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*April 2008*

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FROM THE PRESIDENT: THE STATE OF THE DIVISION

Nancy McWilliams PhD

This is my last presidential column. I find myself feeling simultaneously that I have been in this role forever and that it all went by in a flash. For my swan-song column, I want to review some Divisional issues and accomplishments of the past two years. I can hit only the highlights of a very busy time, marked by Board meetings that groaned under the weight of the agendas we were all trying to move.

MEMBERSHIP

Our Membership Committee, chaired by Louis Rothschild, to be succeeded in 2009 by Devon King, can be proud. We are growing steadily, and for the first time in years, we are well beyond the 4000-member mark (see list of new members on page 68). The availability of PEPWEB at bargain-basement prices has attracted a raft of new members, including not only psychologists but also social workers, psychiatrists, nurses, counselors, educators, and licensed psychoanalysts. We have had a notably large influx of graduate students. Most of our local chapters are flourishing.

SOCIAL JUSTICE

The Board of Directors unanimously supported Neil Altman’s original motion for a moratorium on psychologists’ presence in settings where detainees lack basic human rights and consistently concurred on the importance of trying to change APA policy on this question. I have received three e-mails from members who supported APA’s original position, and a few people dropped off the listserv after perhaps one too many posts on the topic, but overall, this issue seems to have struck the vast majority of our members as a non-negotiable moral question on which it was critical that APA redeem its good name (see Ruth Fallenbaum’s summary on page 7).

A sometimes conflicting variety of strategies for influencing APA culminated in the success of the recent referendum. Alan Kazdin’s immediate implementation of the vote in an unequivocal letter to President Bush was an unexpected capstone to the referendum victory, one that made it possible for psychologists who had been withholding dues in protest to be full members again (see exchange of letters on page 10). It speaks to the health of the Division that we did not suffer any serious internal schisms over such a potentially polarizing issue.

SPRING MEETINGS

The Spring Meeting in New York was successful beyond our fondest hopes, an achievement largely due to its organizers, Melinda Gellman and Jean Petrucelli. Proceeds from that conference have put the Division solidly in the black for the first time in several years. The upcoming Spring Meeting, currently being planned under the leadership of JoAnn Ponder and Stacey Rubin, looks uniquely exciting. It will be held April 22-26, during San Antonio’s annual Fiesta, a ten-day cultural celebration. Our hotel, the Hilton Palacio del Rio, is on the famous Riverwalk. Despite the fact that hotel rooms are at a premium during Fiesta, Natalie Shear was able to negotiate a remarkably good room rate. Consider making your hotel and plane reservations early; it’s a popular time to be in San Antonio.
Publications

Almost two years ago, Maureen Murphy’s search committee recommended Elliot Jurist to follow Joseph Reppen as Editor of *Psychoanalytic Psychology*. He took on that role in January, 2008, and has developed a good working relationship with our publisher, APA Press. In August he informed the Board that *Psychoanalytic Psychology* is now the most widely read journal in the field, having just overtaken the *Journal of the American Psychoanalytic Association*. Because there has been a backlog of articles accepted by his predecessor, Dr. Jurist’s stamp on the journal may not be evident yet, but this will change in 2009.

Publication expenses are the heftiest part of the Division budget. But in recent years electronic royalties from the journal have significantly defrayed them (each time there is a hit on a *Psychoanalytic Psychology* article in the APA databases, we get a royalty). As our finances improve, we will be able to undertake a revision of our web site, www.division39.org, something about which Webmaster Larry Zelnick, has been heroically patient. Under Bill MacGillivray’s dogged and creative editorship, the newsletter has become an increasingly rich source of information. We have saved considerable money by changing *Psychoanalytic Abstracts* to an electronic-only publication.

We instituted an annual prize, funded generously by APA Press, for a first-time author of a psychoanalytic book proposal: Perrin Elisha was given a book contract and $1000 at the August meeting. This is one small thing we can do at a time when psychoanalytic publishers are disappearing with frightening speed. Both the book prize and the retiring of *Abstracts* in hard copy were initiated and implemented by Henry Seiden, Publications Chair, who also negotiated the PEPWEB benefit and, with Ruth Helein, attended conscientiously to all the glitches that originally accompanied people’s efforts to sign up for it.

Graduate Students, Candidates, and Early-Career Professionals

We have three very active committees that support newer members and those in training: Graduate Students (chaired by Jonathan Slavin and Tanya Cotler), Candidates (developed by Johanna Tabin and chaired as of 2009 by Heather Pyle and Andrea Corn), and Early Career Professionals (chaired by Marilyn Charles and Winnie Eng); we also have a task force on Academic Mentoring, headed by Sanjay Nath, to address the needs of our members who are in academia or are aiming at careers there. The Education and Training Committee, chaired by David Downing and Martha Hadley, has made available much useful material, including information on psychoanalytically friendly internships (hit “more info” under “Committes” on the Web site). We continue to support the Multicultural Summit, and Usha Tummala-Narra has been an energetic representative to APA’s Committee on Ethnic Minority Affairs.

Specific Projects: Outreach, Interdivisional Grants, Wisdom, Practice

Richard Ruth has enthusiastically taken on the Outreach Committee previously chaired by Marylou Lionells. Marilyn Metzl and he are building relationships with colleagues in both South Africa and Mongolia in the hope of arranging exchanges of support and mutual learning. We have also pursued some APA interdivisional grants, including one that Section VII shared with Division 49 (Group Psychology), and one between Divisions 39 and 26 (History of Psychology) to support a conference honoring the centennial of Freud’s visit to Clark University.

Cindy Baum-Baicker’s Wisdom Project is described in this issue (see page 70). Please read her account and contribute metaphors and phrases to the “banks” she wants to include in the book that will emerge from this worthy project.

By the time this column appears in your mailbox, you will probably have received the survey developed by Steve Axelrod that will give us a read on what is happening in our members’ practices. The data will be used to inform Mary Beth Cresci’s efforts to support practitioners of psychoanalysis and psychoanalytic therapies.

Presidential Initiatives

I came into office with two initiatives: to support our researchers and to increase our collaboration with other psychoanalytic bodies. We have had modest success on the first front and significant success on the second.

Research

Things are looking somewhat better than they did two years ago, when I first called for our supporting psychoanalytic research and researchers. As I write, the *New York Times* has just covered Falk Leichsenring’s impressive meta-analysis of psychotherapy outcome research—arguably the most important study we have had...
on the topic, and published in the highly visible Journal of the American Medical Association—showing that long-term therapy is superior to short-term treatments for complex conditions (i.e., most conditions!). We all may have known this, but we have been suffering in a context of insufficient research to defend our conviction. (It is noteworthy that this is a German study. In the United States, current prejudices make it hard to get funding for comparable research.) Other excellent empirical studies have also appeared recently.

I am learning of instances in which the research articles in the Psychodynamic Diagnostic Manual (PDM) have been used effectively to counter the claim that there is little empirical evidence supporting psychodynamic treatments, a lie that has been damaging to both treatment and training. Adam Fuller recently received APA approval for seven years, the maximum possible, for his psychoanalytic internship program in Evanston, Wyoming. Previously, clinic personnel had been downplaying their psychodynamic orientation to site visitors, especially when asked about the “evidence basis” of their training, and had received only two-year approvals. Fuller decided to be frank about the psychoanalytic nature of the internship and to cite supporting studies from the list that Andrew Gerber developed for our Web site and APsaA’s, thereby satisfying the evaluators’ concerns. A nice victory for both candor and intelligent preparation.

Others members have been using Greg Lowder’s PowerPoint presentation, also available at both Web sites, to teach about the scientific basis for psychoanalytic therapies. I am hoping there are numerous other instances in which people have made effective use of our accumulation of data with which they can stand up for their work.

At the Spring Meeting, we had a well-attended poster session, organized by Bill Gottdiener, with displays from throughout the United States and several other countries. This will be an annual event. Allan Schore is now doing a regular column for our newsletter on psychoanalytically relevant research. Caleb Siefert and Tai Katzenstein have also regularly developed articles highlighting clinical implications of research.

I am nonetheless somewhat disappointed with the outcome of the research initiative. Our researchers have, with the glaring exception of Bill Gottdiener, who has helped the Division in myriad ways, not rushed to become involved. Section VI has substantially fewer members than the minimum requirement for a vote at Board meetings (5% of Division membership, which the Board has interpreted as 150 members). We may have to rethink how to represent and serve researchers. Word has it that many avoid visibility in Division 39 because it can reduce their chances for tenure and promotion. But we need them to present at our meetings, publish in our journal, inform us about their ongoing work, and keep psychoanalytic thinking alive in universities. As Robert Bornstein (e.g., 2001) has been trying to tell us, they are a small remnant of a once-proud academic tradition, and they deserve our continuing support.

Collaboration with Other Psychoanalytic Groups

Although we still have differences with the American Psychoanalytic Association, we are cooperating with them more and more. The PDM, Gerber’s compilation of outcome studies, Lowder’s PowerPoint presentation, and the now-concluded 10,000 Minds project led by James Hansell have all been shared between the organizations. Our Outreach Committee collaborates with theirs. For two years we have cosponsored, with a bevy of diverse analytic organizations, a conference on the Future of Psychoanalytic Education. Work in the Psychoanalytic Consortium is going smoothly; several institutes, of varying orientations and affiliations, have consented to site visits in which they are evaluated by the standards that were so painstakingly hammered out in earlier meetings.

Final Comments

I want to note my gratitude to our Board, committees, and section leaders, and to our administrator, Ruth Helein. Our Division 39 leaders are an indefatigable bunch who treat each other respectfully even during passionate differences of opinion. Observing the Board at its best, one might reasonably conclude that psychoanalysis works. Or that there has been lasting benefit from Spyros Orfanos’s having hired an organizational consultant years ago to get Board members to stop screaming at each other. In any case, I have appreciated all the generous support and (mostly invisible) hard work that goes on constantly on behalf of the Division and psychoanalysis. We will be in good hands under Mary Beth Cresci.

Thanks so much. It’s been a great ride.

Reference

FROM THE EDITOR

This issue begins my 10th year as editor of the newsletter and it continues to be both a rewarding and challenging opportunity. One of the hardest tasks I face is getting our colleagues to regularly contribute to the newsletter by providing timely updates on Division activities. The amount of work done by our board and committee members is truly impressive and I trust my nagging to have colleagues inform the membership of these accomplishments is accepted in good spirits. Nancy McWilliams’ column over the last two years have certainly provided an overview of these contributions; and I think it can be readily agreed that the Division has made tremendous progress over the last few years. One major area of progress has been the increasing visibility and influence the Division has been able to exert within APA.

Our membership has supported us to the point that Division 39 has seven Council Representatives; but this is only one small part of our progress in making sure that psychoanalytic theory and practice has a “seat at the table” in all areas of APA governance and practice. While our support for the Multicultural Summit is an important example, Division members have continued to represent psychoanalysis and the Division in many other venues, including last year’s conference on immigration.

Of course the most notable area of leadership has been in confronting APA’s failure to forthrightly oppose psychologist involvement in illegal detentions at Guantanamo and other sites. In addition to taking these highly visible actions to oppose and change APA policy (see Ruth Fallenbaum’s article on the referendum in this issue), many of our members have continued to work with other Division leaders to keep open lines of communication and forge areas of agreement and compromise, even with those who have opposed us on the specific issues.

In addition to forging new and important links within APA, the Division has continued to reach out to the wider psychoanalytic community. Although there are many who continue to doubt that the American Psychoanalytic Association will ever be a truly open or pluralistic organization, our members have been quick to take up invitations to participate in joint activities for the benefit of our common vision.

The Division also has been engaged in extensive “in-reach” over the last few years to both attract new members and involve current ones to create a more shared experience by developing initiatives to engage graduate students, candidates, early career and early academics to see Division 39 as their “home” as well. In this issue there are updates on candidates from Kim Gelé and on early career activities from Winnie Eng.

In this issue there are many other reports from our “far flung correspondents,” that is, our local chapter leaders who continue to do so much of the “heavy lifting” to bring psychoanalytic ideas and ideals to their communities. The quality of the programs offered in our chapters in truly impressive, and you can review reports from six of our chapters in this issue.

Finally, we are planning to do a “face lift” for the newsletter. One of the unexpected benefits of being part of APA is that they employ professional designers who can help me put together a new look for this publication. If you have any thoughts about the current newsletter design, or suggestions for improving it, now would be a good time to add your voice to the discussion.

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

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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29th Annual Spring Meeting
Division of Psychoanalysis (39)

APRIL 22–26, 2009
HILTON PALACIO DEL RIO • SAN ANTONIO, TEXAS

2009 marks the 100-year anniversary of Freud’s visit to America, and the publication of two of his most famous case studies, Little Hans and the Rat Man. Since Freud’s visit, psychoanalytic thought has transformed not only by clinical experience in the consulting room, but also by the surrounding cultural milieu. We now have multiple psychoanalytic theories, sometimes spawning conflicts and debate amongst our ranks, yet united by an emphasis on the unconscious.

For the 2009 Spring Meeting, we invite you to ponder the beginnings of psychoanalysis, its current status and practice, and future applications in an ever-changing social context. During the meeting, we will explore the interplay between psychoanalytic practice and research. We also will apply psychoanalytic perspectives to understand and address contemporary social issues.

AND CELEBRATE THE CITYWIDE • • • • • • • • • • • • • • • • • • • • • • • • • • • •

Fiesta!

Fiesta has been a tradition in the Alamo City since before 1881 when citizens wanted to commemorate the anniversary of the fall of the Alamo, and honor the memory of the soldiers of San Jacinto. Prominent local women decorated carriages and bicycles with live flowers, met in front of the Alamo and threw the blossoms at one another, creating the first “Battle of Flowers.” The Battle was a huge success and in the years that followed many other activities were established from crowning royalty to parades and a carnival to today’s “Texas-sized” 100 events. The 2008 multicultural celebration in April marks Fiesta’s 118th anniversary.
Dear Colleagues,

Some of you may know that I have received a Scholars Grant from the NYU Postdoctoral Psychoanalytic Society. The title of the study is “The Impossible Bond: Challenges of Being a Psychoanalyst Parent of a Difficult Child.” I’d appreciate it if you would read the content below; and if you are interested and willing to help me please contact me, preferably by e-mail at jslphd@aol.com. I’d also appreciate your passing this information on to any individuals you think might be interested.

In the last decade there has been increasing interest in the effects of problems in an analyst’s personal life, for example, death of a loved one, illness, pregnancy loss on her analytic work. While many analysts have suffered the anguish of parenting a difficult or troubled child, this issue is rarely if ever publicly discussed or written about. It often appears to be regarded as a very private, even “secret,” matter. How do these challenges and burdens affect analysts in particular, and how does being an analyst affect how a parent attempts to handle the stresses of having a difficult child? My aim is to explore and understand the interlinked effects on one’s personal and professional lives when analysts find themselves as parents to emotionally troubled children.

Broadly, I define “difficult” or “troubled” as meaning that the child’s behavior, currently or in the past, has led to a degree of incapacity that has interfered with developmentally appropriate expectations of functionality in interpersonal relationships, at school, or at work. More operationally, this assessment could involve children and adult children, ranging from preadolescence through adulthood (including “failure to launch”) who might be considered to have DSM Axis I or Axis II disorders, for instance affective, attentional, thought, or addictive disorders. However, I will approach the criterion of the child’s diagnosis more informally, since my focus is on parents with a child who is mentally or emotionally troubled per se, rather than on children of any specific diagnostic group. Given that psychoanalyst-parents are likely to be relatively sophisticated about diagnosis, I will use the parents’ assessment of their child as the criteria for inclusion in the study. Issues related to parents’ construal or misconstrual of their child as troubled—the problems inherent in making clinical judgments about one’s own child—will be one of the issues I will attempt to examine and articulate.

I’m hoping to interview colleagues who have experienced such challenges. This includes analysts as well as analytically oriented psychotherapists. These interviews will be entirely confidential, and will be focused on the experience of parent analysts, not on the children or the details of the children’s lives. The content of the interviews will involve three broad areas of inquiry:

1. How does being an analyst affect the relationship to, and management of one’s own difficult child? How does analytic training help or hinder the management of boundaries, attachment and loss, emotional regulation, parental self-esteem and the potential attainment of hope, wisdom and acceptance?
2. How does being the parent of a difficult child affect the analyst’s work? This applies to such areas as, for instance, one’s choice of patients, choice of theoretical perspective on a patient’s problem, choice of technique, the management of transference and countertransference, professional self image, and confidence in oneself as a helping professional.
3. What are the larger social and/or institutional implications regarding potential disclosure of one’s family situation and the practical career consequences of resulting perceptions by others?

I hope to develop the information into a publication and/or panel discussion in the future. I know this is a sensitive subject, which may raise ambivalence about participation. I will be glad to discuss it in greater detail and to answer questions or concerns that may come up. I’m hoping to begin the interviewing process, in person or by phone, in the fall, which I expect to be mutually gratifying. Thanks in advance for your help and support.

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The vote was decisive, 8,792 to 6,157. In an historic action, APA members bypassed its leadership, petitioned for, and voted to call on its organization to make a dramatic change in its policy on the presence of psychologists at detention sites at which detainees are denied the basic protections of the Geneva Conventions and the Convention Against Torture. With the exceptions of psychologists either providing treatment for military personnel or working directly for the benefit of the detainees (e.g. through the Red Cross), the passage of the referendum on September 17 means that APA official policy no longer condones the participation of psychologists in maintaining conditions of torture.

Reactions were immediate. APA presidential candidate Steven Reisner called the vote “fabulous news,” adding, “The membership has sent a strong message to the leadership of the association that it wants to see this ethical prohibition as policy. This is a major step, but,” he cautioned, “it’s a first step.” (New York Times, September 18, 2008)

Ghislaine Boulanger, founded the movement to withhold dues in protest of APA’s policy. “When I started the withholdapadues e-mail group less than two years ago, much to the consternation of many colleagues who thought this action was too drastic, I would never have believed that we could have achieved this victory. I think it shows the power of a loose coalition of psychologists united in their outrage over unethical APA practices.”

Laurel Wagner, Division 39 representative to the APA Council, and passionate supporter of the referendum, says of its significance, “It unequivocally states that the American Psychological Association does not support psychologists working in settings where those held lack basic human rights protections. The membership’s historic vote for this resolution is a repudiation of the position advanced by the governing body of APA, a position which supported the presence and participation of psychologists in such interrogations.”

The membership’s historic vote for this resolution is a repudiation of the position advanced by the governing body of APA, a position which supported the presence and participation of psychologists in such interrogations.

The making of a referendum
Before looking into the implications of this change in policy, meet Dan Aalbers, the brainchild behind the referendum. Teaching psychology at the University of Michigan while trying to finish his dissertation, Aalbers became engaged in the struggle among psychologists to shake APA out of its subservience to current U.S. policy regarding the treatment of detainees in the “war on terror.” Like others who had worked to support Neil Altman’s 2007 attempt to get the Council of Representatives to pass a moratorium on psychologists’ participation in the interrogations, he was deeply affected by the combination of inertia and outright fear-mongering that brought down that effort. “I was stunned by the defeat of the moratorium,” he recalls. “I sat in that room with a great certainty that it was going to pass. Then the vote came and the moratorium was soundly defeated. I remember thinking, ‘This isn’t the profession I joined. I have nothing in common with these people.’ But at the town hall meeting that followed the defeat I saw people who shared my sense of outrage at what was being done in our name.”

He says he first proposed working to lobby COR members, but met with tepid response. Someone mentioned a bylaw that provided for referenda, “so I read the association rules, contacted a Council representative and a former APA staff member to discuss what I found. I shared my findings with the withholdapadues e-mail group, and we went from there.”

In so doing, Aalbers found the means by which the members could bypass the leadership and, through democratic means, change policy. Discovering the rarely used referendum process, he began his work, communicating with APA Secretary, Barry Anton, who agreed that signatures for a petition to put the referendum to a vote could be gathered online, ultimately enabling Aalbers and his co-authors, Brad Olson and I, to gather the signatures of the 1% of the membership needed qualify the petition.

Drafting the text for the referendum was a challenge. Haunted by the history of deceptive loopholes in the 2006 and 2007 APA resolutions against torture and the need to be sure the new policy could not similarly be manipulated to
keep the status quo, yet also not wanting to create language either too broad or too legalistic, the writers, with feedback and assistance from Ghislaine Boulanger and members of the Coalition for an Ethical APA, decided on language that made clear our purpose and intent. We reasoned that if we clearly stated exactly what we wanted, we could establish an honest referendum on the policy and give APA members their first chance to decide for themselves the limits of psychologist participation in the “war on terror.” Set in the context of official and journalistic reports that conditions at Guantanamo Bay and CIA black sites were tantamount to torture, and that psychologists were known to participate in the maintenance of those conditions, we called for a ban on psychologists from working at such sites, “unless they are working directly for the persons being detained or for an independent third party working to protect human rights.” In a footnote we added that military clinicians would still be able to treat military personnel. Anticipating that simplicity does not automatically foreclose uncertainty, we developed a set of FAQs to attempt to anticipate and address members’ questions as to the intent and implications of the referendum. These were posted on the ethicalapa.com web site.

Signatures poured in from members eager to put the referendum to a vote, and the one percent number was verified in June. APA set the election period to begin August 1, over protests from the referendum sponsors that August was too soon to enable a full and open debate on the merits of the referendum. By scheduling the vote so quickly, APA prevented any announcement or discussion of the vote in the Monitor. The sponsors also feared that since August is traditionally a vacation month that includes the annual APA convention, mailed ballots would likely become buried in piles of accumulating mail. Nevertheless, APA was firm. Ballots were to go out August 1, 2008.

Once the signatures were certified, we had days to write the pro statement that would appear on the ballot. We then had our first chance to see APA’s line of opposition in the con statement, written by Robert Resnick. In last year’s battle over the moratorium, APA had argued against the concept of removing psychologists from the sites in question by declaring that psychologists had a constructive role to play as safety monitors, protecting the detainees, with the famous assertion by Dr. Larry James to the Council of Representatives, that if psychologists were removed from Guantanamo, “people will die.” Less than a year later that argument had virtually disappeared. Revelations contradicting James’ and APA’s claims that psychologists served as safety monitors and protected detainees from abuse, such as those by Jane Mayer in The Dark Side (New York, Doubleday, 2008), had placed that claim in the same bin of fiction as Sadam’s weapons of mass destruction. The 2008 argument against banning psychologists from working in certain settings emerged as an assertion that the language of the referendum was so broad that it would be used to bar psychologists from working in “psychiatric hospitals, U.S. correctional facilities, and countless other settings (that serve) the public good every day.” (Robert Resnick, ballot Con statement) Despite the fact that the language of the referendum overwhelmingly refers to sites that violate the CAT and that deprive detainees of the most basic of human rights, Resnick’s argument managed to alarm a number of members, fearful that forensic and correctional psychologists would be vulnerable to law suits or job loss. In truth, unless APA itself decided to interpret the referendum to refer to U.S. correctional facilities, in the face of massive evidence that this was not the intent of the sponsors of the referendum, there was really very little chance of that occurring. Resnick also argued that the referendum was “unnecessary,” given APA’s resolutions against torture. We, the members who signed the petition, along with the thousands who voted for the referendum, obviously disagreed.

What Next?

Amidst the thrill and congratulations of the news of the victory of the referendum was unease as to what obstacles might APA leadership erect to somehow try to wriggle out of implementing a policy that it had so fiercely avoided for the past three years. On September 17, the Public Affairs Office of APA released a statement to the media announcing the passage of the resolution in which the writer stated: “Per the Association’s Rules and Bylaws, the resolution will become official APA policy as of the Association’s next annual meeting, which will take place in August 2009. At that time, the APA Council of Representatives will also determine what further action may be necessary to implement the policy.” In other words, the policy change called for by the referendum would not take effect for almost a year, and even then, it would be up to the APA Council of Representatives to “determine what further action is necessary to implement the policy.” Another 11 months, at least, of psychologists continuing to participate in maintaining the abusive conditions at Guantanamo and at the CIA black sites. Another 11 months of shame.

When President Kazdin elaborated his plans for implementing the new policy a few days later, he acknowledged “some sentiment to make the policy effective sooner than August. There are also,” he added, “questions about the meaning of the resolution.” He announced a decision to form an “advisory group” to be made up of two Board of Directors’ members and six members of Council of Representatives. His hope was for the group to “represent the broad range of constituent groups with concerns and questions.” He added his intention of inviting Dan Aalbers to participate as well.
Many of us reacted in disbelief at the prospect of a group of ten (assuming President Kazdin’s participation), only one of whom actually represented the sponsors of the new policy. As Dan Aalbers noted, “It would be as if the guy who won the Presidential election had to pick his cabinet members from the loser’s party.” For some of us, the proposal also evoked memories of the infamous PENS task force of 2005, when the group formed to examine the ethics of psychologists participating in interrogations at sites like Guantanamo was later discovered to have been stacked with psychologists affiliated with the military, including with the very programs the group was charged with examining. As of this writing, the outcome of President Kazdin’s planned advisory group is up in the air, but we are committed to defending the vote on the referendum in any advisory committee that is established, and feel strongly that we will not accept participation in or acceptance of a process that we believe could undermine that vote.

THE LETTER

If a tree falls in a forest and no one is around to hear it, does it make a sound? Winning the vote is terrific, but a change in policy makes no “sound” unless it is “heard” by the US governmental agencies affected. As APA presidential candidate Steven Reisner stated, “Until APA communicates this policy to the White House, the Department of Defense and the CIA, the abuses might continue.” Referendum sponsors and supporters, in the days following the vote, were troubled by the initial assertion of a bylaw requirement that the new policy would now be able to take effect for nearly a year. As referendum supporters read the bylaws, nothing prohibited beginning the implementation process immediately. They quickly pressed for contact with President Kazdin and began to work with him and APA’s Senior Policy Analyst Ellen Garrison to draft a letter announcing and explicating the new policy to President Bush.

Despite some initial hesitation from President Kazdin, the negotiations between Dan Aalbers, in consultation with Brad Olson and me, and Ms Garrison progressed respectfully and productively. Following a brief break when President Kazdin was unavailable, on October 2, 2008, President Kazdin, Ellen Garrison, and our team had crafted a letter that truly embodied the spirit and meaning of the referendum. The letter, signed by Alan Kazdin on behalf of the American Psychological Association, was sent that day to the White House, the Department of Defense, and the Central Intelligence Agency. While there is much follow-up to be done, there can be no doubt that with this letter, President Kazdin has begun what we hope will be the beginning of a move toward a more ethical APA.

EPISODE

In their statement on the day the vote was announced, the Coalition for an Ethical Psychology proposed further action to “turn the organization around,” calling for APA to do the following:

1. Ban psychologists from any direct role in the interrogation of specific individuals in any national security setting
2. Create an independent panel to investigate… participation of U.S. psychologists in torture and other detainee abuse
3. Modify ethics code section 1.02, which currently allows violation of ethics that are in conflict with law, regulations, or other governing legal authority
4. Act quickly on ethics complaints related to torture or detention abuses;
5. Elect as APA president Steven Reisner, who is steadfastly committed to ending psychologist collusion with detainee abuse.

For many, the passage of the referendum and the beginning of its implementation with the sending of President Kazdin’s letter has marked a turning point in their relationship to APA. Those who had been withholding their dues are faced with a decision as to whether this victory is sufficient to enable them to consider paying up again. Some are taking a wait-and-see attitude, eager to see further implementation of the referendum (including the establishment of a legitimate and constructive advisory committee) and the other actions listed above, before taking that step. Steven Reisner’s candidacy is another benchmark. Should he win the APA presidency in October’s voting, there are sure to be activists who will want to hold onto their APA membership. Yet whatever happens, our work over the past two years has revealed the nasty tip of the iceberg of an unholy alliance between APA and the U.S. military. As Frank Summers so clearly details in “Making Sense of the APA: A History of the Relationship Between Psychology and the Military,” this is a relationship that dates back to World War II. (Psychoanalytic Dialogues, Vol. 18, 2008, No. 5) Can we dare to hope some day to untangle that marriage? If we can’t create an independent American Psychological Association, can we really ever have a truly ethical APA? As Dr. Kazdin said earlier in a different context, “We’ll see.” To find out where things now stand, you can go to www.ethicalapa.com.

Ruth Fallanbaum
ruthfallenbaum@comcast.net
As many of our members know, Division 39 members were active in addressing the issue of psychologist involvement in interrogations of detainees at Guantanamo and other so-called “black sites.” The success of the referendum was in no small part the result of efforts of our members, as well as others in the Divisions for Social Justice, to insist that psychologists could not operate ethically within the system of detention set up by the Bush administration and outside accepted body of law, whether military or civilian. The following exchange of letters is offered to document APA’s decision to accept the results of the referendum, and our Division’s response to this. The first letter is a copy of the message Dr. Kazdin sent to President Bush (he also sent an identical letter to the Secretary of Defense, Robert Gates). Dr. McWilliams’ letter summarizes the response for the Division 39 Board; Dr. Summers’ letter reflects the concerns of many members of Section IX. The editor.

President George W. Bush
1600 Pennsylvania Avenue,
Washington, DC 20500

On behalf of the American Psychological Association (APA), I am writing to inform you and your administration of a significant change in our association’s policy that limits the roles of psychologists in certain unlawful detention settings where the human rights of detainees are being violated, such as has occurred at the naval base at Guantanamo Bay, Cuba, and at so-called CIA black sites around the world. This new policy, which pertains to detention settings that operate outside of, or in violation of, international law or the U.S. Constitution, was voted on by APA members and is in the process of being implemented.

The effect of this new policy is to prohibit psychologists from any involvement in interrogations or any other operational procedures at detention sites that are in violation of the U.S. Constitution or international law.” Alan Kazdin

Alan Kazdin, PhD, President
American Psychological Association

Dear Dr. Kazdin,

Almost two years ago, shortly after your election, you and I had a brief e-mail correspondence about the interrogations issue. You wrote that you felt that APA’s response should be “quick (latency is important in such matters) and unequivocal (no hedging, parsing).” I did not doubt your sincerity, but one person trying to influence a multifaceted and politically complicated system can often be overwhelmed by forces bigger than he is. I have often wondered, since our exchange, what political obstacles you found yourself facing once you became President, what you...
might have learned after being in office that could complicate
the seemingly straightforward moral issue involved, and
(especially given that a “quick” response from APA was
no longer possible) whether you would ever be able to
lead the Association in the direction of being “unequivocal”
in its position about psychologists in sites without human
rights protections. You have succeeded beyond my wildest
hopes.

