstractly, the authors assert, “Teach not just with words but also with images, actions, and drama” (p. 124). A three-year-old boy with whom I worked experienced an emotional breakthrough as he dismissed his “bad boys” drama, a story that never ended happily, to join his mother in enacting what police officers actually do to protect families with little kids (Zelan, 2006).

“Once children, with or without ASD, learn the fun of interacting with another human being,” enthuse Greenspan and Wieder, “it feels so glorious and natural to them that they begin seeking it out more and more” (p. 77). And it’s never too late, write the authors, to achieve an authentic emotional engagement with even an older autistic youth. I once worked with a fourteen-year-old autistic girl who learned to re-engage emotionally by hugging me, then by jumping into my arms to be carried about. A caretaker’s pleasure in renewed contact with an autistic child doubtless fosters future emotional engagement between them; I was overjoyed that the girl who had grimly avoided personal contact now could not get enough of it (Zelan, 2003).

Another chapter on the “floortime” approach advocates an application of its therapeutic methods not only to families, but also to schools and classrooms, and to the communities in which the families live. The authors recommend that ASD children be mainstreamed in regular schools with an aide assigned to the needy child. The “floortime” method, write Greenspan and Wieder, ought to be incorporated into the curriculum to provide ASD kids with round-the-clock exposure to its benefits.

However laudatory the authors’ educational aim for these youth, it is difficult to imagine contemporary classrooms integrating what is essentially a psychotherapeutic program into their structured curricula that are often focused almost entirely on “the basics.” It would be better to advise parents using the “floortime” plan to collaborate with their children’s teachers, by informing them of their children’s sensitivities and predilections, and supporting the teachers in their efforts to teach the fundamental skills and nuances of literacy and numeracy. Team efforts among parents and teachers, when
parents serve their children well in ways appropriate to parenting, and teachers in ways necessary for educating, have proven remarkably successful in rehabilitating ASD youth (Zelan, 2003).

Similarly, the “thinking curriculum” the authors envisage would require a revamping of today’s public education. The authors qualify their educational vision by writing, “These [advanced thinking] abilities are developed best in a school that has a thinking-based philosophy of learning” (p. 292). There are public schools with “critical thinking” curricula (see Zelan, 2003 for a description of one such public school). Currently, they are probably not numerous enough to make a nationwide difference in the quality of educational services provided to ASD youth.

Toward the end of their book, Greenspan and Wieder present a case study of a mute young adult who received community services that developed his abilities in a way that not only helped him but also his family. The authors point out that community assistance need not arise from a residential setting. As the story of thirty-two-year-old “Robert” attests, a “learning community can be built around the individual” (p. 238). Even a mute person in his thirties can learn to relate to his mother who, guided by the authors, encouraged Robert to communicate nonverbally. He learned to speak single words and, because of his interest in music, became involved in an arts program for people with special needs.

Similarly, a recent book showing how college communities foster the learning and development of ASD youth includes their interesting, personal student stories (Prince-Hughes, 2002). Another volume, delineating a “team approach” to working and living with youth with Asperger’s syndrome, describes how schools, colleges, clinics, and communities can coordinate their efforts, sometimes with remarkable success (Baker and Welkowitz, 2005). Parents and professionals alike are doubtless heartened by such team efforts, knowing that they are not struggling alone in their attempts to connect with their often wayward youth.

Greenspan and Wieder’s Engaging Autism confirms the worth, feasibility, and the necessity of comprehensive programs for youth with autistic spectrum disorder. They, among others who have written on the topic, demonstrate the promise inherent in the lifelong learning these individuals need to fulfill their often considerable potential.

REFERENCES

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context of an enduring, loving connection, Shane re-frames the view of a failed analysis to be one in which the intimacy that had been established does not lead to a continuing connection. From this perspective a successful analysis is one in which the committed relationship endures and remains available to be returned to, if necessary, when new experiences and life events provide challenges and upsets.

In her discussion Sandra Hershberg pointed out that both authors are critical of the permanent separation model and emphasize, instead, that endings need to be co-created and are unique to the dyad. Frank, however, views the ending as a time that facilitates growth, a time to foster internalization of the analyst and analytic relationship—a subtle tilt, perhaps, toward independence and self-regulation. Shane, in contrast, views a successful analysis to be one in which the committed relationship endures to partake of in the future as needs arise—a subtle tilt, perhaps, toward interactive regulation.

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The eleven papers published in this third volume of Wallerstein’s collected papers date from the mid 70s to the mid 90s. They focus on two aspects of psychoanalytic inquiry in which Wallerstein has established himself as one of the American psychoanalytic movement’s experts: psychoanalytic education and research, and psychoanalysis as science and profession. While, from necessity, some of the papers may at first appear dated, and there is the inevitable unevenness that one finds in any collection of papers, they are all of value in understanding the historical development of the contemporary psychoanalytic scene.

What differentiates Wallerstein from many other major figures in American psychoanalysis is his commitment, not only to the clinical and theoretical aspects of the field, but to the necessity for solid research as foundational to psychoanalysis as a science. This aspect of Wallerstein’s career should be appreciated, particularly by psychologists, because that is the tradition in which we were schooled. What also should be appreciated and commended is the role Wallerstein played during his tenure as president of the International Psychoanalytical Association, ushering the end of decades of medical exclusivity within “official” psychoanalysis as finally resolved by the GAPPP lawsuit.

While I will not summarize all of the chapters, I will spend the rest of this review highlighting some of those chapters that stand out and have relevance to the readership of this newsletter. The lead article from 1976, “Perspectives on Psychoanalytic Training Around the World,” reports the results of a questionnaire sent to IPA training institutes in regard to three basic questions: 1) How, if at all, does the training for the profession of psychoanalysis coordinate with the advancement of our knowledge of the science of psychoanalysis; 2) What kind and degree of personality alteration is expected as a result of the training process; and 3) How does the training sequence foster the goals of questions # 1 and 2. Without getting into specifics, the results indicate what is germane, and in retrospect shatters the historical argument from the American Psychoanalytic Association that the admission of nonmedical candidates and the acceptance of nonmedical analysts would deteriorate standards. Wallerstein’s research shows that standards varied tremendously throughout the world and that there was no uniform baseline, regarding admissions criteria, expectations of change, or final completion requirements. For example, preselection varied from none at all to rigorous screening, while Kleinian institutes have “freer admission processes with a willingness to take gambles on candidates who might be deemed too disturbed by other institutes, [and] count on achieving more far-reaching personality changes” (p. 51). Wallerstein concludes that “there are, in short, major differences amongst us on vital aspects of the training experience, with their wide ramifications into the total structural fabric and the total psychological climate within which the training is conducted” (p. 52.). At another point, in a later article but germane to this topic, Wallerstein states,

Until the rise of Kohut’s self psychology, institutes in the United States had been almost monolithically within the ego psychology paradigm. Until recent years, institutes in Latin America have been equally single-mindedly Kleinian and/or Bionian. Aside from the shared beginnings in reading Freud, there have been almost no points of correspondence in what is read and integrated into one’s psychoanalytic understanding and identity between those trained in the North American and in the Latin American contexts. (p. 253)

These findings shatter the myth espoused by critics that psychoanalysis is a uniform cult or a closed discipline. However, it does raise other self-evident problems at times dwarfing the Tower of Babel (and let us not forget that Wallerstein does not cover the Lacanian influence, or vocabulary). Needless to say on all the dimensions studied, with some notable exceptions, the American institutes fell on the more conservative side of the gradient.

The second article, “The Mental Health Professions: Conceptualization and Reconceptualization of a New Discipline,” outlines the effort to create, in line with Freud’s thinking in “The Question of Lay Analysis” (1927), a new psychoanalytically oriented profession: the Doctor of Mental Health (DMH), established through the University of California, San Francisco Medical School and the Mt. Zion Hospital Psychiatry Department in 1973 and lasting until 1986. The desire underlying the formation of this program and its unfortunate demise should be kept as a background factor for future changing times, when perhaps some form of the program can be reintiated.

The next three chapters deal with a topic that has been a passion of Wallerstein’s during his involvement in organizational psychoanalysis for more than 50 years: research into the effectiveness of psychoanalysis and
psychoanalytic (supportive) psychotherapy. These chapters cover the research program at the Menninger Foundation, providing a summary of the empirical outcome studies by various institutes from 1917 until the mid 90s, as well as the assessment of structural changes resulting from analytic treatment. These chapters are a goldmine for future researchers and a fine overview of our present empirical knowledge in this area. Of interest is one of Wallerstein’s tentative conclusions that “concomitant and proportionate structural change accompanied whatever degree of symptomatic and behavioral change was achieved in just about every instance in the more expressive and more purely psychoanalytic treatments. But equivalent structural change also accompanied the achieved symptomatic and behavioral changes in almost half the patients treated with a more ego-supportive and conflict-suppressive (and non-insight-aiming) therapeutic mode” (p. 114). I would like to see an updating of this research, perhaps with more refined statistical tools, as well as incorporation of some of the newer models of psychoanalysis that have emerged since the 90s.

Part 2 of the book is more philosophically oriented and deals with the nature of psychoanalysis as a science, the relationship to academic psychiatry the future of psychoanalysis as well as psychotherapy and the question of lay analysis and the identity of psychoanalysis. The debate over the question of metapsychology and whether psychoanalysis is a hermeneutic discipline or a part of the natural sciences is ably summarized by Wallerstein, indicating the depth of his familiarity with not only the analytic literature, but also with philosophical discourse. The question is posed, as it was in the 80s, whether psychoanalysis should delete from its canon the metapsychologies and follow the model of cybernetics and information theory as a natural science or, on the other hand, give up any semblance of scientific identification and see itself as a humanistic, interpretive discipline. Wallerstein, astutely points out the problems with both of these perspectives, as well as their limitations for our rather “unique” discipline. Wallerstein effectively rebuts the argument of Adolf Grünbaum as to the nature of analytic inquiry. His desire in doing such was to

[reclaim]... a viable, albeit developmentally still early scientific status for psychoanalysis, with the continuing ongoing opportunities for the growth of an empirical psychoanalytic enterprise, via both the case study method innovated by Freud, and also via formal and systematic research that is consonant both with the subtlety and complexity of the subjective phenomena under scrutiny, and yet loyal to the reality principle as embodied in the canons of science. (p.155)

Here too, I’d like to see an extension of Wallerstein’s argument emanating from newer developments in psychoanalysis, particularly the postmodern critique of science, and the limitations of the natural science model.

In an overview of the relationship between psychoanalysis and psychiatry, as well as the general academic world, Wallerstein presents a mixed picture, yet leaves the reader with a sense of optimism for the future. I only wish this was so. It seems in the decades since this was written, the academic and psychiatric worlds have moved further from the analytic model. In spite of research into neuropsychology and brain patterns, which seem to give indications that Freud was not as off base as previously thought, the official psychiatric establishment, as well as organizational psychology have not caught up with these new indications. I see the gulf widening, but hopefully, I am wrong. Whether one agrees with Wallerstein or not, this section is an excellent summary of historical trends and developments and sets the ground for the contemporary scene, and is therefore worth reading. The chapter on lay analysis titled “The Identity of Psychoanalysis,” summarizes some of the main themes of Wallerstein’s 1998 book, “Lay Analysis: Life Within the Controversy.” While covering the now well-known history of this “controversy” from (needless so say) the role of a major participant, what is of interest is the context in which this paper was delivered. It was the keynote address in 1994 at the Winter Meeting of the American Academy of Psychoanalysis, the one major organization that still operates under a policy that regards psychoanalysis as a subspecialty of psychiatry and thus, of medicine. Therefore, in taking a principled stand, Wallerstein confronted the last remnant of medical exclusiveness in its own backyard. (As an aside, breaking with tradition, the paper was not published in that organization’s journal because it was deemed irrelevant to the Academy, and because it covered the experiences of the American Psychoanalytic Association, a separate organization.) It is of interest, historically, how the old concept of “change of function” operates, in that the Academy, which had its origins in the rejection of the homogeneity and oppressiveness of the American, now has become even more “conservative” than its parent organization. But that is a topic for some historian of psychoanalysis or a future paper.

