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FROM THE PRESIDENT: PSYCHOANALYSIS: THE NEXT GENERATION

Inspiration for this column came to me suddenly, in the unlikely form of an article by Nicholas Cummings in the summer issue of The National Psychologist. Writing under the title “Are Graduate Students Being Deceived?” Cummings observes that since 1995, while inflation has exceeded 15 percent, psychotherapy reimbursements from health insurance and government sources have declined 15 percent, leaving many practitioners unable to pay off the considerable debt they incurred during their training. He notes that referrals from physicians for psychotherapy have fallen 40 percent to 50 percent, as doctors have learned to prescribe for problems they used to send to therapists, and he reminds us that it is cheaper for managed care companies to hire less educated rather than more educated clinicians. Concluding that doctoral-level psychotherapy practice has become unprofitable, he urges students to consider other careers.

There is more than a little irony here. Cummings was an early enthusiast for the managed care movement. As founding CEO of American Biodyne and for many years Chief of Mental Health at Kaiser Permanente, he has presumably profited handsomely from that movement. Along with other prominent psychologists, Cummings, a former APA president, was happy to supply insurers with rationales for cost-cutting that they later used to devastate services to clients needing long-term and open-ended therapies. Such arguments involved putatively scientific claims that therapy can be done much faster and more cheaply than most clinicians were doing it—a demonstrably inaccurate or, at the very least, incomplete reading of the evidence. So now a man who contributed to the conditions that demoralize and impoverish beginning therapists is faulting mentors and educators for continuing to train them to work in such an unrewarding environment. As the late Kurt Vonnegut would have quipped, so it goes.

In these times when college counseling services report significantly more serious mental health problems among students than ever before; when diagnoses of ADHD, Asperger’s disorder, bipolar illness, eating disorders and body-image problems are ubiquitous; when huge numbers of teenagers regularly self-mutilate; when jails overflow with the addicted, when traumatized soldiers and their suffering families overwhelm available services; when the culture we live in seems to have lost any respect for the examined life, I doubt that many therapists, even those who are feeling squeezed by competition from their colleagues, believe that there are too many mental health practitioners and that they are too extensively trained. But to give Cummings his due, it is a hard world out there for the new practitioner—a very different world from the one that greeted me when I was a newly licensed psychologist and aspiring analyst. And it is not much better for psychoanalytic academics.

THE PLAGHT OF THE COMING GENERATION

In the last decade, I have felt a subtle but profound shift in attitude among graduate students pursuing a PsyD at Rutgers University. As I lamented in an earlier newsletter column, contemporary students know much less about psychoanalytic concepts than their predecessors did, with the result that every year I have to start my Psychodynamic Foundations of Intervention course at a more basic level than the year before. Once exposed to analytic ideas, however, many fall in love with them, and for the same
reason that most of us did: They make sense of the world, of the self, of relationship. But these recent students also regard a psychodynamic practice as a professional luxury they cannot afford.

For one thing, they have been thoroughly indoctrinated in the belief that there is no place for psychoanalytic treatments in the contemporary health care scene. Unless they are lucky enough to have had some psychodynamic help themselves and noticed that their therapist was making a living, they view an analytic practice somewhat like Fairbairn’s tantalizing object: a valuable resource available only to the blessed. That is, they believe that analytic work is limited to patients who can afford intensive and ongoing sessions and to therapists who work in moneyed subcultures, or who teach in institutes that supply them with candidate-analysands, or who are independently wealthy enough to reduce their fees to accommodate frequent sessions and longer treatments. There may be a lot of truth in this assessment.

Recently, while presenting a case to a graduate class, I noticed a sense of depression in the room that did not seem to be accounted for by the affects infusing the therapy I was describing. When I asked about the dysphoric atmosphere, the students told me that they were in a morass of envy about the fact that I could work in depth with people for months or years and help them in lasting ways. This was the kind of meaningful work that they wanted to do, that they had come to graduate school to learn how to do—but now they could not imagine doing it. If they saw any possibility of such a career for themselves, it would be far, far in their futures, and it would require their selling their souls for years to agencies or a managed-care practices where they would have to attend more to paperwork than to patients, where their caseloads would be too big to permit genuine caring for all their clients. These students are analytically oriented, but they are diligently learning to do EMDR, DBT, various CBT treatments, and other structured approaches that are currently in favor with reimbursing bodies.

It seems clear that would-be analytic practitioners are facing the future with a pervasive pessimism. Their academic peers seem to be struggling just as painfully. I keep hearing stories about analytically interested psychologists whose department chairs have insisted that they either distance themselves from all things psychoanalytic or jeopardize their chances of getting tenure or promotion. Some professors have been explicitly discouraged from publishing in psychoanalytic journals, including *Psychoanalytic Psychology*, despite the fact that it is an APA peer-reviewed journal. Others have been urged to omit from their CVs any mention of their membership in Division 39. The general rule seems to be that they can study whatever they are interested in, but woe to them if they characterize that work as psychodynamic. When Jim Hansell tried to publish a psychoanalytically friendly abnormal psychology textbook (see Hansell, 2005 for his mordantly funny account); similar prohibitions applied.

**Protecting a Psychoanalytic Future**

What can Division 39 do to help the next generation of psychoanalytic clinicians, researchers, scholars, and teachers as they cope with the current environment? First, we can offer support and mentoring. We have three active committees oriented toward members in beginning or preparatory phases of their careers: one that serves early-career professionals, one that mentors aspiring academics, and one that addresses the needs and interests of candidates in psychoanalytic training programs. Under the initial leadership of David Ramirez, we have reorganized our fee structure so that early-career members can save some money on membership and conference costs. We have made access to the PEP archive as affordable as we could manage. We continue to look for ways to be of help to our younger and upcoming members and are open to all proposals to extend that assistance.

We are also fighting on various fronts to correct the record about our tradition. One arm of the American Psychoanalytic Association’s “10,000 Minds” project, for example, with which we collaborated, systematically informs publishers of psychology texts about errors that their authors have made in describing psychoanalytic history, concepts, and treatments. Despite considerable anti-analytic bias on mainstream psychology editorial boards, the Division’s researchers are continuing to get their work published. Jonathan Shedler (2008) recently finished an article that I hope will appear in the *American Psychologist* in which he convincingly argues, on the basis of exemplary research, that (1) empirical evidence for the efficacy of psychodynamic therapy is as strong as that for other therapies that have been actively promoted as “empirically supported,” (2) after ending psychodynamic treatments, patients maintain their gains and keep improving, and (3) a major contribution to the effectiveness of nonpsychodynamic therapies are the psychodynamic elements within them (e.g., attention to the relationship), not the particular techniques employed.

Second, we can survive. I do not mean this facetiously but in the profound way that Winnicott, Pine, Eigen, and others have written about the importance of the analyst’s survival. We need to keep doing what we believe in while the evidence accumulates, as it has been doing, that psychoanalytic concepts and treatments are valid and effective. We need to become familiar with the already abundant empirical evidence of their worth so that we can
respond effectively to critics of psychoanalytic approaches and counter the myth that our work lacks empirical support. Beginning therapists probably do need to be conversant with many techniques that are not psychodynamic, but they can be encouraged to do so without losing a psychoanalytic overview. If we have to keep psychoanalysis alive as a niche treatment, we will still be keeping it alive. I personally look forward to frustrating the considerable number of our non- and anti-analytic colleagues who are impatiently waiting for us all to die off. I think we are starting to see evidence of a swing of the proverbial pendulum back toward more sanity about mental health and health care in general. There is beginning to be some acknowledgment, even in cognitive–behavioral strongholds, that short-term CBT therapies have been oversold (just as psychoanalysis was originally oversold as a universal panacea). The limits of symptom-focused techniques and what Freud called “suggestion” are being rediscovered. Managed health care is almost universally hated. Pharmaceutical companies are undergoing increasing scrutiny about their procedures for studying and marketing medications.

The coming election may open up new ways of talking about what is needed. Paul Krugman’s (2008) analysis of the recent Medicare victory is that it represents the critical first step away from the subsidization of the private insurance industry in favor of valuing doctors and patients over insurance company profits. On the cultural front, a coalition of mental health professionals, child development experts, and psychoanalysts barraged NBC sufficiently that it canceled further production of a horrifying reality show, The Baby Borrowers, in which infants and toddlers were handed over for three days to teenage couples so that they could learn, amid the child’s traumatization, that they were not fit parents. “ Sometimes,” Kerry Kelly Novick noted in announcing this accomplishment, “our efforts bear fruit out in the world.”

Life is never static. Empires rise and fall. Intellectual movements become hot and then get replaced by the next new thing. The academic and service environments in which my generation came of age will certainly evolve and change, and despite the attractiveness of the myth of progress, not necessarily for the better. Given that stark fact of life, psychoanalysis has actually survived pretty well—certainly far longer than the strict behaviorism that once was its most serious intellectual adversary. Psychoanalytic therapists will survive because we help people to understand themselves and to cope with life, and because people who are helped that way spread the word. And psychoanalytically oriented research will survive, notwithstanding the fact that most academic psychologists have always been ambivalent at best about psychoanalysis and are now in the habit of couching their objections in vague references to “the data.” It is still possible to ask psychoanalytic questions and pursue psychoanalytically oriented scholarship and research, whether or not the pursuit is tagged that way. It is hard to know whether psychoanalysis will survive in the language we currently speak or whether it will be reinvented in nomenclature more compatible with other intellectual traditions. As their orientation matures, cognitive–behavioral psychologists are discovering the same phenomena we have been talking about for decades and calling them by new names (“implicit” instead of “unconscious,” for example). The next generation will have to make accommodations to the world they inherit, and perhaps they will have to change some of our favorite terminology in order to be a valued part of that world. But let us hope that, unlike Dr. Cummings, who counsels capitulating to market forces that undermine people’s access to desperately needed psychotherapy services, psychoanalytic professionals in the upcoming generation will work to preserve the best elements of a tradition that values the whole person, recognizes individuals’ unique subjectivities, endorses the search for meaning, and enables the emergence of the most authentic aspects of self.

**References**


KNOWING, not-KNOWING & ....sort-of-KNOWING:
Psychoanalysis and the Experience of Uncertainty

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STATE OF CONFUSION: ASSAULT ON THE AMERICAN MIND

BRYANT WELCH, JD, PhD

I don’t want to just end the war; I want to end the mindset that got us into war.
Barack Obama

America is rapidly becoming a nation psychologically unable to confront its problems. From the White House, from the media, and from the pulpits, Americans have been deceived by predatory political forces into fighting a disastrous war, squandering our national wealth, destroying our standing with other nations, and neglecting badly needed initiatives at home. It is a series of failures that will haunt America for generations to come. And it will not end simply because George Bush leaves office.

America has been gaslighted. Gaslighting is an insidious set of psychological manipulations that undermine the mental stability of its victims. These techniques have invaded our media, infiltrated our churches, and attacked our most basic free institutions. Yes, it has even infected the American Psychological Association as APA’s recent tragic response to the Bush Administration’s detention centers has shown. (See “Why DID APa Do It”) For millions of Americans the techniques have altered the way they think, feel, and act. It has been nothing less than an assault on the American mind.

I am a clinical psychologist and attorney. I have spent half of my thirty-year career treating patients in intensive psychotherapy. The other half I spent in Washington, D.C., much of it in a political position with the American Psychological Association. There I had the opportunity to study politics, politicians, and political manipulation firsthand as few clinical psychologists have.

My recent book State of Confusion: Political Manipulation and the Assault on the American Mind (Thomas Dunne Books, St. Martin’s Press, June, 2008) explains from a psychological perspective how and why these manipulative and destructive techniques are now deeply imbedded in our political system and why they are having a progressively debilitating effect on the American mind. If Americans do not recognize them and confront them, the country will be less and less able to respond rationally to the very real crises facing America. And if we psychologist–psychoanalysts do not help America do that, who will?

Why have Americans become so vulnerable to divisive political tactics? Why did America get dragged into such an unwise war in Iraq? Why do fundamentalist religious groups, Fox News, and right wing hate radio now play such influential roles in America’s political landscape? Why are long-accepted scientific ideas like evolution under siege? These questions and others puzzle people from all points on the American political spectrum and from all points around the world. What has happened to the American mind?

The term “gaslighting” comes from the 1944 movie Gaslight, starring Charles Boyer and Ingrid Bergman, in which a psychopathic husband, coveting his wife’s property, tries to drive his dependent young bride insane by covertly manipulating her environment, leaving her increasingly perplexed and uncertain. Among other things, he raises and lowers the gaslights in the house while denying to the wife that there has been any change in the lighting. He feigns genuine concern for her, but cleverly isolates her from any outside contact with the rest of the world where she might become independent of his propaganda–like assault on her sense of reality. He fires the trusted elderly maid and replaces her with a younger one whom he can seductively control and who is naturally competitive with his young wife.

With a combination of seduction, deception, isolation, and bullying, he so warps his wife’s reality sense that she gradually begins to accept his “reluctant” suggestion that she is losing her mind. She becomes almost totally dependent upon the husband to tell her what is real and what is not real in spite of periodic clues that he is lying and really quite hostile and hateful towards her. Just as she is on the brink of a complete nervous breakdown, she is rescued by a perceptive Scotland Yard detective who has become suspicious of the husband and uncovers his machinations. When he exposes the husband’s deceptions to the wife, she regains her stability and is able to forcefully
For many of us in the mental health profession, the term “gaslighting” refers to a series of mind games that prey on our limited ability to tolerate much ambiguity or uncertainty about what is truly happening in important areas of our lives. It is a highly destructive form of psychological manipulation that undermines trust in one’s own sense of reality and results in confusion and perplexity. In the search for a resolution to their perplexity people often become extremely vulnerable and dependent on someone else whom they regard as omniscient and to whom they look to “clarify” confusing events. This makes them vulnerable to manipulators and false prophets. This is what has been inflicted on large segments of America.

Throughout my seventeen years in Washington, D.C., I lobbied and managed myriad psychologically related issues in the public arena. I am proud that during those years, my organization was in the forefront in addressing important issues such as recognition of the rights of sexual minorities, need to address psychological trauma as a consequence of war and disaster, and (despite the failure of the original Clinton plan) the need for a truly national health care plan. As an attorney, I also fought against large HMO insurance companies in court rooms around the country on behalf of mental health patients who had suffered the all-too-often fatal effects of our current system of managed health care.

When I moved to Washington to enter the political world I was initially struck by the contrasts between our clinical work and political work. In the treatment setting two people are working as hard as they can to achieve greater self-understanding. This requires tremendous candor and honesty. In the political world, in contrast, smoke and mirrors predominate and are often weapons of choice. In therapy people are searching for their true motivations; in politics they are often trying to obscure them.

But ultimately the experience that I brought from the therapeutic consulting room to the Washington political world was invaluable. I began to see that transcending that difference between the political world and the therapy world was the human mind, working the same in both the clinical setting and the political. Psychological concepts such as “resistance,” “symbols,” and “transference” were extremely helpful in learning how to develop a political legislative campaign. Understanding and being able to read the nature and depth of certain emotional states, like envy and narcissism, helped avoid pitfalls that could invite political opposition from people whose support was badly needed. In a relatively short period of time we were able to make substantial advances for mental health treatment through our legislative initiatives, legal battles, and public relations struggles. We opened psychoanalytic training to psychologists and social workers around the country, made psychologists’ services eligible for Medicare reimbursement, and won critical battles legitimating psychologists’ rights to practice in landmark lawsuits like Capp v. Rank. We repudiated the myths being perpetrated by a few entrepreneurial psychologists that managed health care could provide high quality mental health services. Most importantly for the long term, we positioned psychology well for the inevitable transition our health care system will have to make to a true national health insurance system.

At first I had thought using these psychological tools was just the only way I, given my background, could make sense of political things. With time, I concluded it was the only way political things do make sense.

But there was another part of the psychological world in Washington for which I was not so prepared. There is a widely known and very old saying in Washington, “If you want a friend, get a dog.” That is an overstatement, but not by as much as one might think. And the reason for that is because Washington is a beehive of deception where one can never be sure of what is real and what is not real. Who is sincere and who is just very good at pretending to be sincere? It can get very confusing. In Washington, gaslighting reigns.

I saw many individuals painfully gaslighted in
work and organizational settings. I saw whole organizations undercut by manipulative CEOs. But when gaslighting is done to an entire country as it has been to the United States, the stakes are chilling. In America the political use of gaslighting is leading to a psychologically impaired and unstable American electorate. The resulting policy decisions that are made have devastating implications for all Americans and the world.

Once Americans adopt the irrational beliefs and become dependent on the gaslighter, they are highly unlikely to reconsider their beliefs no matter what the consequences and no matter what the evidence is to the contrary. This is why it was so easy to retroactively adjust the rationale for the Iraq war so many times. With remarkable ease, America’s cause went from eliminating weapons of mass destruction to evicting an evil dictator, to spreading democracy, because the idea that our leaders might have been wrong, incompetent, or worse was simply too disconcerting a proposition for many Americans to consider. An already traumatized and confused nation, bombarded by messages from people on whom they had become increasingly dependent, was simply too weak to rebel.

But why is there such dependency? As we all know, a fundamental aspect of human psychology is the mind’s effort, its outright need, to have a reality it feels certain of. The reality it creates may or may not be accurate. That is less important. From the point of personal psychological need, it is better to feel certain than to be right. The mind simply cannot function well without this certainty and, if it feels uncertain, it will seize on almost anything for help. This is the pressure point of maximum vulnerability in the human mind, a point that right wing ideologues have long known how to press—and that progressive liberal forces are only now beginning to address (in large part due to the increasing influence that threatened his own control of his wife’s reality sense. Similarly, today’s gaslighters have extended their reach throughout American society in multiple ways to increasingly control information Americans receive about the world. They have invented a 24-hour-a-day, 7-day-a-week cable pseudo-news channel, co-opted evangelical religious leaders, and viciously attacked their opposition with smear campaigns.

At the same time, professions that have historically played important roles in helping us define our political reality are all under attack—mainstream media, law, education, even science, have all suffered a precipitous decline in influence. Thus, the American mind is on one hand assaulted by powerful new forms of deception and, on the other, abandoned by traditionally supportive institutions. Given the complexity of our present situation, this could not have occurred at a more difficult time.

In America today, psychological gaslighting exploits people already confused and perplexed about an increasingly complex world. Their world is made more confusing by leaders deliberately misleading them and making them struggle with explosive, but only subliminally recognized, psychological states. The current assault on the American mind is taking place in three specific
The regressive effects of gaslighting have taken their toll on our national organization as well as our country. Many Division 39 members were shocked last year when APA twice refused to take an unequivocal stance against psychologists’ participation in the Bush detention centers. The fact that other health care organizations, typically more conservative than APA on humanitarian issues, were very outspoken about the issue made it all the more puzzling.

In human rights groups and liberal organizations around the world the arguments APA spokespersons advanced in support of APA’s position did not pass the red face test for credibility. Instead, their seemingly transparent disingenuousness only made us sound embarrassingly like the Bush Administration.

Banning psychologists’ participation in reputed torture mills was clearly unnecessary, it was argued. To do so would be an insult to military psychologists everywhere. Psychologists would never engage in torture. Further, psychologists’ participation in these detention centers was really an antidote to torture since psychologists’ presence could protect the potential torture victims. We were both too good and too important to join our professional colleagues in taking an absolutist moral position against one of the most shameful eras in our country’s history.

There are two questions that beg for answers. How did the APA form such an obviously close connection to the military? And why did the APA governance—the Board of Directors and the Council of Representatives—go along with the military interests? How could an organization of such bright people be rendered so incompetent to protect the profession from the horrible black eye they have given us?

I have had ample opportunity to observe both the inner workings of the APA and the personalities and organizational vicissitudes that have affected it over the last two decades. With one interruption, for most of the twenty year period from 1983 through 2003, I either worked inside the APA central office as the first Executive Director of the APA Practice Directorate or served in governance positions including Chair of the APA Board of Professional Affairs and member of the APA Council of Representatives.

When the torture issue broke last year, the answer to the first question about APA’s military connection seemed obvious. Since the early 1980s, APA has had a unique relationship with Hawaii Senator Daniel Inouye’s office. Inouye, for much of that time, has served as Chair of the Subcommittee on Defense for the Senate Appropriations Committee. The Subcommittee has responsibility for all U.S. defense spending. One of Inouye’s administrative assistants, psychologist Patrick DeLeon, has long been active in the APA and served a term as APA president. For over twenty-five years, relationships between APA and the Department of Defense (DOD) have been strongly encouraged and closely coordinated by DeLeon. It was DeLeon acting on behalf of Inouye who initiated the DOD psychologist prescription demonstration project in the late 1980s that began psychology’s efforts to secure prescriptive privileges.

For many APA governance members, most of whom have little Washington political experience, Dr. DeLeon is perceived as a canny politician and political force on Capitol Hill. The two most visible APA presidents on the torture issue, Drs. Levant and Koocher, based on personal discussions I have had with them in recent years, clearly hold DeLeon’s political savvy in high regard.

While I personally got along well with DeLeon and never doubted his commitment to psychology, his view of psychology and his sense of priorities were quite different from mine, and I did not share the assessments of Dr. DeLeon’s political prowess. I felt his priorities had more to do with the status of psychology as reflected in comparatively minor issues that were often unconnected to issues that were of true importance to practitioners. Rightly or wrongly, I often felt that an accurate sense of context was missing from his political analysis and objectives. It’s the same feeling I have now when I look aghast at what APA has done on the torture issue. Except this time, it is not something relatively innocuous.

Some people attempt to explain APA’s recent seemingly inexplicable behavior by assuming that large sums of money changed hands on the torture issue. I could certainly be wrong, but I think the more likely (and more remarkable) explanation is that the judgment of those making the decisions was simply that bad and that insensitive to the realities of the human suffering they were endorsing.

Regardless, there is no question that APA had formed a strong relationship with military psychologists and the DOD through its connections with Inouye’s office. But it is the second question that is probably more difficult to understand from afar. How could both the APA Board of Directors and the APA Council of Representatives support the military on this issue and subject the profession to such embarrassment by supporting a policy that is anathema to the vast majority of psychologists?

Here’s how. The pluralistic and multifaceted governing process that I saw when I entered the APA in the early 1980s ended in the 1990s. Differences of opinion stopped and the APA suffered a terrible regression. Increasingly inbred, under the administration of Raymond Fowler, the association agenda was primarily financial, focusing on making money both through real estate and through what many of us felt was unwarranted, financially...
harsh treatment of APA employees.

More peculiarly, Fowler’s “agenda” for APA was encapsulated in the phrase “working together” a noble idea that to the best of my knowledge was never attached to any actual substantive agenda. Instead, it served as a means of social control, a subtle injunction against raising any of the conflictual issues, challenges, or ideas that need to be addressed in any vital and accountable organization.

The result was that much Council intercourse turned into fawning over one another. Many members appeared to me to bathe in the good feeling that came from “working together.” For some, the bath was a narcissistic one and organizational regression became more debilitating. In other instances during this period, dissent by rank and file members was stifled with heavy handed letters from the APA attorney threatening legal action or communications from prominent members of the governance threatening ethical action if policy protests were not discontinued.

As a result of the regression, the governance of APA was ill-prepared for thoughtful deliberation on a matter as important as the torture issue. As I have written in State of Confusion, when people are confused, they are eager to be told what is real. The governance was simply over its head in trying to effectively deliberate on such an issue when there was organized support on the other side coming from the military interests supported by Koocher and Levant and possibly DeLeon.

When the torture issue arose, the Council, despite the efforts of Division 39 members, fell victim to some of the very silly arguments described above. Council members were told that to oppose psychologists participation in the detention actions was to cruelly suggest that our colleagues might engage in torture. In a fashion chillingly characteristic of the gaslighter (described above), it was implied that those who raised concern about torture, were themselves torturing their colleagues who were working in the military. One prominent member of the APA governance gratuitously raised the ethnicity of one of the military psychologists, seemingly opening the possibility that the opponents to torture were racist.

These arguments were then followed with the grandiose closing argument that psychologists presence at the detention centers was critical to make sure torture did not recur. We psychologists had a moral duty to prevent immoral behavior. The piano player, once aroused to the possibility of what was going on upstairs, was now needed to prevent it. Yes, these were the arguments that carried the day in APA deliberations. In the more discerning eyes of the world, they have very little credibility.

But the gaslighting is not over, even now. There is one more step in the process. History will show this to be a despicable period of American history. The people who have supported APA’s position on this issue obviously do not want their legacy at APA to include that they supported a policy that failed to indict the detention centers. The recent history must be revised. In a seeming gesture of reconciliation, the APA has offered to continue negotiating the matter with the dissident groups. In this fashion the historical revision has already begun. It may well be that the final policy APA adopts will ultimately read the way it should have last summer and much, much earlier when it actually mattered. APA will “get it right” shortly before or shortly after George Bush leaves office. In leaving a final written policy that is like our sister organizations’ original policies, APA’s shocking failure at the critical time will appear to never have happened. Such is the work of a regressed and gaslighted organization. Despite being an organization of psychologists, APA has been subjected to very little analysis.

Conflictual issues, challenges, or ideas that need to be addressed in any vital and accountable organization. Despite being an organization of psychologists, APA has been subjected to very little analysis.

Continued from page 8
emotionally charged psychological states: paranoia, sexual perplexity, and envy. These are the true “battleground states” in American politics today. Whoever carries the day in addressing and harnessing these psychological states will control and shape the American political landscape for the coming decades. Any political party or movement that fails to consider them in its campaign strategy handicaps itself significantly.

The genie cannot be put back in the bottle. The methods of gaslighting are now deeply and permanently ensconced in our political system and will not go away. The forces are there, the techniques operative. Unless we learn about these techniques and how to defend against them we will continue to suffer from them. But when we do understand how the mind works—how certain states of mind affect us in our political behavior—it provides us with a powerful and consistent explanation for America’s behavior in today’s political world.

American politics, now and for the future, will be the politics of reality. Any party that does not try to articulate a reality that appreciates the needs and complexities of the human mind will become increasingly obsolete. For a nation armed with nuclear weapons to suffer the psychologically regressive effects of gaslighting at the same time it is grappling with the post-9/11 loss of its island fortress security is a highly combustible combination that is terrifying in its potential consequences. State of Confusion is my attempt to sound an alarm to these dangers, describe the psychological dynamics behind them, and suggest potential remedies to prevent the potentially devastating consequences they could have. An understanding of the human mind is the key tool of the new political architect and psychologist–psychoanalysts more than any other professionals have the understanding to explain and make constructive use of those tools.
Tyger Time: e.e. cummings on Conscientious Objection

Henry M. Seiden, Ph.D. ABPP

The tygers of wrath are wiser than the horses of instruction, according to the poet William Blake—one oft-quoted aphorism among many from a long and entertaining list of “diabolical” and paradoxical proverbs in his prose work The Marriage of Heaven and Hell.\(^1\) One has to think that Blake, a great Romantic poet of the late 18th and early 19th centuries, is recommending, paradoxically, feeling as a basis for thought, feeling in particular as a basis for knowing what one knows about the moral world. Pay attention, he’s saying, to what makes you angry. There’s something to learn from rage that no careful formal education is likely to teach. When it comes to poetry, it’s honest wrath, not careful study, that points to truth.

Here’s a modern poem which honors the tygers: e. e. cummings’s wrathful “i sing of Olaf glad and big.”\(^2\) Cummings (1894-1962), of course, is a well-known and influential modernist. His experiments with spelling, visual presentation on the page, and quirky punctuation (like avoiding capitalization—once radical, now a cliché of the e-mail age) opened up space for experiment for other poets and in many ways epitomized modernism. His relatively simple, baldly stated themes were powerfully expressive and clear, making him accessible to a popular audience.

\[i\ sing\ of\ Olaf\ glad\ and\ big\]
\[whose\ warmest\ heart\ recoiled\ at\ war:\]
\[a\ conscientious\ object-or\]

his wellbelov’d colonel(trig
westpointer most succinctly bred)
took erring Olaf soon in hand;
but—though an host of overjoyed
noncoms (first knocking on the head
him) do through icy waters roll
that helplessness which others stroke
with brushes recently employed
anent this muddy toiletbowl,
while kindred intellects evoke
allegiance per blunt instruments–
Olaf (being to all intents
a corpse and wanting any rag
upon what God unto him gave)
responds, without getting annoyed
“i will not kiss your fucking flag”

Psychoanalysts can hardly fail to note that Olaf is both an objector and “object” of psychosexual abuse—and better (and more American in the best sense) than his abusers.

This poem invites us to political rage. Psychoanalysts know the paradox of rage. We’re a careful and studious bunch, ever appropriate, and generally careful in our politics. But still we know the importance of feelings, however harsh and painful, when feelings point to truth.

“Olaf,” although written in the 1930s, sings of the current political climate. Yes, these are complex times, the ethical issues are complicated—there’s a place for study, for the horses of instruction. But for many of us, this summer of 2008 is tyger time. It’s a time when torture is an instrument of government policy; a time when the President throws “yellowsonofabitches” into dungeons; a time when, moreover, otherwise good and thoughtful and well-instructed people—many in our own APA—are all too willing to kiss that fucking flag.

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\(^1\) The Marriage of Heaven and Hell was written between 1790-93. Among other well-known paradoxical proverbs found there are: “The road of excess leads to the palace of wisdom;” and “One law for the lion and ox is oppression.”

\(^2\) From The Complete Poems: 1904-1962 by e. e. cummings, Liveright, NY
MENTAL HEALTH PROFESSIONALS AND CONSUMERS, 1

CREATING A RESPECTABLE MINORITY POSITION ON PATIENT PRIVACY

Mental health colleagues and advocates across the U.S. are concerned that the standards of corporate medicine are inappropriately finding their way into the ethics codes of various mental health professions and their licensing boards. This is particularly manifesting itself in two areas: patient confidentiality and the autonomy of the professional therapeutic relationship as reflected in record keeping. Examples of licensing boards demanding access to psychotherapy notes in cases where a complaint is filed are numerous, some becoming well known.

In Colorado, in 2000, the Colorado Board of Psychological Examiners proposed that all licensed psychologists be required to 1) keep records for every client in a manner reviewable by third parties and 2) record a DSM or ICD-9 diagnosis for every client. In response, an ad hoc committee of psychologists in Colorado developed a petition to object to such requirements. On short notice, 27% of all licensed Colorado psychologists supported the petition and blocked the proposed regulations. In Michigan 30% of licensed psychologists later did likewise. This is an evolving area of ethics and law. To provide protection for patients and practitioners, various groups are undertaking the creation of a Respectable Minority position, which attorneys representing practitioners can cite in justifying practitioner resistance to procedures that violate the professional therapeutic relationship as reflected in record keeping. Examples of licensing boards demanding access to psychotherapy notes in cases where a complaint is filed are numerous, some becoming well known.

In Colorado, in 2000, the Colorado Board of Psychological Examiners proposed that all licensed psychologists be required to 1) keep records for every client in a manner reviewable by third parties and 2) record a DSM or ICD-9 diagnosis for every client. In response, an ad hoc committee of psychologists in Colorado developed a petition to object to such requirements. On short notice, 27% of all licensed Colorado psychologists supported the petition and blocked the proposed regulations. In Michigan 30% of licensed psychologists later did likewise. This is an evolving area of ethics and law. To provide protection for patients and practitioners, various groups are undertaking the creation of a Respectable Minority position, which attorneys representing practitioners can cite in justifying practitioner resistance to procedures that violate the practitioner–patient relationship.

Cosponsored by the National Coalition of Mental Health Professionals and Consumers and the American Mental Health Alliance1, the following is the preamble to their request that individual practitioners take action and sign the licensed psychotherapists’ petition on confidentiality:

Client privacy is a fundamental principle in building trust, and a foundation for all our clinical work. Recent changes in federal privacy rules challenge this fundamental principle. Corporate medicine’s clinical practice guidelines, which require that records be kept for third party review, undermine privacy. In order to prevent further deterioration of patient rights, we offer the Licensed Psychotherapists Petition on Confidentiality, which supports maintaining strong patient confidentiality guarantees and protects psychotherapy clients against all attempts to reduce traditional guarantees of client confidentiality.

For additional reasons to sign the petition, please read the Reasons to Support the Petition2 for a fuller background of the basis for creating a “Respectable Minority Opinion”

The cases of high profile patients are the easiest in which to demonstrate the adverse affects of diagnoses being matters of electronic medical records. The Respectable Minority position establishes that in certain cases, a DSM or ICD diagnosis is inappropriate. Although less readily apparent, all are familiar with the effects of diagnoses on younger patients who are accurately characterized as having a Dysthymic Disorder. Electronic medical records all but insure that this common diagnosis (should it be recorded in electronic medical records) will cause the patient to be denied disability insurance years in the future. For a public official, the consequences of having a history of being a victim of sexual abuse, or substance abuser made public are unthinkable.

Please read and sign this petition. Every signature will add to the force of the Respectable Minority position. You may download the petition3. Please make several copies, sign it and encourage colleagues do to likewise.

PSYCHOTHERAPISTS PETITION ON CONFIDENTIALITY

We, the undersigned psychotherapy professionals support client confidentiality as a fundamental principle of psychotherapy and as a basic right of our clients; object to the decline in protections for confidentiality under new federal regulation; and object to unquestioning adoption of corporate medicine’s standards of practice.

We therefore object to the idea that all records must be kept in a manner to be reviewed by third parties; and object to any standard requiring psychotherapists to give every client a diagnosis. Such requirements provide little consumer protection or service, may stigmatize people, prevent people from seeking treatment or obtaining insurance in the future, unnecessarily invades privacy, and compromises patient trust. When a psychotherapist and a client both agree, it is appropriate 1) for the therapist to keep no records at all of the therapy process or to keep them under a pseudonym and/or 2) for a therapist to forgo giving the client a diagnosis. This petition is not intended to circumvent laws that require report of threats to human safety.

When signed, please return to: Licensed Psychotherapists’ Petition On Confidentiality, AMHA-USA, PO Box 4075, Portland, OR 97208-4075.

1 See the websites of American Mental Health Alliance http://www.americanmentalhealth.org/privacyissues.page and The National Coalition of Mental Health Professionals and Consumers, Inc. www.thenationalcoalition.org

2 http://www.americanmentalhealth.org/media/pdf/reasonstosupportthepetition.pdf

3 http://www.americanmentalhealth.org/media/pdf/natpetitiononconfcospon.pdf
Typical undergraduate psychology students who will conduct a senior thesis research project learn how to conduct research through a progressive series of steps before starting a thesis study or its equivalent. These steps commonly include working as a research assistant in a faculty member’s lab where students can gain experience doing all aspects of a study from running participants to writing up a final report. Failing to obtain this requisite research experience can lead students to fail to complete their senior research projects. One way to cope with this problem is to help students develop and complete research studies with the simplest designs possible.

The typical undergraduate psychology student who is majoring in psychology passes through a series of progressive learning experiences that enable the student to learn to conduct research at progressively more complex and demanding steps and with greater independence. It is common in many colleges and universities for students to gain their first research experiences as introductory psychology students who participate in a study that is being run by one of their professors or a graduate student in the department as part of the introductory psychology course experience (of course alternative assignments are offered to those students who have no interest in participating in a study). Some colleges and universities that are rich with resources even give their introductory psychology students a laboratory experience to go along with their classroom lectures.

After taking a course in introductory psychology, most undergraduate students then take a course in experimental psychology/research methods and a course in statistics. These courses help to further introduce students to the subjects of scientific psychology, to the methods used to conduct scientific research, and to the methods used to understand quantitative data that they collect. Furthermore, these courses also introduce students to writing scientific psychology papers and to reading studies in primary sources. These courses are typically taken in the sophomore year, although some students might begin taking them at the end of their freshman year.

Following courses in experimental psychology/research methods and statistics, students who are interested in participating usually become involved with research with a professor by volunteering and/or obtaining course credit as a research assistant on an ongoing project. Students either approach professors whom they like or whose research topics interests them, or professors invite bright, accomplished students to participate in research in their labs. Volunteering to participate as a research assistant is a useful way to begin to learn about psychological research and its methods because students learn to work with participants and obtain data from them. They also commonly learn to store, enter, and manage data sets. Some students are even given the chance to analyze that data and write it up in the form of a scientific report.

At the next stage, students who continue to show an interest in scientific psychology and who want to learn more about conducting research will be given greater responsibilities in the lab. After mastering the tasks of collecting, storing, and entering data, they might be given the chance to begin to learn to recruit participants, to help draft an Institutional Review Board proposal, to help analyze data, and to help write a journal article or book chapter (it is also possible that all of these activities will overlap and not occur in any particular sequence).

By this time, which would typically occur somewhere between the end of a student’s sophomore and junior years, the student who wants to continue to learn more about scientific psychology will go about developing a senior thesis project or its equivalent. Some colleges and universities require a senior thesis and some make it optional. Still others have options to conduct a research project under the auspices of a particular program that is the equivalent of a senior thesis (e.g., the federally funded Ronald B. McNair post-baccalaureate achievement program). Finally, other schools have neither thesis options nor special research programs, but nonetheless provide ways for students to conduct research projects that are the equivalent.

A thesis takes a long time to conduct—at least a year from the germination of the research idea to completion of the written paper that reports the findings of the study (Cone & Foster, 1993). Students who will embark on a thesis project have had the chance to master several skills that will enable them to competently conduct a thesis. These include an understanding and practice of basic research and statistical methods, the skills needed to read primary research studies in journal articles, and a basic ability to write a study report using American Psychological Association writing style.

Upon completion of a senior thesis, the ideal situation is for the research results to see the light of day in the form of a conference presentation and/or a peer-reviewed journal publication with the student as the first or sole author. Having completed a thesis also reflects
that the student has obtained a high degree of research skill. Having demonstrated possession of solid research skills and hopefully a paper from their thesis that has been submitted or accepted for publication enables students to be competitive for doctoral programs, especially those in which conducting research is emphasized from the start of the program.

Unfortunately, having the good fortune to obtain the preparation necessary to embark on a senior thesis-type of research study does not always occur and in many cases, the ability for students to gain that kind of preparation is entirely missing or is haphazardly obtained at best. Nonetheless, despite lacking what I consider to be the necessary preparatory steps toward being able to conduct a senior thesis project, some colleges and universities still offer a senior thesis-style research option. So, what happens when students have not moved through the first three steps of progression outlined above before embarking on a senior thesis-style project? In my experience they often stumble, sometimes badly. Some students get back up and finish, but others do not.

