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Have recently returned from the APA convention in Toronto during which we conducted our Division 39 Board Meeting, hosted a reception for our members, and provided an interesting array of programs at the Metro Convention Centre and in our Hospitality Suite. Holding the Division 39 meeting during the APA convention highlights the fact that we are a part of this larger organization and prompts me to discuss that important affiliation with you. I also want to incorporate some of my impressions from attending other APA-sponsored events this year, such as the National Multicultural Conference and Summit and the APA Future of Psychology Practice Summit.

I have been impressed this year by the many activities and interests that are reflected in APA. In spite of the fact that we tend to refer to APA as a unitary body, it is actually far from a monolithic organization. It has a large, dedicated staff along with a Board of Directors and Council of Representatives of psychologist volunteers who devote many hours to setting priorities and direction for the organization we call APA. While we were conducting Division 39 business in Toronto, our seven council representatives were also attending APA council meetings. In addition, our board had the opportunity to meet with APA President-elect Carol Goodheart and the Deputy Executive Director of the APA Practice Directorate, Randy Phelps.

It is not easy to summarize all of the many activities that are taking place under the umbrella of APA. We tend to focus on the one or two areas that are most significant to us, but in so doing we may overlook the many committees that advance the profession of psychology and provide services to APA members and the public. Suffice it to say that Division 39 members are actively involved in a multitude of committees and task forces operating throughout APA.

I would like to highlight two major areas that concern me and many Division 39 members when we consider our affiliation with APA. Many of us believe it is vital for APA to set high standards for the ethical practice of our profession and for the application of psychological principles to social justice and practice issues. In addition, we want APA to support the practice of psychology, particularly psychoanalytic psychology. In many ways, these are two very different areas of concern. One is concerned with the voice of psychology regarding social issues, while the other focuses on guild issues of supporting our profession. Yet, as the voice of psychologists throughout the United States, APA is the primary spokesperson for our profession in both of these vital areas. What other organization can better define the ethical practice of psychology and apply the knowledge base of psychology to the understanding of individuals and society? As the largest national association of psychologists, what other organization has more responsibility to speak for the betterment of professional psychology?

With regard to issues of social justice and the ethical practice of psychology there have been at least three major areas of concern that APA has addressed over the past few years. Our members have been at the forefront of each of these efforts. The first of these has been the push to get APA to take an official position against psychologist involvement in prisoner detention centers. Advocates for this position were dissatisfied with the resolutions approved by the APA Council of Representatives at the APA convention in San Francisco two years ago that stated that psychologists should not be involved in any form of torture
and defined a variety of practices that were considered torture. They thus resorted to a referendum of the entire APA membership and succeeded in getting the majority of those who voted to support the position that psychologists should not be present at these detention centers unless they were there at the request of the prisoners. In response to the referendum, the APA leadership announced that this position would become official APA policy at the August 2009 Board of Directors meeting and stated its intention to fully support this position. Advocates continue to monitor and critique the ways in which APA implements this policy.

Another important area of concern has been the request by council members to have the APA Ethics Committee suggest new wording for Ethics Code 1.02 and 1.03, the section of the ethics code that deals with the thorny problem of how psychologists should behave when ethical principles regarding human rights collide with mandates from legal authorities. The current code does not strongly state that ethical principles should take priority when human rights will be violated by following legal authority. While the Ethics Committee initially reported that it did not have a recommendation for changing the wording of the ethics code, the APA Board of Directors and the Council of Representatives have requested that they go back to work and provide new wording of this code for their consideration. It is expected that the Ethics Committee will make such a recommendation before the February 2010 Council of Representatives meeting.

A third area related to social justice and to professional practice was the report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation to the APA Council of Representatives in Toronto. Chaired by Judith Glassgold, a member of our Division, this task force provided a very carefully detailed report about the treatment of sexual and gender identity issues in psychotherapy. The report concluded that so-called reparative therapies have no proof of being effective in changing the sexual orientation of individuals. They advocated the sensitive exploration of a person’s own desires and attitudes in psychotherapy rather than imposing a pre-determined value system. The APA Council of Representatives accepted this report with enthusiasm. In addition, our division supported a wonderful event, At Last: A Wedding for All, at the APA convention.

With regard to APA’s support for professional practice and the practice of psychoanalytic psychotherapy, we need to review specific action steps and positions that APA has taken and consider their impact on us. On the positive side, previous leaders of Division 39 undertook the task of making psychoanalysis a recognized specialty within psychology, an important status that is maintained through the ongoing attention of division leaders. In addition, members of Division 39 established diplomate status for the specialty of psychoanalysis in psychology. Both of these prestigious accomplishments point to the acceptance of psychoanalysis by our fellow psychologists in APA as a significant area of practice and science within the broader domain of psychology. Also, APA has established a definition of evidence-based practice that recognizes the importance of the therapist–patient relationship, something we value highly as psychoanalytic psychotherapists. In addition, the leadership of APA is aware of the several recently published meta-analyses of psychotherapy research that point to the effectiveness of psychoanalytic psychotherapy.

As practitioners we benefit from the work of the APA Practice Directorate in both educating the public about the value of psychological practice and in advocating for psychologists to achieve parity and decent reimbursement for mental health services. When you receive APA Practice Organization Alerts you learn about the APA Practice Organization’s efforts to influence important legislation that affects the practice of psychology, such as ensuring that we maintain our Medicare reimbursement rates and including mental health care in the proposals for health care reform.