In conclusion, I think the book is worth reading not just for historical information, not simply out of respect for Wallerstein and his dedication to psychoanalysis, but for the possibility of the generation of new ideas and follow-ups to the research and topics discussed.

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Writing about Freud and what it means to still be a Freudian in the twenty-first century requires on the part of the philosopher a specific knowledge, not only of Freud’s ideas and how they have been assimilated and interpreted by numerous scholars and practitioners, but requires also the ability to place Freud’s ideas in a historical, cultural context that takes into consideration why and how societal mores have changed in the course of one century. These themes, all so diverse, are developed in Boothby’s book, leaving the impression that one is dealing with more than one work, so much so that one finds in these pages a defense of Freud’s theories and at the same time more contemporary ideas that criticize psychoanalysis for being too conservative, if not altogether reactionary. Granted that there is a lot in Freud that is worth reading and pondering even now, the fact remains that many of his ideas have been and are still now challenged on many fronts.

In Boothby’s book there is no discussion of the scientific status of psychoanalysis, or of psychoanalysis as a practice; this per se is not a defect, since these themes have been discussed in many other works. What the reader finds in this book, as the title indicates, is an extensive discussion of sexuality in its different forms, both real and imaginary. These two Lacanian categories have the merit of having enriched psychoanalytic studies and are rightly included, albeit intermittently, in the text. There are, then, both real and the imaginary forms of sexual differentiation, and the distinction is not always easy to make; but what strikes the reader in Boothby’s book is the description of certain characterizations of how the two sexes differ in their behaviors; sometimes these two aspects of reality look like sketches or even caricatures of what it means to be male or female.

It is not surprising, then, to find out, in the many pages devoted to phallic symbolism, that they do not always make clear whether the symbolic, imaginary, or real dimension of sexual differences is being discussed. Nobody, of course, denies that there are sexual differences, but to make them absolute categories (and this is a tendency found in several parts of the book) is a mistake that should be corrected by a somewhat different approach, the one that is also found in Freud, namely, the approach that recognizes that gender does not perfectly coincide with masculinity or femininity, with being a man or a woman. Yet, Freud, who was not free from ambivalence on this issue, did not address the notion of gender, which is a later addition to the philosophical and psychological vocabulary.

To find Freud’s ideas still useful is one thing; to find them true is another. In the first case, the ideas can be utilized for ideological purposes and be disregarded for their truth; in the second case, Freud’s ideas must be submitted to critical appraisal. Boothby does that also by introducing in the text an imaginary critic who has the function of reminding the reader that not everything about a given topic has been said or argued thoroughly. These critical objections are usually met with attention, but most of the time they reaffirm the author’s point of view. Rhetorically speaking, this is an ingenious gambit, but more often than not, given the way in which these imaginary controversies are developed, it leaves the impression that the truth has not been established and that more than one version of a given theory is plausible.

If Freud’s theories have been misunderstood, it is helpful that Boothby is prepared to clarify Freud’s concepts. Yet, many of the author’s points sound familiar. Sexuality, the distinction between the phallus and the penis, and the notion of gender, are all interpreted in such a way that the Lacanian category of the imaginary dominates the book, considering that the idea of the phallus itself, seen at the center of Freud’s thoughts, is imaginary and must not
be confused with the male organ.

In Freud, there was the scientist and the ideologue; and to disentangle one from the other is certainly an arduous task. Boothby tackles this matter philosophically by appealing to the distinction between appearance, which can be deceiving, and reality. He confirms this philosophical point by reinterpreting Freud as the thinker who did not stop at the absolute distinction of the feminine and the masculine, but looked farther and discovered that sometimes the two sexes are not that sharply demarcated and that in some, perhaps many, instances, the characteristics deemed typical of one sex are also encountered in the other. This is Freud’s view. However, that does not mean that Freud or his followers in their practice did not try to align the biological sex, let us say, as an example, the female sex, with those attitudes and behaviors that are considered, at a given time, feminine. It is sufficient to look at Freud’s case histories to realize this point.

Boothby’s book does not discuss the practical and therapeutic aspects of psychoanalysis. Rather, its merit is to recognize Freud’s sharp distinction between biology and psychology, between the brain and the mind, which gives credit to his arguments about gender differences that do not coincide necessarily with biological differences. This is certainly true, since Freud was looking for a comprehensive theory that would include the whole individual, although he did not elaborate on the concept of person, which would have given a greater relevance to his distinction between biology and psychology.

Of remarkable interest are those parts of Boothby’s book that deal with cultural themes, which describe and narrate how modern society, at least in the West, has ceased to be monolithic. This is a good method of analysis because Freud’s theories should be approached historically, so that the question has become whether his theories about sexuality can still be considered valid after having been thoroughly criticized by not only feminists but also by scientists. As the title of Boothby’s book itself indicates, the approach adopted by the author is not without ambivalence, and in my view he concedes too much to the sexism that is still current in our society. Freud’s myopic view of women (let us not forget that if Freud had had his way, women would still not be allowed to vote!) could have been more emphasized and the role of symbolism, such as that of the phallus (this imaginary object), could have been more circumscribed. Perhaps the best approach, if one’s intention is to rescue Freud from the accusation of sexism, is to distinguish Freud’s method from his system, but that would require a separate study and it would be unjust to criticize Boothby for not having taken that tack. One finds here, instead, two main protagonists: the phallus and the Oedipus complex, which make parts of this book somewhat schematic, with the addition of an often casual language, undoubtedly the mark of a postmodern style.

As mentioned, the author is at his best when he discusses cultural and social issues like the discovery and the impact of the intimate in our lives. Being a social category derived from Hannah Arendt’s distinction between the private and the public life, the intimate is one of the salient characteristics of modernity, unthinkable in ancient Greece. There has been a true reversal whereby, instead of what was considered the realm of freedom in Greece, that is, the public life, the private sphere of individuals is now considered the place where people can enjoy their freedom, being free from work. Boothby justly calls this reversal an “epochal transformation” (p. 160) with repercussions in the arts, politics, economy, and daily life, and on this point in particular he speaks of “Freud’s Science of Intimacy” (that is the title of one of the subdivisions of this book), whose emergence made possible the spreading of psychoanalysis.

Freud’s ideas, therefore, did not spring out of nothing. They were the result of, and the response to, a new type of subjectivity that was emerging during his time. Boothby’s thesis is well summarized in these words: “Freud was less a creator of his times than he was a product of them” (p. 171). And indeed this is the case, and it is important to point that out, because this probably explains Freud’s uneasiness about some of his own theories, partially critical of modernity.

It follows that several social issues raised by Freud are still unresolved and demand interpretation. These topics are developed in the third part of the book entitled “Histories,” which discusses the emerging of new, different, social interactions. This is an interesting topic and sociological fact that is contemporaneous with the crisis of paternal authority; the pater familias role is no longer what it was in the past, since civilization, with its demands on work and productivity, has diminished the importance of sexuality, and has led as a response to an emphasis on personal and domestic happiness. At the same time, sexuality has been, and still is, the object of repression precisely because society rests on the much-needed control of drives and instincts required for working and economic purposes.

According to Boothby, the epochal crisis that has brought about, if not the end, at least the diminishing of male authority, is the result of four factors: Protestantism, the Enlightenment, Capitalism, and the advances of Science. These four historical and cultural events eroded authority in general and consequently the patriarchal supremacy, since they challenged the truths taught by traditional religions. Unfortunately, the author tells us, after these attempts at dismantling the old, we are witnessing
now a revival of religions, a true reaction that aims at the return to the past’s more predictable human behaviors.

Still, at the center of Freud’s preoccupations was sexuality, and consequently Booth’s book concentrates on that aspect of Freud’s thought, including the notions of the drives, the unconscious, the rediscovery of Eros, and the Oedipus complex—all concepts of great importance in considering psychoanalysis’s contribution to twentieth century culture. These concepts cannot be ignored if a thorough view of Freud’s ideas is to be presented. Boothby is, then, on the right track when in his book he emphasizes the centrality of sexuality. And one of its conclusions can well be summarized in this way: Freud was progressive despite himself, since he did not confuse nor try to make biology and psychology coincide; this leaves ample margin to discuss, as Boothby does, the plasticity of the drives that has become an almost endless source of ambiguity—witness the controversies that surround Freud’s doctrines even today.

The ego and its developments also have their relevance on the road to gender identity, and, with it, repression that is nicely defined by Boothby as “that form of alienation from ourselves that is required to be a self” (p. 91). This emphasis on the ego, although much criticized by Jacques Lacan, is nevertheless important to define gender identity. On this point, Boothby admits with great reluctance that Freud had a negative view of women, and here one would desire a more consistent evaluation of Freud’s views on this matter; however, Boothby tells us also that the fate of men is not that flattering either: men are dependent on their mothers and look constantly for their affection with the result that they risk remaining somewhat childish, although, paradoxically, they are less dependent on other people for what concerns the affects. Because of this, many conflicts arise that can be resolved only with great effort, so we see that masculine men develop defensive attitudes, because they are fearful of losing their precarious autonomy. Still, pornography attracts mainly men because it allows them to have a mirror of themselves, and also “to avoid the Other” (pp. 226-229), that is, any involvement with another person. The fetishist, instead, is someone who tries to master or control his desire, but both pornography and fetishism are old phenomena that now have become symptomatic, since they are “at once liberating and repressing” (p. 219).

As to feminine women, they will be more passive and more caring than men in that they are more attentive to the desire of the other, and will give more importance to beauty. I am not sure how many women of today will recognize themselves in this description, but there is also another consideration to make, namely, that there are many types of femininity, some of which do not include passivity as a trait and are, quite the opposite, energetic and active. Whether these women are “truly feminine” according to the canon remains perhaps an open question; the fact remains that Freud’s ideas on these issues leave no doubt as to his penchant for masculinity. Since Freud did not develop the concept of person, his theories about sexual differences manifest a dualism that is difficult to reconcile with progressive intentions. But at least an absolute determinism is avoided by Freud since so much depends on one’s individual body image, about which Boothby’s rightly writes: “The influence of body image can always be overridden by other factors arising in the course of psychological development” (p. 147).

One of Boothby’s major theses is to classify sexuality as the symptom of our epoch. Here, without hesitation and with many accurate observations, he connects modern sexuality with the Freudian theory of the Oedipus complex. However, some other observations are debatable, like the statement that the Enlightenment was an Oedipal struggle because it was a struggle against authority. It is a reductive view, but fortunately Boothby completes his research by putting Freud in the historical context in which we live now, not only in the historical context in which he lived; yet, the overall scenario leads one to think that there is really no substantial difference between the beginning of the twentieth century and our present century, notwithstanding the fact that mores and customs have changed. However, it is also true, as Boothby argues, that this may be the result of the current reaction to the progress of the past fifty years.