Failing to obtain the necessary research skills to conduct a senior thesis-style project, leaves students having to learn those skills (or enhance them to the point where they are useful) while conducting the thesis-style project. In addition, for students who plan to attend graduate school in the fall after they graduate from their undergraduate programs, they must learn those research skills and conduct their research while they are preparing to take the Graduate Record Examination (GRE). Students involved in those three tasks simultaneously are typically overburdened and overwhelmed; and what could have been an exciting, interesting experience that helps them get into graduate school, can become an overwhelming, discouraging experience that interferes with them getting into graduate school. And, if the student must work in order to live and pay for school and/or has family obligations, then the taxation levied on their time and ability to maximally benefit from a senior thesis-style project is that much more onerous.

Is there a way out of this muck without revamping an entire departmental curriculum? Although I have no absolute solution to the problem, what I have found useful for my students and me is to get students to conduct the simplest study possible—a correlational study with just two or three variables or a small meta-analysis that uses simple vote-counting methods rather than effect sizes and confidence intervals. The bottom line is that the study should not be more complicated than what could be done for a typical undergraduate experimental psychology/research methods course (see Langston, 2004 for example of a book of suggested simply designed studies). Simply designed studies provide students with the necessary learning experiences; they are often feasible to do, and they give students ownership of a project that they conducted. In some cases, the study might also be presentable at a conference and/or publishable in a peer-reviewed journal.

Although offering the possibility of doing simple studies is a benefit to the student, there are students who will stubbornly dig in their heels and want to conduct more complex studies. Here the mentor has two options: (a) refuse to work with the student; or (b) agree to work with the student and let him or her learn the hard way (by stumbling) that the project that he or she wants to do is too complicated to do. In my experience, the easiest thing to do with students who refuse to be guided and conduct a study with a simple design is to refuse to work with them. The easiest thing, though, is not always the best option; and by refusing to work with a student, the faculty member deprives the student of a learning experience. Furthermore, some students need to learn the hard way in order to come around to the idea that there is a lot to be learned and gained from a simply designed research project. It is important that the mentor be careful about getting involved with students who are to do a senior thesis-style project who do not have the requisite preparation for it. I do get involved in these projects yearly. Although these projects have the potential to be an enormous drain on my time and energy, keeping the projects simple enhances my ability to mentor students’ projects effectively and efficiently. In the end, when simple research designs are used, I think that both student and professor can have a rewarding and educational experience.

References

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The Ethics Committee is launching an Ethics Forum in the Psychologist–Psychoanalyst. Members are invited to submit ethical questions or dilemmas you encounter in your professional practice. The Ethics Committee will invite members of the psychoanalytic community to respond to questions. Members submitting vignettes will be anonymous in the newsletter, while respondents will be identified. Vignettes should be relatively short and concise, stating your question or dilemma as clearly as possible. We hope that this exchange will open up a lively conversation about ethics within the Division. Vignettes should be sent to: Jane.Tillman@austenriggs.net

Ethical Question: I am a supervisor of psychoanalysis at my local institute and was told by a candidate in supervision that in her private practice she is meeting a patient for coffee and occasional drinks. The patient is not a control case or part of the institute clinic. I discussed my concern about this and the boundary issues involved; yet the supervisee has refused to curtail her behavior with her private patient. She insists that I, as the supervisor of her institute cases and not her private practice, have no responsibility for the patient. Furthermore, the supervisee now insists that since supervision is confidential, I am prohibited from using this information in institute discussions about her candidacy, and if I do then I will violate a boundary. What should I do?

Response from Adrienne Harris:
I want first to comment on my reaction to this compelling and troubling vignette. One of the striking elements is the reproduction of an ethical question of boundary violation imported from the supervisee to the supervisor. It looks very much as though there has been a potentially lethal double bind here. The supervisor is trapped in a secret pact in which he/she cannot act ethically. To act, to report, to whistle blow, would be to violate a boundary. Something very provocative has happened. The supervisee has informed the supervisor and then tried to coerce a silence, and perhaps an implicit compliance. Under what possible rational system could material from private practice be unregulatable and institute work differently regulatable, particularly on so crucial a matter as boundary violations. It might be interesting to get some legal advice here.

Wolkenfeld and Gediman (1980), many years ago, wrote about the appearance in supervision of parallel process. What cannot be remembered or borne in the treatment setting is repeated in action in the supervision. I suspect this phenomenon is actually not that rare. When, in institutes or communities, a question of boundary crossing or boundary violation is raised it is often the onlookers, here the supervisor or colleague, who can become confusingly mixed up as perpetrator or as hysterical witness. The problem of boundary violations has an odd migratory pattern and this vignette captures this aspect of the ethical dilemma very powerfully.

So we might begin by seeing this dilemma as an instance of the problem of confusion of tongues? Who could or has violated a boundary? I found myself thinking of Celenza and Gabbard’s (2003) work on boundary violations or threats to boundary violations. I found myself wondering about the reproduction in the supervisor/supervisee relationship of a sadomasochistic scene. Perhaps, as Celenza and Gabbard have argued, the problem here is as much about aggression as about sexuality. Isolation into bizarre worlds of unreason and private rules of secrecy and control are features of a number of clinical treatments in which boundary violations arose.

Yet the story also invites us to consider a wide range of patient/analyst contacts in which “violation” or “crossing” may not be exactly the right terms. I have focused on the communication between supervisee and supervisor as the heart of the ethical mess, but it’s equally important to consider more generally: what forms could, might, should patient/analyst contact take? Analytic dyads exist within subcultures, communities small and large, and institutional settings. We certainly could use more public discourse about the range of posttreatment experiences that can and do, perhaps usefully and unremarkably, flow from this most intimate tie.

To think now of ethical advice, I wish to offer a number of thoughts. First, This would be an example for me of the need to consider ethical problems as social not individual problems. What might institutes need to do, enact, confront to create policy in which this “perverse” split (institute supervision lawful: private practice lawless and unregulated) would be unthinkable, impossible. What would we need to be free to discuss and legislate in our institutes or our national societies such that this quandary would be instantly dissolvable? Institutes like Boston Psychoanalytic Society and Institute (BPSI), having had several public cases of sexual boundary violations in recent decades, have

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1 Jane Tillman, PhD, Chair, Andrea Celenza, PhD, Margaret Fulton, PhD, and Frank Summers, PhD
2 Adrienne Harris, PhD, is Clinical Associate Professor at the New York University Post-doctoral Program in Psychotherapy and Psychoanalysis, an Associate Editor of Psychoanalytic Dialogues and Studies in Gender and Sexuality, and on the Editorial Board of the Journal of the American Psychoanalytic Association. Her most recent book is Gender as Soft Assembly. She writes about counter-transference and about the analyst’s vulnerability.
begun an open and difficult discussion of questions of the analyst’s vulnerability, narcissistic use of patients etc. Could other institutes begin such a discussion? I would ask everyone to consider whether their own institute might be free to open inquiry about conventions, rules, common understandings, grounds for reporting, etc. in matters of boundary violations. There is much to fear in a profession too bound by unspeakable secrets.

Second, while there are different standards for reporting based on professional licensure (MD, PhD, MSW, etc.) analytic institutes might be free to craft transparent policies in regard to boundary violations. Psychologists are enjoined not to be in personal relationships for a period of two years after the psychologist/client relationship ends. But psychologists have a very wide range of services and many psychoanalysts with a sense of the implications of transference or countertransference could hardly agree to such a condition. For some, transference, like mourning, as Margaret Little argued, is for life. But between two years and life is a universe of possibilities and nuanced understandings. What is crucial is to fill that space with talk.

Third, the tragedy of this example is the imposition of silence and inaction and the projection of badness into the supervisor. Given the provocative stance of the supervisee, I think one has to wonder if this is a situation driven by context, by life circumstances or by character. The intensity of the supervisor’s countertransference worry and guilt, is another instance of a confusion of tongues. This kind of guilty identificatory worry is probably an occupational hazard of this profession. The power of desires in clinical dyads, the unregulatable aspects of desire and aggression all take a toll. The distinctions between extreme but ultimately useful enactments and boundary crossings or violations may not be as easy to handle predictively, even if in the aftermath everything seems so clear and unremarkably obvious as to how to handle matters. Thinking that boundary problems may be more about aggression than sexuality might open up the question of action and responsibility, as well as the question of normal variation in analyst’s tolerance for ambiguity and enactment.

One of the suggestions I might make to the writer of this example is the one s/he has actually taken, that is, to take these issues to a public forum for open discussion, to break out of the grip of silence and distortion. Discussions of boundary violations must involve all of us, must include considerations of accountability and rehabilitation, recovery and repair. We need to house these ethical discussions in the more general discussion of intersubjective matrices, and patient/analyst contact.

COMMENT FROM ETHICS COMMITTEE

Based on Adrienne’s incisive formulation of the actions of the supervisee and the wider social context of the supervision, we would thereby advise the supervisor to terminate the supervision because the process has been corrupted. The supervisor should also report the terminated supervision to the institute due to “confidential issues of concern.” Our position is not one of total “unspeakability,” but introducing the ethical concern to the institute in a way that raises a flag for others involved in this supervisee’s training process.

REFERENCES


GUIDELINES FOR SUBMITTING MATERIAL

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

ADVERTISING

Psychologist-Psychoanalyst accepts advertising from professional groups, educational and training programs, publishers, etc. Ad copy must be in camera-ready form and correct size. Rates and size requirements are: $400 full page 7.5” x 9”; $250 half page 7.5” x 4.5”; $150 quarter page 3” x 4.5”. Checks should be made payable to Division 39 and mailed along with camera-ready copy.

DEADLINES

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

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Ed Lundeen, PhD
The following is a summary of Dr. Bromberg’s Keynote Address delivered during the Keynote 28th Annual Spring Meeting. The editor

In this talk I utilized the autonomy granted a keynote speaker to develop a conference theme in a personal way, both in its choice of topic and in the freedom to draw upon autobiographical material as illustrative. With this as the organizing frame, the history of my relationship to writing becomes my point of entry into Knowing, Not-Knowing, and Sort-of-Knowing.

Almost ten years ago, in a paper titled “Playing With Boundaries” (Bromberg, 1999), I offered the view that the mind’s fundamental ability to shift between different self-states without losing self-continuity makes it possible for someone to use an other’s self-states as part of their own—to play with the boundaries between self and other. I suggested that this process of self-state borrowing manifests itself in many different ways including the relationship between reader and author. A certain author can become not just an author but your author. He becomes yours when the “otherness” of his words doesn’t feel “other” to you—when the affective interplay among his self-states allows the affective interplay among your own self-states to join his.

What I call, metaphorically, the capacity of certain readers and authors to interpenetrate self/other boundaries overlaps dramatically at the neurobiological level with what Schore (2003a, p. 96) writes about as a right-brain to right-brain channel of affective communication—a channel that he sees as “an organized dialogue—[a dialogue that takes place through] dynamically fluctuating moment-to-moment state-sharing.” I suggest that this same process of state-sharing that allows certain authors to become your author may underlie in psychoanalysis what we call “a good match” between patient and analyst—the ineffable intersubjective quality that allows an analyst to become your analyst.

This affect-based, right-brain to right-brain dialogue between self and other enables people to feel close to one another in a way that has a felt rightness to it. The quality of this “nearness” is implicit in the title of the Keynote. So often, the answer to “What do you love about me?” is “I don’t know; I just love you.” Is it simply a nice safe reply? Sometimes it is! But I would argue that most of the time “I don’t know; I just love you” is the most authentic reply possible. Even when you try to enumerate the lovable things about a beloved other, you rarely feel like you have answered the question. You “sort-of-know,” and that feels more than enough because the uncertainty is not troublesome.

However, the quality of uncertainty that is basic to “sort-of-knowing” includes ways in which it is indeed troublesome, but it is only because of this that it can function as a medium for what is arguably the central interpersonal/intersubjective context of therapeutic action in psychoanalysis. As a response to trauma, “sort-of-knowing” is the hallmark of a dissociative process that lacks cognitive contextualization (left-brain participation) for too long a time. In analytic treatment, its presence is most powerfully felt through its impact on the patient/analyst relationship by creating a dissociative communication channel that we label “enactment.” Through this affective channel, “sort-of-knowing” allows self-other boundaries to become sufficiently permeable to potentially facilitate dyadic cognitive symbolization of the affective communication, and in turn a transition to the capacity for knowing. It is important to remember, however, that the therapeutic transition from “sort-of-knowing” to “knowing” is not simply a treatment phenomenon, but is ubiquitous in everyday life.

To illustrate this, I offer a vignette that shows how anyone’s thought processes can utilize the experience of uncertainty (sort-of-knowing) as both a valid mental state and a potential transitional bridge to “knowing” and the capacity for cognitive resolution of conflict. In this vignette, a woman attempted to avoid the potential for mental disorganization that could have been triggered by an effort to think about a question requiring her to hold in consciousness two discrepant self-states before she felt fully able to do so with safety. Asked whether something had been done by her on purpose, her reply—“sort-of”—indicated that although
an ability to hold the experience of internal conflict was not possible at that point, her reply was not totally dissociative. The phrase “sort-of,” captured the uncertainty that accompanied her complex mental state and its immediate experience of uncertainty. But in spite of the uncertainty, she did not dissociatively simplify time, place, and motive by reducing them to a narrow range of “truth” in order to protect her mind from affective overload. Though her ability to safely “stand in the spaces” between self-states had not yet been achieved, it seemed to be potentially in progress.

An uncanny example of state-sharing recently took place between myself and a reviewer of my book, *Awakening the Dreamer*. The reviewer, Max Cavitch, is a professor of English who holds a deep interest in the area of dissociation; and although we had never met personally I was aware that he was unusually well read in the trauma and dissociation literature. What was unknown to me was that his knowledge of dissociation was not simply in the concept, but also in his personal sensitivity to the presence of dissociation as an experiential phenomenon. As a reviewer, his right-brain sensitivity blended into his expertise as an Emily Dickinson scholar in a way that helped me heal the residue of a trauma in my own past about which he could not have known; but which, in the idiom of the conference, was “sort-of known” by me. The trauma, which occurred many years ago as a graduate student in English literature, centered on a professor who had humiliated me publicly for violating the accepted understanding of what constituted scholarship, announcing to all present that I did not belong in that field. It was a trauma that I sort-of believed I had long ago processed successfully through leaving that field and finding my way to one in which I did belong. My new English professor, Max Cavitch, enabled me to discover and heal the remaining residue that I had been enacting in my psychoanalytic writing. I use the term “uncanny” to depict this event because it transcends the categories of interpersonal communication that we typically rely on for comprehension.

My ability to connect with Cavitch in such a way was not simply because his review was positive. In his discussion of my idiosyncratic use of a poem by Emily Dickinson, Cavitch had activated the shadow of the old trauma by pointing out my unacknowledged transformation of her poem into a form that I preferred, but he did so in a context where he was genuinely valuing me as a writer and as a person. It was through the self-state connection between Dickinson and Bromberg, and between Bromberg and Cavitch that he discerned the meaning of my “violation,” thus creating for me what I call a “safe surprise” (Bromberg, 2006). It allowed me to relive the original traumatic scenario, but in a manner that did not simply repeat the past because it permitted a new outcome to be part of the reality that defined “me” in relation to others.

To expand the clinical implications of “sort-of-knowing” I will draw upon a novel, *The Fly Truffler* (Sobin, 1999), a piece of writing that pulls a reader into the chaos of love, loss, and madness. It is the story of a man in love, Philippe Cabassac, whose mind, slowly but agonizingly, loses the boundary that separates loss of an other from traumatic loss of self—and loses the boundary that separates creative dreaming from autistic thinking. His mind could not hold the reality of the death of his beloved wife Julia: a young student who moves into Cabassac’s farmhouse, conceives a child, marries him, and miscarries. Shortly thereafter she dies. Unable to bear the loss, Cabassac’s dreams become increasingly indistinguishable from waking reality.

Cabassac has hunted for truffles all his life by searching for the swarms of tiny flies that hover over the ground where the truffles are buried in order to lay their eggs in the aromatic earth beneath. Through this miracle of symbiosis, the truffles can then be found, and are indeed found by Cabassac, who fries them, sips herbal tea, and later, when he sleeps, has powerful dreams in which his wife returns. To Cabassac, who was an emotionally isolated man even before his wife’s death, his dreams become gradually more real than life. He loses interest in his job as a professor of a dying language, Provençal, a job that begins to die just as language itself increasingly dies for him as a medium of communication. He becomes more and more isolated from human relationship until all that remains is to search out the flies that would lead him to the truffles and in turn to his lost beloved.

What leads me to use this novel as a clinical vignette is its ability to evoke the affective experience that makes us aware, sometimes disturbingly aware, of the link between trauma and dissociation—and loss of self. With regard to the subtitle of my talk, “Navigating Selfhood, Otherness, and the Experience of Uncertainty,” certain people for whom the early development of intersubjectivity has failed to take place or has been severely compromised are, in times of crisis, especially vulnerable to “uncertainty” of the boundary between selfhood and otherness, and can become unable to navigate this boundary. They become unable to sustain the loss of a needed person as a separate “other.” It is these people for whom the potential for annihilation anxiety is often greatest. For them, the experience of loss can become such a threat to the experience of self-continuity that it results in what we call insanity. When total depersonalization—the inability to separate self and other—is genuinely a possibility, the mind’s ability to use dissociation in its protectively adaptive role fails because it is no longer able to assure that one or more parts of the self will continue to engage the world in a way that is functional even though limited. Dissociation becomes the means through which the self tries to avoid annihilation by protecting the inner...
world from the existence of the outside — eliminating it as a personal reality by living more and more completely in a nonpermeable, self-contained “dream.” One may still know about the outside world but is no longer “of” it.

Cabassac not only was unable to use a real other, but was unable to use an imagined other because imagination requires the simultaneous existence of a separate self that is stable enough to remember a lost other without merging with her. The outside world that was represented by his family estate became grimly limited in what it could offer as a potential anchor to reality and literally had to be sold— to be rid of because it was already starting to take on the presence of a now “malevolent other,” threatening to disintegrate the boundary between self and object. Sobin offers a portrayal, both inspiring and chilling, of what trauma can do when there is no one with whom to share it.

But there is another message embedded in this novel that is just as important to the theme of the conference: the interrelationship between the internal worlds of human life and “sort-of-human” life. In a passage that relates to the breeding of silkworms—an enterprise that for hundreds of years was done in this part of Provence by women—the interrelationship is breathtaking.

[T]he silkworms, as if on some magical signal, rose into their brushwood uprights and began spinning their cocoons . . . Nothing stopped them either. Nothing aside from unwanted noises . . . When a thunderstorm was seen approaching, the women—in preparation—would gather, begin ringing bells—goat bells, sheep bells—or beating, gently at first, against shovels, frying pans, cauldrons in an attempt to prepare their little nurslings for the far more invasive sounds of the thunderstorm itself. they’d increase the volume of those cacophonous medleys with each passing minute. in response, the silkworms wove all the faster, and their thread, as a result, went unbroken throughout the ensuing thunderstorm. (pp. 83-84, emphasis added)

It seems that even invertebrates can get affectively destabilized when they’re subjected to shock—in this case, a sudden noise that is loud beyond their tolerance to bear it. They can no longer function. To support the continuity of the silkworms’ developmental maturation, the women create conditions that raise the silkworms’ threshold for affect dysregulation. I see this as a plausible analog of what Schore (2003b, p. 144) calls a conversation between limbic systems—even though here, one party in the conversation might be seen as all limbic system. It matters not that the women, like therapists, also reap an economic benefit. A good therapist does what he does not just because of that benefit but with the benefit being always a part of it.

Like the natural collision between silkworms and thunderstorms, psychoanalytic “collisions” take place between patient and analyst and these too are natural events. But unlike the thunderstorms, they are not external events that intrude into the safety of the treatment frame. What patient and analyst do together always holds the potential for a collision between subjectivities that feels too “loud” to the patient, and it is part of the analyst’s job to be alert to signs of this and address it. But in psychoanalysis, unlike the situation in the silkworm vignette, the same relationship is the source of what can feel like an affective thunderstorm and is simultaneously the only hope for its therapeutic amelioration. Threatening noise is inherent to the analytic relationship itself: part of the optimal therapeutic context that I call “safe but not too safe.” The therapist’s commitment to helping a patient distinguish what is “disruptive–but–negotiable” from the dissociated “truth” that all ruptures in attachment are “relationally irreparable” is an essential part of the work. The therapist cannot prevent interpersonal “noise” from becoming too loud no matter how non-intrusive he or she tries to be. Letting a patient know in an ongoing way that his or her internal experience is being held in your mind while you are doing “your job” is what provides the safety, even though you are not doing it perfectly.

How do we come to tolerate the ambiguity inherent in not-knowing or, more confusing still, sort-of-knowing? I guess I would say it has to do, sort-of, with the wiring of the brain; sort-of with how much our caretakers were able to affirm the rights of all parts of us to exist; and sort-of being lucky to have someone to talk to at the right times— including someone who can think about you as a silkworm when you most need it.

References

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At the Division 39 Spring 2008 Meeting, Dr. Schore received The Division of Psychoanalysis Scientific Award, “In Recognition of Outstanding Contributions to Research, Theory and Practice of Neuroscience and Psychoanalysis.” In accepting the award, he presented an address. The following is an abbreviated version of the Award Address. The editor:

It is my great pleasure to accept this award, especially because it recognizes my work in both neuroscience and psychoanalysis. Amongst others, I’d like to thank Bill MacGillivray for allowing me to present my ideas on neuropsychoanalysis and regulation theory in an ongoing column in Psychologist–Psychoanalyst. On this occasion I’d like to take the opportunity to share my views on the current state of the field, especially looking at its increasing connections with the disciplines that border psychoanalysis. As you are well aware, the term paradigm shift is now appearing across a number of clinical and applied sciences, and the term “interdisciplinary” is highly valued in all fields.

After a century of disconnection, psychoanalysis is returning to its biological and psychological sources, and this re-integration is generating a palpable surge of energy and revitalization within the field. Psychoanalysis originated at end of 19th century in Freud’s (1966/1895) “Project for a Scientific Psychology,” the goal of which was to “furnish a psychology that shall be a natural science.” In the middle of the last decade, one hundred years after Freud’s initial attempt to integrate mind and brain I asserted, “At this moment, right at the midpoint of what is being described as ‘The Decade of the Brain,’ is a rapprochement between psychoanalysis and neurobiology now at hand? Right off, let me state straight out that to my mind, the time is right” (Schore, 1997).

At the core of psychoanalysis is the concept of the unconscious. The field’s unique contribution to science has been its explorations of the psychic structures that operate beneath conscious awareness in order to generate essential survival functions. In the last 10 years other sciences have become extremely interested in these nonconscious “implicit” phenomena. Writing to the broader field of psychology, Bargh and Morsella (2008) now conclude, “Freud’s model of the unconscious as the primary guiding influence over every day life, even today, is more specific and detailed than any to be found in contemporary cognitive or social psychology.” A perusal of journals within and without psychoanalysis clearly reveals that a bidirectional dialogue currently exists between psychoanalytic studies of the unconscious processes of the mind and neuroscience’s studies of the nonconscious processes of the brain.

In his early attempts to chart the unique landscape of the inner world Freud (1963/1920) described the unconscious as “a special realm, with its own desires and modes of expression and peculiar mental mechanisms not elsewhere operative.” Following his dictum that “the unconscious is the infantile mental life,” and that in early ontogeny the unconscious matures before the conscious, in my first book I offered interdisciplinary evidence which indicated that the early maturing right brain represents the developing Freudian unconscious, the system that supports “the major sources of the primary forces that drive human emotion, cognition, and behavior” (Schore, 1994). In ongoing work I continue to provide both experimental and clinical evidence that the right hemisphere “implicit self” represents the biological substrate of the human unconscious.

This model is confirmed across a number of disciplines. Neuroscience authors are concluding, “The right hemisphere has been linked to implicit information processing, as opposed to the more explicit and more conscious processing tied to the left hemisphere” (Happaney et al., 2004). Current psychophysiological workers are reporting, “We found that the left hemisphere more than the right can mediate conscious elaboration…This result is in line with previous research, that underlined a left-conscious/right-unconscious dichotomy” (Balcòni & Lucchiari, 2008).

In these ongoing studies the unique contribution of contemporary psychoanalysis is, of course, the concept of a relational unconscious. Summarizing this work I have proposed that the right brain implicit self acts as “a cohesive, active mental structure that continuously appraises life’s experiences and responds according to its scheme of interpretation,” and that “In contrast to a static, deeply buried storehouse of ancient memories buried and silenced in ‘infantile amnesia,’ contemporary intersubjective psychoanalysis now refers to a ‘relational unconscious,’ whereby one unconscious mind communicates with another unconscious mind” (Schore, 2003).

But even more, and perhaps unexpectedly, recent clinical and experimental studies are highlighting the essential evolutionary role of a bodily-based affective unconscious, not only in infancy but over the later stages of the life span. Studies clearly show that the unconscious
processing of emotional stimuli is specifically associated with activation of the right and not left hemisphere. Current neuropsychiatric research indicates “in most people, the verbal, conscious and serial information processing takes place in the left hemisphere, while the unconscious, nonverbal and emotional information processing mainly takes place in the right hemisphere” (Larsen et al., 2003). As psychoanalysis has moved from a zeitgeist of a behavioral psychology to a cognitive psychology, we now are entering into a period that emphasizes “the primacy of affect.”

I suggest that the ongoing paradigm shift across all sciences is from conscious, explicit, analytical, verbal, and rational left brain to unconscious, integrative, nonverbal, bodily-based emotional processes of the right brain. Tracking this paradigm shift, in three volumes and numerous articles I have suggested that nonconscious right brain affective processes lie at the core of the “implicit–emotional–corporeal self,” the biological substrate of the human unconscious, and are central to a deeper understanding of the fundamental mechanisms that drive development, psychopathogenesis, and psychotherapy.

In a recent editorial in Motivation and Emotion, the editor Richard Ryan (2007) describes the primacy of affective processes in the human experience:

After three decades of the dominance of cognitive approaches, motivational and emotional processes have roared back into the limelight … Thus, we are living in an epoch where motivation and emotion “matter,” not only in an abstract theoretical sense, but also as they inform applied work in areas such as health care, psychotherapy, education, sports, religion, or other domains.

With respect to clinical psychoanalysis and psychotherapy in general, the paradigm shift is from conscious cognition to unconscious emotion.

PARADIGM SHIFT: INTERDISCIPLINARY INTEREST IN RIGHT BRAIN EMOTIONAL PROCESSES

Though long devalued by science, psychoanalysis, and indeed unconscious cultural forces, a massive amount of current experimental and clinical data supports the psychobiological organizing principle that emotional processes are essential to organism survival. Emotions involve rapid conscious appraisals of events that are important to individual, and represent reactions to fundamental relational meanings that have adaptive significance.

Both neuropsychoanalysis and affective neuroscience are focusing on the neurobiology of emotion. A large body of studies demonstrates the central role of the right hemisphere in not only the recognition and expression of intense emotions, but also in the nonverbal communication of emotional states. In the psychoanalytic literature Dorpat (2001) comments upon this unconscious communication: “In adults as well as children, emotions are the central medium through which vital information, especially information about interpersonal relations is transmitted and received.” This right brain-to-right brain dialogue of ultra-rapid bodily-based affective communications in both mother–infant and patient–therapist attachment transactions occurs beneath levels of conscious awareness of both members of dyad (Schore, 1994).

In the neuropsychological literature, Schutz (2005) underscores the adaptive value of efficient right hemispheric processing of emotions:

The right hemisphere operates a distributed network for rapid responding to danger and other urgent problems. It preferentially processes environmental challenge, stress and pain and manages self-protective responses such as avoidance and escape… Emotionality is thus the right brain’s “red phone,”
compelling the mind to handle urgent matters without delay.

Furthermore, both clinicians and researchers are placing an emphasis on not just conscious, but “rapidly processed” and therefore unconscious emotion. Neurobiological studies confirm a right hemisphere dominance in the processing of unconscious negative emotion and self-images, especially self-images that are not consciously perceived (Sato & Aoki, 2006; Theoret et al., 2004). Drawing upon his extensive research on the basic science of implicit, affective processes, Lane (2008) concludes:

Primary emotional responses have been preserved through phylogenesis because they are adaptive. They provide an immediate assessment of the extent to which goals or needs are being met in interaction with the environment, and they reset the organism behaviorally, physiologically, cognitively, and experientially to adjust to these changing circumstances.

In my 1994 book I speculated that emotional processes lie at the core of not only early developmental processes, but also in the re-evocation of these processes in the psychotherapeutic relationship. Psychoanalytic models of psychotherapy focus on the recognition and retrieval of early affect-laden memories. In this approach, affects, including unconscious affects, are both “the center of empathic communication” and the “primary data,” and “the regulation of conscious and unconscious feelings is placed in the center of the clinical stage” (Schore, 1994).

It is now clear that a deeper understanding of affective processes is closely tied to the problem of the regulation of these processes. Affect regulation, a central mechanism of both development and the change process of psychotherapy, is usually defined as set of conscious control processes by which we influence, consciously and voluntarily, the conscious emotions we have, and how we experience and express them. In a groundbreaking article in the clinical psychology literature, Greenberg (2007) describes a “self-control” form of emotion regulation involving higher levels of cognitive executive function that allows individuals “to change the way they feel by consciously changing the way they think.” This explicit form of affect regulation is performed by the verbal left hemisphere. Unconscious bodily-based emotion is usually not addressed in this model. Notice this mechanism is at the core of insight, exclusively used by not only by classical psychoanalysis but also cognitive behavioral therapy.

In contrast to this conscious emotion regulation system, Greenberg describes a second, more fundamental implicit affect regulatory process performed by the right hemisphere. This system rapidly and automatically processes facial expression, vocal quality, and eye contact in a relational context. Therapy attempts not control but the “acceptance or facilitation of particular emotions,” including “previously avoided emotion,” in order to allow the patient to tolerate and transform them into “adaptive emotions.” Citing my work (all of which focuses on right brain implicit affect regulation) he asserts, “it is the building of implicit or automatic emotion regulation capacities that is important for enduring change, especially for highly fragile personality-disordered clients.”

I suggest that the early forming survival mechanism of right brain implicit affect regulation (rather than later forming left brain conscious emotional control) is at the center of the paradigm shift in clinical work, especially with the more severe psychopathologies whose etiologies lie in preoedipal stages of development.

**Paradigm Shift: From Oedipal to Preoedipal Stages of Development**

The essential problem of the early development of the unconscious mind, an area of intense interest to the early pioneers (e.g., Winnicott, Klein, Bowlby, Mahler) has been addressed by scientific methods in the ongoing work of Stern, Beebe, Tronick and others. Over the last 15 years my research in developmental neuropsychoanalysis integrates this work with the other developmental sciences. The stages of infancy of attachment and intersubjectivity exactly overlap a critical period of the experience–dependent maturation of the early developing right brain. In 1997 Chiron and her colleagues offered a developmental neurobiological study entitled “The right brain hemisphere is dominant in human infants.” A just-published near-infrared spectroscopy study of infant-mother attachment concludes, “our results are in agreement with that of Schore (2000) who addressed the importance of the right hemisphere in the attachment system” (Minagawa-Kawai et al., 2008).

For the last 15 years I have elaborated regulation theory, a theoretical model of attachment. In emotionally charged attachment transactions of right brain nonverbal visual–facial, auditory–prosodic, and tactile–gestural communications, the psychobiologically attuned caregiver regulates the infant’s arousal states (Schore, 2005a). Indeed developmental scientists now conclude that “A number of functions located within the right hemisphere work together to aid monitoring of a baby. As well as emotion and face processing the right hemisphere is also specialized in auditory perception, the perception of intonation, attention, and tactile information” (Bourne & Todd, 2004). Echoing this in the neuroscience literature, Rotenberg (2004) describes:
The main functions of the right hemisphere [are]...the ability to grasp the reality as a whole; the emotional attachment to the mother (Schore, 2003); the regulation of withdrawal behavior in the appropriate conditions (Davidson, 1992); the integration of affect, behavior and autonomic activity (Schore, 2003); are the basic functions of survival (Saugstad, 1998); and for this reason are the first to appear. Indeed, a converging consensus now indicates “Earlier maturation of the right hemisphere is supported by both anatomical and imaging evidence” (Howard & Reggia, 2007).

The synergistic effect of the integration of psychoanalysis and developmental affective neuroscience has been the generation of a significant amount of new information on the early development of object relational processes, intersubjectivity, and attachment in the first two years of life: “the preoedipal period.” Current explorations of the early maturing right brain are essential to a deeper understanding of not only the unconscious, but emotional development, attachment, and psychopathogenesis in the critical stages of human infancy.

During this same period clinical psychoanalysis has become very interested in attachment. According to Chused (2000), “Attachment research can help us understand how psychotherapeutic intersubjective experience becomes transformed into intrapsychic structure.” We now have a complex model of how early intersubjective, preverbal, bodily-based attachment experiences impact the development of right brain psychic structure. This knowledge provides us with a clinically relevant model of precisely how the object representational inner world of mother communicates and shapes the inner world of infant, a heuristic model of the early development of both the structure and function of the bodily-based unconscious (and preconscious) mind.

This theoretical advance is acting as a potent force in shifting the focus of models of personality development, psychopathogenesis and treatment towards the preoedipal period (nonverbal infant) and away from events in the oedipal period (verbal child 3-4 years). As opposed to classical psychoanalytic models that stressed sexuality and aggression as primary motivational factors, updated conceptions focus upon preoedipal object relations, attachment dynamics and affect dysregulation as primary forces that shape the unconscious systems at the core of a unique personality.

**Paradigm Shift: Intrapsychic Unconscious Mind to Bodily-Based Relational Unconscious**

Attachment research demonstrates that the primary caregiver regulates not just the infant’s behavior or cognition, but fundamentally his bodily-based states of affective arousal. Recall Winnicott’s description of a communication between the baby and the mother in terms of the anatomy and physiology of live bodies. In the developmental psychological literature on attachment Pipp and Harmon (1987) suggest that throughout the lifespan we are biologically connected to those with whom we have close relationships.

Much more than just a match of cognitions and the emergence of mentalization, the evolutionary mechanism of attachment facilitates the experience-dependent maturation of the right brain’s capacity for the regulation of emotional states. It thus represents the regulation of biological synchronicity between/within organisms (not merely minds). Kohut’s speculation that the infant’s dyadic regulatory transactions with maternal selfobject allows for the maintenance of his homeostatic equilibrium is confirmed by neuroscience, where researchers observe that the dyadic interaction between the newborn and the mother serves as a regulator of the developing individual’s internal homeostasis (2001). A major expression of the paradigm shift is the correction of Descartes’ error. Current models that integrate psychology and biology thus emphasize changes that occur in both mind and body.
**Paradigm Shift: Explicit to Implicit Realm**

The fact that the right hemisphere is centrally involved in “implicit learning” is directly relevant to Stern’s (1998) proposal that “implicit relational knowledge” stored in the nonverbal domain is at the core of therapeutic change. Knox (2003) concludes, “In essence, it is the concepts of implicit memory and the internal working model which provide the basis for a paradigm shift in relation to our understanding of the human psyche.” Mancia (2006) describes the right hemisphere as “the seat of implicit memory.” He notes, “The discovery of the implicit memory has extended the concept of the unconscious and supports the hypothesis that this is where the emotional and affective—sometimes traumatic—presymbolic and preverbal experiences of the primary mother–infant relations are stored.” This conception is being incorporated into revised psychoanalytic models for working with early relational trauma.

The current shift into the implicit realm is echoed in an APA Presidential Task Force on Evidence-Based Practice (2006): “Central to clinical expertise is interpersonal skill, which is manifested in forming a therapeutic relationship, encoding and decoding verbal and nonverbal responses, creating realistic but positive expectations, and responding empathically to the patient’s explicit and implicit experiences and concerns.”

**Paradigm Shift: Secondary Process Cognition to Primary Process Communication**

In 1994 I suggested that nonverbal communication in both early development and the therapeutic alliance is the output of the right brain primary process communication system. Like myself, Panksepp (2008) refers to right brain primary process systems and the affective states they engender. Other neuroscientists contend, “The right hemisphere operates in a more free-associative, primary process manner, typically observed in states such as dreaming or reverie” (Grabner et al., 2007).

The relational trend in the field shifts primary process from intrapsychic cognition to intersubjective communication. In an important article on “primary process communication” Dorpat (2001) argues, “The primary and secondary process may be conceptualized as two parallel and relatively independent systems for the reception, analysis, processing, storing, and communication of information.” He asserts that affective and object-relational information are transmitted predominantly by primary process communication, and that secondary process communication has a highly complex and powerful logical syntax but lacks adequate semantics in the field of relationships. Echoing a description of right brain attachment communications, he concludes such nonverbal communication contains “both body movements (kinesies), posture, gesture, facial expression, voice inflection, and the sequence, rhythm, and pitch of the spoken words.”

Integrating this and other research and clinical studies I have argued that therapy is not the “talking” but the “communicating cure” (Schore, 2005).

**Paradigm Shift: Conscious Verbal to Unconscious Nonverbal Affective Communications**

Current neuroscientists document that although the left hemisphere mediates most linguistic behaviors, the right hemisphere is important for the broader aspects of communication. Consonant with this principle, I contend that just as the left brain communicates its states to other left brains via conscious linguistic behaviors so the right nonverbally communicates its unconscious states to other right brains that are tuned to receive these communications. Studies show that 60% of human communication is nonverbal. In writing on therapeutic nonverbal implicit communication, Chused (2007) concludes, “I suspect our field has not yet fully appreciated the importance of… implicit communication.” Stern (2005) further suggests:

Without the nonverbal it would be hard to achieve the empathic, participatory, and resonating aspects of intersubjectivity. One would only be left with a kind of pared down, neutral ‘understanding’ of the other’s subjective experience. One reason that this distinction is drawn is that in many cases the analyst is consciously aware of the content or speech while processing the nonverbal aspects out of awareness. With an intersubjectivist perspective, a more conscious processing by the analyst of the nonverbal is necessary.