In spite of these positive developments there are many concerns about how psychoanalytic psychotherapy is regarded by APA’s leaders and the general membership of APA as well as how much support we are getting from the APA Practice Directorate for long-term psychoanalytic psychotherapy. These concerns were highlighted for me by attending the National Multicultural Conference and Summit in New Orleans this January and the Future of Psychology Practice Summit in San Antonio in May. In both places I spoke with psychologists in discussion groups who have very different perspectives on the direction of our profession. One person stated very emphatically that the private practice of psychotherapy is not an acceptable career choice for doctoral-level psychologists. Rather than working with individuals, this psychologist felt we should be administering larger social programs that have a greater impact on the mental health of more individuals. Another
social psychology professor suggested that psychologists are implicitly blaming the victim when we explore our patients’ inner conflicts through psychoanalytic psychotherapy. Thus, I have learned first-hand that some members of APA do not see the support of the private practice of psychotherapy, particularly the practice of psychoanalytic psychotherapy, as important priorities for APA.

In an innovative effort to help all of us consider the future of psychology practice, James Bray, the current president of APA, initiated the APA Future of Psychology Practice Summit this past May. Laurie Wagner and I attended the summit as representatives from Division 39. It was a very exciting conference that included many speakers and participants from outside the field of psychology. The message, however, was a sobering one. From the first keynote speaker, the futurist Ian Morrison, we learned that many businesses experience a decline in the demand for their goods or services and need to redefine themselves in ways that allow them to grow in new directions. He presented this concept graphically as two curves that intersect, one declining over time (curve 1) while the other increases (curve 2). He emphasized the importance of planning for change so that the second curve is developing before curve 1 declines to zero. An economist presented data to show that our profession as it is currently practiced is declining in terms of reimbursement. Other keynote speakers provided ideas for new models of practice, such as providing short-term, symptom-focused treatment in primary health care settings. Many of the suggested innovations did not lend themselves to the private practice of psychotherapy, much less to the practice of long-term, insight-oriented psychoanalytic psychotherapy. It remains to be seen how the insights from this summit are evaluated and incorporated into APA and APA Practice Directorate policies and initiatives.

A group that tries to influence the direction taken by APA regarding private practice is the Interdivisional Task Force on Managed Care, sponsored by Divisions 39 and 42. The task force co-leaders, Gordon Herz and Ivan Miller, have written several important papers highlighting the disparity in reimbursement rates for mental health practitioners as compared to providers of physical health care services. The legal staff of the Practice Directorate is concerned that psychologists could inadvertently violate anti-trust regulations if we try to work together to achieve higher reimbursement rates. Nevertheless, the task force believes that there is more we can do to publicize the low reimbursement rates that we are receiving from insurance companies and to demonstrate that this is detrimental to providing quality mental health care to the public. I believe that our ability to earn a living as psychoanalytic practitioners is vital to the survival of our profession and to our ability to attract the early career professionals who will be the next generation of psychoanalytic practitioners. Thus, it is important to support the Task Force’s efforts to influence the Practice Directorate to take on this issue.

In this column I have focused on our relationship with APA to emphasize that APA is the spokesperson for our profession in many public forums. It is the larger organization of which we are a small but significant part. Many Division 39 members have worked tirelessly to ensure that APA speaks with a voice that reflects our professional interests and values. This work is often frustrating. Sometimes it seems we are taking a step backward for every step forward. Yet, in my optimistic moments, I think our Division can be like the small tugboat that pushes and pulls on the larger barge to maneuver it in the right direction. The more we are able to move APA in the right direction, the better off we and society will be.
April 21–25, 2010
Renaissance Hotel
Chicago

Conference Co-Chairs
Scott D. Pylrik, PhD
Andrew B. Suth, PhD

Keynote Speakers
Muriel Diman, PhD
Frank Summers, PhD, ABPP

A CENTURY AGO, FREUD WARNED of the “dangers for patients and the cause of psychoanalysis resulting from the practice of wild psychoanalysis.” On the hundredth anniversary of Freud’s paper “On ‘Wild’ Analysis,” this conference revisits the borders of our field. As Adam Phillips recently asked, “What is wild psychoanalysis, and what is wild about psychoanalysis?”

The 2010 Chicago conference will explore the idea of wildness in our work both as a source of energy and a demarcation of limits. What is too turbulent, unruly, outrageous, or edgy? What dangers lie at this frontier, and what unopened opportunities emerge in pushing the limits of technique and relationship? We invite proposals drawing on theoretical considerations, clinical and empirical knowledge, scientific research and techniques, and/or the artist’s sensibility. Proposals may address but are not limited to the following questions:

- What is “wild psychoanalysis,” and what is wild about psychoanalysis?
- How wild is wild? Is what was once wild psychoanalysis no longer so wild? Or the reverse?
- Is psychoanalysis wild simply because it is nowadays a “fringe” practice?
- What is the purview of psychoanalysis in a world characterized by boundary crossings such as multiculturalism and globalization? Do such explorations of “wildness,” both internal and external, have implications for our identity as a whole? Who is analysis for? Who should conduct it? Who shouldn’t?
- Without explicitly stated “empirically measurable” outcomes goals, is treatment aimless? Or do such goals squelch the therapeutic necessity of wildness, flexibility, and play?
- What is an analysis? Is there anything systematic that makes one? Does recognition of the role of the individual subjectivity of the analyst suggest an important function for wildness in therapeutic action?

GREAT NEWS!
Division 39’s 2010 Spring Meeting Has Never Been More Affordable!

The 2010 Spring Meeting in Chicago is offering for the first time an early registration fee at a greatly reduced rate in keeping with the economy.
Division members who sign up by September 30, 2009 will pay only $250 for the 2010 conference. Non members will pay only $300. Of course, if you join the Division, you will get the benefit of both the lower conference rate and the membership perks. For this reduced fee, you can attend a premier conference unlike any of the Division’s previous meetings.

