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In anticipating our 2008 Spring Meeting on “Knowing, Not Knowing, and Sort of Knowing: Psychoanalysis and the Experience of Uncertainty,” it occurred to me to do a column on spring meetings generally. For many members, perhaps especially those without much local support for their analytic identities, these get-togethers provide an opportunity to “come home” once a year. As a therapist working in a rural county with only a couple of analysts, I remember my excitement when Division 39 was created: An official body of psychoanalytic psychologists within APA, with our own journal and annual conference, seemed a minor miracle at the time, one that suggested I might not have to be a perpetual outsider in my field. I’ve gone to every spring meeting since 1984 and have always found them both stimulating and comforting.

They can also be overstimulating and tiring, and they inspire their share of grousing and second-guessing, often because members lack personal knowledge of the circumstances behind conference policies. In this essay I will 1) review central features of the spring meetings; 2) note some recurring difficulties and possible ways of ameliorating them; and 3) encourage you to attend. What follows has benefited from the input of Jaine Darwin, Chair of the Program Committee, Natalie Shear, long-time conference coordinator, and Melinda Gellman and Jean Petrucelli, chairs of the steering committee for our upcoming meeting.

**Overview**

Spring meetings, scheduled years in advance, are usually held in April, from Thursday morning through Sunday afternoon. Because a high proportion of Division members live and work in the New York metropolitan area, we meet every third year in Manhattan. The location of other meetings depends on the existence of a critical mass of members willing to face the Herculean task of putting the conference together.

Our budget depends heavily on proceeds from the spring meetings. Usually the New York gatherings are our best attended and most profitable, but the financial outcome of any given meeting defies prediction; unforeseeable events cause huge fluctuations in our bottom line. Our 2002 meeting in New York, for example, was not as lucrative as usual, probably because the inaugural IARPP convention had been held there two months earlier and perhaps also because people still had some reluctance to fly in the months after 9/11. Our 2005 New York meeting, in contrast, made much more money than we had predicted. So did the 2006 Philadelphia conference, thanks to unusual diligence in the local organizers. Despite the consensus of attendees that it was a superb program, our 2007 meeting in Toronto lost money, contributing to a serious budget crunch this year. I assume this outcome reflects higher plane fares, decreased value of the American dollar, and new
passport requirements for cross-border travel, but I would be glad to hear other speculations, as it is important to us to have profitable meetings in places other than the largest American cities.

When the Division contracts with a convention facility, we promise to fill a certain number of hotel rooms in return for ample meeting space. If our members register for less than the number of room-nights to which we have committed, we are penalized in the thousands of dollars. This is why we urge participants to stay at the conference hotel. In recent years, the Graduate Student and Candidates Outreach committees have informed their listservs about inexpensive accommodations outside the convention hotel. This is a vital part of making our conferences affordable to all, but I want also to encourage attendees with money concerns to consider sharing rooms at the conference hotel and thereby contributing to our room-count. Given that rates for rooms at mid-range New York hotels have soared past $500 a night this winter, the Waldorf price of $290 is a steal, especially if split among roommates.

Although local conference organizers are given considerable leeway in crafting their convention, many things are relatively constant over the years. We generally have two keynote speakers, chosen by the local organizers. If they are not Division members, we pay them a modest honorarium. Because we have a responsibility to support the Division financially, we require all participants to pay registration fees, except for those students to whom we give free admission in exchange for administrative help.

Panels run from 8:00 a.m. to 5:00 p.m. Most standing committees and all sections with more than 150 members are given a time slot for a panel of their choice. Other proposed panels and talks are subject to peer review. Despite occasional rumors to the contrary, reviews are blind; each paper is critiqued by three readers, and interrater reliability has been high. Every conference has a theme chosen by its organizers, and submissions generally do better when they relate to that theme. It is impressive how diverse the final product of this process is: The spring meeting typically represents a wide range of analytic theories, interests, and angles of vision—much wider and more genuinely pluralistic than any other psychoanalytic organization I know of.

For many years we have offered continuing education workshops on the Wednesday before the conference. Starting last year, we have also given CE credits for regular panels—an administrative nightmare, by the way, that Patricia Strasburg, Laura Porter, and Natalie Shear have done their best to handle gracefully. There is always a welcoming cocktail party, typically on Thursday, and in recent years, we have had a President’s Reception for graduate students, early-career members, and institute candidates. Divisional awards are conferred at the spring meeting, and sections and committees hold their board meetings and receptions there.

This coming April, in connection with my initiative to support

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**Guidelines for Submitting Material**

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

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**Deadlines**

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

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Angelyn Bales, PhD
our researchers, Section VI will hold a poster session organized by Bill Gottdiener. We expect that this opportunity to view and share current research projects will be interesting to all our members and particularly helpful to those in the early stages of academic careers. The Division 39 Board has expressed hope that this will become a regular aspect of the spring meeting.

**Complaints and Problems**

By the time this column is published, the Board, at its January meeting, will have had a discussion about our spring meetings. Overall, we are proud of them, and when something works, it is not a good idea to fix it. But there are a few glitches we might be able to repair. Here are some issues that have stimulated Board members to give this topic some thoughtful review.

**Rejections.** Every year, many first-rate proposals get turned down, especially for the New York meetings, which attract the most submissions. This is bad for morale and possibly for the richness of the program. One way to increase the number of accepted papers is to reduce the number of panels whose members participate by invitation. The opportunity to invite speakers of interest to the organizers is one of the few rewards for members of the local conference steering committees, who otherwise labor thanklessly for two years prior to the event. So far, our policy has been that each member of the eight-to-twelve person committee may invite a panel of their choice. But this may have had the effect of making the conference a bit top-heavy with established people, while not leaving sufficient space for lesser-known, upcoming professionals. If we consider a change here, we will have to think about whether we are offering sufficient incentives for the people who are doing the consuming unremunerated work of planning.

In addition, because the Division has many more committees and sections than we once had, an increasing amount of conference time has become “non-juried,” additionally reducing the number of submitted papers that can be accepted. We may experiment with asking some or all sections and committees to have a reserved time every other year, or two out of every three years, and/or to co-sponsor panels with other groups.

**Coffee.** As we know, oral supplies are not a trivial concern. Natalie Shear reports that every year there is serious grumbling about our not providing free coffee and tea in the early morning. Our reluctance to do so is based simply on cost. Coffee service is expensive; the Waldorf charges $5.00 per cup. We may want to provide it anyway, but it will mean taking money from somewhere else or charging more for the conference. One way we have radically reduced costs, incidentally, is to discourage use of AV equipment whenever possible. It’s the “miscellaneous” fees that can sink us at these meetings.

**Scheduling.** Scheduling is a major headache for conference organizers. There have been innumerable complaints about it over the years, even charges that particular groups have been deliberately marginalized. Scheduling reflects a myriad of conflicting factors that have nothing to do with favoritism: A perusal of the April program suggests that our “stars” are pretty evenly distributed throughout the conference. While many members have objected to being scheduled in the early morning or on less well attended days, all time slots can have disadvantages, depending on what is scheduled concurrently.

To reduce disgruntlement with scheduling, Natalie Shear suggests dispensing with the 8:00 slot altogether, except for committee meetings, and running panels from 9:00 a.m. to 6:00 p.m. Demand for coffee might be less impassioned, too, if the program were to start later.

**Continuing Education.** The quality of our Wednesday continuing education programs has been high. They give participants opportunities to work directly with leaders in the field in a personal, less time-constricted, more experiential way than most panels provide, and for many years they have been quite popular. Last year we experimentally offered CE credits for some panels as well, and this year, we have managed to offer CE credits across the board.

A possible unintended consequence of the increased availability of credits, however, has been an apparent drop in sign-ups for the pre-convention workshops, which may diminish our Wednesday night hotel room use. We may have to offer fewer pre-convention workshops in the future, and commit to fewer sleeping rooms on that night, but this would be a painful decision and would involve some taxing negotiation with hotels.
Expense. Conferences in New York, despite their popularity, generate anxiety about making our room-count. New York area members can commute from home to meetings, while out-of-towners may find the conference hotel prohibitively expensive, even at the convention rate, and seek other lodging. At this point, the Waldorf is the only hotel Natalie Shear has found that gives us adequate meeting space in return for a relatively small number of sleeping rooms. I have pressed her to find another, because beyond the expense, many Division members feel that our convening at the Waldorf suggests that we identify with financial elites rather than with the broad spectrum of people our members care about.

I had hoped to announce in this column that we had found a less pricey venue for future New York meetings, but Natalie reports having scoured the city and having failed to find one. The upside of the Waldorf, of course, is that it is a beautiful landmark space in the center of Manhattan.

One other way we may seek to reduce expense is to pursue more sponsorship for spring meetings. This may require even more advance planning, but it is worth considering.

Going Forward
Jean Petrucelli and Melinda Gellman are coming to the January 26 Board meeting to make recommendations for improving our meetings and reducing the stress of planning them. Decisions made this winter are unlikely to affect the 2008 event, which is now solidly in place, but I think it makes sense to consider possible changes for the future when the challenges of creating a conference are still fresh in our minds. I invite members to share any ideas about the spring meeting with Board members, who can put them on a future agenda.

The April 9-13 program is on the web site at www.division39.org. In addition to compelling presentations and the usual opportunities for socializing, there are some unique features of this conference, including a documentary on Hedda Bolgar’s remarkable career, a soirée with the artist/ writer Maira Kalman, and a special Saturday night live music event at the downtown club “Crash Mansion.” The timely theme of psychoanalytic uncertainty will be addressed from many creative perspectives throughout.

Important Reminders

- As of January 1, 2008, all submissions and reviewers’ reports for Psychoanalytic Psychology must be sent electronically, using the APA’s JBO (Journals Back Office) system. The system is easy to use and can be assessed directly from Division 39 Web site: www.apa.org/journals/pap.html. Correspondence to the editor can be sent to: psychoanalyticpsychology@gmail.com

- Our Board members recently completed a successful campaign to contact every member to encourage them to get out the vote for Division 39 in support of the apportionment ballot for representation on APA Council. One important finding of this effort was the discovery that many members could not be reached, either by telephone or e-mail! Under our current system, members are responsible for updating their information on the Web site. Please check the Division 39 Membership Directory, http://www.division39.org/membership_directory.php, today to verify that the information is correct. If you need help, please contact Ruth Helein, div39@namgmt.com, who will be glad to be of assistance.

- We continue to hear form time to time that members are not receiving publications or mailings from the Division. APA members should check with APA directly to make sure their address information is correct. Non-APA members of the Division should contact Ruth Helein to make sure their information is up to date.

- Division 39 members are eligible to subscribe to Psychoanalytic Electronic Publishing (PEP) Web Archive for a yearly rate of $55.00. The Web Archive is an extensive collection of all major psychoanalytic journals and many books, including The Standard Edition. For more information and an order form, go to our Web site, www.division39.org
KNOWING, not-KNOWING & ....sort-of-KNOWING:
Psychoanalysis and the Experience of Uncertainty

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Lewis Azar, Ph.D.
Sheldon Bach, Ph.D.
Roanna Barnett, Ph.D.
Jannica Banjamin, Ph.D.
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Dear Dr. Kazdin:

I am writing to express my very strong opposition to APA’s official position regarding psychologists’ participation in interrogations that may involve torture. I support Dr. Kenneth Pope’s moral position.

I do not understand how any other stance can be taken, given psychologists’ wealth of knowledge indicating the range of experiences that lead people with normal senses of morality to develop the capacity to tolerate or actively participate in the infliction of pain on others.

Ever since the Stanley Milgram experiments, psychologists have known that normal people will inflict pain on others under the right social conditions and that those conditions need not be extreme or require great personal risk or sacrifice to resist. Further, psychologists possess a wealth of knowledge concerning the processes by which traumatized people become aggressors themselves. Psychologists who are exposed to torturous interrogation practices may be at risk for these processes, which include numbing, other forms of dissociation, and identification with the aggressor. The assumption that psychologists are somehow protected from these dehumanizing processes and will be more able to resist than others who are responsible for torturous interrogations appears to me to be at best naive and at worst indicative of a self-serving professional narcissism.

In writing, I am hoping that my opposition becomes part of a critical mass within APA that ultimately would lead APA to reconsider and unequivocally decide that psychologists participating in or tolerating torturous interrogations are behaving unethically. If APA does not affirm an unambiguous moral opposition, I fear that many who do will be left with no alternative than to leave the organization. As a member for more than 20 years, and one who feels a great loyalty to my profession and the work of APA on its behalf, I hope that this does not happen.

Madelyn Simring Milchman, PhD
Upper Montclair, NJ

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1 This letter was originally sent to Dr. Kazdin as incoming president of APA and is published here at the request of Dr. Milchman.
Over the last year, many members have been active in addressing the failure of our parent organization to clearly state its opposition to psychologist involvement in interrogations of detainees at Guantanamo and other sites. Neil Altman was the primary sponsor of a resolution that called for a moratorium on psychologist involvement in interrogations. Our council representatives, as well as others in the Divisions for Social Justice, joined Neil in this effort. Our members were also active in reaching out to our colleagues in Division 19 (Military Psychology). In August, facing the refusal of APA leadership to support or even discuss this resolution, our efforts were re-directed to strengthening previous council resolutions against torture. Laurie Wagner took the lead on this issue, pushing for a resolution that made a stronger statement against psychologist involvement, but the resulting document left in language that many others felt inadequate. Laurie, along with Judy Van Hoorn, Corann Okorodudu, Beth Wiggens, and Bill Strickland, crafted a more strongly worded resolution that has been approved by APA Council. While falling short of the forthright prohibitions sought by many members, this is the clearest statement to date in opposition to psychologist participation in illegal detentions. The editor

2007 Wording To Be Rescinded

BE IT RESOLVED that this unequivocal condemnation includes all techniques defined as torture or cruel, inhuman or degrading treatment under the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment under the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Geneva Conventions; the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners: or the World Medical Association Declaration of Tokyo. An absolute prohibition against the following techniques therefore arises from and is understood in the context of these texts: mock executions; water-boarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation; over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual’s family. Psychologists are absolutely prohibited from knowingly participating, planning, designing or assisting in the use of all condemned techniques at any time and may not enlist others to employ these techniques in order to circumvent this resolution’s prohibition.
interviewed Elliot Jurist on a cool November day at his office in Manhattan, accompanied throughout by the cacophonous background of sirens that to me has always spelled “New York.” I have been working on my dissertation involving concepts of mentalization, and to my mind as to many others, the volume *Affect Regulation, Mentalization and the Development of the Self* (Fonagy, Gergely, Jurist & Target, 2002) was the text which has cast one of the longest shadows in the field. I wasn’t sure what to expect from a man who had co-authored what I consider to be one of the real landmark works in this area.

We made ourselves comfortable in his office as those ululating cries reached in from the outside, and which would cause me so much distress later as I would try to transcribe my tape recording of the conversation. Dr. Jurist proved to be a down to earth and gracious interviewee. We started by talking about the *Psychoanalytic Psychology* journal, which many of the present readers will know he has been at the helm as of the January 2008 edition. He described the journal as “vibrant,” and it was evident to me throughout the interview that Dr. Jurist’s interdisciplinary thinking and approach to psychology and psychoanalysis was going to be a hallmark of his term as editor.

I started to feel more at ease, and we proceeded on our hour-and-a-half journey exploring some of the forces that had brought him from his earliest encounter with Sigmund Freud to where he is now. “I have always had a wide range of intellectual interests,” Dr. Jurist told me. Not that he was like Susan Sontag—he smiled in response to my suggestion of his early precocity—reading Kant’s *Critique of Pure Reason* in high school. But reading a biography of Freud at the age of 17 left a real impression. However, as in many lives, the planted seed took its time to germinate. Dr. Jurist went on to study and to write on other topics before coming to psychology and psychoanalysis was going to be a hallmark of his term as editor.

Thus, he continued, it was a revelation to find that you could have a field where you could have ideas, but then there’s this human reality that you also have to attend. One thing I found interesting in my attempt to understand something about Dr. Jurist’s intellectual development is that his starting points and his latter transitions do not appear to be marked by sudden demarcations or cutoffs. I got no sense that he has somehow “moved beyond” philosophy, or has dropped one career for another. What I saw instead was someone who has taken pieces he has found valuable throughout his life and has integrated them in ways that inform one other. Before 1990, when he began in the doctoral program in clinical psychology at the City University of New York—the same department he now chairs—Dr. Jurist taught at the philosophy departments of Columbia, Hofstra and the University of California at Santa Barbara. I surmised that something within him must have provided impetus to make the “relentlessly abstract” make peace with the human and the real. He noted,
There is something limiting in the philosophical concept of the mind where we can or should strive to be rational; because I think what we get from Freud is that irrationality is inescapable...In philosophy irrationality doesn’t have a positive connotation, it’s just a failure to be rational...

If one sees psychoanalysis as being based on the irrationality of the mind, and philosophy as being based in the rationality of the mind, it’s appealing to find ways in which the two are not conceptualized as an either/or.

Dr. Jurist sees some of the current neuroscience research as confirming that our cognitions and emotions do indeed overlap in the neural circuitry. He sees this as an idea that is opposed, not only to what has been commonly conceived of in philosophy, but in Western culture in general. This interest in neuroscience, and particularly in the way that neuroscience is seen to back up the findings of empirical work seems reflective of Dr. Jurist’s interest in expanding the scope of psychoanalytic thinking. He commented,

I think that psychoanalysis really hasn’t been able to sustain a view of the mind. It needs to be more open and receptive to developments about the mind that come from outside of psychoanalysis. Too many psychoanalysts believe that if they think about psychoanalytic ideas then that’s enough, and I think that intellectually the tradition has suffered because it’s been isolated.

Another vexing point that he expressed to me, perhaps connected with the intellectual isolation of psychoanalysis, is the increasing tendency towards evidenced-based treatment. “I’m always wondering with evidenced-based treatment, where are all the people who have benefited from this?” EBTs have made a particular point, of course, in defining treatment in terms of getting a patient from time T1 where a symptom exists to time T2 where it does not. And this type of treatment is tied into a model of clinical training that assumes that just by doing research on clinical topics one is turned into a clinician. Dr. Jurist feels that this sort of approach is an abdication in the training of clinicians; but also that the field of psychoanalysis is not blameless in this regard either. “Division 39 members, as much as they should be advocates of psychoanalysis, they should be advocates of serious, rigorous clinical training and work.” While he sees Division 39 as a dynamic force within psychology, he still believes that it needs to work to make its presence felt by being more outward seeking, and to make its voice heard in the wider field of clinical psychology.

Part of this dictum, he believes, implies recognizing and seeking to reverse the current trend towards the marginalization of clinical work. In his time as the director of the CUNY doctoral program, Dr. Jurist has taken active steps to sustain rigorous clinical training as well as to provide training in research. In particular, he has instituted a research component to the training clinic that does not limit itself to outcome studies in the immediate aftermath of treatment.
Dr. Jurist’s historical and philosophical background would serve him well in his work on *Affect Regulation, Mentalization, and the Development of the Self* (Fonagy, Gergely, Jurist & Target, 2002). One of the wonderful things about reading this work is that it constructs its argument out of a multitude of academic perspectives, citing everyone from Aristotle and Spinoza in philosophy to LeDoux and Panksepp in neuroscience. Much of the historical and philosophical parts of the work are attributable to Dr. Jurist’s influence. He only nodded slightly when I used that word, “landmark,” to describe his co-creation. Perhaps the idealization was mostly in my own head, and in any case, how had I expected him to react?