These ideas are echoed by Hutterer and Liss (2006), who state that nonverbal variables such as tone, tempo, rhythm, timbre, prosody and amplitude of speech, as well as body language signals may need to be re-examined as essential aspects of therapeutic technique. Even verbal interventions should be couched in emotionally appropriate and empathic climates. Indeed, Modell (1993) points out that the clinician’s empathic understanding of the patient is dependent upon the affective communications that accompany the patient’s words.” Andrade (2005) notes that the affective content of the analyst’s voice—and not the semantic content—that has an impact on the patient’s store of implicit memories. According to Geller (2003), “The creation of meaning through the symbolization of experience can occur in any medium or channel of communication. Words are only part of the communicative exchanges that take place during therapy sessions. So much of what is communicated in therapy is visual or nonverbal.”
PARADIGM SHIFT: CORE OF PSYCHOTHERAPY CHANGE PROCESS SHIFTS FROM INSIGHT TO AFFECT REGULATION

In the clinical psychology literature Greenberg (2007) outlines the therapeutic relevance of the clear distinction of left and right brain affect regulation: “An issue of major clinical significance then is generating theory and research to help understand to what extent automatic emotion processes can be changed through deliberate processes and to what extent only through more implicit processes based on new emotional and/or relational experiences.” Stated in another way the question becomes how much emotional change requires implicit experiential learning versus explicit conceptual learning. In agreement with current trends in modern relational psychoanalysis he concludes, “The field has yet to play adequate attention to implicit and relational processes of regulation.”

Converging with this, current experimental psychology authors studying affect and motivation are contending, “Both researchers and practitioners have come to appreciate the limits of exclusively cognitive approaches for understanding the initiation and regulation of human behavior… As we take interest in human performance, adaptation and wellness, issues of affect regulation and motivation are thus salient topics that can no longer be relegated to the periphery” (Ryan, 2007). Towards that end, the paradigm shift is away from explicit left brain cognitive regulation and the voluntary suppression of negative affect into implicit “right hemispheric specialization in regulating stress - and emotion-related processes” (Sullivan & Dufresne, 2006).

These concepts have been incorporated into clinical models of the psychotherapy change process. In 2003 I proposed, “the psychobiologically attuned therapist acts as an interactive affect regulator of the patient’s dysregulated state. This model clearly suggests that the therapist’s role is much more than interpreting to the developmentally disordered patient either distortions of the transference, or unintegrated early attachment experiences that occur in incoherent moments of the patient’s narrative” (Schore, 2003). Even more than the patient’s late-acting rational, analytical and verbal left mind, the growth-facilitating psychotherapeutic relationship needs to directly access the deeper psychobiological strata of the implicit regulatory structures of both the patient’s and the clinician’s right minds. Alvarez (2006) asserts, “Schore points out that at the more severe levels of psychopathology, it is not a question of making the unconscious conscious: rather it is a question of restructuring the unconscious itself.”

The paradigm shift thus suggests that at this point in time no theoretical model of change process can be exclusively psychological. Rather, it must be consonant with what we now know about the implicit psychobiological operations of the right brain, the biological substrate of the human unconscious. Keenan et al. (2003) observe: “By casting the right hemisphere in terms of self, we have a revolutionary way of thinking about the brain. A new model of the brain, therefore, must take into account the primary importance of the right hemisphere in establishing and maintaining our sense of awareness of ourselves and others.”

In conclusion I’d like to return to the beginning of this talk, to the matter of a rapprochement of psychoanalysis and other sciences. Ten years ago I wrote:

Is the time right? I suggest that the answer to this fundamental question involves much more than an objective appraisal of the match or mismatch of different current bodies of knowledge, although this is certainly a part of the process. But in addition to this, the response of psychoanalysis will have to involve a reintegration of its own internal theoretical divisions, a reassessment of its educational priorities, a reevaluation of its current predominant emphasis on cognition, especially verbal mechanisms, as well as a reworking of its Cartesian mind–body dichotomies. This redefinition involves the identity of psychoanalysis itself, in terms of its self-reference and its relations with the other sciences (Schore, 1997).

I am most grateful to the Division for this award, because it signals to me that the time is now right.

REFERENCES


Allan Schore
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BEING, KNOWING, AND THE LIMINAL IN-BETWEEN: PSYCHOANALYTIC AND ZEN PERSPECTIVES

Paul C. Cooper, MS, LP, NCPsyA

The presenter explored converging and diverging expressions of the notion of the gap in the psychoanalytic writings of Wilfred Bion and in the Buddhist teachings of the 8th century Chinese Zen master Hui-neng and explicated clinical implications. Emphasizing an antinomian perspective, the presenter examined gap, abyss and precipice images cross-culturally, relationally, intrapsychically; as metaphor and as an actuality. Existential anxiety, it is argued, engenders reification and separation of subject and object. The ramifications of this unconscious process are described with regard to the relationship between conscious and unconscious, definite and infinite, knowing and not-knowing, transcendence and faith.

The presenter further argued that thinking about the gap exclusively as symbol might represent a resistance to the actuality of the gap as a sign or expression of the struggle with existential anxiety for both the analysand and Zen practitioner. The presenter drew parallels and distinctions between “O” and satori and the accompanying techniques that Bion and Hui-neng offer to tolerate the unknowing that engenders psychic transformations. Both “O” and satori allude to the ineffable, unknowable, fluid, ever-evolving aspects of psychic life. Despite differing starting points, Bion and Hui-neng both emphasize the primacy of experience and ask whether or not it is possible to live in the center of this liminal space and to tolerate the tension of lived in-the-moment truth while simultaneously pushing edges.

At the level of discussion that Bion and Hui-neng address, alterations in psychic structure demand coming to terms with the paradox of the simultaneity of identity and difference. Failure to face this paradox reifies fragmentation and forecloses wholeness. Bion and Hui-neng concern themselves in a highly pragmatic way with ultimate truth and the reality of human suffering. They provide difficult yet engaging radical solutions that simultaneously require that the system employed remain alive and vital. Examples demonstrated how they identify and address various versions of the gap. Comparative vignettes drawn from clinical experience and from the Zen literature exemplified and supported the speculative aspects of the discussion.

The presenter concluded that Bion and Hui-neng, through their radical approaches, attempt to revitalize their respective disciplines. Satori and “O” became the guardians of psychic life. They keep their respective systems moving, alive, and vital by honoring what cannot be “known” in the ordinary sense of the term and what objectification destroys. Hui-neng’s Zen and Bion’s psychoanalysis both honor and respect the moving, living, breathing quality of psychic life. Can analysts let go our hold on what we imagine should be and allow ourselves to experience the ever evolving truth being-in-itself? Can we let go and then let go of letting go before it becomes another restricting force creating an endless repetition of gaps?

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This panel, with presentations by Drs. Allan Schore, Wilma Bucci, and James Fosshage, explored the ways in which knowledge and research about the implicit and explicit domains, in the context of relational experience, reconfigures concepts of memory, learning and a sense of self in the developing brain and, furthermore, contributes to a theory of mind. These findings, particularly, in the areas of attachment, infant observation, and neuroscience, emphasize the primacy of relational experience and inform our notions of how psychoanalysis leads to change.

Dr. Schore, compiling a wide range of data, posits a model that highlights the major importance of the developing infant and young child’s right brain. Emerging from attachment experiences of child and caregiver, the right brain is the site of “the implicit self,” which essentially encodes mainly imagistic symbolic, and Bucci’s subsymbolic, processes. Affective nonverbal and paralinguistic communications of facial expression, posture, tone of voice, physiological changes etc., are stored imagistically at a nonconscious level. These relationally emergent affective experiences influence the development of self and interactional regulation.

The analyst’s conscious awareness of the implicit aspects of the clinical exchange, housed in the right brain, broadens the understanding of the therapeutic process and through explicit and non-interpretive exchanges can implement psychological changes. Empathic immersion, sensing into the mind and state of the other, involves right brain to right brain communication. As Schore states, “We recognize another individual’s emotional state by internally generating somatosensory representations that simulate how the individual would feel when displaying a certain facial expression.” Transference/countertransference exchanges (and often enactments) represent implicit co-constructed exchanges. In the revival of thwarted developmental longings the possibility exists for recovery of dysregulated right brain activity, or put another way, a shift from disorganized to insecure or secure attachment experiences mediated through the nonconscious (or unconscious) implicit systems which regulate affective and body states.

Dr. Bucci has proposed a theory of psychological organization or theory of mind organized around the interaction of different forms of thought or representation, the multiple code theory. Bucci proposes two primary formats, subsymbolic, and symbolic, further divided into symbolic verbal and symbolic non-verbal. The verbal symbolic mode is familiar to us as language. Importantly, the non-verbal symbolic realm encompasses images in all sensory modalities: vision, touch, smell and taste. The subsymbolic mode, the subject of her paper, functions at the implicit level and is characterized as “analogic, and processed as variation on continuous dimensions, rather than generated through combining discrete elements, as in symbolic forms.” Although variably accessible to consciousness, subsymbolic thinking plays out in enactments, feelings, and non-verbal communications in the treatment situation. This arena corresponds to the right brain locus in Schore’s system, and, to Fosshage’s imagistic symbolic processing.

From my reading, Bucci’s expanded category of subsymbolic processes, comprising the “affective core” of emotion schemata, corresponds to what Fosshage and others refer to as organizing patterns. These organizing patterns are developed in relational contexts, through lived experience, and are experienced at implicit and explicit levels of awareness. Bucci, following Bromberg, speaks of the analytic attitude in terms of dissociated schemata in the analytic domain, that is, a “normal and adaptive dissociated mode” in the analyst and the patient. She emphasizes the importance of a guiding theoretical framework, as a protection against implicit, idiosyncratic attitudes foreclosing a more open exchange.

Fosshage’s paper is an exploration of “how the explicit and implicit learning and memory systems encode information, how encoding affects conscious accessibility of implicit processing, and the implications of encoding and conscious accessibility in delineating a theory of multiple pathways for therapeutic action.” Fosshage advances the notion of imagistic thinking, that is, images generated in
all sensory modalities—sight, smell, touch, taste, visceral and motoric bodily sensations—as basic to all thinking, emphasizing the very early capacity of the infant for nonverbal symbolic processing. Following Damasio and Paivio, Fosshage underscores the role of nonverbal imagery, questioning the need to posit the separate category of subsymbolic processes, an important difference from Bucci’s model.

Fosshage posits two fundamental avenues for therapeutic action that work in conjunction, but vary in terms of which process is in the forefront in the moment-to-moment clinical exchange. In clinical situations when procedural knowledge is not accessible to consciousness, emphasis on “interactive intersubjective processes” or “non-interpretive processes” will be more productive. However, if procedural knowledge can come into consciousness, via explicit declarative focus, increased awareness gradually contributes to a capacity to suspend momentarily intractable mental models to enable the registration and establishment of new models, based on co-creation of new relational experience within the analytic relationship, into long-term memory.

Unlike Bucci, who views dissociated states as “unsymbolized, unformulated, not me” states which is tilted to function defensively. Fosshage argues that many of these states can be more parsimoniously explained as the activation of implicit procedures, that is, learned patterns of interaction, symbolically encoded, which may or may not have a defensive slant.

From my perspective, following Modell, I would propose metaphor formation to be a bridging implicit/explicit cognitive linguistic concept, imagistically generated from multimodal bodily sensations, which both shifts meanings between disparate arenas and by means of innovative rearrangements can transform and spawn new perceptions.

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The paper explored the theme of “dangerous knowledge” in the literature and myth of Western civilization. We examined “knowledge” not as a body of information, but as a danger to man’s moral condition in the world, his relationship to authority and the prevailing society, and the punitive consequence of acquiring such knowledge.

We examined the narrative of the Tree of Knowledge in the book of Genesis and noted that the bible does not specify the nature of the “forbidden fruit,” that is, the content of knowledge, but focuses instead upon the fact of the human temptation to know, and the psychological operation of the snake, which is the agent of temptation. We also discussed the consequences of their action in sexual shame, exile from their protected space, the newfound responsibility for their sustenance, and ultimate mortality.

The Bible remains ambiguous about the question of whether Adam and Eve are ennobled or reduced by their actions. From one point of view, they are transformed from frolicking innocent children into responsible adults. They become worthy only after they have violated God’s command. In an age of humanism, where the ideal of reason came to be regarded as the basis of virtue, the biblical account of man’s quest for knowledge was radically re-examined. In John Milton’s epic poem Paradise Lost, the character of Lucifer is granted nobility equal to God’s, and his defiance of God’s Will is articulated as a demand for individual dignity. His verbal virtuosity and the power of his argument constitute a demand for mankind’s free choice and responsibility. The poem subverts the doctrine of Original Sin and introduces the notion of the Fortunate Fall.

Finally, we examined the myth of Doctor Faustus in various articulations from the medieval, romantic and modern era. In Christopher Marlowe’s Doctor Faustus, a traditional theologian employs the dark arts of necromancy and magic in order to challenge God’s authority. After having made a pact with the devil to surrender his soul in exchange for forbidden knowledge, he is finally dragged screaming into hell. A far different Faust is presented by Goethe in the age of romanticism, when Faust is forgiven by the mater gloriosa who recognizes the heroic aspect of his quest for truth and perfection. Finally, Thomas Mann’s Doctor Faustus is a demonic figure whose desire for perfection separates him from the concerns of ordinary humanity and frames the larger theme of Germany’s descent into war and barbarism.

We briefly explored the implications of these narratives for the theory and technique of psychoanalysis. From Freud’s beginning as an explorer of the unknown in the individual psyche, he moved to a nascent theory of object relations in which he seemed to touch on matters of good and evil in the human environment, opening the avenue of the ongoing discussion of the moral dimension of psychoanalysis.

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THE SNAKE IN THE GARDEN OF EDEN: A LITERARY CONSIDERATION OF THE PROBLEM OF KNOWING

Judith Isaac, PhD
When psychologists view schools through psychodynamically informed eyes we often see what is unseen and think what is unthought by others in the school community. By using our heightened awareness we can enable educators to open themselves to be more attuned to the psychosocial, developmental, and educational issues that impact on the stability and effectiveness of the entire school.

Participants on the panel were affiliated with the Adelphi University Postgraduate Program in Psychodynamic School Psychology. This program trains school psychologists to apply psychodynamic understandings in their work in the schools. In addition to teaching about psychodynamic concepts, the program helps school psychologists to develop an analytic perspective. This perspective fosters emotional and professional curiosity that can lead the psychodynamic school psychologist to ask the kinds of questions that others do not think to ask and to use self-awareness as they consult, assess, intervene and make recommendations.

A goal of analytically oriented school or clinical psychologists is to help educators tolerate the unknown without reacting immediately in a defensively impulsive manner. We can encourage school personnel to make decisions and create policies only after due deliberation has led to a full understanding of information. Several of the panel members addressed aspects of these issues in their presentations.

Anxiety in schools is often contagious. The concept of effective containment of anxiety can open new insights even for experienced educators. In their papers, Drs. Bernstein and Rubenstein discussed their observations on how school personnel can be helped to contain anxieties that often permeate the daily atmosphere in a school building. Dr. Rubenstein’s consultations with teachers, parents, students, and fellow school psychologists illustrated the impact that high stress levels have in undermining the learning community and the learning process. She highlighted some of the pitfalls that even skilled personnel encounter in reaching children. The interventions she discussed were designed to enable school personnel and parents to reduce their own anxiety based rigidities and thus free themselves to respond more effectively to the needs of children.

Dr. Bernstein reminded us that schools were not always a place in which anxiety was inherent in the classroom atmosphere. This has changed. Since 9/11 our sense of personal safety and security has been dramatically altered. School-based tragedies, including Columbine and Virginia Tech, have further compromised our reliance on schools as a safe haven. In addition, increased anxiety has followed from the very significant personal, parental, governmental and administrative pressures placed on children to succeed by performing. Drs. Bernstein and Rubenstein gave examples of how a psychodynamic perspective can help us to understand and even anticipate systemic anxiety. The interactive format of their presentation provided a model for maintaining dialogue among professionals, parents and members of the educational community to keep all parties attuned to this crisis in the schools.

Mr. Gray discussed his work as a psychodynamically oriented school psychologist in a suburban high school. He explained, “As a school psychologist I embrace the importance of raising the level of awareness about the dynamic interplay between the authority of an adult and the dependent, often unprepared, adolescent. As public education reaches in the direction of solving behavioral problems through a tiered system based on positive interventions and behavior analysis, it is of the utmost importance that relational factors also be considered an integral part of one’s intervention.” Mr. Gray discussed his concerns that schools often objectify, measure, quantify, and otherwise depersonalize students’ difficulties. This process can distract educators from their important personal responsibility of being aware of what they experience within themselves when a student has difficulty conforming to the school’s expectations.

The case example that was presented demonstrated the beneficial therapeutic alliance that can result from bringing together a struggling student’s teachers, parents, support personnel, and the student herself. The psychodynamically oriented consultation format helped
the educators and the parents to recognize transference
and counter-transference meaning in their perceptions
of and reactions to the child. Heightened self-awareness
fostered a shift in their own perceptions about the reasons
for the student’s difficulties. Changed perceptions allowed
for more positive relationships with the student and more
flexible management of the youngster’s difficulties.

Dr. Gensler presented an argument for the devotion
of resources (time, money, and training) to careful
evaluation of all the factors that lead to inattentiveness
in school. Children who have trouble paying attention
in school are not all suffering from attention deficit
hyperactivity disorder (ADHD). Psychostimulants may
help some students to concentrate better, but it is not the
only possible intervention. Alternative explanations include
medical or physical problems, extremes of intelligence,
trauma, preoccupation due to life crisis, English as a
second language, poor instruction in the past or currently,
unfortunate match between child and teacher, learning
disability, receptive language disorder, or executive
function disorder.

Trouble paying attention also occurs because
of emotional and/or developmental difficulties in affect
regulation and self-soothing leading to high levels of
anxiety and trouble containing anxiety in a school setting.
Many of these factors are commonly overlooked in
the rush for a simple diagnosis and a pharmacological
intervention for inattentiveness. Teachers and evaluators
should expect ambiguity and multiple explanations for a
student’s inattentiveness. Simple reasons exist at times but
complexity is at least as common.

Dr. Gensler proposed that teachers and evaluators
must be trained to expect to see and describe this
multiplicity, and to offer explanations to parents that
refer to multiple sources and to how the different sources
influence one another. At the level of the school and
district, there should be support from the principal and the
superintendent for this kind of evaluation, training, and
intervention.

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**Matrix of Hysteria**

In this Meet the Author format, Dr. Yarom discussed
her book, *Matrix of Hysteria: Psychoanalysis of the
Struggle Between the Sexes as Enacted in the Body*,
recently published by Routledge (see page 68 for a
review). She described this work as providing an updated
and comprehensive model for hysteria with rich clinical
applicability through the “matrix of hysteria.” The book
represents an integration of three perspectives on hysteria:

1. The struggle between the sexes as enacted in
   the body: hysteria as encompassing personal struggles
   with regard to sexuality and gender (as aspects of the self,
   as internal objects, etc.), ways of “not knowing” about
   them, and their expressions in the body. The issue why it
   is important was addressed: to help keep our analytical eye
   in focus on the interrelatedness of our sexuality/gender and
   the body. While using the term “hysteria”, we apply to the
   normal turbulence of our sexuality, not only to be referred
to as abuse or perversion. The involvement of the body
was presented as expressing the pre-verbal and pre-oedipal,
along with the verbal and Oedipal, and as intersubjective.
The “matrix of hysteria” is one of several contemporary
models of hysteria that integrate sexuality and the body
(Bollas, 2000; Anzieu, 1985,1990; Britton, 1999).

2. I am hysterical: how to view hysteria as
   a complex of self-states, sometimes at the focus of
   the personality and the interaction, and as alternately
decentered. By addressing ourselves as ‘a hysterical
subject’ we refer to a turbulent (sexual, gendered, physical)
mood or an aspect of the self, not as devaluing the (female)
other. It is equated with Dimen’s (1991), Ogden’s (1989)
and Freud’s (1905) views in which a mode of experience
or defense dynamically coexists with others. Clinical
illustrations based on the cases of Saul and Karen (from
the book) were used to demonstrate a hysterical split after a
state of disintegration and the coexistence of the hysterical
and the narcissistic features. The subjective experience of
an aging sexual subject (of the analyst) was provided.

3. We are hysterical: hysteria as an intersubjective
   rather than a structural entity (to go beyond a dynamic
   personality structure or an idiom). The matrix of hysteria
is designed to map the analytic processes like Bion’s grid.
It enables one to view the analytical processes between
patient and analyst as an interwoven matrix of the sexual
and bodily. The clinical illustration of the pair Saul/analyst
(from the book) was provided in order to show how a split-
gender complementarity and an intersubjective gender
vacillation take place.

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Whatever Possessed Me? Working with the “Split Off” Psyche
Beth I. Kalish-Weiss, Ph.D., FIPA

Presenters
Peggy Porter, Ph.D., FIPA
Beth I. Kalish-Weiss, Ph.D., FIPA

In keeping with the theme of the conference, Drs. Porter and Kalish-Weiss examined the phenomenon which occurs when an aspect of the patient’s psyche is “unknown” or “sort-of-known” to himself or herself, that is, when an aspect of the patient’s psyche is “split off” from the rest of the psyche. The presenters gave two short papers, offering techniques helpful in a) identifying that a split is occurring; b) making the split-off aspect conscious and relevant to the patient so that it can eventually be integrated; c) using the processes of projective identification and/or enactment which occur between patient and analyst as a way of clarifying and “fleshing out” the details and history of the split; and d) understanding the history and typologies of splitting.

We discussed working with patients who present so differently on a given day that they seem like entirely different people: The analyst has the experience of walking into the waiting room and doing a kind of double take: Is this my patient? S/he looks completely different, sounds different, acts different. It is as if the patient is “possessed” by someone else: the analyst is meeting with an entirely different person. We discussed both the “garden-variety” type of splitting, which is seen frequently, and splitting as seen in a true multiple personality disorder.

The common form features split-off aspects of the psyche functioning rather autonomously, with the patient moving easily into and out of them without much awareness of what s/he is doing. These splits almost invariably represent an unconscious identification with an aspect of a patient’s internalized parental figure. For example, a previously polite young man who becomes unconsciously identified with the internalized, critical mother of his childhood, treats his analyst contemptuously, as he was once treated. His childhood feelings of vulnerability are projected into the analyst, who can best understand the patient’s childhood experience by recognizing her own identification with the patient’s projected vulnerability. The analyst can help him understand and reintegrate split off aspects of functioning.

Splitting was discussed in its historical context, beginning with Freud’s first use of the term in 1909, its evolution in Freud’s work, and his later emphasis on both the defensive and adaptive aspects of splitting in psychic functioning. Usages of the concept by Klein, Fairbairn, Winnicott, Bion, Ogden, and Brooks were reviewed. In simplest terms, a working definition would be “splitting means making two or more out of one” (Rangell, 2008, personal communication). The presenters cited the importance of understanding the “splitting of attitudes” to a single object or event. A recent example was cited of an otherwise honorable politician who periodically engages in sexual behaviors abhorrent to himself.

On the Edge: Exploring the End of the Analytic Hour
Stephanie R. Brody, PsyD

This was a paper about the mundane that is not mundane: the boundary that contains a memory. Because our attention is often drawn to the disruptive enactments within the analytic process, other repetitive and consistent actions within the analytic hour may be more easily ignored. All analytic activity may be linked to meaning, if we know how to look for it. In the final moments of the analytic hour, we are faced with a repetitive reenactment whose symbolic meaning can be both a challenge and an opportunity. Each member of the analytic dyad is vulnerable to the revival of history that is introduced by the end of the hour, and each will handle the experience in a unique way. When this co-created moment occurs in the absence of awareness, there can be avoidance, and important meaning may be obscured or lost. When the end of the hour occurs in the context of shared reflection, the analytic pair is free to intensify, play with, and confront the limitations and inevitabilities of life that are revived again and again when we reach the end.

Integrating theoretical perspectives on mourning and repetition, trauma and attachment, and self-states, along with clinical vignettes, the paper addressed existential questions that the author believes are present and pervasive in many of our analytic encounters. As we join with our clients to help them negotiate the moment when they are forced to cross the boundary between a world that is shared to a world of experience away from our presence, we are forced to acknowledge aspects of ourselves that may interfere in the process. Our capacity to explore this important edge of analytic space with our clients can help them to live and to love, and can enrich our work, paving the way towards a greater appreciation of life’s possibilities within the inexorable movement of time.

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The Development of Knowing and the Knowing of Development:
Psychoanalysis and the Experience of Uncertainty

Mary Beth M. Cresci, PhD, ABPP

Moderator
Mary Beth M. Cresci, PhD, ABPP

Presenters
Sharon Brennan, PhD
Hiding and Seeking, Knowing and Unknowing in Psychoanalytic Work with Children
Harriette Kaley, PhD, ABPP
Twenty- and Thirty-Somethings: Psychoanalytic Work with Young Adults
Franklin H. Goldberg, PhD, ABPP
Knowing but not Wanting to Know: Psychoanalytic Therapy with the Elderly

Discussant
Stefan R. Zicht, PsyD

In her introduction, Dr. Cresci said that this panel was the result of the collaboration of board members of the New York State Psychological Association (NYSPA) Division of Psychoanalysis. The NYSPA Division of Psychoanalysis was established in 2004 to enable psychoanalyst–psychologists to have a stronger voice within the state psychology organization. Dr. Cresci commented on the importance of state psychology organizations in affecting licensing laws and other matters relevant to our practices. She emphasized that this Division was the first state division of psychoanalysis and encouraged psychoanalyst–psychologists in other states to establish such a division to support psychoanalysis as a part of the profession of psychology.

Dr. Cresci stated the purpose of this panel was to consider how the new theoretical approaches within psychoanalysis have affected our work with the wide range of age groups now seen in psychoanalysis. The presentations describe the unique developmental issues facing children, young adults, and the elderly.

In the first presentation, Dr. Brennan described the converging influences of relational, interpersonal, and attachment theories in working with children. These theories recognize that children develop and come into their own through coalitions of multiple, interlocking personal and relational contexts that embody complex transference and countertransference systems and projective and introjective processes. Dr. Brennan emphasized that children enter therapy embedded in preexisting and ongoing relational coalitions and evolve a new relationship with the therapist through a complex interplay of mutual understanding. This new relational experience unfolds through fluctuating shared experiences of knowing and unknowing between the child and the analyst. The child therapist links with the poignant, often painfully disconnecting moments and intersections of children’s lives and helps them develop resilient, cohesive self-states, meaningful relationships, and capacities to modulate affect and relational states. Clinical and theoretical examples were given of this complex interplay of knowing and unknowing in the child/analyst dyad and in the coalition involving the child, analyst, and parent.

Dr. Kaley’s presentation was anchored in Erikson’s epigenetic approach. She suggested that the patients’ difficulties emanate from their as-yet uncrystallized characters, relative inexperience negotiating their ways through the worlds of work, personal responsibility and long-lasting relationships, and the intense residual affect of adolescence. Thus, though they may have a presenting problem, often a recently broken relationship, typically it becomes clear that their lives are murky to them. It takes a relatively long period of psychoanalytic inquiry to find the real difficulties. Young people haven’t seen patterns emerging, and considerable analytic work is required to discern them. The self-consciousness of young adults gives way only slowly to self-awareness. This fact requires that analysts treating young adults must call upon special analytic skills and makes heavy demands on the analyst’s capacity to maintain an analytic stance. Dr. Kaley discussed some of the specific countertransference issues that can affect middle-age practitioners when we work with young adults, including ways in which we believe we outrank them but may also admire and envy them.

Dr. Goldberg discussed work with elderly patients. He stated that the elderly use defenses such as repression, disavowal, and dissociation for good reason. They sort of know that they are moving toward the end of their lives and are encountering a “season of loss.” These losses include the loss of physical and cognitive functions, the loss of significant others, loss of status, occupational role, and self-esteem, and, finally, a projected loss of self. Dr. Goldberg said that these losses have many psychological consequences, including depression, paranoia, and hypochondriasis. He suggested that the essence of our therapy with the elderly is to help them accommodate themselves to these developmental processes and ameliorate their (and our) despair in working with them. He said his approach in working with the elderly is an interpersonal perspective of “growing older together.”
His increasing awareness within himself and with his older patients as to developmental factors, the myths, the manifestations and the ramifications of aging provide the basis for his interventions to infiltrate their resistance to “not knowing” despite their knowing full well as they approach the end of their lives. Dr. Goldberg presented several clinical vignettes revealing that the elderly may be more introspective and more involved in refashioning the meaning of their lives than their younger counterparts.

Dr. Zicht’s discussion emphasized that the presenters had focused on the multiplicity of ways that individual contemporary psychoanalysts fully embrace the centrality of helping their patients (what he termed psychoanalytic psychotherapeutics), and not merely applying some “correct and ancient canonical notion of psychoanalytic putative knowledge.” He suggested that the panelists had demonstrated how psychoanalytic theory has evolved from impersonal to interpersonal, to personal and more individuated notions of metapsychology and praxis. This involves a coequal emphasis on a being with and a doing to in the service of discerning what a particular patient needs maturationally from the treatment situation, and an appreciation of the “primacy of inquiry and creation of potential space.” He also pointed to the way in which all of the presenters emphasized the centrality of the me-you relationship between patient and analyst, with an implicit appreciation that this is a humanistic undertaking between two human beings. He discussed the various cycles of theory, individual development, and cultural changes that affect our work with our patients. He encouraged us to embrace not-knowing instead of surety in our work.

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**Knowing And Not Knowing If Analysis Is Working**

**Judy L Kantrowitz, PhD**

This paper provided an example from the beginning of an analysis of a happily married man who was unable to find a career path. His thoughts were tightly bound to concrete realities. He displayed little affect. Once he began to associate to his adolescent rebellious feelings, I could see a link to his present day struggle in relation to work, but I still didn’t know if he would become psychologically-minded. The first sign he could use analytic process was his self-reflection around dreams. Certain themes first appeared only in fragments, but then increasingly found representation in relation to all avenues of his life: in memories of growing up, in his current home life, in his work situation, in his dreams, and with me in analysis. The detail of his thoughts and memories and intensity of his affects, as well as their availability, all increased over time and became more alive in the transference. He soon found meaningful work and felt increasingly curious about himself.

Where we look for evidence of change always depends on what the individual patient seeks and where difficulties in life reside; it is patient specific. Often we see patients who make use of analysis to change their lives but show little evidence of increased self-understanding or appreciation about what in our interactions has affected them. We are glad for the behavioral change, but we can only speculate on why it has occurred. In other instances, patients gain much insight into the nature of their difficulties and some can see how it is played in the treatment with us, but nothing ostensibly changes in their symptoms, character, or sense of well being. Sometimes it takes a very long time and we sense the patient’s need for our patience; other times we need a consult to see what we are blind to in the patient and ourselves. The evidence of how we know what we know also depends on what time frame we use: In the session? From session to session? A month? A year? Two years or more? At termination? A year later? 5 years later? 10? Follow-up data from a longitudinal study of outcome of psychoanalysis indicated that the patient’s state at termination, at one year post-termination and 5-10 years later were not necessarily the same. Which analysands would maintain gains, grow much more or return to an earlier troubled state could not be predicted.

We can evaluate whether a self-reflective capacity has developed, but a patient’s change in behavior and state of well-being are the ultimate evidence of whether we have helped. How stable and long-lasting the change is may depend on vicissitudes of life outside of analysis. Some people report long term changes that they attribute to understanding and transformation of self, but whether this will be maintained throughout a lifetime or whether new problematic areas will become apparent is another matter. In a certain way, we have to acknowledge we never really can know the extent to which analysis has worked.

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THE NAMESAKE: EMERGING AND SUBMERGING CULTURAL IDENTITY IN THE MELTING POT

MARY-JOAN GERSON, PHD

Presenter
Minu Tharoor, PhD
For The Sake of a Name: Diasporic Family Affiliations and Assimilation
Mary-Joan Gerson, PhD
What’s Love Got To Do With It? The Arranged Marriage Enters the New World
Roanne Barnett, PhD
Adolescents Straddling Cultures: Clinical Vignettes
Shelly Goldklank, PhD
Each Time I Thought I Knew, Each Time it Was Untrue: Exogamy/Endogamy in The Namesake
Marilyn Meyers, PhD
Where In The World? Attachment in a Multi-Cultural Society

Chair
Mary-Joan Gerson, PhD

Our panel included five papers, all illustrated by film clips of Mira Nair’s version of Jhumpa Lahiri’s story, The Namesake. All of the papers focused on couple and family dynamics through the lens of culture, questioning similarity and difference.

Minu Tharoor, a literature professor at New York University, explored the movie’s depiction of the multiple losses and recuperations that signify the immigrant, diasporic experience of an Indian family in America. Dr. Tharoor focused on how the dilemmas of cultural dislocation and adjustment are skillfully woven into episodes of death and mourning and mediated through the dual names of the second-generation Gogol Gangguli. However, she pointed out that the film creates oversimplified and reified categories of “Indian” and “American” that inadequately negotiate intergenerational conflict and the characters’ developments.

Mary-Joan Gerson discussed the very different conception of love in Indian culture, located in the context of family affiliations rather than dyadic romance. Dr. Gerson highlighted the subversiveness of the Indian conception of profound romantic love as a flowering of a committed bond, though she pointed out that the thrill of sudden romantic passion is represented in the tradition of the Bollywood film tradition. She also noted our own cultures new Internet dating site activity as tilting us toward prearranged likeness as a basis of romantic attachment.

A central thesis of Roanne Barnett’s paper was that during the crucible of adolescence, culture becomes the arena where first-generation Americans must forge an ethnocentric identity by amalgamating their bi-cultural experiences in the outside world with their cross-cultural relationships at home. Melding low- and high-context cultures exacerbates this immigrant family struggle. For adolescents, the challenges of resolving or dissolving the differences between being like an American and being an American can undermine the feelings of wholeness and personal cohesion necessary to personal differentiation.

Shelly Goldklank described issues involved in the creation and dissolution of Gogol’s romantic relationships, one of which was exogamous (that is, pair bonding outside of one’s culture) and one endogamous (pair bonding within one’s culture). Some of the issues Dr. Goldklank spoke about were immigrant specific, such as integrating traditional Bengali values with America’s contrasting emphasis on individualism and romantic love, and some issues were generic to systems, such as the failure of rigid complementarity to survive change in life cycle stages. Primarily, Dr. Goldklank reported, until Gogol accepted his heritage, including its cross-culturalism, neither overly rebelling nor overly identifying, he couldn’t accept his parents or himself, nor make a successful pair bond.

Marilyn Meyers, in her paper, pointed out that various perspectives on the relationship between culture and attachment were explored in the context of the film The Namesake. Several studies of different cultures were referenced. Issues of both universality and specificity with respect to culture and attachment remain unresolved. She concluded that it is evident that it is very difficult to examine the question of the relationship between culture and attachment objectively without some Western bias.

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REMINDER

Many of the panels and paper sessions during the 2008 Spring Meeting were recorded and are available for purchase as AudioCDs. (The Keynote Addresses are available in Video-DVD format.) Order forms and additional information is available on the Division Web site, www.division39.org, or by contacting Resourceful Recording, Inc. at 802-276-3464, or order directly by going to their Web site
www.resrec.com/store.aspx
The overarching objective of this panel was to consider what we know and don’t know about dreams and dream interpretation today. With a positivist orientation and an interest in archeology and classical mythology, Freud created a scientific approach to dream interpretation. He believed that this approach to dream interpretation would be the royal road to the unconscious and the hidden truths that would explain patients’ symptoms and chronic unhappiness. Each of the presenters provided a perspective on what dreams are made of and how they can be used in psychoanalytic work.

Dr. Cresci’s paper made use of Ogden’s concept of the analytic third and the value of dreaming as a form of reverie, she discussed two dreams presented by the same patient. With one, the patient saw the dream as a concrete representation of events that had occurred the day before. The analyst, however, found the dream intriguing and engaged in a reverie process that enabled her to better understand the patient and the transference–countertransference matrix between them. In a later dream the patient was able to approach some of the issues from a more symbolic place and use the dream to recapture experiences that continued to trouble her.

In his paper, Dr. Fosshage described dreaming as an extension of the thinking we do in waking life. Dream mentation functions “to process information and regulate affects in keeping with shifting motivational priorities.” He distinguished two modes of cognition while dreaming, the imagistic, sensory-dominated mode and the linguistically anchored mode. Referring to his model of understanding dreams as the organizational model of dreams, Dr. Fosshage suggested that dreams can contribute to the consolidation of memory as well as the development of newly emergent psychic configurations that are developmental advances. In this model, he focuses on the overall dream content and does not distinguish between manifest and latent content as the Freudian model does. Dr. Fosshage provided several clinical examples as well as guidelines for working with dreams in psychoanalytic treatment.

Dr. Newirth, referring to his work and the work of Grotstein, Ogden, Klein and Winnicott, described the dream as a “transformational process, which allows people to engage their lives with feelings, self-reflection, pleasure, compassion and meaning.” He compared Freud’s archeological model in which the dream work “consists of processes of repression and disguise,” with the transformational model in which dream work “is thought of as developing capacity to contain, enrich, affectively elaborate experience and develop subjective, unconscious meanings.” He provided three clinical moments in a treatment to show the patient’s growing “capacity to dream, to use unconscious transformational process in linking and enriching conscious experience with unconscious symmetrical symbols in the development of subjective meaning.”

Ms. Black’s discussion emphasized the “affective connection with one’s experience” that is at the heart of Dr. Fosshage’s use of the dream. She suggested that this approach could be supplemented with the analyst’s use of his own subjectivity in listening to and understanding the dream. She added further dimension to the important interaction between Dr. Newirth and his patient in giving this patient a means for accessing warded-off affect through the use of sports competition imagery. She also suggested that the reverie Dr. Cresci engaged in while considering her patient’s first dream may have been an enactment of a maternal holding environment that allowed the patient to become more aware of her conflicts with her mother in the second dream.

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Dr. Wachtel expands his notion of cyclical psychodynamics, emphasizing how “one’s actions in the world lead to consequences that in turn maintain or reshape the very nature of the inner world.” He sees the inner world as less fixed and more dynamic and prone to fluctuations based on responses to experiences of daily life. He sees understanding from the “outside in” not as a replacement for understanding from the inside out, but rather as a complement. He provided two case examples illustrating how people take their view of the world, find people who fit reasonably within it, then essentially train them to participate in predetermined scenarios. The presence of anyone who resists this “training” opens up the potential for change. At times this process is unconsciously motivated, as portrayed in the concepts of repetition compulsion or projective identification. But at times, Wachtel argues, the perpetuation of the process is ironic—every effort the patient makes to prevent the troubling experience from occurring end up bringing that very experience about.