The Board of Directors of Division 39, all of whom
have felt strongly about the interrogations issue and the vast
majority of whom have asked to join me in this letter, now
have the pleasure of thanking you for what we see as an
act of political courage. Your letter to President Bush was
everything we could have wished. It restored our confidence
in APA’s fairness and our pride in our organization. We
are deeply appreciative of the respect you have shown for
those of us who have been on the barricades on this topic,
despite how frustrating it must have been for you and the
leadership of APA during the inevitable misunderstandings
that accompany passionate political disagreements. Your
letter makes it possible for many psychologists who have
been withholding dues in protest of APA’s former policy to
be paying and participating members again.

Thank you for responding to the referendum
with such speed and clarity. We have informed our 4000
members by listserv that, legally, you did not have to
do this. You could have put it off until next August and
depended on a changed national politics to make the
interrogations question moot. We can’t know what
problematic political side-effects there might be to you of
your having taken such an unequivocal stand in response
to the referendum vote, but we hope they are offset by the
admiration you have just earned from the many, many APA
members who have been longing for the moral leadership
you just exerted.

Nancy McWilliams, PhD
President, Division 39

Dear Dr. Kazdin:
We are writing to express our appreciation for your letter to
President Bush clarifying that the new APA policy opposing
its members’ involvement in illegal detention centers
except when working for the benefit of the detainee or for
a neutral third party is effective now. This is especially
pleasing news in light of our growing concern about the
APA press release which seemed to defer implementation
until August of next year. Your leadership in taking prompt
and decisive action to adopt the policy now is admirable.

As you know, many of us have suffered an erosion
of confidence in the APA, a loss of trust that has resulted in
withholding dues by some or outright resignation by others.
Your letter gives us hope that a much needed healing process
can take place in an organization that has been fractionated
and to a considerable degree dispirited by this issue.

We also understand that the execution of the new
policy is not an easy matter and will take some careful
deliberation and thought. We are not unaware that shifts
in APA policy may well create uncertainty, and in this case,
some psychologists might find themselves in complicated
situations. Therefore, we want you to know that we stand
ready to help in the implementation of the referendum
and welcome any opportunities you may offer to support
your efforts to ensure that the policy is effective. In this
context, we wish to call your attention to the fact that the
Army’s 2006 policy on Behavioral Science Consulting
Teams is due to expire October 20. It is crucial that the
APA inform Secretary of Defense Gates and Colonel Ritchie
of the change in APA policy so that the new BSCT plan is
written with the full understanding of the restrictions on
psychologists’ participation in illegal detention centers.
Please do not hesitate to call on us for help in this regard or
any other plans for execution. Again, we congratulate you
on your leadership.

Frank Summers, PhD
President, Section IX

Nancy McWilliams, PhD
President, Division 39

Dear Dr. McWilliams
I am speechless at your wonderful e-mail, your stunning
memory, and your thoughtful and deeply felt expression.
Thank you so much. We are on the same team—I genuinely
view it that way and feel privileged to be on any team with
you. I could not send this e-mail to all of those listed under
your signature. If it is easy for you to send this to them, I
would be grateful. Thank you again for taking the time to
write.

Alan E. Kazdin, PhD, ABPP
President, APA
VOTE YES

On Your Fall APA By-laws Ballot
To Welcome

THE FOUR NATIONAL ETHNIC MINORITY PSYCHOLOGICAL ASSOCIATIONS TO THE APA COUNCIL OF REPRESENTATIVES

The Asian American Psychological Association
The Association of Black Psychologists
The National Latina/o Psychological Association
The Society of Indian Psychologists

Please Note:
These will be additional Council seats and will not take any seats away from Divisions or SPTAs. This change will not impact your apportionment ballot.
Psychodynamic psychotherapy received surprising dose of favorable publicity this October with the publication of a meta-analytic study of the effectiveness of Long Term Psychodynamic Psychotherapy (LTPP) in the *Journal of the American Medical Association*. The study, conducted by Falk Leichsenring and Sven Rabung (2008) concluded,

In this meta-analysis, LTPP was significantly superior to shorter-term methods of psychotherapy with regard to overall outcome, target problems, and personality functioning. Long-term psychodynamic psychotherapy yielded large and stable effect sizes in the treatment of patients with personality disorders, multiple mental disorders and chronic mental disorders. The effect sizes for overall outcome increased significantly between end of therapy and follow-up. (p. 1563)

In addition to the remarkable fact that the study was published in the prestigious medical journal was an accompanying editorial by the Deputy Editor of *JAMA*, Richard Glass (2008), cautiously endorsing the results of the study and noting that evidence for efficacy of LTPP comes at a time when psychiatrists are receiving minimal training in any form of psychotherapy, let alone long-term treatment. He concluded,

Even with the necessary qualifications, the meta-analysis . . . provides evidence about the effectiveness of long-term dynamic psychotherapy for patients with complex mental disorders who often do not respond adequately to short-term interventions. It is ironic and disturbing that this occurs at a time when provision of psychotherapy by psychiatrists in the United States is declining significantly. The reasons for this merit careful evaluation. To some extent this may reflect the cost-efficacy of treatments for some mental disorders with medications and brief supportive visits. However, this trend appears to be strongly related to financial incentives and other pressures to minimize costs. Is that what is really wanted for patients with disabling disorders that could respond to more intensive treatment?

To fill out the week of pleasant surprises, Benedict Carey of the *New York Times* reviewed the study and reported on its positive message that psychoanalytic psychotherapy is at least as effective as other forms of therapy, and with certain conditions, such as borderline personality disorder, LTPP may be superior to shorter-term treatments. The article goes on to note the furor these findings are already receiving in certain academic circles:

Experts cautioned that the evidence cited in the new research was still too meager to claim clear superiority for psychoanalytic therapy over different treatments, like cognitive behavior therapy, a shorter-term approach. The studies that the authors reviewed are simply not strong enough, these experts said.

The reporter also noted that concerns about research findings related to psychoanalytic treatment are not limited to researchers, but that practitioners as well have raised objections to these kinds of studies,

The field has resisted scientific scrutiny for years, arguing that the process of treatment is highly individualized and so does not easily lend itself to such study. It is based on Freud’s idea that symptoms are rooted in underlying, often longstanding psychological conflicts that can be discovered in part through close examination of the patient-therapist relationship.

For now, however, we can be pleased that the efficacy of long-term treatment can be cited as having the same kind of backing that other forms of treatment have claimed as the “gold standard.”

Finally, the article cites one of our members, Andrew Gerber, on implications of this study,

“If you define borderline personality broadly as an inability to regulate emotions, it characterizes a lot of people who show up in clinics, whether their given diagnosis is depression, pediatric bipolar or substance abuse, This paper suggests that you’ve got to get into longer-term therapy to make improvements last.”

I will not attempt to summarize the discussion of the study among our colleagues on a psychodynamic research e-mail group except to note that the study does stand up under further scrutiny, although the limitations of the study are also important to note. While results cited appear vigorous,
the authors only found 23 studies that met their criteria for inclusion in the study, and these studies were typically based on modest numbers of subjects (number of patients ranged from 129 down to 14). It is also notable that the authors of the study were not Americans, and this speaks to the lack of support in this country for the kind of research into psychodynamic therapy that can demonstrate the efficacy of our approach to treatment.

There was one criticism of the study that I found particularly curious. One researcher chided the authors for failing to include studies of long-term treatment with cognitive behavior techniques. Since this was not the purpose of the study, the criticism seems a way to dismiss the results without having to actually challenge the findings directly. What seems amusing, however, is the insistence that maybe people require longer term treatment, regardless of the treatment modality, a position that would seem to undermine a central claim of many cognitive behaviorists.

There are many in the psychoanalytic community who have been opposed, sometimes vociferously opposed, to research into psychoanalytic process and outcome, taking the position that research design and conclusions drawn from such research are either trivial or fail to capture the essence of our craft. For these clinicians the results of this study will likely be seen as irrelevant or a “sellout.”

Most of our psychoanalytic colleagues, however, have been troubled by the seeming lack of evidence for the value of our work. Despite knowing that psychoanalytic psychotherapy has helped countless individuals, the relentless drumbeat from the “evidence-based” crowd has tended to have the effect of placing us on the defensive, or simply avoiding the topic altogether.

Drew Westen (Westen and Bradley, 2005) and others have helped bring about a critical perspective on the concept of “evidence-based” and the problematic assumptions of this prevailing model of research, but there remains the task of having the positive evidence for the efficacy of our work. The Psychodynamic Diagnostic Manual (2006) and the PowerPoint presentation by Greg Lowder (2007) have gone a long way toward educating our membership and the public concerning the research basis of the value of psychoanalytic work.

Leichsenring and Rabung’s article and its attendant publicity should certainly help further this important task of informing our colleagues in the larger psychology and medical community that psychoanalytic psychotherapy can demonstrate its effectiveness even on terms laid down by the “evidence-based” paradigm. I hope it will also encourage our colleagues to take the time and effort to become more informed by psychoanalytic research.

Reference

Important Reminders

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

- Our Board members recently completed a campaign to contact every member to encourage them to get out the vote for Division 39 in support of the apportionment ballot for representation on APA Council. We were able to reach only about 90% of our members due to incorrect listing of telephone and e-mail addresses. Under our current system, members are responsible for updating their information on the Web site. Please check the Division 39 Membership Directory, http://www.division39.org/membership_directory.php, today to verify that the information is correct. If you need help, please contact Ruth Helein, div39@namgmt.com, who will be glad to be of assistance.

- We continue to hear from time to time that members are not receiving publications or mailings from the Division. APA members should check with APA directly to make sure their address information is correct. Non-APA members of the Division should contact Ruth Helein to make sure their information is up to date.
I n 1997, in the journal Development and Psychopathology, I wrote, “although there is now agreement within a wide spectrum of sciences that dynamic systems theory offers powerful insights into the organizational principles of all inanimate and animate systems, the application of its general tenets to specific problems of human psychology and biology has represented a difficult challenge. And yet this model of the mechanism of self-organization, of how complex systems that undergo discontinuous changes come to produce both emergent new forms yet retain continuity, clearly must be relevant to the study of normal and abnormal human development.” In that contribution, I utilized dynamic systems theory to model how attachment dynamics influence the self-organization of the early developing right brain. This article now appears as the chapter 5 of Affect Dysregulation and Disorders of the Self.

In the following, Los Angeles group member Terry Marks-Tarlow eagerly takes up this challenge, and effectively applies nonlinear theory to a deeper understanding of the mechanisms of the psychotherapeutic change process. The following article derives from her upcoming creative and provocative book, *Psyche’s Veil: Psychotherapy, Fractals and Complexity*, which I highly recommend. Although previous psychoanalytic authors have attempted to apply dynamic systems theory to clinical applications, these efforts were steeped in classical psychoanalytic conceptions and left brain insight-oriented models of treatment. In her work, Terry, an international figure in nonlinear theory as well as a skilled clinician, deftly integrates chaos theory with my right brain neurobiology, current developmental models, and relational psychoanalysis.

In closing, I want to again thank the Division for presenting me with the Scientific Award at the Division 39 Spring 2008 Meeting in New York. I’d also like to welcome the members of new study groups in Austin and Albuquerque. And I’d like to announce a second annual conference “Affect Regulation: Development, Trauma, and Treatment of the Brain-Mind-body” to be held November 8-9 in New York. The presenters include Arieta Slade, Philip Bromberg, Pat Ogden, Miriam Steele, Margaret Wilkinson and myself. For further information go to PsyBc.com.

**Nonlinear Science In The Art Of Psychoanalysis**

**Historical Context**

In *Project for a Scientific Psychology* (1895), Sigmund Freud expressed high hopes to establish neurology as the bedrock science for psychoanalysis. Yet the field was not advanced enough to carry out this mission, especially without the assistance of computer-aided, brain imaging. Until the recent rapprochement spearheaded largely by Allan Schore as represented by this very column, psychoanalysts drifted away from science in favor of hermeneutics and the arts as means to preserve what can feel so inexplicable and mysterious during effective psychoanalysis. For example, in *The Art of Unknowing*, New York psychoanalyst Stephen Kurtz (1989) likens psychotherapy to listening to a poem with multiple interpretations that cannot be immediately analyzed or understood. By reserving psychoanalysis for the wholly subjective enterprise of meaning-making, the hermeneutic circle was closed around the immediacy, intimacy and sanctity of the process.

While I would be the last person to deny the importance of literary and artistic dimensions in psychoanalysis, at times, the fervor surrounding the exclusion of science has gotten quite intense. As recently as five years ago, I
attended a psychoanalytic conference in Los Angeles purportedly to open up the dialogue between psychoanalysis and neurobiology. Instead of collaborative discourse, one speaker vehemently attacked the representative scientist. She claimed that neurobiology represents little more than “scientism,” that speculating about our patients’ brains violates the intersubjective frame by asserting expertise with a theory no more valid than any other.

Apart from political agendas, psychoanalysts have also rejected science due to demonstrably misleading or distorted beliefs about the very nature of science. Most of us automatically and implicitly associate science with linear, reductionist paradigms dominant since antiquity, typified by the notion of a predictable, controllable “clockwork” universe consistent with Newtonian mechanics. While this perspective has had, and will continue to have, great utility, it is not the end of the story, and we are at a point of outgrowing its naïve reductionism. In Freud’s original model, psychoanalysts were steeped in narrative clarity, possessing certain knowledge about patient problems and their solutions. Early psychoanalysts enjoyed a bird’s eye view, both literally and symbolically, hovering in body and mind above the couch amidst authoritative heights of neutrality and objectivity.

This left-brained, logical model fit nicely into the hierarchical structure of the then cutting-edge medical model in which psychoanalysis was conceived. The model, fashioned after medicine, authorized psychoanalysts to diagnose, prescribe, and treat patients through interpretation, as if this could be accomplished in step-by-step, straightforward fashion. In a one-way direction of change, an authoritative care-giver treated a submissive patient in accordance with disease/disorder conceptualization. Even today, those of us immersed in two-person, intersubjective models remain saturated with this paradigm at implicit levels when entertaining ideas like:

1. Psychotherapy can be effectively manualized;
2. Therapists can be fully accountable for predicting the course and outcome of treatment;
3. To understand the origins of a psychological problem is to know how to treat that problem;
4. Changing thought, whether through cognitive-behavioral methods or by the content of interpretations, is a primary means to heal emotions.

These concepts are powerfully entrenched partly because they conform to the language and logic of the left brain. This hemisphere, traditionally considered “dominant,” reasons through linear thinking by stepping outside of right brain emotional, relational and bodily bases, in order to “objectively” analyze and break apart problems and situations before cobbling the pieces back together again. While “reverse engineering” works well for cars, this approach is far too mechanistic for people, especially when our Hippocratic Oath includes preserving the sanctity of I-Thou relationships (Buber, 1923/1971) by treating people indivisibly as wholes.

**New Metaphors Arising**

Whereas the left hemisphere specializes in focusing attention to the right side of space, the right hemisphere attends to both sides. That which is lacking in piecemeal cognition can be found in holistic intuition that emerges out of full immersion, both in internal and external environments. Central metaphors, so critical to clinical intuition (see Stern, 1985; Modell, 2003), are born of such immersion. From Freud’s time until the present, psychoanalytic metaphors have evolved from static, neutral, objective observers towards dynamic, involved, co-creative participants. Benjamin Wolstein (1995; see Wilner, 1998) illuminated this trend by identifying five metaphors to describe the psychoanalyst’s psyche:

- Mirror
- Blank screen
- Neutral interpreter
- Participant observer (as coined by Sullivan)
- Co-participant therapist and patient

To embrace the nonlinear paradigm helps to make this evolution more explicit and deliberate. Each school of thought employs a unique set of congealed metaphors to direct the therapeutic investigation. Every avenue of exploration precludes many others in the process. Out of this recognition Wolstein (1995) and Wilner (1998) from the New York Interpersonal-Relational tradition warn against beginning with reified metaphors, such as analyst as mirror, that serve primarily to bolster defensive operations or unduly constrain authentic encounters between therapist and patient.

The framework of nonlinear science helps us to operate in what Fred Pine (1985) called “experience-near” realms, by avoiding unnecessary narrowing born of frozen metaphors. Nonlinear dynamics can serve as a molten “living metaphor,” both fluid and specific enough to move along with experience, and to shape it in an organic, self-organizing manner without extruding it too far through a rigid template. Fogel and Garvey (2007) made a similar assertion...
recently within a developmental context when using the nonlinear paradigm to reveal unique expression in infants. Just as the ultimate goal is “neural integration” (Siegel, 2007) between the left and right hemispheres and between cortical and subcortical levels, when approaching contemporary science, the question is not whether to go linear or nonlinear. Nonlinear models and methods do not replace linear ones, and nonlinear results are not more true or descriptive than linear ones. This is not an either/or issue partly because linear realms are included within the nonlinear. Linear states can, and do, emerge under certain well-constrained conditions. However, as agents of change psychotherapists should understand that the linear realm must participate alongside the nonlinear to effect deep levels of change.

**The Nonlinear Paradigm**

Dynamical systems theory studies how things change over time. Nonlinear dynamics specializes in facets of nature that are idiosyncratic, spontaneous, irregular, emergent, discontinuous, and unpredictable. In nonlinear realms, due to interdependent parts whose contribution to the whole is multiplicative, simple cause-and-effect relationships break down. The time-honored Gestalt formulation, of the whole as more than the sum of its parts, perfectly characterizes this realm. For this reason, nonlinear metaphors and models remain closer to the fast time scales of physiological flux plus embodied emotional experience, helping to refine the therapist’s eye to detect an ever-shifting kaleidoscope of complex patterns.

Chaos theory grounds us in the inevitable turmoil, discontinuities, and limited predictability of ordinary life. Complexity theory reveals how development, new order and creative change self-organize, spontaneously emerging at the edge of chaos. Fractal geometry detects patterns of the whole as they extend through a system’s parts, including paradoxical boundaries that are simultaneously open and closed, bounded and unbounded. Taken together, these sciences model the deep and mysterious interpenetration between self, world, and other.

Contemporary psychoanalysis has moved from one-person models of therapist certainty based on assumptions about invariant stages and universal development to two-person models where unique moments arise unpredictably out of the uncertainty of the “analytic third.” In parallel fashion, Western science has matured from an omniscient, omnipotent infancy to face clear limits on what can be known and controlled in nature. Not just in practice, but also in theory, the naïve, reductionist framework held of strict determinism appears an early illusion of a fledgling
science. According to chaos theory, even if we fully capture all the variables of a complex system, plus all their formulas for interaction, we still can’t predict nonlinear systems with accuracy, what has popularly been termed “the Butterfly Effect.” Through chaos theory, contemporary science now joins art to celebrate the fundamental uncertainties and mysteries of life.

**Self-Organized Complexity**

Given that we are steeped in a chaotic, unpredictable world, it makes sense that our mind/brain/body is equipped to perceive and act in the face of such uncertainties. I suggest, much like Daniel Siegel (1999; 2007), that mental health be defined as the complex flow of mental and behavioral states self-organized at the edge of chaos. The edge of chaos is a transitional zone between poles of stagnant order and utter disorder. At this edge, there is variability and flexibility for adaptation and change, yet the capacity to hold structure and provide stability. A complexity of mental health view addresses deficiencies of negativistic definitions, such as the absence of symptoms or disease, by providing an affirmative framework for understanding that guides clinical work toward concrete, yet open, individualized goals, plus the presence of creativity and growth.

A nonlinear paradigm also helps to conceptualize and concretely measure the attachment dance between infant and caretaker and between patient and analyst that coordinates physiology on multiple time scales, choreographs movements, tunes brains, and ultimately sculpts the minds of each. These ideas are especially important to Schore’s regulation theory (e.g., Schore, 1999, 2001, 2003a, 2003b) and to its sister science, attachment theory (e.g., Bowlby, 1969; Fonagy et al., 1995; Main and Hesse, 1990; Sroufe, 1983; Stern, 1985). Both regulation and attachment theories reverse how we normally conceptualize development. Rather than to view separate individuals as they come together in relationship, these holistic perspectives examine individuals as emerging out of relationship as the basic building blocks. The precise ways in which developing brains, bodies and minds self-organize in light of attuned responses require nonlinear conceptions. The framework is ideal to model and measure the implicit, often nonverbal, unconscious levels of emotional, ideational and body-based exchanges.

Nonlinearity and chaos arise due to continual feedback loops, or self-interactions between system elements. By viewing emotional, behavioral and neural development in a relational context, coupled bodies, brains, and minds use recursive loops in the continual and mutual exchange of energy, matter and information across open borders. The operation of different kinds of feedback loops is central to psychotherapy. First, consider the meaning of attuned responses: through coupled dynamics of resonance and empathy, the caretaker amplifies positive emotional cycles of interest, excitement and joy, while dampening negative emotional cycles of fear, disappointment, and anger. When considering feedback cycles during psychotherapy, nonlinear feedback is also evident within disproportional outcomes that rarely match the degree of our effort as therapists. At times closer to the edge of chaos, what has been termed popularly “the tipping point,” a tiny almost incidental remark can spark a cascade of change in the patient, while at times farther away, what may seem a brilliant and highly significant interpretation to us may hardly draw the flick of an eyebrow—if the patient is “frozen” in a rigid region of excessive order, e.g., obsessive thinking.

**Fractals**

Fractal geometry is a separate but related aspect of contemporary math and science that sheds important light on deep mysteries of psychotherapy. Fractal shapes carry the fingerprint of nonlinear realms while embodying the essence of how identity forms in nature. Fractal geometry, discovered in the 1970s by Benoît Mandelbrot (1977), is the geometry of natural complexity. Fractals are produced when simple instructions for local interactions are repeated again and again, such that detailed, complex structure emerges (self-generates without an architect). This resembles the same genetic blueprint found in each cell but used differently to coordinate related parts into the whole of an organism. Fractals are also similar to a hologram, where a tiny fragment carries the capacity to generate the whole. The resemblance stems from the hallmark of fractals—self-similarity, by which the shape of the whole is recursively repeated within the shape of the parts. A related quality, called scale-invariance highlights how the pattern of the whole remains invariant across different scales, either in size or time. To get an intuitive feel for fractals, quite difficult without accompanying images, imagine a set of nested Russian dolls, each packed inside the next. Every doll is slightly different, with unique painted details on variable size scales, yet each bears a strong family
resemblance to the largest, or the pattern the whole.

Within nature, some fractals manifest physically, by extending in space. The shapes of clouds, mountains, riverbeds, tree branching, erosion, and in fact, most natural objects, are examples of physical fractals. Other fractals are less visible, because they extend more across time. Patterns of earthquakes, how a rumor spreads, family trees, patterns of migration or connectivity on the Internet, are all examples of temporal fractals. One reason that computer animation has grown so realistic is through the use of fractal algorithms. Initially some dismissed computer-generated fractals to resemble nature in only superficial ways—mimicking her shapes but irrelevant to her deep structures. Now we understand more about fractal lessons in how process and function are inseparably intertwined throughout nature (see Bak, 1996; Schroeder, 1991); West (2006). These ideas are highly relevant to human physiology, especially from a developmental perspective. The branching shapes of our arteries, veins, lungs, intestines, and neurons, plus the pattern of pores on the skin, ion channels in the brain and the folding of neural structures, all are fractals (see Leibovitch, 1998; West & Deerling, 1995).

Fractals are less static things and more dynamic process-structures whose pattern emerges relationally as time becomes etched into space through interaction. Because fractals exist both abstractly, in mathematics and symbolism, as well as concretely in space and time, they are powerful tools for perceiving continuity between patterns in human nature and those in nature at large. Consider the example of facial wrinkles. Here our character plus emotional history becomes etched fractally into the lines of our faces. The interface between physiological, emotional, and relational processes, between micro and macro, autonomic and voluntary levels of existence, all converge within the same fractal patterns.

**Fractals and Identity**

Facial wrinkles hint at the critical relationship between fractals and identity formation broadly. When a fractal is “flipped” across space or time, the pattern of the whole remains recursively embedded in self-similar parts, and so its essence or core remains intact. In this way, fractals serve both as metaphor and model for a psychological self that is both unique yet changeable—how different aspects of mind/brain/body systems emerge at different times, across different situations in a way that bears resemblance to the whole (Marks-Tarlow, 1999; 2002; 2004). Fractals help to address the debate regarding unity versus multiplicity of self (see Piers, 2005), between process and structure, and between conscious, explicit aspects of self and unconscious, implicit ones. Properties of self-similarity, scale invariance and nonlinear statistical distributions called power laws, help us to understand how identity can be preserved across size, time and event scales, ranging from extremely fast moving, micro, neurobiological levels that unconsciously support the hardware of self, to minute-to-minute interactions that tune our brains and minds on an ongoing way, to slow moving large-scale events comprising episodic memory and slowest of all—our sense of self across a lifetime.

**Fractals as Metaphor**

A fractal metaphor shares commonalities with the early psychoanalytic metaphor of consciousness as “the tip of the iceberg.” Both convey a feeling of depth and underground connectedness to unseen aspects of the psyche. Yet important differences exist between the 20th century Cartesian iceberg metaphor and 21st century nonlinear one. The iceberg is cold and forbidding, limited and bounded, while being unwieldy, implying the danger of Titanic crashes. By contrast, a fractal has the feel of endless detail, finer and finer rendering with ongoing exploration, dizzying complexity and creativity. An iceberg exists independent of the observer, while a fractal image, partly through its quality of self-reference, implies the necessity of observation for its very existence, as described further in the next section. This can render an encounter with our selves more natural, more inherently self-regulating and more desirable. Even when the iterative process of self-examination brings negative emotions, there is still beauty possible in the mere existence of fractal pattern.

Fractals are useful for understanding repetitive enactments, as well as for refining Freud’s notion of “repetition compulsion.” Fractals help to describe transgenerational interactional patterns as they ripple across time. Fractals shed light on the classical psychoanalytic assertion that the first dream of the treatment will portend how the treatment goes, or that a patient’s opening remark will reflect an
The metaphor of psyche as container, as if lined by smooth, the danger of invoking Cartesian dualism, by drawing upon fractals, observer dependence and psychological an integrative effect.

The self it depicts, is also useful to patients, partly by having into a coherent picture of self, no matter how fragmented ability to weave together multiple time and event scales frontiers,” albeit on ever smaller scales of observation. The tom disappearance with more realistic visions of “endless patients can replace unreasonable expectation for symp...ers, sense the fine texture of experience during clinical...psychological boundaries becoming especially complicated. The interlocking gaze between psychoanalyst and patient functions like two mirrors facing one another, displaying the infinite recursion of two worlds, each endlessly reflected in and of the other.

George Atwood and Bob Stolorow (1984) defined intersubjectivity within psychoanalysis as the intersection of two subjectivities—that of patient and that of therapist—each carrying a differently organized subjective world. A revolutionary implication of this perspective for psychoanalysis was that observers became formally indistinct from the observed. After declaring the observational stance of psychoanalysis to be always within the intersubjective field, no wonder Stolorow’s group highlighted introspection and empathy as primary tools for therapeutic observation and intervention. Along with Philip Bromberg (1998, 2006) among others, I view intersubjectivity as pattern that forms uniquely in the space between self and other. This pattern is both emergent and self-organizing, offering a degree of complexity not present at the level of constituent people.

While introspection and empathy are important to any effective psychotherapist’s repertoire, they are just the start of a language of intersubjectivity. New frontiers of brain imaging now link first person, subjective experience with third person observation (see Varela and Shear, 1999). Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed, Meanwhile fractal geometry, with its recursive symmetries and paradoxical entwinement of observer with observed,

When the therapist-patient system is critically poised at the edge of chaos, there can be a cascade of meaning from tiny events up through huge ones. In this way fractal consciousness can help therapists to find significance within a grain of sand without making mountains out of molehills. Self-similar resonance could be the formal mechanism by which symbolism becomes meaningful, when the emphasis is not on the event itself, but on how the event serves to reveal the larger pattern of the whole. Fractal metaphors are also useful for patients as an explicit tool of self-exploration, especially for understanding how core issues never disappear, but keep rendering themselves at finer and finer scales throughout life. As a consequence, patients can replace unreasonable expectation for symptom disappearance with more realistic visions of “endless frontiers,” albeit on ever smaller scales of observation. The ability to weave together multiple time and event scales into a coherent picture of self, no matter how fragmented the self it depicts, is also useful to patients, partly by having an integrative effect.

**Fractals, Observer Dependence And Psychological Boundaries**

One-person, intrapsychic models within psychotherapy run the danger of invoking Cartesian dualism, by drawing upon the metaphor of psyche as container, as if lined by smooth, fixed boundaries that cleanly separate inner, subjective from outer, objective realms (see Damasio, 1994). From a one-person perspective, psychological boundaries appear straightforward. The therapist’s eye forms a clean mirror to separate patients’ inner from outer processes, subjective fantasy from objective truth. The move to a two-person, intersubjective perspective shifts everything, with the matter of psychological boundaries becoming especially complicated. The interlocking gaze between psychoanalyst and patient functions like two mirrors facing one another, displaying the infinite recursion of two worlds, each endlessly reflected in and of the other.

Fractal consciousness may represent the essence of right brain, therapeutic intuition by which we instantly, implicitly and recognize the whole of ourselves and others, sense the fine texture of experience during clinical interactions, and link “now” moments to larger events and conceptualizations. Fractal pattern is both transcendent and immanent. The pattern is transcendent—some might say archetypal—by existing in a purely abstract realm outside of any particular scale of time and space. It is imminent by manifesting concretely within each scale.

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There is no such thing as an observer, in the classical sense, only different interactional stances.

Fractals become highly useful to model intersubjective dynamics because they capture full interpenetration between observers and observed. For the same reason, they help us to re-conceptualize psychological boundaries. When a fractal boundary appears between separate areas, the whole of each area becomes recursively enfolded many times at the edges between. Because each area recurs infinitely at ever-smaller scales, fractal boundaries form endlessly complex, self-referential zones of articulation and negotiation. The deeper we go, the smaller the scale, and the subtler the boundary. A fractal model of psychological boundaries helps to preserve the natural complexity of systems that are simultaneously open and closed, i.e., grounded relationally, yet operate as if autonomously.