By connecting the present sexual revolution to the media culture, the author speaks of modern sexuality as being caught in “its own intrinsic indeterminacy,” which leaves us in a true crisis, a schizoid situation; since “there is not ‘true’ sexuality” that one can speak of (p. 245 and p. 244). This was Freud’s theoretical lesson, full of ambiguities that are still unresolved; and this is Boothby’s honest conclusion, on the part of a defender of Freud. All considered, this book is indeed a defense of Freud with minor additional touches: Freud is acquitted of many criticisms and rescued from the worst accusations of sexism, but to complete this task one would need a lessambiguous conclusion, one that goes beyond the present crisis and is not timid about a future subjectivity.

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Imagine There’s No Woman: Ethics and Sublimation by Joan Copjec, Cambridge: MIT Press; 264 pp., $32.95.

Before commencing my review of this incredible text, I must confess that it is a humbling adventure to embark on such a journey. Unquestionably, Copjec has produced a body of work that is unlike any other, which can only be described as a masterpiece. She focuses on the critical analysis of several key concepts in psychoanalysis, using the arts and philosophy as support. Throughout the work, we are taken on a journey with Freud, Lacan, Kant, and various filmmakers as companions, only to leave them all behind in a synthesis of information that is uniquely Copjec’s own. She is completely unafraid to think critically about several commonly held tenets of psychoanalysis, providing the reader with a gift unlike that to be found in any recently published work.

Copjec begins with an introduction that immediately dives into a discussion of Lacan’s criticism of Kant, a theme that is woven throughout the rest of the book. Specifically, she writes,

Lacan does not argue that there are no universals, only particular things; rather, he maintains that universals are real. To limit one’s observation only to appearances, to particular things, is to overlook the existence of the real, which is precisely what makes an all of being impossible. In other words, if there are only appearances in their particularity, this is due to the fact that the real, a by-product or residue of thought, detaches itself from thought to form its internal limit. This limit has both a synthesizing function that universalizes by causing thought to revolve around it and a detotalizing function, since it subtracts itself from thought. (p. 4)

Copjec then makes the point that “ethics, like science, must be universal if it is to be worthy of its name” (p. 6), and that Lacan discusses a universal ethics in his Encore seminar, rather than a separate ethics of the feminine, though women safeguard the ethical act. Copjec explains that the relationship between femininity and ethics was misunderstood because “the superego was often mistaken for a measure of morality” (p. 8). She spends the first part of the book examining sublimation “for a means to connect the not-all of being to an ethics of the act” (p. 8). This is done in four seemingly separate, yet ultimately interconnected chapters, in which Copjec follows Lacan’s understanding of art. She discusses artistic sublimation in the work of four distinct artists in order to illustrate the relation of sublimation and purification, which is very different from the lack of attention Freud gave to such work. Copjec observes:

The ethics of psychoanalysis follows from its fundamental critique of ontology, from the theory of the drive and sublimation by which it displaces philosophical inquiries into the ontology of the subject. This ethics concerns the subject’s relation to these small pieces of being, not primarily its relation to other people or to the Other. (p. 9)

With Chapter 1, Copjec focuses on the Athenian tragedy Antigone, given that “…not only did the Athenians insert themselves into their tragic dramas… they also posed, through their tragedies, the juridical and ethical questions they were currently confronting in actuality” (p. 13). She chooses Antigone in the same way the German Idealists did, considering her “the paradigmatic figure of modern ethics” (p. 14). The Chapter discusses Lacan, Freud, Hegel, and Lefort, among others, in the quest to expound upon ethics, using Antigone and the various philosophical and psychoanalytic arguments that have been written about it. She makes clear that “through the psychoanalytic concept of sublimation… we will be able to clarify exactly how singularity is able to figure and not be effaced by the social bond” (p. 24), or “bridge the gap between singularity and sociality” (p. 24). She shows us how psychoanalysis is uniquely able to oppose the “regime of biopolitics” (p. 29) by giving us “the concept of an immortal individual body” (p. 30). Copjec weaves arguments of society, the political, and the psychoanalytic together in a style that few can achieve without losing the main thrust of the original argument. She is fearless in challenging common understandings of Antigone, ethics, the death drive, and sublimation. The first chapter could quite literally stand by itself as a profound challenge to much of what is commonly considered fact in the fields of psychoanalysis and philosophy. It is a deeply complex way to begin a book, though certainly a foreshadowing of things to come.

These topics are continued in Chapter 2, where Copjec discusses narcissism and the way in which Freud has been misunderstood on this topic. This ultimately continues our discussion of sublimation, as both concepts have been accused of “having no object” (p. 59). She illustrates this with untitled film stills from Cindy Sherman, powerfully showing us that “genuine love is
never selfless—nor, for that matter, is sublimation” (p. 80). Copjec shows the wide range of her expertise, as she clarifies several aspects of psychoanalytic theories related to these terms that have been consistently misunderstood.

In Chapter 3, we meander along an illuminating path of Kara Walker’s work of the antebellum South and the impossibility of erasing the past (p. 93). Like everything else discussed thus far, Copjec dispels many myths and misunderstandings related to these figures, instead showing us their profound psychoanalytic significance. We come to understand that, “Ordinarily the question is asked how one group—blacks, say—differ from others; Walker asks how, given the differences among them, its members can be counted as belonging to the same group” (p. 84), just as Freud did (p. 91-2). Copjec clarifies the position of women while also discussing the purpose of race as a construction (p. 104-5). This is an amazing chapter that many will find of interest, including psychoanalysts, art critics, feminists, and maybe even sociologists.

With Chapter 4, Copjec discusses crying as an invention of the 18th century and all of the implications thereof, including “a fundamental shift in representation itself, which abandoned its former ‘theatricality’ to embrace a new strategy of ‘absorption’” (p. 110). She gives melodrama as an example, to make clear the point that

The hidden or misunderstood virtue so dear to melodrama is not best approached as that of a passive victim of forces the characters cannot control but of an active manipulation designed to sustain the illusion that there can be an existence that evades inclusion in social space. (p. 121)

And, as abruptly as we jumped into these complex topics of the first section, it ends, completing our discussion of The Feminine Act of Sublimation.

The second part of the book discusses “the superegoic underside of ethics” (p. 9) by focusing on Kant’s tenet of radical evil, evil as it relates to equality and justice, and the difference between sublimation and perversion. Copjec again uses artistic films, but also uses the Zapruder film of the Kennedy assassination and various philosophical texts as illustrations of her arguments. This makes the second part of the book seem quite different from the first, but ultimately it continues to examine ethics in Copjec’s profound and revolutionary fashion.

In Chapter 5, Copjec discusses radical evil, showing that “we cannot fail to be struck by the utter barbarity with which civilized nations cling fast to fundamental principles they refuse under any circumstances to abandon” (p. 135). She uses Kant’s Religion Within the Limits of Reason Alone as a base for the chapter, ultimately discussing power, politics, and religion. Copjec argues that her discussion of grace is not confined to a Christian perspective (p. 154), but I disagree and find that the entire chapter requires at least cursory familiarity with the Judeo-Christian perspective.

Chapter 6 focuses on religious and ethnic tensions of various cities, continuing what was started with the previous Chapter. Copjec gives the film noir Laura as illustration of her points regarding hostility and envy, continually tying in explanations of the ethical. In Chapter 7, we turn to the American interest in the body, as Copjec asks, “What is a body?” (p. 180). This includes conversations about duality, empiricism and God, continuing in the intelligent and innovative style we have now come to expect of Copjec. The final chapter discusses Zapruder’s 8mm film of the Kennedy assassination, specifically the remarks by Pier Paolo Pasolini about the film. This quickly becomes a discussion of “the long take versus montage debate that once seemed so pressing to theorists of cinema” (p. 199) and eventually comes full circle to a discussion of Antigone. She ends the book in a very political fashion, with deep psychoanalytic thought just below the surface of every word.

This text is not typical among psychoanalytic literature, with ideas presented in linear form followed

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CONTINUED ON PAGE 75
Jack and Kerry Kelly Novick have written a very interesting book that grapples with the difficult issue of termination. They state that termination has been called the “Achilles heel” of psychoanalysis and psychotherapy, because the kind of ending that is required is unprecedented and in everyday life, good relationships continue, and only death, hostility or disappointment causes such relationships to end (Bergmann, 1997).

The Novicks propose a new model of termination, based on their evolving ideas about the development of two systems of self-regulation (p. 6). Their “two-system model” of development describes two possible ways of responding to feelings of helplessness. In this model, one system of self-regulation is attuned to inner and outer reality, has access to the full range of feelings, and is characterized by competence, love, and creativity. They call it the “open system.” The other, which they call the “closed system,” avoids reality and is characterized by sadomasochism, omnipotence, and stasis. The sadomasochistic omnipotent system is closed, repetitive, and increasingly resistant to change. In a distorted personality development it can become a structure regulating feelings of control, safety, excitement, enjoyment, power, and self-esteem” (p. 7). They state that the open-system is an “effort to transform the self, in contrast to the closed-system aim to control, force, and change others” (p. 8). They propose to “recast the overarching goal of treatment as restoration of the capacity to choose between open and closed systems of functioning and self-regulation” (p. 8).

While the Novicks emphasize the idea of conscious “choice” between the open and closed systems, they also emphasize the importance of the relationship and how it helps a person learn more about how to relate with love, creativity, and competence. They conceptualize “each treatment [as] a unique relationship between two individuals, which takes place at a particular cultural, social, and historical time” (p. 6).

The sadomasochistic need to control others will become less salient, as the result of therapeutic work, including the internalization of the new object relationship. In my experience, how sexualized the need for control becomes varies greatly, depending on the history of the person. The use of the term “sadomasochism” is lively and dramatic, but has a disadvantage in that it covers so many aspects of functioning that it blurs the distinction between the real sadist or masochist and the more ordinary person who becomes controlling when anxious and hopes to change the people he or she loves in order to make them fit an old and familiar template. Another disadvantage of the concept of sadomasochism is that it sounds pejorative and therefore may encourage a negative mindset for the analyst or therapist, since the patient now is thought of as a person who needs to “choose” to avoid many aspects of his or her functioning. Toward the end of the book, however, they state, “a belief is never mourned or gone but set aside. The omnipotent belief remains a potential response, but therapeutic work has helped the patient find competent alternatives and so transform a pathological belief into a wish or fantasy, a delusion into an illusion” (p. 117).

The firmness of their over-arching view of the patient as needing to “give up” a closed sadomasochistic system and “choose” an open system, however, contrasts with their flexibility in the clinical work. Their reports of their work in the book are very sensitive and provide evidence that these analysts are thoughtful, patient and are getting good results. For example, in working with a patient who had great difficulty associating to her dreams and was extremely concerned about being humiliated, the analyst found a way to spend time discussing the patient’s writing and her creativity. During the treatment, the patient had begun to take writing classes and write short stories.
Together they explored the inner life of the patient’s characters. A year went by, some stories were published:

Despite moments of doubt, I generally trusted a feeling of momentum generated by the joint attention made possible by the focus on fictional characters. We were working together, even if the focus was not always obviously on Mrs. T. Through the lens of transference, I understood Mrs. T’s use of stories as a hostile defensive resistance to experiencing her positive feelings directly. It was also clear, however, that Mrs. T turned any attempt to take that up into a sadomasochistic control battle. I understood that direct comment on Mrs. T’s closed system only made her more embattled, putting us both in a situation where Mrs. T would undercut herself for the sake of defeating the therapist (p. 37-38).