Wachtel argues that insufficient emphasis is placed on the external world of the patient, even among relational and interpersonal analysts. He says that even the two–person approach often fails to deal adequately with the reality of the impact of other people and external events, both past and present. He particularly notes that there is a heavy emphasis in the relational literature on attachment in the first years of life, but little is said regarding the ensuing developmental years. Relational discussions focus heavily on early childhood, then move to a discussion of the analyst patient relationship. What about the intervening years?

In addition, the emphasis remains on interpretation and many current discussions of practice do not sufficiently promote the notion of ongoing participatory process between analyst and patient. Wachtel advocates for active participation that encourages the patient to understand himself not only from the inside out, but also from the outside in. And he sees the role of the therapist or analyst as one who facilitates this contextualization of past and present experience.

Dr. Frank’s paper was concerned with the use of self-analysis as a clinical tool. He says the term “self-analysis” has evolved, in tandem with psychoanalytic theory, moving from the old view of certainty about self-knowledge to a more realistic view of limits to self-awareness. He delineates two types of self-analysis, solitary and relational. It was this second form of self-analysis that is the focus of his paper: “We have moved from examining a contained self to examining our effects on others (patients) to learn about ourselves.” Incorporating the data from the transference–countertransference must be included in any meaningful attempt to be self-aware in the treatment context. Dr. Frank also emphasizes the importance of taking the patient’s observations of the analyst seriously, as stated previously by Gill (1984) and Langs (1978).

Discussing the role of the analyst from the two-person perspective, he notes that we are still learning when it comes to how much we should disclose to patients and when. He says that “sometimes I find openness and directness to be my best clinical option,” and gave a clinical example that illustrated his point. A former patient, Joan, returned to treatment for help with depression after contracting a hospital-based infection following a minor surgery. A few months into this second treatment Joan announced that she thought Dr. Frank was not the right person to treat her this time. She said she seemed remote and was not really hearing or understanding her. She asked him if there might not be a personal reason why he would rather not go too deeply with her. It was then he realized that her perceptions were correct and that he was keeping a distance from Joan because he had lost his sister to cancer. Dr. Frank told Joan she was correct in her observation, but that he would not go into the details. He asked her to trust him to deal with it and try harder. A bit later he shared the details of his sister’s illness and death with her, and with a very positive therapeutic outcome. He advocates for occasional candid conversation with the patient but says he wants to make it clear that he is not advocating for self-disclosure as routine way of dealing with impasses or ruptures. Rather, he used this case example to illustrate the importance of...
On Dissociative States and Narcissistic States

Robert Grossmark, PhD

For many years now, the work of Sheldon Bach on narcissistic states of consciousness and Philip Bromberg on dissociation, trauma and multiple self-states have been central to the psychoanalytic field. Their work is widely read and has generated much thought about how we conceptualize and work with our patients. They have offered compelling and different perspectives on similar phenomena, particularly the moment to moment shifts in state of both patient and analyst. This panel brought together, for the first time, Sheldon Bach and Philip Bromberg to compare and discuss their approaches to clinical material. Robert Grossmark presented a detailed case and session notes and both Dr. Bach and Dr. Bromberg offered their commentaries.

Robert Grossmark presented the case of Pamela. Pamela was a young woman who had worked with Dr. Grossmark for over seven years. She was soon to prematurely terminate the treatment because her fiancé had found work in another state and she had decided to move with him. Dr. Grossmark described how Pamela had first appeared, complaining of a long struggle with depression and hopelessness. She had left the prior therapist because he had not remembered some details of her life. The theme of being forgotten, lost from her mother’s mind, would become a recurring presence in the treatment. She spoke of an insecure part of her and an angry part of her that were unable to relate. She was unable to find comfort and stability within herself. She was dysregulated in every area of her life and suffered from a number of physically painful symptoms in her digestive system and her back. A child of immigrants, she was burdened by a history of multi-generational trauma that had left her parents and her grandmother unable to contain their emotions and set any meaningful boundaries. Pamela had developed an internal determination and rigidity that helped her to survive. She had many interpersonal skills and abilities and had developed an interesting career and a thriving social life.

As the treatment progressed she was able to describe the abuses she suffered in her household growing up. Beatings and emotional abuse were frequent and terrifying to her, but more than anything the experience of being forgotten and ceasing to exist stayed with her. She began to experience feelings of not existing, of not being located in her body and of her limbs not belonging to her in the sessions. She literally held onto Dr. Grossmark as she struggled with a physical feeling of falling apart in sessions and would howl in pain. Dr. Grossmark described how through this process of coming apart in the treatment, Pamela was able to begin to construct a true self and to inhabit her own physical being. Crucial to this process was an enactment in the treatment where, in a dissociated state, Dr. Grossmark consulted with a friend of Pamela’s who was seeking treatment, while Pamela was on vacation. The realization that he had “become her parents” temporarily forgetting her and losing his connection to her, helped Dr. Grossmark resolve the immediate situation—he discontinued the consultation, and protected Pamela’s treatment—and deepened the work with Pamela, both having lived through and survived such a potentially destructive enactment. Dr. Grossmark presented a session that included a dream where there is an earthquake. He suggested to her that the earthquake is a rendition of the impending end of the treatment and we see Pamela begin to deal with the issue of separation and to take up the question of how to take Dr. Grossmark and the treatment with her when she leaves.

Dr. Bach began his remarks with the observation that making meaning out of this senseless and horrifying situation was an important part of the case. He then focused on Pamela’s body, how it was affected by overwhelming stress and how deeply somatic memory is imprinted. Dr. Bach drew attention to the depth of shame that Pamela carried and the plight of abused children who take responsibility for their own plight in order to spare the abusing object and thus preserve someone they can believe in. He pointed to Pamela’s inability to read her mother’s mind and the resulting lack of basic trust that was present for her in every area and the absence of the feeling that “I am” that grows from the sense that one is held in mind in a safe and consistent way. With no childhood experience of comfortably floating in her own subjectivity she was unable to develop the “luxury of living in the first person.”

As a result Pamela suffered from intense annihilation anxiety and lived in a world where pain was preferable to being forgotten and annulled. She developed numerous false selves that came into focus with her experience of not feeling real, and was mirrored in Dr. Grossmark’s experience of the treatment as not “really real” at times. Dr. Bach emphasized how Pamela’s healing began with her body and the various physical therapies she
engaged in that enhanced the analytic treatment where she was able to be touched both physically and emotionally in order to begin to feel alive. Dr. Bach suggested that her premature termination of the treatment with Dr. Grossmark had left her unconsciously enraged with him, even though it was she who was leaving. This treatment was a serious beginning to work that will continue with another analyst with whom she, hopefully will have the opportunity to face the evil transference figure that will surely emerge and to ultimately own her own actions.

Dr. Bromberg approached the case of Pamela from his perspective of multiplicity and dissociation. Not recognized as anything more than an object, Pamela had dissociatively “disappeared” her need for this recognition from her life, and yet secretly cared for and protected this vulnerable part of her. Dr. Bromberg emphasized that it is the trauma of non-recognition that is at the heart of what is called “massive trauma;” and it is this, rather than the magnitude of the assault, that makes trauma traumatic. Emphasizing the intensity of the trauma Pamela suffered, he focused on Pamela’s dream of finding a small child who was crying. When Pamela in the dream approached the child, it bit her. She was eventually able to comfort the child. Dr. Bromberg explained how he would conceptualize this dream as a representation of Pamela’s need, like so many massively traumatized patients, to ferociously protect the traumatized parts of her that “hold the experience of past trauma as unprocessed affect that is always ready to be relived.” He described how Pamela lived in a world defined by waiting for trauma to strike.

For Dr. Bromberg it was Dr. Grossmark’s ability to “stand in the spaces,” to speak to more than one self-state simultaneously, to deal with and to respect both of these states at the same time that enabled the treatment to proceed. He underlined that to see the “biting” states as simply the enemy of treatment would be to erase the possibility of recognition of these states that are essential to the therapeutic process. This illustrates how one does not have to have a diagnosis of Dissociative Identity Disorder to have such states emerge in the treatment. It was the innocent, unsophisticated, trusting child that had been rescued from destruction by being dissociatively sequestered, that Dr. Grossmark dropped from his mind when he himself dissociated and consulted with Pamela’s friend. Dr. Bromberg underlined the importance of Dr. Grossmark’s sincere acknowledgement of his own dissociation. It is the analyst’s authentic presence and ability to truly convey the feelings, as opposed to “just words,” that enables the patient’s not-me self-states to come into human relationship.

openness to the patient’s thoughts and feelings, which can facilitate self-analysis for the analyst.

Dr. Maroda began by saying she basically agreed with most of what both speakers had to say, in particular, Paul Wachtel’s comments indicating that psychoanalysis is too focused on the internal life of the patient and not enough about his/her relationship to the outside world. Dr. Wachtel joins Lionells, Masling, Renik, and others who say we have not gone far enough in delineating the interactive aspects, both within and outside of the treatment setting, that are implied in two–person theory. Maroda, in paraphrasing Wachtel’s goal for patients, observed: “He wants them to have a deeper understanding of who they are in the world, how they choose others, interact with them to recreate the past, and both fail and succeed to create a sustainable emotional environment for themselves. He does not measure therapeutic success by insight alone, but also by symptom relief, range and expression of emotion, and repertoire of adaptive behaviors.”

Impressed with the outcome of Dr. Frank’s work with Joan, Dr. Maroda wonders why he limited himself by trying to define his relational experience with her within the framework of self-analysis. She agreed that analysts have much to learn from their patients, both about what is happening in the moment, and about their own characters, if they are able to be open and candid, as Dr. Frank recommends. Her only disagreement was with regard to his caution about using self-disclosure routinely for resolving impasses. He says, “Such prescriptions always fail us.” Dr. Maroda’s response: “Why are spontaneity and intuition, which cannot be taught, privileged over cumulative insight about what works and what doesn’t, which can? Responding honestly to the patient’s correct observation of his ability to be present is a direct, definable situation that can be generalized to other therapist-patient pairs. Ken Frank did an admirable job of responding to Joan. Why not credit his success not to spontaneity but to his capacity to listen well, be willing to make himself vulnerable, take care to disclose when he feels comfortable doing so, and self-disclose appropriately when the patient is asking for it?”

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THE PATH TOWARDS KNOWING (MORE)

Presenters
Lewis Aron, PhD
Steve Axelrod, PhD
Kenneth Eisold, PhD
Brenda Lovegrove Lepisto, PsyD
Adrienne Harris, PhD

Chair
Winnie Eng, PhD

Moderator
Marilyn Charles, PhD

The Early Career Committee aims to engage members in the early stages of their careers in a dialogue about their unique career pathways, identity development, and professional needs. This roundtable discussion provided an opportunity to increase the visibility of early career issues and to integrate different perspectives from the Division 39 community. Enthusiastic audience participation generated discussions centered on the value of institute training, private practice viability, negotiation tactics with insurance companies, and self care.

Dr. Lepisto answered questions about the feasibility of private practice. She and others on the panel urged early career professionals to open themselves up to and to promote their particular strengths and skills. She stressed not being ashamed to advertise services, such as linking up on e-mail groups, private and public online communities as well as creating professional Web pages where there is more control over what others see about us. Our education often does not prepare us for the business of being a psychologist and often networking is crucial if we are not connected to an institution.

A larger social justice issue involves finding patients who can afford higher fees in the reality of managed care. There was an active dialogue about ways to advocate for us with insurance companies instead of rebelling against them as authority figures. Several panelists urged early career professionals to examine any conflicts over earning a living or stigma with accepting insurance. Success stories were shared where services were reimbursed through perseverance and other stories of frustration were shared where consumers terminated after their insurance stopped reimbursement. Many participants expressed a concern that treatment is not clinically controlled but consumer controlled, leading to a proletarianization of the profession. Competition from other mental health providers also drives costs lower and creates a pressure towards efficiency. More than ever, psychoanalysts need and deserve a community with consultation and collaboration to create a culture where psychoanalysis is still viable.

Dr. Eisold offered his perspective on the value of institute training. He spoke about the financial viability of institute training and acknowledged that while private supervision is often easier and lower cost, the value of community and networks for candidates is great. Many professionals are not even aware that they need mentoring, in the forms of supervision, advice, and even exposure to senior clinicians’ failed cases. Dr. Eisold discussed his observation that some communities can be competitive, greedy and envious, and called for psychoanalysts to be more inviting of other professions and to integrate outside views.

Dr. Aron invoked the strong history and tradition of making psychoanalysis accessible to the public, beginning with Freud’s free clinics. Psychoanalysis in the historical context has been both a radical critique of culture and conformist to help adapt to culture. Dr. Aron called for postdoctoral programs to provide subsidized training and more fellowships to support candidates.

Dr. Axelrod spoke about the ego ideal of the psychoanalyst as having too much emphasis on theoretical orientation or techniques rather than focusing on needs or the talent of individuals. He said that too often the analyst is not engaged enough in the world, with too much emphasis on the mental health or private practice model. The analyst does not think about marketplace needs such as supply and demand issues. In order to take a personally meaningful approach to their career, analysts can employ a skills versus strengths orientation with meaningful feedback solicited. Dr. Axelrod recommended exploring avenues outside of traditional psychoanalysis, such as leadership development or coaching. This type of branding sets one apart.

Dr. Harris emphasized self-care. She spoke about the analyst as a Winnicottian self-giving mother who needs to attend to the self. She used the image of a sick cello and urged analysts to take care of their instruments. Dr. Harris reflected on the importance of analysts becoming more porous to each other, to speak openly about negotiating technical mistakes, vulnerabilities and training needs.

This lively roundtable concluded with the encouragement of continued dialogue at the Spring Meeting sponsored “Meet and Eats” and the annual Presidents’ Reception for Graduate Students, Early Career Professionals and Candidates.

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Tolerance of Ambiguity: Psychoanalysis and Musical Expressionism in the 20\textsuperscript{th} and 21\textsuperscript{st} Centuries

Ms Malone’s paper described parallels between modern classical music and psychoanalysis with regards to responses to ambiguity. Musical expressionism challenged listeners with abstraction similar to that found in psychoanalysis. The composer Arnold Schoenberg remains notorious for championing the “emancipation of dissonance” through compositional techniques that propelled music beyond the comforts and familiar confines of tonality. Atonality elicited disdain from audiences and some scholars. The response of much of the musical community included anger and rejection, as they could not comfortably orient themselves within a new musical language and its structures. Even today, listeners respond to these musical forms with feelings of alienation, as if the composer is deliberately withholding that which they desire. The resistance to contemporary compositions may at times lead to the avoidance of deeper understandings and perhaps to a regression and embrace of cynical nostalgia rather than exploration.

It was proposed that contemporary responses to psychoanalysis reflect a similar discomfort with ambiguity. Many clinicians and clients move to treatment approaches where the answers are identified from the start, surprises are minimized, and treatments are brief. The flight from ambiguity in both music and therapy attempt to increase accessibility and eliminate the sense of an unobtainable ideal. However, there is something lost when ambiguity is eliminated. Tolerance, and ultimately acceptance, of the unknown is one stepping stone to development of creative and meaningful new approaches.

Dr. Greenberg, examined the source of the so-called “Socratic Paradoxes.” The paradoxes arise from Socrates’ claim that he does not have an answer to the question, “What is justice?” and that he also knows with certainty that “has never committed an injustice against anyone.” How can both these claims be true? Greenberg proposed a psychoanalytic interpretation of the problem of the paradoxes. Modern Western philosophers, committed to a view of the self as rational and cohesive, disregarded those passages in the early dialogues of Plato in which Socrates describes states of dissociation in which he is subject to the dictates of a “divine voice” (daemonic). According to Socrates, the divine voice stops him whenever he is about to commit an unjust act, even though he himself does not know what justice is.

The “paradoxes” of the early dialogues can exist only insofar as scholars ignore what Socrates has to say about this “voice.” Once we restore the daemon to its rightful place in our interpretive framework, it becomes clear that Socrates was driven into states of dissociation by his own painful encounter with the rational limits of human ethical understanding. The modern disavowal of Socratic dissociation is part of a long philosophical tradition that goes back to Plato’s later works. Plato took the divine voice and the dissociative certainty it afforded Socrates as a model for his “Form of the Good.” Plato originally conceived the transcendent truths of philosophy and science as sublimated versions of Socratic dissociative states.

A psychoanalytic interpretation of the Socratic dialogues reconfirms the centrality of Socrates’ claims about the limits of human understanding. He had argued that without divine intervention philosophical and ethical certainty was unattainable. Philosophical practice required a tolerance for ambiguity that was often missing in Socrates’ Athenian interlocutors. Nevertheless, Socrates insisted that this tolerance was the foundation of self-understanding and inner development. Socrates anticipates, the psychoanalytic position on ambiguity while also demonstrating in his dissociative states the emotional difficulties which such encounters can engender.

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Contemporary masculinity was addressed by a focus on the psychic architecture of hegemonic masculinity. Drs. Metzl, Rothschild, and Ducat addressed cinema, politics, and intimate relationships. In Dr. Metzl’s paper, a discussion of a couples therapy case discussed a therapist struggles with her conflicts regarding a husband who adopted parenting functions often associated with mothering, and a wife who fulfilled a role more typical of a traditional male sole provider. Dr. Rothschild also described a male parent who found himself in a mothering role. The data, however, was not from a psychotherapy, but from the film, Finding Nemo. Finally, Dr. Ducat addressed the sadomasochistic expressions of anxious masculinity in the discourse and practice of enemy construction, with a focus on Abu Ghraib and the Republican National Convention. Each of these papers illustrated the shift that has occurred in postmodern culture, whereby an essentialist gender configuration is no longer assured.

Dr. Metzl discussed the evolution of men’s roles in contemporary society, the changing evolution and definition of gender in today’s world, and presented the case of a couple, married for fifteen years, who presented for psychoanalytic therapy with severe conflict over gender roles, contemplating divorce. Anne was 45 years old with a Masters degree in business, who was the CEO of a major telemarketing firm. Joe was 46 and working as an artist. At the time they entered couples therapy both were miserable. He complained, “she does not talk to me; and she works all day.” She complained, “I am working all day and even though he is now earning money, he is having fun, and I am glued to my desk.” Their sexual relationship became nonexistent, and unknown to him at the time of entering therapy, she was involved in an affair with a colleague at work. In the case of Anne and Joe, the evolutionary role of the male hunter and the female gatherer was reversed. Dr. Metzl focused on the manner in which she became aware of her own conflict about supporting Joe’s maternal role, Anne’s role as the primary breadwinner, and realized that this case was resulting in “gender jitters” for her as the couple’s analyst. In so doing, she described the manner in which the meaning of gender and equality for both participants in the analysis was explored and she discussed the development of a resolution that enabled them to calm their “gender jitters” and to maintain their interpersonal relationship and their work, thus allowing them to develop a cooperative effort related to parenting their children.

Dr. Rothschild focused on a father and son relational matrix found in the fairy tale and film Finding Nemo. The story was understood to be an illustration of a young boy’s struggle to find a “good enough” father. The father portrayed in the film is not the stereotypically strong Oedipal father, but is terrifying due to what is characterized as an overt weakness rendered by father’s excessive anxiety due to mother’s absence in regard to parenting. The fairy tale was then interpreted as an illustration of object relations in a family structure that incorporates dual career or single father households by assigning parenting functions to the male. This was linked not only to the portrayal of the protagonist’s internal struggle to build a more nuanced psyche that allows individuation, but to a cultural struggle of coming to terms with current social changes and family patterns that have led to a preoccupation regarding fatherlessness and anxious masculinity. The paradox that fatherlessness has become a cultural issue at a time when fathers are fulfilling greater parenting functions in affluent Western society was discussed with an analysis that included a discussion of paternal authority embodied in highly educated, often liberal, baby boomer parents where a lack of authority may be experienced as disorienting. Furthermore, the challenge found in such a lack of authority is discussed in relation to the typically neoconservative and essentialist fantasy of reclaiming a strong father. The popularity of the film was then understood as being due to a cathartic soothing of anxious masculinity at the cultural level.

Focusing on the political sphere, Dr. Ducat showed how contemporary political discourse and the military policies driven by it are girded by an unexamined but widely shared assumption endemic to the history of patriarchal social orders: the most important thing about being a man is not being a woman. Femiphobia, the fear of being feminized, is part of the shaky foundation of conventional masculinity. He posited that the adult male imperative to be unlike females and repudiate any quality tainted with femininity is just as powerful in politics as it is...
World of (Not) Knowing: Clinical Experiences of 9/11 Seven Years Later

Dolores McCarthy, PhD

Presenters
Lisa Zurndorfer, LCSW
No Exit: Facing Trauma For Emergency Personnel After 9/11

Flora Hogman, PhD
Benchmarks, Including 9/11, in the Process of Integrating Dissociated Holocaust Experiences

Dolores McCarthy, PhD
Do I Know What I Know? Psychodynamics in Crisis and Longer-Term Trauma Treatment

Chair
Dolores McCarthy, PhD

Many New York clinicians continue to work with patients affected by 9/11. This panel discussed what they and their patients knew, or thought they knew, about trauma theory. Through case studies and personal reflections, the presenters examined reactions to mass trauma. Even years later, clinicians are presented with new cases related to 9/11; some patients first seek treatment many years after the event, knowing on some level that the trauma can no longer be pushed away. For some patients trauma continues to have its effect on a daily basis.

As a clinician who has spent the last six years trying to help the New York City firefighters and their families to make sense of their overwhelming trauma and grief, Ms Zurndurfer emphasized in her presentation that trauma is a frequent occurrence. As a result of this work, the question arises: Knowing versus not knowing; is there such a choice for those affected by trauma? After a traumatic event, not knowing seems much easier. Not facing the pain and past traumas that have been triggered are often the choice for survivors. As therapists, we see our job as helping people to “know,” to develop positive coping strategies, to internalize memories of their dead friends and relatives, and to find language to express their feelings. How is the task of “knowing” complicated by multiple traumas? If our patients are constantly being re-traumatized, which was and still is the case post-9/11, how do we and our patients measure positive treatment outcomes? The presenter discussed several cases in which the fear of knowing was reinforced by constant re-traumatization and how this informed the clinical work; she also presented patients who continued with longer term treatment and made a conscious choice to “know” and understand the effects of their experience. Trauma does not just affect a single victim; a further aspect is the multigenerational transmission of trauma. The majority of firefighters are men with families with at least one child. Most of these children did not experience the trauma of 9/11 first hand, but are traumatized by association. How does trauma’s ripple effect enter into the treatment and of what as clinicians do we need to be mindful? This presentation focused on multiple aspects of clinical work with emergency workers in the New York City Fire Department from the longer-term perspective.

The paper by Flora Hogman described Holocaust survivors’ efforts at integrating their traumatic experiences. The presentation offered examples of the process involved in trying to know: struggles with trauma memory include terror of re-experiencing losses, as well as a sense of humiliation and degradation, the issue of shame, the potential unwillingness of the environment to deal with trauma events. First there was the “latency” period during which survivors built lives. Eventually inner demands for survivors to deal with a sense of self-fragmentation and symptoms of PTSD, and the effect of social forces pushing to “breaking the silence,” were described. For many survivors it takes a lifetime to deal with their traumas: in the form of the life chosen, in writings about oneself, about Holocaust and trauma related issues, about the meaning of suffering and by discussion in support groups. It may involve a return to the place where they experienced the war. The concepts of courage and efforts are contrasted with that of resilience and getting over trauma. The Hidden Children Conference held in 1992 in NYC, which helped the former hidden children deal at once with memory, attachment, shame, and a search for authenticity, was described. Personal anecdotes were included, describing the author’s experience within a workshop for 9/11 survivors. She was able to share that her experience during 9/11, which rekindled her own experience during WWII, was useful in facilitating integration of both traumatic experiences. The paper proposed the mutual beneficial impact of sharing one’s trauma with survivors of other traumas, here 9/11 survivors, furthering the collective sense of being “in the same boat” of the human condition. Hearing others and sharing ones own story can have a profound impact on feelings about one’s trauma and one’s sense of self-cohesion. Thus, sharing traumas can provide an important occasion for healing.

This paper by Dr. McCarthy focused on recent clinical presentations of 9/11 trauma. The presenter, a clinician who was a corporate consultant in lower Manhattan, discussed experiences at that time and contrasted this with more recent clinical presentations. She provided...
an overall discussion of clinical experiences immediately following 9/11 in New York, focusing on her work at the New York Stock Exchange. The discussion emphasized how a psychoanalytic approach informs intervention. In some cases, trauma patients needing to “not know” have developed non-effective coping, including symptoms such as compulsive exercise, depression, sexual confusion, and family alcoholism. Such patients sought treatment many years later. Two cases were discussed: one of a patient whose fiancé, a police officer, was killed in the towers; another of a patient for whom seeing the twin towers collapse represented the collapse of many schemata of past and present as a father, a son, and the legacy of the Nazi past. These cases demonstrate that attempts to cope with trauma though the use of denial, repression and displacement may lead to complicated symptoms that develop years after the trauma. While crisis intervention techniques may apply in the immediate trauma, psychodynamic treatment is appropriate in complex longer term cases. Although most people have adjusted to 9/11 (with perhaps an overall rise in generalized anxiety), it is important to understand the situation of those who have found it difficult to adjust.

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CONTINUED FROM PAGE 42

in personal life. In fact, political contests among men are in many ways the ultimate battles for masculine supremacy, and ones in which there is an enormous potential for personal gain or ruin. There’s a lot at stake. This makes disavowing the “feminine” in oneself and projecting it onto one’s opponent especially important. There is also a political utility to this strategy for managing anxious masculinity, to the extent that the projections adhere, in the public’s imagination, to a male enemy. Multiple manifestations of this psychodynamic were examined, focusing especially on the practices that characterized the deliberate policy of feminizing degradation at Abu Ghraib and other military detention centers, and on the hypermasculine rhetorical excesses and feminiphobic projections that resounded through Madison Square Garden at the 2004 Republican National Convention, and continue to emanate from the White House to this day.

The three papers were followed by a discussion that included consideration of the paradox that on the one hand aspects of masculinity have shifted while a rigid disavowal of the feminine continues to persist in the dominant culture.

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Graduate Students Committee Panel: Sitting with Uncertainty: Becoming a Psychodynamic Clinician

Tanya H. Hess, MA

Presenters
Tanya H. Hess, MA
The Silent Treatment: Learning to Talk with a Patient Who Wouldn’t

Jennifer A. Durham-Fowler, MA
Therapy with a Patient Who Needed to Mourn: How Psychoanalytic Ideas Got Me Through

Nicole A. Perez, MA
Are You Breaking Up with Me? Termination and the Challenges of Transference and Countertransference for the Training Clinician

Chair
Marilyn Charles, PhD, ABPP

Dr. Marilyn Charles conceived of this panel as a means of providing a forum for graduate students to discuss the development of insight and identity as a psychodynamic clinician, as exemplified through the presentation of case material. She recalled the experience of having presented a case and having an audience member apologize for having the audacity to speak from the “lowly” experience as a candidate. Dr. Charles embraced the idea that younger clinicians have a great deal to offer, not only to one another, but also to older clinicians who may be losing sight of the excitement, vitality, and wonder with which we come into this field. She invited the panelists to “bring yourselves to the table” and to share casework that enlivened, educated, and enlightened the panelists. With this in mind, the three panelists presented cases and invited the listeners to explore with them how dynamic theory influenced clinical thought, clinician development, and client progress.

In her paper, Tanya Hess explored the complexities of communication within a dynamic therapy. Patients have many ways of speaking to us. In addition to words, there are cues such as posture, arrival time, clothing, facial expressions, and silences. In the midst of all this input, we as clinicians have to learn what to say. For the clinician in training this task can be all the more daunting, requiring knowledge of theory, the ability to hypothesize, nurturing supervision, patience, and a bit of creativity. Hess examined how dynamic theory and hypotheses helped her work with a patient who refused to speak.

Hess’ paper reviewed the case of Tiffany, a 13-year-old girl brought to treatment by relatives who had inherited the responsibility for her care. Her caregivers brought her to therapy because they felt she was quite immature and feared an 8-year-old playmate was “outgrowing” her emotionally. During the course of treatment, Tiffany became angry with a caregiver and simultaneously stopped talking at home and in therapy. Though she resumed speaking at home after a few weeks, she did not resume speech in therapy. She did continue, however, to communicate in therapy. Some days she played with board games, clay and sand trays. Other days she drew detailed pictures of her favorite activities or of herself and the therapist. She wrote out page after page of conversation, asking and answering questions, writing about the boys she liked and her favorite cartoons. When paper was unavailable, Tiffany continued communicating by tediously spelling out each word in sign language.

As trainees, we try on many theories and we work with many supervisors. We develop hypotheses, and we learn to sit with doubt and with silence. When our patients cannot or will not tell their concerns, we learn to listen to what they can tell us. Tiffany developed many ways of “talking” in treatment while maintaining the sense of control that was lacking elsewhere in her life and the sense of distance on which she had come to rely. The therapist, in turn, developed a way to listen by drawing on dynamic theory, attachment literature, ideas of play, an attention to her own countertransference, and the flexibility to allow Tiffany to find a creative way to talk.

Jennifer Durham-Fowler presented the case of Anna, a 20-year-old college student who entered therapy at a community mental health center with the goal of “treating” her test anxiety and recovering from a recent breakup. Over the next several weeks, however, the focus of the work shifted as Anna began to discuss her feelings about her mother’s death, which occurred when Anna was a young adolescent.

Durham-Fowler discussed ways in which the work of Freud, Klein, and others enriched her understanding of Anna’s loss of her mother. Freud (1957/1917) observed pathological mourning occurs when the mourner feels unconscious ambivalence toward the lost object, and Anna’s descriptions of her mother were fraught with this kind of ambivalence. In addition, Klein (1940) noted mourners may experience “feelings of triumph” over the lost object. When the mourner notices herself feeling triumph, her feelings of guilt are increased. As Anna became more comfortable talking about her mother, she told the therapist she sometimes felt angry and resentful toward her mother, who had been idealized by the entire family. At the same time, she worried her own neediness may have contributed to her mother’s illness. This combination of guilt, triumph, anger, and longing had led...
to great internal conflict. The therapist began to understand Anna’s self-destructive behaviors as both attacks on the internal representation of her mother and punitive attacks on the self. The therapy ended when Anna decided to move to a different city. Although there was still more work to be done, both Anna and the therapist agreed she had come a long way. “It’s funny,” she said, “I thought I just needed to treat my anxiety, but I really needed to talk about my mom. I had never talked about how angry I was with her, and you let me do that.”

Our third presenter, Nicole Perez, discussed the complex process of termination within psychoanalytic psychotherapy. The end is evocative, setting the stage for inner conflict, often shared by patient and therapist, and manifest in the therapeutic relationship. The impact on the therapeutic dyad highlights a multifaceted landscape where issues of transference and countertransference are central and demand a working through process. In light of such demands, the training clinician is inevitably faced with the challenge of encountering his own interior sometimes knowing – sometimes not knowing what will be uncovered, while inviting the patient to do the same in service of the therapeutic work.

To elucidate the challenges of transference and countertransference during the termination phase of psychoanalytic work, Perez’s paper brought to the forefront termination challenges faced by training clinicians as part of the natural course of training. The joint experience of patient and training clinician was discussed, highlighting the working through process to resolve the expected (and unexpected) anxieties, fantasies, wishes, meaning, insights and post-termination expectations. Further, it stressed the importance of encountering and exploring ones interior for the benefit of the patient’s therapeutic closure and the training clinician’s growth.

Dr. Charles led an active audience discussion highlighting the challenges of termination and countertransference that arise in training settings.

References
The participants in this advanced panel represented different generations of feminist theorists. The panel addressed the construct of embodiment, which is a central and critical topic in both feminist and psychoanalytic theory. The panelists called attention to the fact that embodiment is complicated by the ways in which each body comes into being via psychological and cultural processes. Bodies are not simply containers that persons inhabit, or objects that others desire; they are also created by the subjects who live in and through them.

Three papers were presented by three different scholar–clinicians from sequential generations of psychoanalytic feminism. The papers discussed original work on various aspects of embodiment: pornography, anorexia/bulimia and corporeality, each situated in the history of feminist psychoanalytic ideas. Virginia Goldner organized the panel and served as cochair (with Eileen Kohutis, President of Section III) and Moderator.

The first paper was presented by Muriel Dimen. Her paper recounted the trajectory of her work on the body. Beginning with the feminist trope of a woman being street-hassled, Dimen depicted her experience as simultaneity of the social and political surround as she experiences it, and the interior voices gathered from her internal objects and her private self. Assessing this early work, Dimen observed its oddly one–person psychological cast, and then went on to describe her later work, which situates the body in a two-person account as well, using in particular the phenomenology of Maurice Merleau-Ponty to register the body as a different simultaneity: “an object for others and a subject for myself.” Her hope was to retain the tension between the absolutely intrapsychic quality of embodiment —its location in the Real—and its inevitably interpersonal, social, and discursive constitution.

The second paper was presented by Katie Gentile. Her paper focused on a stilted treatment with a 24 year old Latina student, Tanya. In their first month of treatment, Tanya got pregnant by a boyfriend she was not sure she wanted to continue seeing, with a child she did not want. Within two weeks she was married at her mother’s insistence. Tanya was bulimic. She threw up multiple times per day, but did not binge. The paper explored how much of her story was told with her body and how much of it was responded to by the analyst’s body, as the primary avenue of relating in the treatment. This destabilizing aspect of the treatment relationship was contextualized with an exploration of feminist theories of the cultural and psychic creation of bodies, integrated with Bourdieu’s ideas of ritual. Clinical material was used to illustrate how ritual brings the body into being culturally and psychologically.

In her paper, Dr. Zucker examined the historical underpinnings of the erotic lives of women in pornography and how feminism and psychoanalysis have theorized about and addressed female sexuality. Her paper interwove illustrative data from the interviews to highlight and complicate the experience of the body in sex work, with a particular focus on the ways in which these women learned about their bodies and sexuality vis-à-vis their mothers. Dr. Zucker urges us to move away from sensationalizing and pathologizing women who work on the fringe of our culture by engaging in sex work. She highlighted the ubiquity of confusing maternal messages about sexuality and body development that get relayed to women, in porn and outside of porn.

Section III promotes research and theory concerning gender and women’s issues, and works to increase the participation of women in the roles and functions of the profession. The Section promotes high standards of practice in the psychotherapeutic treatment of women, advocates on behalf of woman’s issues, and engages collaboratively with individuals, groups and organizations in the realization of these objectives. The papers sparked a number of important questions about clinical work with women and men with eating disorders, the complicated roles and functions of bodies in treatments, the roles and uses of embodied countertransference, and a critical reflection about psychoanalytic practice and the embodied pleasure and pain in exhibitionism.

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THE APA AND COERCIVE INTERROGATIONS: PSYCHOANALYSIS FIGHTS FOR AN ETHIC OF DO NO HARM

Arlene (Lu) Steinberg, PsyD

This panel reflected the strong presence of psychologist-psychoanalysts in the struggle against the involvement of psychologists in military interrogations. A presence that has led to Division 39 gaining more seats on APA’s Council of Representatives than any other division. In her introduction, Dr. Steinberg reflected on whether we as psychoanalysts are the least likely of our colleagues to accept the behavioral reward/punishment paradigm, a paradigm that may have had a role in obfuscating the deleterious implications of psychologist’s involvement. In addition, torture has been described as not only a “crime against the body, but also against the imagination” (Dorfman 2004), and perhaps we psychoanalysts are the most likely to be sensitive to this aspect.

The panel began with Frank Summers presenting a wonderfully thorough overview of the intimate relationship between psychology and the military/CIA. This mutually beneficial relationship has helped to shape the very nature of American psychology. David DeBatto, a retired counterterrorism agent shared with us his observations and insights of the role of psychology in the military. He pointed out that military psychologists have officer status, since there is no separate chain of command. These psychologists answer to military officers rather than those in the health sector, and therefore military objectives take precedence over health objectives. Frequently, these higher-ups in the chain of command are significantly younger. He also confirmed that psychologists were involved in the planning and the implementation of coercive interrogation. Although psychologists can technically report abuses they have witnessed, there are frequently consequences for reporting, including dismissals etc. Although he presented a dire picture, he attributed the recent positive changes to the bad publicity APA has received, and to the movement to withhold dues.

Four individuals who have been at the forefront of psychology’s organized activities against this involvement spoke next. Neil Altman, author of the moratorium resolution, while he was chair of the Divisions for Social Justice, described the difficulties, inconsistencies and feeling of not being heard he encountered as he tried to make an argument for moratorium. The APA has a commitment to respect human rights and to the Geneva Conventions, particularly given its status as a United Nations NGO. It is a grave concern that psychologists are present in places like Guantanamo, where detainees were held without being charged, in violation of human rights. This is the problematic context within which the additional concerns of psychologist participation and implementation of coercive interrogation exist. The troubling responses he received included being told of a need for psychologists who could serve as “safety officers” at these settings.

Steven Reisner, now running for APA President, described his awakening to this issue, as he observed psychologists being used for military strategic purposes rather than for healthcare. He mentioned recent changes to the APA Ethics Code including lowering the standards of protection for research subjects from banning anything causing discomfort to only banning that which causes severe pain. He feels that observing the organization as an outsider has enabled him to see things more clearly, which has encouraged his activism and his decision to run for APA President.

Ghislaine Boulanger, a founding member of the withhold dues movement, described two paths of activism including working within the organization as Neil Altman and others have done, or working outside APA by taking actions like withholding one’s dues. She chose the latter in order to express protest after discovering that one can withhold one’s APA dues and remain a member in good standing with voting privileges for two years. She also announced a proposal to APA of a referendum, which if supported by 1% of the APA membership (a goal which as of the date of this report has been achieved), APA President Alan Kazdin will then decide in what form the referendum will be presented to the APA membership. An excerpt from the referendum is as follows:
Be it resolved that psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights.¹

Stephen Soldz, a spokesperson and the movement’s scribe, in his many postings on his blog and to various e-mail groups, spoke movingly about his involvement. He described learning of the Red Cross’ initial reports describing coercive interrogation as tantamount to torture. The PENS Task Force, which was APA’s response to these initial horrific reports, consisted of some of the very individuals who had helped engineer and implement the techniques used on detainees, with a Task Force report written by someone who was not an official member, and the presence of several observers, more than was customary. These procedural irregularities raised the concerns of several task force members. In addition, the APA’s response to these concerns, including most recently the development of an ethics casebook, has been described as too little, too late.

Audience discussion was passionate and thought provoking, and included comments by many who have been integrally involved with this issue. Laurie Wagner argued for the creation of a space to dialogue between those on different sides of this issue, although she expressed support for the different actions that have been taken. She was commended for her role on APA Council. Others felt that change would only be possible through the negative publicity, withholding dues, rallies and other grassroots efforts.