It is interesting, he told me, to think about historical perspectives on philosophy, and to wonder about how themes from the contemporary discourses of the Classical Greeks or the German Idealist schools of thought might have considered the ideas that we are grappling with today. What might the old scholars have thought of cognition? Was this what used to be called the reasoning part of the soul? Were drives or emotions once known by other names, such as the appetitive or the spiritual? And how have these ideas, in forms altered or unaltered, been handed down to our own culture? Dr. Jurist sees one of the central premises of psychotherapy, that another person is able to give you insight into yourself that you wouldn’t be able to have by yourself, as coming directly out of the 19th century Hegelian ideas on agency, which conceives of others as playing a crucial formative role in one’s own identity. And indeed, the developmental model of mentalization might be summed up in the wonderfully convoluted Winnicottian (1971) turn of the phrase: “the mother is looking at the baby and what she looks like is related to what she sees there” (p.112); implying that intersubjectivity cannot be taken for granted as a human genetic inheritance but is in fact brought into existence by others.

Thinking about the nature of the mind, and to what extent its etiology is influenced by others, and to what extent it’s a genetic inheritance, also brings into focus some of the tensions between mentalization and the more traditional ideas of psychoanalysis. Dr. Jurist roughly summarized the progress of psychoanalytic theory as starting with Freud’s focus on the id, after which the ego became important; next the self, then the objects of the self, that is, object relations had to be accounted for, and now, he said, the “new paradigm has to do with the mind.” Now as I had understood it in terms of thinking about the role of the mind within mentalization theory, the mind was personal. But as Dr. Jurist explained it, the distinction between the “mind” and the “self” is better seen as between something that is “radically unique,” that is, the self as a idiosyncratic result of early parental upbringing and growth and development experiences; and the mind, which is something that to a large extent we all share. “Mind is the actualization of the brain that’s occurred through evolution.” I looked at him a touch perplexed at first; surprised, I suppose, that such a distinction had been made in the literature, and I had apparently completely missed it. “Minds are similar in the way that selves are not… and if you really want to make it complicated you have to bring in my character or personality” he added with a laugh.

Dr. Jurist agreed with my observation that these terms can be more than a little challenging to tease apart. Does this definition put mind in a sort of abstract theoretical realm, disconnected from the more empirically available experience of the self? A volume he has just co-

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Another assumption I found blown apart during my talk with Dr. Jurist was regarding the degree to which information from *Affect Regulation, Mentalization and the Development of the Self* (Fonagy, Gergely, Jurist & Target, 2002) represented “cutting edge” research and theoretical conceptualizations. Thinking perhaps that nothing much new could have been discovered in only about 5 years, what I found rather was that something akin to Moore’s Law was driving the dynamic field of mentalization. The authors wrote in 2002 that mentalization is a developmental process not completed until about the fourth or fifth year of life. They believed that the successful traversal of this process is evidenced via the false belief test, when children begin to show awareness that someone else might not know what they know. New research, Dr. Jurist told me, has shown that mentalization begins much earlier than that, perhaps as early as the age of one. This, Dr. Jurist proffered, puts into question significant parts of their previous conclusions. And it also really points to unresolved questions about the nature of the relationship between attachment and mentalization, and to the way in which the former mediates the existence of the latter.

One might ask why do we need to mentalize in the first place? Dr. Jurist cited Fonagy’s recent conception, which differs from Bowlby’s belief that attachment has evolved to enable the organism’s survival; that the ultimate goal of attachment is for the infant to develop a representational system so that the organism can function independently. But then, similar to Bowlby’s view, Fonagy emphasizes the competitive and aggressive aspects of independent functioning, while Dr. Jurist believes that cooperative functioning has also to be factored in. Bringing the representational system into the mix, says Dr. Jurist, presents a significant modification of the traditional attachment system, and also brings in psychoanalytic ideas.

Another area of Dr. Jurist’s interests that further unfolds questions within mentalization theory, is about possible qualifications to the idea of mentalization as an “either/or” concept. It may in fact not be accurate to say that, for example, borderline patients fail to mentalize. More to the point, they may have problems mentalizing within the context of attachment relationships, but may mentalize successfully in other kinds of situations. Besides the role of the context in mentalization, there may be different levels of mentalization as well. Dr. Jurist described the distinction between a more autonomic mentalization reaction, something akin to the firing of a mirror neuron, where a person might get some sort of intuitive read on another of which they may be largely unaware; and a higher or more complex level of mentalization, wherein mentalization is seen as having to do with the ability to keep different perspectives in mind without foreclosing on one or another of them. This latter capacity is more the purview of the book. But even within that scope additional distinctions have started to emerge. For example, at times mentalization is talked about as the ability not to foreclose on an idea, while at other times in represents the attempt to sort through multiple perspectives with the goal of arriving at the most accurate one. “There’s some ambiguity there.” But he doesn’t see this as exposing a lacking in mentalization as a concept. Rather he believes that it’s inevitable that the more the concept develops, the more questions arise. Some of the ideas about these finer distinctions may be found elaborated upon in Dr. Jurist’s article, “Mentalized Affectivity” (Jurist, 2005).

“Where do you see psychoanalytic psychotherapy heading?” I asked. “Not sure I can answer the question of where it’s heading distinct from where I’d like to see it heading,” he answered. And that is for psychoanalytic psychology to become more open to outside influences, more interdisciplinary, and “more able to contribute to discourses and discussions that are not just internal to itself.” As an adjunct to that thought, Dr. Jurist believes that the key to this happening is “to have young people come into the field, and equip them, so that they can do things that will be understood as a legitimate part of the mental health world, as opposed to just being isolated.” But at the same time, he returns back to what I perceived to be his main calling. “What would you recommend to the beginning practitioner?” I asked Dr. Jurist. “Don’t be afraid to buck the system,” he answered, by getting
solid clinical training.

As we explored this idea of how psychoanalysis might be seen to fit in, or not fit in, to the greater mental health world, I asked him if he perceives any tensions between his roles as psychologist and psychoanalyst. “I’m not a psychoanalyst,” he quipped, “so I guess I don’t have to answer that one.” But as he continued on a more serious note, he explained that what he meant by that was simply that he had never attended an institute, although he has some psychoanalytic training. Nevertheless, his identification with psychoanalysis is clearly a strong one, and is reflected in his dedication to Division 39. As he pointed out, “there is a larger sense in which anyone part of Division 39 is part of the psychoanalytic world.” In a more personal sense, and as we can see from the early impact on him from reading Freud’s biography, there is simply this: “I don’t believe that I would have become a psychologist if there wasn’t the opportunity to do it through psychoanalysis.”

We wrapped up the interview on a more personal note, as I asked him if he wanted to share with the readers something about himself that was outside of his professional life. “I have a wonderful 7 year old daughter, in second grade, and am very involved in her life as a co-parent. And I like to exercise and take long walks in the country.” Of course, he still reads widely, and considers that important to maintaining a broad perspective. And what is he reading currently? “I’m reading a wonderful book now called Fear: A Cultural History, by a historian.” The book discusses how the perceptions of fear, more so than the reality of the feared object itself, dictate what takes salience on the historical stage; a sort of historical story of one emotion. It occurred to me later that what’s interesting about his choice of this particular book, were I to make a somewhat glib psychoanalytic interpretation, is that it has a remarkable parallel with the idea of “psychic equivalence,” which plays such a central role in Affect Regulation, Mentalization, and the Development of the Self (Fonagy, Gergely, Jurist & Target, 2002). Did he choose the book because of this; or realize it afterwards; or was it an unconscious process? Presumably these are questions for another time.

Our conversation was coming to a close, and I had asked all the questions I was curious about. “Turn that off, and now tell me something about you,” Dr. Jurist said hospitably, glancing at my tape recorder. And so thank you, Dr. Jurist, for a rich and illuminating conversation, as I leave the reader on that note.

REFERENCES

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I was able to ask a diverse group of psychologists their opinion about the Psychodynamic Diagnostic Manual (PDM, Task Force 2006). Most of the psychologists (66%) in my sample defined themselves as non-psychodynamic. They were in one of three of my workshops: 1) a workshop using the PDM to help with MMPI-2 interpretations (Gordon, 2007c), 2) a spring workshop “Ethics and the Difficult Person: What the PDM can teach us all”, and 3) a fall workshop on the same topic (Gordon, 2007d).

All the workshops were in Pennsylvania where continuing education credits are mandatory as are ethics continuing education credits. I mention this because at the time of ethics workshops, it was the end of the two-year, 2005-2007, cycle for completing our continuing education requirements. This gave me a sample of psychologists who would otherwise be unlikely to step foot into anything psychodynamic, but were desperate for CE credits.

I had asked the psychologists to state their primary theoretical identification and rate several questions at the end of the three workshops. There were a total of 192 psychologists, 65 Psychodynamic, 76 CBT and 51 Other (i.e., systems, humanistic/existential, behavioral, etc.). In this preliminary report, I will share the results of the most important question, “I believe that the PDM can help me understand a person’s full range of mental health.” They rated this on a scale from “1= Low” to “7= High.”

The percentage of psychodynamic psychologists that favorably rated the PDM (rating in the 5-7 range) was 93.8%. The percentage of CBT psychologists that favorably rated the PDM was 81.6%. The percentage of psychologists who identified themselves as systems, humanistic/existential, or other that favorably rated the PDM was 90.3%. Over-all, the percent of psychologists that rated the PDM favorably in helping them understand a person’s full range of mental health was 88.57%.

The psychodynamic psychologists rated the PDM the highest \( (M = 6.18, SD = .90) \), which was significantly different than both the CBT and other groups \( (p = .004 \text{ and } p = .022 \) respectively). The non-psychodynamic psychologists rated the PDM similarly \( (CBT \ M = 5.66, SD= 1.20; \text{ other } M = 5.76, SD = 1.07) \). Since the CBT and other groups were not significantly different from each other, I will pool them in my future analyses. The effect sizes were small; Cohen’s \( d \) for Psychodynamic and CBT = .49, effect size \( r = .238 \); Cohen’s \( d \) for Psychodynamic and other = .43, effect size \( r = .21 \). In other words, the psychodynamic psychologists rated the PDM as more valuable than the non-psychodynamic psychologists, but by only about \( \frac{1}{2} \) a point. This is a reliable, but weak difference.

These preliminary results not surprisingly indicate the enthusiastic response of psychodynamic psychologists to the PDM. However, more interesting was the response of non-psychodynamic psychologists. After only a 3-hour workshop, 85.95% of non-psychodynamic psychologists rated the PDM favorably. Many wrote on the survey that unfortunately they had not been exposed to the scientific basis and usefulness of psychodynamic formulation. These results point to the importance of educating psychologists and students in psychodynamic formulation and the PDM.

Finally, please note: the Gordon (2007c and d) articles and PDM workshop power point slides can be found at www.mmpi-info.com

References

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I think the film that most quintessentially captures cross-cultural bewilderment is *Lost in Translation*. In a commercial shoot early in the film, the protagonist, Bob Harris, played by Bill Murray, is pressured to perform the savior faire associated with his film persona while advertising an alcohol product. The director shouts at him for ten minutes in staccato Japanese which is translated by a solicitous female interpreter, as “More intensity, please.” “Didn’t he say more than that?” Harris asks. The director releases another vehement barrage of instructions. “Yes?” Harris asks. “More intensity, please.” Harris, aka Bill Murray, grimaces and mimics whatever “intensity” might signify in this context, and clearly longs for the alcohol.

I find my work with medical illness often gets lost in translation. Mismatched assumptions snag my conversations with physicians about patients I’m treating, and sometimes disrupt interaction with the very same patients in my psychotherapeutic work. I think, however, there is an opportunity embedded in the struggles of translating across disciplines and areas of scholarship. Psychoanalysis has moved forward through an examination of its jagged edges, rarely its polished contours, Harry Stack Sullivan in the 1950s joined a biologically derived psychoanalytic theory to the burgeoning social sciences and expanded our developmental and diagnostic perspective. Feminist theorists have challenged fundamental concepts regarding character development and gendered dichotomies. In truth, if we want to honor the legacy of Sigmund Freud, it is by looking at psychoanalysis as a project worthy of open investigation and interdisciplinary challenge, rather than a fixed body of truth. I feel that tolerating formulations that seem alien and incongruent, and the anxiety of not finding the right word or language to express a new concept—the perils of translation—can lead us to new and inventive perspectives within psychoanalytic theory and practice. Nowhere is this clearer, I believe, than in our attempt to understand mind-body interactions. Towards this end, I am very pleased to serve, along with Marilyn Jacobs, as co-chair of the new Division 39 committee, Psychoanalysis and Health Care. Staying muddled and resisting the impulse to create sleek solutions is precisely what I think this complex area calls for.

What I experience in working with physicians is a collision of two different paradigms as well as two different language systems. I am often referred patients whom physicians can’t help, with the assumption that there is a specific etiological agent I can identify whose eradication will produce symptomatic relief. Sometimes patients are referred when they complain about work pressure, or distressing relationships, but these complaints are often read by physicians as pathognomonic indicators, equivalent a deficient white count. The rub is that people who are ill, though they often complain about their doctors and medical care, are likely to be more identified with the medical model than with ours. Patients want results, and our commitment is to process. Additionally, we live in a culture of commodities and products, and the body is one of them—a product to be recycled or updated. Our culture sanctions the belief that bodily constraints can and should be erased or reversed.

Within the context of this belief system, when doctors and patients are interested in a psychotherapeutic referral, they rarely privilege the investigation of unconscious processes and the therapeutic co-participation that we offer. Our step-siblings, the cognitive behavioral therapists, are embraced readily, offering easy solutions to “stress management” and efficient problem resolution. A word about medical practice: the problem of translation is bi-directional and occurs when we psychoanalysts talk with physicians. Our discursive and exploratory approach often bewilders them, and it’s useful for us to reflect on the perspective of the physician, however overly data driven they may be. Our discipline’s approach to problems can seem peculiar, even weird. As Drew Westen (2002) asks, “And how many of us would be content to have our child treated by a physician who says that he “resonates” with particular theories of leukemia and that, although he has not read much of the empirical literature on it since school, he believes cells can be understood from a multiplicity of angles, none of which constitutes the whole truth?” (p. 888).
To some degree, we psychoanalysts have been our worst enemy in the health care area. In my long-term work with patients suffering from ulcerative colitis and Crohn’s disease (Gerson, 2002), including consulting with a foundation and a major medical center, I had to bridge the chasm between my discipline’s premature conviction that ulcerative colitis was a psychogenically organized syndrome and the contradictory, certainly non-confirmatory empirical data. Treatment studies have not supported psychological correlates, nor the usefulness of psychotherapy towards symptom reduction. Yet it is rare that I mention this illness to a psychoanalyst without encountering conviction that its place among the original big seven of psychosomatic illnesses remains unchallenged (Alexander, 1950).

Our own jump to explanation is likely countertransferential in origin. Psychosomatic illness—the sudden emergence of symptomatology without physiological explanation and without therapeutic relief—is threatening and we feel pressed to provide an explanatory schema to relieve our own anxiety. I think we often jump to explanation rather than staying with personal meaning. We try to protect our sense of potency by isolating ourselves within our own language system, rephrasing rather than attempting to bridge or translate. It’s hard not to because the existential inequity of illness, that is who is well and who is not, is disturbing to all of us. It is a random and cruel role of the die. Other forms of distress that patients bring to my office seem more plastic, more potentially rendered in symbolic form than physical illness. What’s more, the randomness is alarming in another way: my own physical vulnerability lurks at the margin of my conversation with a sick patient. I could easily be the next person asking, “Why me?”

Within the psyche-soma area, I’ve shifted my intestinal focus to Irritable Bowel Syndrome (IBS), and to a collaborative project with my husband, a gastroenterologist. IBS affects approximately 10% to 15% of the population and can severely compromise quality of life (Thompson, et al, 1994). As one patient put it, “I can barely remember life without embarrassment and without pain.” There is a significant incidence of psychological distress in IBS patients, as well as the suggestion in one well designed study, that anxiety and depression facilitate the development of symptoms (Bennett, Tennant, Piesse, Badcock, & Kellow, 1998). Several investigators have explored the effect of childhood sexual and physical abuse on IBS; in some studies the incidence of childhood abuse significantly differentiates IBS patients from those with organic gastrointestinal disease, and in others results are inconclusive (Drossman, Talley, Leserman, Olden, & Barreiro, 1995). IBS affects three times as many women as men, evoking a range of explanations, including hormonal effects, and gender patterns in health care seeking, Though not originally identified as “psychosomatic,” IBS has proven quite responsive to various psychotherapeutic interventions including short term-psychodynamically oriented therapy, cognitive behavioral therapy and hypnotherapy, as long as symptomatology and coping remain a major foci of the treatment (Blanchard, 2001).

Once patients suffer from chronic IBS symptoms, they are unlikely to feel relief without psychological intervention (Blanchard, 2001). Psychotherapy is most relevant in processing the
meaning of symptomatology. When the experience of illness is located in experience, it seems to lead to a greater sense of mastery of symptoms and, very possibly, to a reduced gut hypersensitivity or increased pain tolerance. But this remains conjecture. When we jump to linear, causal explanation for symptomatology—the pillar of medical practice—we in fact enter the medical model and leave our own.

In spite of the proven efficacy of informed psychological treatment for IBS, gastroenterologists don’t readily refer to mental health professionals. Most patients who seek specialist care continue to have symptoms, and they inevitably choose to see yet another specialist, who performs the same cluster of expensive tests, draining health care dollars—$1.6 billion in direct and $19.2 billion in indirect costs (Sandler, et al., 2002), and more importantly, rendering the patient even more hopeless and symptom preoccupied.

In a carefully designed clinical research project, my husband and I saw 19 patients together for three biweekly interviews. We focused on the circularity of psychological distress and physiological discomfort; asked about memories of first occurrence of illness and correspondence in current life; inquired how illness was constructed across three generations of family life, and how significant others currently responded to and participated in the experience of illness. Our results were impressive: a highly significant decrease in symptoms after only three conversations, maintained at three month’s time. Our ongoing need to translate between our paradigms necessitated openness to new possibilities, and thus we ultimately found hypotheses we weren’t initially looking for. For example, people with IBS have been characterized as learning to somatosize from their parents (I often find this statement pejorative). Our conversations made us aware of something unreported about the childhood experience of patients. Many of the individuals we worked with had lived with parents who had seemingly denied or mismanaged serious illness, flooding the patient with constant and disregulated anxiety in childhood and adolescence. A subsequent international study we conducted has indicated that across countries as diverse as India, China and Mexico, reported relationships with significant others has a major impact on the intensity of the illness experience (Gerson, M.J. and Gerson, C.G., 2006), that is, across these cultures conflict in intimate relating was predictive of worsened symptomatology. Once again, we were surprised by the commonality of this finding across such different cultures, but we conjecture at this point that since the data was collected in urban settings, that urban cultures share a global perspective on mind-body interactions that urban-rural subcultures may not. Here the question of translation cross-links the medical, the psychological and the anthropological.

I’ve had ample opportunity to become fluent in another language (i.e., “medicalese”), however, I can still feel disequilibrated. Besides the challenge of back-and-forth translation to another discipline, I find that patients often want to work instrumentally with me, to relieve pain or discomfort, with enhanced self-understanding often regarded as a luxury item in our collaboration. And when the patient becomes engaged and the symptoms remit, I still have to maintain a high degree of tolerance for uncertainty, since the means of explaining why the symptoms remit remains elusive.