Many analysts and therapists would not conceptualize Mrs. T’s use of her stories as a “hostile defensive resistance,” but instead would conceptualize her use of the stories as an attempt to regulate her anxiety and stabilize her sense of self.

The analyst continues to describe her clinical choice of interventions.

I made a technical choice not to interpret the closed-system functioning but to support open-system elements. With space to work together on understanding the stories, Mrs. T discovered a potential source of self-esteem in feelings of competence and efficacy from the work, rather than from controlling me. She began to track patterns of fluent thinking, constrictions, and fuzziness, which were noted, then altered and mastered (p. 38).

This technical choice of focusing on the patient’s creativity and her self-states worked well, although the analyst did not use self psychological concepts in thinking about the patient. The analyst was thinking more in terms of system elements. With space to work together on understanding the stories, Mrs. T discovered a potential source of self-esteem in feelings of competence and efficacy from the work, rather than from controlling me. She began to track patterns of fluent thinking, constrictions, and fuzziness, which were noted, then altered and mastered (p. 38).

The Novicks emphasize that the idea of separation and loss, and the need for a good ending, needs to be addressed from the beginning.

I found their conceptualization of the pre-termination stage to be especially useful, as I read the book and thought about my own clinical experiences. I have found that people can take several years in the pre-termination stage working through the discoveries made in the middle stage and, by this time, the patient and I have developed a shared language. We know each other and can predict how we will be in the relationship. The Novicks conceptualize the pre-termination stage as the time when patients begin to think seriously about the end of the treatment and spend time analyzing their contradictory wishes both to be autonomous and to stay with their analyst forever. When that work is done, both patient and analyst feel comfortable setting an ending date.

The Novicks are very aware that the middle phase can be a destabilizing time. Because they do so much child and adolescent work, they are faced with the problem of unilateral terminations much more often than those who work with adults. They have made a good contribution in their idea of turning the patient’s attempt to terminate unilaterally into a pause or interruption, thus giving the patient the sense that the analyst want to keep a connection. In my experience, agreeing to a termination is always a rejection, and needs to be discussed as such with the patient in the termination phase, but patients who want to end unilaterally are already destabilized too much and are often unable to grasp that idea consciously. Unconsciously, though, they may understand the rejection very well, and so the idea of the interruption helps them know that they are invited back and that the analyst will be glad to see them. They also have made an important observation that a unilateral termination often reflects the adolescent style of leaving home (p. 18). Their recommendation of asking about these patterns early on in the evaluation stage is a very good one.

Another time they use the idea of a pause or interruption comes during the pre-termination when the patient and analyst cannot agree that the time for a termination date is at hand.

The patient may feel the analyst is holding him back, with or without cause; the therapist may feel the patient is blind to continuing problems or to the opportunities intrinsic to a planned mutually agreed termination. We acknowledge the patient’s wish or need to try things out on his own and appreciate the possibilities for consolidation that may offer. We use whatever time the patient will allow to generate together some criteria for self-assessment that the
patient may use in deciding when to contact us (p. 92).

The Novicks also indicate to the patient that they welcome updates.

Another advantage of a pre-termination phase is the opportunity to discuss many different ways of terminating. The Novicks want the patient to express his feelings about the kind of termination that will be right for him, and they emphasize Craig’s research showing that “formulaic endings may be destructive and cancel out some of the gains of treatment” (p. 95).

The Novicks define termination as the period between picking the date and the actual ending (p. 97). They allow the patient to take the lead in setting the date, considering it part of the autonomous functioning that the patient has gained. They note that there is a wider range of approaches in the termination stage than in any other stages of treatment. One reason for this situation is that the termination is also very stressful for the therapist or analyst, and the pressure of sustaining the loss of the patient can lead to uncharacteristic behavior. They suggest that analysts monitor their feelings especially carefully during this time (p. 105). Therapists are not neutral about termination, and the older ideas about being well-analyzed and thus immune to feelings of sadness and loss have turned out to be untrue (p. 118).

Jack and Kerry Kelly Novick make a point of emphasizing the importance of pleasure as a motivator, because it has beneficial physiological effects and is “essential to counter the addictive power of sadomasochism. The genuine power of closed system gratifications—the addictive, sometimes ecstatic rush—has to be acknowledged by patient and therapist, along with the recognition that dependable, reality-based pleasures will never produce the same result” (p. 108). It seems to me, however, that this assessment is too gloomy overall. Those people whose need for control has been sexualized to an extreme degree will struggle with the addiction, but for many people, omnipotent and grandiose ideas of power can be sublimated in creative work and at the same time provide a lot of excitement and motivation. For many people, relationships with others offer opportunities for transformation of selfish desires into playful and loving ways of relating that include sensitivity to the other person’s needs. Sadomasochism is an early form of love developmentally and aspects of it can be transformed while keeping a connection with the excitement and involvement.

I highly recommend this book to both beginning and advanced therapists and analysts. It will give them many ideas about many different ways to think about termination.

REFERENCES


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by illustrative case examples. This text is not linear at all, actually, and the reader must pay close attention in order to follow the arguments that flow throughout the body of the work. Copjec ends the book simply, without any conclusion, without any summary of the points offered in the previous chapters. If one desires a clear conclusion, one is directed to the introduction, which may act as a metaphor for the interconnectedness of the type of knowledge she discusses. This text requires complete engagement, and will undoubtedly lead the astute reader to finish every chapter with a sense of wonder as to how one author can possess such a deep understanding of so many fields of thought.

With this work, Copjec has produced a masterpiece. It is incredibly complex, revolutionary, profound, and personal. While it sometimes seems that we are being taken on a ride through a variety of unrelated topics, Copjec inevitably brings us back to her fascinating reconceptualizations regarding ethics and sublimation. It is a complex yet worthwhile journey to which few have devoted such careful attention. While I certainly do not profess to fully understand the nuances of her form and function, it is clear that this text stands above the shoulders of many giants, fully delivering on the promise of accomplishing a goal to produce an intelligent and fresh text. I will close with Copjec’s own words, as they seem the only ones fitting to close this humble review of her phenomenal work:

To approach the question of ethics from the perspective of psychoanalysis may strike some as a narrowing of the issue and a needless confinement of the debate to the terms of a special language. My arguments here are premised on the belief that psychoanalysis is the mother tongue of our modernity and that the important issues of our time are scarcely articulable outside the concepts it has forged. While some blasé souls argue that we are already beyond psychoanalysis, the truth is that we have not yet caught up with its most revolutionary insights. (p. 10)

This is a terrific book of applied psychoanalysis! If you will permit me an unscholarly remark for very scholarly work: It was fun to read. Psychoanalysis and Art is a compilation of individual papers written by seventeen psychoanalysts, one of whom is also an art historian. In addition, two other art historians and the Director of the Uffizi Gallery in Florence, Italy, are represented. The first editor, Elsa Blum, is a clinical psychologist and member of Division 39. The book grew out of a conference held in Florence, which focused on parent/child relationships as rendered in art, especially art of the Renaissance. My sense is that the participants in this conference had a wonderful and enriching time. I wish I had been there. The pleasure in the subject matter shines through most of the papers, which are amazingly erudite and knowledgeable about the art that they attempt to analyze from a variety of psychoanalytic perspectives.

The book is divided into three parts, following a preface by Elsa Blum in which she briefly summarizes the topics of the chapters. The first part titled, “Introduction,” sets the tone for the book, giving a basic orientation to the transition of art from the Middle Ages to the Renaissance, establishing a cultural setting for the art of the Renaissance period, and discussing the first example of applied psychoanalytic interpretation, Freud’s treatise on Leonardo Da Vinci. The second part offers papers elaborating psychoanalytic thinking about various Renaissance artists and art works, interspersing art historian commentary with the psychoanalytic, and demonstrating a marked compatibility between the thinking derived from the two disciplines. The third and final portion of the book, titled “Beyond the Renaissance,” covers interesting psychoanalytic expositions of two European artists and their work, an overview article of Mother and Child representation through twentieth century art renderings, and an illuminating discussion about Japanese mother and child Ukiyo-e woodblocks of the Edo Period (1600-1867). There are photographic examples of many of the art works discussed (some in color). The quality of the reproductions, however, permits only identification of the art to enhance understanding and no more, which had the effect, at least on this reader, of inducing a great yearning to see the actual works. The editors provide two indices, subject and “name,” as well.

The ideas emerging from this joint study of art and psychoanalysis focus on the Renaissance, a time of greatness in the history of art (among other areas of enormous creativity). As explained in the early chapters by the Director of the Uffizi, Annamaria Petrioli Tofani, and by two Italian psychoanalysts, Adolfo Pazzagli and Emma Piccioli, the focus of artistic portrayals of Madonna and Child motifs (here connoting Mother and Child within the religious denotation) shifted from the Middle Ages to the Renaissance: from flat, decoratively colored, symbolically abstract presentations in a rigidly held form of religiosity to a focus on the human being as individual, considered capable—as had not been the case, since antiquity—of unimaginable possibility. Humanism was at a height, and among many centers, Florence was at the pinnacle of creative development, where there was a coalescing of artists and art studios.

We also learn that among the well-to-do middle class, the custom was prevalent for mothers to give up, as it were, their offspring who were often housed for the first years of life with a wet nurse in a peasant home far from family of origin and for children fairly early (at eight years old, for example) to be apprenticed to masters of some trade or profession. Moreover, perhaps serendipitously or perhaps common practice, several of the greatest of the artists of the Renaissance were illegitimate children. For some, their experience was to have two mothers and lose and gain each, and for others, at least in the instance of Michelangelo, the experience was to lose one’s mother altogether in early childhood through death.

Analysts in this volume speculate on the impact of these known life experiences on the actual works of art, analyzing elements in particular works to construct understanding of the artists’ attitudes toward their environment and selves, particularly in regard to their own mother–child, father–child, and triadic relations, but also regarding sibling rivalries. Further, these analysts develop hypotheses about the inner life of the artists as much as they do about their interpersonal attitudes and relationships. It is fascinating to see the interweaving of the knowledge that the analysts have acquired through research on the lives of the artists as well as the works of art themselves to construct the ideas imparted in the papers. Applied analysis could be called “wild” since the artists’ associations are,
at least for the most part, absent. (There are occasional reports of personal letters.) Thus, these applications of analytic thinking are closer to historical analyses than psychoanalysis. With the awareness of that limitation, it was, nevertheless, enjoyable to read the different assessments, and to absorb information from the differing psychoanalytic perspectives that were in evidence without being bombarded by debate about the various points of view.

At this point in the review, I am conflicted between urging the reader to read the book to learn first hand some of the fascinating analyses that were attempted or describing in more detail some of the premises. Perhaps I can compromise by describing three of the fifteen papers attempting to conceptualize family life and dynamics, although it was challenging to select among the articles for comment since so many are of interest.

I selected “Infantile Sexuality in Renaissance Cupids and Cherubs: What do Cherubs Dream of?” by a French psychoanalyst and past President of the IPA Daniel Widlocher (Chapter 9) because it brought to mind such a novel way of thinking about such figures. Widlocher traces the history of cupids from antiquity to their renewed appearance—“bursting forth” (p. 140) again only in the fourteenth century—and cherubs, which were shown representing the sacred continuously from biblical times up until 1439, when the work of Donatello changed the representation and consequent meaning. Widlocher develops a thesis that “Putti, cherubs or cupids…[“become humanized” and] are actively involved, by dint of their infantile sexuality, in scenes accomplished by adults.… They become witnesses to scenes…in which adults behave with great liberty, indeed shamelessness” (p. 141-142). Further, Widlocher attests, “What is represented concerns above all the birth of desire and the excitement that gives it expression” (p. 144). I recommend reading his paper to understand the way Widlocher develops his contention.