The Section IX panel ended with the presentation of the Section IX Achievement Award to Section founder Neil Altman. Frank Summers presented a moving tribute to Neil for his inspiring leadership in re-forging the link between psychoanalysis and social justice. Neil, in his acceptance acknowledged the inspiration of Lew Aron, who had approached Rachel Peltz and himself a decade ago to begin Section IX.

Reference

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¹ In order to support the above referendum please go to: http://www.ipetitions.com/petition/apademocracy/index.html

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TOWARD A PSYCHOLOGY OF UNCERTAINTY: TRAUMA-CENTERED PSYCHOANALYSIS

Doris Brothers introduced her book, Toward a Psychology of Uncertainty: Trauma-Centered Psychoanalysis, (The Analytic Press, 2008), by noting that this book begins where her last book, Falling Backwards, left off. Trust, the subject of that book, she explained, is necessary only because we inhabit a world in which nothing, least of all the endurance of selfhood, is certain. Her new book investigates the experience of that uncertainty from a relational systems perspective. A lively discussion with participants followed her review of the chapters, which are briefly summarized below:

Chapter one attempts to show that a psychology of uncertainty is an inevitable accompaniment to the relational revolution in psychoanalysis. It sets out the book’s central premise: experiences of existential uncertainty emerge from, and are continually transformed within, relational systems.

Chapter two explains this transformational process through an examination of the regulatory processes that operate within relational systems, such as those involved in feeling, knowing, using language, and so on. It also acquaints the reader with the concept of “systemically emergent certainties” and their role in patterning experience.

Trauma is the focus of chapter three. By destroying the certainties that pattern psychological life, trauma plunges a relational system into chaos and exposes its victims to experiences of unbearable uncertainty. Since hope is only possible to the extent that uncertainty can be tolerated, trauma represents exile from a world of hope. In this desolate region certainty is often transformed into certitude.

Chapter four considers psychoanalysis as a trauma-centered enterprise in which both analysts and patients are drawn together by their common need for sanctuary and healing. It contains a re-examination of the author’s relationship with one of her first analytic patients. Her understanding changed dramatically when her own trauma-generated relational patterns were given full weight.

Chapter five offers a dual view of dichotomous gender as both potentially traumatizing and as trauma-generated relational patterning by means of which experiences of uncertainty are transformed. The sexual and aggressive feelings and fantasies found among young children, and traditionally considered evidence of a universally occurring Oedipus complex, are re-interpreted as responses to the traumatic imposition of dichotomous gender.

Chapter six is dedicated to an examination of the extraordinary relational patterns that emerge in the face of death, such as the tendency to deny life. An intense need to transform our experiences of death’s profound certainty and uncertainty is sometimes reflected in a wish to die with the dead, or to join them in the uncanny realm of ghosts.

The collisions of certainty and uncertainty that mark two specific kinds of faith are the subject of chapter seven. One is faith that sometimes develops in the aftermath of trauma and involves the surrender of certitude; the other, “cultic faith,” is to be found in the relationships between the leaders of certain coercive psychotherapy training programs and their followers.

Chapter eight is devoted to an examination of the painful and confounding experiences associated with burnout among psychoanalysts. Illustrations in each chapter are drawn from the clinical situation as well as film and theater.

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FREUD’S MEMORY ERASED

In the past twenty years, much has been written about the death of psychoanalysis and, along with this, its founder, Sigmund Freud. In this paper, I argued that a great deal of what has been erased is Freud’s thinking on the importance of memory and the uncovering of repression for the therapeutic process and for mental health. From the beginning of his psychoanalytic writings, Freud was interested in the function memory played in psychoanalysis, both as theory and as therapeutic technique. Although he continued to develop and revise his theory well into his eighties, Freud never ceased believing in the utmost significance of uncovering repression for the human psyche. My aim here is to revive what I believe to be some of Freud’s most important contributions on the subject of memory and to offer some suggestions as to why these intellectual gems have been neglected in recent years or, when not neglected, divorced from their originator.

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Feeling that we know something with certainty is associated with our ability to predict what will happen next given current circumstances. During an analysis, experiences of certainty are rare while experiences of uncertainty are common for both analyst and analysand. Identical interventions made at different moments with the same analysand can have very different effects. Psychoanalysis has struggled to incorporate such experiences into its theories of mind. Complexity theory conceives of uncertainty as arising from nonlinear and emergent properties of self-organizing systems, which rule out long-term prediction and create the conditions for novelty, surprise and adaptation. This panel provided an introduction to complexity theory and applied its findings to an understanding of the brain, mind and psychoanalytic treatment.

In his presentation, Craig Piers’ aim was to identify formal similarities in the dynamic properties of psychological and neuronal systems. He noted that, among the dynamic properties that psychological and neuronal systems share is a capacity to arrive at emergent, coherent adaptations in context of competing demands and constraints, while both are also capable of making unanticipated and qualitative state transitions in response to changing circumstances. Dr. Piers asserted that, in fact, the capacity for stability and change is essential to healthy and adaptive functioning. Further, both psychological and neuronal systems demonstrate nonlinearity, meaning that even small interventions made at the right moment can have large and unexpected effects. The nonlinearity of these systems often makes it impossible to predict the eventual impact of any event or intervention, and opens the way to understanding the emergence of unique and unanticipated adaptations. Complexity theory, with its emphasis on the patterned yet ever-changing states of nonlinear, self-organizing systems may offer us a unified theory, that is, a coherent set of system-invariant concepts and principles that can account for these shared dynamic properties. Complexity theory offers a way of understanding the necessary conditions for the emergence of self-organized order, stability and coordination, as well as, qualitative, irreducible and unpredictable transitions in state.

Christine Kieffer, in her paper, examined the intersubjective construction of the Analytic Third from the perspective of complexity theory, with an emphasis on the dimensions of “phase transitions.” Her paper, which included an extensive set of clinical vignettes from her analysis of an adolescent girl, took up the problem of how the analytic dyad oscillates between phases of confusion to increased understanding and potentiation, integrating a nonlinear dynamic systems perspective with that of several contemporary psychoanalytic theorists, including Ogden, Winnicott, and Donnel Stern, as well as Summers and Hoffman. Dr. Kieffer’s presentation included an examination of Ogden’s Subjugating Third as a kind of way station towards the development of the potential space of the Analytic Third, examining the role of the analyst’s reverie in promoting this phenomenon, but also stressing the co-created aspects of this phenomenon in mutual reverie.

Dr. Kieffer maintained that integrating concepts from non-linear dynamics systems theory—particularly continuous flux, emergence and phase transition—enhances psychoanalytic understanding of how an analytic alliance is built and how it facilitates the articulation of meaning and development. These concepts serve to deepen our understanding of the importance of tolerating periods of confusion in the interests of the development of mutual spontaneity and “play” in co-constructing the analytic space.

Dr. Kieffer focused upon her work with an adolescent analysand, since adolescence, with its dramatic vicissitudes—its oscillation between unformulated “spacing out” and self-reflection, of knowing and not-knowing—can provide us with a particularly clear vantage point from which to study the role of dyadic interconnection in bringing about the development of relational capacities. The application of systems principles to this case was particularly helpful in demonstrating how the seeming disjointedness and “chaos” of adolescent experience nevertheless lead to common outcomes over time—also demonstrating how the analyst’s tolerance of the vicissitudes of knowing and not-knowing can facilitate this development.

Adrienne Harris then discussed these papers, with a particular focus upon the analyst’s role as “strange attractor” in providing a fulcrum for change in psychoanalytic treatment.
Few of us would deny that, as analysts, our professional lives are steeped in uncertainty and that our knowledge about our patients is necessarily limited. Why, then, is it so painful to discover blind spots in our self-understanding, especially those that adversely affect the clinical process? What is it about such discoveries that predispose patients and analysts alike to cling to rigid certitude? The presenters attempted to answer these questions, by addressing the relationship between those two intimate partners, trauma and shame.

Lynne’s Jacobs described the daunting dilemmas faced by clinicians who have adopted a view of “self” as fluid, shared, and contextually emergent. Insofar as such clinicians surrender ownership of themselves, they cannot answer the question, “Who am I?” with any certainty. Her paper highlighted the predicament of analysts whose traumatic experiences predispose them to invest in a sense of themselves as distinct and autonomous. It focused on a particular breakdown in the analytic dialogue that results from the clash of the analyst’s values and theoretical leanings with her trauma-generated vulnerability to shame. This vulnerability, which is manifested in anxiety about the exposure of fundamental personal defects, shadows the experience of both analytic partners.

The paper began with a consideration of the epistemological problems involved. It attempted to show that questions about who we are can only be explored through dialogic interaction. It then took an historical perspective and considered how assumptions about the analyst’s self-conceptualizations have changed over time. The ways in which the cult of personality surrounding Freud influenced the adoption of stance of analytic omniscience were investigated. Next, the interrelationships among values, shame and defensiveness were explored. A clinical vignette was presented in which a patient’s derogatory characterizations of the analyst triggered her worst fears about herself. Her defensive certitude in response created a painful impasse that could not be resolved until the analyst revealed her countertransferential difficulties. The paper concluded with a series of recommendations concerning the relinquishing of defensive certitude.

Doris Brothers focused on one fateful moment in an analysis in which a seemingly innocent gesture by the analyst, a shrug, proved devastating for the patient. It investigated the ways in which a trauma-generated lacuna in the analysts’ self-understanding led to crises of faith for both analytic partners. According to Dr. Brothers, trauma is the unlikely source of the kind of faith involved. She proposed a relational systems understanding of trauma as the destruction of what she calls the “systemically emergent certainties” that organize psychological life. To combat the dread of imminent annihilation that follows their destruction, certainty often becomes transformed into certitude, relational life becomes rigidly patterned, and dissociative gaps obscure self-awareness. It is just the point at which we let go of these trauma-generated measures that faith may be experienced. Such faith involves the acknowledgment of the ineluctable uncertainty of life and, at the same time, a profound sense of certainty that one’s self (or soul or spirit) is not in jeopardy because of one’s deep conviction that one’s tie to an other (or others, human or divine) cannot be broken.

Excerpts from Brian Friel’s masterful play, Faith Healer, were used to illustrate the predicament of healers who lack awareness of their own vulnerabilities. The play also addressed the conflicts of people who seek healing but are nonetheless terrified of the “dreadful hopeless hope” that healing sometimes brings. Since the feelings of expectation and desire that constitute hope can only be tolerated to the extent that uncertainty is tolerable, analysis may come to represent “a tyranny of hope.”

In her discussion, Donna Orange questioned the use of a “keyword” in each of the papers. “Value” was the word she addressed in Dr. Jacobs’ paper. “So what is a value,” she asked, “and how does holding a value differ from holding a belief, for example, that analysis is defined by frequency or use of the couch?” She added that values can be held lightly or tightly. “Once we call something a value,” she noted, “even ‘my value,’ it tends to make us feel justified in holding it tightly, close to our hearts, and we can become tyrannical.”

In Dr. Brothers’ paper she focused on the word, “faith.” She cautioned that, when using the word “faith,” it is important to be clear about just what is meant since the word often leads to misunderstanding. She explained, “My faith may be your dogma or oppression.” Among the questions she raised were: “In what or whom do we have faith?"
**Practicing What We Preach**

**Usha Tummala-Narra, PhD**

Presenters
- Margaret Whilde, MA  
  *Interethnic Transference in the Therapeutic Dyad*
- Shamaila Khan, MA  
  *An American in Texas: A Case Illustration*

Chair
- Usha Tummala-Narra, PhD

Discussants
- Neil Altman, PhD
- Lillian Comas-Diaz, PhD

This year’s invited program of the Multicultural Concerns Committee involved a panel that addressed the ways in which students, clinicians, and supervisors approach issues of multicultural diversity with clients and among each other. Issues of race, ethnicity, religion, sexual identities, and socioeconomic class are often left unexplored in clinical supervision, contributing to gaps and/or impasses in the psychotherapeutic process. The unknown aspects of the other evoke various types of anxiety among clients, student therapists, and supervisors.

This panel consisted of two senior psychologists, Lillian Comas-Diaz, a pioneer in the multicultural psychology movement, and Neil Altman, a psychoanalyst and scholar in the area of psychoanalysis, race, and social class. Two graduate students, Peggy Whilde and Shamaila Khan presented case vignettes that highlighted important questions about how to effectively address conflicts related to diversity within psychotherapeutic and supervisory contexts. Neil Altman and Lillian Comas-Diaz provided valuable perspectives on these case vignettes, and emphasized the influence of social context in conceptualization of presenting clinical problems and the therapeutic process. We look forward to continued dialogue on the influence of social context in the lives of clients and therapists in future programs of the Multicultural Concerns Committee.

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**The Unconscious Revealed**

**Stephen Miller, PhD, ABPP**

Presenters
- Jon Mills, PsyD, PhD, ABPP  
  *The Epistemology of Space, Time and Unconscious Processes*
- Robert Carrere, PhD, ABPP  
  *Psychoanalysis Conducted at Reduced Frequencies*
- Stephen Miller, PhD, ABPP  
  *Thoughts on the Relationship of Manifest Content to Unconscious Punishment Fantasies*

No concept is more fundamental to psychoanalysis than that of the unconscious. In this panel three psychoanalysts presented perspectives on the relationship of clinical work to the unconscious. One paper explored the nature of the unconscious. The two others examined unconscious phenomenon in the clinical setting.

Jon Mill’s paper approached the unconscious from a Freudian/philosophical/Lacanian perspective. Dr. Mills emphasized that the unconscious is revealed only in the discontinuity of consciousness. In his paper, Robert Carrere challenged the psychoanalytic ideal that greater frequency of sessions renders the unconscious more accessible. Instead, Dr. Carerre argued that frequency should be determined empirically, reflecting the analysand’s capacity for self-reflection and tolerance for emotional contact. Stephen Miller discussed technical/epistemological considerations for making inferences about unconscious processes. Dr. Miller focused on unconscious implications of conscious punishment fantasies.

\[ \text{Stephen Miller} \]

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**Continued from Page 52**

Does the crisis of faith result from our placing our faith in supposed certainties, in our own capacities, in dialogic processes?“

Dr. Orange concluded by asking if “faith” and “values” might be “elevator words,” a concept introduced by the philosopher, Ian Hacking. Elevator words, according to Hacking, are words that operate on many levels, but when used in ordinary discourse, apparently innocently, tend to elevate the discourse and imply importance. She asked participants to consider what might be done to remedy their elevation.
DISCOVERING VERSUS FINDING IN ANALYTIC WORK

WILLIAM FRIED, PhD

Presenters
Albert J, Brok, PhD
*God Sometimes Plays Dice with the Universe*
Robert Oelsner, MD, FIPA
*The New Sibling of Deconstructing Bion Deconstructing Oedipus*

Discussant
William Fried, PhD, FIPA
*Psychological and Epistemological Limits to Human Knowing*

Moderator
Helen Gediman, PhD, ABBP, FIPA

The aim of this panel was to explore the differences between discovering, defined as an approach to analytic work that attempts to eschew preconceptions, and finding, an approach in which theoretical or taxonomic preconceptions tend to guide and at times limit the scope of exploration. Helen Gediman, as moderator, introduced the panelists and discussant, citing their backgrounds, credentials, and qualifications.

The first paper was presented by Robert Oelsner, who described Bion’s rendition of the Oedipal myth in which conflicts concerning knowledge supplant incest and murder as the central elements. The analyst, like Oedipus, must struggle with the temptations and pitfalls of trying to get at the truth in the face of a variety of resistances and limitations. He suggested that excessive curiosity and the inability to tolerate uncertainty may result in the denudation of symbols and their consequent reduction to concrete thought components. Two cautionary tales of excessive curiosity were evinced from the book of Genesis: the temptation of Adam and Eve, and the Tower of Babel incident.

In these myths, human attempts to know are opposed by God, who is identified with Bion’s minus K, a symbol of human resistance to the acquisition of knowledge. This resistance is related to the expectation that knowledge can only result in pain, as exemplified by the facts that a knowledge of sexuality leads to the anguish of the primal scene and the Oedipal conflict; the distinction between good and evil, to guilt and shame, as well as to that ultimate source of suffering, the knowledge that each of us is to die.

Dr. Oelsner quoted Bion’s recommendation that the analyst “dream the session,” by which he meant, “that the analyst needs to divest himself of any distraction such as taking a flight into the past of other sessions or of the patient’s infancy or into the future, desiring to take the patient to some goal. Even striving for understanding may hinder the nascent process of discovery in a session.” He illustrated this procedure in describing his own method of preparing to write the paper he was presenting, by following his own spontaneous associations and the images that came, unbidden, to his mind. The epistemological paradigm presented by Dr. Oelsner, following Bion, consists of the mating of a preconception with a realization (a monad of potential knowledge), to produce a conception (idea). This, he regards as the “Aha!” moment of discovery.

Deriving the title of his paper from Einstein’s famous objection to the so-called Copenhagen interpretation of quantum mechanics, Dr. Brok elaborated three major theses: “first, that over-commitment to a search to prove something can diminish our range of conceivable alternatives and create blocks to the opportunity for discovery; second, finding is always a function of the past, as though looking for the present in a rear view mirror, whereas, when we discover, it is a surprise in the present; third, the search for unification can diminish the validity of paradoxically discrete elements. Thus, the search for universal laws can make it difficult to accept uncertainty.”

Dr. Brok developed the notion of “the playing alliance,” in analysis, under which disparate and sometimes, contradictory experiences can be entertained simultaneously without a premature commitment to either. He asserted that, “The capacity to play, reflects an ability to be ‘as if,’ not as a defense, but as a mode of experiencing a reality that is separate from everyday awareness.” This concept belongs to the same species as Freud’s view of jokes as a way of bootlegging the forbidden into consciousness.

Both Dr. Brok and Dr. Oelsner presented clinical vignettes to illustrate their points of view. Dr. Brok’s patient, a man whose inhibited aggression prevented his acting assertively in his own behalf, was able to share a sadistic fantasy under the guise of a joke. Seizing the opportunity, Dr. Brok joined and encouraged the fantasy instead of interpreting it immediately. The patient felt supported by his therapist in a way that he’d never felt by his father, who was frightened of his son’s aggression and of his own. The result was a quantum leap by the patient, to a level at which he was able to access his forcefulness to further his career. Dr. Oelsner described a patient who attacked his own semantic structures and thereby rendered his discourse meaningless, as an exceptional example of the operations of minus K.

In his discussion, Dr. Fried emphasized that impediments to knowing are related primarily to the degree
of anxiety provoked by that which is offered to be known, and by the person offering it. Any opportunity for the acquisition of new knowledge is, of necessity, a challenge to the belief systems that we depend on for our stability, the defensive operations of the ego, the self-organization, and the character structures that, like a psychological immune system, exclude that which threatens their integrity. He added that these considerations are as relevant to listening to a paper as to a patient.

Dr. Fried further, called attention to the different and apparently conflicting epistemologies embodied in each paper. He placed Dr. Brok’s within the phenomenological tradition exemplified by Edmund Husserl, with its emphasis on the serial rejection of all preconceptions. He identified Dr. Oelsner’s as consistent with the system promulgated by Immanuel Kant, in which preconceptions are regarded as an inherent attribute of the human mind. He then suggested a way of reconciling the seeming conflict by suggesting that Dr. Brok might grant the existence of such basic preconceptions as Kantian a prioris providing that the process of discovery not be impeded by any prejudices derived from empirical experience. Reciprocally, Dr. Oelsner might agree to a radical phenomenology that does not ignore the transcendent a priori categories. Following the reading of the papers and the discussion, Dr. Gediman led a lively exchange in which the audience participated enthusiastically.

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THE ACCIDENT OF GENDER

OREN GOZLAN, PSYD, C. PSYCH

In his paper, Dr. Gozlan considered the desire to be “normal” as inhibition that prevents experimentation with the accidents of gender. Inhibition is viewed here as a guard against the clash between desire and culture. Analyzing the gender “experiments” of the character “Calliope” in Jeffrey Eugenides’ Middle Sex, this paper offered a conceptualization of gender as an existential dilemma, lack, desire and defense against trauma. Dr. Gozlan turned to Jacques Lacan and Paul Verhaeghe’s emphasis on desire as a bridge between interiority and object relations and argues for a theory of gender that can tolerate the inchoate.

The intention of the paper was to show how the very archaic nature of gender pushes for settlement, forcing a choice (to be a man or a woman) as a way to settle the traumatic nature of the self for which there is no finitude to desire and where nothing can be settled once and for all. Gender in that way, is a site of trauma where a compromise formation in the form of an identification with that which satisfies the other (the phallic answer) is all one could hope for, making it extremely difficult to talk about gender outside of this split. Dr. Gozlan argued that psychoanalytic writings cannot escape the trauma of gender and that recent investigations into experiences of gender such as transsexuality have been marked by this trauma.

Dr. Gozlan argued that recent articles about transsexuality that purport to represent a postmodern model of gender (in contrast to the binary conception of biology) treat transsexuality as a disavowal of difference and a collapse to a binary. The transsexual is conceptualized as a problematic figure who cannot accept the limits of the body, or who treats the body as a fetish, thus insisting on becoming a “real” man or woman, one who could be complete or whole. Sex reassignment surgery is treated as evidence for such a conceptualization, as it is seen as both a mutilation and an omnipotent attempt to enact a phantasy of rebirth, or to reach an ideal construction of another sex. On the other hand, gender “indecision”—the resistance to identifying as either a man or a woman—is often treated as a feature of perversion, a denial of difference, an inability to mourn the desire to be “both,” and a refusal to accept the “law.” Dr. Gozlan examined these psychoanalytic formulations as countertransference reactions to the traumatic nature of gender and attempts to reveal how psychoanalytic theory becomes engaged in the very processes of disavowing internal difference and denying the trauma that it tries to escape.

Examining Calliope’s struggle, Dr. Gozlan offered a way to think about gender identity as an existential dilemma that does not need to end with a collapse to a binary choice of either being or having the phallus. Calliope’s struggle with the question of “origin” also elaborates how the demand for certainty and the killing of suspense through gender-anchoring paralyzes transitional play with desire, creating a concrete, fetishistic binary, making attraction the site of repudiation.

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Knowing and Being Known: Risky Rewards and Revisions

Gemma Marangoni Ainslie, PhD

Presenters
Lora Heims Tessman, PhD  
Blind Love, Knowing Love
Benjamin Kilborne, PhD  
Appearance, Imagined Appearance, and Shame: On Imaginative Knowing

Discussant
Gemma Marangoni Ainslie, PhD

Dr. Tessman began this panel by distributing a cartoon: a tape dispenser in the background, in the foreground one snail telling another “I don’t care if she is a tape dispenser. I love her.” This playful tone introduced her examination of the oscillations between “idealizations of the beloved” and the beloved’s “actuality.” Throughout her presentation, she exemplified her thesis that both “blind” and “knowing” loves are subjectively experienced as “transformative” with clinical material and literary examples exemplifying the dynamics in both the analytic couple and in other loving couples.

In discussing the rewards and limits of “blind love,” Dr. Tessman drew upon Winnicott’s and Freud’s contrasting attitudes toward the role of “illusion,” fantasy and renunciation. Further, she emphasized the benefits of blind love: “In analysis whatever transpires in the state of desire for the analyst is most deeply interiorized, becoming indelibly imprinted into psychic life. Concurrently, desire is a state unequaled in creating vulnerability to the analyst’s communications. Passionate excitement (when not manic) and intimate repose each provide fluid access to a changing imagination about the nature of the self and the interplay between self and other.” The “unwilled transition out of idealization of the love object” was discussed.

In contrast, she posited that “knowing love” is seated in a capacity to “mentalize empathically about the minds of two, beyond expression of self.” From this perspective “the analysand’s desire to fathom aspects of the analyst’s psychic life may be valuable rather than defensive.” Risks involved in loving knowingly, both within the analytic couple and beyond, include “a readiness to be revealed to the beloved in ways that make one vulnerable to disastrous rejection.” Throughout, illustrations were drawn from analysands, as well as from a wide range of literary sources (including Shakespeare, Lawrence, Cervantes, Keats, Roiphe, Banville, Sacher-Masoch, Wesker, Da Vinci, du Plexis Gray, Browning).

By calling our attention to “one of the surprising features of human existence… our inability to know what we appear to others to be,” Dr. Kilborne, in his paper, emphasized that we are thus dependent upon both others’ perceptions as well as our own imaginings of who we are. “How such dependency in ourselves can be known through its manifestations in shame” served as a central organizing theme. Kilborne viewed shame as “a major obstacle to self-knowledge” and posited, “all attempts to control our appearance are simultaneously attempts to imagine who we are in the eyes of others and to control how we feel about ourselves.” He distinguished between “humanizing shame” which “draws upon resources of accepting vulnerability and human limitation” and which “can be constructive as a signal that one has not lived up to one’s social ideals” and “toxic shame,” which can lead to “serious distress and despair.”

Noting that shame “pervades all treatments and is often the unacknowledged cause of anxiety,” Kilborne underscored the link between vulnerability, shame and empathy and shame’s intimate ties to self-knowledge. From this vantage point “shame can be one of the most powerful therapeutic resources we have… an essential antidote to sadomasochistic self-condemnations, panic and anxiety states, and paranoid fears” and “can provide wellsprings of humility, gratitude, joie de vivre and an ability to bear human tragedy as an expression of identity and of essential satisfactions in human bonds. On the other hand, toxic shame can be “the major obstacle to self-knowledge… In imagining how we appear, disappear or wish to disappear in the eyes of others, we can be said to ‘know’ and to ‘somewhat know’ and ‘not to know’ in overlapping ways.”

As an unexpected Winnicottian bookend to Dr. Tessman’s cartoon beginning, Dr. Kilborne ended his presentation by reading the poem “Explained” by AA Milne, in which the little girl, Elizabeth Ann, pursues her curiosity about “how God began” to an idiosyncratic, enigmatic, yet satisfying “sort-of knowing.”

While knowing and being known was the central concern of both of these papers, each called attention to a different focus and to different unconscious processes underlying what is, is not and is sort of known. In her discussion, Dr. Ainslie viewed both papers as emphasizing developmental perspectives on the risks and rewards of knowing and being known: the possibility of being shamed and abandoned versus the truer and deeper connections made room for by allowing oneself to be un-knowing. She underlined that “being loved blindly offers a powerful refuge from shame;” and that the demise of blind love must be feared as exposure of one’s shameful parts. Dr. Ainslie underscored the continuum marked by titrations of illusion about the beloved and elaborated on illusion from...
**CHRONIC ILLNESS AS TRAUMA**

**Presenter**  
Judith Alpert, PhD  
*Falseness Keeps One Alive and Makes One Feel Dead*

**Discussants**  
Mary-Joan Gerson, PhD, ABPP  
Tamara McClintock Greenberg, PhD  
Marilyn S. Jacobs, PhD, ABPP  
Maureen Murphy, PhD

**Chairs**  
Mary-Joan Gerson, PhD, ABPP  
Marilyn S. Jacobs, PhD, ABPP

This paper considered an area of trauma that has not often been considered by psychoanalysis: the phenomenon of physically ill people “passing.” In this regard, “passing” does not mean “dying” but the dynamic of people passing as if they were physically healthy when in fact they are physically ill. Dr. Alpert reflected upon the reasons why people might choose to pass as physically healthy when they are physically ill. She also considered how the ill person’s family or significant other may pass as well and the paradox that results from passing. By passing, the ill person is seen as healthy or, at least, not sick. The ill person retains power over his life in the social role of a “passer.” However, while passing enables him to feel alive, the passing results in deadness, disconnection, detachment and inauthenticity. This is the paradox: While the falseness keeps him alive, it simultaneously makes him feel dead.

Dr. Alpert emphasized that there are many illnesses in the spectrum of those which cause passing. Some are short term and bode well for recovery; others are long term and do not. There are illnesses that cause more or less physical pain, and illnesses which are in the “get better” category, and the person, despite categorization, does not get well. The dynamic of “passing” refers to all of these categories. The invisibility of some illnesses enables physically ill people to pass as healthy. At different stages of their illness, they may pass more or less. Even those who look sick and cannot hide illness may pass. Illness has consequences. Sometimes people choose to pass for as long as they can because they do not want to lose jobs, incomes, referrals, or clients. A major consequence of physical illness is dismissal. The physically ill may be eliminated from, social contexts. They may no longer be seen as equal. The list of topics that cannot be discussed with the physically ill may grow.

Physical illness bears similarity to the trauma of physical abuse. Both involve assault on the body. Both involve betrayal. While the betrayer of physical abuse is usually a parent, the person with a physical illness may feel betrayed by a higher power, a parent, or by oneself. Often with physical abuse there is powerlessness, inescapability, and disruption. Illness leads to these as well. The abused child may be told to pretend the abuse did not happen. The person with a wounded body is similarly told to wear wigs or other disguises and to feign wellness.

Contemporary psychoanalytic thinking conceptualizes the self as being divided among multiple islands of relational experience; and in the healthy individual the islands are held whole by the mental facility to bridge paradox. The author views illness as a wave, which can submerge the islands of the self. Consequently, it may be difficult to recognize oneself.

Passing enables some of the self-islands of relational experience to be as they were prior to illness. By passing one keeps his well self alive and continues to be treated as well. Passing is a slow, gradual defense against death. It enlivens. It protects the alive self from annihilation. It is the falseness that keeps the passer alive. At the same time, however, passing deadens. This is the paradox: While passing enables self-parts to be recognized, it simultaneously leads to the feeling of deadness.

Those in treatment can be helped to access authentic emotion and aliveness and to feel the power of authenticity. But there is a challenge for the analyst. Illness is chilling and therapists are not immune to the terror of illness or to the dread of death. We need to work to realize this and to acknowledge how challenging work with the physically ill can be. Collusion around passing must be avoided. Authenticity is called for. Healthy selves and ill selves have a place in our consulting rooms.

In her discussion, Dr. Gerson expressed gratitude for Dr. Alpert’s novel metaphor, which will, like a tuning fork, yield endless vibrations and resonances of sound in our work with individuals coping with illness. Susan Sontag pointed out we cannot think without metaphor. The metaphor of “passing” illuminates the more intimate, subjective crucible of illness, a metaphor that is both sympathetic and challenging.

Significant others often try to erase disease, to execute passing by holding individuals hostage to their supposed faulty self-care or wayward neuroses. “If you weren’t so ‘stressed,’ you wouldn’t have these abdominal crises. If you ate correctly, you’d be fine.” What I have witnessed is not cruelty but the desperation of dealing with the loss of a recognizable other, and the loss to self-state when that loss occurs. In our work with such families or couples, it is our compassion for the anxiety and
desperation on the part of significant others and naming it as attachment rather than desertion.

Dr. Greenberg commented on illness as a disorienting experience. Some patients are able to get by with not appearing sick. One way to think about these cases is the idea of the disorientation of illness and Anna Freud’s related concept of the inside versus the outside. Freud talked about children having to submit to both the internal effects of illness as well as what is imposed from the outside in order to treat an illness. Perhaps passing is a way to avoid submission to the often difficult and intrusive aspects of disease treatment. In some medically ill patients the inside and the outside don’t match up. One can look and even feel well even while the body is being ravaged with disease. Elliot Jaques described the kind of terror associated with fantasies of death in which one is “dead” but awake and aware of what is going on around them, but they cannot move. This feeling of terror reflects aspects of all of our early experience but is especially profound in those who have had problematic parenting. It seems to me that passing is one way of avoiding the terror associated with ideas of death.

According to Dr. Jacobs, physical illness can create a subjectivity of negation in the person. Holding a serious medical diagnosis destroys the expectations of normal and renders one unable to trust in the predictability of the experience of existence. One is existentially deeply alone. David Good has posited that the loss of the spiritual and the sacred has recast suffering in the modern era to “the question of therapeutic means rather than human or supra-human ends.” Contemporary psychoanalysis has a lot of catching up to do in the area of health, illness, disease and the sick role. There are a myriad of psychoanalytic constructs that are relevant but sadly, not applied, tested or considered. The traumatic subjective experience of the other’s being physically ill is one that is very difficult to imagine, comprehend and know. Patients in severe pain invariably make the point that no one can understand them except those also in severe pain. The experience of being unwell is idiosyncratic, deeply personal and not easily captured by words. My suffering has a personal meaning for me that may be different, damaged, and in danger.

Dr. Murphy observed that once you have settled on a word like “passing,” which is so freighted with negative connotations, it is hard to mount a credible defense. There may be better words to say it. Ogden calls it personal isolation, Steiner psychic retreats, and Winnicott the privacy of the self. Passing is a form of experience generated during those periods throughout life when we retreat from genuine relatedness in the face of unbearable experience. Theses states are essential to survival and vacillate with more organized modes of relatedness. Perhaps the term “passing” could be reserved for attempts to evacuate rather than generate meaning from experience. The question of whether and when to disclose, when to “pass” and when not to, is not only found in the area of physical illness but in many areas, including genetic testing and reproductive technology. Finally, there are times when disclosure in thrust upon the person, when they are “outed” by accident or design. The questions of if, what, and when to tell not only children but family, friends, physicians evokes other aspects of passing. When is revealing facts about conception a developmental decision or when is it a desperate attempt to maintain a sense of an intact rather than flawed gendered self?

Those attending all had powerful stories that resonated with the issue of life and death, illness and suffering, mortality and finitude. It was clear from this symposium and the participants that issues related to psychoanalysis and health care is crucial in the future of psychoanalytic theory and practice.

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Continued from Page 56

Winnicott’s perspective. She summarized: “Just as in the analytic dyad, the back and forth between illusion and real is what makes the treatment go round, in a loving couple the capacity to dip in and out of illusion-dominated love optimizes. Illusion is the well from which each of us draws to renew us.” “High spots of shared illusion” (Winnicott, 1987) constitute the mutual feeling of being in love.” From the risk side, “while blind love can keep one safe, it is built upon exclusions and therefore is limiting rather than expanding.” She concluded her discussion and welcomed questions by noting: Love’s problematic then is to maintain knowing and not knowing, being known and not being known. While the first blush of love is a sense that the self, absent of shameful parts, is recognized by the lover, the depth of love can only be experienced when one feels loved despite one’s shameful part. It is this that allows for the “pillow talk” that is the hallmark of the loving couple and the analytic couple—the free associative process that allows one to say things one has never said before or in ways one has never said them—including “I love you.”

Reference

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Irwin Hirsch has written a highly readable and courageous exploration of the conflicts of self-interest between analyst and patient. He is unrelenting in his honesty, exploring everything from seeing too many patients back to back, to avoiding their criticism and rejection. He says our decisions about how we practice are based more on financial concerns than any other single variable. Ouch.

If this volume were written by someone else, it could be unbearable to read. But there is something in Dr. Hirsch’s tone (and those of you who know him personally will recognize this immediately) that is so non-accusatory, so non-judgmental, that it allows the analyst reader to actually find relief in this confessional and cautionary tale. Hirsch is not railing about how others practice. He is talking about himself. But he writes from the perspective that most of his colleagues practice the same way. We are all in this together. He accepts that a certain degree of self-interest is simply the human condition. Yet he feels guilt.

Philosophical in its tone, Coasting in the Countertransference allows the reader to come to his or her own conclusions about what is inevitable and what is not. Reading this book may change the way some people practice. For others it will help relieve them of their own pain in the face of having kept too many patients beyond the time they needed to stay; or taken too many referrals of close associates that should have been handed off to others. A longtime interpersonalist, Hirsch also critiques the tendency for therapists to view patients as fragile, resulting in overly solicitous analyst behavior. He sees the two-person approach as often lacking in sufficient respect for the patient’s strengths and, ironically, the analyst’s weaknesses.

Coasting in the Countertransference is a theoretically and clinically provocative book that challenges us to face ourselves. When I finished this book, my mind was racing with questions I wanted to pose to its author. He agreed to an interview and what follows is a slightly edited version of the phone conversation I had with him.

**Interview**

**Maroda:** Coasting in the Countertransference is compassionate in its tone, while exposing a wide array of analyst behaviors and attitudes that frankly do not make us look very good. In fact, I think it would be easy for someone outside the field to go away from this book thinking that we are a pretty self-absorbed, greedy bunch.

**Hirsch:** One of the responses I received when I presented some of this material to an analytic group was this was bad for our profession. It never even occurred to me until this point. I never thought anyone outside this profession would read it. It’s my first book, so I wasn’t thinking about any outside audience. But I get it now. However, my feeling is that self-interest operates everywhere—in every profession. Psychoanalysts are no guiltier of it than other professionals. I try to make this clear in the book. My intention and feeling is that I portray the profession in a human way, “warts and all.” I believe that seeking comfortable equilibrium is normal and natural, and not something unique to our patients or those deemed pathological. I try to follow in the tradition initiated by Harry Stack Sullivan and his credo: we are all more simply human than otherwise. Like him and Harold Searles and Heinrich Racker, I try to narrow the distinction between the alleged healthy analyst and the alleged ill patient.

**Maroda:** Do you consider any of these coasting issues to be serious ethical concerns? And should we be altering our ethical standards to address them?

**Hirsch:** The biggest concern I had about publishing this book was concern that I would appear to be unethical. One case example I gave was of my most egregious performance in a long-term therapy. I was afraid this patient might sue me. I don’t always know where the line can be drawn between self-interest and unethical behaviors, other than what has already been written into the ethics code, such as sexual relations and violence. Since I believe that the various forms of self-interest I write about are part of
our every day, or even every session engagement, reference to issues of ethics seems more background than foreground for my purposes. I’ll let the readers judge.

Maroda: Regarding clinical practices you said, “I am suggesting, however, that analysts’ avoidance of patients’ anger is a very serious and a ubiquitous current problem in our field.” You go on to say that we avoid conflict and over-emphasize notions of holding and containment long after the period of safety has been established.

Hirsch: I think that analysts sometimes embrace certain theoretical perspectives that lend themselves to warm, comforting relationships. All too often anger is avoided and theory is invoked to rationalize analysts’ personal discomfort with anger. This indeed, is self-interest personified, but easy for analysts to disguise by hiding behind theoretical premises.

Maroda: So what do you see as the remedy for this reluctance to confront anger in the transference?

Hirsch: I start and end with recognition and confrontation with oneself. The only solution to anything I write about is the personal discomfort that might arise as a result of the self-awareness that some of these practices are not in the long-term best interest of the treatment, and therefore the analyst. Change can only occur when we candidly face ourselves, though this does not mean that we will always elect to choose discomfort in preference to equilibrium.