Along with much of contemporary science, including neuroscience, fractal geometry inspires a whole different picture than splitting body from mind, isolating self from other, or wrenching inner from outer processes. Fractal edges are neither fixed nor smooth, but instead are rough and bumpy, with detail on multiple scales. Even more defiantly, fractal edges entangle inner with outer space, as they move dynamically with the perspective of the observer. Along with serving as a vessel to enclose, fractal edges function paradoxically as portals to open. Because fractals reside in the space between, they readily model emotional dynamics like dissociation or projective identification, where what is inside versus outside one person versus another becomes unclear, and patterns seem to arise in the intersubjective space created by two continually interacting, interlocking psyches.

Out of an understanding of fractals comes my belief that all experience of self, world, and other is self-referentially entangled at the edges. To Varela (e.g., Varela, Thompson & Rosch, 1991), Rosen (1994) and other nonlinear thinkers, including Buddhists, fundamental entanglement between observers and observed appears to be the paradoxical foundation for all of creation, whether at material or psychological levels. If true, this primal stew provides the raw material for an endless series of living metaphors to capture and congeal the dynamic flow of ongoing experience across fluid boundaries. At these fractal edges, continual novelty may generate itself with the catalyst of an aware agent, providing a model for change in psychotherapy.

Fractals, the Bootstrapping Problem, and Interobjectivity

Whereas a one-person theory takes recourse in the rational authority of an objective analyst, a two-person theory carries no such recourse. Without possibilities for objective truth, the analyst becomes vulnerable to mistaking his own experience or perspective for reality itself. As described by Stephen Mitchell (1997), this problem involves a contradic-
tion between veridicality [“correct” or “real” perception of an object] and perspectivism [Neitzsche’s idea that all ideas occur from within a particular perspective]. Mitchell’s second issue—bootstrapping—arises out of the same entangled dynamics of a two-person theory. Any interpretation delivered by a therapist, no matter how true, will not necessarily serve to illuminate a patient, nor automatically ensure patient change, because it will always be received from within the very dynamics the therapist attempts to portray. Mitchell (1997) describes this bootstrapping problem as the heart of every psychoanalysis:

The analyst makes an interpretation about the way in which the patient eroticizes interactions, and the patient experiences the interpretation itself as a seduction. The analyst makes an interpretation about the way in which the patient transforms every interaction into a battle, and the patient experiences the interpretation itself as a power operation. Or . . . the analyst makes an interpretation about the patient’s masochism, and the patient experiences the interpretation as a put-down to be agreed to and feel humiliated by (p. 45).

The problem grows worse, as it extends to countertransferring differential dynamics plaguing the therapist.

Generally speaking, the analyst, despite his best intentions, is likely to become entangled in the very same web he is trying to get the patient to explore. So the analyst making an interpretation of the patient’s tendency to eroticize interactions is likely to be speaking from an eroticized countertransferring position in his own experience. The analyst making an interpretation of the patient’s tendency to transform all encounters into battles is likely to be feeling embattled himself and trying to use interpretations as a potent weapon in his arsenal. And the analyst making an interpretation about the patient’s masochism is likely himself to have felt victimized by the patient’s long-suffering misery and is speaking in a voice laced with exasperation. Thus, the analyst’s experience is likely to be infused with the very same affects, dynamics, and conflicts he is trying to help the patient understand (Mitchell, 1997, p. 46).

Nonlinear dynamical systems theory furnishes a rigorous explanatory system for the bootstrapping problem. To move towards resolving such paradoxes, I offer possibilities for an interobjective level, where fractal boundaries between inner and outer worlds help to ground the intersubjective thicket and to avoid the endless recursion of the mutual gaze. Whereas intersubjectivity is born of open boundaries between self and other, interobjectivity is born of open boundaries between self and world. Here fractal boundaries arise from structural coupling between self and environment as self-similar patterns become evident at the interface between subjective and objective levels. The notion of interobjectivity helps to anchor relativist and constructivist arguments in an external reality, no matter how objectively ungraspable. Whereas objectivity implies a reality as it exists outside of any given observer, interobjectivity implies reality as it exists at the boundaries of social observation. The notion of interobjectivity helps provide a material, empirical foundation for considering interpersonal neurobiology, brain function more broadly, and mind/body issues specifically. According to this dialectical or “multi-lectic” position, the objective is both privileged and not privileged simultaneously.

To attend to fractal patterns within the interobjective field of psychotherapy is to attend to temporal patterns of fate, where outer events so often become shaped to accord with inner structure. The notion of fractal boundaries between self and world allows us to remain alert to “synchronistic portals” appearing in patients’ lives, whether inside or outside of the therapeutic room. The old saying, “When the student is ready the teacher will come,” pertains as much to life lessons as to people. To pay attention to self-similar resonances within patterns of fate deepens our ability to see with the third eye, much like Theodore Reik’s (1948) counsel that we should listen with the third ear. Due to open fractal boundaries between self, world and other, this kind of right brain, intuitive processing carries the potential to fold the entire universe back into our clinical musings. During peak moments, this enables us to travel beneath intersubjective levels to the very origins of where spirit merges into matter and emerges back out again.

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KNOWLEDGE OF EMPIRICAL RESEARCH SUPPORTING PSYCHOANALYTIC TREATMENT PROVES VALUABLE TO ANALYTIC CLINICIANS  GREGORY M. LOWDER, PHD

In 2007 I created a power point presentation, in collaboration with Nancy McWilliams, Ph.D., and James Hansell, Ph.D., entitled, “The Enduring Significance of Psychoanalytic Theory and Practice. In the presentation I surveyed some of the seminal empirical studies of the effectiveness of psychoanalysis and psychoanalytic psychotherapy; I also included some empirical studies of psychoanalytic concepts, such as transference, unconscious conflict, and unconscious motivation.

The idea originally was conceived out of a need to have a presentation for lay audiences and non-psychoanalytic clinicians, which could clear up some of the myths and misconceptions about psychoanalysis that have contributed to its waning respect and prominence in the last few decades. The presentation was made available on the websites of the American Psychoanalytic Association and Division 39 of the American Psychological Association. A piece in the newsletters of Division 39 and the American Psychoanalytic Association, that I wrote together with Nancy McWilliams, generated many responses. It seemed that a number of individuals throughout the USA and Canada intended to make the presentation in various settings, including hospitals, community mental health centers, and undergraduate courses. This was good news; it was how we hoped people would use the presentation. But then an event occurred that I hadn’t expected, in terms of the value of this outreach tool. This past Spring I made the presentation to the Weill Cornell psychiatry residency supervisory faculty at New York Presbyterian Hospital. (Many of these faculty were psychoanalysts, graduates of the Columbia Psychoanalytic Institute and the New York Psychoanalytic Institute). When I was asked to present I was at first surprised at the request, because I thought I would simply be preaching to the converted who already had knowledge of the studies I would cover. As it turned out, I was indeed preaching to the converted, but what also became clear was that nearly all the attendees were entirely unfamiliar with the empirical studies on psychoanalytic treatment and concepts.

Participants expressed that they were thankful to have knowledge of such research so as to be able to respond better to questions and concerns about psychoanalytic treatments and concepts that might come from patients and/or their family members, supervisees, non-analytic clinicians, and anybody else who asked or offhandedly criticized. Also, the attendees noted that such empirical knowledge - which supported their day-to-day clinical work - served to boost their morale (evident in the palpable level of enthusiasm to the evening). Psychoanalytic practitioners have faced various disparaging and demoralizing attacks on many fronts. It would therefore seem important for them to be informed of the many research studies that support the practice of psychoanalytic treatments and confirm many of the theoretical constructs that analytic clinicians depend on.

Attitudes toward psychoanalytic research vary greatly within our field. For the most part, it seems analysts are disinterested in and unaware of relevant research findings. Others are openly hostile and attacking. A relative few are actively interested in research and are conducting empirical studies. Schacter and Luborsky published a paper in 1998 on the results of a poll of analysts about the percentage of research papers they read compared to the number of clinical papers they read. The analysts with higher degrees of conviction that their rationales and techniques were sound and effective reportedly read fewer research articles than less convinced analysts. About this finding they speculated that “analysts with high levels of confidence in their rationales and techniques may be defending against concerns that they have significant covert doubts about their rationales and techniques.” They went on to say “analysts’ capacity to tolerate doubts about their work may seriously conflict with a sense or explicit belief that confidence in their analytic work is an important, perhaps essential, mutative force in their treatment. It seems very understandable that such a belief would press analysts to minimize or deny feelings of uncertainty about their work.”

But what if analysts learned that the empirical research on psychoanalytic treatments and concepts often supported the belief that these treatments and concepts are sound? Would most of them have a similar reaction to that of the Weill Cornell psychiatry residency supervisory faculty? Those individuals seemed to greatly appreciate learning about the research (which showed favorable outcomes for psychoanalysis and for psychoanalytic psychotherapy). They felt it was useful information to have, and it seemed to boost their morale when it came to practice.

Throughout my experience as a candidate at the New York Psychoanalytic Institute, I’ve reflected on the process of developing an identity as an analyst. This process has included developing confidence in psychoanalysis as an effective treatment method. Along
THE ETHICS FORUM: IN A TIME OF WAR

THE ETHICS FORUM: IN A TIME OF WAR

The Ethics Committee now sponsors an Ethics Forum in the Psychologist-Psychoanalyst. All members are invited to submit ethical questions or dilemmas you encounter in your professional practice. The Ethics Committee will invite various 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

Consider the following hypothetical clinical situation. A therapist is working with the wife of a National Guard reservist who has been deployed to Iraq for the last seven months. He has been in combat situations over the last several months and has both witnessed and participated in several traumatic events. He is in communication with his wife and has described the situations to her. He reports moderate PTSD symptoms (sleep disturbance, intrusive thoughts and feelings about the traumatic events, increased irritability, and hypervigilance). Her sleep is disturbed, and she has started having panic attacks. She finds herself spending a lot of time in anxious rumination about her husband. She is also worried about her two young children who are becoming symptomatic. Her symptoms are significantly impacting her functioning at home and at work.

She is coming to see you because she feels she needs help coping and for symptom relief for herself and her children. She tells you (without prompting or leading questions from you) that her husband wishes that he could get out of combat but feels there is nothing he can do but finish out his tour and hope that nothing worse happens to him. She wants nothing more than to get him home safely as quickly as possible, but she feels helpless and sees no way that she could help to get her husband out of harm’s way. Both she and you think that her husband is suffering from moderate PTSD and that she is experiencing vicarious traumatization. Both she and you feel that her and her children’s symptoms would abate if her husband were to get out of the combat zone.

Do you have an ethical responsibility to provide the client with information about which she had not been previously aware, even if you have to introduce the topic, which might lead to significant risk or harm reduction. For example, should you tell her that when her husband comes home for his mid-tour break around the middle of his 15-month Iraq deployment, he has the option of going to army medical personnel and reporting that he is having serious symptoms that he is concerned will negatively affect his functioning in a combat situation and thereby pose additional risk to his fellow soldiers. He can request discharge or try to transfer out of combat on psychiatric grounds. If he is denied he has the option of going to Canada or seeking asylum in other ways. You inform your client that going AWOL is clearly illegal under military law to which her husband is subject according to the government of the United States.

After hearing the client’s response to this information the therapist, who felt sufficiently informed about these matters, could discuss it further with the client or else refer them, if they had interest in pursuing it further, to an appropriate outside resource (for example, the Iraq Veteran’s Against the War) for more information and advice about these options and their consequences.

RESPONSE FROM FRANK SUMMERS, PHD

The question here is the ethical responsibility of the therapist to inform the patient of options that may help her and her family gain relief from symptoms originating in military combat. The first option suggested is to go to military medical personnel. In my view, it is typically good technique and ethical behavior for the therapist to point out the existence of resources of which the patient may not be aware. Whether the resources are military or civilian, it is within the purview of the therapeutic process and ethical guidelines to help the patient find what might be useful to her. Given our mandate to benefit the patient, one might question whether withholding knowledge of potentially helpful resources is ethical. In my experience, making patients aware of where aid might be available is done fairly routinely so that one wonders whether the question would be raised at all as an ethical issue if the situation did not involve the military and the politically volatile Iraq War. Whether the therapist should suggest extra-therapeutic resources in any given situation and how that is done is a technical question, not an ethical puzzle.

The dilemma, as I see it, lies not in suggesting external resources, but in the much more complicated fact that there is substantial evidence that health professionals in the military are commonly forced to change their assessments by higher ranking non-medical officers. The therapist may well be recommending that the husband go

1 Jane G. Tillman, Chair, Andrea Celenza, Margaret Fulton, and Frank Summers
for help where the mental health professional is not free to make a diagnosis. This is the reality of which all therapists in this situation need to be aware so that they do not make the naïve assumption that the patient will receive a freely given purely professional mental health assessment. While autonomous professional judgment is a possibility, it is by no means an assumption that the clinician is justified in making.

The substantive ethical question I see in this situation is offering the idea of going to Canada to evade the war. Because the proposal is illegal, the idea raises the question of whether a therapist can ethically condone law breaking. It is difficult to see how it can be considered ethical to suggest that a patient break the law given that advocacy of law breaking is itself illegal. Ironically, the only principle of the APA ethics code that would have any application is the controversial 1.02, which gives the psychologist the right to follow the law if ethical responsibility conflicts with the law. No regulation in the ethical code gives the psychologist the right to break the law or advocate so doing.

The apparent ethical dilemma is that the psychologist may well feel that it is his/her ethical responsibility to do whatever is possible to help the patient’s husband leave the military, but that belief conflicts with advocacy of law breaking. But, this supposed ethical dilemma is not real because the husband knows he can go AWOL and that doing so is illegal. No one has to tell him that. What the patient and her husband choose to do is their choice, and the only viable therapeutic role is to help the patient understand her reasons on both sides of the issue. If the patient brings up the possibility of breaking the law, but to explore every aspect of the patient’s feelings about the possibility of breaking the law in an effort to achieve mental health or to comply with the law and suffer her husband’s mental distress.

If the patient does not bring it up, any introduction of the topic by the therapist is an implicit advocacy because the patient and her husband know the possibility exists. There is no way for the therapist to offer this course of action without implying that it might be a good idea. The patient is then faced with a therapist who advocates breaking the law. I do not see how it helps the already traumatized patient to bear this burden. I would regard any such suggestion as less than optimal technique as well as unethical in the sense of advocating law breaking. Exploration of the patient’s choices is the only justifiable ethical stance I see.
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Since September 2007, a group of candidates from several different institutes in New York City has been meeting monthly, with the goal of stimulating inter-institute discussion. The idea for our collective originated with the editors of The Candidate journal at the NYU Psychoanalytic Institute. They put out a call to candidates from other institutes, and after a few initial meetings, a core group began meeting regularly. I first attended a meeting in October, and was immediately taken with the collegiality and the sense of discovery that came from hearing about how psychoanalytic training works at other institutes. Currently there are seven institutes represented by 11 candidates: NYU Psychoanalytic Institute (Hilary Rubenstein Hatch, Carlos Almeida, and Abby Herzig), New York Psychoanalytic Institute (Greg Lowder and Hilli Dagon-Clark), Columbia Center for Psychoanalytic Training and Research (David Gutman), NYU Postdoctoral Center for Psychoanalysis and Psychotherapy (Margery Kalb), William Alanson White Institute (Victoria Malkin), New York Freudian Society (CJ Churchill), and the Institute for Psychoanalytic Training and Research (Richard Grose and Kim Gelé).

In New York City those seeking analytic training have the luxury of choosing among numerous institutes, with programs ranging from adult and child analysis, to psychoanalytic psychotherapy. Despite this rich opportunity, most candidates gain very little knowledge of other institutes and their members. During training and after, an institute plays a large role in one’s professional, and often personal, life. This provides a home base and a community, but it can also limit one’s perspective to the confines of a single institute. What’s more, the history of psychoanalytic institutes has been marked by such insularity, which was often fueled by heated theoretical battles, schisms, and policies for exclusion.

Our group came together to break down this insularity and bring candidates from various programs together in an atmosphere similar to a university setting. The institutes represented in our collective are of varied history and background. Some of our institutes cover a broad scope of analytic theories in their training, while others focus on one “school” of psychoanalysis. Some of our institutes were founded in order to provide training for candidates who were excluded—because of professional discipline or other reasons—from other institutes represented in our collective. Our goal is to move beyond such historical issues, and theoretical and pedagogical differences, and to build a candidate community for support and discussion of issues that are pertinent to psychoanalytic training in the 21st century.

Our initial topic of interest has been training, but more broadly we want to provide a forum for ideas that are rarely brought out for discussion: those aspects of analytic work and training that may be unconscious, or preconscious. This is reflected in the title of our first event, which took place on September 26, “Orthodoxy is Unconsciousness.” We asked the panelists—all senior analysts from our institutes—to imagine themselves as the founding members of a new institute meeting to establish practices to facilitate and evaluate progress throughout the training process. Two candidates from our group served as moderators. Panelists explored a range of issues relating to training: admissions, the lack of ethnic diversity among candidates and psychoanalysts, progression practices, and obtaining training cases.

Another project we have undertaken is to collect data about training policies from each of our institutes. This includes cross-institute comparisons on a broad range of issues: tuition, supervision, personal analysis fees, who is eligible for admission, number of control cases, and what criteria are used, and by whom, to determine when a candidate is ready for graduation. We have found some thought-provoking differences. For instance, I was surprised to find that the concept of “readiness for control,” which is a major hurdle at my own institute, is virtually nonexistent at others. As another example, at some institutes there are very specific, quantitative criteria specifying the length of time training cases should continue, whereas at other institutes this is assessed on a subjective basis, by “demonstration of an analytic process.”

Perhaps most interesting to us was the significant differences in tuition and supervision fees. We found that the most expensive institute of our collective cost nearly four times as much as the least expensive (in terms of supervision and tuition). This stimulated thoughts about how much time supervisors can afford to donate to training, the extent to which institutes help candidates build up a well-paying private practice, and not least, financial disparities among candidates of different professional backgrounds. We plan to continue gathering this comparative data and are considering how to make it available to others.

We invite other candidates to join us as we begin planning future projects. Various ideas include arranging for candidates to take classes at other institutes, having a series of inter-institute clinical presentations, and reaching out to candidates from institutes outside of New York City.

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ON LISTENING
The ups and downs of a therapeutic relationship is a process of “motion,” at its best almost a dance. It may be clumsy, even stalled, when not hiding or playing peek-a-boo. Treatment may share qualities of artfulness but is no work of art. A former Parisian journalist described his ability to distinguish a psychotherapist from an internist. It was in the quality of listening.

In speaking to an internist, the person’s eyes dart around quickly as though looking for a clue to make a fast diagnosis. In speaking to a psychiatrist the eyes become distant, as though he knows the answer is not going to come quickly and he is prepared to wait and listen for the story.

Listening for the story, to the story, is sometimes all that is needed. Nor is it always in the context of therapy. When my elder son was about thirteen, we were out sailing together. I was a novice sailor and it was a “tender” boat, meaning all too ready to heel to the side at every gust. The wind was picking up, the sky darkening, whitecaps on the water. I began to check the lines, the distance from shore. Whereupon: “Dad, there’s something I’ve wanted to talk to you about for a long time.” I grunted, none too welcoming. “It’s sex.” What if I needed to bail out water? Where did I put the damn bailer? The gusts were coming faster and, ominously, from the Northwest. Chatting evenly, he went into technical aspects of intercourse. I began to sweat. What if we needed life jackets?

He launched into philosophical aspects. Should we put the preservers on too soon and risk looking foolish or cowardly? He reflected that if he gave up his virginity while still a kid that would be like growing up too quickly and he didn’t want to do that. Was it quieting down? I began to say something. He interrupted: “Dad, this has been the best conversation! I hope you’ll always feel free so we can talk like this again.” How long had it been? Ten minutes? All I knew was it was late and I was tired. There is something to be said for silence.

Fast-forward some decades. My parent had died some years earlier. L., a good friend, much older, and an eminent physician, now retired and partially disabled, had rendered valuable assistance. Now my surviving parent was in bad shape. I had a dream, the essence of which was rendered valuable assistance. Now my surviving parent was in bad shape. I had a dream, the essence of which was valuable assistance. Now my surviving parent was in bad shape. I had a dream, the essence of which was rendered valuable assistance. Now my surviving parent was in bad shape. I had a dream, the essence of which was rendered valuable assistance.

wait and listen for the story.

There is a place for realistic action, too, while listening to understand. The late Dr. Kurt Rose (no relation) told how, in Germany in the mid-1930s, he discovered that his analyst was applying for his immigration visa to the United States. He wasted no time in confusing realistic action with acting out. He looked carefully at the current political situation and (contra Freud) did likewise. “That” he said half-seriously, “was my finest piece of analysis . . . ever!”

ANALYTIC FIRST AID FOR A 3-YEAR OLD
Lolly had just turned 3 when we noted that she had become afraid of going for walks. She used to enjoy walking in the country with her older brother or sister. Now she wept and clung to us at the suggestion of taking a walk. If pressed she would show signs of growing terror, cry, and become furious. One day she showed acute anxiety when she and her nursery school companions were to take a trip through the woods to see the ducks in the pond. Further, she developed a facial tic: a tight closing and then a wide opening of the eyes. The disturbance seemed to be spreading further when, in nursery school, she showed panic at being asked to paint Easter eggs. When, despite her fear, Lolly’s nursery school teacher picked her up and showed her that all the other children were painting the eggs, she first seemed bewildered and then was relieved and able to participate.

It was tempting to assume that this dramatic change in Lolly’s behavior was connected with the fact that we were soon to take a ten-day trip alone without the three kids. Perhaps separation anxiety was being stirred up and reinforced by her mother’s mourning the recent death of one of her brothers. Perhaps both events triggered off a memory of an earlier seven-week separation from both her parents at the vulnerable age of 8-months—a significance not yet appreciated.

We talked about Lolly’s situation at Sunday lunch.

It brought out that during a walk with her brother, they had come across a dead bird; on another trip they had found a dead rabbit, had brought it home and buried it. Lolly was struck by the wide-open fixed eyes. She now spoke of her fears of death in connection with trips. Was the rapid blinking of her eyes then an attempt to reassure herself that she was not dead? The avoidance of walking trips and particularly the one to see the ducks an attempt to avoid a repetition of the traumata that stirred up fears of her dying (and perhaps of her parents’ dying during trips, augmented by anger and death wishes towards them?) Did these factors account for the eruption of tic and phobia?

Following the lunch table conversation the facial tic disappeared and never returned. The fear of trips subsided during the next few months and did not recur despite the fact that we parents were again away for one week several months later. Lolly weathered her mother’s pregnancy and the birth of a baby brother without disturbance. The cause of the sudden panic when Lolly was asked to help paint Easter eggs remained mysterious until a conversation with her teacher. We wondered what it was about painting the Easter eggs that caused such panic. She replied: “I don’t know. All I said was, ‘Let’s dye some eggs.’”

Two principles: 1) Psychological first aid can be of remarkable and perhaps permanent value when based on psychodynamic possibilities. 2) This is insufficient without specific connection to the current reality.

Abstinence and Neutrality
Abstinence and neutrality in analysis came to mean adopting a “blank screen” demeanor and a tactic of silent non-responsiveness. Should neutral objectivity require avoiding being professionally available as a human being capable of according respect and compassion? This came up early in my training and casts a light on “how things were.”

My patient was under supervision by a senior analyst and in her third trimester of pregnancy. Her appointment time was late in the afternoon. During one session she suddenly felt light-headed and complained about her breathing. I opened the window to bring in fresh air (everyone smoked in those days) and thinking about the possibility of hypoglycemia asked, among other things, when she had last eaten. She replied that she had had no food since the birth of a baby brother without disturbance. The cause of the sudden panic when Lolly was asked to help paint Easter eggs remained mysterious until a conversation with her teacher. We wondered what it was about painting the Easter eggs that caused such panic. She replied: “I don’t know. All I said was, ‘Let’s dye some eggs.’”

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the therapist’s talent, exercised with judgment within a stable therapeutic alliance, humor may support the observant ego and the benign superego and, through favorably balanced closeness and distance, help transmit reality across fragile ego boundaries.

Two incidents are worth mentioning in this context. A gentleman of higher academic rank and superior professional accomplishment in our field found it possible to be my patient because I offered the advantage of being in practice in an out-of-the-way village so there would be little danger of a humiliating (for him) chance encounter with a colleague. In the early stages of treatment he flooded the room with sophisticated and probably correct formulations delivered with modulated affect. At a certain point I suggested that we pause and the two of us listen to the silence. He began quietly to weep and continued almost to the end of what was to both of us an eloquent session.

At the end of treatment he thanked me for having been “a good helper” in spite of having made “mistakes” which, he allowed, made it easier for him to tolerate turning to me for “help.” I spontaneously replied: “That’s why I pretended to make them.” His burst of laughter appeared appreciative: of the wit, the recognition of his hypersensitivity, and the acknowledgment of my own competitiveness.

In retrospect, I had accepted his need to deprecate me as a defense against the fear that I would attack his attitude of narcissistic superiority. I bypassed his narcissism by mirroring his implicit grandiosity: I acted as though I were he by proxy—the perfect one who only pretended to make mistakes—and made fun of that. By my playing the vain fool perhaps he was better able to learn what was implicit beneath my absurdity: neither of us were fools though we might both feel touchy about our less than perfect humanity which encompassed us both.

In addition to the area of narcissistic hypersensitivity, an erotic transference cries out for tactful handling. Early in my career a lovely and witty woman—patient rescued me from clumsy theorizing. I had hidden behind the jargon of “positive transference.” Whereupon she, with a naughty twinkle: “If this be positive transference, let’s make the most of it!” Our mutual burst of laughter and pleasure returned the state of tension to a workable level.

A workable level of tension is what it is all about. Not to evade issues but to titrate the optimal degree of tension to facilitate the work in progress—even impart a pleasurable quality. (“Where is it written” that therapy must be painful?)

A SAILING LESSON—A PARABLE
I was the proud but nervous owner of a new, eighteen foot, centerboard sloop. I imagined disaster: the boat would sink; or the mast would come crashing down. Before onlookers yet! I turned to a friend—an unflappable sailor. We put the boat in the water and went out for a sail. Then suddenly the mast came crashing down! We tied the rigging to the mast and turned to the outboard motor—a tough British Sea Gull, so reliable it was used by commandos during W.W.II.

Coiled and pulled the starter rope. Nothing. A little more choke? Still nothing. Too much choke? Still nothing. So we turned to the emergency paddle and paddled back up the river to the dock. And examined the mess.

The mast, which was hinged to the roof of the cabin, would normally be held upright by a steel cable running from the top of the mast to the bow where it was attached by a turnbuckle. We found that one end of the turnbuckle was screwed all the way in and the other end by only one thread. Which had parted. Thus separating from the bow.

So we raised the mast, installed the turnbuckle properly, attached it to the bow and went out for a sail. I cannot say I enjoyed it much. I was exhausted and hyper-vigilant. At least we had made it.

Back to his house and martinis, his wife, said airily: “How did it go, guys?” I was about to say, “Nothing worked. Wait’ll we tell you!” when I heard him calmly say, “Fine.” I protested, “How the hell can you say that?” He looked genuinely puzzled and said: “Hey! We went out. We had some problems. We solved them. That’s a good day!”

With a word, simple and obvious, the experience was suddenly transformed to a new perspective: on top of the recent event, no longer under it, the mood triumphant. Is that a little of what we do in therapy? We reconnect things that belong together (the blind turnbuckle), uncover a latent meaning of the past (my “victimization”) and the effect of that on the present (shame and emotional “exhaustion”), and thereby clarify the reality, give it new meaning, restored mastery and affective reward.

REFERENCES

Gilbert Rose is a practicing psychoanalyst who has published four books on psychoanalysis and art, the first being The Power of Form: A Psychoanalytic Approach to Aesthetic Form (1980), and the latest, Between Couch and Piano: Psychoanalysis, Music, Art, Neuroscience, (2004).
To have a psychoanalytic perspective is to see the way larger meaning is folded into small. Each association, each dream report, each memory, indeed each moment of expression or perception can be seen to be organically connected to a larger motivational whole. Poets too make great and exhilarating hay out of the universal connectedness of meanings—finding beauty, it might be said, where analysts look for truth, finding the wonderful in the particular, finding it, moreover, in fresh and surprising ways. Here’s a breathtaking example from the contemporary Native American novelist and poet Sherman Alexie.

Grief Calls Us to the Things of This World

The morning air is all awash with angels . . . Richard Wilbur

The eyes open to a blue telephone
In the bathroom of this five-star hotel.

I wonder whom I should call? A plumber,
Proctologist, urologist, or priest?

Who is most among us and most deserves
The first call? I choose my father because

He’s astounded by bathroom telephones.
I dial home. My mother answers. “Hey, Ma,”

I say, “Can I talk to Poppa?” She gasps,
And then I remember that my father

Has been dead for nearly a year. “Shit, Mom,”
I say. “I forgot he’s dead. I’m sorry—

How did I forget?” “It’s okay,” she says.
“I made him a cup of instant coffee

This morning and left it on the table—
Like I have for, what, twenty-seven years—

And I didn’t realize my mistake
Until this afternoon.” My mother laughs

At the angels who wait for us to pause


Henry Seiden
HMSeiden@verizon.net
Join us for an international conference featuring prominent clinicians and theorists from Europe, South America, Australia and the United States focused on Bion’s clinical contributions as well as the application of his ideas to the arts and political terrorism.

Bion’s concept of the container/contained continues to be a stimulus for theoretical and clinical elaboration years after it was originally formulated. Bion highlighted the intersubjective nature of the container/contained by stressing that there is an opportunity for reciprocal growth in both participants. In addition, there may be considerable turmoil in the container/contained relationship because of the powerful emotions the pair must manage in order for mutual growth to occur. The Bion 2009 in Boston meeting will explore, and expand upon, our current perspectives on the interplay between the container and contained. The conference will examine growth and turbulence in the container/contained unit as it appears in the analytic relationship, in groups and organizations and in the general culture. The Bion 2009 in Boston meeting will consist of plenary addresses, panel discussions, individual papers and small group discussions of presentations by established international experts on Bion’s work.

The conference will include 16 papers. The deadline for submission of abstracts is Oct. 15, 2008. Submission information is available on the BioninBoston2009.com website along with a list of panel and plenary speakers and the conference schedule at a glance.