SIGN UP TODAY AND PAY LESS for this exciting opportunity!
CALL FOR NEWSLETTER EDITOR

With the election of Bill MacGillivray as President elect of Division 39, his long and successful tenure as editor of Psychologist-Psychoanalyst is coming to a close. We will need to replace him in this post and seek candidates for the job.

The new editor will be actively involved in the development of a new structure for the newsletter involving electronic and print components and will work closely with Bill, with Larry Zelnick, the Internet Committee Chair and with the Publications Committee (and Henry Seiden, Chair) on this.

The specific responsibilities of the newsletter editor include:

- Desktop publishing, that is, fully preparing the newsletter to be sent to APA Print Services to be printed and distributed to members. This requires coordination with both the Print Services as well as Division 39 Administrator, since she is also responsible for sending non-APA member addresses to Print Services.
- Soliciting articles from the various constituent groups, that is, Section Representatives, Local Chapter officers, Committee Chairs, Liaisons and so on.
- Developing ideas for articles or series of articles and finding people to write for the newsletter.
- Requesting review copies of books from publishers, getting members (and others) to write reviews, sending hard and electronic copies of reviews to publishers as well as book authors/editors as needed.
- Seeking advertising from professional organizations for training programs, conferences, books, and so on, collecting fees for these ads and keeping accounts for APA as well as for advertisers, sending hard copies of ads to advertisers as needed.
- Copyediting all reports and articles
- Reporting on a regular basis to the Publications Committee.
- Reporting regularly to the Division Board of Directors and attending all Board meetings

The editor receives and stipend of $10,000 annually. Clerical and Secretarial help is provided by the Division office; copy editing services are paid for by the Division. In the past much volunteer help has also been provided by interested members of the Division.

Candidate should be a member of Division 39. Please contact Henry Seiden, Chair, Publications Committee hmseiden@verizon.net with a letter of application and a resume.

To the Editor

I would like to protest Mia Weinberger Biran’s review of my book, Margaret Mahler: A Biography of the Psychoanalyst. There have been many previous reviews of the book, and this one alone is unfavorable. The book so far has won two prizes, Best Books Award Finalist USA Book News 2008, and Finalist Foreword Magazine Book of the year 2008. Are these prestigious organizations stupid enough to give awards to a book as bad as Biran paints? I would appreciate feedback from anyone who has read the book. Please e-mail me at almahb@aol.com

Alma H. Bond, PhD

F rances Sommer Anderson points out that her book, Bodies in Treatment was published in 2007 rather than 2008 as listed in the Spring 2009 issue of this newsletter. I apologize for the error.

The editor
A century ago, Freud warned of the “dangers for patients and the cause of psychoanalysis resulting from the practice of ‘wild psychoanalysis’.” On the hundreth anniversary of Freud’s paper “On ‘Wild’ Analysis,” this conference revisits the borders of our field. As Adam Phillips recently asked, “What is wild psychoanalysis, and what is wild about psychoanalysis?”

The 2010 Chicago conference will explore the idea of wildness in our work both as a source of energy and a demarcation of limits. What is too turbulent, unruly, outrageous, or “edgy?” What dangers lie at this frontier, and what untapped opportunities emerge in pushing the limits of technique and relationship? We invite proposals drawing on theoretical considerations, clinical and empirical knowledge, scientific research and technique, and/or the artistic sensibility.

GREAT NEWS ABOUT THE MEETING
IT HAS NEVER BEEN MORE AFFORDABLE

For the first time, Division 39 is offering an early early bird registration fee at a greatly reduced rate in keeping with the economy. Division members who sign up by September 30, 2009 will pay only $250 for the 2010 conference. Non members will pay only $300. This compares with the fee after early bird of $350 and $375, respectively! Of course, if you join the Division, you will get the benefit of both the lower conference rate and the membership perks.

Finally, the 2010 conference will feature innovative programming:

- Live case presentations with unprepared commentary from tops names in the field representing their particular analytic perspective
- Expanded programming by and for graduate students and early career psychologists
- Opportunity to read papers online in advance of the conference for particular sessions which will be focused on discussion.

For further information regarding proposal submission or anything else, please go to the Division’s website at www.division39.org and click on the “Conferences” link. Alternatively, you may contact the conference co-chairs, Scott D Pytluk, PhD spytluk@argosy.edu and/or Andrew B. Suth, PhD asuth@argosy.edu
Psychoanalytic research: Progress and Process
Notes from Allan Schore’s Groups in Developmental Affective Neuroscience and Clinical Practice

The crucial importance of current developmental and neurobiological data to the creation of more effective clinical models is now well established. In the following contribution by a long-standing member of one of the Los Angeles groups, Stan Tatkin echoes the ongoing shift from purely cognitive to bodily-based, affectively focused mechanisms to the treatment of couples. This ground-breaking work, greatly expanded in an upcoming volume (Tatkin & Solomon, in preparation), creatively integrates regulation theory, developmental neuroscience, and psychoanalysis by exploring the neurobiological mechanisms that underlie the attachment dynamics of marital relationships. The major thrust of this original work is Stan’s elaboration of the fundamental role of the autonomic nervous system in the marital dyad.