In one more of these fascinating papers, Bettina Meissner, a German psychoanalyst, wrote Chapter 14, “Las Meninas of Velazquez: Pater semper incertus.” “Meninas,” we learn aremaids of honor attending royalty, and “pater semper incertus,” is Latin for the uncertain father, which could be a reference to illegitimacy. However, the author explains that she is referring to Velazquez’s highly ambivalent feelings toward both his natural father and his transferential father, King Phillip IV of Spain, for whom he served. Meissner’s detailed analysis of Las Meninas coupled with her knowledge of Velazquez’s life allows her to make a strong case for her suppositions. These culminate in her conclusion that Las Meninas is “a classic example of the formation of illusion in a potential space” (p. 249) and that for the artist carrying “the inner image of a pater semper incertus [it has a] special function for a creative process” (p. 253).

I close with the Japanese psychoanalyst Osamu Kitayama’s Chapter 17, “Japanese Mothers and Children in Pictures of the Floating World: Sharing the Theme of Transience.” From this exposition we learn that the mother and child (almost always a boy child) in the Edo period were often depicted in side-by-side viewing together of some third object of interest that emphasized their togetherness but also their separateness and the transitoriness of the objects of life.

The authors of the compendium, who attended the conference, come from Europe, Latin American, the United States, and Japan. The book truly reflects the world of psychoanalysis and the richness of thought that psychoanalysis can bring to the world of art and to those of us interested in that interface.

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When my friend Bill MacGillivray asked me if I would review the book, *Sports Heroes, Fallen Idols: How Star Athletes Pursue Self-Destructive Paths and Jeopardize their Careers*, he knew the odds were in his favor I would say “yes.” What Bill didn’t know was that back in November 2004, the author Stanley H. Teitelbaum and I had our comments regarding the infamous Pistons-Pacers brawl printed in *New York Times* editorial sports page. For anyone unfamiliar with this event, I described it as a sports moment when “the once-secure yet unseen boundary between expressed and actual aggression separating player and fan collapsed.” That day, Ron Artest’s conceit, disrespect, and defiance of the NBA cost him millions of dollars. Long before our paths crossed in print, Dr. Teitelbaum must have been passionate about this topic, researching the sports archives to investigate the many athletes who were blessed with extraordinary physical gifts yet wound up like Artest sabotaging their glamorous careers.

*Sports Heroes, Fallen Idols* is a well-documented book that reveals a disturbing, unflattering, and at times unnerving account of self-absorbed, flamboyant sport stars, who like fireworks, are thrilling to watch before exploding before our eyes. In this day and age, it is easy to see how their egos are cradled and primed for grandiosity: the constant hero-worshipping by adoring fans, the endless stream of media attention, and the extraordinary salaries that allow these sports stars to live unimaginably pampered and privileged lives.

It is important to note this book, however psychoanalytically informed, was written for the general public. This fact alone made it a challenge to review as there are few if any details pertaining to early childhood histories, the etiology of intrapsychic and interpersonal conflicts, character formation, defensive structures, unconscious fantasies, etc. Even with this important caveat in mind, for those of you who are sports fans, you will appreciate his contribution. With clarity and purpose, Dr. Teitelbaum weaves together nearly a century of historical sports facts illustrating how narcissistic pathology has damaged or destroyed many professional careers.

The book begins by exploring developmental factors, highlighting why heroes are important in children’s lives, including the role athletes play in developing these idealized identifications. The following chapter had the most appeal for me as Dr. Teitelbaum delved into the psyche of the elite athlete. The Greek myth of Daedalus and his son Icarus was presented as a cautionary tale to warn mortals what happens when arrogance, feelings of entitlement, and invincibility overshadow reason and logic. What appears to be most striking between these gifted athletes and patients who present with similar characterological problems is their limitless need for public recognition.

US Senator Bill Bradley, a former professional athlete himself, summed it up best:

> Self definition again comes from external sources, not from within. While their physical skills last, professional athletes are celebrities—fondled and excused, praised and believed. Only toward the end of their careers do the stars realize that their sense of identity is insufficient.

Subsequent chapters go into great length outlining the myriad ways admired sports stars and coaches rose to prominence before grandiose actions and incredible hubris accelerated their fall (e.g., Bobby Knight, Chris Webber, and Randy Moss). Other athletes suffered humiliating personal misfortunes because of undiagnosed and untreated mental health problems (e.g., Ty Cobb and Jimmy Piersall). A significant portion of the book is devoted to gambling scandals that permeated collegiate and professional sports. In fact, the extensive documentation spanning many decades is the strength of this novel. One of the most infamous athlete’s linked to gambling is Pete Rose. His spectacular on-field accomplishments are unlikely to ever receive recognition in Baseball’s Hall of Fame. Instead, fans will remember the shame and dishonor he brought upon himself for his unbridled greed.

From this point forward the tenor of the book shifts and grows darker and more disturbing. The reader is rapidly immersed in stories of athletes whose reputations were
shattered and relationships ruined through the inability to regulate aggressive or sexual urges outside the boundaries of their sport. Nancy McWilliams (1994) in *Psychoanalytic Diagnosis*, describes narcissistic object relations and self-perceptions: “narcissistic people send confusing messages to their friends and families. Their need for others is deep, but their love for them is shallow.” (p. 175).

This insight crystallizes the mixed messages prevalent in their disturbed relationships. Rage reactions are disguised as caring, and hostility is used to intimidate and control partners. Well known sports names, such as Warren Moon, Scottie Pippin, and Riddick Bowe, have all been linked with domestic violence charges against their wives and/or girlfriends. Other relational incidents delineated are egregious and unforgivable: abusing pregnant women (e.g., Vance Johnson, Irving Spikes), rape (e.g., Mike Tyson), and murder (e.g., Rae Carruth). Other famous careers have been wrecked by self-destructiveness in the form of excessive drug, alcohol, or substance abuse (e.g., Darryl Strawberry, Dwight Gooden, Steve Howe, Lawrence Taylor, Len Bias, etc.). The recent rise of illegal performance enhancing drugs and the League’s ineffectual way of responding to the substance abuse and steroids crisis are also discussed.

Dr. Teitelbaum’s motivation may be in part to raise the sports fan’s awareness. (Yet, it is quite likely some sports fans may be reluctant to embrace his views due to their idealized attachments or arrested development in their relationship with sports figures). He observes:

> Since we are paying their huge salaries through inflated ticket prices, we have the right to expect king size accomplishment. When some of them stumble, we do not own our part in creating an atmosphere in which they must fulfill our unrealistic dreams. We feel disappointed, disillusioned, and unforgiving, and we are disinclined to consider our contribution to the stress that can lead a hero astray. Thus, we are apt to underestimate the burden of stardom—of constantly living up to the performance standards of fans who feed off their success. (p. 8)

However, this statement about society’s insatiable need for heroes struck me as if Dr. Teitelbaum momentarily merged with the average sports fan to justify the athlete’s lack of accountability. This kind of attitude contributes to their difficulty admitting their wrongdoings or showing remorse for their blatant denials (i.e., Pete Rose and Barry Bonds). Then again, how many narcissistic personality disordered individuals are willing to acknowledge their personal shortcomings or imperfections? This leads me back to thinking about players such as the likes of Ron Artest back in 2004, who initially displayed a cocky and self-righteous attitude acting as if the NBA ban should not have been imposed on him.

An epilogue has been added on the last few pages of the book which is an addendum, but on closer inspection resembles a police blotter as it chronologues all the wrongful acts committed by athletes in 2003 and 2004. Dr. Teitelbaum believes today’s athletes are getting wiser as they realize their self-destructive behavior undermines the game’s integrity as much as it hurts themselves. I am not quite ready to jump on this bandwagon, having observed the recent Congressional hearing when retired superstars (i.e., Mark McGuire, Rafael Palemero) and were too ashamed under oath to admit they sacrificed their bodies to illegal and damaging substances in order to gain a clear advantage on their opponents. In fact, it is disconcerting that these scandals in the sports world (whether the upsurge of illegal substances, steroid use, or drug-related crimes) have become less outrageous and shocking. Perhaps because so many incidents have been paraded across the sports headlines and cable programs, fans have become desensitized to those sports stars that relentlessly pursue everlasting acclaim.

After reading about so many tragic tales, I started wondering if division members have ever considered treating elite athletes in their private practices. As a member of Division of Exercise and Sport Psychology (47) and the Association for the Advancement of Applied Sports Psychology (AAASP), I know there is a dearth of psychoanalytically oriented practitioners. Since Dr. Teitelbaum is a Division 39 member, I am nominating him to pave the way through his connections and recognition from his book and recommend Division 39 members who are interested to serve as sport psychology consultants. Having been involved in youth and adolescent sport psychology for many years, I would like to ask the division to consider this venue as another means for conducting outreach services. With all the professional, collegiate, high school, and organized youth sports leagues across the nation, there is an abundance of potential patients who could benefit from being treated by psychoanalytically oriented psychotherapists. If the division ever decides to add sports psychology to their long list of therapeutic outreach activities, count me in!

**References**


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**COMMITTEE REPORTS: MEMBERSHIP**

*Louis Rothschild, PhD*

The following is a list of new members who joined the division between March 1, 2006 and June 30, 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. 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](http://www.division39.org) and filling out the information online. This convenience as well as the success of the Spring Meeting may account for this record increase of 136 new members.

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<td>Ruth Zeligman, MA</td>
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<td>Jessica Zucker, MPH</td>
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**NOMINATIONS AND ELECTIONS**

*Jaine Darwin, PsyD*

The following individuals were elected to the Division 39 Board of Directors with terms beginning January 1, 2007:

**SECRETARY**
Dennis Debiak, PsyD

**COUNCIL REPRESENTATIVE**
Jaine Darwin, PsyD

**MEMBERS-AT-LARGE**
Marilyn Charles, PhD
Christine Kieffer, PhD, ABPP
Jonathan Slavin, PhD, ABPP

The Nomination and Election Committee congratulates the winners, appreciates those who stood for election and thanks those who participated in the voting process.
SECTION REPORTS: LOCAL CHAPTERS

The Section IV Senate Meeting was held on Friday during the Spring Meeting and was well attended with 17 representatives from local chapters in attendance (there are 27 local chapters across the country). The Section IV Senate, and the Open Meeting held on Saturday, primarily is a way for local chapters to share their common problems and solutions, as well as to serve as a clearinghouse for other Division activities and ventures. One important mission for the Senate is to support development of local chapters and to review and approve applications for new chapter status. For several years, we have been encouraging several groups to come together as chapters; and this year, we were able to recognize Pat Strasberg and her efforts to form a local chapter in Arizona. During the meeting, Pat reviewed the history of psychoanalytic groups in Southwest Arizona, including the Tucson and Phoenix areas. Pat has worked very hard to develop a common set of goals and mission for these merging groups. The new chapter will be called Southwest Arizona Center for Psychoanalytic Studies and their chapter was tentatively approved pending final approval from the Board of Directors at the August meeting.