Maroda: I was fascinated by your comment that part of why therapists avoid confrontation and the negative transference may be due to our attempt at recognizing the real relationship. Now that we can’t say that patients are really angry at their mothers, not us, we take the negative transference more personally. I think you are right. It seems like one of those important concepts that slipped through the cracks when we converted to two-person theory.

Hirsch: In the old days it was sex and aggression, and the downside of this was that it became formulaic—we saw it everywhere because we were told that all human experience could be reduced to those instinctual derivatives. However, as a result, nobody ignored sex and aggression in analysis. Since the recognition that the person of the analyst is part of the transference, a lot of the uncomfortable things that people say about us have to be taken at least somewhat personally. That is, since the concept of transference has been interpersonalized (see Merton Gill), patients’ perceptions of us are believed to have something to do with us, and are not solely projections of internalized past experience. I think that because of this analysts are now more inclined to attempt be “good objects” only, for example, holders, empathizers, etc.

Maroda: In supervising therapists I encounter enormous resistance to the idea that patients are not that fragile. And I find, as you state, that when patients are regressing, many therapists panic and become anxiously overly solicitous, and the patient worsens. Do you think this is addressed adequately in training?

Hirsch: I feel very fortunate having worked in a day hospital early in my training. I saw potentially decompensating patients all day long, and they went home at four o’clock. Some of them recently had psychotic breaks or made suicide attempts, yet they all went home at the end of the day and usually managed to return the next day. I developed an enormous tolerance for pathology as well as enormous faith in the resilience of people. Also, the element of agency and choice was part of my existentially oriented interpersonal analytic training. I don’t see disturbed patients as simply being victims of the past. I see them as agents in repeating often-miserable early experience. I can’t really comment on how others were trained, but I know this early exposure was invaluable for me. And yes, when analysts have not had this sort of exposure in their training they may communicate to more disturbed patients the sense that they are ill and weak and about to break. This may help an analyst to feel strong, but it is often disastrous for patients to be seen in this way.

Maroda: I was surprised by the entire chapter on baldness—noting that hair loss is both a narcissistic injury and reminder of mortality. You say analysts do not address this issue adequately. If the patient is not talking about it, what signals you that it needs to be brought up by the analyst?

Hirsch: Part of my evidence is when my research assistant did a literature search; there were virtually no articles that had ‘baldness’ or “hair loss” in the title or in major terms. So my strongest evidence for this being an insufficiently addressed issue was that the literature has not attended to the effect that hair loss has on many people. If this is not an issue that creates considerable anxiety, why is there virtually no psychoanalytic writing on the subject? The presence of some secretiveness with a patient, like wearing hats or doing “comb-overs” should be a sign that the patient perceives baldness as a very threatening issue to confront. However, I would suggest that any patient who is bald and/ or balding and says nothing about this over time is likely to be avoiding something significant.

Maroda: You refer to “noisy” analysts who interpret the two-person approach as a license to talk too much in the sessions, interfering with the patient’s process.

Hirsch: I was trying to make the point that I have a
preferred theory that I like more than I do other theories, but I also realize that my theory doesn’t necessarily lead to better results than these other theories. The theoretical perspective I am most comfortable with is where the analyst is free to make whatever observations he wants, but this can also be a license to overpower the patient with our point of view and/or our personal presence. My main point in this chapter is to convey that every theory has upsides and downsides, potential strengths and potential weaknesses. Each analyst works within a theory where he feels most at home, and of course this reflects analysts’ self-interest.

Maroda: Sussman (1992) has quoted Olinick and others who say that an important motivation for the analyst to enter into the regressive relationship is the presence of an early unconscious rescue fantasy involving a depressed mother. Might some of our maladaptive strategies with patients be based on this need to stay with and comfort the depressed mother rather than being motivated by money?

Hirsch: Certainly there are many motivations other than money. For example, Searles wrote about analysts needing to see the patient as more pathological than we are—as psychologically inferior to us. However when it comes to certain historical speculations that purport to explain everything and everyone, I think we run into trouble. There are so many different reasons why people become analysts. I don’t think that having a depressed mother can be the modal point. This is far too formulaic, diagnostic and reductionistic for my tastes.

Maroda: Was writing this book therapeutic? Have you changed the way you practice since you finished the book?

Hirsch: The patient I mentioned earlier whom I saw three times a week for eight years, and where I felt I had made some egregious errors, really stayed with me. I had young children at the time, felt a lot of pressure to earn a living, and he was not the only person I saw with whom I was far from optimally present. I kept notes on these people and thought that one day I might write about this period. It has helped me to come clean about the worst I’ve ever done. I believe that I am now much less likely to affectively disappear for the extended periods I did then.

Maroda: Donnel Stern mentions in his foreword to the book that he adopted your practice of calling patients who you felt you had shortchanged, to talk to them about it. Did you talk to this particular patient who you felt you had failed?

Hirsch: I tried to contact him a few times—he never called back. The others whom I called did, but not him. I think those who I was able to contact felt good about my efforts at post-mortem.

Maroda: Do you ever worry about what your past, current or prospective patients might react to what you said about yourself and the profession in this book?

Hirsch: Yes, it makes me nervous. Not current patients, because current patients can talk about it. What I’m most nervous about is previous patients reading this and recognizing their composites. I changed all the circumstances of their lives, of course, but I still worry they might see themselves in the emotional content. They do not have the medium to address their feelings about this on a regular basis, and I worry that it might be hurtful to them to see aspects of themselves in my clinical illustrations.

Maroda: You talk about taking referrals from current patients to build your practice. Do you still accept referrals of close associates?

Hirsch: I never did see people who are intimate—immediate family, best friends, lovers, spouses, etc. One of the many complications of seeing these people is that we might feel compelled to be nice to them because they will be talking about us with each other. Their respective treatments are more likely to be compromised because they may be less likely to express their unique individuality, especially if they fear that their analyst may like their lover, friend, etc., better than them if certain aspects of self are displayed. However, I always have accepted referrals from patients when the person referred is not an intimate acquaintance.

Maroda: You stated earlier that you don’t see us as being different than any other profession in terms of self-interest. Yet it seems we feel that we should be different.

Hirsch: We are supposed to be self-reflective and analyzed. This makes it more difficult to rationalize our flaws and recognize that our personal analysis has not left us as ideal human beings. Analysts often suffer the illusion, or delusion that they are nicer and better human beings than, for example lawyers, bankers, or business people. This to me is patently absurd. All we need to do is to look at our colleagues and ourselves honestly, and this myth should be blown away immediately.

Maroda: That brings us to an interesting point. If we are more self-aware as a group than other professionals, why don’t we pursue self-interest less?

Hirsch: Because self-awareness doesn’t necessarily lead to change. Self-awareness leads to choice. I am fully aware that many of the things I do are not ideal, but I do them anyway. All analysts regularly choose self-interest in priority to uniform concern for patients. We either cop to this or we do not, and if we do we then have the opportunity to do something different.

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Is it possible to find a new perspective in psychoanalysis that is both useful and original? If you’re like me, you might not be optimistic. Sometimes I avoid reading accounts of “new” trends in the professional literature because they seem either too arcane and idiosyncratic or simply new bottling of perfectly good old ideas (best left in their old bottles, in my view). But, if you’re longing for something new and helpful, and you’re generally inclined toward thinking in “relational” terms, then you’ll be happy with two new books: *Awakening the Dreamer: Clinical Journeys* by Philip Bromberg, and *Transforming Lives: Analyst and Patient View the Power of Treatment*, by Joseph Schachter. They are both well written and innovative, challenging us to think in new ways. They both come from well respected and highly skilled clinicians who have been in the profession long enough to see trends come and go. And yet, these two seasoned writers and thinkers are likely to shake up your psychoanalytic reading group (they did mine) because they introduce views and methods that may forever change your approach to practice if you take them seriously.

**Awakening the Dreamer: Clinical Journeys** by Philip Bromberg, Mahwah, NJ: Analytic Press, 2006; 236 pp., $55.00.


**Intersubjectivity and Analytic Inquiry**

Both authors claim that a contemporary relational approach requires a new kind of theorizing, as well as new ways of working. Their theories now have to account for the fact that both members of the therapeutic dyad are truly and deeply affecting each other, moment to moment. Neither analyst nor patient can hide behind a mantle of authority in relation to their live experiences in the consulting room.

In Bromberg’s model, the *via regia* of therapeutic change is bringing into awareness what was previously defensively or affectively dissociated. This can be accomplished through interpreting dreams or working with affective enactments in the consulting room; he prefers the latter. To be deeply helpful in the process of finding meaning in such expressions, the analyst must reveal her or his own subjective and intersubjective experiences in such a way that “the disclosure is more one of sharing than covert indoctrination designed to look like sharing” (p. 134). Along these lines, Bromberg challenges his reader: I argue that the analyst’s experience as a real person is not only inevitable, because it is not something under his control, but is necessary. Why? Because the analyst’s experience while with his patient is linked to his patient’s experience as a part of a unitary affective, cognitive, and interactional configuration that is at once subjective and intersubjective. Some aspects of that configuration are dissociated in each person and must be processed jointly in the immediacy of the analytic interaction to achieve cognitive symbolization through language. (p. 131)

Bromberg recommends a new clinical method that fits with his theory of a unitary interactive field: “I assert not only that the analyst’s self-revelation is permissible but that it is a necessary part of the clinical process if the therapeutic efficacy of analytic treatment is to be most enduring and far-reaching” (p. 132). Building his theory of mutative change on the foundation of working through enactments, Bromberg believes that the effective analyst is self-revealing in the service of therapeutic transformation.

What are the guidelines or boundaries for such self-disclosures from the analyst? Mainly, self-disclosures should not be motivated by a desire (revealed or hidden) to change the mind of the patient. Instead, the analyst shares his or her ongoing experiences as a way of clarifying and opening up the process of intersubjective discovery and negotiations, especially in reflecting on enactments that have taken place in the analytic relationship.

The classical model of psychoanalysis assumed that the mind of the patient was separate from the mind of the analyst. The analyst’s self-revelations were understood to intrude on the autonomy or subjectivity of the analysand; indeed, such self-disclosures would be understood as enactments themselves (typically bringing into expression something that was preconscious or unconscious in the analyst and should be kept hidden). Generally, the patient’s subjective experiences were considered “pure” if the analyst didn’t speak or otherwise reveal his or her subjectivity. Now we know, from myriad findings in research on emotional communication that affective
messages are being sent all the time when people are together, whether or not they are speaking.

From Bromberg’s perspective then, “intrusiveness” on the part of the analyst means interfering with the process of intersubjective discovery and negotiation. The analyst’s silence (if it is a refusal to communicate something being felt) can easily be as intrusive as a knee-jerk formulaic interpretation is. According to Bromberg, the analyst intrudes when he or she is unwilling or unable to allow his or her subjectivity to be modified in response to the patient’s experience. If the analyst is stubbornly, perhaps “strategically,” protecting the sanctity of her or his mind, the analyst may be shirking responsibility. Effective therapeutic self-revelation is motivated by the desire to be influenced by the patient’s feedback and reactivity, but not to dominate the patient either directly or subtly. And the patient’s feedback is always to be taken seriously in the ongoing discovery process.

When Patients and Analysts Speak About Treatment

Joseph Schachter’s revolutionary book, *Transforming Lives*, presents extensive clinical data (some from patients themselves) that illustrate and demonstrate the validity of many of the claims made by Bromberg. Schachter, as editor and originator of this unique volume that gathers together writings from therapists and their patients about psychoanalysis, asked seven very different kinds of analysts to report on seven patients that they had seen in an extended treatment. The analysts range from classical Freudians through various nontraditional approaches.

Schachter remarks at the outset, “Evidence suggests that the analyst’s personal qualities and values as well as his or her technique may influence the treatment.” (p. 4)

For this reason, he asked a wide range of types of analysts to contribute, including “men and women, training analysts and non-training analysts, Americans and Europeans, heterosexuals and homosexuals, Democrats and Republicans, and, last but not least, people who vacation in the mountains and people who vacation by the sea” (p. 5). While he gives us the names and credentials of the contributors, he separates them from their case material. And so, we read their cases with additional interest and curiosity because we are unable to categorize their approaches through typical analytic stereotypes or other biases. Additionally, five of the seven analysts asked their patients if they would like to contribute a report of their own to the paper. Four of the five patients agreed and their contributions make this book a special opportunity to examine what is perceived as effective from the patient’s point of view.

For my part, I believe, as Owen Renik has asserted (see pp. 149-150 in Schachter for a fuller discussion of this issue), that eventually we must include our patients’ accounts of their treatment in our psychoanalytic literature if we are to understand its effectiveness. While asking patients for a narrative response to their treatment may seem to pose ethical concerns, not asking also poses ethical concerns. Schachter’s book is a step forward in taking up the discussion of such concerns from both sides.

What we see in several of the patients’ accounts in Schachter’s book proves the points that Bromberg makes about the significance of enactment, repair, analyst self-revelation, and the affective intersubjective engagement. For instance, a 28-year-old patient called Andrew says,

> I have gotten to the point in therapy that I can sense a process of rebuilding, reconstructing, my life in such a way that I am able to live fully. My problems have always been that I am afraid of life, of people, of people who may be better than me, of people criticizing me and realizing my weaknesses, my inferiority.” (p. 141)

Praising his analyst for helping in tangible ways with his relational problems with women and in his work, Andrew further says,

> What I think has facilitated the process is my analyst’s extreme active engagement in each session. He does not play the passive analyst, allowing me to simply talk and offering no direct commentary. Because the point of the treatment is to figure out how to change the way I deal with situations that occur on a daily basis, it has been extremely helpful to me that my analyst shares with me his own life experiences and how he has dealt with them. . . Our sessions take the form of a dialogue. Because I know more about him, I have a better understanding of where his input is coming from, and thus I understand it as emanating from a person with certain characteristics and life experience, not merely from a body of psychoanalytic knowledge. I am dealing less with someone who represents an ideology that posits itself as truth and more with a person who can critically relate his own experiences to my own. (p. 142)

If the effective analyst is someone who does not represent “an ideology that posits itself as truth,” but is more of “a person who can critically relate his own experiences” to the patient, then such an analyst must be open not simply to reflecting on subjective and intersubjective events in a session, but revealing his own experience.
Schachter’s book, however, has a different aim than Bromberg’s. Bromberg’s is a collection of clinical essays that convey in often subtle and poetic terms a new relational method for doing psychoanalytic psychotherapy, with an emphasis on affective engagement between patient and therapist. Schachter, on the other hand, has written and edited a volume that makes a broad and popular appeal to readers who may not know much about psychoanalytic psychotherapy, but are interested in it for themselves as potential patients. It is a book that can be recommended to someone who is considering entering analytic psychotherapy. I have lent out this book to friends who knew little about analytic treatment and they found it very useful.

In a final succinct and incisive chapter, “Discussion and Conclusion,” Schachter summarizes what he takes to be the reasons that psychoanalytic psychotherapy and psychoanalysis are uniquely effective in bringing about lasting change in patients. They are the following: interpretation, construction of a personal narrative, and modification of habitual relationship patterns. And then he looks at the seven successful (or mostly successful) cases reported in his book. What are the common curative elements in these cases, Schachter wonders. As he relates them, they reflect exactly what Bromberg talks about in his recommendations for using enactments as the via regia (filled with potholes and bumps, as he says): mutual fondness between patient and analyst; moments of mutual intense feeling; and being able to express anger toward the analyst (p. 172-173). Bromberg would seem to concur, of the therapist are necessary components for therapeutic change. There was disagreement, even anger, with Bromberg’s stance. Then, when we read the seven cases in Schachter’s book, especially the five patient reports, we found evidence that reinforced Bromberg’s points. Moreover, Schachter’s account of what was curative in the cases further highlighted the significance of the affective communication and honesty in the consulting room.

But neither of these analysts is recommending that psychoanalytic therapy become a food fight with each person making subjective claims in unconscious or conscious opposition. Both analysts are highly respectful of the therapeutic framework or set-up that protects the relationship and allows for reflection, mental spaciousness and interactive play or humor. Both believe that interpretations, when they are alive and responsive to what’s actually happening in the room are transformative. And yet, each author in his own way is recommending a whole new perspective on what psychoanalysis means and how it is defined. If you believe that we need a new lens and some new methods to develop a “two–person” psychology that is theorized as interdependent and shared, then I highly recommend that you read these two books side by side. It might be even more fun to read them with some colleagues and talk about how they impact all of you in your clinical work. I guarantee it will be a lively and revealing conversation.

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Maroda: Is there any question about the book you were hoping I would ask or anything else you would like to add?

Hirsch: The only thing I want to add is that this book was written in the spirit of discussing the relatively neglected area of certain personal features of the analyst. I believe that the wishes and desires of the analyst play much more of a role in our work than we have acknowledged in the literature. My thesis seems to me a logical extension of a two-person psychology conception, and an effort to highlight often-unattended selfish aspects of the analyst, whom I perceive as one of two flawed participants in any analytic dyad.

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Bringing his personal vision of reality into the psychoanalytic theory that he utilizes to help his patients grow, Frank Lachmann’s book, *Transforming Narcissism*, is innovative and refreshing. Lachmann emphasizes that a patient’s affect and self-experience can be transformed into non-conscious processing of the analyst’s implicitly communicated vision of human nature with emphasis upon the bi-directional nature of human interactions. To call someone a narcissist in contemporary culture implies selfishness, egocentricism, and behavior worthy of avoidance and shunning. In Dr. Lachmann’s deft hands, our understanding and treatment of narcissism is handled with a refreshing and empathetic understanding of the symptoms and their treatment through his own special vision and non-judgmental understanding of the meaning of the symptoms and their cure. In this moving and well thought-out book, affect is central and is a crucial point of contact for change to occur in psychoanalytic treatment. Lachmann consistently points out that affect can be transformed directly without words as in music and can also be transformed through the symbols of language.

Using Kohut’s paper, “Forms and Transformation of Narcissism” as a point of departure, Lachmann brings Kohut’s concept into the contemporary world of psychoanalysis by drawing upon a wide range of contributions from empirical infant research, psychoanalytic and psychotherapeutic practice, social psychology, and the autobiographies of creative artists to expand and modify Kohut’s proposition that archaic narcissism can be transformed into empathy, humor, creativity, and an acceptance of transience and the development of wisdom.

Lachmann has updated Kohut’s proposals by looking at both therapeutic and dyadic processes, and begins by analyzing Kohut’s proposition related to the transformation of archaic narcissism. In particular, Lachmann focuses on the manner in which transformations occur and on what gets transformed. This discussion is subsequently followed by a thorough investigation of the implicit, nonverbal, and procedural dimensions of therapeutic change.

Lachmann analyzes the precursors of empathy and the applications of empathy to the therapeutic process and builds on his discussion of empathy in the clinical setting by discussing how empathy and humor can be used together to further process. Lachmann, in characteristic fairness, includes the perspective of a patient who benefited from the inclusion of empathy and humor in therapy, as well as an example of the inappropriate use of humor in the clinical setting.

The second section of Lachmann’s book is devoted to “Expectations.” In this section, Lachmann presents developmental concepts and uses them to clarify clinical issues associated with the transformation of self-pathology. Lachmann includes the expectations of development and the consequences of what happens when those expectations are violated. Lachmann proposes numerous ways that expectations can be violated and then demonstrates the negative and positive implications that the transformative power of expectations has on individuals. By presenting the background history of a fifteen-year-old mass murderer as well as autobiographies of creative artists, Lachmann further illustrates his concepts.

In the third and final section of the book, “Reflections,” Lachmann examines time in relationship to acceptance of transience with examples such as analyzing the anxiety associated with death. Lachmann then revises Kohut’s thesis by focusing on the quest for wisdom and how it can be transformative rather than focusing on the old concept of wisdom as a transformation of archaic narcissism.

In this informative and inspirational book, Lachmann demonstrates how he utilizes the concept of vision as a perspective on reality, and that is embedded implicitly and exquisitely in the analyst’s and patient’s verbal communication. As we know, but rarely say, the analyst’s communications reflect his or her worldview,
which may compliment or conflict with that of the patient and is a domain through which the analyst “perceives.”

In Lachmann’s view, the analytic process potentially evokes four visions of life at different times in the treatment and he views these to be implicit and at times explicit in what is verbalized in the patient therapist dialogue. These four visions, first proposed by Schafer in 1976, are the comic vision, tragic vision, romantic vision, and ironic vision. In Lachmann’s view, the precursors to empathic understanding can be seen in infant and adult research with facial mirroring, vocal rhythm coordination, and entering the affective drama of another person, and are essential in making contact with another person as well as with oneself for transformation to occur and are necessary but not sufficient for empathic understanding to develop.

Lachmann describes spontaneous, disciplined engagement as a principle of therapeutic technique, and has exquisite sensitivity to walking the fine line between overwhelming the treatment as a showcase for his humor while avoiding the danger of humor as a futile exercise. His interventions were obviously thought out before the sessions, but were allowed to spontaneously emerge with humor and playfulness during the treatment. Lachman cautions that the essence of humor exists as a surprise with timing involving the pleasurable experience of delay and anticipation. The analyst must engage patients in a willing suspension of disbelief in order to encourage them to subordinate themselves to the acceptance of the world, as contained in the setup before the punch line.

In discussing expectations and perversions of sexuality and aggression, Lachman views perversions and creative work as linked, in that both are procreated by both a violator of expectations and one whose expectations are violated. In his view, creative productions and perverse acts have their root in violations of expectations, from mild departures from the commonplace or from an average expected environment, to playful teasing and stimulating through surprises, and ultimately through any extreme traumatic, shocking, terrifying, or vicious insults involving inflicting pain and suffering.

Throughout the book, Lachman demonstrates that his writings violate our expectations and shows that empathy and humor can lighten the burden of emotional suffering and can allow growth to occur when relationships are based upon mutuality, respect and humor. His book describes his theory of treatment, which focuses on the creation of nonverbal, implicit, and procedural communications and the similarity with which they occur between infants and caretakers and between patients and therapists.

The evolving “implicit relational values” and “a dyadic expansion of consciousness” that accompany therapist and patient throughout the treatment process were seen a furthering the treatment process. Lachmann clearly states that he is not advocating eliminating or ignoring explicit, verbal, dynamic interventions, but he uses Kohut’s work in particular, “Forms and Transformations of Narcissism” as a springboard and emphasizes co-creation as the process that furthers therapeutic action.

Lachmann’s example of remaining “experience-near” the patient and “playing” at the epicenter of the patient’s emotional storm allows for change and understanding far beyond the usual insight and techniques, and his use of metaphor obviously has a significant emotional impact on his patients.

Lachmann’s focus on the acceptance of transience and on wisdom considers maturation in later years of life. These achievements are attained through engagement with the significant events of life including triumphs, losses, joys, and satisfactions. It is the acquisition of a lifetime of experience, which allows some acceptance of the transience of life and impacts how we seek and whom we become. A consequence of aging is the repeated experience of losing loved ones, the expected loss of parents, and the shock of losing friends, spouses, and sometimes a child. He believes that as we continuously engage in and master trauma we come to realize that “nothing is forever” and we realize the prominence of external attachments and not the increase in value to all we hold dear. In Kohut’s view the acceptance of transience is the developmental achievement and one must master the trauma of loss and the fear of nothingness in order to master the anxiety of being a finite being.

In examining the search for wisdom, once more Lachmann quotes Kohut who viewed wisdom as an achievement that takes place primarily during the later phases of life. In his view, wisdom entails accepting a limitation that aging imposes on ones physical, intellectual, and emotional powers and requires a sense of humor in the face of the realization that one day all would be lost. Lachmann searched for a wise man and sought many mentors including Trowbridge and Goldberg but found comfort in the ideas of Harold Bloom (2004) in his book Where Shall Wisdom Be Found. Lachmann discusses Bloom’s grave illness, which led him to find solace in great literature as he searched for the wisdom of self-restoration. To Lachmann, Bloom presents a model for finding wisdom in a variety of places, including reading books of fiction and looking to connect with literature, art, music, and nature, and always finding and re-finding that transience he was searching for. Throughout the book the centrality of affect is stressed and Lachmann continuously reiterates that affect can be modified through communication.

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As highlighted by the author of *Matrix of Hysteria*, the traditional emphasis in psychoanalysis on sexuality has waned recently. With the evolution of newer schools of thought after Freud, such as ego psychology, object relations, self psychology, and intersubjective perspectives, the current attention is redirected to attachment issues (“preoedipal”), introjects, archaic transferences, and relational issues in the psychoanalytic process. Dr. Yarom’s book reminds us of the central importance of sexuality in psychoanalytic understanding by elaborating on the psychopathology of hysteria as a prevalent problem not only in neurotic patients but also in personality disorders and psychosis.

Yarom perceives hysteria as a problem resulting from thwarted development during the phallic stage. For both the boy and the girl, the development of sexual identity is halted due to pathological reactions from both father and mother. The resulting hysteria is exhibited on three axes (the Hysteria Matrix):

1. Vacillations in gender identity (Am I a man or a woman? Am I weak/strong passive/active?).
2. Ways of “not knowing”—usage of repression, dissociation, splitting, denial and foreclosure as the main defense mechanisms.
3. Usage of the body and the mechanism of conversion to represent and project the internal conflicts around sexual identity.

All three axes could be perceived as intersubjective processes operating in the transference and countertransference between analyst and analyzand.

In clinical work, the analyst might find the work with the hysterical patient very frustrating and exhausting. These patient often “don’t know” what is wrong and how to verbalize their experiences and emotions, they use projective identification processes to have the analyst contain the parts of their identity which they reject at any given time, and they are often afflicted with numerous medical and somatic problems that prevent access to the real conflict, unless fully analyzed. The erotic transference is a central theme in the treatment of many hysterics.

In chapter 3 of the book, Yarom describes clinical work with hysterical patients. The examples are very vivid and the work she does both in therapy and in supervision is impressive. As expected, one of the main difficulties in supervising therapists that treat hysterical patients is their sense of being “stuck” with the patients on one hand, and their difficulty in containing the parts that are projected onto them, on the other. Some therapists feel overwhelmingly seduced by the hysterical patients who project aspects of their sexuality, others collude with the “not knowing” by leaving too many aspects of the material repressed or avoided altogether. Yarom recommends that therapist accept the projected aspects rather than confront, because the containment (with the therapist’s awareness of what is being projected) is what will allow the patient to reintegrated it back into his/her personality.

Chapters 4, 5, and 6 review aspects of hysteria in perversion, psychosis, borderline, and narcissistic conditions. Yarom emphasizes the notion of multi-faceted Oedipal and pre-oedipal conflicts in most patients (in contrast to the recent prevailing emphasis on pre-oedipal pathology).

Chapters 7, 8, and 9 reflect on earlier theoretical understanding of hysteria by different schools (Kleinian, British Independent School, Ego Psychology, Object Relations, Self-Psychology, Intersubjective, Feminist, and French psychoanalysis. The review of the literature is rich and thorough.

The book is refreshing in addressing an old concept of psychoanalysis with a creative and clinically relevant perspective. It can serve as a resource book for analyst when confronting the difficulties in dealing with projections, seductions, “not knowing,” and acting out.

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This is a teaching book for novice therapists in conducting psychoanalytically oriented psychotherapy. The book consists of “how-to” chapters rather than a collection of inspirational essays. The recommendations to beginners on conducting psychotherapy are often embodied in “lists” appearing at the end of many chapters. It is not always clear to which psychoanalytic theory and practice the lists refer. The lists do not appear to derive from psychotherapeutic theory and expert practice and thus are not grounded in cogent explanations of how psychotherapy works and why.

The author’s stated aim of psychotherapy falls within the traditional goals of psychotherapeutic practice: “Psychoanalytically informed psychotherapy is the work of making connections—between past and present, conscious and unconscious, dream and waking life, patient and therapist, fantasy and enactment. In making these connections, both parties cooperate in making tears in the fabric of life and sometimes in reweaving them” (p. 2). The problem with the exegesis is an apparently arbitrary substitution of the word “roadblock” for the perfectly appropriate and descriptive word “resistance.” The Concise OED defines “roadblock” as “a barrier or barricade on a road, especially one set up by the authorities to stop and examine traffic.” Why eschew the historically understood term, resistance, meaning a patient’s temporary or longstanding difficulty in applying a psychoanalytic concept to him, with a word that denotes difficulties in negotiating traffic? Resistance was a perfectly good term for Sigmund Freud, the father of psychoanalysis, and has been used appropriately and graciously for years by psychoanalytically oriented psychotherapists. It is a happily parsimonious term to describe the dilemmas both patient and psychotherapist encounter as they endeavor to understand the patient’s core problems, including the therapist’s countertransference tendencies.

This book’s exposition on what psychotherapy entails may confuse the novice therapist. It implies that the work can be reduced to clever lists, seemingly designed to make the understanding of difficult therapeutic work easy by a set of pedestrian rules. It is as though novice therapists can hone their craft by adhering to a series of prescriptions set up by someone else who cannot possibly know the quandaries and questions of the individual beginner, hard at work attempting to understand his or her patient. One such list offered by the author is titled Travel Tips: “The rules of the road are not meant to constrain, but to keep the travelers safe” (p. 8). Here the author has so overused the highway metaphor and its roadblocks that I fear the crux of her message to novice therapists will be misinterpreted.

To quote some rules of the road:

Benevolent curiosity is the compass.
The therapist’s walking shoes are consistent and reliable.
Countertransference is her radar.
Neutrality is her life vest.
Humor saves the day.

These prescriptions talk down to novice therapists whom the author seems to view as bumbling in a china shop. There’s no avoiding that a novice therapist will feel awkward and insecure in a situation in which she is mandated to cure. Novice therapists will stumble time and again. That’s how they learn. Making mistakes is an inevitable but valuable part of the psychotherapeutic learning process! Novice therapists don’t come ready-made for the job. Yet they are excited by the learning process, a fact which is easily communicated to the patients, who are also engaged by the prospect of learning more about themselves, encouraged by the prospect because it carries the promise of a happy and productive future life.

The author ends her book on a poignant note, one to which most psychotherapists will resonate:

As I realize that I have reached the end of the tunnel with this book, I feel as a patient feels at the end of psychoanalytic work: worried that I haven’t done it well enough, fearful that I’ve left something out, sad that I won’t any longer have it to occupy me every day, proud that I’ve done this work, and hopeful that others will appreciate my endeavor. (p. 245)

As the book’s reviewer, I found much of interest in it despite my lengthy critique. I urge the author to explore further the resistance patients experience when called upon to understand their deepest anxieties and struggle to realize their most treasured dreams.

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Before addressing Knafo and Feiner’s timely and valuable book, *Unconscious Fantasies and the Relational World*, I shall sketch the context in which I read it. Lawrence Friedman (2005) writes in his introduction to a series of papers in *JAPA*: “No one will blame an analyst for feeling harassed by today’s onslaught of controversies and theories. The profession has never been so multifariously unsettled.” (p. 691). Today psychoanalysis is rife with competing theories (unfortunately so at a time when much of the popular press and many layman consider psychoanalysis if not dead, then surely moribund). Some analysts relish what they deem the new “pluralism,” insisting that differences can be negotiated. Others argue that polarized preconceptions of what constitutes the psychoanalytic enterprise must be maintained, because differing first principles generate new and novel data (Greenberg, 2003). Psychoanalysts, representing this array of “schools,” engage in more and less civil exchanges in the pages of proliferating journals and meetings. Cooper (2008, in press) maintains, “…our current task has shifted from battling orthodoxy to battling chaos. …” If the psychoanalytic “house” requires a good cleaning, even a remodeling, at the extreme a dismantling, it will be a very long time before the dust settles.

As a result, for at least a decade I have found myself longing for the “good old” days when psychoanalytic reading entailed only a handful of journals in contrast to what PEP now refers to as their 26 “premier” psychoanalytic journals.¹ PEP is a great convenience and may allow us more shelf space with its huge repository on the web. Still, new numbers of the ever-expanding list of journals pile up in office and home, saved in the way many save years of the *New Yorker* with the grim determination to read that article sometime.

In this state of mind, I opened *Unconscious Fantasies and the Relational World*. This clearly and concisely written volume could serve well as a primer of contemporary Freudian psychoanalysis and its central theoretical and clinical tenets, which the current flurry of debate may at times obscure. My first reading of the book felt like a pleasant return to familiar ground, recalling the way my peers worked with, thought about, and wrote about their patients—a welcome respite from the current quagmire of controversy.²

It will not escape notice that I call the book a fine representative of contemporary Freudian thought, despite its title, about which I will have more to say. The authors summarize their perspective on unconscious fantasy:

Here we take the position that unconscious fantasies are ubiquitous, complex psychic phenomena that combine cognition and affect, wishes and defense, self-and object representation and identifications. Fantasies involve the most basic, primal intimate predilections that determine what we perceive, experience, and feel. They do this by enhancing attunement to select aspects of the external world, giving expression to defensive priorities, and influencing how we interpret and adapt to reality, all of which effect our conduct and the choices we make throughout our lives.

Although we propose that unconscious fantasies consist of relatively stable psychic structures, we nonetheless believe that their contents are pool of applicants. Politics and theory become quickly entwined. ² Cooper (2008, in press) sagely observers: “…it is very difficult to use an idea or method in analysis in which you do not already have a deep inner conviction. Our patients quickly know when we are adrift, or trying out a technique in which we do not already believe.”
not always static entities. Rather, they tend to be dynamic and fluctuate in accordance with a person’s momentary desires, needs, and defensive, reparative, or restitutio

Unconscious fantasy systems are open to influence from the external world—including interpersonal, familial, and social contexts—and, as such, they are capable of development and change, deconstruction and reconstruction. (p. 14.)

Thus defined, the authors propose exploring three “universal” fantasies—those of the primal scene, the family romance and castration, which they argue, “…constitute the basic organizing structures of a person’s unconscious mental life” (p. 4). Taking each of these fantasies in turn, they critically review the literature, itself a service to the reader. (Their references cite an array of papers beginning with Freud and followed by others traversing each decade to the present.) The literature review of each fantasy is followed by clinical material illustrating the fantasy as it appears in the course of an analysis or analytic therapy. Finally, their understanding of these fantasies is applied to a film, a novel, and performance art. Their choice of Lynch’s film Blue Velvet (primal scene), Jerzi Kosinski’s novels and biography (family romance, more precisely the family romance of an impostor), and the famed or infamous Orlan’s performance art (castration) makes for a riveting experience of well-done psychoanalysis. The reader, as I did will want to review Blue Velvet, read Kosinski’s novels and biography, and go to Orlan’s web site (address in the book).

Critical to their understanding of the primal scene is the possibility of the child’s multiple and shifting identifications with both partners and the onlooker. The literature is replete with examples of these fantasies as they are implicated in pathology, but Knafo and Feiner also stress the adaptive function of the shifting identifications if the child has not sustained intense early trauma since this often precludes fantasy formation and symbolization. Each of the three fantasies and the developmental and maturational events (including events in the real world) that occasion them, are invariably experienced by the child as narcissistic injuries. Nevertheless, with a child unburdened by significant trauma, these shifting identifications, they argue can provide the occasions of “sex-role rehearsal and sexual identity formation” (p. 41).

Another benefit often accruing specifically to this fantasy is that it may propel the child into lifelong intellectual curiosity and exploration. The intrepid little detectives determinedly sleuth out who is doing what to whom and where they fit into all of this exciting and mysterious business. When, however, trauma forecloses exploration, a child may assume a pseudo-stupid role. The authors cite Mahler’s old paper (1942) on pseudo-imbecility in support of this point. This paper, now infrequently cited, is vivified by the case history of a highly intelligent man who, for defensive reasons rarely studied throughout all his school years, including college. He thought himself stupid and indeed he often acted that way as an adult, calling himself a “retard.” When he was eight years old his father informed him that his mother was going to have a baby, to which he responded: “Does Mom know?” He was sexually inactive (either through masturbation or intercourse) well into his adult years. In this era of LD and ADHD, one wonders whether, if not the cause of learning difficulties, the need to deny the primal scene does not somehow become intertwined with and exacerbated by neurophysiological factors.

Feiner creates a finely honed analysis of the life and fiction of Jerzi Kosinski, particularly of his acclaimed and supposedly autobiographical novel The Painted Bird (1965). Feiner interprets both Kosinski’s family romance and the tragic trajectory and conclusion of his imposture. Kosinski was born in 1933, a Polish Jew whose father had changed the family name. The Painted Bird, which Kosinski claimed was autobiographical, describes the horrific experiences of a boy, sent away by his parents to a peasant woman for safekeeping during the German occupation. The peasant woman is killed, after which the boy (unnamed as Feiner points out) must fend for himself, suffering unspeakable abuse by Polish peasants. Feiner pens and said, triumphantly: “Still there!” His dilemma made perfect sense when we think of it from his perspective, just as many an 18-month old girl insists that there is a “booboo” on her genital. As the authors emphasize, when things go reasonably well for the child, these childish misapprehensions fade away and do not significantly affect adult functioning, or their effects may wax and wan over the course of a lifetime.

The authors no doubt have caught this error, but they accurately refer to the date of Mahler’s paper in the text—1942—but in the references cite the paper as being published in 1948. They also left out Mahler’s then hyphenated name (Mahler-Schonenberger) and the rest of the title of the paper, “A Magic Cap of Invisibility.” Mahler was alluding to Siegfried in the Nibelung saga and the magic cap he wore that made him invisible and thus able to commit all manner of prohibited sexual exploits.

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3 Here I would add that the child’s cognitive immaturity always lends itself to the evolution of these fantasies, some of which are the child’s patent misapprehensions and misinterpretations of the world. This is what makes their motivating unconscious presence in an adult so problematic. A typical example will suffice: One day a friend called, very worried that her little boy would not be bowel trained in time for nursery school. I suggested that she back off and just listen and watch for a while. A week later she called, incredulous to tell me that her son had used the potty, stood up, looked back at what he had produced, then grabbed his
writes: “Later he [the boy] is flung into a manure pit, and, when he manages to extricate himself, he discovers that he has been struck mute” (p. 102). In fact, Kosinski spent the war years with his mother and father, being helped and hidden by Catholic Poles. Nameless and mute, writes Feiner epitomizes the strategy of Kosinski’s imposture.

Kosinski very quickly became famous, received prestigious awards for his book, was the president of American PEN and received teaching appointments at Wesleyan, Princeton, and Yale. He was a womanizer and perversely sadistic, sexually and otherwise. He was a darling of New York literati. But in a 1982 expose of in the Village Voice he was charged with plagiarism and accused of employing editors to write his books. The writers claimed that Kosinski had fabricated much about his arrival in New York and his academic credentials, and most egregiously, the supposed autobiography recounted in The Painted Bird.