EARLY REGISTRATION DEADLINE IS DEC. 1, 2008.
Historically there have been two approaches to the application of psychological and psychoanalytic thinking to the political processes. One approach claims that, as a science, psychology and psychoanalysis study the political process from an impartial view. The second approach states that a psychologist’s values are inherently intertwined with both his clinical work and his observations of socio-political investigations. Welch belongs to the second group. This book serves two purposes. One is as an analysis of the psychological and psychoanalytic understanding of current socio-political issues. The second is as a wake-up-call to be more fully aware of the political manipulation to which we are subjected.

Using his experience as a lawyer, a psychoanalytically oriented clinical psychologist, and former head of the Practice Directorate of the APA, Bryant Welch has written an interesting and relevant book expressing his perspective on current social-political issues. Welch writes passionately about issues we all face. Welch’s main theme is that the mind has difficulty tolerating complexity and uncertainty, especially when confronted with circumstances which conflict with emotionally held convictions. A mature mind is better able to tolerate multiple causes, or complexity, and is prone to reason as expressed through scientific knowledge. Welch’s concept of the mind is consistent with liberal, analytic thinking, and the changes in thinking observed in clients during analytic psychotherapy. He develops his theme by discussing many aspects of current socio-political issues, some of which the reader will be aware. I, for one, was better able to understand the religious right and gain further insight into envy as it appears in the sociopolitical scene to name two instances.

Since the book is primarily a personal statement based upon the author’s varied experiences, one needs to suspend one’s own perspective to some degree in order to experience Welch’s perspective. If one is able to do so, then one can gain greater understanding from experiencing a new and different perspective. He shares many astute observations, and one can question some of his viewpoints while accepting his basic premises. Welch accepts that there are other perspectives than his own. Although I am in basic agreement with his positions, there are some differences in perspective that will be reflected in my review.

Welch’s main theme is that political leaders, specifically the right wing as represented by Karl Rove, play upon the psychological states of confusion which people have. Taken from the movie, *Gaslight*, in which Charles Boyer manipulates and confuses Ingrid Bergman’s mind, Welch notes how the right wing gaslights the voting public to sow confusion and prevent a more rational view. Gaslighting is not synonymous with the usual misrepresentation or PR of any candidate. A gaslighter intentionally aims at causing the person to be confused and, therefore, less able to use rational means to come to a decision. Since the mind does not readily tolerate complexity and uncertainty, a person needs to form a reality. The gaslighter wants to impose his “reality” on the person to prevent him from being aware of his perception of reality. He aptly uses a quote of Groucho Marx that puts it simply: “Who are you going to believe, me or your own eyes?” (p. 213) He focuses on three psychological states, paranoia, sexual perplexity, and envy, that are subject to confusion and, hence, fertile ground for gaslighters.

Welch describes the interplay of gaslighters with these emotional states. He is very clear that paranoia, sexuality, and envy are normal psychological states and processes, and which can be used adaptively or played upon for ulterior motives. The gaslighter seek to confuse a person by playing upon these states, so that the person’s rational processes do not work, that is, the confusion destroys the person’s perception of reality. In so doing, the gaslighter manipulates the person for his own ends. The gaslighter also appeals to emotion in order to avoid dealing with factual issues. The “culture war” becomes the issue rather than policies and actions. The media, particularly television and the Internet, permit the widespread dissemination of false statements that become accepted as true as a result of their repetition. Welch cites Lakoff’s point that learning a word...
physically changes your brain through repetition, as the word becomes physically instantiated in your brain. Thus, for Welch, the repetition of an inaccurate statement can become accepted as true. This explains the process by which propaganda is accepted, but not the motivation to use the initial lie. I think the motivation to lie is power: power to control and power, both economic and social, obtained from winning an election. It is the Vince Lombardi standard of ethics: winning is everything.

**Paranoia**

Welch notes that paranoid processes are normal in life, but can be used politically. The reader is probably aware of the way paranoia has been used by political gaslighters. The “evil empire” and the “axis of evil” are examples of political paranoia in which bad parts of self are projected onto others and one remains “pure.” However, Welch does something novel and interesting in his discussion of paranoia. He notes that literally it means outside the mind, crossing a boundary from inner to outer worlds. Although he quotes Robert Frost’s “strong fences makes good neighbors,” a person has permeable boundaries. For example, the psychological impact of 9/11 is an intrusion on a boundary, a sense that the mainland is not free from external attack. Our psyche no longer is protected from external attack. Welch notes, because of its long history of protection from external attack by the seas, the U.S. was ill prepared to act rationally in response. This ill-preparedness played into the gaslighter’s ability to push their agenda to attack Iraq. A regressive pull and passivity made the public vulnerable to the justification of Bush’s Iraq policy. I wondered how this regressive pull was different from others, like after WWI where 39 people were killed and many were wounded in a bombing on Wall and Broad Streets? The difference is that these violent acts were committed by domestic terrorists, leaving us still able to feel protected from external threats. Welch addresses the specific psychological meaning of 9/11 by addressing the mental boundary that has been violated.

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**Sexual Perplexity**

Sexual identity is basic to one’s sense of self, yet it is fraught with perplexity and confusion. It is not always firm, and doubts can exist about one’s sexual orientation. The gaslighters play upon this uncertainty in two ways. The first is the way sexual behavior is used to disparage the opposing party by making accusations concerning alleged sexual improprieties, when, in fact, the accusing party both has members guilty of the same or similar conduct and has condoned in its own members what would be considered inappropriate sexual behavior. Welch lists the many presidents of both parties who have had liaisons. Perhaps because of our country’s Puritan background, such behavior has not been accepted in today’s political scene. The use of sexual behavior, for political aims, distracts from the issues, and redirects rage from important issues. The claim for purity and moral superiority has been shown to be hypocritical. In his emphasis, Welch may overstate his position. He notes that the French public and media quietly accepted Mitterrand having a mistress and fathering an illegitimate child, which would not occur with the current American public or media. This comparison of the French to the Americans on sexual mores is a longstanding one. While there is merit in his claim in that the French public and the media both did not make an issue over it, Mitterrand only acknowledged the existence of his mistress and illegitimate child at the end of his life when he was dying from cancer. Politicians are always wary of their image.

Another example of gaslighter’s use of sexual perplexity is their attack on gay marriage. The image of masculinity has political overtones. A macho view of masculinity has historically been the image of the hero and the leader. Sensitivity and complexity has been viewed effeminate. I have noted elsewhere Samuels’ views on the heroic leader and his questioning of it.(Davis, 2008) Authoritarian governments of various stripes have always emphasized the “macho” image and denigrated the sensitive even when not associated with homosexuality. Homosexuality threatens the cultural stereotypes of sexuality. Differences in sexuality challenge not only the sexual identity of people who are conflicted about their sexuality, but also threaten those whose religious beliefs require its rejection. While the reality is that gay marriage does not upset the social order, as Massachusetts has discovered, the emotional threat is strongest, although not limited, to the religious right. Putting gay marriage on the ballot in order to bring out one’s base may be a cynical act but is within the bounds of politics. As I write, Proposition 8 in California to ban gay marriage looks likely to be defeated, despite various religious groups’ support of the ban. However there is concern by those opposed to the ban that, because Obama is on the ballot, a large turnout of Afro-Americans and Hispanics may defeat the proposition since these groups tend to oppose gay marriage. There is the old political saying: politics makes strange bedfellows.
Envy

Welch does an admirable job of describing envy as a normal and pathological emotional state. I think Welch’s claim that envy is the most underreported factor in politics may be true because it is one of the seven cardinal sins. Quoting Shakespeare, Welch relates how envy can breed division and confusion. He goes on to say, “Negative campaigning works because it harnesses the enormous blind energy of envy.” (p.82.) Negative ads allow for latent rage and hate associated with envy to be expressed. There is an inverse relationship of envy to self-esteem that is kept alive by market driven forces in a forced consumer society. Here Welch is in keeping with Klein, whom he cites in this context and Erich Fromm whom he cites elsewhere. He gives chilling although interesting observations of the destructive power of envy.

Welch mentions that those who accept creationism are envious of those who know more than they do. Perhaps so, but an anti-intellectual bias, as well as an anti-European bias, has been a core of American culture for a long time. Pragmatism, empiricism, and problem solving, rather than conceptualization, reflect the American mindset. American ethos honors the “common man,” the self-made man, and the entrepreneur. This anti-intellectual, anti-northeastern attitude is not limited to its use as a charge against recent Democratic candidates. In 1948, Truman defeated Dewey, an Eastern Republican and Governor of New York, by winning a tight vote in Ohio. One factor contributing to Truman’s victory was his ability both to resonate with and to be seen as similar to the Ohio voters.

Envy, and its correlates of resentment and hatred, has always been a subtext in political campaigns. The positions of a party favor one group over another, and attitudes about specific policies may be an opportunity for the expression of envy. For example, welfare reform may have been an opportunity to express rage at those who were presumably gaming the system while ignoring those at the top who were arguably doing the same thing in other areas. In contrast, a soak the rich tax policy may be a way to express envy of those who are benefiting from tax policies.

In describing the manipulation of these three emotional states in the political process, Welch hopes to help the reader withstand these pressures. He also hopes that those who oppose the right wing can learn to fight in the context of these three emotional states to counteract the effectiveness of the gaslighter’s efforts. He claims that those who win the battle for these three states will win elections.

Other Issues

In addition to his contribution on understanding paranoia, sexual perversity, and envy, Welch comments on many relevant contemporary issues, such as the assault on professionalism, corporate domination, distrust of government, the mass media, and the religious right, to name a few. The breadth of his scope is truly outstanding. Because space does not permit me to address all the areas he raises, I will comment on three, two of which are related to each other. They are his discussion on the Religious Right and of health care. Health care includes the role of corporations and government.

In his discussion of the religious right, Welch makes several interesting observations. He notes that for the first time in our history, a group of voters is not ethnic or class, but is defined religiously. While he focuses on the Religious Right as the most politically active religious group, he actually opposes fundamentalism wherever it occurs. He opines that the problem is not with religion per se, but with the mind that cannot tolerate uncertainty. Religion, he writes, is based upon a leap of faith and not upon evidence, as the scientific realm is. In addition, religion is used to eliminate doubt and provide certainty. It also provides assistance to people coping with the three states that are open to confusion: paranoia, sexual perplexity, and envy.

Welch provides a number of examples of how religion copes with these three states. He discusses the Pentecostal faith in a forced consumer society. Here Welch is in keeping with Klein, whom he cites in this context and Erich Fromm whom he cites elsewhere. He gives chilling although interesting observations of the destructive power of envy.

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the inner life and not one’s deeds. For the Religious Right, the inner satisfaction of the extension of religious beliefs into the public domain may be more important than personal economic gains.

Welch provides insights from his experience as head of the Practice Directorate. In discussing health care and the emergence of managed care, he notes that insurance companies have maintained their influence and power by the “medical necessity” clause in policies that, in effect, give the insurance company the power to decide whether it will reimburse a claim. So the idea that there would be meaningful coverage is a fraud. In addition, it is to the CEO’s advantage to deny benefits since doing so will increase his income. While his statements are accurate, I think the latter one does not go far enough. The high pay of a CEO is the symptom and not the cause of the problem. The problem is relying upon a corporation to implement health care. The sole purpose of a corporation is to earn a profit for its shareholders. It also has both the status of a “legal person” and limited liability. The former means that a corporation has some protection against governmental actions. The latter means that corporate leaders are not personally responsible for their actions, except in the few instances where a law is broken. As noted above, Tawney’s view that economic and ethical behaviors have been separated from one another justifies in corporations economic activity that is unrestrained by ethical standards. This split is so pronounced in our cultural attitudes that today all businesses, regardless of religious views, are affected by this attitude, including universities and hospitals.

I share Welch’s view that there are tasks that only government can do, and health care is one of them. He notes that our cultural heritage distrusts government, so it is not solely the power of the insurance companies that prevents a national health care program. I think if a universal health plan is obtained, it is likely to follow the Massachusetts model requiring and subsidizing insurance policies, rather than administrating governmental services either through an extension of Medicare or the Veterans Administration.

An important psychological issue for a person is the way the “corporate business model” has permeated every aspect of American life as if it is the model to solve all problems. Ironically, one of the things that only government can do is to bail out corporations that, in the pursuit of profits, pursued an economic goal that was divorced from ethical considerations.

Welch’s book raises the question of the applicability of applying psychological knowledge to the political process. I am not referring primarily to the extrapolation from clinical experience to the politics of a nation that is always a question mark. His discussion of paranoia, sexual perplexity, and envy is interesting and provides an insight into an aspect of the problem. Since Welch is providing his perspective, based upon his unique experience, he is free to express his understanding about the relationship of his three states to the political process. He exhibits courage in expressing his views. He also relates many interesting experiences. Seeing how a mind can deal with complex issues rewards the reader.

My own perspective is somewhat different stemming from my experience of being a graduate student in political science prior to obtaining a degree in clinical psychology and a certificate in postdoctoral work in psychoanalysis and psychotherapy. While psychological factors are relevant to the political process especially in an election, my concern is with the vested interests that are behind each candidate. I remember one of my professors saying, The Republicans prime the economy through defense, and the Democrats through social programs. This is as true today as it was in the 1950’s. Vested interests are not only economic ones but also include emotional ones as expressed by religious groups. Welch’s statement that the problem is not simply Bush is true and suggests he is aware of the deeper problems.

Do we as psychologists and psychoanalysts have common political values? Even if we do, and I personally doubt it, can we implement these values in the socio-political arena as psychologists and psychoanalysts or do we do so as citizens. This is a thorny issue beyond the scope of this review. Welch’s approach is in keeping with psychoanalytic principles that hold a person’s mind functions best when it is capable of independent thinking. Welch recognizes that “…the struggle between wise government and unwise government is Sisyphean in nature.” (p. 252) His quote: The battleground states paranoia, sexual perplexity, and envy need to be fought in all critical institution, “…that support the independent functioning of the mind”. (p. 254.)

This book, suitable for the lay public and the professional, is most worthwhile reading. Welch challenges the reader to maintain the independent functioning of his or her mind in all activities in life. This is a task we all need to do to maintain our sanity in the face of constant manipulation.

**References**


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In the interests of full disclosure, I was a supervisee of Dr. Bromfield during my psychology internship in the early 1990s. That said, I am delighted to have the opportunity to review the second edition of his book, *Doing Child and Adolescent Psychotherapy*. Bromfield is an articulate spokesperson for the powerful and important work of psychodynamic psychotherapy with children and adolescents, and someone who has weathered changes in the healthcare climate, adapting psychodynamic work without sacrificing its core ideals. The book’s new subtitle, “adapting psychodynamic treatment to contemporary practice,” refers to Bromfield’s attempts to accommodate to the forces of managed care and the related call for evidence-based research of psychotherapy. Bromfield adds crucial chapters to this edition, including on parent work, family work (mainly with siblings) and consultation to schools and other agencies.

While these chapters are valuable additions, his chapter on managed care and evidence-based treatment is quite limited, giving the reader just a flavor of the ways that he integrates cognitive-behavioral approaches into his work for selected patients. I feel that what Bromfield accomplishes in this revised edition is not his stated goal of a fair and comprehensive review and comparison of evidence-based (i.e., short-term and manual-based) treatments to psychodynamic approaches, nor does he fully describe the integration between these two approaches. Rather, he shows us again the power and value of psychodynamic work and reinforces, in this new addition, the necessity of bringing on board the full range of supports in the child’s life in order to sustain and nurture the crucial internal work that the child achieves in therapy.

Bromfield’s strength is in his vivid, accessible, jargon-free descriptions of what actually happens in child psychotherapy sessions. An excellent book for beginning child clinicians and a useful refresher for experienced ones, he guides the reader through the multiple and often challenging roles of the child therapist, including the fundamentals of developing an alliance, understanding defenses against affects and impulses, grasping relational patterns that naturally emerge in the transference, and the value of working in displacement. Bromfield’s clinical examples are filled with emotionally moving connections established between child and therapist, connections that ultimately (though not always) lead to insight and change. He demonstrates how his persistent curiosity and deep patience repeatedly pay off, sometimes at surprising moments, as these therapist qualities allow the child to acknowledge painful realities of loss, rage and fear.

Bromfield also reveals his keen eye for the depth beneath the surface, gently encouraging the child, whether through play or talk, to take ownership of difficult to acknowledge feelings, wishes and fears. He underlines the importance of being acutely attuned to the child’s shifts in affect and attention while at the same time not presuming to know the thoughts, feelings, motives or conflicts beneath the surface. His clinical vignettes are powerful examples of psychodynamic psychotherapy in action as he helps the child or adolescent patient gain an awareness of transference projections and internal struggles. He shows how the therapist must create a deeply respectful environment of acceptance of strong feelings and deeply held wishes and fears in order to allow the child to make a similar courageous move to take ownership of these feelings and impulses, sometimes resulting in unexpected discoveries. He conveys his respect for the child’s need to protect certain vulnerable feelings, patiently allowing them to feel comfortable enough to share them, through whatever means necessary, noting that “over time—and with our support and respect for the important adaptive and protective functions these self-deceits serve—our patients often speak words [and gain] insights leading to more genuine ways of being” (p. 41).

Bromfield’s belief in the value of play as a
transitional space as a means to help children “learn to master and reconcile what they think, feel and imagine on the inside with the stresses, truths, and limitations of the outer world they must live in and comply with” (p 137) is richly supported by his numerous clinical examples. He shows how working in displacement can help a child gain comfort with the conflicts between her inner and outer world and become more integrated and flexible in how she copes with these often dueling realities. As he puts it, the therapist’s informed titration of emotional confrontation gradually allows the child to “psychically stretch,” expanding their awareness of themselves and others and developing more adaptive skills and allowing natural development to proceed.

Bromfield’s sensitive attention to issues of connection, love and dependency as they relate to the inevitable reality of loss and separation in all relationships is beautifully handled throughout the book. He is acutely attuned to a child’s fears of intimacy expressed through withdrawal and retreat in the beginning stages of therapy, respecting the child’s need to protect himself. He uses this awareness to help children, especially reluctantly engaged adolescents, understand the complex balance between their needs and fears and helps them to acknowledge longings and losses that are difficult to bear.

A hallmark of Bromfield’s work (see also Playing for Real, 1992) is his ability to articulate psychodynamic and psychoanalytic thought free of jargon, accessible to clinician, parent and educators alike. He takes complex concepts . . . and simplifies them, showing how a child constructively recreates formative yet painful and unresolved relationships in her relationship with the therapist . . .”

changes in the healthcare climate. These chapters are valuable because we know that children exist only in the context of a larger system of care and that these systems need to nurture and challenge the child according to her current needs in order for the work of psychotherapy to flourish. Bromfield’s handling of these areas is distinctive in that it shows his deep respect for parents and other providers, and demonstrates his skill at using empathy and jargon-free language to build an alliance in which gentle confrontation is accepted and pays dividends. Like the classic “Ghosts in the Nursery” (Fraiberg, 1975), Bromfield shows how helping a child understand and appropriately respond to their child’s developmental needs often involves insight into their own motives, emotions and childhood hurts.

His new chapter on medication is thoughtfully cautious, with appropriate warnings about drug companies and their influence on clinicians, something that was only very recently reported on in the New York Times as a potentially huge hidden influence on child psychiatrists. While his review of medication is not meant to be a course in child psychopharmacology, his wariness of jumping into medication too quickly is a refreshing voice in light of the prevailing denial of real and highly concerning side effects that many psychotropic medications unleash on children.

While the subtitle suggests that this new addition looks at integrating psychodynamic treatment with other approaches, I found new chapter on managed care and evidence-based therapy, lacking in thoroughness and limited in scope. While he does capture some of the valuable criticisms of psychoanalytic work brought to the fore by the managed care and brief therapy movements (e.g., the overemphasis on the individual and the internal world to the detriment of the influence of family, peers, culture, race, religion and society; the self-deluding tendency of traditional psychoanalytic thought where it’s easy to “see what we want to see” and nothing more; the “stern withholding and patriarchal” analytic approach and the tendency to blame parents for a child’s severe disorder such as autism) he does not fully evaluate the benefits of other approaches to treatment. He gives some barebones outline of some of the research, shows that this is not his specialty and instead gives some valuable references for the reader to pursue. I think that this chapter’s greatest value comes
in his attempts to show how he integrates other theoretical and clinical perspectives into his work as needed. Here too, however, he does not go far enough, from my perspective, in showing how an integrated approach to treatment looks and works.

Turning back to his strength, I think that Bromfield nicely weaves together the Winnicottian holding environment with the Kleinian respect for powerful wishes, destructive impulses and fears (e.g., a child revealing that his deepest fear and heaviest guilt is rooted in his having once stated “I wish my sister was dead” or another child who reveals that the source of his self-directed rage and misbehavior is his belief that “it was my fault that X abused me, I should have done…”). He does this to help children come to terms with and accept their deepest feelings, showing them as it were that these feelings and wishes can be given voice and exposed without fear of retribution “to see it like it is and to see themselves as they are” (p 40) whatever this entails. The resultant freeing up of psychic energy is profound for these children. My only concern with these kinds of vignettes is that they are presented in a way that makes it appear that once the secret truth is finally revealed after years (perhaps) of delicate and gentle archeological digging, psychic energy is freed up and the cure naturally flows forth.

Overall, I have few criticisms of this book. Perhaps the aspect that I found most underplayed is the role of the therapist’s affective and experiential resonances that naturally arise in the course of play therapy and therapy in general with children and adolescents. These resonances, which relational and intersubjective analytic theorists place great value in (e.g., Slade and Wolf, 1994; Lyons-Ruth, 2006) are, in my experience, crucial sources of information that can guide the therapist’s participation in and understanding of the relational dynamics as they unfold. Since knowing how and when to use these experiences is often quite complex, it may be that Bromfield chose not to go to this level of detail for fear of sacrificing his all-important emphasis on listening and letting the child’s internal world unfold at her own pace. Nonetheless, it is my experience that deep empathy involves aspects of the therapist injecting feelings into the play or other forms of displacement (e.g., fictional children who have faced similar challenges as the patient), as a kind of trial balloon, rooted in his or her own resonances as a participant in the play or the relationship. This involvement by the therapist can be a crucial factor in moving the child towards enhanced insight as well as a model for how to handle and communicate complex, vulnerable feelings.

Another drawback is that at times the vignettes seemed too short, something that leaves the reader without a clear window into the evolving patterns across a treatment. Sometimes the shortness of the examples leaves the reader with a sense of resolution too simply achieved, with one crucial interaction seeming to magically shift the entire treatment. While the merits of providing brief examples is that he can focus on ideas and provide ample support for them, this approach loses the depth that he achieved in his initial book on child therapy (1992) where he devoted an entire chapter to each patient, following the treatment from beginning to end. While this occurs rarely in the book, there is an occasional failure to state the age of the child about whom he is speaking, something that makes it more challenging for the reader to quickly locate the child in a developmental framework, especially important given the brevity of the example.

Overall, this is an excellent book on psychodynamic psychotherapy, with value for the new and seasoned clinician alike. Bromfield’s deep respect for how a child learns to feel loved, protected and communicates her needs in a difficult world, shines through brightly. He shows how the clinician must enter their world, building an alliance by providing a safe environment while simultaneously picking up on the nuances of relational messages that are often subtly conveyed. His numerous examples demonstrate the myriad of ways in which confrontation, insight and change can occur. Finally, his carefully constructed bibliography and informative endnotes provide an excellent resource for child clinicians, keeping alive the rich tradition of psychodynamic clinicians who have walked deep into the child’s world and taken with them profound and lasting insight into how change and development occur.

References

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Psychotherapy and the Need for Countertransference: Perspectives from Research and Practice

Last week, a graduate student in my introductory course in psychotherapy asked the poignant question: “What if you don’t like a client? What if they really get on your nerves or you can’t accept some of the things they’ve done? What if they are, for example, a child sexual offender?” For some students, that was a revealing question, since they thought most of therapy is a collection of “techniques.”

After over 20 years in my clinical career, I would call countertransference one of the “pleasures of practice.” I am delighted to participate in a profession where I can use both my intellect and my emotions. “Countertransference” appeals to my artistic, creative nature, keeping every session and every patient fresh and alive. As psychoanalysts, we are familiar with and, in fact, draw therapeutic leverage from our subjective reactions during sessions; we also focus on our reactions to patients between sessions. The most exciting developments in contemporary relational theory are derived from the complexities of the therapist/patient dyad. What, however, if you were a beginning therapist, overwhelmed with your introduction to psychotherapy, may have never been in your own treatment and become aware of feelings towards your client? Or worse, are not aware of your feelings while the treatment is deteriorating?

Writing this review encouraged my own awareness of my subjective reactions to the text. Gelso and Hayes (2007) present a succinct, clear compendium on countertransference, interestingly based on a research approach. The authors outline the history of countertransference in clinical work and provide some basic definitions. By using an empirical research approach, readers are presented with a perspective that is unusual in most psychoanalytic writing. In some senses, this book is a “step back” from psychoanalysis, focusing on the generalities of countertransference. And in this lie the book’s strengths and weaknesses. The authors’ state: “This book is about the inner world of the psychotherapist, and how that comes into play and is enacted within the psychotherapy relationship.” (p. ix). It is important to note that the title emphasizes general psychotherapy, not the psychoanalytic relationship. Therefore, I see the title as technically inaccurate. Rather than “Countertransference and the therapist’s experience,” it should be called “Countertransference as the therapist’s inner experience.” This is because the book essentially raises awareness of countertransference, but does not delve into the phenomenology of the therapist’s subjectivity. As a result, this book is most appropriate at the more general level where the therapist may need to accept inner experience as a valid aspect of the treatment.

I had expected, and looked forward to, a deeper discussion of the phenomenology/inner experience of the therapist while in a countertransference state, especially in relation to case examples. Unfortunately, the authors emphasize the “management” of countertransference, not “use” of countertransference. No mention is made of more nuanced countertransference-related concepts: intersubjectivity, enactments, projective identifications, impasses and so on. There is little attention to other aspects of therapists’ “inner experiences,” including non-conflictual identifications, associations, musings and subjective empathic responses. Gelso and Hayes’ audience is not a group of fairly advanced psychoanalysts and candidates; they teach in a graduate program in counseling psychology, and their books are geared to such an academic arena. The authors are experienced educators and researchers with an interest in relational issues in psychotherapy. They do not necessarily come from a psychodynamic position, but rather remind readers that “countertransference” is present in all forms of therapy. Many forms of psychotherapy are practiced on a short-term basis. Of course in the shorter-term therapies, these areas are generally not the focus of treatment and may not be elaborated in earlier treatment.
stages. Yet there are times when such reactions do occur, and such times when short-term therapy evolves into more complex long-term work. Thus, there is a need for such writing outside the traditional psychodynamic setting. To their credit, the authors discuss countertransference across the psychotherapies: cognitive-behavioral, dialectical behavioral treatment, existential/humanistic and psychoanalysis.

The book’s character is shown in its reference section. The bibliography lists few familiar psychoanalytic names, although there are brief references to Arlow, Eagle, Fenichel, Fromm-Reichmann, Gabbard, Klein and, of course, Freud. It does, however, list many psychotherapy researchers, such as Robbins, Williams, Carozzoni, Baehr, Cutler, McClanahan and McCracken. This is of note for those readers who wish to explore the countertransference research field in more detail, which can be informative. The authors emphasize a traditional research position, with all the advantages and disadvantages of that perspective. Much of this research is in the area of cognitive-behavioral psychology. Gelso and Hayes comment:

One of the hallmarks, and strengths, of cognitive-behavioral work has always been its scientific approach to treatment …judging from the relatively scant attention paid to the therapist’s internal experience in cognitive behavioral literature, one might conclude that the therapist’s use of this internal data is unimportant.” (p. 57)

But even then, they contextualize the literature on countertransference; according to the authors, even Freud only mentioned countertransference five times.

Being primarily clinicians, we may not be aware of the research on countertransference, even as it may be rather conceptually limited. Yet, many comments in the book are valuable to experienced therapists and analysts, mostly as reminders. For example:

- “Countertransference as too much, too little, too positive, too negative.” (p. 37). When countertransference is stimulated, therapists often fail to maintain an appropriate therapeutic distance. They either withdraw or act out in an enmeshed way. On the other hand, countertransference can, but does not necessarily interfere with therapy outcome. (emphasis added)
- Although countertransference is largely based on intrapsychic and interpersonal phenomena, cultural factors are often centrally involved as origins and triggers. (p. 134); “culturally reinforced countertransference.” (p. 135). This includes cultural attitudes towards gender, age, ethnicity and so on.
- Self-disclosure is a controversial area in research. In particular: “Therapists should think carefully about disclosing their countertransference, especially when the working alliance is not solid” (emphasis added). (p. 123) In other words, countertransference disclosure does not usually deepen the work under conditions of a weak alliance.
- Characteristic and behaviors that facilitate countertransference management include: conceptual skills, self-insight, anxiety management, empathy and self-integration.

Some concerns arise, of course, regarding the limitations of clinical research methodology. Drawn largely from a college counseling center population, these situations may not always resemble the sorts of patients we see in regular practice. Further, empirical research on countertransference is often conducted in lab simulations, as most research, treatment provided by beginning level graduate students, not experienced psychoanalysts. Most clinical examples offered by the authors are short-term cases; the nuances of transference-countertransference phenomenon are rarely addressed in brief therapy. Thus, the book presents the more overt forms of countertransference, not the more subtle interactions that most psychoanalysts wish to explore.

Thus, the book is largely geared to students, academic researchers, and practitioners of cognitive behavioral and humanistic psychotherapy. It is important to note that most other forms of psychotherapy such as humanistic, cognitive-behavioral, solution-focused therapy, and psychoeducation are likely to be practiced by graduate students and many therapists practice directly after graduation; psychoanalytic work requires additional postgraduate courses, supervision and personal analysis. Much of this extensive training actually relates to transference and countertransference phenomena. The authors stress that, while humanistic therapists have always emphasized the importance of the therapeutic relationship, they may minimize the complexities of the patient-therapist configuration. While contemporary cognitive-behavioral therapists are beginning to explore “common factors” issues in psychotherapy (especially relational issues) they are also working on a more short-term, problem focused model. Perhaps because some cognitive-behavioral psychologists are ideologically opposed to psychoanalysis, they have dismissed the relational perspective until recently. Further, cognitive-behaviorists, as well as other shorter-term therapists, do not generally emphasize the importance of a personal psychotherapy or analysis where
A book on working with parents in child therapy is sorely needed in the analytic community. Every child in treatment comes attached to one or more parents—parents who have to provide transportation and funding for the therapy to even begin—and every child therapist faces a myriad of questions about how to treat those parents. Should they be seen with the child or separately? By the child’s therapist or a different one? How often? Should they be talking about their own issues or just the child’s?