I’d like to offer three clinical examples illustrating my work with IBS diagnosed patients. I’m going to transgress a clinical tradition and begin with what we might consider a “failed” treatment. After all, if my purpose is to expose disjunctions, it would not be appropriate to begin with coherence and comfort, but rather to end there.

A clinical example: Jim told his physician he wanted symptom relief from IBS but had no psychological issues to address. “Are you sure?” his doctor asked. “Yes, work is tough but gratifying, family is great. I mean I haven’t talked to my father for over a year, but I don’t think that bothers me.” The referral is made. My work with Jim was an exercise in dual-coded language systems, if not cultures. Jim wanted symptom relief. I was astounded by the number of psychological issues facing him. Jim and I shared a common language when we were talking about pain, the unpredictability and mystery of symptom appearance. I felt empathic in these exchanges. This is what I do: I listen to and recognize subjective renderings of experience.

The disrupted translation occurred when I inevitably introduced the heart of my clinical belief system: Jim offered me a psychoanalytic banquet of
dynamics, the break in relationship with his father as a mere appetizer. What emerged from my inquiry into his life and experience? His father felt second rung to Jim’s wife’s family, which had become more primary. His father expressed dissatisfaction; Jim’s wife said she’d never forgive him, and that was the end of the father-son relationship. But it was only the beginning of the story. Jim, besides a taxing work life, was essentially responsible for most of the crucial home management chores. He couldn’t criticize his wife because, “She is so good, and, unfortunately, very sensitive to criticism.” He found his kids unmanageable; they were noisy and rebellious and he often felt sicker on the weekends. And he worried about his daughter. She was shy and often said she couldn’t participate in an activity because her stomach ached.

His IBS had first occurred in the midst of his kitchen renovation, which was utterly disruptive of eating patterns. In something like the sixth meeting, we talked about his mother; his early life had been utterly chaotic. After his parents divorced in early adolescence, his mother periodically gave him sumptuous gifts and then, when her funds emptied, the phone was shut off and their car was repossessed. He felt guilty about his relative inattention to her in her last decade and didn’t like to think about her sudden death six years ago, which he thought was possibly a possible suicide.

A few sessions later, we returned to his mother. “We often had to cancel plans because my mother was sick, generally throwing up. I think she may have done it to herself. She always had something wrong with her; in fact she insisted she had an ulcer when doctors denied it. She managed to have two operations that weren’t necessary. I think they’d call her Munchausen’s today, heard that term? She went into a deep depression when my younger sister was born; my sister wasn’t wanted and her life shows it.”

This material is beyond drenched with meaning from our perspective. But Jim was not interested in exploring meaning; he wanted respite from discomfort. For him “no pain, no gain” is a cruel aphorism. Though I tried to bridge our language barriers by reminding him of the findings that psyche is linked to soma for this syndrome, he was correct in insisting that the data does not predict individual improvement, nor is it conclusive. During the first half of our sessions—and there were only about 12 in all, spanning three or four months because of his work travel—Jim began with a health update, and half the time it was a moderately negative report. Once he came in looking brighter. “I feel better... I think that the ginger tea and peppermint oil I read about on the web are working.” Most attempts I made to engage him in psychological discussion seemed to stall, though he suffered my explorations with some equanimity. “I think what you’re describing about your mother has cast a shadow on your life,” I said at the end of a session, in an attempt to link current anxiety about disorder to the chaos of his childhood. He began the next session by saying, “I’ve been thinking about the past, but what’s the difference? It’s self-indulgent; I say, get over it.”

When he unfurled his mother’s medical history, I asked him what he was feeling. “Anger, it’s hard to think about. I’m like this with my wife, too critical.” Because I believe that the body is social and that the beliefs of significant others shape the patient’s experience of pain and disability, I pursue how partners respond to illness and whether they help provide soothing and containment. However, Jim had erected a radar screen around his marriage; alarms rang if I approached his wife’s participation in his illness. I raised this with him, my discomfit in feeling that I was being singularly questioning of her empathy towards him. He replied, “I hate not taking responsibility for myself, I hate people who make things other people’s fault.”

I can’t really say that Jim and I were utterly in different orbits. He began to think about himself a bit, for example, how much he disliked people who let him down, who don’t follow through. In one session, he speculated, briefly, on an irrational need to make his wife happy at any cost. Our last session preceded my August break and his departure for vacation. He reported a worsened health condition until just the preceding weekend, which turned out to be a very good one. But he had developed a new array of symptoms: loss of taste in the center of his tongue, aches and pains in other parts of his body. “What is this? Are they real?” he wonders. “My mother continually complained of aches and pains.”

It seemed clear to me that Jim was unable to
undertake any translation of bodily experience into psychological meaning or metaphor. “Perhaps your body is particularly creative; it won’t rest until you resolve some of the confusion and chaos you’ve experienced,” I said. “You know I actually miss my mother,” he responded. “We looked at film footage recently and there were happy times when I was really young.” At the end of the session, Jim said he couldn’t schedule a future appointment because of work complications. I never heard from him again.

Edgar Levenson often quotes a Sufi proverb that “No problem is too difficult for a theoretician.” I can retell this experience in many ways, all of them heuristic. Jim’s selective inattention to his experience, his constricted reflective functioning, my insufficient Winnicottian holding. Attachment theory offers many leads, particularly in its integrative reach towards cognitive neuroscience. Jim, likely a fearful avoidant individual, was plagued with ambivalence about receiving help, while unconsciously fearful of being neglected and abandoned. In fact, was his illness and his symptoms an unmodulated form of attachment?

However, I think at this point, I’d like to tolerate asking more questions than providing interpretive answers. I’d like to, in Harlene Andersen’s words, “flirt with my hypotheses, not marry them.” I want to be honest enough not to fault Jim for my own personal limitations, or perhaps the limitations of my discipline in explaining our disconnection. Jim had the material and I had the expertise and we didn’t connect. He lived in another meaning system, another epistemology. He wanted to be physically healthy.

I worked with another patient who was similarly inclined, interested only in symptom relief, Janet had a warm, Italian good nature, which helped her become at least superficially engaged in treatment. A woman in her early 60’s, Janet had suffered from IBS for a decade, and was currently able to pursue very limited social contacts, she had tried antidepressant medication to little avail, and almost every holistic approach imaginable including hypnotherapy and yoga, visualization, and nutritional counseling. She had seen a therapist several years ago with limited benefit. Janet was not inclined to reflect on her experience, and even less so, her relationship with me. However, she was psychologically gifted in her ability to capture the immediacy of her experience; she was a snapshot taker. In many ways, my work with her followed the structure of a traditional Sullivan inquiry: Her early life in a large sibling set was focused on a mother who was catastrophic in her worldview. As we roamed across her childhood, it occurred to her that not only was her illness a way of identifying with her mother’s “orange alert” worldview, but that she had denied her identification with her father’s sense of humor and irony. What came bubbling to the surface of her consciousness were the ways she had dared catastrophe, broken the set of gloom and doom throughout her life.

But the one line of the inquiry was Janet’s present reality, a drama that reflected her longstanding characterological struggles. Janet’s IBS had begun when her husband had retired. They had worked together before and she knew he was compulsive and exacting. “I visit my daughter for the weekend, and come back to find some furniture re-arranged; he comes into the room and turns off the TV program I’m watching” she said. In time, we were able to look at these events as expectedly irritating but personally deeply unnerving, because of the boundary

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violation that Janet had always felt subject to—from her mother’s depleting anxiety, not to mention her grown children’s emotional demands on her, including dealing with an anorexic daughter largely in remission.

At one point I asked whether her illness were not a boundary maker, that is, her own private experience that provided a “hands-off” barrier to invasion and entitlement. The notion seemed both preposterous and interesting to her, and we followed this figurative marker in our work together. I want to mention that an offshoot of our work was that at this point Janet saw a nutritionist—probably for the second or third time—but this time culled a dietary approach that was extremely helpful. I find that a key benefit of successful psychotherapeutic treatment of medically ill people is the optimism, which leads to a renewed commitment to adjunctive therapeutics. Janet had been sick for 10 years and after working with me for four months, she felt better. Her physician corroborated the remission that has held for two years.

Janet’s psychological evolution was somewhat surprising to me, as much as Jim’s inaccessibility. Her illness was long, and her personal struggles longer. I would explain her improvement as largely following the metaphor of boundary-invasion that had plagued Janet throughout her life. As Bucci (2001) notes,

One cannot directly verbalize the subsymbolic components of the affective core…To describe a feeling in verbal form one describes an image or tells a story that incorporates the contents of the schema, the events and objects and actions that may be known and shared with other people and that evoke the sensory experience and actions of the affective core. (p. 51)

In other words, together we captured what had remained unformulated to her, in language that linked her psychic and somatic distress. Janet’s basically positive transference to me, allowed her to associatively tell her story of illness, linking procedural (non-verbalized) and episodic (event) memory components. However, I can’t escape puzzling over this treatment. Why did the metaphoric recasting with Janet provide so profound a link between body and mind, when it failed to do so with others? This question remains a central one in any effort to think psychoanalytically about medical illness.

Another possibility occurs to me, partly related to Janet’s somewhat revived and successful interest in seeking other professional consultation, specifically with the nutritionist. I think that when I am relaxed enough to work with patients with a sense of perplexity, I can help activate mastery, including mastery over pain. It is the patient’s recognition that she is bewildering me, in Pollack and Slavin’s (1998) terms, “the extraordinary discovery of the personal vulnerability of the analyst to the patient’s impact,” (p. 870) that enables the patient to claim agency in life. Paradoxically some patients look for absolute, invulnerable expertise, and yet are reassured by its absence, external to their own resources. In a sense, as Krueger (2002) notes, every symptom is an expression of hope for restitution, rather than a signifier of psychological foreclosure.

Let me conclude with a sketch of a treatment that makes me feel very comfortable. I worked on a twice a week basis with a young woman, Ellen, who suffered from IBS for seven years. She had been in somewhat intensive treatment previously because of a depression following the sudden disruption of a romantic relationship and entered treatment with me saying that she would have to return to talking about the severe sexual abuse of her childhood, when she was ready, providing me only with the setting and perpetrators. Ellen talked rather freely about her parents, her anxieties, and her dreams.

Ellen, like Janet, took the renewed optimism of our work into her own hands and returned to a meditation and exercise program she had found useful in the past. We referred to the terror of her past abuse experience in our work, as the lodestone of her anxiety, hyperarousal, and sense of betrayal by others. When her symptoms radically improved in the first month of treatment, it seemed to be a manifestation of our deepened therapeutic engagement. When her pain returned once or twice, I felt confident that we would unpack the meaning of the outbreak, however long it took to physiologically subside. She left treatment after approximately one year with practically no symptomatology. In this treatment, I felt very comfortable and culturally (psychoanalytically) embedded. However, my point in this paper has been to highlight the mystifying and disequilibrating
aspects of treating medically ill individuals, along with, in this case, the resonant and affirming work that we can do.

I will to close by emphasizing the counter-transference potholes that I both fall into and try to minimize in my work with medically ill patients. Most generally, I try to navigate the cross-cultural gaps in language and belief systems that this work entails, without feeling I’m totally off course. I try to tolerate the unfairness of illness, and resist ungainly explanation and interpretation. It’s always an effort to remain centered in the exploratory and inquiring mode, when patients are complaining about unremitting pain and believe that I can be the source of relief. Second, I try to tolerate uncertainty, to both “know” in terms of making hypothetical connections between aspects of experience, and “not know” what really may make a difference.

The yield from these efforts, I think, is that the patient feels less like a passive victim. Moreover, new and surprising connections can emerge, like the finding in our research that pan-anxiety about illness in childhood was a spur to current pain catastrophizing. Finding a language of the body has been an ongoing preoccupation of psychoanalytic theorizing, from the beginning. Our struggle is to find, as they say, a “living language” which can open up new conversations and take us courageously into new areas of complexity.

References

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ON THE LOVE OF BEAUTY—AND A POEM BY CHARLES SIMIC

Henry M. Seiden, PhD, ABPP

Psychoanalysis, unfortunately, has scarcely anything to say about beauty.... All that seems certain is its derivation from the field of sexual feeling. The love of beauty seems a perfect example of an impulse inhibited in its aim.

~Sigmund Freud

Death is the mother of beauty; hence from her, Alone, shall come fulfillment to our dreams And our desires. Although she strews the leaves Of sure obliteration on our paths....

~Wallace Stevens

Here’s a poem I love for its beauty. It is by Charles Simic, the recently appointed Poet Laureate of the United States:

Clouds Gathering

It seemed the kind of life we wanted. Wild strawberries and cream in the morning. Sunlight in every room. The two of us walking by the sea naked.

Some evenings, however, we found ourselves Unsure of what comes next. Like tragic actors in a theater on fire, With birds circling over our heads, The dark pines strangely still, Each rock we stepped on bloodied by the sunset.

We were back on our terrace sipping wine. Why always this hint of an unhappy ending? Clouds of almost human appearance Gathering on the horizon, but the rest lovely With the air so mild and the sea untroubled.

Simic was born in 1938 in Belgrade, Serbia and experienced in childhood and at first hand the German bombings during World War II and, later, the Stalinist government in Yugoslavia. His family immigrated to the United States in 1953 when he was sixteen; he learned his English then. He went on to be educated at American universities and has had impressive success as an English language poet, critic and teacher ever since.

Although he has lived for the last thirty-five years in southern New Hampshire with his wife and children, he says, in a recent NPR interview, “.... Hitler and Stalin, it’s thanks to them that I became an American poet.” And so it’s no surprise that death and blackness haunt his poetry, and haunt this lovely erotic poem.

But now, as psychoanalysts, what to think? Is our response to “Clouds Gathering” strictly a function of “impulse inhibited” derivatives of sexual desire? And what of “this hint of an unhappy ending?” Certainly that hint—it’s more than a hint—deepens the sweetness of the strawberries and cream and the naked walks by the sea. But it’s hard to accept (for me, and in this age of experience-near psychoanalysis) that the metaphorical clouds gathering are only a matter of repression. One has to think that, as in the lines above from Stevens, it’s a knowing not a repression that is at play here. And in particular that it’s in the knowledge of death and of the inevitability of life’s ending that the erotic becomes precious and beautiful: sweet, sad and beautiful. Terrifying too, of course. Simic says we’re “like tragic actors in a theater on fire;” the very rocks we step on are “bloodied by the sunset.”

Interestingly, the Spanish poet, Federico Garcia Lorca—a canonical voice and a point of reference for modern poets—insisted that true art was about this kind of terror. He thought that what he called the

3 “Clouds Gathering” is in Charles Simic, The Voice at 3:00 AM, Orlando, FL.: Harcourt, 2003, p. 38.
4 The NPR interview with Simic can be found at: http://www.pbs.org/newshour/bb/entertainment/july-dec07/simic_09-26.html
“duende,” the “dark sound” originating in a demonic source (the “death instinct,” perhaps), is the central engine in poetry, music and painting.

“Clouds Gathering,” like most of Simic’s poetry, involves us in a way which is both romantic and clear-eyed, in a dialogue not with the repressed but between things we know: Here, life in some wonderfully erotic moments and life’s dark and terrifying opposite, certain death. The emotional power of Simic’s vision is in the frank argument between these opposites, which he gives us in bold terms and in primary colors.

Which raises a general question: Can there be any reconciliation of the argument? Here’s what Wallace Stevens says later in the poem “Sunday Morning” bringing Eros and Thanatos together in a grand Oedipal reunion:

Death is the mother of beauty, mystical, Within whose burning bosom we devise Our earthly mothers waiting, sleeplessly.

Perhaps our love of beauty reflects our sense of the (lifelong) argument and constitutes an effort at its reconciliation: we embrace life and revel in it even as we’re exquisitely aware of how transitory our embrace must be. Here is the lovely last reconciling image at the end of “Sunday Morning:”

At evening, casual flocks of pigeons make Ambiguous undulations as they sink, Downward to darkness, on extended wings.

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5 A good translation of Lorca’s famous lecture on “Duende” (in 1930, in Havana) is at: http://www.musicpsyche.org/Lorca-Duende.htm
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Not that long ago, it was considered unprofessional for psychoanalytically oriented therapists to make any public statements on political matters. The rationale was that doing so would deal a mortal blow to their capacity to act as a blank slate for the projection of their patients’ unconscious conflicts. Times have changed! Now, the eminent psychoanalytically oriented psychologist Drew Westen has brought his formidable expertise to bear on politics. Westen’s book is a sustained attack on the devaluation of emotional communication by the Democratic Party. He eloquently and persuasively shows the wrong-headedness of this approach.

I would predict that Westen has a bright future as a key political consultant to Democratic candidates. If they are wise enough to listen to his advice, he will help one of them win the White House, where she would do well to put him on her staff. Westen is “a scientist who studies emotion and personality; the lead investigator in a team of neuroscientists who have been studying how the brain processes political and legal information; and a periodic contributor to public discourse on psychology and politics in [the media]” (p. x). He has also been a leader in demonstrating that cognitive psychology research has validated most of Freud’s central theories about the unconscious mind. Westen establishes the neuroscience basis of his bona fides as a political consultant by describing the intriguing and widely publicized research he did on the brains of political partisans. (No, he did not dissect the brains of his political enemies.)

Using functional MRI’s, he studied regional brain activation after research subjects were presented with information that was unfavorable to the candidate they strongly supported. He did this in the highly contentious presidential race between George W. Bush and John Kerry in 2004. Westen describes his findings,

The brain registers the conflict between data and desire and begins to search for ways to turn off the spigot of unpleasant emotions. I know that the brain largely succeeded in this effort, as partisans mostly denied that they had perceived any conflict between their candidate’s words and deeds... The neural circuits [in the limbic system] charged with regulation of emotional states seemed to recruit beliefs that eliminated the distress and conflict partisans had experienced when they confronted unpleasant realities. And this all seemed to happen [quickly and] with little involvement of the [neocortical] neural circuits normally involved in reasoning (pp. xiii-xiv).

Westen would surely concur with Damasio that the brain's central biological function is to process emotions. Westen extends his fMRI research to many other salient observations about “the political brain,” for example, how voters process the barrage of information about candidates and issues during a campaign. A central message of his book is that successful campaigns activate favorable associative networks in voters’ minds. Important aspects of these networks are often “unconscious, and...
hence all the more powerful because their effects [are] largely sub rosa” (p. 14). Unprincipled campaigns bypass voters’ higher values by using code words to appeal to their less conscious bigotry. The Republicans have refined this into an art form. Westen gives example after disturbing example.

Westen’s message is a rousing wake-up call to Democratic candidates and their strategists: “The political brain is an emotional brain. It is not a dispassionate calculating machine... The partisans in our study were... bright, educated, and politically aware... And yet they thought with their guts” (p. xv; Westen’s emphasis in first sentence; my emphasis in last sentence). It is but one small example of Westen’s wonderful way with words that when he has something important to say, he often says it in words of one syllable. Such simple words probably activate our limbic system more readily than complex words that get entangled in the filter of our neocortex. Westen is in fact a gifted writer who practices what he preaches, that is, he uses language to convey his values by having a strong emotional impact on the reader. I will quote him, since a paraphrase would be less eloquent than his own words:

“The central thesis of this book—that successful campaigns compete in the marketplace of emotions and not primarily in the marketplace of ideas—may at first blush be disquieting to many Democrats. But the reality is that the best way to elicit enthusiasm in the marketplace of emotions is to tell the truth. There is nothing more compelling in politics than a candidate who is genuine. And the issues that most tempt politicians to spin and parse are precisely the ones on which they should tell the whole truth and nothing but the truth (pp. 305-6)...[A]lthough ideas provide the roadmap for everything we hope to accomplish... ultimately it is our emotions that provide the fuel—and the hope—for those achievements (p. 417).”