In 1991 Kosinski committed suicide, which Feiner feels was directly related to the expose, despite his having contemplated suicide throughout his adult life, his complaints of heart trouble and failing sexual powers (p. 119). In Feiner’s analysis Kosinski’s novels beginning with The Painted Bird, chronicle his imposturous life, his playing alternately with revealing himself and hiding, leading finally to his sense of impending doom as his fabricated identity seemed increasingly endangered, leaving him bereft and empty, the vulnerable self he had hidden now exposed to the world.

J.P. Sloan’s (1996) biography of Kosinski provided Feiner with the bulk of his biographical material. (He also met with Sloan and had access to unpublished material in Sloan’s possession.) The biography received mixed reviews in the New York Times. Louis Begley’s review titled “True Lies” (New York Times 1993) was critical of Sloan’s book. He agreed that Kosinski fabricated much about his life but suggested that the power of his novel lies in its truthful portrayal of the horror of the Holocaust and of man’s endless capacity for cruelty to other humans. He, Kosinski told “true lies.”

Begley found Kosinski’s need to fabricate his history puzzling because his novel conveyed such truth. Feiner, the psychoanalyst gives us the inner logic of Kosinski’s lies, not the artistic truth Begley affirms. Begley quotes Kosinski’s favorite reply when others tried to pin him down as to whether the protagonist’s experiences in The Painted Bird were autobiographical or not. Begley writes, “The formula he [Kosinski] ultimately used was as follows: ‘To say that The Painted Bird is nonfiction may be convenient for classification but it is not easily justified.’” Greenacre in her (1953) paper on the “Relation of the Impostor to the Artist,” describes the impostor’s verbal slight of hand: “Like Humpty Dumpty in Alice Through the Looking Glass, he makes words do what he wants them to do—perform tricks at his bidding” (p. 548).

Feiner’s analysis of Kosinski’s life, work, and suicide calls to mind Bruno Bettelheim’s career—his writing, and eventual suicide one year before Kosinski’s. Bettelheim had been at both Dachau and Buchewald. Within months after his death, his associates, his patients, and the brother of one of Bettelheim’s patients6 described him as a chronic liar who falsified much of his past including his academic credentials, plagiarized much of what he wrote and was abusive to the children at the famous Sonia Shankman Orthogenic School for troubled children at the University of Chicago where he had been the director for many years. Robert Gottlieb (2003) who reviewed five books about Bettelheim described the once revered educator’s reputation as literally in shreds. There seems much still to be explored about the issue of identity, truth and falsity in the experience of those creative individuals who survived the Holocaust.

Returning to the question of their book’s title: Knaf and Feiner, without employing the terms “ego psychology,” “drive” or “instinct” nevertheless refer throughout to “stable structures,” to “conflict,” “defense,” and “compromise.” Their abiding commitment to the body and its endogenous sensations as implicated in the development of these fantasies emerges with clarity. They acknowledge their heightened sensitivity to the analyst’s counter-transference, affirming a two-person perspective and the manner in which this often leads to enactments.7 of war, about the deceptions necessary for survival that forever changed for him the lines between truth and fiction.”

5 Begley’s early history and Kosinski’s were strikingly similar. Born the same year as Kosinski, also in Poland and with a changed name, Begley survived the war, masquerading as a Catholic with his mother. His first novel, Wartime Lies was published in 1991 while he continued to practice law in a prominent New York law firm where he had and continued to work for over three decades. In a New York Times interview of Begley (Fein, 1995) he acknowledged the autobiographical details in his novel. The narration of the novel is from the boy’s point of view, as he masquerades as a Catholic with his aunt throughout the war. Fein quotes the novel’s narrator as then an adult who says, “Our man has no childhood that he can bear to remember; he has to invent one.” Begley knew that when he wrote this novel in late middle age that it “…would be about a childhood lost among the lies

6 See Pollack’s, 1996 The Creation of Dr. B: A Biography of Bruno Bettelheim.

7 The question of the analyst’s “authority” is the subject of ongoing debates between relational analysts and contemporary Freudians. To the charge made by some patients that things are not equal in the analytic dyad (and they are not), it is useful to recall that without both an analyst and a patient, there is no analysis. They each have their own job to do to make analysis work. But the analyst’s job is not usefully reduced to that of a co-equal
They stress the role of interpersonal relations and the reality of trauma as important factors in fantasy formation. This, however, I submit does not really put them squarely in the relational camp but merely, in my view makes them good contemporary Freudian analysts. They assume that the patient has a mind with fantasies that pre-existed their treatment. The most potent fantasies are generally unconscious, which in the analytic setting they are able to hear derivatives of. They analyze impediments (resistances/defenses) to their emerging into consciousness. Making the unconscious conscious remains one of their central therapeutic goals. Clinically (as opposed to theoretically), it does appear possible to incorporate certain aspects of relational psychoanalysis. This, Knafo and Feiner, to my mind, have done without injustice to the basic tenets of the schools they draw upon.

The final chapters are devoted to what Knafo (author of this section) from the outset claims are the most controversial of the fantasies in the volume, that is fantasies about castration (generally understood as anxiety about castration) and penis envy. I would add penis awe, a phenomenon described by Greenacre (1953). Others have since noted that idealization of the penis underlies both the envy and anxiety in these fantasies, the idealization being a regular accompaniment of awe.

Because these fantasies, particularly penis envy have been so intensely studied and critiqued, abandoned entirely by some in clinical work, Knafo is at pains to create a broader more palatable version of the fantasies. Her theoretical perspective might have been clearer had she included Grossman and Stewart’s (1976) paper and one by Cooper (1986). Ultimately, her summary definition of these fantasies leaves her open to charges of over-inclusiveness:

‘Castration fantasies’ (author’s quotation marks) refer to a sense of incompleteness in or damage to one’s physical self—a sense that can be experienced by both males and females. …Such fantasies are not simply about having a penis but, rather, about the gap between what one is and what one would like to be. (p. 139)

Her clinical case, that of a transsexual, aims to illustrate her reformulation, and was fascinating because transsexuals rarely enter treatment, either before or after sex reassignment. Ruth Stein (1995) published one of only a few detailed descriptions of an analysis of a would-be transsexual. Her patient, after a long and painful analysis finally did not go through sex reassignment, married a woman and fathered a child. Although Knafo’s and Stein’s patients shared similar dynamics, particularly their pronounced sado-masochistic orientation and their grandiose refusal to accept limitations of any kind, notably the gendered body, Stein’s patient was neither as concrete nor as action-driven as Knafo’s.

I believe Knafo’s patient was the one alluded to earlier in the book who lacked the capacity to symbolize, who did not fantasize. He resembles the two patients, described by Grossman and Stewart (1976), although their cases were women to whom penis envy had been inappropriately interpreted, leading in one case to a transference cure that did not last and in the other to a stalemated treatment. One of their patients was considered a narcissistic character disorder and the other borderline. They were concrete and could not use interpretations metaphorically. They were pan-envious, which prompted the earlier failed interpretations of penis envy. Actually, the authors felt that the earlier treatments had had a stabilizing and organizing effect on the women, not unlike the way the terrifying free-floating anxiety of the paranoid person abates once systematized delusions emerge (p.193).

Knafo surely was clear about her patient’s early traumatic circumstances, his marked identity problems and cited many sources that indicated that she understood castration as the manifest content of something else, particularly in primitively or poor organized patients. She worked well with a very disturbed man. But her absence of two months appeared intolerable to him and may have hastened if not precipitated his downward spiral into perversion, prostitution, and the eventual sex reassignment.

Perhaps a more illustrative example of castration fantasies would have been that of a female patient in whom unconscious penis envy was an underlying issue related

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9 The DSM IV classifies transsexuals under the rubric of Body Dysmorphic Disorder. There are a number of people discussed in the psychiatric literature who feel that they were born to have only one arm or leg. They are no less tortured by the incongruity between their inner sense of themselves (e.g., as one-legged) and their outer physical appearance. They are no less obsessed with ridding themselves of the offending limb than the male transsexual his penis. In both cases, although no one is without dynamics, these individuals may be best understood as having encapsulated delusions, Of, course a limb or a digit can symbolize a penis, but the nature of the disturbance pre-empts this type of interpretation even in Knafo’s broader formulation.
to her symptoms and difficulty in life. When penis envy and castration (anxiety) are the manifest content in such blatant forms, the patient is either intellectualizing or is as disturbed, as in the case Knafo reports.

Knafo’s analysis of the infamous Orlan’s performance art (with herself as both the artist and her artistic creation) was described with such detail that the same shock and fascination was invoked in me as what Knafo described in the audiences around the world who watched her startling series of facial surgeries. In one surgery Orlan had horns implanted in her forehead. Orlan shares with Knafo’s patient the unrelentingly willful and grandiose refusal to accept the human limitation particularly that of gender. Both insisted on having it all.

Finally, in comparing contemporary Freudian psychoanalytic theory with that of the postmodern psychoanalyst, Knafo raises an intriguing issue as regards psychoanalytic nomenclature and diagnosis in today’s cultural climate; one could say today’s cyber-culture. Knafo writes:

Part of Orlan’s ‘monstrosity’ entails her use of technology and media to advance her argument that the ‘body is obsolete.’ Indeed in the virtual world of cyberspace, the physical body is absent; it is gender free, age-free, race-free and site free. (p.185)

To date, this type of thinking about “virtuality” on the web represents more a utopian dream than an actuality. Nevertheless, Knafo’s perspective on Orlan is mirrored in certain postmodern psychoanalytic theorizing in which multiplicity and boundary blurring is celebrated, and the unitary self is replaced by multiple and fluid selves. Gender is “performative,” unencumbered by the body and its gender markers. And above all, normative heterosexuality is countered with the assertion of multiple sexualities. A quick tour on the web entering search terms such as BDSM, she-males, fetishism, zoophilia, to name but a few, generates hundreds of thousands even millions of hits. Orlan may perhaps have more sophisticated rationales for her grotesque body modifications, but judging from the 400,000 or so hits for the term “body modification” there are many would-be Orlans out there. Will the term “perversion” be an obsolete concept or is there not something perverse about postmodernism?

In sum, Unconscious Fantasies and the Relational World packs much rich material into its pages, raises many of the current issues and debates in psychoanalytic theory, provided thought provoking forays into psycho-biography and applied psychoanalysis and finally but not least requires us to look at the place of psychoanalysis in today’s culture. Given the deluge of journals we attempt to plow through, to

have so much in one slim volume is indeed a boon.

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On that green evening when our death begins,
Just what it was, is hardly satisfying,
Since it applied only to one man once,
And that one dying.

Philip Larkin

Is psychoanalysis a science or an art? Is psychoanalysis more similar to empirical studies, such as statistics, or to art studies, such as philosophy? I know, those questions are tricky, and probably we will never reach a consensus on this matter. Everybody will agree, however, that psychoanalysis is influenced by philosophy, and the influence of Schopenhauer, Feuerbach and Brentano in Freud’s work is undeniable.

In the book *Life and Death in Freud and Heidegger*, Havi Carel, a Senior Lecturer in Philosophy at the University of the West of England, proposes to build another bridge between psychoanalysis and philosophy, and attempts to connect Freud with Heidegger through the concepts of life and death. The initial attempt to connect Freud and Heidegger was made by Medard Boss, a Swiss psychiatrist, who introduced Freud to Heidegger. Heidegger did not respect Freud’s ideas, stating that he “couldn’t believe that such an intelligent man could write such stupid things, such fantastical things, about men and women.” Freud, in turn, did not mention Heidegger in his work. Therefore, Carel tries to relate in death people who were not related in life—even when they had the chance. This new attempt is, to say the least, curious and provocative. For that, Carel starts her book by explaining Freud’s theories about life and death. She then explains the Heideggerian theory as it addresses the same concepts. Finally, she attempts to connect the two theories.

Carel understands that conflict is a fundamental tenet of Freud’s thought. For Freud, life and death drives were two opposing concepts. This conflict between the two drives would be responsible for neurosis, according to this formulation. Carel, however, suggests that there is no dissociation between life and death drives. She proposes they share the same origin (a bodily stimulus), serve one another at times, and obey the same principles. The guiding psychic principle, according to Freud, is that all drives aim toward a restoration of earlier modes of being; that is, they desire to reach complete rest through discharge of tension. All drives are conservative. The two drives, hence, would be connected, because the “death drive is the main regulative principle of life (through the constancy or Nirvana principle) while Eros creates undesired interruptions” (p. 24). Further, the death drive is prior to Eros (or life drive), and an operative force within Eros. In that, the death drive and Eros do not exist independently, even though they are contradictory: the life drive seeks extension and preservation of life, and the death drive seeks self-annihilation.

Carel believes that the death drive has two contradictory notions: the Nirvana principle and aggression. However, Carel claims that all ideas connected to the hypothesis that the nervous system would have this tendency to become inert, as evidenced by the Nirvana principle, were abandoned and disproved. Further, both aggression and the Nirvana principle have the same common tendency towards annihilation. For this reason, she attempts to reconstruct the death drive, discarding the Nirvana principle and defining it as aggression with a particular emphasis on self-destructiveness (annihilative aggression). Nonetheless, she understands that the death drive cannot be reducible solely to aggression, because aggression is perceived as directed outwards, and, according to Freud, the primary object of the aggression is the self. Finally, she concludes that we can keep the Nirvana principle, but in a modified form, in which the self-destructive tendencies are emphasized.

As you may have already noticed, Carel uses the term drive throughout her book, and not instinct. She claims that drives are undetermined when compared to instincts. Actually, Freud, when talking about drive,
used the term *Trieb*, and not *Instinkt*. However, Strachey translated the two terms as *instinct*, which confuses the English reader. *Trieb*, as Laplanche and Pontalis (1973) suggest, retains overtones suggestive of pressure (*Treiben* means “to push” in German), and draws attention to the nature of the pressure in drives instead of stability of its aim and object. Instinct, conversely, is more related to a biologically predetermined behavior.

Following this exposition of Freud’s concepts, Carel discusses Heideggerian theory. Heidegger hypothesized that there is a *Dasein* (“being-there” or “being-here”), a being that understands its own being. According to Heidegger, our finitude is our fundamental way of being. For this reason, our Daseins can only be authentic if fully grasping our finite temporality—so we can be a “being-towards-death.” By accepting our mortality, we accept that we can never be all we could be. Further, each death belongs to a specific Dasein, and nobody else will be ever able to experience my death. If we dismiss and neglect death, we are adopting an inauthentic attitude.

Dasein becomes attuned to being-in-the-world by *Mitsein* (being-with). Heidegger understands that we have social structures such as *Mitsein* and *Das Man* (“the one”—an interpersonal singular pronoun in German). *Mitsein* is the Dasein’s capacity for socializing, for relating to, having concern, and communicating with others. *Das Man* is how Dasein articulates the shared norms and conventions in the world: *das Man* controls Dasein, as well as is a part of Dasein’s structure. Due to the existence of *das Man*, we are structurally flawed, because it is impossible to be completely authentic if we obey to norms and conventions. Hence, Dasein, when acting according to *Das Man*, is not “doing” because of his own will, but simply because that is what people do.

Authenticity, hence, is openness: through authenticity, we see ourselves as a whole, and fully experience the world. We are authentic when we acknowledge our angst, and our mortality. However, inauthenticity is also necessary, because it brings some comfort to us, “it covers over the truth of our groundlessness and mortality in a life of forgetful existence” (p. 111). For this reason, authenticity is dependent on inauthenticity.

Up to this moment, Carel offers relatively straightforward discussions of Freudian and Heideggerian theory regarding life and death. From now on, the most provocative part of the book starts: how Freud and Heidegger could have had a conversation, and what they could have taught each other. Successfully or not, Carel attempts to create a dialogue between psychoanalysis and philosophy through the concepts of life and death—according to these two near contemporaries. As a beginning dialogue, Carel claims that for both authors death is a force within life, whose existence is a given fact, and not an abnormality. To press their similarities too far, however, risks obscuring fundamental differences. Freud posited the central importance of unconscious processes. Heidegger, however, ignored the concept of unconscious, and believed in a Dasein that is a being-in-the-world. For this reason, they understood death differently. Freud, for example, suggested that the unconscious does not know death, because death is an abstract concept with a negative content. Being barred from knowing about death, Carel suggests that the only way that it can know about death is through the death of another.

According to Freud (1961/1915), however, we acknowledge death only for strangers and for enemies. As Freud emphasized, “in our unconscious impulses, we daily and hourly get rid of anyone who stands in our way, of anyone who has offended or injured us” (p. 297). So, our unconscious thinks death and wishes it. Further, there is one case in which the unconscious faces two ambivalent attitudes. When a loved one dies, one “acknowledges it as annihilation of life and the other which denies it as unreal” (p. 298). The unconscious is ambivalent because the loved ones are part of our own ego, and also partly strangers, or even enemies. Further, Freud claimed that we acknowledge only the *fear* of death, which is usually the outcome of guilt.

Heidegger, nonetheless, understood death in another way. He understood that the only significant death is our own death. Carel tries to link the two theories, and states: “if everyday consciousness is inauthentic, the potential for authenticity can be located in the unconscious, and emerge in response to the call of conscience.” This call-of-conscience is, according to Heidegger, what opens the door to the authenticity. Hence, when we think about the death of another in Heidegger, we understand it as inauthentic, because that is an impossible experience. Nonetheless, the death of another can call attention to my finitude and also to my death. In that, *Mitsein* (being-with) and authenticity can be compatible.

Carel also suggests that guilt is a structural component of Dasein, as well as of the Freudian subject. Both subjects (Heideggerian and Freudian) are tortured from within. The superego persecutes the Freudian subject, and an understanding of itself as finite persecutes the Heideggerian subject. The ontological guilt, in Heidegger, is originated in the nullity (the essential ungroundedness of one’s identity) that belongs to the structure of Dasein. However, Carel understands the superego as destructive: it represents all moral restrictions and constantly requests ego perfection. Conversely, the “call of conscience” is fruitful. So, guilt, in Heidegger, is productive.

As said before, however, the unconscious,
according to Freud, acknowledges a fear of death, and this is usually the outcome of guilt. Freud (1961/1923) believed that the fear of death is something that occurs between the ego and the superego, and makes its appearance under two conditions: a reaction to an external danger and as an internal process, as in melancholia. In melancholia, “the ego gives itself up because it feels itself hated and persecuted by the superego, instead of loved” (p. 58). Therefore, the guilt, originated with the conflict between ego and superego, can also point to the unconscious that death (or fear of death) is a reality, which would make the superego “fruitful.”

Further, Carel proposes that “covering up,” in Heidegger, may be a type of repression. Hence, “covering up” is an inauthentic denial of death performed by das Man. Das Man does not deal with death; it flees from it. In that, she believes that Dasein has a portion that is unconscious. The covered up material can be aroused only in response to the call of conscience. However, if that is true, death would be a part of the unconscious content, which is problematic to Freud. Attempting to solve this problem, she states that there is an awareness of death in the unconscious, but it is not an awareness of my own death but of the death of another. Freud would say that Carel is correct: there is an awareness of the death of another that is a stranger and/or an enemy to me. However, when I think about my death, my unconscious does not process that, just fears it.

One month after publishing *Life and Death in Freud and Heidegger*, Carel faced what our unconscious fears: she was diagnosed with “one of the rarest diseases known to mankind (lymphangioleiomyomatosis, or LAM)” (Carel, 2007), and was told she had just 10 more years to live. Describing her experience, she states:

I want not just to be able to accept my illness—for I have no choice, really—but to make my life a good one, with all its limitations and truncated future. With Heidegger, I think that in order to understand my life I must understand it as finite. I see my actions and possibilities as limited and ultimately nested within a finite existence. (...) where I am, death is. It is a constant presence, a perpetual shadow. (*Ibid.*)

Havi Carel is dealing with the reality of what we hardly want to be in contact with—our death, which sooner or later makes its presence felt—in life.

**References**


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The essential embeddedness of emotional life in relational contexts serves as the central foundation of the substantial contribution to the psychoanalytic canon made by Robert Stolorow and his collaborators. In his latest book, *Trauma and Human Existence*, Stolorow expands on that theme, underscoring the contextual embeddedness of the experience of trauma, and posits by way of a carefully reasoned argument that encountering the traumatic is an inherent constituent of human existence.

This book, an “autobiographical, psychoanalytic, and philosophical reflection,” as the subtitle denotes, takes the reader step-by-step through some of Stolorow’s most remarkable thinking to date. Weaving his love affair with philosophy, which recently gave birth to a doctorate in Philosophy from the University of California at Riverside, with his decades-long passion for positioning affect, and now, emotional trauma, within a relational, contextual field, Stolorow accomplishes a lot in a surprisingly brief treatise. The nature of emotional trauma, as encountered in his psychoanalytic theorizing and writing, his consulting room, and his own tragic and painfully profound experience of traumatic loss, takes shape in the pages of this book as both a central event around which experience becomes enduringly organized as well as a basic feature of our very being.

The devastating emotional aftermath of the sudden death of his young wife after her shocking cancer diagnosis altered the trajectory of Stolorow’s life and writing career. Struggling to endure and make sense of the terrible feelings of alienation, isolation and uncanniness that afflict many trauma survivors, Stolorow writes of finding a measure of comfort only in the company of a few with whom he shared a common history of traumatic loss. In one of his many significant theoretical disagreements with Kohut’s self psychology, Stolorow maintains that selfobject longings for kinship arise in reaction to trauma.

Stolorow builds a platform for the articulation of his contention that the possibility of emotional trauma is a given aspect of our existence by invoking Martin Heidegger, whose brand of Continental philosophy resonates closely with Stolorow’s most highly favored constructs, contextuality and affectivity. Stolorow draws from Heidegger’s most influential work, his complex and arduous 1927 tome *Being and Time*, the theme of which is the meaning of Being, or, more precisely, the investigation of what it means to be (Heidegger indicates with a capital “B” those inhabitants of the planet for whom existence is an issue, i.e., human Beings). One can well imagine that the co-author of *Contexts of Being* delights in his scholarly kinship with a philosopher whose commitment to human embeddedness in context is literally spelled out in his
use of the compound expression “Being-in-the-world” to denote the unitary phenomenon of existence in context. Similarly, a literal translation of Heidegger’s *befindlichkeit* as “how one finds oneself” has clear parallels to Stolorow’s belief in the contextual nature of affect. *Befindlichkeit* denotes not only how one feels (affect), but, also, the situation in which one finds oneself feeling what one feels (the contexts of attunement and mal-attunement in which affect is felt).

Having established this area of commonality in Heidegger’s work and his own form of phenomenological, existential psychoanalytic theory, Stolorow goes on to delineate the ways in which the philosopher’s views on anxiety parallel his thinking about trauma, laying much of the groundwork for his proposition that emotional trauma is written into the very nature of our existence. Along the way, he provides the reader with “the absolutisms of everyday life;” and the “ontological unconscious,” concepts that denote key experiences of trauma survivors.

Trauma rips the comforting veil of denial concealing life’s implacable contingencies from the eyes of those shattered by catastrophe, removing the unquestioned illusion of safety most people depend on to navigate through life. According to Stolorow, the isolating sense that one is alone among one’s fellows in no longer being shielded by such absolutisms of everyday life, renders a state of alienation understood only by others similarly afflicted. Heidegger uses “anxiety” to refer to the state of mind of one whose Being-in-the-world, no longer operating under the illusion of safety, is now oriented towards the inevitability of death that is an inherent component of one’s life. This authentic mode of Being is not merely an intellectual exercise; rather, it is a visceral understanding that death is “always already” a constituent of one’s life. This authentic mode of Being is not merely an intellectual exercise; rather, it is a visceral understanding that death is “always already” a constituent of one’s life, regardless of whether it is happening in the present moment.

With the “ontological unconscious,” Stolorow adds to the three forms of unconscious previously articulated in his intersubjective systems theory, namely, the pre-reflective unconscious, the dynamic unconscious, and the unvalidated unconscious. He derives this new classification from ontology, the study of being. Much as, developmentally, the child’s affect states that meet with misattunement are remanded to the dynamic unconscious lest they damage the ties to the caregiver, affect states crucial to one’s sense of self are banished to the ontological unconscious in the absence of a welcoming emotional home. Stolorow draws on his own experience to depict the intersubjective contextuality of the sense of being, “When my traumatized states could not find a home, I became deadened, and my world became dulled. When such a home became once again present, I came alive, and the vividness of my world returned.”

Also in service of the thesis of the book is Stolorow’s courageous assertion of the relationality of death. Whereas Heidegger posits an unremittingly non-relational characterization of death, as it is a phenomenon that finally differentiates the individual from the interchangeable entities comprising “das Man,” Stolorow follows another path. Death is first and foremost experienced as something that happens to others. Thus our relationship to death is such that we inevitably experience it in the context of our relationship to others.

Through this unabashedly personal account, Stolorow demonstrates the relevance of Heidegger’s phenomenological, existential philosophy to an understanding of trauma’s indelible impact on the survivor of catastrophic loss. His own experience mirrors that of countless others whose ability to find comfort and solace after such devastation is contingent upon the presence of a relational home for their seemingly insurmountable pain. Stolorow’s subjectivity shines through as the context for his theorizing, of course, and readers will draw their own conclusions as to its generalizability.

Though often dense, and at times poignantly heart wrenching, this brief treatise is immensely readable. The first chapters reiterate and expand on major premises of the intersubjective systems theorists in a succinct review. Subsequent chapters delve into the products of Stolorow’s more recent, deep immersion in the work of Heidegger. A previous introduction to Heidegger, whose writings are notoriously difficult, is useful though not essential in comprehending Stolorow’s chapter on anxiety, authenticity and trauma, incorporating as he does Heidegger’s unconventional use of terminology in constructing his own arguments. Long a devotee of the philosophical underpinnings of psychoanalytic thought, Stolorow demonstrates once again the value in such considerations. Unsurprisingly, he makes a valuable contribution to the psychoanalytic literature on trauma and its vicissitudes.

References:

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The hapless fate of Humpty Dumpty is familiar to us from the nursery rhyme:

Humpty Dumpty sat on a wall.
Humpty Dumpty had a great fall
All the king’s horses and all the king’s men
Couldn’t put Humpty together again.

Dr. Gerald Gargiulo’s moving memoir portrays transcending a painful childhood of feeling like a “broken son,” a “Humpty Dumpty” to his disappointing “broken father.” Although identification with the fate of Humpty Dumpty haunted him, it is also paradoxical. After all, though all the king’s horses and all the king’s men couldn’t put him back together again, Humpty Dumpty had once been whole, and, as egg, had held all the creative possibilities of being fertilized, and containing the ingredients for a new life. It seemed to me that some such underlying belief must have been true for Gargiulo to spur his hopeful encounters with many king’s horses, many king’s men. These included teachers, priests, therapists and a psychoanalyst.

In Gargiulo’s poignant search for a meaningful identity as “whole” he first turns to God and a Carmelite monastery, and then, eventually, becomes a psychoanalyst, with special compassion for the patients who consult him, and a great capacity for forgiveness and acceptance. Recently, as members of the American Psychoanalytic Association were seeking a definition of psychoanalysis for the lay public, Gargiulo proposed: “Psychoanalysis is a clinical treatment that helps individuals feel real, competent and involved in their world. It addresses those experiences, both remembered and forgotten, that block or distort achieving such integration. At the conclusion of treatment a person should be able to love, to work, and to play.” Gargiulo chronicles the workings of this process in his own life. He tells us: “Like a large puzzle on the playroom floor, I am piecing together, searching to remember what must have happened, for me to have the feelings that I have” (p. 4).

Hearing the nursery rhyme in school, Gargiulo feared it foretold “a punishment that could easily befall me” (p. 4) “—or worse, had it already happened?” (p. 5) Gargiulo recalls the childhood forces that left him feeling shattered. They included his father’s explosive outbursts, his mother’s “collapse” into serious depression during his adolescence, and his own early learning difficulties. Each parent, it seems, could represent aspects of Humpty too.

During grammar school, Gerald daydreamed, becoming “content with my classmates thinking I was stupid” (p. 7) He wondered, “Was I perhaps, in my daydreaming and not learning, just angry with my father?” (p. 8). But the cost was high “I was increasingly alienated, self-conscious and humiliated… I was struggling with a deep confusion, a break up within me…apparently someone inside me had called a general strike and I did not know how to call it off” (p. 8) Father became “loud and more thunderous” as Gerald grew older. “He so intimidated my mother, with his yelling whenever meals or schedules did not go exactly as he had planned, that her anxiety or fear engulfed” Gerald and his brother. “His needs were the rules of the house,” (p. 12) Gargiulo states: “It was his anger at the most haphazard of things, totally unpredictable to my childhood reasoning, which continued to off-balance me…There was, it seemed, little I could do right. . . increasingly, I substituted observation and self-enclosure for any possibility of a relationship” (p. 13)

When Gerald was around 12 his mother became profoundly depressed, attempting to mask it with alcohol. For some years, “father, frustrated with his absent wife and unable to understand her illness, or any role he had in it, would violently attack her if he thought she had been drinking. His yelling and her crying and screams for help…still echo within me” (p. 14-15) “It fell to me, as well as my brother, to care for a mother who could not care for herself.” After some years, mother was hospitalized (Gerald wondered “would she remember her name as our mother?”), but returned improved, like her own self (p. 15).
Fortunately, Gerald stayed receptive to positive input from adults. He had a good experience with a child psychiatrist. He can’t remember his face “but I know it was kind and he was interested in me;” while “I had respite from the dark moods of my father. A place, at last, where I didn’t feel stupid and defective…. Ever so slowly my capacity to learn, which had eluded me so far and caused me such shame, showed itself on the horizon, and magically, it seemed my fears of the dark began to recede.” As soon as Gerald “felt good that something was changing inside me” father, citing cost, ended the treatment. (p. 11)

But Gerald had been inspired to master reading. During adolescence a gentle tutor helped “make the letters on the page friends and not foes.” Starting to read, “I read all the literature I could manage to stumble through. I would piece together words, then sentences, dictionary constantly at my side, even while riding the elevated train to my high school.” He joined the classic book club, reading the Iliad and the Odyssey: “I felt a special kinship with these ancient heroes, as if by reading their words and deeds they became my secret friends. As I struggled through these books, I felt I had found, on my own, another world. I had, in fact, found a place of refuge” (p. 17).

At age 18 he began to think about becoming a priest. “I slowly began to feel that by embracing the Church’s teachings, and deepening my faith,” I was assured of good insides… I was promised a protective loving father in God and a reliable mother in the Church. I was pledged not king’s armies but angels who would help me in my healing”. Eventually, and with the support of a therapist, he questions the authority of religious teachings, stops short of ordination as priest, and begins his training to become a psychoanalyst. “I was no longer that odd fellow always falling off walls” (p. 39). Soon, and happily, he married. Gerald remembers:

As Humpty fell, a few years seemed like forever, particularly with all those horses milling about.
You can imagine the sight of it all, although the rhyme doesn’t give us any of the unsettling details. A leg here, another arm there, a foot strewn over some rocks at the other side of the wall. Finally Humpty’s head, loosely held together, with such confusion and pain in his eyes that one would want to release him and save him from the sight of his dismembered body draping the inhospitable ground. Such was the state of my psyche coming out of a childhood of dark fears, of little learning and beginning adolescence shadowed by a mother’s collapse. (p. 16)

I now want to join Gargiulo in playing (one of his goals for psychoanalysis) with his “puzzle on the playroom floor”: I digress from his narrative to invoke some other authors’ versions of Humpty Dumpty, as tentative pieces for his puzzle. First is a portrayal of intergenerational transmission of a father’s anger. It is from a book of poems titled “Mrs. Dumpty,” authored by the wife of an explosively troubled husband. One wonders if the rages at mealtime, which Gerald also experienced, lead to ingestion of anxiety in place of positive nurturance and words.

Why was that door locked? I want
The front door open when I get home
And the lights on, the minute
You hear me honking. He slams
The door behind him, dashes
The porcelain bowl from the table.
Drips of oil shiver to the floor,
Fork and knife, little wings
Of frayed lettuce. A few
bleak words bitten off and I snap
at our son, who enters
laughing. And now
the child is pulling the cat’s tail
with both hands. The cat
is storing up minus signs like a battery,
sharpening its claws” (Bloch, 1998)

Other literature alludes to Humpty Dumpty as achieving mastery and integration, a reversal of feeling shattered. Gargiulo had noted “I had spent years puzzled as to how one put letters down on paper in sequence to convey meaning” (p. 8), fearing words as ”foes” (with a temper).

In Lewis Carroll’s Through the Looking-Glass Humpty Dumpty discusses semantics with Alice during a game of chess. (Carroll, 1872/1999) and takes pride in mastery over giving words meaning.

“When I use a word,” Humpty Dumpty said in a rather a scornful tone, “it means just what I choose it to mean -- neither more nor less.” The question is,” said Alice, “whether you can make words mean so many different things.” “The question is,” said Humpty Dumpty, “which is to be master—that’s all.” Alice was too much puzzled to say anything, so after a minute Humpty Dumpty began again.

“They’ve a temper, some of them— particularly verbs, they’re the proudest—adjectives you can do anything with, but not verbs—however, I can manage the whole lot!” (p. 57)

Gargiulo’s narrative highlights the power of integrating previously inaccessible memories, to “open up” in
the affectively holding presence of his therapist’s, psychoanalyst’s and wife’s ways of listening. Throughout James Joyce’s *Finnegan’s Wake*, (Joyce, 1939/1976) the male protagonist, Humphrey Chimpden Earwicker, is compared to Humpty Dumpty, symbolizing the fall of all men. His subconscious, which he “breaks open” every night as he sleeps, contains all the fragments of history, which his wife collects and puts back together again in the morning (unlike the rhyme). “How bootiful and how truewife of her . . .to steal our historic presents from the past postpropheticals so as to will make us all lordy heirs and ladymaidens of a pretty nice kettle of fruit . . .and even if Humpty shall fall frumpty times” (p. 11-12).

Gargiulo’s story illustrates the son’s need for a father who can give and receive love. It is reminiscent of a passage from Barthelme:

He is mad about being small when you were big, but no, that’s not it, he is mad about being helpless when you were powerful, but no, not that either, he is mad about being contingent when you were necessary, not quite it, he is insane because when he loved you, you didn’t notice. (Barthelme, 1975)

Various welcome revisions about the role of the libidinal relationship to father have affected psychoanalytic theory in recent decades. At a meeting of the American Psychoanalytic Association, (around 1990) Peter Blos, Sr. spoke off the cuff of having accepted his own analyst’s interpretation of his negative Oedipus complex, with its passive homosexual longings, to be mastered by being renounced. He wondered wistfully how his life might have been affected if there had been analysis of the progressive (rather than regressive) dyadic isogender relationship, of which he had been deprived. Blos revised his own theorizing (Blos, 1985), convinced that “the early experience of being protected by a strong father and caringly loved by him becomes internalized as a lifelong sense of safety in a Boschian world of horrors and dangers,” and establishes “a libidinal bond of a profound and lasting kind.” In adolescence the boy needs a “blessing” conferred by the father.

The residues of the libidinal bond lie, to a large extent, buried under forceful repression once adolescence is passed. The profundity of this infantile experience, when roused into emotional re-animation during analysis, remains usually inaccessible in its latent intensity by verbalization alone. It finds expression via affecto-motor channels, such as uncontrollable weeping and sobbing, when overwhelming feelings of love and loss in relation to the dyadic father torments the patient.

In contrast to these affects of passion, the manifest son-father relationship may be remembered “with a sense of gnawing disappointment following the boy’s alert and sensitive registration of the father’s shortcomings which disqualify him as the son’s hero or worthy opponent. The son may remain eternally remorseful over having failed to evoke his due measure of the father’s approval, pleasure and loving support in growing up and becoming recognized as his ‘big boy.’” Blos implies the value of reaching such layers of longings at their affective source, as well as affirmation of being “grown,” now one’s own man. Herzog (2001) also writes movingly about the deep reach of father hunger, as it emerges in the transference, and becomes transformed in his patients’ experience of him. Herzog has highlighted the importance of the child’s internalization of a “triadic reality,” representations of self with mother, self with father, as well as self-with-mother and father together. So the nature of the intimacy between the parents, so troubled for Gargiulo, also impacts the child’s experience of father.

Freud, stressing Oedipal competition, was not
comfortable accepting some of his patient’s loving desires. He blamed Ferenczi’s “homosexual libido” toward him for much of their eventually tragic alienation. Ferenczi, not being able to work through either his love or hate for his analyst, for a time advocated healing through the enactment of affection (a mistake!). But, as Hoffer (1991) noted, he “had a specific notion of what had to happen before termination could occur.” Just before his final meeting with Freud, Ferenczi writes in his diary: “Finally it is also possible to view and remember the trauma with feelings of forgiveness and consequently understanding. The analyst who is forgiven enjoys in the analysis what was denied him in life and hardened his heart. Mutual forgiveness!” In this way Ferenczi opines that the analyst also seeks restitution for having had to harden his heart.

Gargiulo’s experience with his analyst made it unnecessary for him to “harden his heart” in his own approach to patients. As Gargiulo listens to his father’s tales of his own miserable childhood and eventually forgives him, he is aware that forfeiting the delicate love between them would also be forfeiting memory, too costly for integrity of self. He writes:

Butterflies are more
Than a yellow breeze
Alighting arbitrarily
Delicate
Like love
So easily undone
If you wave them away
In a moment of forgetfulness,
Your loss will be an empty memory.

We are told that when Father dies, it is in the embrace of his grieving son. Before his death “I read my poems to my father and he listened.” And, in this way he connects to the listening psychoanalyst.

With most of the book prioritizing Gargiulo’s inner experience eloquently, we can’t have everything. Gargiulo portrays some of the issues with which he struggled, and the influence of his analyst, and therapists before him, as comforting, affirming and vitalizing. As he puts it; “Dr. Tom’s couch supported, each weekday, all the remaining pieces of my Humpty self that had not yet come together.” But I would have liked more experiential description of what actually transpired, early, later and after the analysis to affect the changes to which he alludes. What did the analyst actually say in different phases of the analysis, what did Gargiulo surmise about what they felt toward him, what were the most painful, conflicted, vulnerable and gratifying moments? What did Gargiulo believe were the analyst’s theoretical frameworks, and how did his own later way of working with patients reflect or differ from what he experienced? In my own work on analysts’ memories of their own analysts, I found that such questions were intricately linked to the qualities of satisfactions or dissatisfactions with the analysis, post-termination, and the unique features of the analysts they became. (Tessman, 2003)

Perhaps Gargiulo will elaborate in future writings. However, he leaves no doubt about feeling that the intergenerational transmission of “brokenness” has ended, that he now enjoys the identities of deeply loving husband, nurturing father and generative psychoanalyst. As psychoanalyst, he believes that diversity of opinion need not shatter the field, that if there is connection, Humpty Dumpty won’t be in need of glue. In a tribute to Theodore Reik, in whose institute he was a candidate, he cites his mentor about the next generation of psychoanalysts: “We do not know them, but we feel close to them. People need not be glued together when they belong together (Reik, 1948, p. 514”).