We make decisions about how to work with the parent(s) of every child we see, yet we get comparatively little training in this part of the work, and there is relatively little written about the topic. The Novicks, who have provided us with decades of wisdom in the child analytic field, have now offered a remedy in this valuable resource, *Working With Parents Makes Therapy Work*.

There is little new material in the book; it is largely a compendium of papers published in the *Journal of Infant, Child, and Adolescent Psychotherapy* and the *Journal of Psychoanalytic Social Work* in 2001 and 2002. Yet it reads like a new work, since the authors have woven their previous papers together to form a new whole: a whole book about working with parents, beginning to end.

The book begins with two new chapters, outlining the history of parent work in analytic treatment and the assumptions behind working with parents.

The history of publications in the classical analytic field can be described in less than a page. Other than a handful of papers written by the Furmans, to whom this book is dedicated, there is very little literature. From Freud’s first work with Little Hans’ father, (1909), to the current book, the authors cite fewer than a dozen papers on parent work.

The Novicks offer several interpretations of this neglect: Freud’s minimizing the role of the preoedipal mother in his concentration on the rivalrous father; classical analysis’ focus on the internal world rather than external influences; early child analyst’s attempt to apply adult principles, without parents, to child work; the practice of assigning parents their own individual analysts; child therapists’ rescue fantasies and concomitant hostility toward actual parents; the transferences and “counterreactions” stirred up by the parents we believe to have failed our young patients or who may be judgmental or jealous of us.

The authors largely ignore the literature in relational analysis (cf., for example, Altmann et al (2002), Pantone (2000), Spiegel (1996)), where there has been more consideration of the significant others in children’s lives and to therapists’ attention to those objects. The book does not contradict the relational approach, merely fails to make use of the contributions there.

Chapter two discusses the theoretical assumptions underlying the Novicks’ work with parents. They suggest that the goals of child treatment are twofold: to return the child to a better developmental path, and to reestablish a good parent-child relationship. The rest of the book goes on to elucidate a number of therapeutic tasks with the parents of children in treatment to fulfill these dual goals.

The Novicks have two basic concepts that are woven throughout the book: that there are phases of treatment with parents just as there are phases of treatment with patients, and that there are “closed” and “open” systems of self-regulation which define people and relationships.

I found the first idea—that parent treatment proceeds through discrete phases—to be the most helpful aspect of the book. The Novicks suggest that just as with any patient of any age, therapeutic work with parents moves from evaluation and beginning treatment through a middle stage of working-through, to a termination and posttermination phase. The book lays out full descriptions and careful prescriptions for each of these phases of parent work, in a book rich with clinical examples.

So, for instance, the authors say the first meetings with parents should be directed toward information gathering, about the child and the family, and establishing a relationship with the parents so they can allow the child...
to be with the therapist as a significant other. The authors suggest that this is likely to stir up parental feelings of guilt or inadequacy, and parents could resent being excluded. They may blame themselves, their child, or someone else in the child’s life, such as teachers or babysitters. And they may press for an instant fix. The therapist’s job in this phase of the treatment is to acknowledge the parents’ good intentions and sincere feelings for the child, establish the frame and confidentiality guidelines, and resist parent pressure for immediate change.

Parent work will be very different at the other end of the treatment, when the child is moving toward termination and the parents simultaneously face losing the therapist. Parents at this stage may feel abandoned and discarded, and they may wish to prolong the treatment or terminate preemptively rather than allow the child and therapist to dictate when and how they stop. The therapist’s job in this phase, the authors suggest, is to address the parents’ feelings of loss and help them in the transformation to life without their child’s therapist.

The Novicks offer ideas for parent work at beginning, middle, pretermination, termination, and even posttermination periods of treatment, for children and adolescents of all ages, and include ideas about parents’ dynamics, defenses, and resistances at each stage as well as instructions for therapists to be effective with each. They address stumbling blocks a therapist might face and provide solutions to potential difficulties.

Some of these suggestions seem a bit pat, as if all one has to do is to follow the book’s instructions and success will always ensue. For example, five-year-old Henry (p. 70-71) had parents who were riddled with guilt and “plagued with lifelong self-doubt.” The therapist told the parents that Henry in fact admired them and wanted to grow up to be just like his father. The information made the parents surprised and touched, led the father to spend more time with Henry, and increased Henry’s ability to stay in his sessions and work with his therapist. This seems to be an incredibly rapid and magical cure. The book is a valuable compilation of ideas and insights, with many useful suggestions for working with parents at all stages of treatment, but I wish it had presented a more layered picture of the many complex challenges in parent treatment.

The second of the Novicks’ basic assumptions is that there are two systems of self-regulation related to self-esteem, a model they have been developing for several years. The Closed system is a pathological system in which parents respond to the child’s needs through power or sadism. Parent and child in this system get locked in a cycle of helplessness, aggression, frustration, and rage, and the result is low self-esteem and pathological symptoms. The Open system is a more adaptive system of response in which parents can absorb their own feelings of ineffectiveness and provide the child with love and joy even in the face of frustration (their own and their child’s); this results in higher self-esteem and growth for both parent and child.

I found this concept to be less useful than the rest of the book. Not that it’s necessarily wrong (who could argue with the idea that it’s better for a parent to be open and accepting rather than devaluing and aggressive?), but that it did not provide additional clarification. It seems reductionistic: real life parents are some combination of Open and Closed, accepting and negating, able to support their children’s autonomous growth and frightened or envious or threatened by it. Real life parents have dimensions to their childrearing in addition to being Open or Closed.

Fortunately, the value of the book does not require one to accept the Open-Closed System construct or to limit one’s repertoire to the Classical analysts. The Novicks have offered us a significant volume that focuses on the underpresented field of work with parents of children in therapy. With or without their two-system model of self-regulation, with or without the fields of relational, object-relations, or self psychology, this book is an important addition to the literature and can be a resource for child therapists at all levels of experience.

References

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Psychoanalytic Collisions, a thoughtful and profound book by Joyce Slocower, examines the ongoing dissonance between the analyst’s hopes—professional and personal—and their realization, or the “collision” between illusion and reality, the ideal and the actual. The author, who divides her book into two sections—Part I, which explores the analyst’s “personal/professional” struggles, and Part II, which examines how these struggles impact the clinical encounter—expands her views of the Winnicottian (1965) concept of “holding” which she first developed in an earlier book written in 1996. Throughout, Slocower depicts one of the most complicated dialectics that beset practitioners of our “impossible profession”: that of the tension that the analyst must hold between her professional ideals and her imperfect attainment of those ideals, collisions that Slocower demonstrates are often rooted in the individual analyst’s—and the profession’s—own illusions. Another thread that unites the chapters in the book is the myriad ways in which both analyst and patient co-construct a set of ideals about the analyst herself as well as the nature of treatment—leading to Slocower’s extended meditation on the meaning of these both necessary and countertherapeutic illusions.

The first two chapters in Part I summarize and reflect upon psychoanalytic literature on these topics, but one of the most original and intriguing chapters in this section is the one that takes up the question of how psychoanalytic writing mirrors the dialectic between professional ideals and illusions, with the analyst inevitable falling short in fulfilling them. Moreover, the topic of writing highlights the ways in which this very public act “collides” with the group ideals of a profession. Slocower provides us with a beacon of clarity and honesty that few of our colleagues have matched. The author believes that gender plays a role in bringing about inhibition in writing about one’s work. That is, writerly ambitions may exacerbate an ongoing tension between the maternal expectation of focusing completely upon others and the inherently solitary and self-focused act of immersing oneself in the act of writing. Slocower also makes some very cogent observations about the kinds of anxieties that interfere with writing, first noting that writing is in itself an inherently relational act. That is, there is an ongoing dialectical tension between recognition and its breakdown in the act of being read. Slocower observes that the author must be able to both “locate her own voice and be able to tolerate the inevitable ‘misreadings’ that occur in communication between subjects” (p. 45). The author identifies two major sources of anxiety in the writer: that of collisions between “doing” and “being.” She links Winnicott’s notions about these two key analytic functions to inhibitions in writing. Writerly anxieties that relate to “doing” refer to concerns about committing one’s thoughts to the page and thus exposing oneself to criticism, while anxieties about “being” interfere with the very capacity to think and thus inhibit creativity. Slocower maintains that the successful writer is able to create a transitional space between these two forms of anxiety. This is a chapter that should be assigned to all students in psychoanalytic training programs (who often falter in writing up case reports, even if they do not engage in scholarly work); and perhaps an adapted version should be written for students of all kinds. I know that I plan to recommend it to the students that I teach at my institute.

The fourth chapter in this section, “The Analyst’s Secret Delinquencies,” in which Slocower examines the phenomenon of “misdemeanors”—that is, breaches of professional conduct that include eating meals or reading magazines during sessions, polishing one’s nails or answering the telephone. She contrasts these kinds of breaches with analysts’ “felonies,” which would include sexual boundary violations, dual relationships or stealing, that is, misconduct that would result in malpractice suits. Most of the misdemeanors that Slocower describes—virtually all are learned about through confessions made by supervisees or colleagues—are sins of omission of a sort, that is, acts that are performed to satisfy personal needs and which “steal” time and attention from the
patient. This is a work that has evoked much controversy and discussion at recent analytic meetings. Having attended presentations at which Slochower presented earlier versions of this paper, I can attest to the amount of frisson that this work provoked in listeners. As the author notes, psychoanalytic colleagues often react with intense disapproval—even outrage—when they learn of these misdemeanors, a response that Slochower surmises may reflect a desire to distance themselves from identification with the perpetrators that she describes. The author, while acknowledging her surprise and dismay in learning of these breeches, adopts an attitude of inquiry into the underlying circumstances that have given rise to them, in an attempt to help supervisees understand how the intersubjective dimension of the clinical encounter might have influenced the analyst’s behavior. Slochower, however, reaches a perhaps surprising conclusion, given that she resides firmly in the relational camp. She concludes that the various delinquencies described in the book tend to come about as a result of analysts not having sufficiently attended to their own needs, “stealing” time and attention from the patient whom they may either resent or simply tune out as a result of inadequate self-care. Slochower contrasts the conditions that give rise to these delinquencies with those of psychoanalytic “felonies,” noting that analysts who appropriate patients’ time for themselves tend to do so during quiet periods in treatment—or periods that are less demanding of relational engagement. She believes that this phenomenon in fact bolsters the argument that these analysts’ misdemeanors occur when the self is being insufficiently nourished. Slochower asserts that these kinds of delinquencies occur across theoretical camps, and cannot be explained away as simply arising from a contemporary trend towards the blurring of patient-analyst boundaries, a charge that has been hurled with particular force at the relational movement.

The second part of Slochower’s book addresses emotional collisions between the ideal and the actual as they pertain to the clinical encounter. The author displays great skill in employing intricate, highly sensitive clinical vignettes to make her ideas come alive. In her chapter entitled simply, “Emotional Collisions,” Slochower provides us with one of the most delicately rendered and deeply reflective papers on erotic transference and countertransference that I have read, revealing the intersubjective co-construction of the “collision” between patient and analyst. Throughout this chapter, the author examines the dialectic tension between affective resonance (n.b., this does not necessarily imply a pleasant experience; even an experience of horror need not involve a sense of affective clash) and the collision that is created when the experience between analyst and patient is affectively dissonant. She cites Josephs’ (1995) critique of analysts who approach experiences in countertransference with naïve realism—precluding a more complex investigation of sources of these affective responses. Slochower asserts that this poses a particular problem in working with erotic transference. She writes movingly of the “pain of finding oneself feeling what seems therapeutically destructive” (p.105), which can lead to a sense of impasse, helplessness and withdrawal on the part of the analyst. Slochower provides us with a frank and detailed depiction of the vicissitudes of her feelings about “Emily,” eventually developing a capacity for holding the feelings of both herself and her patient as she encouraged an exploration of what lay beneath what seemed to be Emily’s oppressively expressed erotic feelings. The impasse seemed to begin to abate when the author finally told her patient that “there seemed to be no good way of responding to Emily’s question (about whether she reciprocated her desire) without either rejecting or seducing her” (p. 111), making a plea that the patient join her in understanding rather than taking such wishes as a given. Together they discovered that Emily’s “vulnerability to scrutiny and penetration (in response to her mother’s aggression) had become assimilated, reversed and had reenacted these dynamics” (p. 115) in the analytic encounter. Slochower helped her patient to become aware that her eroticization and idealization in a maternal attachment had protected her from what would have been an unbearable awareness of her mother’s aggression. This is an example of psychoanalysis at its best.

In her chapter entitled, “Asymmetric and Colliding Idealization,” Slochower first traces the history of this concept in the psychoanalytic literature, noting its lingering negative connotations in many branches of psychoanalytic theorizing and making a case that permitting the patient’s idealization of the analyst is not necessarily, and not merely, defensive but may instead provide both support and fill in developmental deficits. (Here, she tends to valorize Winnicott at the expense of Kohut [1977], but that is a small quibble.) On the collision between idealization and recognition often cited by relational writers, Slochower asserts that both experiences are not mutually exclusive and often co-exist. She notes that the analyst’s unconscious rebellion against idealization can lead to the “secret delinquencies” that she writes about in Chapter 4. She also notes that idealization may reflect an unconscious bargain in the psychoanalytic couple: “I’ll love you if you love me” (p. 131), a stance which can serve both a defensive as well as restitutive purpose. A particularly interesting aspect of Slochower’s contribution to this topic is the insightful section on the analyst’s need to idealize the patient. She concludes this chapter by telling us, “idealization does not
Analysts, beginning with Freud, have used psychoanalytic theory and concepts to divine unconscious meanings and motivations in cultural figures, activities, and artifacts. The passion to use psychoanalytic tools to peel back the layers of culture artifacts has not been confined to analysts. Philosophers, sociologists, artists, historians, and cultural anthropologists have relied on psychoanalytic theories and tools to inform their work, which in turn has enriched psychoanalysis. Just as psychoanalysts have explored culture and art so too has art informed and enriched analysts.

This edited book follows the tradition of exploring the unconscious reality of diverse cultural phenomena, though with an intriguing twist. Authors in this volume are interested in how art offers opportunities of working through, of thinking, of arriving at insights, of encountering the otherness of the unconscious, as well as the otherness of those from other groups. Put differently, art represents experience and an encounter that is analogous to the process of analysis.

Like some compilations, this one covers numerous topics under the heading of psychoanalysis and culture. This diversity of topics makes it difficult to offer a typical review for at least two reasons. First, most readers will find some chapters interesting and some less so. This is to be expected. The question for the reviewer is whether there are enough intriguing ideas to entice people to buy the book. Second, books, which are written by one author and have a coherent theme, are easier to review. An anthology that contains 15 chapters with distinct ideas and arguments requires, in my view, a different review style or method. With these confessions in mind, let me begin with a brief overview of the book and the editors’ aims. I then select several chapters from each section that intrigued me with the aim of sparking the interest of other readers.

The editors note that creative artists approach the dimensions of the unconscious and culture in distinct ways, which, in general, includes “efforts to register the disruptive and disturbing aspects of unconscious mental life in their experience and creative practice” (p. 2). Both artists and psychoanalysts have much to contribute in their engagement of the unconscious, whether it is in the consulting room or in the encounter with cultural artifacts. Toward engaging in this dialogue between psychoanalysis and art, the editors organize the chapters into three sections. The first section of the book addresses academic perspectives of how psychoanalysis and cultural practices inform each other. The second part contains articles aimed at exploring how “the arts and psychoanalysis have both offered responses to traumatic experiences, and have sought to bring about understanding and development in response to these through symbolization” (p. 3). The final section is more clinically oriented, demonstrating to artists and cultural critics the relevance of empathic attention to inner states of the mind. In general, the editors seek to establish a creative and productive dialogue between artists, academics, and clinicians with an eye toward informing each other about the relation between the unconscious, trauma, and culture. Indeed, it is this mutual dialogue between, the arts, and other social sciences that infuse psychoanalysis with creative vitality.

I found the opening chapter intriguing with its plunge into history, art, and psychoanalysis. Veronika Fuechtner describes how a little known psychoanalyst-novelist (Döblin) contributed to the inventive energies of the Berlin Psychoanalytic Institute. His literary imagination aided him in creatively describing psychological suffering and its relation to the polis (e.g., soul mass or soul politics), moving out from the safe cloister of the consulting room. Fuechtner argues that Döblin’s work represents a fusion of “psychoanalytic thought with social theory that evokes comparisons with the project of the Institute for Social Research in Frankfurt and prefigures important debates such as the role of the masses and the public” (p. 20).

Also in this section, Mica Nava (“The Unconscious and Others: Rescue, Inclusivity, and the Eroticization of Difference”) explores “how notions of alterity and enactments of inclusivity are structured by historical contingency and the unconscious, by a ‘confluence’ between psychic and socio-political fields” (p. 43). In
particular, Nava notes the heightened anti-Semitism prevalent in Europe and details the number of personages who crossed these social taboos and laws as acts of political defiance. For instance, Muriel Gardner, an American heiress, and others risked their lives to aid Jewish people between 1934 and 1938. Nava seeks to analyze Gardner’s ‘passionate need to identify with the oppressed,’ suggesting that early emotional contact between privileged children and working class nurses, “combined with the routine absence of parents, could have led to a deeply felt empathy for the socially ostracized” (p.49). Nava, of course, recognizes that not all privileged women who had working-class nurses grew up identifying with the marginalized. Here she turns to other analysts as she attempts to answer how unconscious mechanisms are implicated in emotional attraction to difference and how this leads to a relative disregard for boundaries between races and commitment to inclusivity. After exploring the early aspects of unconscious identification, Nava muses about the female’s own capacity for pregnancy and motherhood may contribute to her ability to identify with the Other.

Another interesting chapter in the first section was Janet Sayers, “Thinking Art and Psychoanalysis.” She notes, “Art gives us something to think about.” From this she discusses the free association techniques and perspectives of Winnicott, Bion, and Kristeva. The dialogue that takes place between analyst and patient, whether in the forms of squiggles or dreams or the interplay of sign and symbol, gives rise to impressions of unthought knowns that may become represented in interpretations. There is, Sayers seems to argue, a kinship between the artist who works to represent his/her experience of the landscape and the analyst and patient who use the palette of dialogue to represent unthought knowns.

The second part of the book is titled, “Culture and Trauma as Working Through.” These chapters attempt to address two questions: What is the curative potential of art? Does popular culture open up or close down the potential for new imaginative spaces within contemporary culture? Yates and Bainbridge begin this section with an exploration of the relationship between new technologies and masculinity. In particular, they wonder if these technologies have opened a space for a transition from more rigid forms of masculinity to new forms of homosociality or more fluid and dynamic masculine identifications. In their discussion of the DVD consumption of two movies, Taxi Driver and Memento, they note that while both point “to the desire for technological mastery which appears to have its roots in hegemonic forces of masculinity, it also demonstrates the opportunities for the formation of homosocial communities implicit in the structure of culture” (p. 116). Later they argue that for “the masculine subject, such a space is necessarily ludic as it entails the dismantling of long-lived constructions of masculinity in order to root out new potentials” (p. 119). While I found their argument interesting and in many ways compelling, I could not help but think of the United States as an Empire and the cultural rituals and media that glorify a masculinity based in warrior archetypes. In short, how does the dominant culture contribute to an attenuation and rigidity with regard to sexuality?

Sam Durant selects a different focus in his chapter, “Father, Can’t You See I’m Burning?” Trauma, Ethics, and the Possibility of Community in J. M. Coetzee’s Age of Iron. Durant suggests that art itself may be “a mode of analysis, an alternative way of exploring the unconscious,” which he does by exploring the political, racial, and ethical aspects of two seemingly incommensurable realities—a white woman of privilege and black South Africans surviving the violence of Apartheid. In an intriguing discussion, Durant suggests that the “status of the unconscious within art is ethical…because there is a passage between mining one’s own otherness and imagining the otherness of other lives” (p. 143). Playing off Freud’s description of a father’s dream, Durant delves into Coetzee’s story of a white women dying of cancer, her daughter, and the oppressions of black South Africans. In exploring this work of literature and its relation to
the unconscious and trauma, Durant argues that what is traumatic in the novel is the "individual's sense of helplessness before the suffering of others and her inability to relate her own suffering to theirs" (p. 151). Art provides opportunities to think, to work through affront, and to encounter the Other, creating the possibility of community.

The last section of the book addresses the relation between art, the unconscious, and the consulting room. Ronald Britton’s chapter, Reality and Unreality in Fact and Fiction, addresses the importance and interplay of truth and illusion in both literature and psychoanalytic therapy. Britton revisits Freud’s understanding and use of literature. Freud, Britton argues, was more comfortable with the illusions and truth of literature than he was with religion, which he viewed as escapist. Fiction, Britton points out, can be truth-seeking or evading. Similarly, the patient’s fantasies may express psychic reality or psychic unreality. Psychic unreality may serve as a refuge, but if it becomes permanent signals the presence of pathology. When listening to a patient’s fantasies an analyst discerns not whether the fantasies correspond to external reality, but whether they are attempts “to reach unconscious beliefs or evade them” (p. 183). Britton leaves open the question whether a society can be dominated by psychic unreality and the evasion of truth.

Following Britton, Debbie Hindle and Susie Godsil turn their clinical acumen toward the opera Julietta and the dynamics of loss and idealization. Then they reflect on these dynamics in the life of a patient—Hugh. Freud, they note, admitted that he was incapable of being moved by music, though he apparently was moved by literature. To be moved suggests an encounter with the unconscious and the possibility of discovering new meaning and experiences. Hindle and Godsil argue that the opera Julietta provides a literary and musical framework and process for the emergence of powerful emotions and unconscious material or psychic truth. In the opera they note that Mischa’s ongoing idealization of Julietta leads to relational disconnections and other tragic consequences. Similarly, they describe a patient, Hugh, whose idealization of his departed mother was joined to the construction of a private myth. In one sense, idealization as a defense against mourning (encountering the painful complexity of reality) served to obstruct Hugh’s ability to connect emotionally with peers and family members.

In another chapter on the vicissitudes of grief, Marguerite Reid explores Nicholas Wright’s play, Vincent in Brixton. The creative genius of playwrights is seen in their ability to capture hidden dynamics and aspects of a person’s personality. In particular, Wright portrays Vincent Van Gogh as a conflicted young man who wished to love and be loved. Reid notes that Van Gogh’s mother lost her first child through stillbirth. Vincent was born a year later, given the same name as his deceased brother. The shadow of this loss extended well into his adult life when he finds himself in a relationship with a woman who continues to mourn the death of her husband 15 years later. This shared depressive grief, Reid conjectures, is something that Vincent found familiar in that he internalized the maternal object’s depression during the early months of his life. In the play, Vincent, in an emotionally tumultuous scene, explains to Ursula, “my baby brother, my dead self, had reached his arms from the grave and pulled me down into his world of sighs and tears. Ever since then I have lived in sorrow. This is your gift to me. It never leaves me now” (p. 207). Here we see the insights of the writer mirror the analyst’s attempt to understand the suffering of his/her patient’s seeming inability to let go and love. Put differently, this artistic rendering of Vincent Van Gogh’s suffering mirrors Reid’s clinical findings of the effects of perinatal loss and the mothering of the next child.

Time and space restrict me from discussing all the chapters I found intriguing. Instead, like a wine tasting, I offer only a sampling of the 15 chapters in this book with the aim of whetting the appetite of therapists who are intrigued by the relation between art, psychoanalysis, and the unconscious. More particularly, I believe that anyone who has a keen interest in psychoanalysis and culture will find many of these chapters worth reading and re-reading.

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so much as dissolve as become complicated by mutuality” (p. 137), a state that Benjamin (1995) has characterized as being one of mutual recognition.

In summary, Slochower has made another significant contribution to our theoretical as well as clinical literature and I recommend this book highly. In fact, I plan to assign it as an essential text to the candidates that I teach at my Institute.

REFERENCES

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In a year of presidential politics, promises abound. Is a candidate who goes back on a promise adaptive and responsive or a flip flopper? Is one who holds to a promise despite changed circumstances idealistic and principled or rigid? Simple answers are the stuff of promotional sound bites. This book is about psychology not politics, but its study of promises and their variations reaches conclusions about morality and integrity, traits that should be central to the politics of a free society.

While earning his PhD at the University of Kansas 55 years ago, Herbert J. Schlesinger completed clinical training at the Topeka Psychoanalytic Institute. Among the first very small cohort of psychologists to be accepted for full training under the aegis of the American Psychoanalytic Association, he became a supervising and training analyst in 1960. After heading the Menninger Foundation’s psychology staff, he moved to academic, administrative and clinical positions at the University of Colorado Medical Center, and then to the training directorship of the clinical psychology program at New York City’s New School. He was appointed to a clinical professorship at Columbia University’s psychiatry department in 2001, and at its affiliated Weill Cornell Medical College. He is also a supervising and training analyst at the Columbia Center for Psychoanalytic Training and Research.

Schlesinger’s clinical practice provided impetus for the current volume. His curiosity was aroused by a patient’s broken (though uncalled-for) promises. He found both psychoanalytic and psychological literatures to be limited on the topic of promises (and the stricter forms, oaths and vows), so he set himself the task of filling the near void. In doing so, he came to a conclusion reached by neither social nor developmental psychologists: making and keeping a promise “could be a, if not the defining act of moral maturity” (p xii).

The book’s organization reflects Schlesinger’s career as scholar, clinician and thoughtful theorist. Its first chapters comprise a critical conceptual review: various definitions and the reasons behind the act of promising are offered; the relationship of promising to mental development, especially from the standpoint of ego psychology is explored, and empirical studies of promising and moral development—the larger psychological category it implies—are surveyed (e.g., Piaget, Kohlberg, Lewin, Zeigarnik).

The next set of chapters is clinical: the implicit promises of analytic treatment; the disparate pathologies of promise-breaking and their compulsive keeping; mature and regressive determinants of promising; a character typology of promising, and specific clinical recommendations. While Schlesinger’s theoretical commitments are explicit, his examples are concrete and pragmatic as in his earlier books on technique.

The final set of chapters enters the realm of what is usually called “applied psychoanalysis.” Schlesinger provides a tour de force study of Greek drama and of Shakespeare through the lens of promises, oaths and vows, and he then deals with various forms of promising in religion.

The organization of this work brings to mind Freud’s progression from a masterpiece scholarly study of dreams, to clinical papers rich with recommendations, then to extending psychoanalytic ideas to the domains of literature, society and culture. In his conceptual review, Schlesinger’s basic training as a psychologist shines...
through. In his delineation of ego functions (memory, perception, self/object differentiation, the senses of time and of inner and outer experience, and language and action), his mastery of the Hartmann/Rapaport ego psychology in which he was trained is abundantly evident. In his clinical discussion, his debt to Freud’s theory of psychosexual development is clear. In his foray into literature and religion, Schlesinger joins the late Charles Brenner (2007) in relating clinical findings to cultural products, as well as understanding these products as sources of convergent evidence for psychoanalytic ideas.

On every page, Schlesinger’s commitment to a naturalistic worldview is most apparent. In his chapter on religion, he acknowledges that holders of faith-based epistemologies “may object to the very premise of my investigation” (p. 176). This book also resembles an outstanding doctoral dissertation, albeit one written after a lengthy post-doctoral career. From this perspective, recommendations for a follow-up study might ask for greater detail contrasting pathological outcomes of promising (reneging or too rigid adherence) and its pathological sources (magical thinking, hubris) with the achievement of a moral maturational ideal.

Herbert Schlesinger has been a prolific contributor to psychoanalytic psychology. With his third book of our new psychoanalytic century, he demonstrates the continuing vitality of traditional psychoanalytic ideas and his own ongoing generative talent.

References

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the way, I have heard many times that the amount of experience you have conducting analysis invariably impacts the degree of confidence you have in practicing and recommending analysis. This made sense to me; seeing first-hand how analysis could be helpful would increase a beginning analyst’s confidence. But if confidence in the treatment method is an important aspect of developing an identity as an analyst, wouldn’t it also be helpful to be exposed to research that shows support for the effectiveness of analysis, as another means of gaining confidence, especially at a time when so many critics claim that analytic work is a waste of time, or even unethical?

In the last decade, many institutes have included courses on research as part of their adult psychoanalytic training curricula. This is an important shift in the psychoanalytic community toward developing an awareness of how exposure to research is valuable in the development of a candidate’s analytic identity. I would also suggest that many of non-candidate members of this organization could benefit from gaining knowledge of the empirical research on psychoanalytic treatment and concepts. Such information may not necessarily affect one’s morale or confidence in the effectiveness of analytic work, but it might. It may also be used when talking with the uninformed or misinformed, or when discussing the relevance of analytic training in the 21st century with prospective candidates.

I hope to be able to make this presentation of the empirical studies to as many analytic and non-analytic audiences as possible. Feel free to contact me regarding presentations at glowder@gmail.com.