One of the important initiatives for Section IV over the years has been sponsoring graduate student members of local chapters to attend the Spring Meeting. When this venture was first developed, under the leadership of Etta Saxe, the Senate agreed to forego its traditional perquisite of holding a breakfast meeting in order to assure funding for this enterprise. The frantic search for a Starbucks at 7 AM is more than offset by being able to fund student attendance (sometimes). Over the last 7 years, 18 students have attended the Spring Meeting partially supported by a stipend, typically $500, often supplemented by additional support from the local chapter. This year, we also extended our invitation to include early career professionals. We were able to offer 4 stipends: Connecticut Society for Psychoanalytic Psychology sponsored Matthew Shaw; Rhode Island Association for Psychoanalytic Psychologies sponsored Sally Mayo; San Antonio Society for Psychoanalytic Studies sponsored Susan Hall; and San Diego Society for Psychoanalytic Psychology sponsored Christine Powell.

Barry Dauphin, Section IV president, has developed programs for this year that focus on addressing issues of evidence and validity in research paradigms. The first program at the Spring Meeting is summarized on page 35 of this issue; the second program, Clinical and Empirical Evidence in Evidence-based Practice: From Philosophy of Science to Mismanaged Care, will take place at the APA Convention with Brent Slife, Drew Westen and Stephen Hollon presenting.

Section IV is always interested in developing new local chapters. The process is relatively painless and we have a handbook available as a guide, complete with sample bylaws. Anyone interested in forming a local chapter in your area should contact Bill MacGillivray, Membership Chair at drmacg@bellsouth.net

PSYCHOLOGIST PSYCHOANALYST CLINICANS

Typically for Section V, the winners of this year’s all-Division 39 Morton Schillinger Essay Competition (this year on the concept of the unconscious) wrote essays from quite different theoretical perspectives, classical versus relational. Both Todd Essig’s and Victor Iannuzzi’s essays were so thoughtful and interesting that the total prize money was divided between them as First Prize co-winners. Their essays are posted on the Section V Website.

Section V continues its traditions of innovative psychoanalytic thinking clinically and theoretically in the offering for its invited panel at APA in New Orleans. The program is After Trauma, Hidden or Otherwise: Possibilities for Treatment. Marvin Hurvich will discuss annihilation fantasies; Sharon Farber, self-mutilation and eating disorders; Michael Harvey, when severe brain damage occurs. The joint committee with Section I for outreach to current candidates is now designated as a committee of the Division. It will present a roundtable discussion on problems in training, in Toronto. This is being organized by Mary Beth Cresci with Lew Aron and candidates David Appelbaum, Tom Bartlett, Hilary Hatch and Andrea Corn. In addition the committee is arranging for an informal get-together for candidates.

The Outreach to Graduate Students Committee, co-chaired by David Kemmerer and Emily Hahn, will sponsor the essay contest on “Encountering the Unconscious: A Personal Essay Exploring the Concept and the Experience of the Unconscious.” See details on page 90.

A mentorship program is now in place for graduate students who might want to talk with Section V members about a variety of psychoanalytic and professional development issues and/or information about psychoanalytically oriented pre-doctoral internships and graduate school programs. On the Website soon will be an interactive open forum for discussing psychoanalytic ideas. For details on Section V activities go to www.sectionfive.org
GROUPS AND PSYCHOANALYSIS

Section VII continues to be active in disseminating information and presentations on the unique value of analytic group therapy. Our next newsletter (Summer, 2006), now in its fourth year, features articles by Emanuel Shapiro on how to deal with work-related themes within the analytic group, as well as Part II of an interview with Argentine group analysts Roberto Losso and Ana Packciarz de Losso, conducted in Buenos Aires by Albert Brok.

Section VII also offered a very stimulating Panel at the Division 39 Spring Meeting in Philadelphia, titled Enactments, Unformulated Experience, and the Development of Intimacy in Group, chaired by Emanuel Shapiro with presentations by Robert Grossmark and Albert J. Brok. Dr. Grossmark stressed the importance of creating a space within which the group can live through certain enactments so that “meaning and change can emerge.” Building on the work of Donnel Stern, Phil Bromberg, Wilfred Bion and others, Dr. Grossmark gave a detailed clinical example of this process, which illustrated his role as group analyst in working with dissociated states in a most sensitive way. He stressed the importance of not jumping to premature interpretations that might curtail experience by turning it too quickly into analytic “material.” He also noted the importance of encouraging “therapy by the group” as opposed to “therapy in the group.”

Dr. Brok discussed the notion of “montage,” a cinematic term, and its relevance to analytic group leadership. Like a film director, the group therapist selects which scenes to emphasize in the group process. Dr. Brok noted that the therapist needs to be involved in both experiencing how the group is organizing itself through the process of developing its own momentary scenes, as well as how he as therapist may be organizing the group scenario. Commuting between these two approaches is the art and analytic science of the therapist; and this depends upon what dynamic level the therapist understands the group process has reached. Dr. Brok gave an extended example of the enactment of a play state in group and his approach as therapist to let “the scene run” until interpretation was productive. What to select or in fact whether to select, and most importantly when to select, depend upon the therapist’s judgment and comfort with the paradox of experience and observation during the continuous stream of group process.

PSYCHOANALYSIS FOR SOCIAL RESPONSIBILITY

Section IX sponsored several events at the Spring Meeting in Philadelphia. Our invited panel, moderated by Rico Ainslie, was Losing a Country: Psychoanalysts respond to Democracy in Jeopardy. Steve Portuges interviewed Hedda Bolgar, who described her frightening childhood experience of the rise of fascism in Budapest and Vienna in the 1930s. Nancy Hollander’s paper focused on a similar period in Argentine history. Both the interview and paper served as a catalyst for an engaging discussion between the audience and panelists on present-day concerns in this country about “losing democracy.”

On Friday evening, the section co-hosted a joint reception with the NYU Postdoctoral Program. Limor Kaufman and I moderated the presentation by Wolf Werdigier, who spoke about his artwork that was featured. Werdigier explained how his paintings were inspired by interviews and social dreaming workshops he conducted with Israelis and Palestinians. His beautiful and sometimes disturbing artwork conveyed the traumatic symbolism experienced and shared by both groups.

In addition, approximately 20 people joined past president Nancy Hollander and other members early Saturday morning to discuss in an open forum: Psychologists involved at US Military and Intelligence Interrogation Centers. Neil Altman, chair of APA’s Divisions for Social Justice, described the work they have been doing to achieve a change in the APA’s ethical code toward one that states unequivocally that psychologists should not participate in interrogations of detainees in GuantánamoBay or any other illegal U.S. military prison. Steve Behnke, Director of Ethics for the APA, joined us by phone to hear Section IX’s perspective. Aware that the APA’s public stance has been detrimental to the image of APA, he seemed to welcome input from the section’s research committee on the past history of psychologists’ role in interrogation practices, as described by, among others, Alfred McCoy in his book, A Question of Torture: CIA Interrogation, from the Cold War to the War on Terror. The meeting ended with Section IX planning to further explore the history of psychologists’ involvement in development of interrogation techniques, the violation of international human rights accords as a result of the use of these techniques and the effectiveness or ineffectiveness of these psychological methods in retrieving actionable information from detainees. Those present also discussed strategies to voice concerns raised about this serious issue.

As a result of this work, Section IX will be co-sponsoring a panel (with Division 48 - Peace Psychology) at the APA meeting in New Orleans this August 2006. Neil Altman, Linda Woolf (from Division 48), Nina...
LOCAL CHAPTER REPORTS: APPALACHIAN PSYCHOANALYTIC SOCIETY

William A. MacGillivray, PhD, ABPP

APS has had another successful year under the leadership of Diane Humphreys-Barlow with two full-day conferences and 7 half-day events. Jack Barlow, Joyce Cartor, Jacqueline Kracker, Laura Porter, Jeff Slavin, Kathryn White and Jim Williams assisted her in this effort. Jim deserves special mention for clearing up years of financial records and developing a better system for tracking profit and loss on our activities.

In the Fall 2005, Paul and Anna Ornstein spoke on the topic, Transference Today, and discussed evolving ideas within self psychology. It was fantastic to have the Ornsteins return to Knoxville for the first time in about 10 years, not only due to their engaging and instructive teaching style, but also as two who were “present at the beginning” of self psychology and could speak with such knowledge and authority on the origins of this important development within psychoanalytic thought. Part of the program day was devoted to having them talk about their personal odyssey, their life journey to psychoanalysis. It was captivating to listen to their adventures and suffering during their early lives and how each was touched by the horrors of the Holocaust. Particularly interesting was the connection between the “lessons” they took from their early life experiences and their evolving interest in psychoanalysis. Paul Ornstein observed that his ability to sustain optimism and hope during imprisonment and escape from the Nazis has figured into his attraction to self psychology with its emphasis on the sustaining connection to others as vital to a good life. He observed that a more traditional psychoanalytic understanding might conclude that he was sustained by narcissistic grandiosity!

The Spring 2006 Conference, Listening Perspectives and Relational Psychotherapy, with Lawrence Hedges was a very different educational experience. Larry Hedges is a masterful speaker and someone who “works” the audience in a way that keeps everyone engaged. As most of you know, his core idea of “listening perspectives” is a helpful way not only to organize psychoanalytic theory, but a highly useful guide to specific interventions with particular kinds of patients. He addressed the need for clinicians to respect the particular perspective the patient brings to psychotherapy and the need to “match” this perspective in order to make effective interventions. Dr. Hedges is also a formidable raconteur who appears to have read everything, easily holding forth on contemporary literature, history and many other topics during the reception held after the conference.

Over the last several years, APS has worked hard to develop ways to involve the graduate student community in our organization and this effort continues to bring students to only to APS but to Division 39 and to further psychoanalytic training. We hold a reception for students every year and support students to attend psychoanalytic conferences, especially the Spring Meeting. This year, we partially funded three students to attend and five students actually did attend. It was also good to see several former students attending and presenting at the Philadelphia meeting. The most recent initiative has been to raise money for the graduate student fund through book sales on Amazon. We have brought in about $400 so far this year.

On a sadder note, one of our founding members, Paul Lerner, died this year. His brother, Howard, contributes a remembrance of Paul that appears on page 7 of this issue. The APS board has decided to honor his memory by renaming our annual Scholars Symposium after Paul. During a brief memorial during the spring conference, many of our members spoke of how important Paul had been to them professionally and personally.

Kathryn White will take over the direction of the chapter for the coming year and we are looking forward to another successful year.

Continued from page 83
Thomas and Barbara Olshansky (a lawyer at the Center for Constitutional Rights), will present on the psycho-political dynamics and consequences of torture. In addition, David Ramirez has appointed a task force consisting of Neil Altman, Frank Summers, Marilyn Jacobs, Laurie Wagner and Nancy McWilliams, to make recommendations to him about possible actions and positions Division 39 might take in relation to follow up with APA on Psychological Ethics and National Security (PENS) related issues. An informal meeting with military psychologists is being planned for the New Orleans meeting.

The Education and Training Committee, chaired by Lynne Layton, with members Frank Summers, Rico Ainslie, Steve Seligman and Christine Kieffer, has developed a syllabus on Culture and Psychoanalysis for use in graduate schools and institutes around the country. Readings from the syllabus have been presented and discussed on the listserv, as have other present-day concerns. Most recently our listserv discussions have focused on concerns about psychologists’ recent roles in the military.