Over 30 years ago Michael Basch (1976) speculated that “the language of mother and infant consist of signals produced by the autonomic, involuntary nervous system in both parties.” In my own work I suggested that the insecure–avoidant infant is parasympathetically-biased, while the insecure anxious is sympathetically-biased (Schore, 1994), and that ANS-to-ANS communications continue in all later intimate relationships, including the patient–therapist relationship (Schore, 1994). Recent studies show that the ANS controls visceral organs, effectors in the skin, and the cardiovascular system, and that these systems are not under voluntary direction, and that sympathetic dominance is expressed in a tight engagement with the external environment and high levels of energy mobilization, while parasympathetic dominance is manifest as disengagement from the external environment, and low levels of internal energy (Recordati, 2003). In line with current intersubjective models, Tatkin, a leading expert on the clinical application of recent neurobiological knowledge of the autonomic nervous system, expands relational theory into a bodily-based, psychodynamic marital psychotherapy.

In closing, I am delighted to announce that I have accepted an invitation to present a plenary address, “The Paradigm Shift: The Right Brain and the Relational Unconscious” to the 2009 American Psychological Association Convention this summer in Toronto.

References

A Psychobiological Approach to Couple Therapy: Integrating Attachment and Personality Theory as Interchangeable Structural Components

Couple therapy provides fertile ground for working with the past, present, and future. Adult romantic partners eventually form a primary attachment system wherein each individual becomes a powerful proxy for the other’s early childhood attachment experience. No other dyad can reanimate one’s earliest attachment relationships the way an adult romantic relationship can. The therapeutic relationship between analyst and analysand strives to approximate this highly charged intersubjective experience, and yet even at its best still runs but a close second to that of the ongoing romantic attachment relationship. We might say that in the world of dyads, adult primary attachment partners occupy the one and only seat at what is at most a two-seat table, at least for the time being. Depending upon each partner’s internal working models, a seat opens only after an occupant has fully left and been grieved.

A psychobiological approach to couple therapy (Tatkin, 2004; Tatkin & Solomon, in preparation) focuses on early attachment as a blueprint that both acts and is acted upon by the autonomic nervous system (ANS) and neuroendocrine system in response to interpersonal stress. This reciprocal action between attachment organization and the ANS can be experienced and observed via preparatory rising and falling of arousal states and the conscious and unconscious activation of both smooth and striated muscles in the face and body as expressive efforts to move...
toward or away from a primary figure. Approach and avoidance mechanisms, as informed most fundamentally by an individual’s internal working model, are “wired in” as experience in the somato-sensory-motor systems of the body; namely, the peripheral nervous system, right hemisphere, and frontolimbic areas of the brain (Schore, 2001a). The human attachment system, which includes needs for deep interpersonal connection as well as for safety and security, engages with the human arousal system for purposes of both love and war.

Psychoanalytic theories, particularly those pertaining to personality, are quite compatible with attachment theory and arousal/affect regulation theory and can easily be integrated with various components of the psychobiological approach (see figure 1), such as developmental neuroscience and therapeutic enactment (Tatkin, 2004; Tatkin & Solomon, in preparation). Using attachment and arousal and affect regulation theory as a backdrop, I will discuss some of their similarities to personality theory, as relevant to the overarching psychobiological approach.

**Secure Attachment**

Secure attachment refers to an ongoing intersubjective experience within a primary attachment relationship that idiosyncratically generates frequent, mutually amplified positive encounters and absorbs, attenuates, and foreshortens negative events for both participants. In the adult romantic relationship, both individuals can turn to one another for stimulation and quick distress relief. The high positive/low negative feature of secure attachment forms the gravity, by way of attraction rather than fear, that maintains the relational orbit between romantic partners. In addition, secure individuals and relationships characteristically evoke little interpersonal stress, thereby leading to appropriate levels of energy expenditure and conservation. Rarely are threat mechanisms engaged at the level and duration commonly endured by insecure individuals and partnerships. Consequently, secure primary partners tend to exhibit more frequent proximity-seeking and contact-maintenance behaviors over longer durations than do their insecure brethren (Sroufe, 1986).

Similarly, normal (i.e., secure) and psychoneurotic individuals (i.e., secure and insecure), considered to have achieved whole object relations, have long overcome intense dyadic needs and injuries to emerge as both dyadic and triadic in orientation, and experience minimal distress over intimacy and separateness. Because their conflicts reside primarily in post-oedipal development, they operate equally well in primary dyadic relationships and in triadic relationships involving three or more people simultaneously. This developmental ability of moving from twos to threes and more has been noted by many investigators, including Sigmund Freud, Jean Piaget, Erik Eriksen, Lawrence Kohlberg, Margaret Mahler, Melanie Klein, and others. In individual treatment, normal and psychoneurotic patients are able to maintain a dyadic relationship with the clinician while including a third object (the patient’s mind and the therapeutic relationship), upon which both patient and clinician jointly attend (Lyons-Ruth, 1999; Ogden, 1986). For this patient, shifting between dyads and triads is relatively effortless, without experiencing loss. In couples treatment, normal and psychoneurotic partners maintain dyadic integrity while using the couple therapist as a third object and do not merely switch between dyads.

Secure and psychoneurotic partners are better able to tolerate ambiguity and resolve ambivalence without splitting than are those with disorders of the self (Kernberg, 1976, 1980; J. F. Masterson, 1985). In couple therapy, these partners are able to make decisions that clarify one another without risking the safety and security of the relationship. Like a game of chess, each partner is comfortable making moves that induce the other to make counter moves and can do so without fear of a premature end to the game. Partners are unafraid of pushing and pulling on the relationship because of their fundamental, explicit commitment to the relationship.
The developmental shift into object constancy reveals an ability to hold a sense of self and other that is both good and bad at the same time. In addition, partners who have achieved whole object relations experience more guilt than shame when responsible for harming their primary relationship; this then leads to a subsequent drive to repair the injury or right the wrong. These partners are able to grieve loss and regret mistakes; they possess a good balance between healthy self-entitlement and fairness; they show resilience in the face of disappointment and failure; they can tolerate periods of disorganization (Piaget’s accommodation and disequilibrium) as leading to reorganization and complexity (learning and being small); they stick with tasks through frustration; and they are able to modulate painful affects.