Greg Lowder, Ph.D. is in private practice in New York City. He is an advanced candidate in adult training, and a candidate in adolescent/child training, at the New York Psychoanalytic Institute. He is also volunteer psychiatry faculty at the Cornell Weil Medical College, and Albert Einstein College of Medicine.
Hypnosis and psychoanalysis are inextricably linked. Freud’s early contact with Charcot and Bernheim proved highly influential. While Freud acknowledged the curative properties of hypnotic techniques, he also believed that if hypnosis remained a part of his newly created theory and practice, psychoanalysis would forever labor in the shadow of hypnosis. Eventually Freud jettisoned hypnosis as a technique, noting that he wished to keep the ‘pure gold’ of analysis unsullied by the “copper of suggestion.” Freud extracted hypnosis from psychoanalytic technique not because he thought it was ineffective, but because he worried that its use clouded the distinction between spontaneous patient associations (i.e., free association) and patient utterances influenced by the therapist. Even though Freud explicitly forbade the use of hypnosis in psychoanalysis, he never pronounced it anathema. He remained curious about it for his entire life, puzzling over it in his writings. Some of Freud’s more ardent followers, however, shunned hypnosis, refusing to speak its name lest they be branded unorthodox. Thankfully, the hypnosis-psychoanalysis relationship was strained, but not severed. Advanced Hypnotherapy: Hypnodynamic Techniques (Routledge) demonstrates the continuing strength of the relationship between hypnosis and psychoanalysis. The successful follow-up and extension to their earlier Hypnotherapeutic techniques (Barabasz & Watkins, 2005), Advanced Hypnotherapy is authored by two prominent clinical researchers, John Watkins and Arreed Barabasz. Dr. Watkins is professor emeritus at the University of Montana and is past president of the Society for Psychological Hypnosis, Division 30 (Hypnosis) of the APA, the Society for Clinical and Experimental Hypnosis, and the American Board of Psychological Hypnosis. In this book, John Watkins reflects often on his illustrious career, which spans more than sixty years. His work consists of direct practice (much of which consisted of working with military veterans), clinical training, and experimental and clinical research. Much of his therapeutic techniques and case examples in this book reflect his life-long collaboration with his wife, the late Dr. Helen Watkins. He is among our most senior, seasoned clinicians and eminent scholars. He can rightly claim credit as the man who taught Erika Fromm about hypnosis.

Dr. Arreed Barabasz is a professor and director of the Hypnosis Laboratory at Washington State University. He is past president of the Society of Psychological Hypnosis, Society for Clinical and Experimental Hypnosis, and Division 30 of APA. He is the current editor of the International Journal of Clinical and Experimental Hypnosis. In this book, Dr. Barabasz incorporates experiences from his research, training, and practice. Of particular significance is his integration of the neuroscientific literature, much of which stems from his own extensive programmatic research. Like Watkins, much of Barabasz’s body of scientific work done in collaboration with his wife, Dr. Marianne Barabasz.

Advanced Hypnotherapy consists of twelve well-organized chapters. The Introduction highlights contemporary psychoanalytic thinking. Specifically, the authors explain how, unlike boilerplate manualized intervention techniques, classical and contemporary psychodynamic approaches adhere to the individualized assessment and treatment method. The authors emphasize how psychoanalytic treatment perspectives that use hypnosis are able to comprehensively access the subjective world of their patients. In other words, Watkins and Barabasz underscore how hypnodynamic/ hypnoanalytic treatments enable a psychologist to treat people, not merely their symptoms.

The first few chapters provide an overview of hypnoanalytic themes and how hypnosis is aligned with the goals of psychoanalytic treatment. Chapter 1, “Introduction to Hypnoanalytic Techniques,” demonstrates the mutually enhancing relationship between psychoanalysis and hypnosis, and how hypnotic procedures fit within a psychodynamic framework. Chapter 2, “Hypnoanalytic Insight Therapy,” begins with an explanation of one of the cornerstones of psychoanalytic treatment: that lasting change comes from emotional, rather than intellectual, insight. The ability of hypnoanalytic treatments to go beyond the superficial in a time-limited fashion is discussed and demonstrated with numerous case examples. Watkins and Barabasz provide cogent details on the numerous
ways in which hypnosis facilitates lasting insight and changes, and argue how it does so without the need of more traditional multiple sessions each week and the many years typical of psychoanalysis proper. Chapter 2 also discusses the phenomenological process of hypnosis and its relation to treatment outcome. There are great individual differences in the extent to which people experience the hypnotic process. This process, called hypnotic depth or trance depth, lies on a continuum with individual differences ranging from light depth (i.e., total alertness), intermediate depth (i.e., a deeply relaxed state), to a deeply regressed trance depth. Although the extent to which one experiences hypnosis varies from individual to individual, such individual differences are rather stable. The authors report on how theory and research suggest that traditional psychoanalytic techniques such as free association, dream interpretation, and analysis of transference are effectively conducted in the hypnotic state. Furthermore, intermediate hypnotic depth is often the optimal state in which the greatest level of therapeutic change occurs.

Chapter 3, “The Psychodynamics of Hypnotic Induction,” carefully explains the ways in which the actual hypnotic induction impact a patient. Watkins and Barabasz discuss how hypnosis allows a patient to adaptively regress, a process commonly referred to as “regression in the service of the ego”. This positive therapeutic regression facilitates a loosening of defenses, which increases the accessibility of information-rich primary process material. The authors explain how hypnoanalytic treatments are perhaps the most efficient and expeditious methods by which adaptive therapeutic regressions occur. Hypnoanalytic psychotherapies proactively uncover and work with unconscious material, even in a shorter-term approach. The fact that the adaptive regressive abilities of the patient are enhanced by hypnoanalysis is a key reason why hypnotic techniques within a psychoanalytically informed therapy allows for quick yet thorough changes. Chapter 3 also discusses how erotic and death-like experiences of the hypnotic state allow for related fantasies to quickly come into sharp focus. Watkins and Barabasz also provide information on how a patient’s willingness (or lack thereof) to engage in the hypnotic process offers insight into patient resistances. Thus, the hypnoanalytic process brings resistances into immediate awareness, which allow for an analysis of resistance earlier in the treatment process than in other forms of psychotherapy. By breaking down the psychodynamics of the hypnotic process, Watkins and Barabasz clearly describe ways in which adjunctive hypnotic techniques allow for quick access to crucial patient dynamics, and in doing so creates a more comprehensive treatment experience.

In Chapter 4, “Hypnodiagnosis and Evaluation,” details the wealth of information that can be gathered when at least part of the diagnostic interview is conducted while the patient is hypnotized. Specifically, they discuss how hypnotic interviews often allow for greater recall of memories of which the patient is unaware. Though newer material is reported, Watkins and Barabasz appropriately call into question the veracity of such newly “remembered” material. They lean on the vast empirical data supporting the hypersusceptibility of patients to provide iatrogenic memories born out of many hypnotic and non-hypnotic clinical interviewing techniques. Such material—accurate or not—has substantial emotional valence and therefore warrants therapeutic attention. Chapter 5, “Advanced Abreactive Techniques,” highlights the indispensability of abreaction for successful treatment outcomes. They explain the many ways in which abreactive experiences occur, both within and independent of hypnosis, and provide criteria for a patient’s goodness-of-fit for successful abractions. The authors compellingly reason how hypnoanalytically created releases of deeply repressed affect lead to corrective emotional experiences, and, in turn, facilitate genuine therapeutic changes.

Chapters 6 through 9 discuss non-traditional therapeutic techniques. Chapter 6, “Sensory Hypnoplasty and Hypnography,” taps into unique and creative treatment possibilities. Specifically, this chapter demonstrates the therapeutic use of art. Hypnography is when a hypnotized patient draws or paints whatever comes to mind, while hypnoplasty is the hypnotic free associations to the patient’s self-directed clay moldings. The authors offer numerous case examples and pictorial demonstrations of these two ways in which unconscious processes are accessed and addressed.

Chapter 7, “Realities, Dreams, and Fantasies,” begins with a succinct review of the clinical, empirical, and neurophysiological literature on dreams. This is followed by step-by-step procedures for dream interpretation, both within and outside of hypnosis. Chapter 8, “Projective Hypnoanalysis,” consists of an in-depth case study of a patient of Dr. Watkins’ in which he demonstrates the clinical utility of incorporating traditional (e.g. TAT cards) and nontraditional (e.g. dissociated hand writing) projective techniques during the hypnotic state. Chapter 9, “Dissociative Hypnoanalysis,” addresses the various ways in which patients with dissociative proclivities and disorders (including PTSD) present in their daily lives as well in the clinical consulting room. The authors offer theory and research supporting their clinical approaches with a wide range of patients treated by the hypnoanalytic method. Perhaps the most interesting aspect collectively highlighted during these three chapters is the various ways hypnosis is yet another viable royal road to the unconscious.
Advanced hypnotherapy is rooted in both classical and contemporary analytic thought. One of the key components of this book is the authors’ demonstration of the flexibility of hypnodynamic therapies. Furthermore, they explain how hypnodynamic treatments are particularly suitable to be conducted in a time-limited fashion that does not compromise the deep-rooted therapeutic changes that we have come to appreciate as germane to traditional psychoanalysis. Chapter 10, “Ego-State Therapy,” is a treatment approach that is an integration of different analytic and non-analytic theories and techniques. Ego-state theory rests on the assumption that the recognition of separate aspects of one’s personality allows for a more directive hypnoanalytic intervention. This specifically tailors the therapy to address pathological part(s) of one’s personality. Such a short-term treatment modality was precisely developed for the use of hypnotic techniques. Although the underpinnings of ego-state therapy may be considered a stray from traditional psychoanalytic or hypnoanalytic practice, the authors make a compelling argument for the clinical utility of this approach.

Psychoanalytically informed clinicians share an appreciation for the power and importance of the therapeutic relationship. In Chapter 11, “Hypnotic Transference, Counter-Transference, and the Therapeutic Alliance,” Watkins and Barabasz provide a concise overview of the nature of transference. They explain the ways in which transference phenomena present in the consulting room and how they can be utilized therapeutically. This chapter demonstrates how hypnosis expedites the manifestation of transference phenomena, which in turn aids in shorter-term treatment with longer-lasting results. The authors also report on clinical and empirical evidence in which hypnoanalytic approaches allow for comprehensive transference-work with borderline and psychotically organized patients: two groups historically thought to be unanalyzable due to the putative difficulties in establishing transferences. Watkins and Barabasz elucidate how hypnosis often helps the patient experience a more stable internal representation of the therapist, which increases the range of candidates treatable by psychoanalytically informed (and hypnoanalytically informed) psychotherapies.

Chapter 12 adds a unique theoretical perspective to the psychodynamic practitioner: existentialism. “Existential Hypnoanalysis and the Therapeutic Self” brings frequently occurring (but seldom discussed) themes into the center of attention. In this chapter Watkins and Barabasz address clinical conditions and presentations that do not fit into our standard DSM taxonomy. Common patient conditions such as boredom, experience of (and wish to prevent) the passage time, and the meaning of life, are focal points of existential psychotherapies. The authors outline how the integration of existential approaches within a psychodynamic framework allows for successful treatment of these (and other) existential themes. Specifically, Watkins and Barabasz explain how a clinician’s ability to “be-there” and coexperience the here-and-now of a patient sustains the treatment process. They further expound on how hypnosis can effectively enhance the togetherness of the therapeutic process and how hypnotic interventions facilitate the treatment of existential concerns.

Advanced hypnotherapy will be of great use for several different groups of psychologists. One group for whom this book is geared are those clinicians looking to widen the scope of their clinical practice. This book carefully demonstrates how the addition of hypnosis to preexisting therapeutic techniques enhances a therapist’s range of practice, skillfulness in patient treatment, and overall treatment effectiveness. Furthermore, Watkins and Barabasz explain how hypnosis allows for a more expeditious therapeutic process, and how such abridged treatment does nothing to compromise (but rather buttresses) the thoroughness of dynamically oriented psychotherapies.

Psychologists already familiar with hypnosis are another group for whom this book is of use. Advanced hypnotherapy is just that: an advanced text that elevates the clinical thinking and innovative ways hypnotic procedures can be used. The heavily referenced research is a must for researchers and practitioners alike. The authors demonstrate how easily hypnosis fits with psychoanalytic practice. The advanced therapist will find the detailed hypnoanalytic cases material enlightening. Furthermore, the experienced hypnotherapist will appreciate the applicability of hypnoanalysis to clinical populations ranging from the higher functioning college student to the psychotically organized individual.

Watkins and Barabasz’s book is also of value for those clinicians looking to further hone their case conceptualization, even if not necessarily intending to add hypnosis to their practice. The authors use ample clinical case examples, each of which is accompanied with a thorough case formulation. These case conceptualizations of these two highly skilled psychologists carefully delineate various psychodynamic phenomena and how they present in the real-word of the consulting room.

There is another important component of this book: science. Advanced Hypnotherapy is anchored in empirical data. Throughout the book the authors link empirical findings with clinical theory and practice. The scientific element of this book should be appreciated, especially amongst psychoanalytically oriented clinicians. Watkins and Barabasz should be lauded for their efforts to provide a scientific foundation to psychoanalytic practice at a time when
empirical support for psychoanalysis is not a luxury but rather a necessity for our field to remain viable in academic psychology and in a managed care environment. Throughout the book, the reader will appreciate the authors' ability to coalesce the natural science model with clinical practice.

There is one group of psychologists for whom this book is not likely a good fit: those practitioners new to hypnosis. Although the text offers much information on applied hypnosis, it is not a "primer." This current edition rests on the assumption that readers possess an understanding of basic hypnosis principles. This is not a beginner's "how-to" manual but rather an advanced reading for the clinician already abreast of the fundamentals of hypnosis. Neophyte hypnosis practitioners may understandably struggle grasping the core concepts on which this text builds. Those looking to develop basic hypnosis skills should see the authors' first edition (Barabasz & Watkins, 2005) or seek training through a professional affiliation (e.g., Society for Clinical & Experimental Hypnosis, Division 30 of the American Psychological Association).

**Advanced Hypnotherapy: Hypnodynamic Techniques** is a book I picture residing in many psychologists' library. For some, it remarries psychoanalysis with hypnosis. For others, it advances their psychoanalytic case conceptualization abilities. For more, it is a useful tool to expand their scope of clinical practice. Watkins and Barabasz offer lucid instructions on the integration of hypnosis into psychodynamic treatment. They provide clear information on the psychogenic and biological underpinnings of hypnosis, as well as procedural instructions for the practice of hypnosis. The procedural information is clearly written and supported with numerous clinical case examples. The aggregate of this well-written book provides a wealth of useful practice information. Though this text has a virtual simultaneous release as Nash and Barnier's 2008 *The Oxford Handbook of Hypnosis* (in which Arreed Barabasz coauthors a chapter), each book has its respective place on a psychologist's bookshelf.

No doubt there are well-informed psychodynamically-oriented clinicians who fear that hypnosis is in direct conflict with the goals of classical or contemporary psychoanalysis. In many ways, this belief speaks to long-reaching power of Freud's influence, or at least that of his over-scrupulous acolytes. The authors rightly point out this is especially ironic, given that Freud used hypnosis to manage the pain from his mouth cancer. Hypnosis does not contradict psychoanalysis. The two are, in fact, mutually facilitative. As the authors eloquently state:

> Hypnoanalytic techniques should not be regarded as competing with traditional practices of psychoanalysts or those employing psychoanalytically oriented therapy, but rather a means of complementing their work.

Hypnoanalysts can be viewed as merely an extension and elaboration of the methods by which Freud and his colleagues undertook to explore the fascinating world of the human mind, one that continually influences our behavior and well-being, but of which we are often so little aware (p. 3).

In sum, *Advanced hypnotherapy: Hypnodynamic techniques* is for the learner, seasoned psychologist, and clinical-researcher, as it will readily stimulate and inform practitioners' clinical thinking regardless of experience or theoretical preferences.

**REFERENCES**


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much countertransferral material can be addressed. Thus, these clinicians may welcome a text that explores the emotional realities of clinical work outside of the research environment.

These comments are not meant to detract from the importance of Gelso and Hayes' work for psychoanalysis. One hidden value in this book is that (perhaps unintentionally) it strengthens the contribution of psychoanalysis, especially relational and interpersonal psychoanalysis. For as we have noted, it is the psychodynamic approach that most welcomes countertransference. Perhaps reconsidering psychoanalytic thought in this way can expand the value of psychoanalysis. By privileging the use of and also the understanding of complexities of the treatment relationship, we offer psychotherapy not focused on utilitarian techniques, but on a human encounter. By drawing also on over a century of psychoanalytic theory and practice, we also provide attention to levels of relationship and their interpretation. Perhaps Gelso and Hayes will inspire graduate students to study further into psychoanalytic work so that they can bring their humanness into the therapy in a disciplined way. If this is the case, I applaud the authors for breaking ground by using scientific research to expand the study of psychotherapy relationships.

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Katya Bloom, dancer and clinical movement psychotherapist, is “bilingual,” fluent in the languages of body and mind. Her present work, *The Embodied Self*, explores the language of emotion as manifested in the body. In an earlier book (Bloom and Shreves, 1998), she explored using the body’s natural movements to increase awareness of feelings, enhance self-expression, and expand the imagination. Although we have never met, we are spiritual sisters: Bloom is a dancer and movement psychotherapist, I am a psychoanalyst and a yoga teacher. We both owe much to our foremother, multilingual Judith Kestenberg, who pioneered movement analysis in the United States. And we are both grounded in the object relations school of psychoanalysis.

In this present work, which began as a doctoral dissertation, Bloom introduces the reader to Laban Movement Analysis (LMA) and shows its usefulness in parsing infant observations, clinical assessments, and treatment techniques. Laban movement analysis is a “principally experiential language that ‘translates’ human movement in all its manifestations and complexities into words and concepts (p. 18).” Bloom uses LMA to “explore the interrelationships between the field of dance movement therapy and psychoanalytic theory (p. 18).” The body’s language gives access to preverbal experience and signals transference and countertransference communications as the therapist listens with “embodied attentiveness to psychophysical states (p. 155).” “Body, mind and feelings are inseparable (p. 10).”

Bloom writes clearly, holding the reader in her mind and her body, as she explains Laban terminology. She cautions the reader to try Laban categories of movement on for size, to do them and not just imagine them. I followed her instructions, tried many times, but still, some of the concepts are very difficult to digest without another knowing body nearby able to demonstrate that knowledge. Some things have to be taken in body to body in order to be felt and learned, and I struggled to apply Laban movement analysis to Bloom’s examples, and others of my own. Sometimes I longed to be individually trained by Bloom, or at least to have a DVD, a movie featuring Bloom showing Laban’s terminology, attached to the back cover of her book, as a reference. I needed an “embodied message.” Does Bloom need Laban’s language? Laban’s categories may help Bloom codify her thoughts and feelings—Kestenberg’s groundbreaking work of the 1970’s also owes much to Laban’s vocabulary of movement analysis—but for me, Bloom’s own words are eloquent and sufficient.

Bloom begins with an overview of theory showing why it is important not to leave the body out. “Consciously or unconsciously, our identity is firmly linked to our felt experience of being “bodied” (p. 17). “In experiencing the body more deeply we build bridges between different modes of knowledge—cognitive, sensory, and affective (p. 21).” I would add, “On the physical level, our history is written on our muscles, bones and nerve fibers. (Somerstein, 2008).”

Bloom asks, “Can anxiety and depression, for example, be explored as psychophysical phenomena? (p. 5)” Many researchers think that it can. Contemporary neuropsychological research charts the intimate links between body and mind, and scientists, body workers and analysts together create new, more effective clinical techniques. Allan Schore specializes in researching right brain development and PTSD; Bessel van der Kolk, uses breath work, meditation and yoga to treat rape victims and soldiers returning from war zones. Amy Weintraub relieves depression with specific sequences of yoga postures. Arthur Robbins translates the eloquent unspoken dialogue of body-to-body communication occurring within the transference-countertransference exchange. Primary to these related interdisciplinary understandings of trauma and emotional dis-ease is a dedication to honoring, rebalancing and restoring the basic mind-body relationship.

Interspersed throughout the book are pauses for the reader to reawaken to the body, with what might be called prescriptions for certain kinds of physical experiences. For me, the most powerful was a call to rebalance the attention, feel the three-dimensional aspects of reality, and move to “give the body more space (p. 21).” As I was reading I welcomed Bloom’s reminders, and I enjoyed applying her suggestions of feeling and doing the movements of others—following the rhythm of someone’s breath, for example, or inhabiting a “floating” movement.
After locating her work in time and space, Bloom continues with a description of her psychoanalytic observational studies of infants at Tavistock. Working with infants roots the clinician’s attention down inside the body; I began my own training with infants at New York Foundling Hospital. I wish that every developing clinician and body worker could have an experience like this, while studying theory and technique.

Bloom records her observations of several young children. My favorite, titled “Falling into space,” is about three year old Anny, who was observed weekly for a year. Anny’s mother had a series of miscarriages, and Anny was subject to many fears and anxieties, especially of falling down, and she actually did fall down pretty often. Falling was a major theme in her doll play, too. Anny’s mother … “seemed very much a picture of someone who wanted to keep things in place by holding still.” In Laban terms this is called bound flow and flexible space. “Flow is the element associated with feelings; space is associated with thinking.”

Anny herself, when she was acting like an adult, displayed “an extremely direct, pinpointedly narrow” focus, bound flow, in other words, like her mother. She alternated between identifying with mother and “rebelling against this, often with wild flowing action and heightened passions.” It was during her rebellious intervals that she fell down. These “fallings” were her investigations into the topic: her mother’s miscarriage. Bloom writes, “…it was not only the use of symbolic play which helped Anny explore feelings, but the actual physical act of embodying feelings and phantasies, exploring them using her whole body in time and space.” Bloom registered Anny’s expressiveness body to body and provided a “resonating chamber” where she could receive Anny’s states of mind. Bloom did not make any interventions, which were proscribed in the infant study protocol.

Bloom’s clinical case studies tell a different kind of story: her therapeutic work in movement and psychoanalysis with adult patients. Body to body communications form the deep core of the transference-countertransference dialogue; knowing one’s own body state, where feelings reside, is a clue to understanding the feelings of the other.

In the chapter titled “Signals From the Solar Plexus,” we learn about Isabel, a young dancer who was in a terrible car crash that tragically resulted in the death of her close friend, who was driving. Isabel survived, but her body was shattered, and her dance career was over. After her accident Isabel spent months in a hospital, unable to move, or even communicate, except by blinking her eyes. Her powerful will enabled her to regain the use of her body, although she was quite weak. When she began working with Bloom, Isabel seemed cut off from her feelings. In Laban terms, her movements lacked the “element of flow (of feeling).” Her movements, described as “gliding” or “floating,” protected her from experiencing the traumatic memories of her accident and her subsequent difficult physical recovery, which had exacerbated her already heightened dependency fears. Isabel’s mother had failed to protect or care for her appropriately during her early childhood.

Isabel located her fears in her solar plexus—the “pit of the stomach”—the place where we feel queasy or afraid. Working with Isabel, Bloom feels fear in her own solar plexus, and is unsure whose feelings are registering there, her own or Isabel’s. At first Isabel is intolerant of her fright, and punches herself in the solar plexus, but gradually she feels “a block of ice, holding sadness,” beginning to melt. Six months before ending treatment Isabel lies on her back, “reaching arms and legs softly upward . . . a baby reaching up … She holds her solar plexus and says that something is flowing. It is cold but flowing.” With the help of movement therapy, Isabel worked through the consequences of the many traumas she had endured, while psychoanalytic process contained the meanings of movement—body and mind working together. Bloom emphasizes that in this, and the other histories she presented, it was the “synthesis of the two processes that was instrumental in achieving the transformations described.”

What do these different examples have in common? Bloom speculates that in each of the people described the internalized object was weak, and so the adults and children she presented were subject to a very early sense of helplessness. The relationship with one’s own body begins with the mother’s (and father’s) relationship to one’s body as infant. The coactive energies of movement analysis and psychoanalytic theory propelled the patient’s psychic movement out of “stuck patterns of relationships with both object and self.”

Psychoanalysis provides a framework for understanding movement qualities; movement analysis deepens communication, and includes nonverbal experience, giving language added nuance. Words like “solar plexus” or “pit of the stomach” carry rich concrete as well as symbolic meanings. Feeling words make poetry, and we become linguists. The Embodied Self teaches us grammar, and we become adept at speaking with our bodies and our minds in the art and science of healing.

References

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I begin this review with a piece of self-disclosure. Because I have been working on a book that also deals with contemporary psychoanalytic theories, I thought it might be useful for me to review a book on *Contemporary Psychodynamic Theory and Practice*. However, it soon became clear that the author, William Borden, and I had very different projects in mind.

Borden’s book is a primer, directed primarily to social workers as well as other mental health professionals and “seeks to deepen readers’ understanding of psychoanalytic thought in contemporary psychoanalysis and to demonstrate the relevance of relational perspectives and recent developments in psychodynamic studies for psychosocial interventions” (p. xii). The book covers in 13 chapters of 167 pages of text the work of Freud, Adler, Jung, Ferenczi, Suttie, Klein, Fairbairn, Winnicott, Bowlby, Sullivan, Kohut, and the relational paradigm (mainly the work of Mitchell).

Quite a feat! Given the sheer amount of material covered in a modest sized volume, for the most part, the author does an excellent job in providing the reader with a clear and intelligent summary of complex ideas. He does an especially good job on the ideas of Winnicott and Suttie. For those who want to get a broad introduction to some central psychoanalytic ideas . . . this book will serve them well.

The author also manages in this slim volume to present not only a summary of others’ ideas, but also something of his own point of view. He is clearly sympathetic to a “relational paradigm” and adopts a perspective that he labels “critical pluralism.” More about that later.

I could end the review here by simply recommending this book as an excellent choice for an undergraduate and early graduate survey course on basic psychoanalytic ideas. However, I have some concerns about some aspects of the content of the book that go beyond a summary of the work of various theorists.

According to Borden, because “much of Freud’s work is flawed and out of date” and because “very little of what Freud understood as psychoanalysis has remained intact,” critics of psychoanalysis “remain behind the times” (p.xii). I must confess that I always react negatively to this familiar defense of psychoanalysis because it suggests that if critics were aware of contemporary psychoanalytic formulations, they would learn that their criticisms have been adequately addressed or no longer apply. However, if this kind of defense of psychoanalysis is to be taken seriously, one is obligated to a) identify just which aspects of and in which ways Freud’s work is flawed and out of date; b) describe the nature of the criticisms directed to Freudian theory; and c) most important, delineate precisely how contemporary psychoanalytic theories address (and overcome or ameliorate) these criticisms. The author does not tackle any of these tasks.

After telling the reader that “much of Freud’s work is flawed and that “very little of what Freud understood as psychoanalysis has remained intact,” one is then also told some twenty odd pages later that “empirical study in the behavioral and social sciences increasingly provides support for a series of core propositions that Freud advanced in his theoretical systems, including assumptions about the nature of unconscious motivational, affective, and cognitive processes; defensive strategies and self-deception; the origins of personality and social dispositions in childhood; developmental dynamics; and the nature of “psychic reality” and subjectivity” (p. 24). This seems like an awful lot that has remained intact. How does one reconcile these very disparate assessments of the standing of Freud’s ideas?

In citing Greenberg and Mitchell’s (1983) distinction between a drive paradigm and a relational paradigm approvingly, the author contrasts a perspective “which takes relational elements, rather than (my emphasis) biological drives, as the core constituents of human experience” (p. 2). Although I understand the distinction drawn, it would be useful to be reminded that if we have learned anything about human nature, we have learned that “relational elements” are as biologically rooted (e.g., the attachment system) as sexual and aggressive drives.
In adopting James’ pragmatism, the author writes that “what matters is what works, and the practitioner determines the validity of theoretical formulations on the basis of their effectiveness in the particular clinical situation” (p. 9). The relationship among validity, veridicality, and effectiveness is complex, as is the question of whether the practitioner can truly determine the validity of theoretical formulations on the basis of their effectiveness in the particular clinical situation. If one is to do justice to these complex issues, one needs to tackle them in a sustained and serious way. But that is not going to happen in a primer. Perhaps, then, one ought to leave these issues alone in this kind of book. And here is one of the problems with the book. So long as it remains a primer, it does an excellent job. When, however, it goes beyond this limit and attempts to deal with more complex issues, given the nature of the book, it cannot help but deal with them in a superficial way.

Before concluding this review, I want to raise what may seem to be a strange question, namely, what do books like this tell us about the state of our field? What I mean by “books like this” are ones that typically devote a chapter each to the “usual suspects”—Freud, Adler, Jung, Sullivan, Klein, and so on, and also include additional theorists who are current at the time the book is published. Books like this have been around for a while. I am reminded of Ruth Munroe’s *Schools of Psychoanalysis*, a book widely used during my graduate school days and also of Hall & Lindzey’s *Theories of Personality*, a book not limited to, but including different psychoanalytic theories.

As I suggested earlier, books of this kind can be useful for teaching purposes. And, as I also indicated, Borden does an excellent job in providing such a book. But the question I raise is: What is the image of psychoanalysis that emerges from books of this kind? We get a picture of successive charismatic figures, each one proposing a presumably comprehensive theory to replace previous theories, each figure with a loyal band of followers, and each theory associated with its own training institute. The presentation of psychoanalysis as a succession of different and often warring theorists and theories, followers, and institutes may well be historically accurate. But is this the most useful way to present our discipline, particularly, in a book entitled, Contemporary Psychodynamic Theory and Practice? This sort of presentation does not include much of anything about the evidential base for each theory or any systematic evidence on whether it is associated with greater therapeutic effectiveness. Nor is there much discussion of such issues as possible contradictions among theories, different language for similar constructs, possible differential applicability, or areas of possible convergence and integration.

The above state of affairs is frequently hailed as pluralism, in Borden’s case “critical pluralism.” According to his modest and defensible version of critical pluralism, we must master multiple theoretical models, therapeutic languages, and methods of intervention, sorting out the strength and limits of various perspectives. In doing so, we locate ourselves in the broader therapeutic landscape and establish a clinical sensibility that is distinctly our own. (p. 167)

At another point in the book, however, Borden’s “critical pluralism” seems to entail the position, which he attributes to James, that “there are equally valid descriptions of phenomena that contradict each other . . .” (p. 8). It is difficult to believe that this is an accurate attribution. I suspect the author is confusing different or disjunctive descriptions that may be equally valid with contradictory ones that, insofar as they contradict each other, cannot be equally valid. In any case, the question with which I want to end this review is whether the state of affairs described in Borden’s book should be viewed as a happy pluralism—let a thousand flowers bloom—or whether it urgently suggests that it is time for serious attempts at integration, even if partial integration, and for the careful assessment of the array of different psychoanalytic theories in terms of systematic evidence and therapeutic effectiveness.

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In *Self Psychology*, readers will be impressed by the ease and coherence with which Peter Lessem covers the breadth of self psychological theory. As a graduate student in clinical psychology, it is not often that one finds a book within the psychodynamic discipline that so clearly and concisely introduces both the origins and contemporary qualities of a clinical theory. Given the confusing and often inaccessible tone that can characterize the writing style of Heinz Kohut, this book is more than welcome as an appropriate stepping stone to his original works. I found that Lessem’s clear exposition of the central tenets of self psychology enabled me to delve more deeply into the writings of other self psychology theorists.