Section IX hopes to continue to provide a forum for psychologists to explore their identity as psychologist-psychoanalysts in the socio-political world, and to allow the expression of thoughts, ideas and feelings related to a variety of contemporary concerns.
**Austin Society for Psychoanalytic Psychology**  
**JoAnn Ponder, PhD**

ASPP has approximately 130 members, including 10 graduate students in various mental health disciplines. We offer low-cost membership and seminar fees for students in an effort to encourage their participation and thereby promulgate psychoanalytic theory. Though ASPP afforded full membership to licensed mental health professionals years ago, only psychologists served as presidents in previous years. This year, we welcome our first non-psychologist president, Naomi Freireich. In addition to her duties as president, she’s assuming the role of Austin’s representative to Chapter IV of Division 39. Other ASPP officers for 2006-2007 are past-president Marianna Adler, president-elect Connie Benfield, secretary Josephine Littlefield, treasurer Betty Peterson, education/training co-chairs Karen Boeke, and JoAnn Ponder, and interdisciplinary representatives Dale Sonnenberg and Joseph Wakefield. Given our increasing difficulty in recruiting volunteers to donate their time as officers, we’re grateful to all these individuals, especially those officers who agreed to serve additional terms on the Executive Board. We also appreciate the continued and valuable assistance that we receive from our paid administrator, Julie Lauterjung.

The program theme for 2006-2007 is *Internal World, External Conditions, and the Psychological Society*. In this vein, we plan to examine the ways that psychoanalytic practitioners recognize or resist the role of culture in the construction of subjective experience. As practitioners, we’re influenced by society and its values; how we’re influenced, in turn, affects the conscious and unconscious messages that we pass on to our clients. ASPP will hold monthly meetings focusing on these issues, with paper presentations by clinicians mostly from the Austin area. Local clinicians also will offer ongoing classes to address our program theme and other topics of interest. Weekend seminars will feature renowned guest lecturers, Christopher Bollas and Nancy McWilliams. In addition, ASPP plans to assist the Austin Group Psychotherapy Society in hosting the American Group Psychotherapy Association’s annual conference, which will be held in Austin this year. This collaboration, along with our low fees for students and our election of a social worker as president of ASPP, represent our efforts to be open and inviting, in contrast to the image that psychoanalysts are elitist and exclusionary. Please check out our website for additional information http://www.austinaspp.org

**Chicago Association for Psychoanalytic Psychology**  
**Jay Einhorn, PhD**

It’s been a busy year at the Chicago Association for Psychoanalytic Psychology. The highlight was a daylong presentation by Allen Schore, co-sponsored by the Illinois Association for Clinical Social Work, attended by over 350 participants (picture to follow), on which President Nancy Huntzinger and President-elect Patricia McMahon did great work on the Program Committee. Bernadette Berardi-Colleta gave a follow-up presentation of a fascinating case that she considered through the lens of concepts presented by Dr. Schore, which was discussed by a panel consisting of Sharon Williams of IACSW and Nancy Huntzinger, Alice Bernstein, and Jay Einhorn of CAPP (Sharon and Jay were also on the Program Committee).

CAPP members gave several presentations throughout the year, including Frank Summers on “Self Creation in the Psychotherapeutic Process,” with a case presentation by Linda Marino; Peter Reiner on “Couples Therapy (a two-session seminar),” Jay Einhorn on “What Therapists Need to Know About Learning and Attention Disorders,” Linda Rudy, Ron Rosenthal and Scott Pytluk on “Relational Dynamics in Cross Sexual Orientation in Clinical Dyads,” and Frank Summers and Gary Walls, with David Downing as moderator, on “Psychologists and Torture,” co-sponsored by the Center for Multicultural and Diversity Studies at the Chicago School of Professional Psychology.

CAPP’s North Shore Peer Study Group observed its first anniversary, and a new Downtown Peer Study Group began, facilitated by Peer Study Group Chair Jay Einhorn. Two joint board meetings were held with the Chicago Center for Psychoanalysis, to explore areas of mutual interest and opportunities for collaboration, and CAPP and CCP program information was circulated to one another’s membership. CAPP’s communications were facilitated by the smooth operation of our new website, http://www.cappchicago.org/, shepherded into existence by past president Alice Bernstein.
FROM THE EDITOR: STANDING UP FOR OUR CRAFT

William MacGillivray, PhD, ABPP

I recently attended the Division’s Spring Meeting. One of the featured speakers was Jane Fonda. Although she had a lot to say about feminist thought, what was more fascinating and truly eloquent, was her tribute to her therapist and the impact of therapy as a voyage of discovery. She observed that all her life she would have called herself a feminist, but it was only after therapy that she could feel it in her bones. What seemed so exciting to hear was her insistence that psychotherapy, the “talking cure,” is a radical and life-changing experience. This simple observation struck me as quite novel in the context of the current crisis in our field. Psychotherapy is under assault. We all know that. What we are less aware of, I think, is the insidious nature of this assault on our work. Many therapists have internalized a negative view of the value their work. Here is an example. Many of our professional organizations have tended to present our work in a more “positive” context, insisting that psychotherapy is not the only thing we do since we are involved in prevention and social action.

I honor the efforts of psychotherapists who perform crisis work during disasters, who help out in homeless shelters, or who spend quality time with a foster child. These and countless other service activities are important and vital. But they are not psychotherapy or psychoanalysis and they cannot replace psychotherapy and psychoanalysis in the lives of our patients. Returning to Jane Fonda’s “story,” it was psychotherapy that radicalized her, that transformed her life in ways she is only now beginning to explore. That’s what psychotherapy can do! Why are we not able to stand up for this core aspect of our identity? What keeps us from speaking out, from writing to our local papers, for example, whenever a new drug is touted as a cure for the “disease” of anxiety or depression, or whenever a quick technique is praised over the demands of time and patience?

Our patients have been saturated with the notion that our emotional difficulties are lodged in our brains and that once our “chemicals” are balanced all will be well. The recent movie, A Beautiful Mind, illustrates the power of the medical model. In the movie, the implication is quite clear that John Nash, the brilliant mathematician who had been diagnosed with schizophrenia and suffered for years with mistreatment at the hands of the medical profession, including involuntary hospitalization, was successfully treated with medications and his return to sanity was achieved when he finally became “medically compliant.” In the PBS documentary, A Brilliant Madness, however, a markedly different story is told. We are informed that Nash stopped taking medications long before he was “restored” to sanity and is still off drugs. More eloquent than that, the documentary ends with the words of John Nash on his cure: It was love that did it. Nash relates that throughout his illness it was the patient understanding of his wife and friends that eventually led him back to sanity. Even in this fine production, there was continued obeisance to the medical model, including stern warnings that Nash’s “refusal” to take his medication was a dangerous decision.

I also think few psychotherapists would argue that medications to relieve crippling symptoms of fear, anxiety, and emotional distress should not be available to our patients. But the data is in, psychotherapy works, more therapy works better than less therapy; patients’ controlling their therapy works better that others’ controlling the therapy. Patients may not get the immediate relief of medications; but psychotherapy brings sustained benefits beyond relief. And even psychoanalysis ends, while a lifetime regimen of multiple medications is truly interminable. The devastating side effects of medication also continue and the new “atypical antipsychotics” have all too typical side effects that are life limiting, if not life shortening.

As psychotherapists, we can bemoan our fate and blame “the media” or “Big Pharma” for the neglect of the value of psychotherapy in our society. Many of our psychiatrist colleagues have given up practice of psychotherapy altogether, citing the lack of reimbursement. Some of our colleagues attempt to cope by gaining prescription privileges, insisting that they will not go the way of the psychiatry (“The right to prescribe is the right not to prescribe.” Yeah, yeah). But the fault also lies with us, with our professional organizations and our own unwillingness to buck the tide and take a stand to protect psychotherapy.

Certainly anyone reading this article knows the value of psychotherapy. I want to challenge you, however, to put these goals into action. If we are to reclaim the lost ground and preserve the legacy given to us by Freud, Sullivan, Kohut, Mitchell and so many others, we need to act. Here are some simple steps:

- Check out the National Coalition website, www.thenationalcoalition.org to view the latest newsletter and peruse the other articles and links there
- Join the National Coalition list by sending an email to NCMHPCTalk-subscribe@yahoogroups.com, or visit http://groups.yahoo.com/group/NCMHPCTalk/join
- Join the Coalition by completing the application on the Coalition website or contact me at DrMacG@bellsouth.net, or by phone or fax: 865-584-8400.
DIVISION OF PSYCHOANALYSIS
BOARD OF DIRECTORS MEETING MINUTES
JANUARY 21, 2006 NEW YORK, NEW YORK

PRESENT: D. Ramirez, President; N. McWilliams, President-elect; J. Darwin, Past President; M. Jacobs, Secretary; M. McCary, Treasurer; Council Reps: N. Altman, L. Barbanel, B. Karon, D. Morris; Members-at-Large: J. Couch, M. Cresci, M. Lionells, J. Logue, W. MacGillivray, K. Maroda, M. Metzel, H. Seiden, L. Zelnick; Section Reps: A. Brok, Section I; R. Ruth, Section II; E. Toronto, Section III; D. Downing, Section IV; M. Mellinger, Section V; Pamela Foelsch, Section VI; E. Shapiro, Section VII; G. Stechler, Section VIII; F. Summers, Section IX.
GUESTS: D. Downing; F. Goldberg, H. Kaley, L. Rothschild, M. Whitehead

I. CALL TO ORDER: President Ramirez called the meeting to order at 8:49 AM.

II. ABSENT MEMBERS AND SUBSTITUTE VOTES: Louis Rothschild substituting for Laurel Bass Wagner

III. INTRODUCTION OF BOARD MEMBERS: Dr. Ramirez asked each board member present to introduce themselves and share their interests and priorities as a Member-at-Large.

IV. APPROVAL OF THE DRAFT MINUTES:

Motion 1: To approve the Draft Minutes of the Board of Directors Meeting of August 19, 2005 as amended. Action: Passed

V. ANNOUNCEMENTS

A. IMMIGRATION SUMMIT: February 2, 2006 (San Antonio)
Dr. Ramirez reported that the Division is participating in this Summit. Dr. Ramirez will be giving an address to the San Antonio Local Chapter as well.

B. INTERDIVISIONAL GRANTS AWARDS TO DIVISION 39:
The Division received a grant along with Division 44. A second grant was received for the Immigration Summit. Additional information on both is included in the board agenda packets.

C. REPORT ON THE INTERNATIONAL CONFERENCE ON PREJUDICE:
Dr. Jacobs and Dr. Wagner attended this conference. Dr. Jacobs reported on the conference and encouraged the Division to continue to connect with this issue.

D. AUSTRIAN EMBASSY/FREUD CELEBRATION: The Embassy is planning a celebration to be held in September. Dr. Ruth and Dr. Ramirez attended the initial planning meeting. The event will be all day and into the evening with a reception. Dr. Ramirez will continue as the point person.

VI. APPOINTMENTS

A. NOMINATIONS COMMITTEE: Dr. Darwin recused herself as nominations chair in order to accept the nomination for APA Council. Rep. Dr. Jacobs and Dr. Murphy will serve as the Nominations Committee Chairs.

B. APA BOARDS AND COMMITTEES: Dr. Barbanel described available vacancies on APA Boards and Committees. She solicited nominations from the Board. She and Dr. Altman will submit the final list to APA. The deadline for submission of this form is February 15. Members were also encouraged to email Dr. Barbanel with names prior to this date.

VII. ANNUAL REPORT REMINDER: Dr. Jacobs distributed annual report forms to each Section representative and asked that they return the completed form to her prior to the February 1 deadline set by APA.