Securely attached individuals, particularly those deemed secure at infancy, are generally better able to shift internal states and manage transitions between states than are insecure (Tatkin, 2009a, 2009b). This is largely due to early, prolonged interactive experiences with caregivers who provided a reliable and highly adjustable regulatory function of the infant’s real and potential arousal, ranging from high sympathetic to low parasympathetic states. The attuned co-regulatory play between infant and caregiver contains both the high positives and attenuated negatives mentioned earlier. This co-regulatory function by the early caregiver, acting as both expander and limiter of arousal states, leads to the infant’s developing ability to tolerate an expanded range of internal and shared experience that includes separations and reunions with the primary attachment figure. Insecures, by contrast, suffer deficits in arousal and affect regulation and struggle with transitions involving separations and reunions with primary others.

Similarly, secure/normal/psychoneurotic individuals who have achieved object constancy also are described as experiencing minimal distress with separations and reunions (Kernberg, 1975, 1993; Masterson, 1981). When separated from their primary attachment figure, these individuals actively miss the other while simultaneously being able to care for themselves and focus on tasks. In other words, while separated from their attachment figure, secure and psychoneurotic individuals experience a temporary loss that is endured by holding their loved one in mind. While separated, there is no appreciable difference in their self-care (eating, sleeping, and maintaining a daily structure). With respect to separations and reunions, secure are also better able than insecures to shift back-and-forth from being alone and autoregulating to interacting with their primary figure and using interactive regulation.

**Autoregulation, Self-Regulation, & Interactive Regulation**

Autoregulation, a non-relational form of self-care, is a fully internal strategy for self-stimulation and self-soothing. Strategies for autoregulation begin in infancy and become more complex throughout the lifespan. Because autoregulation does not require people, it tends to be dissociative, energy conserving, and by definition serves only internal needs (Schore, 2009; Tatkin, 2006). The autoregulatory mechanism for down-regulation from hyperarousal is the dorsal motor vagal complex, a phylogenetically older branch of the vagus nerve, which when activated, can cause withdrawal, a collapsed dissociative state, or syncope. Autoregulation is an insufficient strategy for attuned relating precisely due to its non-relational, dissociative nature. The use of autoregulation as both normative and defensive has been identified in normal development, the creative and expressive arts, meditation practices, and the like, but also in lower-level defenses characteristic in various disorders of the self such as the schizoid’s reliance on fantasy, the narcissist’s polymorphously perverse sexual practices, and the borderline’s self-mutilation (Buchholz & Helbraun, 1999; Mahler, 1979; Person, Fonagy, Figueira, & Freud, 1995; Schore, 2001a, 2001c, 2002c; Weissman, 1967; Winnicott, 2002; Winnicott, Davis, Shepherd, & Winnicott, 1987).

Self-regulation, by contrast, is a pro-social strategy for consciously regulating the self while interacting with objects, such as relationships and other people. Self-regulation is largely a function of the orbitofrontal and ventromedial prefrontal areas that provides faculties for holding and waiting, frustration tolerance, moral choice, and contingent response to interpersonal challenges (Schore, 2001b). Recovery from hyperarousal is aided by the ventral vagal system through self-awareness and relaxation muscle tension, deep breathing, and other conscious strategies of staying within a social range of arousal. The ventral vagal complex is a phylogenetically newer branch of the vagus nerve originating in the nucleus ambiguus (Porges, 2003). Without the ability to self-regulate, one would be unable maintain social-emotional rapport with another human being. Individuals with disorders of the self demonstrate, in varying degrees, difficulties with self-regulation. Borderline, narcissistic, schizoid, and antisocial disorders often rely on lower-level defenses such as acting out, withdrawal, avoidance, denial, splitting, and dissociation (Gunderson & Ridolfi, 2001; Kernberg, 1975; Posner, et al., 2003). Painful affects are poorly managed and contained making relationships difficult to sustain. Similarly, insecurely attached individuals and those who suffer disoriented states demonstrate varying degrees of self-regulatory difficulty (Diamond, 2004; Feld, 2004; Fonagy, Target, & Gergely, 2000).
Interactive regulation involves two or more nervous systems in close physical proximity maintaining or trying to maintain attuned, implicit (nonverbal) communication (Beebe & Lachmann, 1998; Beebe et al., 2003; Schore, 1994, 2002b). At its best, interactive regulation involves a series of non-conscious micro-moments made up of fast-acting somatosensory experiences within and between individuals, resulting in fast-acting adjustments and error corrections. If successful, interactive regulation results in a mutual perception of attunement. If done badly, however, the result is varying degrees of mutual dysregulation, which if unrepaird quickly, will lead to heightening arousal and eventual threat response. Successful interactive regulation relies upon the mutual use of near senses, the most important of which is the face-to-face visual data stream, multimodal perceptual matrix, which also includes prosody, smell, taste, and touch. The emphasis on direct eye-to-eye contact for effective interactive regulation is due to the role of the ventral visual stream and the limitations of the fovea. Studies have demonstrated amygdala activation due to viewing faces at angles other than straight on (Morris, Ohman, & Dolan, 1999; Vuilleumier, 2007).