Lessem begins the book by introducing Heinz Kohut and tracing his deviation from traditional psychoanalytic theory. His re-conceptualization of narcissism marked an important milestone in the discipline. Kohut was a highly regarded Freudian analyst who had achieved the highest ranking one could as a training analyst at the Chicago Psychoanalytic Institute. Well versed in traditional Freudian psychoanalysis, it was not until his analysis of Miss F. that Kohut was put in the unique position of having to modify the conceptualization of narcissism. He did this to more fully accommodate his analysand’s clinical symptomatology and to develop a more accurate case conceptualization. In response to his analysand, Kohut diverged from the pejorative view that narcissism was a problematic product of infantile self-absorption needing to be outgrown. Kohut adopted the perspective that narcissism was something that needed to be nurtured throughout one’s development. It becomes clear from the reading that Kohut conceptualized narcissism as a vital personal resource that, when appropriately matured, facilitates the capacity for empathy, humor, creativity, and self-esteem. Kohut was impelled to formulate developmental aspects of narcissism in what he called the *idealized parent imago* and the *grandiose-exhibitionistic self*. Lessem clearly and concisely outlines the concepts *idealized parent imago* and *grandiose-exhibitionistic self* as different facets of development required for healthy maturation of narcissism.

After providing a strong foundation of narcissism from a Freudian and then Kohutian perspective, Lessem moves into a discussion of Kohut’s conceptualization of the self and selfobject relations, positing the selfobject concept as foundational for self psychology theory. Lessem articulates that the self is best understood as a potential that actualizes only in response to appropriate selfobject experiences, which occur throughout childhood, adolescence, adulthood or within the dynamics of psychotherapy. The book outlines how the self emerges in response to the interplay of variables related to an individual’s innate biological features, and how selfobject needs are selectively responded to by prominent attachment figures. Lessem cogently discusses each of the three primary selfobject needs posited by Kohut: the mirroring, idealization and twinship or alter ego selfobject needs.

As he articulates the ways in which these needs can facilitate or obstruct psychological development, he unpacks the meaning of selfobject needs, the experiences of each need, and how they do and do not manifest within the therapeutic dyad. Moreover, Lessem expands one’s exposure to the broader and more recent developments in the field of self psychology. By incorporating contemporary authors who have extended the theory by elaborating on guidelines for treatment, as well as those authors who have suggested revisions, Lessem succeeds in portraying self psychology in a modern light.

As a central and fundamental concept in self psychology, empathy is given a thorough discussion in the chapter following narcissism, self and selfobject relations. Kohut, in his most recent publication on empathy, defined it as “the capacity to think and feel oneself into the inner life of another person. It is our lifelong ability to experience what another person experiences” (Kohut 1984, Page 82). Lessem describes the Kohutian perspective on empathy in a way that is readily digestible and easily understood with regards to attempting to apply it within one’s clinical practice. This chapter concludes with a brief discussion of recent conceptualizations of empathy outlining the advent of understanding empathy as a two-person interactive process.

As a graduate student, I found the most interesting parts of the book to be the chapters focusing on conceptualization of growth and therapeutic action, psychopathology and clinical action. Lessem skillfully and
Psychoanalytic books informatively covers how self psychology conceptualized the primary objective of treatment as strengthening one’s sense of self. He clearly demonstrates the use of the selfobject transference relationship as a vehicle of change, to mobilize one towards corrective emotional experiences. Lessem also adeptly covers Kohut’s theory of optimal frustration and transmuting internalization and how these principles apply to one’s therapeutic practice. He further goes on to discuss an understanding of Kohut’s mirroring, idealizing, and twinship selfobject needs, how they are a transferential perspective within the therapy, and ultimately how they are used as mutative properties in service of therapeutic change. As an aspiring clinician, these chapters were particularly helpful in cogently spelling out Kohut’s theory of change within psychotherapy. Moreover, Kohut’s theory was further contextualized into contemporary self psychology through Lessem’s brief elaboration on recent critiques and alternative theoretical explanations of structure building provided by other self psychologists.

Another quality of this book that I found myself appreciating was the respect paid to those clinical theorists who, in many ways, anticipated self psychology. Although Kohut rarely acknowledged if, how, or by whom he was influenced, his ideas exhibited a strong similarity to the concepts articulated by earlier British Object Relations theorists. In the appendix of this book, Ferenczi, Balint, Fairbairn, and Winnicott are all discussed with regards to how their theoretical contributions to psychoanalysis plausibly informed the development of self psychology, or at the minimum anticipated it in many ways. Reading about the theoretical similarities these clinicians propounded upon prior to the advent of self psychology further contextualized numerous ideas Kohut outlined in self psychology.

This book is excellent for anyone interested in quickly developing a broad understanding of the emergence of self psychology, its developmental history, and some subsequent theoretical extensions. Broad in scope, this introduction provides a thorough foundation from which one can begin to move deeper into self psychology. Lessem’s book has been used as required preliminary reading in a graduate student book club focusing on the original work of Kohut. Graduate students who participated in this group agreed that reading this book served as an effective primer in preparation for Kohut, as it make easily accessible the evolution of self psychology concepts. As a graduate student in clinical psychology pursuing edification of psychodynamic theory and psychoanalysis, this book was much appreciated. It is highly recommended for graduate students interested in self psychology or for practitioners wishing to become familiar with the field.

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In Robert Hooberman’s beautiful new book, *Competing Theories of Interpretation: An Integrative Approach*, Hooberman addresses the central action of psychoanalytic and psychodynamic work, the process of interpretation, which in Hooberman’s definition consists of “a verbal interaction between therapist and patient that provides an explanation for a feeling, thought, memory, or action” (emphasis in original). Hooberman cites the variety of theories and approaches available for formulating interpretations, and posits the need for a unifying structure within which to negotiate among the options available at any given point in time. He suggests that the patient provides the structure. It is in fact the patient’s character structure. To Hooberman, character structure is the North Star and organizing principle guiding interpretive work with patients. It is in his thinking, following Silverman (1986), “the essence of a person.”

One latent issue embedded in Hooberman’s discussion is the fertile tension between the two parts of the concept “character structure.” Hooberman devotes time to defining character, which he has called the individual’s “worldview,” emphasizing that it is a universal trait and hence not in itself an aspect of psychopathology. He has addressed these themes in an earlier book, *Character Transformation through the Psychotherapeutic Relationship* (2002). The term “structure,” however, also is one that is laden with connotations and meanings that often are misunderstood. Hooberman elsewhere (2002) posits that “people internalize in their totality representations of their families’ modus operandi,” and these internalizations are the “structures” in their personalities. He cites Shapiro (2000), who construes psychic structure as a scaffolding or source of stability within our personalities. Indeed, when we think of a physical structure, such as a bridge or a building or the Great Pyramid of Cheops, our minds tend to think of something fixed, rigid, and permanent. Character structure tends to be thought of in the same way, as something inert and relatively permanent, that the individual has developed as a scaffold or organizing principle for all the other elements of his or her personality.

A structure, however, in fact is a dynamic mass of countervailing forces, placed together in such a way as to ensure stability and functionality. Potentially competing forces—starting with force #1, gravity—must be managed so they work together. This is true for the Brooklyn Bridge, and it’s true for the individual’s character. Any structure, be it a bridge or a person’s character, under the force of sufficient catastrophic stress can be compromised to the point of vulnerability or collapse. When a bridge is built, engineers attempt to foresee the types of stressors most likely to assault the structure, and accommodate the structure accordingly. From a developmental perspective, individuals do something comparable in the early years of character development, adapting to the emotional demands of their surroundings just as a physical structure is adapted to the environmental demands of its location. The difference, of course, is that the structure that individuals are building is their own personality. Consequently, individuals sometimes come to believe that the resulting structure had little to do with the demands of those early stressors, that early environment. Their character or personality is presumed not to consist of or to include a serious of accommodations and adaptations, but rather to be a primordial configuration that always was “just there.” Through therapeutic work, however, the inner engineering of our characters can be exposed to the light, like an engineer inspecting a bridge to ensure its integrity. Where weaknesses in the structure are exposed, compensatory mechanisms can be established, which enable the individual to continue functioning in a healthier manner. This is where the work of interpretation comes in.

Hooberman tacitly recognizes and acknowledges this more dynamic concept of structure, and exploits it in his work with patients. He sees structure in its development as an adaptation, or a set of adaptations. By focusing on the countervailing forces constituting the individual’s character structure, rather than treating that structure as a monolith, Hooberman virtually explodes the obstacle that can frustrate therapists in working with difficult patients, as Hooberman addressed in a previous book (1998). Suddenly,
these forces can be viewed from a variety of perspectives, in their inter-relationships, to see how one developed as a response to another, how they form an integrated whole, the ways in which they do or do not operate cohesively, and the areas most amenable to repair or most needing reinforcement. The personality becomes a dynamic whole. Now the therapist is working with the whole person, and not just the defensive shell.

The individual’s “representational world,” to use Hooberman’s phrase, now comes into focus not as a compendium of homunculi, but as a dynamic universe of forces, sometimes (inevitably) in conflict, expressive of the individual’s needs and desires. So when Hooberman writes, for example, “there is a constant give-and-take in development between an individual’s tendency to internalize the qualities of important others and the need to establish separateness and eventual independence,” he is opening a window into the way in which the inner structure is constantly in motion, just as your house constantly is expanding and contracting, or “breathing.” Personality dynamics are not ancillary to character structure; they are integral to it.

Hooberman’s conception of “central fantasy” is a core element of his approach to working with patients. As he seeks out the central themes and issues that most need to be addressed in treatment, invariably he discerns an imagined solution to unresolved frustrations and conflicts from childhood. The more this solution, or fantasy, is brought into focus, the clearer the work becomes, and the more guided it can be. One might say that the central fantasy is force #1, the “gravity” in the character structure. All other forces are arrayed in an attempt to accommodate that fantasy, for better or worse. The diagnostic formulation consists of understanding the complex array of forces—defenses, internalizations, compromise formations, and so on—that constitute the personality of the patient. Treatment consists of illuminating those forces, then reconfiguring the structure to accommodate those forces in more adaptive and healthy ways.

Hooberman opts for the conception of formulation, in contrast to diagnosis, as a more in-depth way of conceptualizing the whole person. As he presents his ideas in this area, he talks about the implicit and explicit, and about how the clinician arrives at an understanding of the “core issues” that are elaborated in the character structure. This approach focuses on a description of the ways that individuals work to avoid intrapsychic conflict—or, more precisely, to avoid the awareness of intrapsychic conflict—and how those strategies are played out in their daily lives and interpersonal relationships. In the elucidation of the central fantasy, the elaboration of the character structure developed to accommodate it, and the recognition of the way that the character is enacted in the patient’s life, the clinician constructs a roadmap for the effective use of interpretations, making use of now one theoretical model, now another, in the service of therapeutic growth and structural change.

Internalizations are construed in terms of family dynamics and re-enactments. One of the potential problems in the book is that the patients that Hooberman discusses seem to have a particularly pathological set of parents; virtually none of them seems to have had anything close to healthy parenting, and the parents are cited relentlessly as the source of the patients’ character pathology. One assumes, however, that Hooberman has chosen these specific patients and these clinical vignettes for their value in illuminating his approach, which in fact they do beautifully. He is quite lucid in tracing the legacies of the parents’ character on the personalities of their children, and in the way that those legacies are played out in the patient’s current life and in the transference.

The reader of the present book also may feel a bit lost searching for the “competing theories” of the title. Hooberman’s goal, however, is not to delve exhaustively into the complexities of drive theory, ego theory, relational theory, or other theories or sub-genres. Rather, his goal is to describe in applied practical terms how these various theories and approaches can be synthesized through the prism of character structure in the service of meaningful interpretation and effective treatment. This approach offers an organizing framework through which the analyst or therapist can adapt and utilize different theories and viewpoints while keeping the treatment fresh and alive.

The “competing theories” part of Hooberman’s approach perhaps comes most clearly into focus when he talks about ego and defense, and explains how he works with both conflict and deficit models depending on the patient’s presentation. It is fascinating to read Hooberman’s description of how he integrates counter-transference experience with his understanding of character structure in
the service of formulating meaningful interpretations. The synthesis of his theoretical posture with a clear respect for technique, along with openness to his own internal world, allows him to engage some quite difficult patients with compassion and clarity. Again and again, he returns to his organizing framework of the “central fantasy” as a beacon to help pierce through the fog of the patient’s associations and behaviors. The reader sees him reaching across the void to connect with another individual in compelling fashion. Using such concepts as Ogden’s (1997) “reverie” and Loewald’s (1960) “new object,” Hooberman articulates with great transparency the ways that his approach helps his patients to form new perspectives on their emotions, their behaviors, and their lives.

A chapter is devoted to the particular technical and theoretical challenges of trauma, in the context of this approach. Hooberman discusses in specific terms the way that trauma undermines the patient’s efforts in the therapeutic task, and the ways that the therapist can ameliorate those effects in the service of treatment. The mentalizing process here takes on vivid and compelling immediacy. In detailing the internalizations likely to evolve as a result of early trauma, Hooberman elucidates the problems of negotiating the complex legacy of trauma, and presents strategies for keeping one’s bearings while remaining affectively engaged. He describes two characteristic reactions to early trauma, around which a personality constellation is likely to develop. These are chaos and despair. In the former, the victim/victimizer dynamic is re-enacted endlessly, including in the transference. In the latter, issues of control, distance, and the false self predominate. The author illustrates how he works with patients in both circumstances, helping them release themselves from the haunting grip of traumatic experience.

Hooberman’s book is replete with such vivid clinical examples. In these examples, he illustrates the ways that seemingly conflicting forces in the individual’s life and personality can be understood, brought to light, and interpreted in such a way as to make them amenable to change. These elegant vignettes succinctly illuminate Hooberman’s direct and compassionate style of working with a wide variety of patients. He addresses “the implicit,” the range of internalizations and ways of being that the individual develops out of awareness, apart from specific memories of traumata—which he addresses later—or other more conscious conflicts. Working with “the implicit” is central to Hooberman’s approach. It is quite refreshing to see how naturally he seems to evoke “the implicit” in various situations, and to make it explicit and hence more accessible to reflection and to direct therapeutic action.

This is an intensely personal book. Hooberman welcomes the reader not only into his consulting room, but into his mind. It is rare to have such a vivid sense of another therapist’s way of being with such a wide variety of patients. Often such descriptions feel highly technical at best, and suspiciously edited or false at worst. With Hooberman’s descriptions, no such disengagements are present. He is comfortable with his discomforts, at peace with his frustrations, candid about his reactions, and open about his inner world. One of the great assets of Hooberman’s approach is the flexibility it provides in addressing what the patient is presenting, and then connecting to other areas of the patient’s psyche. This slim volume is a rich source of challenging and stimulating ideas. It is likely to make psychoanalytically oriented clinicians reflect on their own approaches to formulation and interpretation, and even perhaps to re-examine some of the forces that guide their own work with patients.

REFERENCES

Arthur S. Brickman
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INTERDIVISIONAL TASK FORCE ON MANAGED CARE AND HEALTH CARE POLICY

WORKING FOR YOUR PRACTICE

The Interdivisional Task Force on Managed Care and Health Care Policy, supported by our respective Boards and Divisions, is currently a group of twelve representatives of Divisions 39 and 42. The group has been active for at least 10 years and for a time included representatives of Division 29. We operate on a tiny budget that has funded only the cost of telephone conferences, despite our belief we are contributing to the present and future of psychology practice in meaningful ways not otherwise addressed by APA.

Here are some highlights of our activities. After considerable background activity, writing and engaging the support of our division Boards, Council Representatives, CAPP and many others, we succeeded in having APA Council adopt our statement, “APA Principles for Health Care Reform.” This put APA on record endorsing universal access to health care services (without committing to a specific financing structure such as single payer) and the centrality of psychological services in any reformed health care system. We now monitor APA initiatives related to health care to ensure they are consistent with these principles.

The Principles are as follows:

1. Everyone should have coverage that provides affordable health care for all basic services.
2. Basic health care services eliminate the artificial distinction between “mental” and “physical” health, recognize the inseparable relationship between mental and physical well being, and offer access to treatment for “mental health conditions” equivalent in all respects to access for “physical health conditions.”
3. Basic health care services include the psychological treatment of physical conditions in order to maximize rehabilitation and quality of life.
4. Basic health care services include appropriate prevention services that address the role that behavior plays in seven out of ten leading causes of mortality and morbidity.

Other initiated activities include developing an easy-to-use template for conducting “phantom panel” research in local areas. Russ Holstein continues to pursue this research and it has been replicated now in a number of locations, and we disseminate results. We have encouraged State Psychological Associations to conduct follow up research and offered our template and consultation to do so. We understand that the APA Practice Directorate is now on the verge of conducting a survey to be piloted in New York and Georgia about practicing psychologists’ experiences with “managed care.”

With the coordination of our liaisons to NYSPA Frank Goldberg and Sharon Brennan, at APA in 2007 we co-sponsored the “Crisis in Private Practice” meeting along with NYSPA to provide information and strategize for future actions in this area. We will report on the progress of this initiative in future updates. With a major effort at the Presidential level, APA will be holding the Future of Psychology Practice Summit next year. The Task Force is actively working to provide input at that Summit. A specific project underway is to review available studies of managed care reimbursement for psychological services. The relationship between flat or declining reimbursement and reduced consumer access to psychologists because of managed care will form a basis of specific recommendations to the Summit.

The Task Force understands the pressures that practicing psychologists face on a daily basis. We have made efforts to help empower psychologists in their day-to-day interactions with the for-profit-driven insurance industry. For a time, we regularly contributed “Ask the Advocate” articles in the Division 42 bulletin, Independent Practitioner. Topics addressed included responding to insurance company requests for patient records during their self-paid treatment, documentation and release of records of victims of domestic abuse when under the abusing spouse’s insurance, responding to demands for “recoupment” of “overpayments,” and handling conflicts of interest in informed consent regarding brief therapy in an HMO context. In addition, members of the task force have written about broader issues in health care reform including Ivan Miller’s comprehensive reform proposal, “Balanced


Choice,” Practical recommendations to psychologists flowing from Task Force activities have included recommendations about proactive use of HIPAA to protect client confidentiality and insurance industry intrusions into psychotherapy. Task Force members have directly applied our findings with regard to “phantom panels” to help psychologist in their individual negotiations with managed care.

The Task Force has at times responded directly to psychologists’ appeals for advocacy activities. Recently, for example, we followed up on a report by a colleague that a managed care panel from which he had resigned was demanding repayment of services covered during a period they erroneously had him listed as contracted to the company. This resulted in the plan to ask the Practice Directorate for written guidance and a sound way for psychologists to leave a managed care panel. We previously had responded to reports that managed care companies were subtly or directly requiring patients be referred for medication intervention prior to authorizing care for psychotherapy, and that a major company had unilaterally and without warning reduced its reimbursement rates.

In the upcoming year we intend to guide APA’s involvement in healthcare reform proposals likely to come in the new congressional year, and inform actions adopted through the Future of Psychology Practice Summit.

We have just confirmed that Division 42 will continue to fund telephone conferences for the Task Force throughout 2009, which will support the many volunteer hours TF members contribute. We hope that Division 39 will continue to support the Task Force as well, to help us move our parent organization to broad health care reform, ensure psychology’s central role in the future of health care, and help individual psychologists’ daily management of insurance and reimbursement concerns.

The Early Career Committee was established to both attract new psychologists and other professionals to join Division 39 and to support their increased participation and visibility at our events, on our committees and panels, etc. I would like to highlight the following accomplishments:

- We created the new Division 39 Early Career Listserv, an open forum used by all members of Division 39 to discuss early career issues and to build relationships in the psychoanalytic community. To join the list, write to: listserv@lists.apa.org. In the text of your message (not the subject line), write: subscribe div39 early career, including your name.
- The Committee offered a roundtable discussion with Lewis Aron, Steven Axelrod, Kenneth Eisold, Adrienne Harris, and Brenda Lovegrove Lepisto, “The Path Towards Knowing (More),” at the recent meeting in New York.
- We created a mission statement that is posted on the web site: The Early Career Committee seeks to enhance the experiences of Division members who are within their first seven years after training. The Committee works to identify and represent the interests of early career members, facilitate participation in specialized conference programming, and contribute to policy making and recruitment endeavors of the Division. We aim to engage members in the early stages of their careers in dialogue about their unique career pathways, identity development, and professional needs. We actively seek collaboration among graduate students and institute candidates to increase visibility and to build relationships in the psychoanalytic community.

The Early Career Committee enthusiastically invites interested members to share your thoughts and to collaborate on projects and research.

4 See Gordon Herz’s “To Preserve, Protect and Defend Documentation of Psychotherapy” at http://www.division42.org/MembersArea/IPfiles/Summer07/practitioners/documentation.php
5 See Russ Holstein’s “Make Them an Offer They Won’t Refuse: How to Negotiate a Raise,” at http://www.division42.org/MembersArea/IPfiles/Winter07/practitioner/man-care_raise.php

INTERDIVISIONAL TASK FORCE SEEKING FACTS ON INSURANCE ABUSES

There have been recent reports that a major insurance company unilaterally and with minimal notice drastically reduced reimbursement to psychologists. It has also been reported that some companies are directly of subtly requiring patients to take medication in order to qualify for psychotherapy and are requiring “quality measures in to approve reimbursement. The Interdivisional Task Force is interested in obtaining factual information about such industry practices. If you have specific information about these and related practices, please contact Ivan Miller (IvanJM@aol.com) or Gordon Herz (Gordon@DrHerz.us).
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<td>Olga Gale</td>
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<td>Ellen Garver</td>
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<td>Michael Gawrysiak</td>
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<td>Amanda George</td>
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<td>Mary Louise Gooch</td>
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<td>Travis D. Goode</td>
<td>Knoxville, TN</td>
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**Memorandum: New Members April 1 - September 30, 2008**

- Susan Goodman, Westport, CT
- Holly Gordon, San Francisco, CA
- William Gordon, Dallas, TX
- Rachel Gorman, New York, NY
- Nirit Gradwohl, New York, NY
- Charles Grayson, Grand Rapids, MI
- Dan Greenspun, Brooklyn, NY
- Leyla Gauldron-Murhib, Somerville, MA
- Efrat Hadar, Haifa, Israel
- Greg Haggerty, Syosset, NY
- Tony Hamburger, Johannesburg, SA
- Marika Handakas, Bloomsburg, PA
- Steven Hanley, Southfield, MI
- Jane Hassinger, Ann Arbor, MI
- John Hayes, Columbia, MD
- Dana Haywood, New York, NY
- Susan Heffler, Princeton, NJ
- David Helgott, Clark, NJ
- Marie Hellinger, Washington, DC
- Virginia Hendrickson, Alexandria, VA
- Libby Henik, Guttenberg, NJ
- Lynne Herbst, Larchmont, NY
- Heather Hernandez, Portland, OR
- Maria Hiraldo, Arlington, VA
- Marion Houghton, South Orange, NJ
- Susan Howells, Alexandria, VA
- Shannon Huggins, Austin, TX
- Judy Hyde, Roseville, Australia
- Heather Indelicato, Coconut Creek, FL
- Carl Jacobs, New York, NY
- Calla Jo, New York, NY
- Michael Jody, East Hampton, NY
- Larry Johnson, Pasadena, CA
- Matthew Johnson, Peachtree City, GA
- Brendon Jones, Anaheim, CA
- Paul Jones, Bethany, OK
- Alice Jones, Berkeley, CA
- Nancy Julius, NY
- Alexandra Kaghan, Viennav, VA
- Jana Kahn, Los Altos Hills, CA
- Amanda Kalin, Ridgewood, NY
- Sarah Kamens, New York, NY
- Linda Kanefield, Chevy Chase, MD
- Joan Kastner, Englewood, NJ
- Nina Katzander, New York, NY
- Mary Jane Keller, Dallas, TX
- Gay Kelly-Leh, Cherry Hill, NJ
- Shamaila Khan, Jackson Heights, NY
- Nidhi Khurana, Brooklyn, NY
- HaNa Kim, Richmond, VA
- Robin Kirk, Sacramento, CA
- Susan Klebanoff, New York, NY
- Hannah Kliger, Balal Cynwyd, PA
THE WISDOM PROJECT

In 2007 Jim Holt in The New York Times reported that the influential scientific salon, Edge.org, posed the question to their readership: “What are you optimistic about? Why?” A psychiatrist responded that he was optimistic we will find more effective drugs to block pessimism, although he was pessimistic that we will use them wisely. While we can read that quip and smile, nodding our heads knowingly at what our psychiatrist-colleague meant, what exactly is this concept, “wisely?”

Illusive and difficult to operationalize, wisdom has existed as a highly valued, multi-dimensional abstraction across the centuries. It is based on the Indo-European word *wede*, meaning “to see” or “to know” (Holliday and Chandler, 1986). First appearing around 3000 B.C. in Egypt, wisdom was expressed through songs and stories as a means of making sense and intellectualizing human sufferings and life’s paradoxical nature (Bryce, 1979). Psychoanalysis, too, can be understood as a means of making sense of those very same phenomena.

The development of wisdom is a dialectic interaction between personal experience and reflection, affect and cognition; it is an integration of knowledge and character (Kunzmann and Baltes, 2005). Labouvie-Vief’s Dynamic Integration Theory postulates a Piagetian model of affect development that suggests wisdom derives from the insight that knowledge about self, others, and the world evolves in an everlasting process of theses, antithesis and synthesis (Labouvie-Vief, 2005).

Wisdom encompasses both openness to one’s inner world and a curiosity about the outer world (Kramer, 2000) and is thought to develop through a dynamic interplay between openness and critical reflection (Lyster, 1996). Openness, curiosity, and critical reflection are all requisites for competency in practicing psychoanalysts and psychoanalytic psychotherapists. Sternberg (1990) opined that the “wise person” endorses a judicial thinking style, trying to understand why, rather than judge. Can there be a clearer way of describing the analyst’s mission?

Erick Erikson (1959) suggested that in the resolution of the final stage of ego development, Despair vs. Ego Integrity, a stance of detached concern with life and an ability to evaluate problems from a holistic and more abstract perspective was achieved. Csikszentmihalyi and Nakamura (2005) agreed with this idea when they described wise persons as oftentimes paying attention differently from the rest of us; this is comparable to what Habermas (1972) described as “disinterested interest.” Infused with kindness and/or compassion, this is the analytic stance.

Wisdom is, as Brugman (2000) noted, “expertise in uncertainty.” After reviewing the implicit theory

WHAT EXACTLY IS THE DIVISION 39 WISDOM PROJECT?
The goals of the Wisdom Project are to 1) capture the legacy of a generation of gifted clinicians who practiced at a time when psychotherapy was far less formulaic than that which is taught to today’s generation of clinicians and, 2) gather and synthesize this information in a book, the proceeds of which will be used to support psychoanalytic research.

During Phase I, a select group of senior members of Division 39 who are more than 70 years old and have at least 40 years of psychoanalytic/psychodynamic practice are contributing as interviewees. In addition to their age and years of practice, they are persons with a modicum of personal wisdom and grace. These are some of the elders among us who Labouvie-Vief and Mendler (2002) describe as “integrated”—persons who are high in both affect optimization and cognitive complexity.

Phase II will offer the opportunity for all members of Division 39, regardless of level of expertise, to become involved. We will be establishing a “Phrase and Metaphor Bank,” which will include commonly used and useful phrases that those of us in practice have found ourselves employing through the years with our patients/clients and/or supervisees to explain the analytic journey, the process of therapy, and particular aspects of the human experience. These may also be phrases we remember hearing our

1 While this is a Division 39 project, persons who are not members of Division 39 but fit the criteria will be considered for participation.
analysts and/or clinical supervisors use. Phase II will be described in greater detail at a later date.

**Progress To Date**

As of September 2008, five interviews have been completed. Interviews have taken anywhere from one-and-a-half to three hours in length and have been recorded digitally and transcribed. After transcription, all interviews were categorized and notable phrases extracted. Each participant had his or her picture taken.

Interviews with the following individuals have been conducted, transcribed, and coded: Hedda Bolgar, California, Bertram Karan, Michigan Joshua Levy, Toronto, Helen Strauss, New Jersey, Johanna Tabin, Illinois. The following have agreed to participate and are in the queue: Nina Fieldsteel, Massachusetts, Marvin Hurvich, New York, Oliver Kerner, Illinois, Martin Nass, New York, Anna Ornstein, Massachusetts, Paul Ornstein, Massachusetts, Nathan Stockhamer, New York

If you or someone you know fits within this frame please contact me at cbbaicker@gmail.com. Individuals who fit the criteria are seasoned seniors among us who have depth, both personal and clinical. These can be persons who are neither necessarily widely published nor well known. They are the colleagues you think of when you think: “Wise elders.” The clinician’s clinician; interviewees are persons who may really have something worth saying about the human condition and about the practice of psychodynamic psychotherapy and/or psychoanalysis.

**Preliminary Results**

Created to highlight the wisdoms garnered by some of those who have practiced within the analytic frame for decades, the Wisdom Project has become a foray into the heretofore uncharted territory of “Clinical Wisdom.” Presently, no such definition exists in the literature. This unexpected exposition reflects a pattern that has emerged from the interviews. This evolving characterization, themes of which are expressed across the interviews, fits in nicely with the general wisdom literature and more specifically with current research in gerontology and affect theory.

**Conclusion**

Kupperman (2005) noted that the realization of wisdom is thought to require a personal transformation and good role models. In the analytic or psychodynamic psychotherapy training model this translates into a personal analysis or intensive psychotherapy and solid supervision. The importance of the passing down of wisdoms is important across the generations. It is in the resolution of Erickson’s final stage that a sense of responsibility to share one’s knowledge with future generations is felt (Kunzmann and Baltes, 2005). This is one of the finer benefits of the Division 39 Wisdom Project: It is a gift for those who participate and share their wisdoms as well as for all of us to whom their knowledge is passed down.

**References**


Sternberg, R.J. and Jordan, J. (Eds.), A handbook of clinical wisdom (pp. 84-109). New York: Cambridge University Press.