VIII. TREASURER’S REPORT

A. TORONTO SPRING MEETING BUDGET

Motion 2: To approve the Toronto Spring Meeting budget as submitted. Action: Passed

B. ONLINE CE CHARGES: Dr. Seiden reported on CE courses to be developed for the website. Fee structure information will be available at the April meeting.

C. INCREASE OF STIPEND TO NEWSLETTER EDITOR: Dr. McWilliams referred to her proposal for increase of the Newsletter Editor’s stipend in the agenda packet.

Motion 3: To approve the appointment of William MacGillivray for a second six year term as the newsletter editor, which he will be paid a stipend of $2,500 per issue. Action: Passed
D. Proposed 2006 Budget

Motion 4: To approve the Budget as submitted by the Treasurer for the Fiscal Year 2006. Action: Passed

IX. Review of Division Initiatives in 2005

A. Early Career Psychologists: Dr. Ramirez reported that this task force has been a tremendous success and continues to work in a positive direction. One of their task force’s recommendations was to offer a lower registration fee for the Spring Meeting for early career psychologists. To date 14 people have registered under this new category. Additionally, the division is promoting good will towards early career psychologists.

B. Joint Committee for Analytic Candidates: Dr. Cresci reported that Sections I and V were asked to develop a way to reach out to analytic candidates. She, along with Dr. McWilliams, have a committee of 14 members. This committee is developing possible initiatives to assist analytic candidates, such as inviting the candidates to a joint reception between the two sections, a coffee hour, etc. during the Spring Meeting. Another initiative being developed is a letter which will be sent to candidates at institutes throughout the country. Dr. Cresci asked that the Division consider funding this committee’s work.

C. Division 39 Links with APA and Divisions: Dr. Ramirez discussed the different links the Division has developed with APA, such as the Immigration Summit, the Multicultural Conference, etc.

X. Committee, Task Force and Section Reports and Discussion: Part 1

A. APA Council Report: Council Reps reported that APA is seeking to eliminate the post-doctorate year to licensure. This will be on the Council agenda for their next meeting. Dr. Barbanel expounded on the process and the details surrounding this issue. The proposed division on human/animal studies was also discussed. This proposal was defeated at the last council meeting. It will be coming back in some format to the next Council meeting. Division Council Reps still have questions that need to be answered before voting. Each Council Rep will vote according to their personal understanding and beliefs.

Dr. Barbanel discussed the proposal on anti-Semitism that went before APA Council, and was approved. She is still working with a group to look at other religious biases. The committee is working to refine the definition of other possible proposals to APA Council concerning this issue.

Dr. Altman discussed the PENS report. The Ethics committee of APA is working on the Council’s recommendations regarding changing of the Ethics code to include a definition of basic human right. Doing so requires thoughtful deliberation; they are unable to act quickly.

Dr. Altman, in his role as Chair of the Divisions of Social Justice, will continue to work with the Ethics Committee to help better define the wording. Council is requesting to expedite the change in the Ethics Code. We are working with Council reps from other divisions on this task.

B. Consortium Report: Dr. Darwin reported that the focus of the Consortium has shifted and is now working to establish a model licensing law for psychoanalysis. Since the American Psychoanalytic Association had a task force that was already in force and had done a considerable amount of work, the Consortium will not start a duplicate task force. Therefore, Consortium representatives were invited to be full members of the task force of the American Psychoanalytic Association. Dr. Cresci is Division 39’s representative to this task force. Dr. Cresci gave a brief summary of the concept and work of the task force.

C. Continuing Education: Dr. Seiden referred to the report by P. Strasberg in the agenda packet. He discussed the redesigned, online CE project that his committee is working to develop for members and non-members. He briefly summarized how the system would work. Details regarding the pricing will be brought back to the board at a later date.

D. Education and Training: Dr. Downing distributed a report from a meeting he attended. The committee is meeting regularly at each Division function. The committee will have programming at each conference – Spring Meeting and the APA Summer meeting. He summarized the programs they have set up for 2006. He also discussed the returns from the survey his committee has distributed.

E. Ethics: Dr. Maroda reported that the committee has been formed, but they are looking for a graduate student member to serve on the committee. The committee is developing a survey. The committee will be looking for assistance in analyzing the data received, as well as looking at a variety of issues.

F. Graduate Students: Mr. Whitehead reported that the committee is working on a number of activities. They have set up a listserv for graduate students only, which will be a two-way format. They hope to use this list serve to bring resources to the students. They
recently reached out to a large number of programs in the greater Philadelphia area, giving them information regarding the Spring Meeting.

They discussed the management of student membership. The committee is working with the Central office to try to resolve as many of these issues as possible. Hopefully, that membership application and payment can be offered electronically through the website. Additionally, they are planning a number of activities for 2006 with several programs at the Spring Meeting.

**G. Membership:** Dr. Rothschild referred to his written report included in the agenda packet. The Division is holding its membership at a steady level. He encouraged members to invite their colleagues, students, etc. to join the Division.

Dr. Rothschild identified 15 members of the Division who were located in the hurricane affected area. He sent emails to all 15, but due to a variety of possible reasons, he did not receive any responses.

He also brought up the subject of a membership directory—whether to have it online only, printed, print on demand, etc.

**H. Interdivisional Task Force:** Dr. MacGillivray reported that this task force is seeking to place a motion before APA Council that APA will support healthcare for all Americans.

He also discussed the issue of phantom panels on managed care and some of the information they have gathered thus far. The task force has been expanded to include three more members.

**I. Internet:** Dr. Zelnick reported that the web designer has been contracted to develop an online payment system for new applicants. The ultimate goal is to be able to allow students, allied members, etc., to be able to pay their membership dues online.

**Motion 5: To approve the establishment of a bank account outside of APA that will be administered by the Division Administrator with oversight by a Division Officer. Action: Passed**

**J. Outreach:** A report is included in the agenda packet. A copy of an Outreach brochure was passed around the room for the Board’s review.

**K. Program:** Dr. Darwin gave a brief summary of the Spring Meeting. Dr. MacGillivray distributed information on the programming for the Division’s portion of the Summer APA program. He gave a brief overview of the program format and type of programming.

**L. Psychodynamic Diagnostic Manual:** Dr. McWilliams updated the members on the progress of the Manual. This book will be available soon and will be reasonably priced. She gave a presentation at the American Psychoanalytic meeting, with an overwhelming interest by the group. This book is receiving excellent publicity.

**M. Section IX Proposal:** Dr. Summers gave a brief summary of the rationale for the Section IX proposal regarding the Division response to the PENS Report. A discussion was held about how the Division might address this proposal and what type of response is wanted by the Section membership. This is a preliminary discussion and more time for consideration and review is needed before making a formal response.

Dr. Ramirez will name a task force to research this issue more thoroughly and make recommendations to the board.

**XI. Miscellaneous Issues**

**A. Voting Rights for Allied Professional Members:**
This will be deferred to the April meeting.

**XII. Adjournment:** There being no further business to come before the board at this time, the meeting was adjourned at 4:05 p.m.

**XII. Master Calendar**

**A. Calendar of Events: Division Program Meetings**
1. 2006 Spring Meeting (4/19-4/23), Philadelphia, PA, Chairs: Dennis Debiak and Noelle Burton
2. 2006 APA Meeting (8/10-8/13), New Orleans, LA, Chair: Bill MacGillivray
4. 2007 APA Meeting (8/17-8/20), San Francisco, CA, Chairs: Bart McGee and Maureen Murphy

**B. Calendar of Events: Division Business Meetings**
1. Executive Committee Meetings
   a. April 20, 2006, Philadelphia
   b. August 10, 2006, New Orleans
   d. January 26, 2006, TBD
2. Board Meetings
   a. April 21, 2006, Philadelphia
   b. August 11, 2006, New Orleans
   c. January 27, 2006, TBD

**Secretary:** Marilyn S. Jacobs, Ph.D.
**Recorder:** Ruth E. Helein
CALL FOR PAPERS: PROFESSIONAL PSYCHOLOGY: RESEARCH AND PRACTICE
Open Call for Manuscripts on Psychologists Responding to Hurricane Katrina. The incoming editorial team is assembling a package of articles on professional and personal responses to Hurricane Katrina. We are planning the package to present psychologists’ narratives of a variety of roles, actions, involvement, psychological preparation and reactions involved in this disaster and in the months following. Many psychologists have had (and still are undergoing) experiences that should be shared with colleagues and the public. Psychologists in the Gulf Coast region, as well as across the country, have many stories to tell and more will come as time unfolds. We seek these narratives to highlight issues relevant to practicing psychologists. We are seeking manuscripts of approximately 20 pages, not including references. Submissions must be original and not previously published. Each manuscript should be prepared in accordance with the guidelines “Writing for PPRP” (see <www.apa.org/journal/pro/writing/html>). In order to help shape the stories to be useful in drawing implications relevant for other practitioners, we ask authors to use the suggested format of headings provided below. Because PPRP is an APA journal, all submissions will be peer reviewed, and, therefore, acceptance is not guaranteed. Revisions are usually required. Please contact the incoming editor for PPRP, Michael Roberts, at mroberts@ku.edu if you have any questions. Authors should use the PPRP Submission Portal on the APA website.

DEADLINE: SEPTEMBER 15, 2006

CALL FOR PAPERS: MILITARY PSYCHOLOGY
A special issue of Military Psychology, “Ethics of Clinical Military Psychology,” with guest editors Carrie H. Kennedy and Bret A. Moore is being planned to address challenging ethical dilemmas faced by clinical military psychologists, given some of the unique regulations regarding the practice of psychology in the military. Differences between military psychology and civilian practice occur in such areas as confidentiality and mandatory reporting, dual relationships which may be compounded by issues of rank, conflicting ethical and organizational demands, practice in operational environments, and the requirement for military psychologists to provide assessment of and treatment to virtually any individual in any circumstance. Submissions may be empirical, theoretical, or practice-based. Information presented via case study will be considered if information is supported by pertinent military regulations and literature review. Manuscripts should be brief and should not exceed 20-25 pages including references.

Please send manuscripts to Carrie Kennedy, chk2f@virginia.edu, or Bret Moore, bret.moore@us.army.mil

DEADLINE: JANUARY 31, 2007

SECTION V (PSYCHOLOGIST PSYCHOANALYST CLINICIANS)
Section V Student Essay Contest: Section V will award a $500 Prize for the Best Graduate Student Essay on the theme: “Encountering the Unconscious: A Personal Essay Exploring the Concept and the Experience of the Unconscious.” Rules for submission: Essays should be no more than 15 double-paced 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. For details or more information, contact Student Advisory Committee Co-Chairs: David Kemmerer davidkem@comcast.net or Elizabeth Hahn eahahn@denverchildrenshome.org, or go to www.section-five.org/students.htm

DEADLINE: OCTOBER 15, 2006

STEPHEN MITCHELL AWARD
Papers are invited for the 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. 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, 2007, and presentation of the paper will be at the 2008 Spring Meeting in New York. 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, especially those with academic affiliations, 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@data- gram.com (email).

DEADLINE: JULY 1, 2007
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FROM THE EDITOR
William MacGillivray

BOARD MEETING MINUTES
January 2006

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BOARD DIRECTORY

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With Division 39 Program: Psychoanalysis: A General Psychology
At Ernest N. Morial Convention Center, New Orleans, LA
For more information (and registration materials), go to APA website, www.apa.org/cpconvention06/