Normal and psychoneurotic individuals often rely on interactive regulation in their primary attachment relationships to securely attached individuals and romantic partners with mild secure attachment. However, partners at the far ends of the insecure attachment spectrum resemble individuals with disorders of the self in the sense that their regulatory strategies are non-mutual and non-relational. For instance, on the distancing end of the attachment spectrum, the avoidant relies primarily on autoregulation similar to that seen in narcissistic, schizoid, and antisocial personality disorders. In contrast, on the clinging end of the attachment spectrum, the angry-resistant relies primarily on non-reciprocated external regulation similar to that seen in borderline, histrionic, and dependent personality disorders. The ability of secure individuals to shift back and forth is partly due to their relatively few encounters with interpersonal stress. Because autoregulation is in an energy-conserving strategy with several dissociative aspects to it, a shift to interaction requires neurobiological resource expenditures and changes in autonomic nervous system arousal. This shift may be akin to the experience of awakening from a hypnopompic to one that is fully awake. Conversely, a shift back from interaction to autoregulation (being alone) results in a psychobiological state shift that may be akin to moving from full consciousness to a hypnagogic state, which involves a transition from external interaction to an entirely internal process (sleep). Again, the secure individual is able to transition between various psychobiological states without undue pain or feelings of threat.

For secure and psychoneurotic individuals, a sense of true mutuality is indelibly imprinted upon the nervous system as experience rather than merely as an idea. Having had the experience of an attuned caregiver who valued attachment needs, repaired injuries to the relationship, and maintained a regulated interactive relationship throughout early childhood, true mutuality is an entitlement born out of real experience. A two-person psychological system functions in such a way that both individuals must prosper and benefit from the union or no one benefits. From a psychobiological perspective, this mutual system makes full use of the face-to-face and skin-to-skin physical proximity that is necessary to interactive regulation.

Insecure Attachment: The Avoidant
Psychobiologically speaking, insecure attachment refers to a compromised safety and security system within a primary attachment dyad. This compromised safety and security system, often attributed to insensitive caregiving, creates an ongoing psychobiological burden, such as interpersonal stress, and involves arousal and neuroendocrine systems that are too often engaged in threat.

Mahler’s study of mother-infant pairs revealed normative developmental struggles with separations (Mahler, Bergman, & Pine, 1975). During her separation-individuation subphases, Mahler traced a developmental course whereby the infant’s internal self and object relations move from fully fused representations, to split part-object/self representations, to eventual whole object representations, all the while dealing with internal and relational challenges and milestones (Masterson, 1981). The avoidant/narcissistic adult has much in common with the toddlers in Mahler’s practicing subphase proper, a harbinger of secondary narcissism wherein the child’s newly discovered upward mobility provides him or her with an inflated sense of power and ability rivaling that of his or her giant-sized parents. The child, according to Mahler, feels that “the world is his/her Oyster” (Mahler, 1974a; Stern, 2000, p. 269). Under normal circumstances, the child’s omnipotence gradually and gently becomes frustrated by limitations set by caregivers as well as by reality itself. The caregiver’s proper handling of the child’s fall from omnipotence provides the necessary scaffolding for painful disappointment and frustration. In contrast, improper handling of the child during this period either enables an ongoing sense of omnipotence (exhibitionistic narcissism) or leads to a crushed, narcissistically injured self who, at best, can only bask in the glow of an omnipotent other (closeted narcissism) (Masterson, 1981).

There are two major points to consider in Mahler’s practicing phase as relevant to the avoidantly attached child. The first refers to the fantasy of caregiver
omnipresence during this period, and the second refers to fused self-and-other split part-objects. The fantasy of caregiver omnipresence enables the practicing child to tolerate extended periods of separation from his or her caregiver because the realization of separation is not yet existent. The child imagines the mother is everywhere and therefore is not separated from her. As the child develops, the fantasy of omnipresence is replaced by an acute awareness of separation, resulting in sadness, grief, and increased clinging. The child’s ambivalence develops into ambivalence, resulting in an oscillation of clinging and distancing behaviors.

The fantasy of omnipresence is often a part of the avoidant child’s ongoing defense against real separation. Dismissive parenting results in a neglect of attachment behaviors that fail to respond to the infant’s bids for connection, such as proximity seeking and contact maintenance. These bids eventually extinguish due to repeated non-reciprocal caregiver actions and responses. The dismissive caregiver is often physically present and available for non-attachment needs, and so the neglect is not necessarily material. Avoidant children are often well cared for and “loved,” after a fashion in which a narcissistic mother can do. However, interactive regulation is neither encouraged nor developed by ongoing interactive play with a primary caregiver. The avoidant child is therefore left to autoregulate; that is, to self-stimulate and self-sooth as their principal strategy of self-care. The physically present parent (often but not always a stay-at-home mother) consolidates the child’s omnipresent fantasy (“she was always home”) and leads to the adult avoidant’s rendering of a pseudosecure attachment (Tatkin, 2007).

The pseudosecure platform upon which the avoidant bases romantic relationships is fundamentally non-mutual; that is, it is a one-person psychological system. Indications of this particular internal working model may remain latent up to the moment of marriage. For the avoidant, as any attachment relationship becomes more permanent, at least in perception, implicit threats around feeling trapped, being approached, and feeling used begin to emerge and show in areas of proximity avoidance, contact avoidance, somatosensory aversions toward the partner, and often dramatic and sudden declines in libido.