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SECTIon REPORTS

PSYCHOLOGIST PSYCHOANALYST CLINICIANS JOHANNA KROUTE TABIN, PHD, ABPP

Section V is announcing its biennial division-wide essay contest. Both essays are published on the Section Web site. First prize is $1000 and runner-up prize is $200, with the awards made at the April Section V Reception. This year’s subject is “The Most Urgent Question for Psychoanalysis Today.” In keeping with Section V’s mission, we’re interested in essential theoretical and clinical matters and not merely the relevance of psychoanalysis in an age of managed care. Relevance of economic and cultural issues may be a legitimate part of the question, but not the part we are most desired by the judging panel. The deadline for submissions is February 15, 2009. More details can be found on Section V’s Web site: www.sectionfive.org

At this same address The Sphinx is thriving. Priscilla Butler’s exploration of the question of the special-enough child (or patient) inspires further comment. Intriguing, too, are Ghislaine Boulanger’s and Robert Prince’s discussions of Emily Kuriloff’s insights on the intergenerational effect of the Holocaust on thought processes in institutes and among psychoanalysts. The ease of interaction in The Sphinx offers fine sport!

PSYCHOANALYSIS FOR SOCIAL RESPONSIBILITY FRANK SUMMERS, PHD

Section IX has continued in its work in moving the APA toward a definitive stance of opposition to the involvement of psychologists in detention centers. At the 2008 Division 39 meeting in New York, the Section sponsored a panel on “Psychologists and Coercive Military Interrogations,” which included David DeBatto, a former interrogator in Iraq and five Section IX members: Lu Steinberg (as chair), Neil Altman, Stephen Soldz, Steve Reisner, and Frank Summers. The overflow crowd was quite responsive, and the panel was followed by our reception at which Dr. Altman was given an award for his inestimable contributions to the section.

Rachael Pelz, co-edited a special issue of Psychoanalytic Dialogues devoted to torture and the psychologists’ role in detention centers. Section members Stephen Soldz, Steve Reisner, and Frank Summers contributed articles. Many section members also participated in the drive for the ballot petition opposing psychologists’ involvement in interrogations in detention centers, which passed with almost 60% of the voting members. Also on that issue, Lu Steinberg presented a paper at the August APA convention, “Politically Embedded: Organizational Impact on Our Experience of Our Profession.” We also are co-sponsors of a series of panels built on Naomi’s Klein’s book The Shock Doctrine, with the Psychoanalytic Institute of Northern California.

In other activities, we continue to work on our PsyBC online course, “Ideology and the Clinic” under the direction of Marilyn Jacobs. While we were not able to go forward with the course this year, we expect to do so in the winter. We are in the midst of planning our program for the 2009 Spring Meeting.
The Connecticut Chapter of Division 39 (CSPP) had a remarkably busy and stimulating 2007-2008 year, filled with well-attended and thought-provoking presentations thanks in large measure to the efforts of George Hagman, our Scientific Program Chair. In our first program of the year on September 29, 2007, we heard Dr. Richard Geist present on “Connectedness, Permeable Boundaries, and the Development of the Self: Clinical Implications.” He offered compelling case material to support his self-psychological position that healing occurs because the analyst is included in a new self experience that is one part of a shared, felt sense of connectedness that emerges from mutual empathy.

On November 3, 2007 we were treated to a very engaging, albeit unsettling presentation by Michael Eigen entitled, “The Unbearable.” His work with a patient recovering from a psychotic break allowed Dr. Eigen’s audience a window into a world that challenged both analyst and patient to endure states of both intense self-hatred as well as numbness. Dr. Eigen’s unconventional and poetic style encouraged a state of reverie that paralleled his own journey into the harrowing inner experience of his patient.

The conference on December 1, 2007, “Neuropsychoanalysis: How Neuroscience is Validating Our Theories,” was sponsored jointly by CSPP and the Westchester (NY) Center and Society for Psychoanalytic Psychology. This very innovative forum featured Regina Pally from UCLA and Linda Mayes from the Yale Child Study Center and the Western New England Institute for Psychoanalysis. Dr. Pally’s talk focused on the role of the

This is an exciting time for ASPP as we celebrate our 20th Anniversary. We are thankful to our founders, new members and those members in the middle, which keep our organization alive with energy and constant growth.

This year ASPP has been actively gearing up for the 2009 Spring Meeting to be held in San Antonio. The theme for 2009 is “Viva Psychoanalysis! Finding Connections from Couch to Culture” (See page 4 for more information). The keynote presenters are Salman Akhtar, Wilma Bucci, and Haydee Faimberg. The conference should be an enriching clinical experience. Along with the clinical is the cultural experience of San Antonio; the conference is being held during Fiesta San Antonio. Fiesta is considered “one of America’s truly great festivals.” Fiesta San Antonio takes place every April to honor the memory of the heroes of the Alamo and the Battle of San Jacinto and to celebrate San Antonio’s rich and diverse cultures.

Here at ASPP we continue our monthly programs. This year Shannon Huggins is our vibrant president with a theme for the year entitled “Affect Regulation in Psychoanalytic and Psychoanalytically-Oriented Psychotherapy.” We began the year Allan Schore’s presentation, “The Paradigm Shift: The Right Brain and the Relational Unconscious.” We just completed a successful conference with Patrick Casement, speaking about “The Supervisory Dialogue.” This will all be followed with another Community Lecture, “Attachment, Identity, and Loss: Through the Lens of Adoption,” with JoAnn Ponder, JoEllen Peters, and Sharon Horowitz.

In September we began our monthly meetings with Sue Marriott, who presented “Scientifically-Informed Psychoanalytic Thought: Promoting Reflective Function.” In October Steven Finn is speaking on “How Therapeutic Assessment Can Help Clients Access Split-Off Affects and Heal Shame.” November has Debby Jacobvitz with “Unresolved Trauma, Frightening Caregiving, and Infant Attachment Disorganization.” We have 2 classes this fall “Studies in Patrick Casement’s Learning from the Patient,” facilitated by Mary Holman, and “Studies in Freud & Beyond: A Review of Basic Psychodynamic Theory and Practice,” facilitated by Naomi Freireich.

ASPP is expanding its outreach programs. The first project of ASPP’s newly established Community Outreach Committee is to offer consultation to Austin area pre-schools. We will also be holding our second food drive to honor our relationship to the central Texas community in which we all live and practice.


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mirror neuron system and its possible relationship to the capacity for affective attunement and the apprehension of the unconscious in a clinical setting. As she explained, “We represent behaviors, emotions, mental states, touch sensations, and the pain of others in the same brain areas that we use for these same processes in ourselves.”

In a similar vein, Dr. Mayes presented neurobiological studies that explore the early attachment between mother and child. These fascinating findings suggest that neurohormonal events that govern early attachment can in turn affect future brain maturation and gene expression. Together, Drs. Pally and Mayes conveyed persuasively that neuroscience and psychoanalysis could mutually inform one another. An enthusiastic discussion ensued regarding the clinical applications of these findings and new avenues for research.

The following week we were honored to host Nancy McWilliams who presented on “Diagnosing Paranoia.” Among the most prolific and clinically cogent authors of our time, Dr. McWilliams, president of Division 39, is a major contributor to the 2006 publication of the Psychodiagnostic Manual (PDM) that provides a psychodynamic alternative to psychiatric nomenclature of DSM. Dr. McWilliams described paranoia’s core dynamic as projection in response to repeated, profound humiliations that attack the child’s very being and that engender a radically disowning of self experience as “not me.” Building on her lucid clinical illustrations, she advocated both ruthless self-scrutiny and judiciously revealed yet “ruthless honesty” when treating such paranoid individuals, unlike her more traditional approach to self-disclosure with patients who display other personality disorders.

In spring 2008, CSPP sponsored two additional programs. Our own Ellen Nasper, co-author (with Kathleen Deegan) of “The Return from Madness,” presented case material of a traumatized patient with dissociative identity disorder to our guest discussant, Elizabeth Howell. Dr. Howell is the author of The Dissociative Mind, among many other works. Dr. Nasper’s clinical approach integrated both dialectical behavior therapy and cognitive-behavioral techniques within a psychodynamic framework informed by a relational model. She observed, “I think what is most damaging is the betrayal, the distortion of one’s reality, the creation of the impossibility of trust, and the sense that people are aware of your pain, but refuse to recognize it.” Dr. Howell then led us in a stimulating and far-ranging discussion.

To bring this richly eventful year of scientific programs to a close, Nancy Bridges, well-published writer and lecturer, spoke on “Adult Psychoanalysis from a Developmental Perspective: Processes of Transformation.” Ms. Bridges drew on infant studies and research on the processes of change and transformation in her understanding of the reparative experience in treatment. She demonstrated her judicious use of self-disclosure while holding the patients’ connection to their own internal world as paramount. Her talk elicited lively discussion about the therapeutic benefits and potential pitfalls of a treatment model that valorizes attunement over the exploration of internal conflict or aggression.

This past year also featured two smaller, regional meetings. Our “Psychoanalysis and the Cinema” group discussed La Vie en Rose, a film that depicts the turbulent life of Edith Piaf. A second regional meeting featured a presentation by one of our members, Dean Leone, on his treatment of a sexual offender. Dr. Leone, drawing on attachment theory, emphasized the role of the perverse act in assuring ego survival and transiently stabilizing his patient’s precariously disowning sense of self. Both regional meetings were evocative and engaging to those in attendance.

With respect to new initiatives, we have established a CSPP listserv that has already proved to be a very useful means of communication, particularly with respect to locating community resources and referrals for patients. We are in the process of designing a CSPP website which we hope to have up and running this year. Under the creative and energetic editorship of Mickey Silverman and her staff (Associate Editor Dean Leon, Sheryl Silverstein, and Inge Ortmeier) our newsletter has expanded its scope to include in-depth interviews of spotlighted members and presenters, book reviews, clinical commentary, and a photo-essay in addition to its usual coverage of our activities.

CSPP has continued to sponsor on-going study groups and peer supervision groups that provide additional opportunities to our members for professional growth and collegial exchange. We also continue to enjoy an expanding, diverse, and active membership and executive board. New members of the board include Elaine Hunter, corresponding secretary, Matthew Shaw, recording secretary, Eileen Becker-Dunn, new members chair, and Mary Daley, registrar. We are deeply grateful for the wise stewardship of our outgoing president Deborah Mazza, and we welcome Jill Delaney as our new president.
Oklahoma Society for Psychoanalytic Studies

O SPS has completed another year of outstanding educational programs. We began the year in September 2007 with a presentation by Arlene Schaefer, psychologist in private practice in Oklahoma City, speaking to us on the topic, “Ethical, Regulatory and Forensic Parameters of Mental Health Practice.” Dr. Schaefer is well known both locally and nationally for the breadth and depth of her expertise in the area of ethics. In October John Jantzen spoke to our group on the topic of “Spirituality in the Clinical Setting.” followed in November by a case presentation from Sondra Shehab entitled “A Glimpse into the Mind of a Patient Struggling with the End of Analysis.” Ms. Shehab is in private practice in Norman and is a training analyst with the Psychoanalytic Institute of Northern California in San Francisco. In January Mary Ann Coates, a psychoanalytic psychotherapist in private practice in Oklahoma City, led a discussion of the film, Hidden, a Hitchcockian mystery that follows the changes the characters go through as the story unfolds. The film is an exploration of guilt dynamics in individuals, groups, families and societies from generation to generation.

Perhaps the highlight of our year was the collaboration with both the Oklahoma Psychiatric Physicians Association and the psychiatric residency training program at the University of Oklahoma Health Sciences Center which brought two exceptional speakers to talk to our group. In February, we were fortunate to have Division 39 president, Dr. Nancy McWilliams. After teaching the psychiatric residents all day, Dr. McWilliams spoke to the evening meeting of OSPS on “Non-Psychotic Patients with Significant Paranoia: Psychoanalytic Treatment of Humiliation Dynamics” This meeting attracted a standing room only audience which, in its diversity, included many students ranging from college freshmen to advanced psychoanalytic candidates.

In March, Dr. Albert Mason who immigrated to the U.S. in 1969 with Wilfred Bion and Susanna Issacs to further the work of Melanie Klein, spoke to a joint meeting of OSPS and OPPA on the topic of “The History and Contributions of Melanie Klein.” Dr. Mason, assisted by his wife, who is a professional cellist, followed his lecture with a most creative and entertaining presentation of musical links to psychoanalytic concepts.

In April, Dr. Eric Kulick, a Menninger-trained psychiatrist and psychoanalyst now practicing in Kansas City, who is also a supervisor and training analyst in the Greater Kansas City Psychoanalytic Institute, spoke to our group on the topic of “Psychoanalysis in Everyday Life,” basing his presentation on two chapters from the book by the same name he is currently writing. From the view of his 30-year career as a psychoanalyst, Dr. Kulick generously shared his thoughts and experiences regarding the applicability of psychoanalysis in his personal life.

Our final meeting for the year was particularly rewarding as the program was presented by one of our own second year candidates in psychoanalysis from the PINC institute in San Francisco. Cindy Sherbon, spoke to the group on “Substance Dependence in the Clinical Setting,” providing insight into the challenges of working psychoanalytically within an attachment, trauma, object relations framework with those who are also chemically dependent.

We are grateful to our board of directors, especially Kay Ludwig who has tirelessly served OSPS as president these past four years, and John Jantzen who is completing his second year as Program Chairman. Their hard work in bringing such exceptionally outstanding educational offerings to our group and the community at large is appreciated. Although with the success of this past year, OSPS has significantly raised the bar, programs scheduled for the year 2008-2009 appear to be equally outstanding—more about this next time.

Rhode Island Association for Psychoanalytic Psychologies

We are looking forward to our first Wednesday Night Lecture Series presenter, Joe Cambray, Jungian analyst, and president-elect of the International Association for Analytical Psychology. Joe will address our community with a historical perspective of analytical psychology versus psychoanalysis. Joe will also present clinical material from an analysis and a supervision specifically addressing the archetypal dimensions of the transference/countertransference in the supervision. If Jung was weak on the concept of transference, perhaps this talk offers opportunity for rapprochement, enlightening the dark elements of the Freud/Jung split and providing a model for appreciating the seeds of our sometimes-adversarial positions in relation to psychoanalytic theory.

We are also very much looking forward to our Fall Conference with Donnel B. Stern, who will present his new paper, “Partners in Thought: A Clinical Process Theory of Narrative.” New this year, we have initiated a pre-conference event, “Analysis at the Theatre: 2nd Story,” a new social/professional program at a small but dynamic local theatre. Donnel will join us for dinner and a viewing of Another
**Reports**

*The Vermont Association for Psychoanalytic Studies (VAPS)* held a Research Conference on October 4, 2008. About 35 people gathered in Burlington, Vermont to hear presentations from a team of psychiatrists and psychoanalysts from McGill University in Montreal. Drs. Christopher Perry, Brian Robertson, Daniel Frank, and Elisabeth Banon, all of whom hold various posts at McGill and at Sir Mortimer B. Davis Jewish General Hospital in Montreal, discussed a number of topics related to research in psychoanalysis. The presenters detailed a randomized, comparative project involving psychoanalysis, psychodynamic psychotherapy, and cognitive-behavioral therapy which is currently in its planning stages. As part of planning the project, the researchers have been developing research guidelines for psychoanalysis. The conference was especially timely in light of the recent Falk Leichsenring meta-analysis which appeared in a recent issue of *JAMA*.

Participants came away energized about the possibilities for future psychoanalytically-informed research.

Along similar lines, the VAPS Research Committee is now accepting submissions for its Third Research Award, to be presented in 2009. The monetary award was established in 2005 to recognize student scholars in the field of psychoanalysis, and is presented bi-annually to a student residing or studying in Vermont who is conducting research related to psychoanalysis.

Finally, VAPS members are looking forward to our annual scientific meeting, to be held on November 8th in Stowe, Vermont. Our keynote speaker will be Dr. Donnel Stern, who will be presenting on two topics: “Partners in Thought: A Clinical Process Theory of Narrative” and “Working with Enactments and Dissociation”.

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THURSDAY, APRIL 10, 2008
WALDORF-ASTORIA HOTEL, NEW YORK

PRESENT: N. McWilliams, President; D. Ramirez, Past President; M. Cresci, President-Elect; D. Debiak, Secretary; M. McCary, Treasurer; Council Reps: L. Barbanell, J. Darwin, D. Morris, L. Wagner; Members-at-Large: N. Altman (substitute for B. Karon), M. Charles, C. Kieffer, J. Logue, W. MacGillivray, H. Seiden, J. Slavin, N. Thomas, L. Zelnick; Section Reps: W. Fried, Section I; J. Bellinson, Section II; E. Toronto, Section III; D. Downing, Section IV; R. Prince, Section V; W. Gottdiener, Section VI; A. Brok, Section VII; G. Stechler, Section VIII; K. Rosica, Section IX; Guests: S. Axelrod, M. Gelman, F. Goldberg, M. Jacobs, E. Jurist, T. McClinton-Greenberg, M. Metzl, S. Nath, J. Petrucelli, L. Rothschild, B. Schaer, J. Tabin, J. Tillman.

I. CALL TO ORDER: Nancy McWilliams called the meeting to order at 9:35 AM and invited all present to introduce themselves. Jaine Darwin reported on the status of Bert Karon’s recovery from his auto accident.

II. ATTENDANCE: Dennis Debiak
A. Substitution: Neal Altman for Bert Karon (Member-at-Large)
B. Substitution: Johanna Tabin for Robert Prince (Section V Representative from 1:00-3:10 PM)

III. APPROVAL OF THE DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING, JANUARY 26, 2008: Dennis Debiak read suggested corrections to the minutes. Laurel Wagner offered corrections on the description of her reports on APA interrogations policy and on the Consortium report.

Motion 1: To approve the draft minutes of the Board of Directors meeting of January 26, 2008 as corrected. Action: Passed unanimously

IV. ANNOUNCEMENTS
A. General Announcements: Nancy McWilliams
1. There were 1,000 registrations before walk-ins at the Spring meeting this year.
2. The Division’s Southern California chapter has closed and has donated their fund balance to the Division.
3. Ken Eisold was renominated for the Levinson award
4. Everyone was urged to attend the poster session on Friday.
5. Members were encouraged to attend the awards presentation later on Thursday.
6. Members were asked to attend the scientific award presentation.
7. At this time Dr. McWilliams announced that she was granting a presidential citation to Laurel Wagner for her leadership on the interrogations issue.
8. Changes to the agenda were announced.

B. Section Bylaws Issue: Bill MacGillivray commented that Section Reps need to review their bylaws to make certain they reflect the changes of the Division bylaws.

V. TREASURER’S REPORT: Marsha McCary reviewed the Division’s financial statements, noting her goal of rebuilding the reserve account to reflect at least one year of operating funds. Net income for 2007 was better than predicted. She reviewed several income line items – showing a substantial increase in dues collection for 2007. Revenues from the Spring meeting are expected to be larger than predicted. Revenue from electronic publications continues to increase.

VI. OLD BUSINESS: APA Summit on Violence Report: Marilyn Jacobs reported on the APA Summit on Violence that she and several other members attended on behalf of the Division. Fifty people participated in legislative training, which she considered highly effective, and then met with their Congressperson about budget cuts in areas that address violence against women. Marilyn Metzl, who also participated, praised the efficiency of the APA’s Government Relations office. She recommended the establishment of a newsletter to increase interdivisional awareness, a suggestion that will be passed on to Jaine Darwin, Division 39 representative to CODAPAR. Bethany Schaer noted the importance of graduate students being given the opportunity to attend different meetings on behalf of the Division.

A. Membership Committee Report: Louis Rothschild referred to his report included in the agenda packet. Our membership numbers remain consistent and strong. There are now 82 individuals who are withholding APA dues paying fees directly to the Division.

B. Council of Specialties of ABPP: Marilyn Jacobs gave a brief report. A draft of a publication on how to become a diplomate will ultimately be on the APA Web site.
C. Committee on Multicultural Concerns Report:
Usha Tummala-Nara, recently named the Division’s liaison to APA’s Committee on Ethnic Minority Affairs, noted that the Multicultural Concerns Committee is now listed on the Division Web site. Her committee is working with the Membership Committee to increase diversity in the division membership.

Committee members also reviewed programs for the Spring Meeting. The 2009 Multicultural Summit, for which the Division has been a long-time sponsor, will be held in January in New Orleans. In the past, all sponsors have been offered nonjuried panel time, but this time only the four main sponsors will receive it. It was suggested that the Division submit a proposal for a juried panel. A discussion ensued about the Division sponsorship level.

D. Publications Committee Report
1. PEP Subscription Update: Henry Seiden referred to his written report. As of 2 weeks ago there were 439 subscriptions to PEP from the Division. Once there are 500 subscribers, Dr. Seiden will try to renegotiate the Division’s annual fee, which is to step down when there are 1000 subscribers, but which he hopes PEP may be willing to reduce somewhat before that benchmark.

2. The Psychoanalytic Book Prize Update: Henry Seiden reported that in conjunction with the APA press, the Division is inaugurating a book prize for a first book by a psychoanalytic author. Five proposals have been received and are being reviewed by the committee, and one will be forwarded to Nancy McWilliams, this year’s honorary judge. The prize will be awarded at the August meeting.

3. Psychoanalytic Abstracts Update: This is now strictly an electronic format.

4. Subscriptions Issues for APA Dues Withholders: Henry Seiden reported that APA has agreed to give dues-withholding Division members access to Psychoanalytic Abstracts.

5. Psychologist-Psychoanalyst Editor’s Report:
Bill MacGillivray encouraged all Sections and Committee Chairs to submit reports for inclusion in the newsletter.

6. Psychoanalytic Psychology Editor’s Report: Elliot Jurist referred to his report in the agenda packet. He noted that articles that have been accepted by the previous editor will appear in issues through this year. His relationship with APA Press has been very positive. He is continuing to pursue the idea of special issues. A formal contract between the Division and the journal Editor is being drawn up and will be signed as soon as possible.

E. Continuing Education Committee Proposal: Laura Porter reported on the activities of her committee and discussed the online CE program, which has so far been available to members at no cost.

Motion 2: To approve the following policy:
Beginning after the 2008 Spring Meeting, all users of Division 39 online CE programs be charged $15 per CE credit ($30 total for any one of the two-hour online programs). This fee will apply to members and non-members alike without any change in fee for those who attend the Spring Meeting. Action: Passed

E. Program Committee Issues
1. Standards for Unrefereed Panels: Jaine Darwin announced that policy has been changed to restrict the steering committee to six (6) invited panels. Additionally, it has been established that only four presentations can be going on at the same time. She gave an overview of presentation hours, of which over half are unrefereed. Consideration of other program changes will be ongoing.

Motion 3: To limit unrefereed panel time for future Spring Meetings. Action: Withdrawn

2. Electronic Circulation of Papers before Meetings: Henry Seiden reviewed a proposal for pre-circulation of papers for Spring Meetings. The feeling of the Board was positive, and Dr. Seiden was encouraged to pursue the question.

F. Task Force on the Business of Practice Survey:
Steve Axelrod reported on his committee’s work on developing a survey on practice. He distributed a draft, asking Board members to “take the survey,” add comments, and mail them back to him. His committee will review this material and develop a final survey to be sent out to the membership next fall.

G. Spring Meeting Report: Jean Petrucelli and Melinda Gelman reported that the meeting was going well. Over 200 graduate students are registered, including more volunteers than there were positions available. With walk-ins, registrations were predicted to reach approximately 1,200.

Executive Session. The Board deliberated in private about a personnel issue for fifteen minutes.
H. Graduate Student Committee Report: Jonathan Slavin gave the Board background on the successful recruitment of graduate students as members and Spring Meeting participants. His committee sent out flyers and made phone calls to approximately 90 candidate programs in the greater New York area. He praised the diligent work of the committee, with special acknowledgment of cochair Tanya Cotler.

I. Employing Graduate Students to Make Apportionment Ballot Reminder Calls: Dr. Slavin suggested hiring graduate students and/or ECPs to make the apportionment ballot reminder calls. Overall, the Board’s reaction was favorable.

VII. NEW BUSINESS
A. Resolution Supporting the Convention on the Elimination of All Forms of Discrimination Against Women: Ellen Toronto gave a brief update, emphasizing the importance of support for this resolution.

B. Ethics Committee Request: Jane Tillman described her plans for the Ethics Committee and sought input from Board members.

VIII. COUNCIL OF REPRESENTATIVES REPORT: Laura Barbanel, Jaine Darwin, Dolores Morris, and Laurel Wagner: Dolores Morris discussed the APA Bylaws amendment stipulating that each of the four national ethnic minority psychological associations would have a seat on Council.

Motion 4: To support the proposed amendments to APA bylaws to provide a voting seat on Council for each of the four national minority psychological associations. Action: Passed.

Laurel Wagner reported that she and others who worked on the APA amendment on interrogations policy have been asked by APA to act as consultants for possible future changes to the APA Code of Ethics, specifically sections 1.02 and 1.03

IX. TASK FORCE ON MEMBERSHIP REQUIREMENTS
Discussion: Dr. McWilliams invited further discussion, as per the previous Board decision to keep this topic open. Larry Zelnick reviewed the task force report/recommendations given in January. No decision was made with respect to possible changes to accommodate dues-withholding members, as the political situation has shifted in light of both Steven Reisner’s candidacy for APA President-Elect and a possible APA-wide referendum. David Ramirez reported that task force members had expanded their discussion to include other psychologists who would like to be members of the Division but who have specific reasons for separating themselves from APA.

Ghislaine Boulanger spoke on behalf of members who are withholding dues from APA in protest of APA’s policy about psychologists and interrogations. She informed the Board about a referendum her group is working on to present to APA Council, and she noted the candidacy of Steven Reisner. She predicted that if APA fails to change its policy, her constituency will not re-join the APA but would like to continue to be full members of the Division.

A discussion was held about membership requirements. Currently, psychologists who do not want to join APA may join as Affiliate Members. The Board indicated its willingness to continue to review this question.

XI. CANDIDATES FOR APA PRESIDENT-ELECT
A. Carol Goodheart: Dr. Goodheart addressed the board on her candidacy for APA President-Elect.

B. Steven Reisner: Dr. Reisner addressed the board on his candidacy for APA President-Elect.

Board members discussed the candidates’ respective presentations.

Motion 5: That the Division Board endorse both candidates and ask Division members to use their own discretion on which candidate to rank number one, while educating them about the importance of ranking candidates. Action: Yes – 16; No – 5; Abstain – 1 Passed.

XII. CONSORTIUM REPORT: Laurel Wagner: This report was deferred to the August meeting.

XIII. FEDERAL ADVOCACY COORDINATOR REPORT: Frank Goldberg submitted a written report for the Board’s review.

XIV. DIVISIONS 39 & 42 INTERDIVISIONAL TASK FORCE REPORT: Dr. Goldberg submitted a written report for the Board’s review and gave a brief update.

XV. EDUCATION AND TRAINING REPORT: Sanjay Nath distributed a written report for the Board’s review.

XIII. ADJOURNMENT: There being no further business to come before the Board at this time, the meeting was adjourned at 4:30 PM.

Secretary: Dennis Debiak, Psy.D.
Recorder: Ruth E. Helein
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ANNOUNCEMENTS AND CONGRATULATIONS

BOOK PROPOSAL PRIZE FOR A FIRST BOOK ON A PSYCHOANALYTIC SUBJECT

Division 39 and APA Press are delighted to announce the second annual prize for a first book by a psychoanalytic author. The aim of this prize is to encourage psychoanalytic writing by Division 39 members who have yet to publish a psychoanalytic book. We look for good writing, originality, as well as clinical and scholarly relevance. While some previously published material may be included, the proposed book should consist primarily of new material and promise to be an original and coherent work. Edited collections of previously published papers are not acceptable, nor are edited volumes of contributions by more than one author. Simultaneous submissions to other publishers will disqualify the entry.

The proposal should consist of: 1) Cover letter with the author’s only mention of identifying and contact information with an appended CV; 2) Written statement of the overall intention, method and relevance of the project; 3) Table of contents; and 4) One sample chapter.

All submissions must be in quintuplicate. Blind review evaluations are conducted by the Book Proposal Committee, the editor of APA Books, and this year’s Honorary Judge, Dr. Donnel Stern. All submissions for the 2009 award should be submitted by May 1, 2009 to: Book Prize, Division of Psychoanalysis, 2615 Amesbury Road, Winston-Salem, NC 27103.

Please address questions to either of the committee co-chairpersons: Frank Summers, PhD, ABPP, 333 East Ontario Suite 4509B, Chicago, IL 60611, E-mail: franksumphd@hotmail.com; or Johanna Tabin, PhD, ABPP, 162 Park Avenue, Glencoe, IL 60022; E-mail: jktabin@juno.com.

DEADLINE: MAY 1, 2009

NEW EDITOR FOR PSYCHOANALYTIC REVIEW

The Psychoanalytic Review is pleased to announce that Alan J. Barnett has been selected as its new editor. The Review is the official journal of NPAP and the oldest continuously published English language psychoanalytic journal, now in its 95th year of publication. It includes papers from all depth psychological schools and has a wide range of cultural as well as clinical interests. The journal seeks contributions on psychoanalytic theory and practice, education and research. For more information about the journal, log on to http://npap.org/psychoanalytic/index.html If you are interested in having your paper reviewed for publication, please contact the editor directly at Alanbarnett@aol.com

STEPHEN MITCHELL AWARD

Papers are invited for the 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

THE CONSORTIUM FOR PSYCHOANALYTIC RESEARCH

The 16th Annual CPR Conference will be held on Sunday, February 1, 2009 at Sibley Memorial Hospital, Ernst Auditorium, 5255 Loughboro Road, NW, Washington DC 20016. Jane G. Tillman, PhD will present “The Effect of Suicide on Clinicians: A Research Perspective.” Jane Meyer, MSW, and Anton Trinidad, MD, will serve as discussants. The suicide of a patient is a traumatic event in the life of a psychotherapist, and is often not talked about or studied for complicated reasons such as shame, stigma or fear of litigation. This silence is remarkable since research suggests that up to 50% of clinicians will lose a patient to suicide in the course of their career. Dr. Tillman has spent the past decade studying the effects of patient suicide on clinicians using qualitative research methodology. Dr. Tillman will present data from a study in which she interviewed psychotherapists who have had a patient commit suicide. Eight themes common to this experience emerged from these data and help to outline the predictable responses of clinicians to such an event. Understanding the acute and long-term consequences of patient suicide on professional identity and ongoing clinical practice will be reviewed. For complete information, go to the CPR Website: www.CPRincdc.org

REGISTRATION DEADLINE: JANUARY 23, 2009
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