Many of us have felt progressively discouraged by the serious deterioration in our national leadership, and the incalculable damage this has done to our national unity, to our democratic traditions, to our constitutional checks and balances, and to our reputation in the global community. The many horrendous problems that have resulted include the fiscal irresponsibility that will oppress future generations of Americans with backbreaking federal debt; and also the egregious, imperialistic abuse of the community of nations, that has dangerously frayed our alliances, and generated an enormous upsurge of anti-American sentiment, which does more to recruit new terrorists than our misguided policies have done to protect us. Experts have estimated it may take decades to repair all of this completely unnecessary damage. Westen’s book offers a light at the end of long, dark tunnel. He brings hope that we can come to our senses, look honestly at how much havoc George W. Bush’s administration has wreaked on our country, and then set about rebuilding our democratic institutions. Westen writes, “If the Democrats were to frame what the Republicans have done in moral terms, most Americans would be shocked and repulsed” (p. 402). I certainly am. Westen’s thesis is that the Democrats have been asleep at the wheel because, unlike the Republicans, they have been led astray by a deeply flawed, intellectualized model of the mind, that overvalues rational appeals to the voter, and fails to make the emotional connection that will allow Democratic candidates to convey their values. Westen shows an enviable mastery of his subject, blending moral ideals with pragmatism, and powerful emotional appeals with clear policy outlines. He condemns Democratic strategists who have lost elections by pandering to focus groups, discouraging candidates from being themselves, and drowning voters in excessive policy minutiae. A central point Westen makes repeatedly is that research amply documents the fallacy of the overly intellectualized approach of Democratic strategists. He accuses them of having “an irrational emotional commitment to rationality” (p. 15).
Westen diagnoses Democrats as suffering from crippling inhibitions against their aggression. When Republican candidates stoop to irresponsible and often bigoted smear campaigns, Democrats too often rationalize their passivity as “rising above” the attack, going on to lose the election because voters view them as cowards who run away from a fight. When national security concerns are paramount, voters want leaders who show they have the strength to protect us. Just when Westen’s assessment of the corruption and cynicism of the Republican Party makes the situation seem hopeless, he strikes a note of optimism. Although unprincipled politicians and their advisers can indeed win elections by pandering to bigotry, Westen points out that this is most effective when the appeals to the voters’ dark side comes in under their radar. Most voters reject racism and other forms of bigotry once such evil impulses are out in the open.

“What both Democrats and Republicans know is that if you dig deep enough, you’ll find wellsprings of prejudice in the associative sediments of many voters. But the last thing Democrats should try to do is to keep issues related to race out of the public consciousness because on matters of race, people’s conscious values are their better angels” (pp. 220-21; Westen’s emphasis). Westen reminds us of the widespread disgust with Mel Gibson’s anti-Semitic rant, and of George Allen’s racist taunt “macaca” that probably lost him a Senate seat from Virginia (and in turn, tipped the Senate to the Democrats). Westen wants Democrats to do more than just refrain from bigotry. He insists they need to expose the long, shameful history of bigotry in the Republican Party.

Westen is eminently practical in addressing current events. At the same time, he shows a deep understanding of the impact of intellectual history. His careful dissection of the harmful effect the Enlightenment has had on the past forty years of Democratic campaign strategy blends his skills in both areas. History is littered with false dichotomies. A recurrent one has involved reason versus emotions. Perhaps the Enlightenment treated religious faith as an emotion, in fact, as one of the most misguided and irrational emotions. Over the course of history, the Church often stood in opposition to science. More directly, the Enlightenment was a reaction to the corruption of the clergy, and the political power the Church had accumulated, allying itself with entrenched monarchies, thwarting the growth of more democratic societies. Ironically, an unintended consequence of the Enlightenment has been a sort of return of the repressed, the implicit deification of Reason, with scientists as its white-robed priests. Westen persuades me that one of the Enlightenment’s many harmful consequences has been seriously misguided strategy in the Democratic Party.

Rhetoric has acquired a bad name. “Empty rhetoric” is surely one of our first associations to the word. Yet Westen uses rhetoric with laser-like precision, constantly illustrating his point that intellectual persuasion must go along with an effective emotional appeal that connects with the highest ideals of one’s audience.

As I mentioned earlier, Westen grasps the emotional power of the humble though paradoxically named monosyllable. In arguing that swing voters will not be persuaded primarily through rational appeals, he states, “But as it turns out, they think with their guts, too” (p. xv). Count them: that last sentence consisted in 11 monosyllabic words! (Shakespeare, who knew his way around the English language, ended eight of his Sonnets with monosyllabic couplets.)

It is puzzling that so many voters elect Republican candidates who then enact laws that truly benefit only a tiny percentage of the country’s wealthiest elite, while bringing about disastrous economic problems for the vast majority of Republican voters. One answer to this enigma seems to be the emotionally determined, irrational attitudes voters have to economic issues. Studies have shown that 40% of Americans report that they are in the wealthiest 10% of the population. A minimum-wage worker who was supporting his wife and children on his meager earnings explained that he voted for George W. Bush, “Because he’s a self-made man.”

"Westen wants Democrats to do more than just refrain from bigotry. He insists they need to expose the long, shameful history of bigotry in the Republican Party.”
I want to register a quibble with the publisher’s choice not to include Westen’s complete notes in the book. Instead, the vast majority is on-line; at least they are now. I hope other publishers will avoid this cost-cutting measure, since Westen’s book deserves to be read many years into the future, when the web may or may not still have his notes available. And some of us do not yet have Internet access in all of our favorite readings spots.

Westen writes so persuasively that we must ask ourselves, “Is it really all so simple?” As I have pondered this question, I have decided the answer is a clear “Yes, and no.” Westen’s book might create the misleading impression that the Republican Party has a monopoly on morally outrageous actions. Unfortunately, the potential for corruption is a bipartisan blight that infects all too many politicians or political groups when they become too powerful and too entrenched in their position of power. I am optimistic that Westen’s book will play a vital role in checking the excesses of Republican corruption. However, no one wants to see those excesses simply replaced one day by Democratic corruption. Westen tends to focus almost exclusively on general elections, not primaries. As a result, he has much less to say about Democrats campaigning against fellow Democrats. So that adds to the polarization of his discussions of Democrats against Republicans, as though it is tantamount to the forces of good versus the forces of evil (which, sadly, it often is).

Who should read this book? Democrats, according to Westen (p. ix). Staunch Republicans should probably monitor their blood pressure closely if they are masochistic enough to read Westen. Mental health professionals will be intrigued and a bit envious that a respected colleague has ventured so far and so successfully into such a different field. In the end, I came away feeling Westen reminded me that we Americans have core values we can be proud of, and we should strive to see them prevail.

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Citizen Khan
June 7, 1989. The old man is losing strength, his tortured speech a mere whisper. He utters a last sound, scarcely more than a sigh, something with “r-bud” or w-rda-” in it. The scene zooms slowly out and dims, as our POV drifts away from the sprawled body of Mohammed Masud Reza Khan: psychoanalyst, theoretician, socialite, seducer, poser, addict, depressive. We puzzle about the sound: a name, a fragment of a song or poem, a place, a position?

My made up scene, of course, quotes one of the most famous moments in cinema, from the opening of “Citizen Kane” (1941), in which the dying newspaper magnate utters the word that frames the drama of his life, in a little boy’s tragic separation from the mother and the sled with the painted rosebud, the infantile part-object so long forgotten, called-for at the end. For knowing about that long-lost Rosebud, we think differently about the brilliant and tragic career of Charles Foster Kane, tortured self-made man, so great a manipulator and so unlucky in love.

We might imagine an Eastern rosebud for which the dying prince of psychoanalysis longs, the “warda” of Urdu and Farsi and Arabic song, she whose very being represents romance and sensuality. “Warda,” whispers the dying Khan, as he tries for the last time to hear in his head the bit of Urdu love poetry his Mama taught him, before he lost her, as he was to lose all those he loved at crucial moments in his life. Perhaps our subject left in the Punjab an equally evocative image of a plaything or a bedtime song with which he was placated by his young, seductive, elusive young singer/dancer mother Kursheed when he was teased by the other children for his misshapen ear or his dubious relationship to the old man, Khan Bahadur Fazaldad Khan. Since the film of Masud Khan’s life has not yet been made, however let’s settle for what we do know, thanks to Linda Hopkins’s fine biography.

Suddenly it’s October, 1946, and a 22-year-old, aristocratic, handsome, brown-skinned man makes his way by rented chauffeured car through the crowded London streets. He steps carefully from the vehicle, swirling his perfectly tailored coat about him as he steps into the theater lobby, acknowledges the obsequious greeting of the ticket-taker he tips liberally every night, and finds his way once again to that seat in the center section from which he will await the appearance of old King Lear played by a young actor of chameleon emotion, Laurence Olivier. Young Masud Khan saw Olivier’s Lear 27 times in his first weeks in London and, like so much else, he failed to reveal clearly why.

In False Self: The Life of Masud Khan we read a triumphant and tragic story against the London Centre of late 20th century psychoanalysis. The small tempest of post-war British neo-Freudianism into which the naïve and promising young Indian gentleman fell that autumn in 1946 is long past. The Melanie Klein-Anna Freud wars, the new path represented by Winnicott and his colleagues, have now fallen into history, and it is into this history that Linda Hopkins’ biography topples us.

Masud Khan was clearly the most seductive of men, in the context in which he found himself: neo-Freudian London in the late 40s. He had early
learned to please men and women with power, and he had learned to do it by the agile application of his fine intelligence and wide-ranging interests. He was an intriguing mixture of Orient and Oxford, and how he must’ve brightened the gray post-war lives of the analysts! He was passed around like a treasure, and he came to rest with one of the heroes: D.W. Winnicott. Winnicott was famous for untangling the puzzles of early childhood, but in this case (Winnicott’s clinical notes are still closed to scholars) it’s unclear whether anything about his relationship with Masud Khan was “therapeutic” in the usual sense, and whether his clinical ministrations were curative or abetting for the disturbed young oriental gentleman.

Only a biographer who is a clinically informed expert on the neo-Freudian psychoanalysis of London in the post-World War II period could have plausibly undertaken such a project, and it has taken more than a decade of hard work to bring this project to successful conclusion. As a psychoanalytically-trained clinical psychologist and teacher, Linda Hopkins brings unique authority to this enterprise. She has produced a fully annotated and remarkably balanced account that will be an essential resource if a new generation is to comprehend the fascination Masud Khan excited in would-be mentors, friends, rivals, and patients during his 40 year British career.

The new “data” brought to scholars interested in Khan by Hopkins’ biography is impressive indeed. She has interviewed a great many of Khan’s friends, lovers, patients, and colleagues, and she has evoked frank and interesting reminiscences from them. She has also had access to the unpublished Khan Work Books, in which he recorded his experiences and spun his fantasies. While providing this intriguing, perplexing, dismaying information, Hopkins offers astute suggestions about how we might fit the pieces of Khan’s life together, but hers is a gentle and open interpretive style. We are left to work toward our own conclusions. This seems, in short, the right biography for Masud Khan now, and perhaps the best we shall ever have. Because Linda Hopkins has been so careful in laying out the various ways one might understand both Khan’s blessings and his humiliations (a working title of this biography), and because she has so scrupulously pointed us to the many Khan notebooks, archives of correspondents, and reminiscences of friends, it is possible to imagine a new academic micro-industry of Khan narratology as the rest of us try wild analysis in hopes of glimpsing the facets of Masud Khan lost to history.

Previously, Masud Khan has been known by his own many published works and by occasional glimpses of the misalliances of his personal and professional life. For many, it is Khan’s case histories that fascinate and seduce, even as we wonder where clinical truth becomes interpretive fiction. Khan’s best clinical writing has a crisp intelligence, an attention to detail, a credibility (or credulity-inspiring quality) as an account of how someone else’s ego is making its way through a drama as subtle and well-crafted as good fiction. He makes many of his mid-career patients real to us, and we slip both into their and his points of view as the tale unfolds. It’s for this kind of thinking many of us academics came to clinical and qualitative psychology.

I want to illustrate the fascination of Khan’s writing at its best with an example from the increasingly troubled 1970s, as Khan was taking risks and raising eyebrows. Hopkins’ chapter on Khan’s brief and highly unorthodox “trial analysis” in late 1978 while he was a guest of Robert and Sybil Stoller offers a fascinating glimpse of the themes that might’ve guided a real therapeutic intervention: Khan’s “disillusionment with old men” (Hopkins, 2006, p. 314), his articulation of “exactly how one man fails, in spite of his personality and knowledge, to coordinate and harness affectivity into a relationship that he needs and dreads” (Hopkins, 2006, p. 319). It was informative to reread my own favorite Masud Khan case against the rich context provided by the biography.

I read “The Evil Contest” in a book I reviewed for Choice 25 years ago. As I recalled the case in thinking about this review, Khan writes that a man in

“[Hopkins] has produced a fully annotated and remarkably balanced account that will be an essential resource if a new generation is to comprehend the fascination Masud Khan excited in would-be mentors, friends, rivals, and patients.”
early middle age, quiet and impeccably dressed, with a badly deformed right hand, sets up an appointment with him and begins the first consultation by saying, "I am an evil man, and there is no cure for that." Then, against apparently great odds, Khan persuades the man to reenter a childhood in which a bicycle accident maimed his hand and set the stage for lustful pubescent fantasies about sisters and servant girls and classmates, centered on a fantasy of spanking a girl’s behind as she rides by on a bicycle. Somehow, Khan makes us understand, the pain and shame and depression produced by the boy’s long recuperation got sublimated into a successful career as a master wood-worker. The fantasies and compulsions of boyhood are well-subdued until, at a trade show, he meets a young woman reporter who is fascinated by his work and persuades him to show her his workshop, where she notices a beautiful wooden bicycle, and as if she senses its erotic importance for the artist, gets into a bantering conversation about its possible uses that leads to a sadomasochistic revel, from which our patient emerges shattered, depressed, unwilling to eat or to talk about what’s troubling him.

I assumed that the patient Masud Khan calls "Mr. X." was treated in the 1970s, and that the case was written up at the end of that decade. There are no Khan papers later than 1974 cited in the case history. This is the section of Kahn’s life that Linda Hopkins titles "And Worse I May Be Yet." If this is an example of Masud Khan’s mature therapeutic technique, it is impressive. Khan appears to have had a fine sense of his patient’s readiness to divulge and engage key pieces of his secret life, and these are adduced in the analysis in a way that makes them convincing. The complexity of the personality/ego of the patient is readily apparent, and it was this complexity as much as the racy content (sadomasochism, guilt and shame, mid-life crisis, complex etiology) that fascinated me when I read the case in the early 1980s.

This was one of the most fascinating case histories I had ever read, and I note from my diary that I was moved to make it the basis for one option in the take-home written examination for my Psychology 215, Culture and Personality, course, back in 1985. Here are the questions I posed for my students (and myself):

- Consider the appended case history [Khan, 1984], and prepare a six to eight page paper discussing the following points and any others you consider equally important:
  - In what sense might the man who is the subject [or is he the object?] of the story be considered "evil," rather than merely neurotic?
  - How did he get to be that way (be as psychodynamic as you can)? {e.g., what role do the "girlie bikes" play? Is that an active or a passive role (cf. Rapaport)?}
  - What is the role of the young woman? Would he have had a depressive crisis had he not met her?
  - How did she get to be that way (this would be an appropriate time to start reading Chodorow, or at least to finish Erikson)?

As you can see, one working academic found Khan’s ideas quite easy to integrate into the important issues in personality psychology 20 years ago: neo-Freudian ego psychology applied to lifespan development and gender. These were the fine years of Chodorow and Gilligan, and courses in "The Psychology of Women," and the sudden awareness that academe had opened itself to women’s concerns, and to women themselves...
in the professoriate, even as postmodernism was getting us to re-read Freud on (counter)transference. There were, at the edge of psychoanalysis, a number of brilliant people telling us that this attempt to reconsider Freud for the postwar generation would force us to understand differently our ideas about the erotic: Susan Sontag, Jacques Lacan, Carol Gilligan, Jessica Benjamin. A little of The Tragic History of Masud Khan might frame a discussion of each of these.

So, get yourself a copy of Masud Khan, the biography, and let interlibrary loan find you a copy of The Privacy of the Self (Khan, 1974) or Hidden Selves (Khan, 1983), and read a couple of the “cases” (I am reluctant to call them case histories, since we are now skeptical about the possibility of “history,” and since Khan was not the most literal of narrators) and ask yourself questions like the ones above. Then, if you want to see what the dying man left behind as he entered that last “Rosebud” moment, browse The Long Wait (1989), the final, crazy, text that ended Khan’s career. There are lessons here that take us well beyond psychoanalysis or therapy, and you’ll be grateful to Linda Hopkins for having helped you along this path.

Masud Khan was both poser extraordinaire and a clinical writer of real brilliance. By the time Khan has terminated his practice, as documented in the tortured last book, The Long Wait, he’s let us overhear all the nasty things that go through his mind as he’s trying—with one lung, recurrent depression, and full-blown alcoholism at his elbow—to “treat” his dismaying and despised Jewish, homosexual, uncouth, disrespectful clients. There’s madness here, more than mere countertransferential anger, and it’s long past hope of supervision. Khan should have been long out of the business by this time, and he should have been much better trained and mentored throughout his career. What lay behind Khan’s many deceptive personae, and why he was, finally, so little helped by long association with some of the most brilliant therapists in the West, are questions we might now hope to address. It is the genius of this biography to let us see both the method and the madness clearly, and thus to re-engage rather than shun the strange case of Citizen Khan. It’s a case that clearly merits further study, and thanks to Linda Hopkins’s 13 years of work, we have most of the information we need to undertake such study.

**Terminal Questions**

Masud Khan’s many and vivid characterizations of his early childhood are wildly contradictory and implausible on the face of them. His mother was a teenage dancer (and whore?) whom his aged father brought into a crowded family where her arrival was controversial, banishing her illegitimate son (whom she visited regularly during Masud’s childhood), and ignoring for four years then “recognizing” little Ibrahim (Khan’s birth name) at the age of four, renaming him Mohammed Masud and treating him (at least on Khan’s account) as Little Prince. It seems fair to assume that, as one of Linda Hopkins’s Pakistani informants told her, little Masud was “taunted” in the family because of his mother. In fact, I’ll bet anyone who had served in such a household during that period could produce vivid accounts of the teasing and shaming atmosphere. What did little Masud Khan carry away with him of being the magic offspring of an aging country lord and a dancing girl? What fantasies about his parents and himself shaped his early experiences of English, Persian, and Urdu? How were these first self-stories shaped by the pleasures, longings, and embarrassments of his unusual childhood?