The other important feature of Mahler’s practicing subphase is that of fused self-and-other split part-objects. Practicing toddlers operate out of a one-mindedness with the caregiver, aware only that he or she and the caregiver share the same thoughts, feelings, and intentions (Masterson & Klein, 1995). Though normative at this age of development, the avoidant may maintain a fantasy of one-mindedness that carries over into adult romantic relationships. The fact that minds only approximate one another may make intellectual sense to the avoidant and cause no distress, but that is only during periods of the relationship when shared positive feelings prevail. However, during periods of relational distress, he or she may experience the approximation of minds as an assault on the self. The exquisite sensitivity to real separation, which is processed as good and bad split part-objects, is experienced as shameful and disintegrating.

The avoidants’ reliance on autoregulation provides them with a false sense of autonomy and self-reliance. Their autoregulatory skills may give them the impression they have won their independence; however, their self-reliance is really an adaptation to neglect and therefore cannot be true independence. In actuality their fear and shame around dependency form a “do it yourself” attitude toward everything and everyone. Although appearing to be engaged in interactive regulation, avoidants often autoregulate while interacting with their primary partner much in the same way narcissists can interact while using others as self-objects. The dissociative properties of autoregulation often give the impression of interaction when, in fact, the interacting partner is engaged in self-stimulating and self-soothing.

The avoidant’s tendency toward one-mindedness greatly contributes to repeated, misattuned, unrepaired
moments in adult primary attachment relationships. For instance, an avoidant may ignore or fail to detect conflicting social-emotional information, originating both internally and externally, due in part to defenses against negative experience (avoidance of unregulated or dysregulated affects) and due in part to deficits in right brain, frontolimbic social-emotional processing that cannot respond properly or fast enough to detect errors and make rapid adjustments (Schore, 2003a).

Finally, as mentioned at the beginning of this paper, attachment organization and personality structure interact with the peripheral nervous system, neuroendocrine system, and musculoskeletal system in response to interpersonal stress. This manifests in the body, face, and voice as expressive attempts to move toward or away from a primary attachment figure. The avoidant’s reflex is to move back and away, particularly when approached. These movements occur in both separations and reunions, big and small. The recoil reflex is non-conscious and immediate and can be expressed in a variety of ways to avoid, withdraw, comply, ignore, or attack the intruding partner. Approaches by the attachment figure can be visual, vocal, tactile, and even olfactory (Tatkin, 2009a). Due to the avoidant’s default autoregulatory state and difficulty with shifting out of that state, intrusions can be startling and experienced as attacks. In addition, the non-mutual nature of the avoidant’s early attachment experience leads him or her to anticipate approaches as non-reciprocated demands. Similar sensitivities to approach have been noted in both narcissistic and schizoid personality disorders (J. Masterson & Klein, 1995).

**Insecure Attachment: The Angry/Resistant**

Extreme forms of angry-resistant insecure attachment contain both clinging and distancing defenses, marked by considerable anger, fussiness, ambivalence, and negativism. As with the avoidant, the angry-resistant partner struggles with separations and reunions; however, the experience of distress with both is much more acute. The angry-resistant partner experiences fussiness and ambivalence while in the presence of a partner, anger just prior to and during separation, and anger upon reunion. These individuals often report feeling surprised and baffled by their own angry reactions to separation and reunion (Tatkin & Solomon, in preparation). Their partners often report unavoidable fights started by the angry-resistant in anticipation of being left or of being approached with something positive.

The angry-resistant features of fussiness, anger, negativism, ambivalence, and problems with separations and reunions bear a remarkable resemblance to disorders along the borderline spectrum, especially more an unresolved loss or trauma is involved. The negativistic response to positive approach resembles Fairbairn’s anti-libidinal self in response to the libidinal self (exciting object)—an immediate sabotage to an anticipated positive event in order to defend against disappointment (Fairbairn, 1966; Rinsley & Grotstein, 1994). Indeed, the caregiving style of the angry-resistant child is preoccupied, often irritable, and overwhelmed. Preoccupied caregivers themselves have difficulty with separations and reunions. At times emotionally available and at other times not, the preoccupied caregiver is inconsistent with his or her attention, patience, and self-regulatory functions. Mahler noted that preoccupied mothers during the rapprochement period often elicited clinging behaviors by their toddlers, who could not emotionally refuel due to the mother’s low libidinal energy or inattentiveness (Mahler, 1974b; Mahler, et al., 1975). Sroufe and others found preoccupied mothers who were unable to physically calm their infant, prematurely put them down or withdrew from them in frustration (Duggal et al., 2001; Slade, 2000; Sroufe, 1985).

Adult angry-resistant partners have a reflex response that moves toward and then abruptly back away from their primary attachment partner. They commonly report feeling like a burden, and like the toddler, anticipate being dropped prematurely by a frustrated other. Their sadness and longing for their partner during separation is replaced by an angry reaction upon reunion. Positive approaches by their partner are both longed for and rejected, in much the same manner as reunions.

The adult angry-resistant partner also tends to be highly verbal and at times tangential, overly expressive and histrionic, can often perseverate on personal injuries, and tends to rely on external regulation. Whereas the avoidant has trouble shifting from autoregulation to interaction, the angry-resistant has trouble shifting from interaction to being alone. Both have trouble tracking and managing implicit, nonverbal right brain activity that arises in the form of body sensations, images, implicit memory, impulses, and the like (Schore, 2003a). The angry-resistant’s strategy for managing implicit somatosensory experience is constant interaction, whereas the avoidant’s strategy is various forms of autoregulation.