Gerald Gargiulo’s s narrative rides on a multilayered flow of associations. It has been said that one must break eggs to make omelets. The reader who accompanies Gargiulo’s Humpty Dumpty will be rewarded with awareness that Gargiulo continues to stir new ingredients into his multilayered omelets.

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When considering popular psychology publications and psychoanalysis, the cover art featured on the Black Cat paperback edition of *Must You Conform* (Lindner, 1956) strikes me as rather provocative. There a viewer finds a color photograph of a naked woman whose back is turned while next to her in black and white, a faceless man appears facing forward wearing a grey hat and suit. The brute force of the dichotomized colorful female’s body on the one hand and a static and disembodied male suit on the other depict conformity as aversive and rigid. To view this image some fifty years after publication, I am reminded of the well-documented loss found in this gendered split between the subjective and objective (Benjamin, 1988). In what many consider a post-modern climate in which such gendered binaries long reified in modernity have been ruptured by gender plasticity, comes a psychoanalytic study on the relationship between fathers and sons targeted toward a popular audience. One might expect gender trouble.

I am happy to report that in his study of fathers and sons, Michael Diamond successfully negotiates two narrow lanes. Not only does he chart a clear linguistic path between the Charybdis of popular psychology and the Scylla of academic theory and research but he simultaneously negotiates the plasticity of contemporary conceptions of gender with the lived constraints of culture and biology. In building upon earlier work on fathering (Diamond, 1998), Michael Diamond has not only impacted the world of gender studies, but has delivered clinical psychoanalysis to a wide audience without sacrificing fidelity. As measured by its standing in the nonfiction adult social sciences section on Amazon.com, the work is popular and has been well received. To that end, the book serves as a stark reminder that as in Lindner’s time, psychoanalysis continues to be a significant component of our culture’s zeitgeist in the quest to situate the self and family.

The book centers around the thesis that a “good enough father” is an ideal second other that may be found across the lifespan in the guises of model, challenger, guide, mentor, fallen hero, aging equal, wise elder, and aging elder for a developing father and son. Across these stages Diamond posits a persistent need to be both independent and connected. Diamond notes that fathers are typically more disruptive than mothers who tend toward attunement. However, he also notes that mothers and fathers each contain aspects of the capacity to privilege independence and connection in a manner that fits quite well with Blatt’s (2008) observation that both the capacity for independence and connection are necessary for a healthy psychology in any individual. Although Diamond is clear regarding such gender equity, he chooses a conventional use of the word father while simultaneously reworking the space signified by that word. While he does not overtly speak of a method of deconstruction, the trajectory of his work reminded me of what has been called putting under erasure (cf., Fairfield, 2002). As Fairfield notes, this entails striking through the word (e.g., *father*) so that although the conceptual system of our culture is being utilized, the very reworking of such a system is simultaneously made explicit. I found myself thinking that such a style would have served to persistently remind me of the difference that is found in this book. However, I do think that it would have lent heaviness to the work leaving it difficult to access in another direction. To that end, I believe Diamond deserves credit for choosing a quiet path of reworking as opposed to a louder one.

This reworking entails altering the lack of a nuanced conceptualization of fathering with our shared social representations of popular culture and in our professional literature. Such a reworking is made possible by the feminist movement of the 1970s and the subsequent economic changes that often lead to dual careers in which men have had to become more active in the parenting sphere. To that end, this book supports and extends a conception of masculinity that is not built on a misogynistic scaffold while affirming the intersection between biological sex and gender identity. It is in this context that Diamond discusses the mirroring that may take place when a boy stands next to his father while he shaves to show that active engagement affords a more realistic way of being a man for a developing son.

Fathering then is conceptualized as a relational space of bidirectional influence due to a mutual identification between father and son. Simply, each develops. In writing about an example of a gay son and the manner in which engagement affords increased understanding of masculinity, Diamond shows the manner in which a son’s presence affords a space in which a father may address his own often changing identity if he is able to tolerate what is mirrored by his son. This theme of containment facilitating bidirectional growth is situated throughout the book in several perspectives and stories. Parenting, however, pace Erickson, is not essentialized as the only way in which to be generative.
Although the book focuses on the relationship between fathers and sons, in so doing it also captures vital aspects of the contemporary nuclear family and intrapersonal development. In accounting for the dominant cultural representations of a father as singular protector and provider and the subsequent damage done when one is not able to live up to or conform to such an ideal as is illustrated in case material of dad who earned less in dual income family. Diamond shows the manner in which masculinity is compelled to evolve in the participation of second shift labor. Not only is the demand of working with feelings of being forced to grapple with meaning and self-worth when one perceives mother and child as self-sufficient unit, but the difficulty of negotiating an identity of what a masculinity looks like once the hardness of phallic narcissism is no longer relied upon, are shown to be central challenges on the path toward a mature integration of a more cohesive identity. In such an integration Diamond finds a place for hardness and softness. For example, he notes that the caring father often is called upon to assert his worth with his capacity to also be an exciting lover. That such a multifaceted stance affords a capacity to connect and allow for separation in a manner that not only serves as a vehicle to diminish a boy’s omnipotence, but also allows the emergence of a representation of mother and father together. Diamond refers to this as a “parenting alliance,” a union that continues throughout a child’s development.

Not only does the text afford a re-conceptualization of fathering, but also the reader is treated to a personal down-to-earth narrative. Diamond disclosures range from playing with his own children (male and female) and being a fallible little league coach, to examples of his clinical engagement across a variety of cases. He interweaves interpretation of literature ranging from Greek mythology and contemporary texts such as To Kill a Mockingbird, to the lyrics of Joni Mitchell, and even a discussion with a neighbor regarding parenting and uncertainty. For a reader of this newsletter, I wholeheartedly recommend the book due to the quality of the clinical vignettes and this intimate self-portrait of an analyst in life both inside and outside of the consulting room.

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Not everyone can be a Frank Lachmann, a person of wit, intelligence who has the ability to “look at the bright side of things” even in the darkest moments; but all can learn from him, and, most importantly, learn to allow ourselves the freedom of creativity in our analytic work while respecting boundaries and avoiding “wild analysis.” Lachmann’s example of interacting with his patient and his play on words is a brilliant use of metaphor to further understanding and is an exciting endeavor presented with a fresh vision. This book is clearly an important learning experience for clinicians, teachers, and students at all levels of their professional development.

Always the student as well as the teacher, Lachmann ends his book by considering the possibility of self-transformation as part of the creative process, a process from which one derives feedback from his own activity, and this feedback allows a person to shift in ways that are new. Lachmann shares with the readers his own growth and change as a result of this creative endeavor. Always the good analyst, as his awareness of the centrality of affect and his new views took wing; he not only shares his own exhilaration with the creative process, but also regrets that he had not had this particular understanding earlier in the course of former treatments of his patients.

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This is the first of Antonino Ferro’s many contributions to the psychoanalytic literature that I have (as yet) read and I found it a wonderful book. I mention my limited experience with his oeuvre at the outset by way of a disclaimer: I may very well fail to capture some points or even distort, albeit inadvertently, Ferro’s meaning or intent, for which I apologize in advance. I would label myself as a contemporary Freudian who is attempting to educate myself with regard to other recent developments in psychoanalytic thinking.

Shortly, I will invite the reader of this review to follow along with me through my understanding of what this book discusses. I want first, however, to comment on the most exciting feature to me of Psychoanalysis as Therapy and Story Telling: Ferro’s clinical examples. Over and over, he presents succinct but vivid examples of his interactions with a given patient, accompanied by his assessments of what had transpired. These seem not only creative but accurate, capturing apt meanings that make sense, and inducing in the reader a feeling of pleasure at the imaginative “take” on the material. I felt I was in the presence of a master clinician. I was impressed regardless of the extent of my acceptance of Ferro’s overall point of view. Thus, though there is much to consider of value in this book, solely reading his vignettes/assessments is enormously worthwhile. (It is a puzzling but repeated observation that I find resonance with the clinical work of seasoned analysts from many schools of analytic thought different from my own, as if the experience of clinical psychoanalysis itself is the common denominator for many of us.)

In Chapter One, Ferro lays out his basic tenets, which he then weaves into all the chapters, reworking his ways of stating them so that they become increasingly clear to the reader. While acknowledging the many ways that the term “narration” is used, he describes his own particular definition as “... way of being in the session whereby the analyst shares with the patient in the ‘construction of a meaning’... [called] transformational co-narration [which] takes the place of interpretation” (p. 1). It is, thus, “the offspring of the minds of both.” Primarily relying on Bion’s concepts of beta elements and undigested facts that get transformed into alpha functioning and the ability to think through providing a setting of containment of oscillating paranoid and depressive anxieties (originally from Klein’s work), Ferro builds a picture of the analyst as focused on entering the patient’s “world,” rather than focused on interpretation which would only serve the analyst’s own narcissism and be an unwelcome intrusion—or worse—for any patient whose alpha function, that is, ability to think, is not optimal. He says that one can only treat the disease if you “get” the disease, which is another way of saying that you can only understand from the inside of the experience -- even though Ferro realizes that “the analytic situation necessarily involves a degree of asymmetry because the analyst is responsible for the progress of the” (p. 7) work. A Freudian might call that “trial identification.”

Ferro adds that his is a “field theory” in which the psychoanalytic session is the field in which the analysis proceeds. While noting other interpretive points of view—such as the analyst listening as if the people and events described could be understood in the Freudian manner as real historical/genetic references or as a decoding of unconscious bodily fantasy from a Kleinian perspective—Ferro stresses:

The limit of the possible stories is only that they should as far as possible arise from the transference (understood as repetition and the projection of fantasies) and from the patient’s emotions... [The analyst’s understanding of these stories] should not therefore serve for confirmation of the analyst’s theories. (p. 10)

The point he is emphasizing is the unsaturated nature of the analyst’s position, that is, not preformed or preconceived but open to possibility. Further, that “the field coincides with the narration... which is already out of date at the very moment when it is completed,” thus making it a fluid field (p. 11). Again, the characters in the narration are simultaneously historically real characters (Freud’s view), referencing internal objects of the patient’s inner world (Klein’s view); but for Ferro these genetic and intrapsychic aspects are put aside to pay attention to the analytic field and the “quality of functioning of the couple in the field” (p. 14).

Moreover, as amply demonstrated in Ferro’s clinical examples, the analyst’s function is to follow and enhance the development of meaning that the patient signals through the characters brought on stage in order to understand what is happening between analyst and patient in the session (in the transference). This is a transformative
process that helps the patient increasingly tolerate his affects and thoughts but can easily be disrupted if the analyst overestimates the patient’s capacity to hear the analyst’s take on the current transferece implications of the narration. At such times, the analyst will hear the “violence” done to the containment function that has occurred by listening to the verbal, nonverbal behavior, or acting out responses of the patient. When the analyst understands his failure and acknowledges the part he has played in creating the violence, the field can return to the transformative mode, the analyst having made the field less persecutory. The analyst is thus invited to hold a delicate balance, participating in such a way as to continually further the sense of the meaning without overhearing, and waiting for the most propitious moment to conceptualize a transferece observation to the patient.

In some ways this conceptualization of the process is reminiscent of a self psychological description of attunement and failures of attunement, and a Freudian one of the effects of a “break in the frame,” and provides the opportunity for working through of such moments when the analyst takes responsibility for his limitations, errors, or narcissistic attachment to his theories. Ferro, however, thinks of it more in terms of saturated and unsaturated interventions. Saturated refers to comments that have an agenda and are filled with the theoretical preconceptions of the analyst; whereas unsaturated avoids foreclosure and leaves the possibility open for the patient to choose his own path. As an outgrowth of Ferro’s genuine capacity to develop his own psychoanalytic path, he has found a way of working with, understanding, and helping to heal even the most disturbed patients.

To return for a moment to Ferro’s discussion of “acting out,” he uses the concept in a way consistent with his field theory; yet few analysts would disagree. For Ferro, “acting out [is] a signal of a dysfunction of the field, which, however, contains within itself the possibility of communication, if it is received and transformed into thought” (p. 98).

While there are many other aspects of his thinking that are important, two may be of particular interest. One has to do with implications for drive theory, in particular, the role of infantile sexuality in Ferro’s articulation of his point of view. The other has to do with a central tenet of many contemporary points of view, namely, countertransference.

Ferro devotes a chapter to his conception of the role of sexuality in the consulting room. He is quick to give credit to Freud and to later analysts for “enormous contributions to our knowledge of human sexuality” (p. 37). However, he considers reference to sexuality beside the point, as a defensive “avoidance of depressive experiences” (p. 41), for example, or merely one of the characters (since characters can be people or objects or even processes) in the analytic field that one might contemplate on the way to understanding the meaning of the thoughts the patient and analyst are trying to digest in the session that has to do with the relationship between the analytic couple. He seems to favor a way of thinking of sexuality in the sense of the mating of two minds.

The examples Ferro gives to demonstrate moments when obviously sexual material is in the field and how it can best be dealt with as providing relational meaning rather than erotic are very convincing but do also bring to mind that there are, to use a well-worn metaphor, many roads to Rome. Obviously, the analyst may not go down paths that lead in different directions at the same time—a phenomena often exemplified by the way analysts in a case conference “hear” different meanings of the presenter’s material that would take the session in another direction from the one chosen. If a road is taken consistently and effectively, there is analytic evidence to suggest that the approach will be successful even though other aspects, even of significance, may not be touched. My only reservation would be a concern that inadvertently there might be an avoidance in the analyst that could be theoretically or countertransferentially (as in the analyst’s transference) based, something Ferro himself would clearly not advocate.

Countertransference, as used in the previous sentence, is obviously not the primary way that countertransference is understood these days, when the emphasis is more broadly understood in terms of what the countertransference of the analyst allows the analyst to learn about the patient. While Ferro explains that he used to be very attentive to the countertransference, he now feels that listening to the field signals can preempt countertransference altogether. He acknowledges “the countertransference—like a useful episode of indigestion—signals that the field is permeated with β-elements, which it has not been possible for the analyst’s α-function to transform into α” (p. 101). To put it another way, Ferro states,

The attention formerly devoted to observing the patient’s communications and the countertransference now becomes attention to the figures that take shape in the field . . . all the “obscure” emotional events that used to be picked up by the countertransference are now usually—before activating countertransference manifestations—signaled by the field, provided that the analyst is able to listen to the narrations of the session as forming part of the current field. (p. 100)

This view of countertransference presents a picture of it as

Continued on page 92
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COMMITTEE AND LIAISON REPORTS
INTERNAL RELATIONS IN PSYCHOLOGY
JENNIFER A. BABCOCK, PSYD

The Committee on International Relations (CIRP) met for their Spring Meeting in Washington DC from March 28–30. In addition to the eight committee members, Merry Bullock, the Senior Director of the Office of International Affairs for the APA attended. I attended this meeting as the liaison for the Division 39 Committee on Internal Relations in Psychology. There was an impressive range of 36 agenda items discussed during this meeting, all of which will be available on the CIRP website at www.apa.org/international/cirp, along with the meeting minutes.

The group energetically discussed issues such as the selection of topics for international awards; ways in which to internationalize undergraduate curriculum; policy issues pertaining to international affiliate criteria; a review of the APA UN activities, as well as an exploration of the concept to establish a task force geared toward immigration. Of course, there are too many issues to cover in such a brief review; but I wanted to impart the positive feedback that Division 39 received from CIRP with regard to its ability to develop an international presence. In fact, CIRP requested that Division 39 consider developing a model that other Divisions may utilize in order to expand their international presence and efforts to establish international relations in ways similar to Division 39. (See notice on page 94 for additional information.)

During this meeting APA President-elect James Bray discussed aspects of his vision for the APA in the coming years. Dr. Bray described the ways in which he hopes to initiate a change effort in the upcoming APA convention, which offers all Divisions a unique opportunity to exchange and share knowledge with our colleagues. The format of the meetings would take on a “continuing education model,” whereby conference participants would have the option to choose a “track” of learning. It is hoped that various Divisions will take on the role of developing and implementing these tracks based on their area of expertise and interest. Dr. Bray expressed enthusiasm to understand the ways in which Division 39 may contribute. Our committee is in the process of discussing the ways in which we too can become involved, and it appears this may be an exciting opportunity for all of our Divisions.

These meetings were very exciting to be a part of and provided momentum to our own committee’s ability to brainstorm and conceptualize ways in which we can further the efforts of CIRP. Please feel free to contact me at jab142@gunet.georgetown.edu if you have any comments or questions regarding these meetings.

AWARDS
WILLIAM A. MACGILLIVRAY, PHD, ABPP

The Awards Committee functions under the direction of the Board of Directors and is charged with recommending nominees for our yearly awards. One award is for leadership and is given to a Division member who has contributed to psychoanalysis through leadership and service in the Division. Recent nominees who have received this recognition have included Lew Aron and Nancy McWilliams.

The other award has two designations: Psychoanalytic Research Award and Psychoanalytic Scholarship Award. The nominees for the Psychoanalytic Research Awards have included Wilma Bucci, Enrico Jones and Drew Westen. The Psychoanalytic Scholarship Award recently has been given to Doris Silverman, Judie Alpert and Bert Karon.

Nominations for the awards are solicited from the Board of Directors during the January Board Meeting. Previous winners of the awards have also been regularly polled to request their suggestions. The Awards Committee sift through the nominations and report back to the Board of Directors with a recommendation. The Board of Directors then must vote on the nominees.

This year, the Psychoanalytic Research awarded was presented to Allan N. Schore in recognition of his tireless efforts to integrate the exciting findings in neuroscience to the clinical data of psychoanalytic process. A regular contributor to the newsletter, a summary of his talk can be found on pages 20-26 of this issue.

Although bestowing the Leadership Award is often a stirring event, as we honor someone who has been important in service to the Division, this year’s announcement that Neil Altman was the honoree was especially poignant. Although Neil certainly would have deserved the award for his many contributions, including service on the APA Council of Representatives and his founding of Section IX, his work over the last two years in challenging our parent organization to live up to its own ethical principles and oppose psychologist involvement in the illegal detentions symbolized by Guantánamo, have been exemplary. He has steadfastly opposed when he had to, cooperated when he could, and been unfailingly civil to those he has challenged. His acceptance of the award (with, I believe, every member of the extended Altman family present) was one of the more emotional and uplifting events of the entire Spring Meeting.
I have been involved with continuing education (CE) in one form or another for over ten years. Although my perspective is not unique and I cannot speak on behalf of the APA Continuing Education Committee or the APA, I am writing to address certain common questions and misconceptions about CE that I have encountered in my various roles, from consumer of CE, organizer and presenter of CE, sponsor and, for almost two years, one of 14 members of the APA Continuing Education Committee (CEC) which approves sponsors of CE as part of the Sponsor Approval System (SAS).

**Why are we required to complete CE hours?**
The simple answer is that APA does not require a psychologist to acquire CE hours. Requirements are established by state licensing boards and vary quite a lot. Some require a number of hours; some require none. Some require very specific content (e.g., ethics or domestic violence); others do not specify content areas. APA does have a definition of what is, and is not, CE (see [http://www.apa.org/ce/scman.pdf](http://www.apa.org/ce/scman.pdf):

Continuing education in psychology builds upon a completed doctoral program in psychology. Continuing education (CE) in psychology is an ongoing process consisting of formal learning activities that (1) are relevant to psychological practice, education and science, (2) enable psychologists to keep pace with emerging issues and technologies, and (3) allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession.

I will refer to this definition again, as it is relevant in addressing a number of issues. The basic point, however, is that state licensing boards mandate CE hours although APA does support continued lifelong learning, including CE.

**What counts as CE credit in the APA SAS?**
The definition cited above is important here. Some learning opportunities may not be included in this definition, including activities such as personal psychotherapy, supervision and consultation. Attendance at psychoanalytic meetings, presentations at those meetings, writing books and articles, etc., sometimes do not count for CE credit. Areas of education Freud cited as important to psychoanalytic education, that is, a broad knowledge of literature, music and the arts are not included. There are, however, some state licensing boards that do allow psychologists to count some of these activities, of course, but still require at least half of mandated CE to be from APA-approved sponsors.

**What about business of practice?**
Many colleagues have complained, “APA does not allow business of practice educational activities.” Following the definition cited above, CEC approves activities that meet all relevant standards; it could not approve activities whose goal is solely to help the psychologist to succeed financially in his/her practice. The Standards require that CE activities allow psychologists to “improve services to the public.” Of course this may help the psychologist make a better living. Obviously there are many ways that CE can help a psychologist be more effective as a psychotherapist or psychoanalyst, and this certainly should help him/her financially.

**Could the APA definition of CE change?**
Yes, the definition of CE could change, as many of the policies and procedures of CEC have changed over the years. The Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists and the Policy and Procedures Manual have been reviewed by governance groups of APA and adopted as policy by the APA Council of Representatives. Any change in definition of CE would have to go through Council.

**Why do we have to fill out all those forms?**
One way to think about the documentation required for CE activities is to see this as a “consumer protection” service. An important reason for required documentation is to make sure that participants have all the information they need to make a reasoned judgment that the activity offered will cover specified topics, with presenters who have reasonable qualifications, with no hidden costs or requirements, and that the sponsor operates in a transparent and ethical manner. Another major beneficiary of all the forms you complete is the sponsor, who will then be able to plan workshops and seminars based on participant feedback.

**What does the APA CEC do?**
The CEC has two main functions. Most of our work consists in reviewing sponsor applications and approving or denying these applications. Basically, sponsors must go through a well defined application process (see [http://www.apa.org/ce/ppman_05.pdf](http://www.apa.org/ce/ppman_05.pdf)). They apply for preliminary approval before being granted full approval, which then must be
renewed every five years. Our other function is to select CE programming at APA Convention and review all of the CE activities of the APA Office of Continuing Education in Psychology, including online courses and home study activities with books and DVDs published by APA.

**WHO IS ON THE CEC?**
The CEC is made up of 14 psychologists who are appointed to a three-year term. We meet as a full committee twice a year in Washington to act on applications from sponsors, but also work together several times during the year with smaller teams that complete the initial reviews. The CEC seeks members with a range of experiences, both in terms of their professional activities and their work settings. A mix of academics and practitioners, as well as members active in state associations, APA boards, the delivery of CE lead to a diverse and varied committee. APA staff works closely with the CEC by working with sponsors in developing applications, (and giving the good and bad news regarding CEC decisions).

**COULD THE CEC DISALLOW PSYCHOANALYTIC PROGRAMS?**
The short answer is "No." Determination of eligibility is not made on the basis of topic alone. The responsibility is on the applicant to adequately establish the bridge between program content and the elements of the criteria. The content of CE is the crucial component of programs intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, and science. CE programs may include content related to well-established psychological principles, or may be based on content that extends current theory, method, or practice.

In my experience, sponsors of psychoanalytic programs have had a variety of problems in meeting CEC standards, but the curriculum content has not been a problem, even for reviewers who do not view psychoanalysis as empirically validated. The valuable aspect of having a psychoanalytically oriented reviewer on the CEC is that we are sometimes called upon to "build a bridge" between what the sponsor has written and how the content meets the standard. The CEC can also seek consultation as necessary when expertise on the committee is not available.

**WHAT GOOD IS CE?**
The short answer is that nobody knows! One of the projects that the CEC has undertaken in the last few years is to build a database that may allow someone to attempt an answer. There is a body of evidence in medicine that suggests some possible answers. The first likely answer is that few of us are accurate about what kind of CE we need, how much we need, and whether we have learned anything from CE experiences. Another likely answer to the efficacy of CE is that only activities that provide opportunities to actually practice the skill taught are likely to lead to change. Since most CE activities require only a minimal assessment of learning (e.g., What did you learn from this activity?), it cannot be said, based on empirical evidence, that CE from APA-approved sponsors leads to improved service to the public. I doubt that an ethics seminar ever stopped a psychologist from violating sexual boundaries with a patient. At the same time, there is evidence that attitudes toward violations of sexual boundaries have changed greatly over the last thirty years due in some measure to ethics education.

**SO WHAT IS THE POINT?**
I think it is inarguable that ongoing commitment to lifelong learning is vitally important for psychologists as individuals and as members of a profession that enjoys the right associated with self-regulation. Given that right by our society, as a profession we owe it to the public to hold our colleagues and ourselves to the highest professional standards, including continuing education. The role of APA Continuing Education Committee in setting standards and policies for APA-approved sponsors allows psychologists and others to know that these programs have qualified presenters, appropriate goals and objectives, substantive content and a variety of other safeguards and practices that should enhance the educational experience. In other words, psychologists who attend programs of APA-approved sponsors are likely to have a positive educational experience.

At the same time, there are many other pathways toward ongoing commitment to lifelong learning. These pathways are no less important, and may very well be more important. Supervision, consultation, informal reading groups with colleagues, etc., may be far more enriching than an organized CE activity. I suppose my main point is that we should keep in mind that APA-approved sponsors of CE provide only one experience among many learning experiences. State regulatory agencies tend to collapse this distinction and privilege APA-approved CE in defining the need for continuing education. For colleagues who complain about what is or is not allowed by APA CEC, please consider addressing concerns to the State Boards who mandate CE and choose to use the term “APA-approved” as the primary qualification for what counts as CE. There is no evidence that APA-approved CE programs are inherently superior to other forms of learning. Psychologists who wish other kinds of lifelong learning to count as part of a psychologist’s education should direct effort to impressing State Boards of this self-evident fact.
The Spring Meeting in New York this April afforded an opportunity for representatives of local chapters throughout the country to gather to share information and discuss common concerns. This year’s early morning meetings were well attended, with representatives from eighteen of twenty-eight active chapters present. Although these meetings allow for some of the usual “housekeeping” tasks familiar to any organization, probably the most important and certainly most interesting part is a kind of “show and tell” in which programs and other annual highlights from each chapter are shared.

If you were to look at a map of the United States and Canada, you would see a varied picture of local chapter territory. In the Northeast U.S. for example, almost every state has at least one local Division 39 Chapter. The landscape thins somewhat heading into the south and west. Some chapters are large and well established, while others are fledgling but growing. Across all chapters, numbers of participants has remained relatively stable or is growing somewhat. Many chapters have been challenged by the task of recruiting members to fill board positions and attend programs, particularly when there is some degree of competition from other psychoanalytic institutes or comparable clinical associations. But in listening to descriptions from each chapter, the dominant impression is of the vitality of psychoanalytically oriented activity in most parts of North America.

Many chapters have found new ways to collaborate with other groups and have sought ways to continue to disclose the values of our work within a broader culture that is often suspicious or dismissive of psychoanalysis. There remains a high level of enthusiasm for high quality continuing education opportunities characterized by stimulating ideas, relevant clinical skill development, professional networking, and collegial support. Several chapters have emphasized outreach to graduate students, which is also a long-standing priority of Section IV through our annual sponsorship of students at the Spring Meeting.

A new initiative from Section IV for the 2009 Spring Meeting in San Antonio will be the opportunity for one of the local chapters to participate by presenting a panel drawn from their membership. More information along with a call for proposals will be forthcoming toward the fall. Our hope is to continue to encourage greater participation of the chapters in the annual meeting.

In keeping with Section V’s mission to support innovation and fresh thought in psychoanalysis, Sphinx, our online newsletter opens the Web site (http://www.sectionfive.org) with two thought-provoking topics. Leading off is Priscilla Butler’s brief essay, “The Special Enough Child?” It reminds us of the other side of good enough mothering which we think about as analysts. Next is Ghislaine Boulanger’s introduction to two papers on “Theory as Trauma,” respectively by Emily Kuriloff and Robert Prince. These discussions are on psychoanalysis applied to trauma perpetrated on large sections of society as in the Holocaust. All Division members are welcome to add their thoughts.

Section V’s invited panel in Boston, “Doctor, What about Pills?” will be a collaboration with Section II (and cosponsored by Division 42). This important topic covered by a strong panel of members and guests will be explored in a double session, granted CE credit status by APA.

Our busy Henry Seiden, as chairperson of the Division’s Publications Committee, initiated with APA a Division-wide Book Proposal Prize for would-be first time authors of psychoanalytic books, encouraging them with the possibility of an assured contract for publication and a $1000 award. The inaugural award winner will be announced at the August meeting during the APA Convention.

Continued from page 87 a useful tool only as a last resort when the field is already in a dysfunctional state. The capacity to anticipate from the signals in the field, while admirable, may be more of an ideal than a practice for many analysts less skilled than Ferro. Yet, Ferro himself shares how challenging such a stance is, when he offers his amazingly open and self-revealing descriptions of his own earlier analytic efforts, which he now sees more clearly as examples of a dysfunctional field. That openness, too, is an ideal to admire!

In closing, I want to express again how much I value this opportunity to learn from Antonino Ferro. I am eager to read more of his work, and I strongly recommend such exploration to all those interested in psychoanalytic thought no matter what their own persuasion.

Harriet I. Basseches
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I promised in an earlier posting to keep members updated on our efforts to establish a postgraduate program in psychoanalysis and psychoanalytic psychotherapy. Our committee has expanded to include four active members: Joyce Cartor, Jack Barlow, Jim Gorney and me. Our main initiative has been to send out an invitation to senior members in APS, asking them to attend an organizational meeting. The original idea was to start with those members who have had extensive experience in psychoanalysis, including teaching, supervising and writing, in addition to clinical experience. The thought was, and still is, that we should start with those who have extensive psychoanalytic knowledge, even though they have not been through formal psychoanalytic training (only one of our members is a graduate of a psychoanalytic institute).

Along the way, however, we were in for a surprise. The APS Board met for its annual retreat, with several new officers who are relatively junior clinicians. In addition to this infusion of “fresh blood,” these members brought a very different perspective to the group. As we discussed the factors in our group process that can help or hinder members from becoming more involved (that is, attending more programs, speaking up during our programs, etc.), there emerged a perspective that had not occurred to many of us. These new officers observed that many relatively younger members are often reticent to speak up because they do not feel able to “hold their own” in a discussion. They value the discussion. They find the clinical insights discussed helpful. They tend to feel “at sea,” however, when the subject turns to psychoanalytic concepts and theory. Although we have been commiserating for years about the declining opportunities graduate students have had at our local university to learn basic psychoanalytic theory, it still came as a surprise that APS members would feel that they needed something more basic (and sustained) than our general seminars and conferences.

I decided to take what I learned from this meeting and check it out with the rest of the membership. I posted a survey for our members and received 52 responses, which represents about a 40% return rate. Twenty-two members (42%) rated their psychoanalytic knowledge as relatively low or low. This self-assessment seems surprising, given that these are members of a psychoanalytic organization. At the same time, it is significant that there is a real need to develop a more basic and sustained psychoanalytic curriculum for our members. Ten members expressed strong interest and twenty-two expressed moderate interest (for a total of 61%) in participating in a more formal educational program to develop knowledge of psychoanalytic knowledge and practice. It is surprising and gratifying to see that there is more interest in psychoanalytic thought than I thought. It may be that we need to re-think how we will proceed, or at the very least develop some more sustained learning experiences to help our members make better use of our seminars and conferences.

On May 10, 2008, CAPP was pleased and privileged to present “An Afternoon with Robert Stolorow: The Evolution and Clinical Application of Intersubjective–Systems Theory.” Dr. Stolorow shared the development of his particular concepts of Intersubjectivity and described the implications of an “intersubjective perspective” for human nature. He expanded on his original conceptualization of the phrase “the unbearable embeddedness of being” to include the “trauma of human existence.” Borrowing from Heidegger’s philosophical contributions, Dr. Stolorow’s discussion demonstrated that the very essence of humanity’s vulnerability rests on our “finitude” of existence, and in particular, on the finitude of existence of the necessary other to whom our existence is attached. As Dr. Stolorow described, a self can only come into being through the presence of another interactive, responsibly attuned, independently organized other self. Traumatic experiences of separation, loss, or the lack of ability of a responsive, validating other forecloses the sustenance of the “relational home” and exposes us to becoming aware of the very “embeddedness of being” that normally exists behind our defenses, behind our conscious awareness, not repressed so much as unrevealed. The possibility of psychic birth is thus always tied to the possibility of psychic death. A discussion with the audience following Dr. Stolorow’s presentation generated a piqued interest in both the psychoanalytic and philosophical underpinnings of this rich theoretical material. Our thanks to CAPP member Christine Kieffer, who organized this conference.

1 I willingly will put in a plug for Survey Monkey (www.surveymonkey.com). It is easy to use, free to use, unless you want to get fancy, and pulled in more responses that any snail mail campaign we have ever tried.
ANNOUNCEMENTS AND CONGRATULATIONS

BOOK PRIZE PROPOSAL
Division 39 announces the second annual award for a book proposal from a Division member who is a first time book author. The purpose of the award is to encourage our members to write a book they have in mind. The proposed work may include material from published papers, but the majority of the content must be original. No edited collections are acceptable. The proposal must include a summary of the purpose and content of the book, a Table of Contents, and one sample chapter.

The winner will be announced during the APA Annual Convention in August and will be expected to attend. The award includes a $1000 cash prize, a certificate, and guarantee of publication by The American Psychological Association Press. The author identification must appear only on a cover sheet, along with the author’s name and contact information.

Send all proposals to Ruth Helein, Administrator, Division 39 Office, 2615 Amesbury Road, Winston-Salem, NC 27103. Please address questions to either of the committee cochairpersons: Frank Summers: franksumphd@hotmail.com or Johanna Tabin: jktabin@juno.com

DEADLINE: MARCH 1, 2009

STEPHEN MITCHELL AWARD
Papers are invited for the annual Stephen A. Mitchell Award. Established by Psychoanalytic Psychology and the Board of the Division of Psychoanalysis, the award honors our esteemed colleague as well as a graduate student whose paper is deemed exemplary by a panel of judges. The award includes a $500 cash prize, airfare and registration for the Division Spring Meeting, at which the paper will be read, and publication in Psychoanalytic Psychology. Deadline for submission is July 1, 2009, and presentation of the paper will be at the 2010 Spring Meeting in Chicago. Five printouts of the paper should be submitted to me according to the procedure for submission to Psychoanalytic Psychology and should include a cover letter indicating that the paper is being submitted for the Stephen A. Mitchell Award. Division members, especially those with academic affiliations, are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature. Manuscripts and questions should be addressed to the editor, Elliot Jurist, PhD, at psychoanalyticpsychology@gmail.com

DEADLINE: JULY 1, 2009

INTERNATIONAL RELATIONS IN PSYCHOLOGY (CIRP)
The Division 39 Task Force to the APA Committee on International Relations in Psychology (CIRP) has identified its mandate as outreach those individuals interested in psychoanalytic psychology from around the world. We are thus requesting your assistance in helping us to expand the roster of international affiliates to the Division. We are especially interested in international colleagues from the developing world. Please e-mail Marilyn Jacobs <mjacobspshd@gmail.com> with the names of any and all international colleagues or societies whom we could contact to invite them to join the Division.

CALL FOR PAPERS
Pornography and Anxiety: Psychoanalysis, Morality, and Culture An Interdisciplinary Conference Cosponsored by Psychoanalytic Psychotherapy Study Center, Postdoctoral Program in Psychotherapy and Psychoanalysis, NYU, and Studies in Gender and Sexuality, April 4-5, 2009. Given the ubiquity of the Internet, pornography and its uses have evolved. But there has been little psychoanalytic discourse about this massive cultural shift. Does this silence derive in part from the anxiety suffusing discussions about sexuality? With speakers from psychoanalysis, the academy, and the sex industry, this conference aims to open up the conversation about pornography, culture, and points of anxiety. Please submit 150 word abstract with title and, on a separate page, author’s name and affiliation, to PPSC, 80 Fifth Avenue, Suite 903, New York, NY 10011 Attn: Andrew Blatter.

DEADLINE: OCTOBER 15, 2008

CONGRATULATIONS TO STEPHEN PORTUGES
The International Journal of Applied Psychoanalytic Studies (IJAPS), now in its tenth year of publication under the Chief Editorship of Nadia Ramzy and Stuart Twemlow, is pleased to announce that Stephen Portuges has become Executive Editor in charge of manuscript submission and review. IJAPS welcomes scholarly articles that use a psychoanalytic perspective to illuminate the interplay of social and psychic reality. If you are interested in having your paper reviewed for publication, please contact Stephen Portuges, at sportuges@ca.rr.com

DEADLINE: JULY 1, 2009
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For over a century, psychoanalysis has sought to articulate the nature of what it means to be human. Freud began by contemplating the psyche as driven by internal pressures, instincts and their derivatives. We have seen psychoanalysis grow and redefine itself with the advent of Ego psychology, Object Relations theory, and Self Psychology. The field has opened up in a network of new ideas about theory, technique, and the very nature of being human with the developments in Relational theory, and Intersubjective theory. Research and observations from other disciplines such as neuroscience, cognitive science, attachment theory, infant research, the paradigm of chaos theory and dynamic systems theory, have fueled an expansion and integration of psychoanalytic thinking and practice.

In developing a program for the 2009 convention, we are seeking a focus on an exploration of our evolution and its impact on theory, practice, culture, values, and the nature of the questions we ask regarding our study of the psyche. Some considerations might be: What is possible now that was not possible for Freud and his colleagues at the beginning of his creation? What concepts have come full circle? Can we offer our patients something now that is different from what was possible then? Have we diluted or enriched the psychoanalysis that Freud set out to develop? How do we apply our expanding knowledge base to our understanding of the formation of groups, the evolution of cultures, and the dynamics of families and couples? Perhaps more importantly, are we any closer to asking the right questions (and how will we know)?

All proposals must be submitted electronically via the APA web site. Instructions for accessing the specific site will be forthcoming from APA at www.apa.org/convention. Please direct questions regarding submission of proposals to the program co-chairs: Bernadette Berardi-Coletta, bberadic@aol.com; Christine C. Kiefferckphd@aol.com

**Deadline for Submission: Monday, Dec. 1, 2008**