Surely young Masud Khan was not unanalyzable when he arrived in London. Had he encountered someone who (perhaps through having served long in the British colonial administration and become familiar with the grand families of India) knew what to look for in the self presentations of this precocious and half-Westernized child of a houri and a babu. Were Masud Khan to appear for therapy in London now, presumably he would easily find himself in discourse with another Pakistani-Brit, and some of the “white” therapists he might see would know a good deal about South Asian families and the young men they produced. But this was 60 years ago, just after the war—a war by which Masud Khan claimed himself largely untouched, in his princely Pakistani
youth. How gray and tasteless everything seemed! But how satisfying to be able so easily to charm and impress these British shrinks, and then the most colorful of their patients and hangers-on.

What if Masud Khan had stayed longer in Pakistan and retained into adolescence a fascination with the Mogul Indian culture from which he sprang, mastering the rough dialect in which the women and children of this large family would have whispered and giggled among themselves, and moving on to fascination, say, with the ghazal poetry of the Punjab and with miniature paintings? And what shall we make of the troubled young man who comes to England to find an analyst who “must be English, well-bred, sensitive, kind, very patient and firm and well-read in literature”? In 1946 the 22-year-old Masud Khan was a young man already taken with imagining himself as an old, tragic, self-destroyed man (Lear), losing and being lost by the young woman—his daughter—who truly loves him. Could things have gone differently for Masud? What if he’d a different analyst, a different mentor, different friends? What if he had made his way to Oxford and done Modern Greats, becoming a gifted university lecturer and a fair writer of essays about Joyce, and having a carefully conducted grown up psychoanalysis on the side? What if he’d met a woman—or a man—while he was a student with whom he could have had an intense, average, love on the basis of which to become an adult? What if he’d told us himself what it was about Shakespear/Lear/Cordelia/Olivier that kept him coming back to the London stage that first autumn in 1946? So many questions left, so many puzzles.

At the end of Linda Hopkins’s fine biography of Masud Khan there’s still a lot we don’t know about the man. It’s what his psychoanalytic mentors, his therapist colleagues, his friends among the stars of stage and screen, his fascinating and peculiar clients, his rivals, his attentive readers didn’t know. Where Khan came from and what were the dynamics of his early childhood and how did he experience love and loss, these are matters unresolved by the countless conversations all these people must have had about the fascinating Mr. Khan. “False Self” is indeed the right title for this book. ‘Tis the season of false selves. What a movie this would make!

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Freud regarded guilt as central to the conflicted subjectivity of neurosis. He famously described it as motivated by the fear of punishment associated with the child’s wish to preserve his ambivalent ties to caregivers. Hughes new book, Guilt and its Vicissitudes: Psychoanalytic Reflections on Morality, demonstrates the significance of this formulation and how it fired the imagination of Melanie Klein and some of the greatest minds within the British school. At the same time, Hughes’ exegesis underscores how these views marked the beginning rather than endpoint of the conversation about this complex experience. Klein understood guilt as depressive anxiety, a distinctive form of mental anguish in which one’s hate is experienced as injurious to loved ones. Like Freud, she discerned workings of ambivalence at its core, but Hughes ably brings forth the very different meanings of this concept for each of these theorists. Freud believed that the fear of punishment motivating guilt represented a means of forestalling the loss of love. It was for this reason reducible to self-interest. By contrast, Klein regarded guilt as the inevitable consequence of the recognition that one’s bad objects are (split off) representations of loved ones. Guilt emerges from glimpsing the destructiveness of one’s hate within an inner world populated by polarized self and object images.

Freud’s account begins with the futility of instinctual renunciation. It is simply not possible for human beings to live without desire, without pursuing that which ultimately brings them pleasure. Whereas behavioral conformity satisfies the demands of others, satisfying inner demands is problematized by virtue of the individual’s privileged access to this thoughts and feelings. In the absence of self-deception or defense, the inner gaze of conscience is inescapable, its demands insatiable. Freud pitted desire against an ever-vigilant, uncompromising moral sensibility that defines who one is.

Klein (1948) distinguishes two elements of Freud’s thesis that she contends are separable: The first is his notion that guilt emerges only after the establishment of the superego, following the resolution of the Oedipus complex; the second understands the anxiety of ambivalence as its underpinning, a formulation which she was to elaborate in great detail. She found support for this idea in Abraham’s notion that preoedipal cannibalistic urges sometimes serve the purposes of identification and preservation of the object, leading to her well-known positing of two forms of anxiety: in persecutory anxiety, the integrity of the ego is threatened whereas depressive anxiety involves the perception that aggressive fantasies harm good internal objects. Linking guilt with depressive anxiety posed a significant challenge to Freud’s dating of the emergence of conscience, yet exploited an ambiguity in his thinking that seemed to suggest a kind of moral anxiety prior to the establishment of the superego, which Klein aligned with what later was to be understood as libidinal object constancy, in which instinctual rather than interpersonal factors were decisive. Real objects played only a secondary role in Klein’s thinking; it was the inner world of objects, of phantasy (as opposed to fantasy) and the processes of projection/introjections that occupied center stage.

Hughes informs us that both Freud and Klein recognized the limitations of ambivalence as an explanation of guilt experience. For Freud, ambivalence owed its existence to a kind of ancestral original sin of patricide, for which the sons later feel guilt. Guilt, he reasoned, rested on the opposition of


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these forces whose meanings are both pre-formed and transmitted unconsciously from generation to generation. Klein emphasized the more proximate of guilt sources in the child’s internal world, less directly burdened by such assumptions, but also divorced from social norms. Both recognized that guilt often involves no transgression or misdeed. They reasoned that it is only by virtue of the confusion of thought with deed that the sense of guilt, particularly in its unconscious variations, is possible. So powerful is this sense that Klein envisioned two primary outcomes: “the over-riding urge to preserve, repair or revive the loved objects” (Klein, p.120); or the manic defense. Together, ambivalence and “omnipotence of thought” (Hughes, p. 2) condition guilt, making it an existential circumstance of the human condition.

Hughes notices that normativity or what she describes as “a sociological construal of guilt” (p. 105) sets Freud’s account apart from that of Klein. For Freud, wrongfulness always is conceptualized relative to that which threatens punishment or loss of love. In this view, the agent enters the moral universe reluctantly, motivated by a wish to retain his parent’s love while harboring anger and resentment toward them. Instinctual renunciation is a sacrifice for which he expects compensation in the form of love and acceptance despite his ambivalence.

By contrast, Klein portrays the infant as deeply troubled by its beliefs about its capacity to harm loved ones. The child is embedded in multiple relationships and, as a result, his concerns about others, although largely derivative of fantasies mediated by projection and introjections, betoken (proto-) moral agency from the beginning. What is less clear is how the infant/child transitions from an orientation toward objects that is primarily pleasure seeking to one that is truly interpersonal. Klein wants it to be possible for ambivalence to mediate this transformation. But this hope is likely to be disappointed if she does not abandon Freud’s concept of libido, a step she was unwilling to consider. If human action is irreducibly self-interested, ambivalence and/or concern lead logically to regret rather than to remorse. I feel sad that I have harmed or destroyed those things or people who satisfy my needs and provide me with experiences of pleasure. I regret that I have done something that diminishes my pleasure. But to regret actions whose consequences have untoward consequences is not to feel guilt. The latter requires that I endorse a set of norms governing my thoughts, feelings, and actions, above and beyond my unhappiness with their consequences (Joyce, 2006). These norms or commitments are precisely what provide morality with its prescriptive authority. What separates masochism from guilt is the sense that one not only needs (wishes for), but also deserves punishment. The two are not equivalent. One can easily feel one without the other; conflating the two misses something distinctive about moral experience. Without smuggling into her formulation the idea of attachment as an irreducible aspect of human relationships with actual caregivers, Klein’s concern never wears a completely human face.

Lewis (1991), for example, describes guilt as a self-conscious emotion that depends on an appreciation of standards, rules, and goals (SRGs) that “…are established both out of biological imperatives, the drive quality of primary emotions, and from goals as articulated by the culture in which they are born” (p. 51). Guilt can neither be present from the beginning nor conceptualized purely in terms of internal (or instinctual) experience because it depends on a great deal of cognitive development and learning. It requires the capacity to evaluate thoughts, feelings, and behaviors relative to SRGs and to draw conclusions about the self on the basis of such evaluation. These abilities typically emerge no earlier than age two. Lewis informs us further that self-evaluation may be global or specific, and distinguishes shame from guilt on this basis. Both emotions entail deviation (from SRGs) and a negative assessment of self. However, shame involves global, negative self-assessments of oneself as worthless and contemptible. By contrast, guilt reflects a more measured and specific negative assessment that one has violated a rule. It does not focus on the totality of self or personality. In guilt, one acknowledges failure without necessarily feeling that one is a failure.

A simple example may help to focus several of these themes. While shopping in a grocery store, a woman eats several grapes from the batch she plan to purchase. She does so without giving any particular thought to her action, except perhaps feeling some curiosity about their taste and enjoying the experience of eating them. Only when she returns home does it occur to her that she did not pay for what she had
eaten and immediately feels a strong sense of guilt. How are we to understand this experience? On the one hand, it is easy to imagine how ambivalence plays a role in the experience. The desires she acted on conflict with the principles she holds and, we’re tempted to say, the norms governing her behavior in this situation. One supposes it is possible to make a case for Kleinian ambivalence by interpreting her actions and setting as unconscious stand-ins for internal objects toward whom her behavior is experienced as aggressive and injurious. This last point is key: Without some appreciation of norms, without believing them to obligatory, how would one get the idea that eating grapes is wrong or harmful, let alone be troubled by it?

A more parsimonious explanation invokes the kinds of SRGs of which Lewis speaks. It portrays the agent as possessing a clear sense of what she has done and how it departs from the standards that she holds. Reality testing is maintained; the subject has not confused thought with deed. Rather, she experiences the thought “I must not steal” as binding. This is important because it involves an experience distinguishable from, and perhaps the antithesis of, ambivalence. Ambivalence prompts deliberation and further consideration. It reflects uncertainty and mixed feelings that require sorting out. Guilt often functions as an imperative, putting an end to deliberation and prompting action (reparation). It is most conspicuous when it compels us to act in a matter contrary to our wishes. It is for this reason that we ought not to dismiss Freud’s idea of the need of punishment too quickly, without first reflecting on how it captures that sense of accountability unique to emotions of self-assessment. Recognizing this authority made Freud’s phylogenetic speculations a necessary, if misguided, gambit that attempted to ground moral feeling in something other the variable constructions of self-interested individuals. Klein felt she accomplished this by giving full expression to his dual instinct theory.

These are but some of the issues Judith Hughes invites us to consider. At one level, Hughes offers a historical account of guilt from Freud through its development and elaboration in the unique perspective of Klein and the British School. It is a work of meticulous scholarship that underscores the originality of Klein’s thought. At another level, Hughes book speaks to the importance of agency that is increasingly under attack within postmodern thought. The latter rightly draws our attention to the myriad forces shaping identity, but with the unfortunate consequence of diminishing the importance of guilt by no longer regarding it as necessary or inevitable. Hughes thoughtful exegesis underscores the importance of beliefs, but also discerns in guilt experience something real and abiding about the human condition. Read in this way, her survey is a cogent and timely response to those who regard the agency of conscience as superannuated.

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We live in a world of mixed messages. When pop icons and movie stars make adoption as hip as the latest fashion trend, but an orphaned boy wizard even more popular in the collective imagination—Harry Potter—is forced by his adoptive aunt and uncle to live in a cupboard under the stairs, we are left to wonder what it means to be part of the adoption triad. With over 60 percent of the population of the United States reporting that their lives have been affected in some manner by adoption and over 100,000 children adopted each year in the U.S. alone (Evan B. Donaldson Adoption Institute, 2008), it is likely that most clinical psychologists have had at least one patient whose life has been touched by adoption. Despite a multitude of books dedicated to preparing and educating adoptive parents and adopted children, there is a dearth of material for the clinician working within the adoption community. Understanding Adoption fills a large chunk of the void.

Psychoanalysis has long had an interest in adoption, and psychoanalysts have made foundational contributions to the literature conceptualizing what elements of the adoption experience are like, for children and their birth and adoptive parents. Psychoanalytic thinking and approaches have also had great influence on social work and mental health practice in adoption. However, this thinking and work have tended to take place in a warded-off corner of psychoanalytic thinking and practice, echoing, somewhat disturbingly, the way adoption itself is often thought (and not thought) about in the larger culture and in the minds of even many people who themselves live through the adoption experience. And psychoanalytic thinking about adoption has been in need of some re-thinking, in light of new theoretical developments in our field and also in light of the changing nature of adoption itself, such as increases in adoptions of children from other countries, increases in adoptions by families with other-than-Leave-It-to-Beaver structures, increases in adoptions of children from trauma backgrounds and of older children, and increases in blended-family, kinship, open, and other less traditional types of adoption.

A compilation of 14 chapters designed to investigate psychodynamically oriented clinicians’ work with adoptees and their parents, written by contributors with a range of clinical experiences in adoption work—all apparently social workers and psychologists, interestingly; psychiatric voices seem on the edge of extinction—Understanding Adoption is a long-overdue look into how adoption affects everyone involved, from the clinician/patient and parent/child dyads, to the social workers, teachers, foster parents, medical professionals, and adoption agency personnel involved in the adoption process. It is a groundbreaking and very welcome contribution to the literature and deserves to be widely read and discussed.

For many of us, our first experience with adoption is a personal and profound event. We may first be introduced to the idea of adoption as a result of the loss and grief that accompany infertility, the joy of realizing the dream of parenting when biologically creating a child is not possible (for example, when unpartnered individuals or gay male couples decide...
to adopt), or the challenge of working clinically with an adopted child trying to solidify a sense of self. For one of us (KM), the first experience with adoption came as a result of working as a guest caregiver at a Soviet orphanage. After working with two hundred orphans for the summer, I came to the conclusion that adoption was one of the most logical (and therefore appealing) ideas around. What could be more simple: a child who needs parents, and an adult who wants to mother or father a child? After seven additional years as a caseworker in both domestic and international adoption, it became clear that adoption is anything but simple. For another of us (RR), introduction to adoption came through a commitment to working with traumatized children, and coming to understand, in the course of psychotherapeutic work with them and with their families, that adoption was not an irrelevant detail, but a central pole of their fantasy lives and lived experiences.

Understanding Adoption includes over 18 diverse case examples, chosen to identify common themes in mental health work—both formal psychotherapy and psychoanalysis, and other kinds of consultative work—with adoptees and their parents and, in the case of adult adoptees, their relatives, friends, and partners. The idea of unconscious communication of loss runs throughout several chapters, and emphasizes the need for adoptive parents to be aware of their own feelings of grief and of potential sensitivity to narcissistic injury, and of the need to remain aware consistently of their child’s, or grown child’s, experience as an adoptee. The diversity of the adoption experience is evident through the cases presented. Cases include a range of scenarios: from infant through teen adoption; domestic, foster-care, kinship and international origins; single, married, and same-sex adoptive-parented families; adult adoptees; and transracial families.

Chapters use a range of theoretical approaches, including most frequently interpersonal, self-psychology, Kleinian, relational, developmental, feminist, and family-systems orientations. More classical, especially Anna Freudian, thinking is also represented, and integrated, but seems less frequently seen by the clinicians writing as the theoretical organizer, or at least sole organizer, of their own contemporary thinking and experience.

The various chapters describe issues that are common in therapy with adoptees and their families, including identify formation, dealing with shame, sensitivity to secondary loss, custody issues, secrecy, trauma, and the specific issues relevant to gay and lesbian parenting and kinship adoption. A “special issues” section contains three chapters dedicated to legal and ethical issues.

Although several chapters strongly warn against overemphasizing the importance of adoption in any presenting problem, there are a few generalized statements throughout the book, the basis for which seems less than securely grounded or supported. The generalizations are few and far between, and do not take away from the overriding message of the individuality and uniqueness of the adoption experience.

It was surprising, for example, to find language that is generally frowned upon within the adoption community. There are several references to “natural” parents, or adoptees’ “own” parents, rather than the commonly promoted terms “birth” or “biological” parents, and references to birth parents who “gave up” rather than “relinquished” the children to whom they gave birth. If we are to encourage others to be aware of how their words and actions affect adopted children and their parents, we may do well to remain more vigilant about the language we use when speaking of how a child enters a family. Perhaps the kind of language used reflects some of the writers’ ambivalence about whether they are external to or part of the “adoption world,” a developmental struggle that, in our experience, many psychoanalytically and psychodynamically oriented clinicians go through as their experience with and commitment to work with adoption widens and deepens.

Although the vast majority of adoptions occur as a result of an inability to parent a child biologically, it seemed curious that none of the writers addresses the thoughts and experience of the many families who make adoption their first choice in family building. A small group, perhaps—reliable statistics are hard to come by (Evan B. Donaldson Adoption Institute, 2008)—but certainly one deserving of recognition and examination. The birth parent is of scant focus in the book. One chapter references “the best and the worst among parents” as those who bring
up “someone else’s” child and those who cannot raise their own child. There remains in the U.S. a predominantly negative stereotype of birth parents. Failing to recognize the bravery and compassion behind the decision to place a child for adoption—related, perhaps, to a more general difficulty making space for notions of bravery and compassion, and what they mean, in psychoanalytic thinking—contributes to this negative stereotype, and subsequently contributes to the profound sense of shame common among not just parents who choose to place for adoption children they feel unable to raise, but also among adoptees. We would have hoped for at least one chapter dedicated to working psychodynamically with birth parents.

The writers in this book seem to be clinicians, or teachers of clinicians writing primarily from their own clinical experience. Absent were contributions from psychodynamically oriented researchers, whose perspectives would have been especially welcome, given that much adoption practice is guided by research claiming the authority of an empirical voice but absent any note of sensitivity to the dynamic experience of those involved with adoption. As a result, we were left wondering, at points, how common or generalizable some of the writers’ perceptions and experiences might or might not be.

While cultural themes are taken up in several chapters, it also seemed curious that none of the writers seemed to be speaking from personal experience as a non-European American, or out gay or lesbian, psychodynamic clinician or psychoanalyst, and that current psychodynamic writing on such topics as bilingualism, the subjective experience of being outside the majority culture or other than heterosexual, or racism was not drawn upon in a more conscious or systematic way. This is less a criticism – it is refreshing to read writers empowered to speak with their own voice and unapologetically from their own experience – than an omission. Guided by the contributions presented here, others in our field, we hope, will write about the further questions this volume opens up.

Regardless of a few perhaps misplaced generalizations, omissions, and debatable lexical choices, Understanding Adoption is an incredibly valuable tool. It has the unevennesses expectable of writing breaking new ground, and is all the more exciting to read—and at points argue with—because it captures impressively well the feel and contours of an emerging field of thought and practice. As we read the book, we thought of the colleagues and the hundreds of families we have worked with through the years who could have benefited greatly from its thinking and practical guidance. I (KM) thought of my former coworkers, who wished to serve their client adoptive families in the most helpful and sensitive ways possible, but who lacked training or adequate teaching material to do so. And I thought of my own experiences. I recalled that, during the first several years that I worked with adoptive families, I failed to comprehend the profound sense of loss that they carried from years of infertility and multiple miscarriages, and I was unaware of the tremendous impact that the unresolved grief could have on their future families. And I (RR) thought back to hours in clinical work, when patients spoke about potent adoption experiences with greater difficulty than they spoke about forbidden sexual fantasies, and I felt more like surprised witness than helpful therapist; and hours in supervision when I did not know how to put into words the experiences my patients involved with adoption were living through—distinctly different from the internal and external experiences of those not involved with adoption—of which I was only emergingly and conflictually aware, and which my supervisors, equally unaware, did not ask about.

Given the opportunity to turn back time, we would gift a copy of this book to each and every coworker and adoptive family in our care. Including Harry and Dumbledore.

REFERENCE

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What exactly do we mean by trauma? And what exactly do we mean by dissociation? These are important questions that sustain the central arguments behind two recent books on these popular contemporary topics. In Living with Terror, Working with Trauma, Danielle Knafo has compiled an impressive list of contributors in psychology, psychiatry, and traumatology, many of whom are identified as psychoanalysts, but there are several who specialize in the trauma field as well; therefore the reader will appreciate divergent perspectives coming from different albeit complementary disciplines. What differentiates this work from other trauma books is that it situates its subject matter in locations where living in situations of continuous terror and/or struggling with the aftermath of horrific trauma is often experienced on a daily basis. What is of further value is that this book is not merely theoretical or sociopolitical in scope and content, rather it is written as a clinician’s guide to help the practitioner navigate through the arduous waters of trauma recovery.

There are twenty-eight chapters in this book written by notable and respected professionals from diverse yet interrelated disciplines covering a broad range of topics from the theory or meaning of trauma, to the intrapsychic and social dynamics of the victims and survivors, to diagnostic concerns and clinical methodology, to the speculative future of the state of trauma studies and its impact on the field of mental health. As might be expected, topics range from those most affected by trauma, such as those living in war torn countries, especially those faced with the ubiquity and often senseless ethnopolically and religiously inspired warfare in the Middle East, to the residual psychological, national, and cultural aftereffects of many great world atrocities including an analysis of traumatic effects encountered in the Holocaust, Hiroshima, Cambodia, Vietnam, the Palestinian-Israeli conflict, and 9/11 in the United States.

There are some profound psychoanalytic insights in Knafo’s collection of essays, but what also makes this book a success is how she is able engage in dialogue traumatologists who challenge and expand our current conceptualizations of trauma that depart from the DSM IV symptom check-list approach, as well as the cooker cutter recipe, manualized treatment paradigms that boast treatment efficacy. Any clinician working with trauma patients knows how laborious, painful, and long their healing process can be. This is a definitive sourcebook on the interface between psychoanalysis and the field of trauma studies. But it raises many important philosophical questions on the nature of where do we draw the line on what constitutes trauma, normativity, and pathology that cannot be systematically explored in an edited volume of this kind. I believe potential answers to these issues have profound significance for the future of psychoanalysis.

In The Dissociative Mind, Elizabeth Howell seeks to provide a more substantial integration between psychoanalysis and traumatology and provides a superb inquiry into the question of trauma, dissociation, psychopathology, and the theoretical frameworks that guide our conceptual formulations and modes of clinical practice. She impressively examines the theoretical nuances in many historical models of dissociation including the work of Janet, Freud, Ferenczi, Fairbairn, and Sullivan, as well as contemporary thinkers such as Bromberg, Stern, and Davies. Through her clinical vignettes, one develops a deep respect for her work as a clinician. Sensitive to concurrent work in trauma studies, neuroscience, attachment theory, defense, and personality structure, this book should be digested slowing for its rich and subtle flavors.

Howell bases many of her arguments following the relational tradition that seeks to displace dynamic unconscious processes in favor of postmodernism and a dissociative model of mind. In fact, she specifically views trauma and dissociation at the locus of all psychopathology, reduces repression to dissociative...
Both of these books are meant for a general audience. The authors are Division 39 members and clearly versed in psychoanalytic theory. Silverberg takes the concept of repetition compulsion and discusses it in non-analytic terms. I appreciated the clarity with which he manages to describe the perils of repeating unproductive behaviors over and over. He goes into depth on how one must explore the patterns which one has developed in childhood and what steps will help resolve the repeated conflicts one might face.

Seemingly joining the genre of self-help books, he uses the acronym SUBGAP to describe his step-by-step process. S for seeing (negative patterns), U for understanding (both historical and operational understanding), B for breaking (developing new reactions to old triggers). The second part of the acronym is actually one repeated ‘step’ of guarding against patterns (GAP). Unfortunately, SUBGAP does not seem like the best choice of acronym as could be perceived as negative: SUB meaning under and GAP meaning something is missing or not together. The resulting short form seems to lack the peppy, inspiring energy one expects from an inspirational book and felt a little forced. Maybe Silverberg is trying to join a crowd he does not need to join. His ability to convey complex processes in plain language makes this a rich book that might have been fine without the acronym. I must admit, however, that having an acronym did help me remember the sequence that Silverberg recommends as he describes the process of psychoanalytic exploration. So it seems likely that the acronym will prove useful for the general reader.

Clinicians might recommend this book to a client who is trying to understand the therapeutic process. This book can also add some plain vocabulary and examples on how to describe the process of psychoanalysis and psychotherapy in non-theoretical terms. For example, Silverberg’s step of “understanding” is broken down into historical understanding and operational understanding. Historical understanding means that old experiences occurring during childhood and adolescence are explored and connected to the development of patterns. Understanding of operational patterns is related to understanding how they work and what triggers them. Silverberg compares this latter understanding to the limited understanding a driver needs on how a car works. You know that you have to fill it with gasoline to get the motor going, which turns the wheels once you engage the accelerator. This is all you need to know. Details about the engineering principals or the manufacturing are not required in order to drive the car. Silverberg says that you only need a similarly basic understanding of your behavior patterns. It is the supply of these types of metaphors that might be useful.
Silverberg makes the point that you can follow through with his SUBGAP steps on your own, or with the help of a therapist/analyst. Overall, the book seems like good PR for psychoanalysis and psychoanalytic therapy. It seems like a useful tool to both general readers and professionals.

France Cohen Praver’s book *Crossroads at Midlife* addresses a very specific time in life when adults are faced with their parents’ need for care taking due to aging and illness. Although this is a very specific problem, she addresses many problems that people at all stages of life face (such as feeling guilty, needing self care, and revisiting childhood issues). Due to the book’s narrow focus fewer readers will read this book despite the fact that many people will eventually be faced with taking care of their parents. Some will not attribute their problems to the care taking of a parent. Then again, some faced with the struggles caring for a parent will be glad to find a book that specifically addresses their issues.

Initially, Cohen Praver’s book felt refreshing due to her frankness and her willingness to be personal. She makes clear that not only does she have a lot of professional experience working with people who are taking care of their aging parents, but that she herself was faced with the logistics and feelings that arose out of her own mother’s struggles with cancer. She aligns herself with the reader rather than take the more removed stance of the expert.

However, I soon experienced her style as too chummy with sentences like: “The bad news is—well, you know that—your elderly parents are failing,” or later “Maybe the bad news is not so bad after all. Hang on.” Sometimes this casual tone can work, but there seemed to be too much of it right from the start. This sense of chumminess was probably intensified by Cohen Praver’s choice of opening. In the chapter titled “Getting Your House in Order” she begins to talk about the midlife person’s changes. In the span of two paragraphs she mentions changes in memory capabilities, physical appearance, health issues, sleep patterns, and weight. She then devotes two whole paragraphs to the reduction in female and male sexual functioning with a tone that also felt too informal (e.g., “Sorry guys, it does not get bigger faster”) and her first case description is of a couple with sexual problems. Clearly sexual dysfunction can be an issue that arises in midlife, yet the placement of the issue in the book’s opening section seems gratuitously titillating and ultimately misleading because sexual dysfunction is only a tangential issue compared to the main theme of the book.

Cohen Praver’s book is mostly based on many rich case examples and is not overly theoretical. Again, this can make it very useful for the general reader seeking some understanding and support. When Cohen Praver does discuss theoretical concepts she does not try to avoid psychoanalytic jargon or complex concepts. This could be seen as a compliment to the reader, whom she assumes will be able to follow. However, I was not sure if a reader without some knowledge of psychoanalytic theory would be able to follow her elaborations. For example in the chapter “Role Reversal,” Cohen Praver discusses how children and many adults have the desire to merge with an all-powerful parent. After a case example, she explains that the adult children taking care of their ill parent might be overly invested in keeping the parent from dying due to the unconscious wish to maintain the merger with the parent. The quality of the life of the parent might be diminished by poor care giving choices because of the unconscious underlying motivation. This idea is very rich and certainly potentially very helpful for those who manage to follow her, but it did not seem to be elaborated on enough to be accessible to all readers. This is, of course, where the many and detailed case descriptions can help out. They provide examples for the concepts she explores. One major benefit of the case descriptions she uses is that anybody in the role of the caretaker reading this book will recognize him or herself in at least one of the people whose emotional turmoil is described. Cohen Praver seems to have had a strong need to end each case description very neatly. Most of them end with a paragraph that summarizes the great progress they a made and how their life has changed for the positive. Her intention may have been providing a sense of hope to the general audience, rather than leaving them with questions about an open ending.

As I was reading Cohen Praver’s book I was having a tough time keeping the overarching structure of the book in mind. Each chapter seemed to have too many subheadings and each subheading immediately seemed to delve into a clinical case. Though these are vivid and entertaining, I felt too zoomed in and began
to lose the big picture. Maybe my sense of feeling overwhelmed is a reflection of Frances Cohen Praver’s style. However, this could be a kind of parallel process and therefore a reflection of the challenges she is trying to describe in her book. She does make very clear that midlife adults are usually faced with a multitude of personal, professional, and familial challenges that can be overwhelming.

An enjoyable aspect of Cohen Praver’s writing is that she is passionate about her work. This comes across in statements such as “My work does wonders for me!” She clearly conveys a sense of complete trust and excitement in the psychoanalytic process. Though statements such as “Psychologists/psychoanalysts, who love you in totality, facilitate emotional development and feelings of self-worth” might raise questions in the general reader who does not expect to be loved by their therapist, overall, the tone of such passages conveys a sense of hope. Both of these titles do a good job in promoting psychoanalysis and psychoanalytic psychotherapy. They are therefore important books for the popular market.

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CONTINUED FROM PAGE 40

phenomena, decenters the notion of a unitary self as a consolidated agency, which she thinks is an illusion, favors a plurality thesis of multiple selves and self-states, and generally adopts a postmodern emphasis on constructivism along with anti-epistemological and anti-metaphysical postulates. Her radicalization of the mind as a dissociative multiplicity rather than a synthetic process system that accounts for multiplicity and plurality within a unifying complex totality or dynamic holism becomes a serious theoretical limitation to her thesis. Furthermore, by making the mind merely a dissociative entity, she eclipses many other viable theories of mental processes including a conflict model of defense that accounts for desire and drive, wish and counter-wish, and intrapsychic fantasy relations that classical approaches, modern conflict theorists, and contemporary Freudians and Kleinians would likely find objectionable. What I believe is missing in her book, but would lead us into fruitful discussion, is the relationship between dissociation and the question, nature, and latitude of the unconscious in contemporary theory.

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This book then will be of great interest not only for those eager to explore questions put by philosophy and psychoanalysis about the human subject but of great usefulness for therapists applying psychoanalytic concepts in the clinic. Ver Eecke takes as his central purpose an explication of the role of denial in the formation of a sense of self. In denial the subject is caught between the truth and its effects on the other. In this sense we can say that denial attempts to hide a truth to the other because the subject has the awareness of the other’s presence in conflict with the self’s separateness. Denial is then the expression of a subject that needs to be bonded while protecting the self’s autonomy. If one reads the book carefully (and it is indeed a book written for careful readers) one arrives at several conclusions, not the least of which is that in denial there is an underground river of repressed truths, a movement aiming to come out and provide life’s water of freedom provided this river is explored properly with attention to both a primordial need for bonding of the subject as well as for a free and autonomous spirit.

Professor Ver Eecke presents an initial question addressing the difference between denial and lying. He proceeds in his scholarly discourse by informing the reader of intimate connections between Hegel’s dialectic and Freud’s theory of negation. The concept of repression becomes central in this exploration. Ver Eecke gives the reader clear access to central Hegelian thought by showing the path of spirit as caught between self deception and self knowledge. As he points out, “for Hegel, truth is not just an epistemological task. It is also an anthropological adventure.” And in this process, “doubt can become despair” (p.123). Negativity has two sides to it, one positive and one negative.

The author’s presentation of Hegel’s analyses of the will in The Philosophy of Right and how it relates to denial is of particular interest to this reviewer. In very clear, everyday examples of life situations Ver Eecke points out the differences between the four strategies of the will in a progressive movement: natural will, arbitrary will, eudemonic will, and free will. Any therapist confronted with denial in a patient will find these examples of great interest and potential insight in the application of psychoanalytic theory.

VerEecke presents key contributions to our understanding of denial from Lacan, Spitz, and even Sartre. The writings of these authors are used to enlighten three key moments in a child’s life: The social smile, the eight-month anxiety and the “no-saying” at fifteen months. He goes further than Spitz in considering the no-saying, not only as an indicator of higher level of development but actually as “the organizer, the creator of that higher level of development.” (p. 124)

In the final chapter, entitled “Denial, Metaphor, the Symbolic, and Freedom: The Ontological Dimensions of Denial” Ver Eecke presents the case of Anthony Moore, the author of Father, Son and Healing Ghosts. He contrasts the positive lessons of this autobiographical account when it comes to denial with the missed steps of Oedipus, the King, by Sophocles, that he has analyzed in the previous chapter. Moore’s father died in combat in WWII very soon after the birth of Moore, Jr. Step by step, Ver Eecke analyzes the various life decisions Moore takes as examples of the gradual transformation of denial into a quest for freedom, thanks not only to his personal search but also to the involvement of key persons that Moore invites into his quest. For Ver Eecke “the availability of a cultural
Taking the Time to Seriously Consider Time

When I received the book, *Time, Self, and Psychoanalysis*, by William W. Meissner, a Jesuit and psychoanalyst, I did not know what direction it would take me in my efforts to think through a problem that has preoccupied me for years—temporality in the psychoanalytic situation.

Grappling with issues of resistance related to scheduling new patients, negotiating fees intertwined with frequency of sessions required for the work to be psychoanalytically oriented, and major questions surrounding the chronically late or unscheduled absent patient, all prove vexing in the private practice of an urban clinician not in full-time private practice. The management of time in the psychoanalytic situation is a major concern of mine, and I have often been left wanting when considering the question of time from a point of view solely focused on the treatment frame while duly noting the timelessness of the unconscious.

It is relevant for me to mention here that I started to develop my practice of psychoanalysis during the early days of managed care and co-payments, finding myself struggling with the corrupting effect outside monitors had on the way I approached new patients.

I worried about “giving” the extra 5 minutes to patients who insisted on using their insurance, since I knew that the insurance carrier only required a 45 minute “hour”, contrasting with my usual practice of the 50 minute “hour”. It also took me years to satisfactorily resolve my problems around the collecting of the “co-payment”. Over the years, I managed to train myself and my patients to drop the “co-payment” check or cash in a wonderful woven basket that I trusted that has always held its place just to the left of the bookcase by the door to my office.

The evolution of my practice style has seemed to me like an accommodation that has always led me back to questions of temporality. Putting questions aside on the obvious countertransference issues that I bring to the work as demonstrated by the way I introduced this review, along with my awareness of my own need to self analyze my blind spots or seek consultations in particularly paralyzing cases in my work, I have still found myself struggling with issues of maintaining the analytic situation when questions of frequency of sessions, fee negotiations for additional sessions beyond those covered by the insurance carrier, are compounded by the impact of the patient’s experience of time on the treatment.

Noting that transference/countertransference issues were at play in many of my cases where these issues were prominent, I was always seeking opportunities to think through matters of time in the psychoanalytic situation. Therefore, I approached *Time, Self, and Psychoanalysis* eagerly seeking avenues to think through these and more problems of time in psychoanalysis, and the psychoanalytic situation in particular, and was not disappointed. Not only was I not disappointed, but I found that each chapter of this book led me further into my own reveries regarding each of my troubling cases, where time dynamics was most prominent. I struggled with the author’s theorizing around questions of mind/body developmental issues but once free of the first chapter,
I easily followed his stream of thought around the relationship of the self to its past, and the nature of these experiences as they unfold in the presence of the analyst. Meissner states,

Unavoidable questions within my mental horizon concern the operation of time in the psychoanalytic situation and process. The time parameters of analysis are complex enough in themselves, but when one adds in the role and function of the temporal dimension of the psychic realities of both patient and analyst, the prospects become rather interesting. Time is no longer just time as measured by the clock or calendar; it is transformed into something else that is overburdened with psychic meaning and involves levels of complex motivation on both the conscious and unconscious levels. How do these elements emerge within the analytic process, how do they affect the progress of the analysis, what problems and difficulties do they create in the analytic interaction. (p. viii)

He goes on to describe the limitations of this book, emphasizing that the case studies are presented to demonstrate the operation of only time related factors in the analytic situation, with salient process material meant to stimulate the reader to raise questions that may lead to further exploration of the relationship of time and the self within psychoanalysis.

This thoughtful disclaimer regarding the selective use of clinical case material was relieving given the recent commentary on Meissner’s more detailed presentation of one of the book’s case studies in a journal article. (See Meissner, 2006; Spero, 2008; Singer, 2008; Meissner, 2008)

Green (1986) introduced a collection of his most thought provoking writings by explaining why he avoided using clinical examples and case histories by commenting, “I do not think that presenting clinical observations constitutes proof of what an analyst advances from a theoretical point of view. Presentation of material can obviously be modulated to fit one’s demonstration, and the same material can be used to illustrate different if not opposing views, depending on the circumstances. No clinical observation has the validity to settle a theoretical debate. (Green, 1986, p. 4) He goes further in stating that “a ‘theoretical’ paper is also clinical insomuch as it stimulates associations in an analyst reader, in connection with his own experience or that of his patients.” (Green, 1986, p. 5)

With Green’s comments in mind, Meissner’s book can bring into strong relief the strengths and weaknesses of the use of detailed clinical material to demonstrate and support one’s theoretical position. This in addition to the novel use of temporal graphs to bolster psychoanalytic interpretation (for an example see chart 8.1. Percentage of Scheduled Analytic Time Utilized in Monthly Intervals, p. 146) , keeps the reader alert, while driving home the starkness of the reality of the analyst’s action of taking note of time in the psychoanalytic situation.

The intersection of temporal factors in the conceptualization of the work by the analyst, the timelessness of the analysand’s unconscious as it unfolds in the session, and the reality of the conscious experience of time by both participants in the analytic dyad are made clear in Meissner’s writings.

To this end Meissner brings the reader into the realms of time, time as experienced in reality, in the phenomenological elements of development across the lifespan, and in the reliving and telling of life experiences in the presence of the analyst.

Beginning the book with the philosophical and psychoanalytic underpinnings of the meaning of time, Meissner explores the psychological elements of time on the mind and body. Questions of embodiment of psychological phenomena are explored in detailed inquiry from the perspective of the practicing analyst.

Meissner’s chapters unfold to elaborate on the rich interplay of objective and subjective time on the physical self. He develops a theoretical thread that weaves from classical and contemporary thinking on questions of the meaning of time in human development to the intrasubjective experience of time in relation to one’s own reality.

Meissner’s rich and highly developed clinical cases bring to the forefront many classical psychoanalytic tenants, in particular, the dynamics of time between the unconscious and conscious experiences of the analysand.

Meissner surmises the following in his discussion of a particular dynamic in one of his
case studies, The Late Lawyer, “Thus the role of unconscious motivational components became salient and determinative. It was as though the timelessness of the unconscious, one of its operative characteristics as described by Freud, came to overshadow other aspects of the temporal experience and create a fantasy or illusion of time out of time, time isolated from the demands and limitations of the objective time constraints of the real world”. (p. 140). This is one example of Meissner’s use of the rich case material that flows throughout the book to bring in full relief the psychodynamics of time in the treatment frame and dyadic relationship.

Meissner also provides the reader with extensive notes that further illuminate the points made in each chapter, perhaps in the hopes of raising as many questions as he answers in this highly informative text which in addition to examining process dynamics of lateness on the treatment also explores temporal contributions to the analyst’s sense of authority and autonomy, and the technical aspects that unfold during the termination process.

In discussing psychoanalytic discourse, Barnaby B. Barratt writes, “Although psychoanalytic discourse gradually moves forward, the patient and the psychoanalyst never now the truth of the moment they are at, nor do they know the truth of the moment ahead of them. In a certain sense, they experience but do not understand the present, and anticipate the future only bewilderingly. Such is the thoroughly historicized and vigorously mobile character of the discourse itself. However, the patient and psychoanalyst do know the untruth of the preceding moment, for the falsity of this preceding moment has been treated negatively, its untruth unmasked in the emergence of the present. It is in this sense that psychoanalytic discourse is dialectically truthful and transformative.” (Barratt, 1984, p. 263)

Through Meissner’s writings, and particularly through his in-depth exploration of what he knows and discovered in his work with his patients, psychoanalysts can reconsider problematic aspects of their own work while discovering new ways to think through the workings of time in the psychoanalytic process.

**References**


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system rich in symbols, and the ability of emotionally important persons to say ‘no’ to deep forms of identification” make the difference.

When reading this chapter, I found myself entertaining another possible explanation to Ver Eecke’s analysis of Moore’s view and denial of his missed father. In a number of key moments of his life, I saw Moore even more identified with the views of his mother’s towards the husband-father and how mother perhaps was even more in the background struggle of Moore’s self deception and self knowledge. But whether one sees the Oedipal situation in this case tilted more towards the maternal or the paternal figure, what is true is that Ver Eecke has used this marvelous story as a fine teaching method to show the reader what Hegel meant when he said that the road to truth is not solely a path of doubt, but more properly a pathway of despair.

Wilfried Ver Eecke’s book, *Denial, Negation, and the Forces of the Negative*, was one of a few in the list of finalists for this year’s Goethe prize in the Canadian Psychoanalytic Association’s yearly meeting. It is worthy of this honor and will reward the reader’s efforts to recognize the deep and important links between philosophy and psychoanalysis.

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Saralea Chazan, PhD

This is a book about change, specifically about how kids change in psychotherapy by one of the authorities of our times. Lenore Terr is a familiar name for all of us working in the area of trauma. She is known for both her clinical work and her research. So it is with eager anticipation that I began to read this book and learn from its insightful observations, I was not disappointed.

Dr. Terr begins by telling us about how she came to write this book. She cites those special moments “when something passes from a child to me—or from me to a child…and this ‘something’ impels the child to begin looking at himself differently” (p.2). From this changed perception emerge altered behaviors and the child is changed for the better. I noted immediately the emphasis not only on the immediate moment, but also the element of “togetherness.” Emotional growth and health, the author tells us, are to be found in these moments that draw people together. It is out of this shared togetherness that a moment of change, a turning point in the child’s life, is born.

Dr. Terr’s own sense of “togetherness” is at the forefront of this book. She cites Selma Fraiberg as one of “four great spirits” mentoring her professional growth and development. It was probably with Professor Fraiberg that she observed the value of bringing colleagues together to gain group support and wisdom in understanding a problem. It was also probably from Professor Fraiberg and The Magic Years that she learned about magic. As Dr. Terr confides to us near the end of this book, she is a believer in magic. This volume brings together the wisdom contained in 48 vignettes (including 6 of her own), collected over a period of three years from 34 different psychiatrists (including herself). These are professionals that form part of Dr. Terr’s professional network. She has interacted with them for varying periods of time, in different places; they all share a common commitment to working with children and their families. Their identities and professional workplaces are identified in an appendix. This collected virtual database of important moments (Daniel Stern, 2006) lends credence to the significance of the “meeting of minds and hearts,” those glimpses of mutual understanding, accounting for change in child and adolescent psychotherapy.

This book is divided into four parts. Part One addresses how the professional persona can be used in psychotherapy. Part Two addresses creating the “right” atmosphere for treatment. Part Three addresses how to connect meaningfully with a child. This part describes primarily supportive interventions. Part Four describes how the therapist can react in a timely, “pungent” fashion. This part describes primarily expressive interventions. An extremely enlightening Epilogue deals with the issues of looking back and looking forward, two critical sources of momentum in child treatment. I will not attempt to summarize each of these sections of the book separately. Suffice it to say, each section is full of cogent comments and observations enhanced by a selection of clinical vignettes chosen from the collective databank. The clinical vignettes are well chosen and give much pause for thought. Indeed, I found this book a slow read, as
I paused to ponder each of the clinical examples at some length and let my own reverie explore freely the many memories from my own repertoire of clinical experiences.

It is the freedom to conjure and explore that Magical Moments evokes. The book’s message is at no point doctrinaire, although the author certainly voices opinions and makes suggestions. Perhaps it is the collective voices that elicit this openness to think and then to think some more about the nature of human agency and the actions implying change.

I will select three ideas that were of intriguing to me. The first idea to think about is the persona of the child therapist. Of particular interest was the notion of the importance of the “real self.” As Dr. Terr comments, kids almost always feel most comfortable with “real” people. She notes that “real” behavior holds up best on a day-to-day basis, to be supplemented when needed by the roles of “teacher” or “investigator.” In fact, she points out, the “real me” turns up in tiny, tiny doses even when the therapist is not thinking about it. However, at times the real person of the therapist shows up in larger quantities. Dr. Terr quickly qualifies the effect of these exposures as being relative to the timing, the prior relationship, the child’s problems, and immediate issues. However, sometimes these sudden glimpses can shake a child out of longstanding inertia. This statement is then explored, elaborated upon and detailed in four vignettes, each vignette followed by an explication of the meaning of the moment. In sum, Dr. Terr is suggesting that not every psychotherapeutic change comes through insight, new awareness and cognitive reworking. Some comes from the therapeutic relationship itself, a corrective relationship with a fine therapist.

A continuing therapy case of 15 years duration, of a child named Cammie, “more animal-like than human” when brought to Dr. Terr at 29 months, serves as a vehicle for further integrating this book. Cammie had witnessed the murder of her infant sister. The reader follows the thread of Cammie’s treatment that is woven in and out of the volume, alongside the unfolding of the book’s narrative. The spirit of play activity is integral to Dr. Terr’s very unique understanding of how “to be” with children. It is of particular note when 4 year-old Cammie inspects her 3-piece Russian dolls and declares the larger matrushka doll to be “Lil Red Riding Hood.” A raccoon puppet becomes “wolf,” who pounces on an invisible “grandma” and kills her. Next, the wolf falls upon Little Red Riding Hood and eats her up. This becomes a ritualized game for Cammie. The character Grandma is acted upon, but never appears in person. Dr. Terr wonders: “Could this character represent Cammie’s dead infant sister?” Cammie seems to feel no pain for the victims. Rather she develops a capacity to “identify with the aggressor” and “glorifies” in its use. Dr. Terr, an innovator in understanding and giving recognition to the existence of PTSD as reflected in the traumatic play of children, gives an extensive rendition of the unfolding of this aggressive theme over time in her child patient’s play narrative. These extensive descriptions of the function of play activity in facilitating Cammie’s emotional development are another enlightening cameo in this valuable book.

The third idea of particular interest to me in this book was the analysis of the role played by time—present, past and future—in the treatment of children. Here Dr. Terr discusses the meaning of the spontaneous “gesture.” She extends Winnicott’s concept to include all kinds of interactive moments between therapist and patient that prove to be sustaining and meaningful, despite their brevity. She stresses the importance of counterintuitive moments that make a difference, surprises that are blurted out on impulse, that eventuate in shared meaning. At these moments we are getting closer to the “magic” to which this author eludes. In fact, in Dr. Terr’s work with terror and horror, the unimaginable known seems balanced with the presence of magic, an unknown known, the magic that acts to heal and bind the wounds of the unspeakable.

So, in sum I recommend this book to all readers interested in learning more about the treatment of children and their families. It is written in a style that can be understood by both laypeople and professionals. It is an ideal textbook for a class studying agents of therapeutic change. Moreover, it provides us with much of real interest and much to admire in the magical work of Dr. Lenore Terr.

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James McLaughlin’s book follows his personal and professional history to create a memoir cum psychoanalytic know-how practicum. It was edited by William Cornell. The chapters include material spanning the many decades of McLaughlin’s working career as a psychoanalyst, dating back to the Second World War. However, the book was compiled at the end of his career and is full of wisdom born of sometimes painfully acquired experience. His journey and evolving point of view are etched clearly on the pages. The reader has the sense of being in the presence of a very thoughtful, sincere person who has earnestly tried to do his very best. Although I myself did not know him personally, I feel confident that he would strike anyone who met him as a genuinely fine person. Regrettably, he has died since the writing of this book, and I have lost the opportunity to meet this admirable colleague.

To characterize his theoretical position, he might be called a self psychologist wrapped in a Freudian cloak. His own words, expressed in the preliminary acknowledgment forward of the book, capture his sensitivity to narcissistic issues when he comments: “...it may be better to name no names lest omission be felt as a slight.” (p. vii-viii) And in that same section, his volunteering of what might be called his mantra portrays his balanced devotion to his patients: “AIM-INHIBITED LOVE” (p. viii, capitalization and italics in the original text).

The twelve chapters of the book are divided into four sections: The first, an unnamed introductory section of four chapters; the second, entitled “What was Wrought: Self-Analysis;” the third, entitled “What was Sought: Nonverbal Communication,” and the fourth, entitled “What was Thought: The Dialectics of Influence.” I found the first part of each of these subheadings distracting, although the subheadings successfully illuminate certain basic concepts dear to McLaughlin. Putting aside each dramatic opening phrase, they do catalogue important ideas for McLaughlin of what goes on in the analytic experience: the crucial value of self-analysis; the significance of the body and its movements to the analytic work; and the ever-present intersubjectivity. The title of the book also requires mention. The main title—The Healer’s Bent—refers to McLaughlin’s belief that his work as a psychoanalyst was a “calling” and stood in identification with a medical doctor father who was lost to him 6 weeks into his infancy—a father who died while administering to the community in the time of a flu epidemic. The second part of the title—Solitude and Dialogue in the Clinical Encounter—portrays the intertwining of his personal experience with his understanding of his analytic work. McLaughlin relays the many hours he spent in solitude, mulling over elements of analytic hours that disturbed him. He recounts the time spent alone, particularly when in mechanical activity, gardening or building a lattice fence, or even painting, during which he would suddenly come upon an insight into the meaning of some analytic element of a session. Each time the new thought would direct him to recall some relevant aspect of his own history.
that made comprehensible the troubling aspect of what was going on in the session. These epiphanies would emerge unbidden from unconscious processes, not intentional thought about the work, so that he came to prize those times of self-analysis as critical to his work as a psychoanalyst. In passing, I mention that the artistic work was painting bird forms on eggs. Examples of the eggs are shown on the cover of the book: They are spectacular! This was a man who obviously had many talents, and his patients were fortunate that he chose to integrate his capacities into a career as a psychoanalyst.

From the introductory chapters we learn that Dr. McLaughlin was raised in a large Irish Catholic family, all the other children girls, by a mother who was at once both devoted and demanding of high standards and periodically depressed following the death of her husband. McLaughlin apparently grew up fearful that his own aggression might harm someone, a concern that reverberates in his adult professional work. We also learn of his early psychoanalytic training in Philadelphia and his further psychoanalytic experience as a graduate and later training analyst working in Pittsburgh. He describes the early training as leading him to an understanding (later abandoned) of his role as being authoritarian, superior, the expert, focused on helping the patient see his/her infantile conflicts. These descriptions lend support to the picture of the cold, silent, unmoved, aspiring-to-be a blank screen analyst. If McLaughlin had not taken such pains to describe his need to rid himself of so much of his early training, I would be skeptical that such rigid technique existed; rather I would consider it as an exaggerated stereotype—a myth.

Dr. McLaughlin, however, is explicit in his portrayal of his slow evolution away from his early ego psychological training roots to his later more flexible approach. In his later work, he continues to claim Freud’s centrality, but it is a personally defined interpretation of Freud. He leaves behind the all-knowing stance to focus increasingly on what the patient is telling him and what the interaction produces in both patient and analyst. Along with this development, he describes his two analyses. The first is an analysis with a male analyst in the more rigid Freudian mold, which the author, nevertheless, acknowledges was greatly beneficial. The second analysis was with a female analyst, whose theoretical orientation and manner more closely resembled that of Evelyne Schwaber’s patient-focused approach. He explains that as a result of this second analysis, he was able to become more comfortable with his feminine identifications, and to consolidate a profoundly different way of working analytically.

In his many clinical examples he returns repeatedly to the mutuality of the process: his awareness of how his behavior with the patient is induced by his own resonance with the patient’s behavior and conflicts that have awakened unresolved facets of his own early (and later) conflicts. When he is able to pin point the matter in his on-going self-analytic activity, impasse dissolves and new clarity in the treatment is reached. He stresses his willingness, at such times, to take responsibility for his errors in what he considers mutually induced enactments. As mentioned above, McLaughlin feels strongly that there is, in the psychoanalytic endeavor, mutual influencing that goes on throughout the work and is crucial to conceptualizing what is going on. From this position, he expands the meaning of countertransference (a term he does not actually like). In a first step his thinking embraces the earlier derived, narrowly understood, meaning of countertransference as the intrusion of the analyst’s own conflicts—not just infantile conflicts but conflicts throughout the life cycle—getting in the way of the analysis. He then adds a dimension of mutual enactment that makes the countertransference—or as he calls it, the transference responses that each member of the analytic dyad experiences and responsively enacts—into a path to understanding the patient. With this shift, he creates a more contemporary definition of countertransference.

It is important to mention his interest in the body and the expressiveness of the body as unconscious communication. For a period of time, he attempted informal research during the sessions to try to see if particular body movements correlated with the words that were spoken. Although he abandoned the effort to do this systematically, he continued to be convinced of the power of the bodily actions to express meaningful emotional content of his patients. Because their actions were often out of patients’ awareness, he worked with his observations in a highly circumspect way. Sometimes the results were
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COMMITTEE REPORTS INTERDIVISIONAL TASK FORCE ON MANAGED CARE AND HEALTH CARE REFORM

GORDON HERZ, PhD & IVAN MILLER, PhD

Task Force Activities in 2007: The Task Force is made up of members and representatives from Divisions 39 and 42, as well as the National Coalition of Mental Health Professionals and Consumers. Members: Joe Bak, Sharon Brennan, Frank Goldberg, Gordon Herz (Co-chair), Stan Graham, Russ Holstein, Mary Kilburn, Ed Lundeen, Bill MacGillivray, Ivan Miller (Co-chair), and Stan Moldawsky.

Key successes during the year
- The Principles for Health Care Reform statement was adopted unanimously by APA Council in August. The Task Force had garnered support from the APA Board of Directors and CAPP, and had obtained endorsements from over 100 Council Representatives. Sharon Brennan and Gordon Herz spoke at a number of key caucuses prior to the Council vote. We believe the adoption of this statement of Principles for Health Care Reform reflects APA's intention to ensure the centrality of psychological practice in any reformed health care system, and will serve as a lens through which to view APA's involvement in future reform activities. The Statement will also support and integrate seamlessly with future Division and APA “Health Care for the Whole Person” initiatives.
- Co-sponsored and hosted with the NYSPA "The Crisis in Private Practice," at the 2007 APA Convention. This open meeting provided reports on initiatives already under way and opportunity to discuss and troubleshoot managed care issues. It was attended by psychologists and from many states and by representatives from APAPO.
- Continued efforts to positively affect psychologists’ income and practices through the use of managed care “phantom panel” research with the publication of Russ Holstein’s “Make Them (Managed Care) an Offer They Won’t Refuse: How to Negotiate a Raise,” Independent Practitioner, Winter 2007.
- Disseminated information to psychologists directly resulting from "phantom panel" research via a Symposium at the 2007 APA Convention, "Practice Management Innovations," chaired by Russ Holstein, including information with the potential to directly enhance practice.
- Further expanded “phantom panel” research by contacting all State Psychological Associations to inform them of the research to date and the availability of a template for replication of the studies.
- Published articles relevant to psychologists’ roles in health care reform in Independent Practitioner and Psychologist-Psychoanalyst.
- Provided information for practicing psychologists about privacy protections for psychotherapy documentation resulting directly from the Task Force's monitoring and developing responses to intrusions into therapy by third party payers with the publication of Gordon Herz's "To Preserve, Protect and Defend (and Simplify) Documentation of Psychotherapy,” Independent Practitioner, Winter 2007.

Planned activities for 2008
- Coordinate with groups that provided input and support for the Principles for Health Care Reform and explore collaborative initiatives
- Promote divisional initiatives and Monitor APA activities related to health care reform and ensure these are informed by the adopted Principles
- Continue to monitor “EBT” and “pay for performance” pressures on psychologists and develop and disseminate information about effective responses
- Support additional replication of “phantom panel” studies in other states with dissemination of results to psychologists across the country

The Interdivisional Task Force receives financial support to pay for teleconferences and mailing costs from Division 39 and 42.

Gordon Herz
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Ivan Miller
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Our 2008 convention program will be held this year in Halifax, Nova Scotia from June 12-14 and is packed with activities, awards, clinically relevant talks, training workshops, and scholarly presentations. Division 39 members are invited to join us by registering online at www.cpa.ca. This year we are proud to honor Bruce Fink who will be our keynote speaker and recipient of the Otto Weininger Memorial Award. Dr. Fink is a Professor in the Department of Psychology at Duquesne University in Pittsburgh, is a practicing Lacanian psychoanalyst and supervisor, and is arguably one of the leading Lacanian expositors in the English-speaking world. Dr. Fink will conduct an invited training session and supervise a case presentation. His keynote address and live supervision session will be held on Friday, June 13.

This year’s Fellow Awards will be presented to Drs. John Munn and John Perrin for their outstanding contributions to the practice of psychoanalytic psychology. Our Section will also host the Goethe Awards Reception for psychoanalytic scholarship, which is scheduled for Saturday, June 14. This year we will honor Linda Hopkins for False Self: The Life of Masud Khan and Elizabeth Ann Danto for Freud’s Free Clinics.

The following authors will also be honored as Finalists for the Goethe Awards for 2006 and 2005: Marcia Cavell, Becoming a Subject; Wilfried Ver Eecke, Denial, Negation, and the Forces of the Negative; Walter A. Davis, Death’s Dream Kingdom; Danielle Knafo and Kenneth Feiner, Unconscious Fantasies and the Relational World; Lester Luborsky and Ellen Luborsky, Research and Psychotherapy; Richard Raubolt, Power Games: Influence, Persuasion, and Indoctrination in Psychotherapy Training; Owen Renik, Practical Psychoanalysis for Therapists and Patients; Michael Eigen, Emotional Storm; Ellen Toronto et al., Psychoanalytic Reflections on a Gender-Free Case; and Peter Buirski, Practicing Intersubjectively.

Looking forward to seeing old friends and making new ones.
According to the Division 39 Bylaws, the Ethics Committee is a “programmatic committee” distinct from the other category of committees which are “governance committees.” The task of the Ethics Committee as given in the Bylaws is quite succinct: “The Ethics Committee shall promote the highest ethical standards for the practice of psychoanalysis.” As the incoming Chair of the Committee, serving a three-year term, I found the economy of words in our mission opening a vast territory of possibility for our work. My conceptualization of the task is that the Ethics Committee works to keep a conversation in play with the membership in order to foster ethical reflection and promote ethical practice in all areas of professional life. The American Psychological Association has its own director of Ethics, Steve Behnke, who oversees ethical matters for the APA, including adjudicating complaints. Our Division 39 Committee does not carry the responsibility of managing ethical violations that may occur among our practitioners.

My interest in medical ethics is long-standing and I have studied the subject in various academic settings for a number of years. I was delighted to be asked to chair the committee and to join in the conversation about ethics with our membership. The membership of the Ethics Committee consists of six members, in staggered terms. The current committee membership includes, Andrea Celenza, Margaret Fulton, Frank Summers, and myself. We are looking for a graduate student to serve a 1- or 2-year term on the Committee and welcome nominations from members, or self-nomination by a graduate student. There is also one position open on the Ethics Committee for a full member. If you have topics that you would like to see discussed at the Division 39 Spring Meeting or the Annual Meeting of the APA we welcome your ideas and encourage you to contact any of the Committee members.

So how might the “highest ethical standard” be promoted? One opportunity for ethical learning and consultation occurs each year at the Spring Meeting where the Program Committee organizes and sponsors a workshop on ethics, with CEU credits available. This year the workshop will be taught by Melinda Gellman, Elizabeth Goren, and Elliot Jurist, on Wednesday April 9, 2008 from 1:00-5:00 pm. Their workshop, “Ethics in Psychoanalysis: Philosophical Foundations, Clinical Ramifications,” promises to teach about ethics and to provide time for break out group sessions for participants to discuss case material. I encourage you to attend the workshop. Within the Ethics Committee we are considering a regular column in the newsletter discussing various ethical challenges occurring in daily practice, including differentiating ethical practice from “risk management,” confidentiality, boundary crossings and violations, dual relationships, practice in rural settings, and other topics.

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Section I has had a productive and expansive year at the local, national and international level. As part of a collegial interchange and thrust towards enhancing the connection between psychoanalysts from abroad and Division 39, for example, our Section hosted a special presentation on the clinical relevance of the work of Jacques Lacan by Dr. Federico Aberastury in November. Dr. Aberastury, a new member of Section I, also serves on the directorate of the Argentine Psychoanalytic Association. Dr. Aberastury presented a thorough discussion and on the following topics: 1) Lacan’s formulation of the psychic apparatus; 2) The shift in dynamics during analysis; and 3) A brief explanation of Lacan’s Four Fundamental Concepts. The presentation was attended by 28 people representing Section I, as well as other members of Division 39, along with prospective institute candidates. Continuing education credits were offered thanks to the good administrative work of Board member Maurine Kelly and the consummate cooperation of our whole Board.

As part of the international interchange, Albert Brok presented, “Ludic Experience, Seriousness and North American Culture,” in Buenos Aires at an event hosted by the Cultural Commission of the Argentine Psychoanalytic Association. He also attended a series of seminars conducted by Nestor Goldstein and Federico Aberastury on culture and analysis in Buenos Aires, Albert Brok will be again traveling to Argentina this February to arrange for more interchanges. We are also planning continuing education programs to be given by our Section members in different regions of the United States.

Our Section’s newsletter, The Round Robin, has two new editors, Gemma Ainsle, and Jane Kupersmidt. They have opened their tenure with a comprehensive edition featuring an interview with Martin Bergmann, “Civilization and Its Discontents: On Philosophy and Psychoanalysis,” plus two thematic essays on object loss, one by Marion Oliner, and a second in honor of Rita Frankiel, her 1992 film essay, “Truly, Madly, Deeply Among Others.” Finally, the issue includes a thought provoking piece by Morris Eagle on the newly published Edinburgh International Encyclopaedia of Psychoanalysis. All this plus various news and notes and an important Presidential essay by K. William Fried touching on his and our Board’s position regarding the participation of psychologists in interrogation of prisoners suspected of terrorist activities. In particular we do not believe that: “any organization of professionals whose praxis is guided by rigorous ethical standards can remain neutral where human rights are at issue.” Our board has put out a call to all our membership through the Round Robin, to respond with their opinions on this most important issue.

On a National level, our members continue to be active working to increase the saliency of our Section in different venues. Most recently, K. William Fried presented a paper called “Love Among the Ruins,” a study of the film, Talk to Her, by Pedro Almodovar, both in Bedford, NY with Albert Brok as Discussant (on July 1); and also at IPTAR (on December 8) as well as an invited presentation in Seattle this past fall. In late May, Albert Brok was invited by the Tampa Bay Psychoanalytic Society to present on “The Obtainable Quest for Desire, The Elusive Construction of Love.” Look for the Section I panel at the upcoming Division 39, Spring Meeting on April 10, 2008. Our Thursday morning presentation is chaired by Helen Gediman and entitled “Discovering vs. Finding in Analytic Work.” The panel features new Section I member, Robert Oelsner, from the Northwestern Psychoanalytic Society and Buenos Aires Psychoanalytic Association. His talk will be “On the Babies of Klein and Bion.” Albert Brok’s paper will be “God Sometimes Plays Dice with the Universe,” with Bill Fried as discussant.

Effective January 2008 our membership committee will be chaired by Helen Gediman, aided by committee members Arnold Schneider and Judith Eckman Jadow. Our Section representative will be K. William Fried. Batya Monder has retired as editor of The Round Robin; but she will continue to serve as member-at-large on our board. Incoming president of the Section is Albert Brok.
SECTION IV: LOCAL CHAPTERS

Section IV is the political home in the Division for our far-flung local chapters. At the present time, there are 28 local chapters in 22 states (and one province) with a range of programs and interests that truly marks the diversity of our Division. One of our local chapters has a budget for its activities that rivals the Division’s. Others are much more modest in their activities and scope. Local chapters are also the seed ground for tapping the energy and talent of our members. Many recent presidents of the Division, for example, originally served in a local chapter, including David Ramírez, Jaine Darwin, Jonathan Slavin, Laurie Wagner and Maureen Murphy. The most obvious way local chapters contribute to the Division is through hosting the Spring Meetings and Division Programs for the APA Annual Conventions. This year, the Massachusetts Association for Psychoanalytic Psychology will host our meetings for the APA Convention; our next Spring Meeting in San Antonio will be hosted by our three Texas chapters: Dallas, Austin and, of course, San Antonio. Section IV cannot take credit for the energy and accomplishments of local groups, but we do serve as a forum for discussion of common concerns and we are able to bring these concerns to the Division Board. Our representative to the board is David Downing, from the Chicago Open chapter (as well as the Indiana chapter).

There is one important initiative that Section IV sponsors. The Graduate Student Initiative, which was the brainchild of Etta Saxe of the Michigan chapter, has been an ongoing project for ten years. Each year, the Section sponsors a number of graduate students to attend the Spring Meeting and provides funds to help defray the cost of attending. Our goal in doing this is to help keep graduate students part of the Division, but also encourage them to become and remain active in local chapter development and leadership. While local chapters are encouraged to also contribute to cost of attending and to mentor the student during the meeting, this is not a condition for the stipend. Local chapters are eligible to nominate students on a rotating basis. So far, over 30 students have been sponsored and many have gone on to be active in their local chapters. At least one currently serves as a chapter president.

The leadership of Section IV for this year, in addition to David Downing as representative to the Division Board, includes Joe Schaller as president, JoAnn Ponder as Secretary, Jack Barlow as treasurer and Barry Dauphin as past-president.

Section IV has two other major functions: to encourage the development of local chapters and to assist local chapters in participating in the Division 39 Continuing Education Program. We have developed a handbook that easily and clearly explains the simple steps needed to form a local chapter, as well as the more detailed and at times tedious requirements to qualify to offer continuing education credits. Anyone interested in forming a local chapter in their area should contact Membership Chair Bill MacGillivray (at drmacg@comcast.net) or any other officer of the Section.

SECTION VII: PSYCHOANALYSIS AND GROUPS

Section VII encourages the application of the broad scope of psychoanalytic principles to clinical practice. In this light we had a successful presentation on “Processing Fear and Encouraging Witnessing” as an important capacity for both group analyst and patients at the last Division 39 meeting in Toronto. With some exception, witnessing in general has been overlooked as a significant capacity in psychoanalytic settings. Our panel in Toronto consisted of Maurine Kelly (who graciously sat in for Tracey Ungar), Manny Shapiro as discussant, and Albert Brok as chair. Tracey’s paper, “The Journey of Enlightened Witness,” is an excellent piece that was beautifully read, and will hopefully soon be ready for publication. Many thanks to the active pre-conference discussions between Maurine and Tracey on getting the meanings right. It was indeed a small group effort!

In the future, we expect to collaborate on this and related themes with both other sections of Division 39 as well as other Divisions of the APA, in particular with Division 10 (Society for the Psychology of Aesthetics, Creativity and the Arts) on the topics of witnessing as propaedeutic for creativity; and the issue of group enhanced creativity via the psychoanalytic process. Dimensions of these projects...
Appalachian Psychoanalytic Society is fast approaching its 20th year and we continue to grow in membership and activities. Certainly one of our major investments over the last several years has been in our graduate student members. Most of our student members are doctoral clinical psychology students at the University of Tennessee in Knoxville, although we also have members from the Counseling Psychology program and from the School of Social Work. In addition, many active APS members are also supervising faculty at UTK. It will not be a surprise to many Division members that the clinical faculty at the university is less and less interested in actual clinical training and at times opposed to student involvement in “wasting” time seeing patients when they could be doing research. The supervising of clinical work has increasingly fallen to “adjunct” faculty who value the importance of actually working with people, rather than studying them. Although this dichotomy is often parsed as (passé) psychoanalytic practitioners versus (cutting edge) cognitive behavior researchers, the real divide is between those who see the future of psychology as including practice and those who want to spend their lives pursuing research grants and academic publications. As a result,APS has become a second home to our graduate students who want to pursue the vital task of actually struggling to make sense of what real people struggle with in their daily lives.

Although our society, like most local chapters, encouraged students to join and attend our activities, APS has gone further than most, I think, in its efforts. Largely under the leadership, and cajoling, of Kathryn White, our board has continued to find ways to involve students in our organization in ways that benefit them, but also energize us. Several years ago, Kathryn suggested that student members should be able to attend all our events without charge and we have been able to do this, charging only for the cost of lunch for our daylong events. This clearly had an impact on level of participation, and we typically have ten or more students for every event. We also established a board position for graduate students as a way to keep open lines of communication. Finally, again at the initiative of Dr. White, APS established a graduate student fund in order to support student’s further psychoanalytic education by attending conferences, workshops or other opportunities. This fund is in addition to a regular outlay from our budget specifically for support to attend the Spring Meeting. Last year, we were able to fund seven students and we anticipate doing the same this year. Adding in our students on internship and recent graduates, UTK will certainly make up a significant contingent at this year’s Spring Meeting!

Over the last year or so, we have begun to look beyond our current efforts. Perhaps it is because we recognize that the UTK program will become increasingly unfriendly to actual clinical work, perhaps because our best efforts to encourage the intellectual and clinical development of students will mainly benefit other local chapters (since few students will return to East Tennessee upon graduation), we have begun to look at another tier in the development of a psychoanalytic culture. Many of our relatively younger members in APS have not had the benefit of the training, supervision and consultation that we “older folks” took as a given during our formative years. Although involvement in APS certainly contributes to a psychoanalytic education, there needs to be a more formal and in-depth approach if a young clinician is going to develop and sustain clinical skills. To that end, we have begun to pursue development of a postgraduate program. Joyce Cartor and I have tapped into a wealth of advice and encouragement from a wide range of colleagues including Lew Aron, Joe Lichtenberg, Arnie Schneider and Nancy McWilliams and the common thread in all our discussions has been the need to start small and local, build upon the talent we have, and develop a small cadre of folks willing to sustain the effort to build a new organization, while at the same time keeping in mind the need to sustain our connection to APS. In some respects we are lucky. There is no psychoanalytic institute in the area. In fact the only members of the American Psychoanalytic are retired or no longer practicing psychoanalysis. So we will be the only game in town. We hope to get started in the next few months. I will keep you informed.
This has been a year of tumultuous change for New Mexico Psychoanalytic Society, a process that appears likely to continue for some time to come. Reports by local chapters and others in the newsletter have been of much use in trying to work through these changes productively, and comments by others are always welcome. There are at least two major factors contributing to the changes in NMPS. First are those inherent in the state itself: enormous size and distance between places; poverty of the population; one of the newest (1911) states to join the Union, and yet home of the oldest European settlements in the country; the only state with no ethnic majority; years of neglected education; a desperate need for trained professionals in all the health sciences; a population very unsophisticated in mental health problems and solutions, and thus unable to discriminate between accepted practices of any orientation, and those offered by numerous fringe groups. Second, the Society itself: formed almost twenty years ago by people educated in the East, the group established quality programming and a venue to discuss psychodynamic and psychoanalytic ideas and practice. However, over time, people have moved on, and leadership, policies, and goals became fragmented. The Society (at 120 members), while remaining financially sound, is a very heterogeneous group representing many disciplines, and varying widely in training and experience. Conferences that appeal to those with formal analytic training can bewilder others. Issues of concern to someone working analytically with an informed population in Santa Fe, for example, are a world away from those of a practitioner working with an impoverished indigenous group on an isolated reservation.

The Society has weathered a sudden, almost complete turnover in its Executive Board, and brought on a president, Marcia Landau, one of the initial founders, who is aware of the need for change. We have little problem in bringing quality speakers to the Albuquerque-Santa Fe area for semi-annual conferences: this past year, Estelle Shane, made a big hit with nearly everyone, regardless of training. Regina Pally, speaking on the intersection of neuroscience/psychoanalysis, was well-received, but...
ANNOUNCEMENTS

DIVISION 39 BOOK PROPOSAL PRIZE

Division 39 and APA Press are delighted to announce a new prize for a Division member who is a first time psychoanalytic book author. The winner will receive $1000 cash and a book contract with APA Press. The prize will be offered annually, although it may not be awarded every year. The award will be conferred in a public ceremony at the annual Spring Meeting of the Division.

The aim of this prize is to encourage psychoanalytic writing by Division 39 members who have yet to publish a psychoanalytic book. We will be looking for good writing as well as clinical and/or scholarly relevance. While it may include some previously published material, submissions will be evaluated for originality; so the proposed book should promise to be an original work. Complete information regarding submitting proposals can be found in the Web site, www.division39.org

Submit proposal to Book Prize, Division of Psychoanalysis, 2615 Amesbury Road, Winston Salem NC 27103. Questions should be addressed to: Frank Summers, PhD, ABPP, 333 East Ontario, Suite 4509B, Chicago, IL 60611, E-mail: Franksumphd@hotmail.com or Johanna Tabin, PhD, ABPP, 162 Park Avenue, Glencoe, IL 60022, E-mail: jktabin@juno.com

CURRENT RESEARCH ON BETWEEN-SESSION COMMUNICATIONS: HOW DO YOU HANDLE E-MAIL FROM PATIENTS?

The assistance of Division 39 members is requested to complete a survey about the forms of adjunctive communication currently in use with clients/patients. This on-line survey is part of a doctoral research project on the uses of computer-mediated communication (CMC) such as e-mail within analytic/dynamic clinical practice. Participation is simple and should take no more than 15 minutes of your time. To complete the survey, please use your Web (Internet) browser to navigate to the following address: http://snipr.com/psbsurvey. I am interested to hear all perspectives! I very much appreciate your assistance. Please tell your colleagues! Contact: Priscilla Butler, Pbutler@myway.com, (312) 498-2128

UPCOMING CONFERENCE

Saturday, May 10, 2008: Canadian Psychoanalytic Society (Montreal) Annual Day In Psychoanalysis, “Female Analysts Speak on Maternal Desire” For further information contact: Richard.karmel@muhc.mcgill.ca

ran into the familiar problem of being too elementary for some, and too obscure for others. We have found utilizing the membership survey in the Division 39 CE Guidelines a huge help. Identifying an interest in the members in relational issues, and particularly gender issues, the reconstituted Program Committee has planned conferences in 2008 with Deborah Luepnitz in the spring, and Robert Grossmark in the fall.

We are revamping formal educational courses to include shorter, mini-seminar series of 3-4 sessions. A film series is planned, as we notice other groups have found these very appealing. We also hope to draw in some of our members who have been less active, to facilitate discussions at such series. One of the most important developments has been a renewed interest by the Department of Psychiatry at the University of New Mexico in contemporary psychoanalytic thought and practice, including a formal course in object relations offered jointly with NMPS by a new faculty member who has had analytic training. We are helped not only by our continued participation in the Division 39 APA-sponsored CE program, but by utilizing joint sponsorship with the UNM Health Sciences Center for conferences and workshops which allows us to extend CME's (continuing medical education credits). We have had a significant increase in psychiatric membership from the entire State since initiating this program.

Our biggest problem is not so much lack of ideas, but the people to implement them. We have thought about the mentorship programs for students that Miriam Franco in Philadelphia, among others, have initiated. It might help also to have a media consultant who works with non-profits to develop ways to communicate with related groups and the larger public. Part of the problem is in letting people know we are here! We would like to form some case discussion groups, again if we can find members with the time and interest to lead them. Another avenue we have been exploring is our relationship with our neighboring chapter of Division 39, the Arizona Center for Psychoanalytic Studies. Some of us know each other, and we hope to get together soon to talk about what we might undertake jointly.

In closing, we look forward to seeing everyone at the Division meeting in April in New York. The Section IV meetings are always a wonderful place to hear what everyone else is doing.
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are expected to be ready for presentation at the next APA and Division 39 meetings.

We are also happy to announce recent publications by our members. In particular, we would like to highlight the publication by Robert Grossmark of his paper from the Section VII Invited Panel at the Spring Meeting in Philadelphia, 2006, in *Psychoanalytic Dialogues* (Vol. 17, (4) July, 2007). His article, “The Edge of Chaos: Enactment, Disruption, and Emergence in Group Therapy,” is highly recommended. Included in that same journal is additional commentary by Ellen Singer and William Coburn. Albert Brok published in the *Journal Group* (Vol 32 (3), September 2007), an article entitled: “Couple Cognitive Maps,” which drew on his previous work on the importance of clinical concepts derived from cognitive, ecological and psychological field theory in conjunction with psychoanalysis to the practice of group and couple therapy.

Finally, our Section VII newsletter for the Winter 2007-2008 has been published and contains an article by early career psychologist Amy Ojerholm on her group training experiences, and an interview by Maggie Bloomfield with Marvin Aronson, one of the founders of our Section. Finally there is a brief note by President Emanuel Shapiro on “Modern Society and Group Therapy.”

Those interested in current or back copies of our newsletter, please contact Albert Brok, editor, at 212 580-3086 or e-mail ABRiver@aol.com.
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