**Disorganized Attachment**

In contrast with organized insecurities who are products of insensitive parenting, *type D*’s, or disorganized insecure, are products of scary parenting. Their presentation is not unlike that of lower level personality disorders, such as borderline, which have a high prevalence of psychotic and paranoid ideation, post-traumatic startle, and instantaneous re-experiencing of relational trauma. In a relationship, these disorganized/disoriented partners react to almost ubiquitous, ambient threats and rapid misappraisals of
meaning and intension. They commonly misread neutral faces as negative and hostile and react instantly and strongly to threatening prosodic cues and threatening movements and postures. Lagging behind these more implicit, nonverbal cues are sensitivities to dangerous words and phrases.

Chronic dysregulation is the intersubjective experience of disorganized couples. Their daily interactions are, to a large extent, managed subcortically (hyperactive amygdala and hypoactive hippocampus), with a highly kindled threat response and a disabled high right hemisphere error-correcting system. Despite the acute and chronic mutual dysregulation, disorganized partners often see in one another their only hope for reparation, safety, and peace, and for that reason often hold together.

**Arousal Biases**

Further mention should be made with regard to a particular issue of arousal and affect regulation vis-à-vis personality and attachment organization; arousal biases. Arousal bias occurs when a partner tends to favor a particular array of arousal and affective states, which can be either in the sympathetic or parasympathetic range. This preference also can include a phobic response to the opposite end of the spectrum. For instance, some individuals and couples favor high sympathetic states (e.g., excitement, ecstasy, mania, rage). These couples I call *high arousal* because they demonstrate characteristics of high vitality, high libido, and high conflict, with significant deficits of soothing and calming. In our previous secure example of mutually amplified positive moments and mutually attenuated negative moments, the couples had high positives and high negatives (distress that is both high in intensity and lasts too long). High arousal partners and couples seek stimulation and avoid parasympathetic states such as alert tranquility, sadness, shame, and depression. These parasympathetic affective states are often *unregulated* in childhood, meaning, primary caregivers avoided these states as well. As a result, these “lower” affects threaten disorganization.

High arousal bias appears throughout psychoanalytic literature. A partner, for example, may present a high arousal preference similar to Melanie Klein’s (1984a) *depressive position* with a manic defense, or may present with the more primitive *paranoid-schizoid position*, referring developmentally to Mahler’s (1975) late practicing and rapprochement subphases, wherein the child has yet to achieve object constancy. Individuals with narcissistic, borderline, and antisocial personality disorders may be predisposed to high arousal, much like bipolar. Masterson (1981) has described individuals with narcissistic disorders as preferring expansive states and with little to no tolerance for shame or depression. For the narcissist, experience of either shame or depression often results in a rapid sympathetic spiking upward to anger or rage. This sudden spike upward is a defense against a disorganizing parasympathetic collapse directed by the dorsal motor vagal complex, an experience not unlike bleeding out. Many borderlines show high arousal preference. Their ability to generate high positives in relationship, combined with their clinging defenses, helps to keep high intensity relationships going. High arousal couples often consist of two angry-resistant partners, which is consistent with a high positives/high negatives relational product. The continual clash of two preoccupied, angry-resistant partners under separation and reunion stress makes for a real-life tango of rapidly oscillated clinging and distancing.

In contrast, partners and couples with a low arousal bias tend to more at ease with lower parasympathetic affects and more aversive to sympathetic vitality states. These individuals tend to be contact-avoidant and have low conflict, low libido, and generalized anxiety. They tend to more depressive, anxious, and obsessive. Their contact-avoidance seems to reflect early neglect with regard to skin-to-skin caregiver contact, particularly during Mahler’s symbiotic phase (1974b). These partners and couples tend to be avoidantly attached. Because of aversive reactions to frequent and prolonged physical contact, a problem involving the near senses, they cannot achieve lasting relief and relaxation on their own or with others. Under normal circumstances, the hypothalamic-pituitary-adrenal axis (HPA), which is the neuroendocrine stress response and recovery system, responds best to touch for recovery purposes. The human reflex to use touch as a means to comfort and calm others is evident in all cultures. The low arousal couple cannot make full use of touch due to their strong aversions to all the near senses.

Examples of low arousal individuals can again be found in psychoanalytic literature and personality theory (Guntrip, 1961; Klein, 1984b; Masterson, 1981). Schizoid personalities commonly appear low arousal, as do some closet narcissistic personalities, and some borderlines.

**Conclusion**

The psychobiological approach to couple therapy incorporates psychological and biological components that influence development and drive primary attachment relationship. Attachment organization and personality development are but two aspects of this theoretical approach. Neurobiology and arousal regulation are other important components necessary to understanding human relationships. Attachment and personality theories have much in common and can augment and reinforce one another within a psychobiological paradigm.
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**Efficacy of Psychotherapy**

Jared DeFife, PhD

The following is adapted from a recent posting on the Psychodynamic Research listserv in response to a question concerning efficacy of psychotherapy. Many psychotherapists and psychoanalysts for too long have bought into the mantra that ushers forth from Big Pharma and managed care companies that psychotherapy is an expensive and largely useless endeavor, far inferior to medical treatment, and should be relegated the province of the “worried well.” Others disparage research into psychodynamic treatments as trivializing and meaningless. It is important for our members to be able to answer the critics of psychotherapy and be armed with the actual facts that bear out the value of our craft. The attacks upon talk therapy are wide and deep in our culture and we need everyone who knows the value of psychotherapy to speak up, not only to managed care reviewers, but also to the public, the media, and policy makers. This brief notice by Dr. DeFife should assist us in this task. The effect sizes that Dr. DeFife lists at the end of this article seems intimidating at first, but suffice to say it suggests a new advertising slogan: “Psychotherapy: It’s Almost as Good for You as Viagra!” The editor.

In a 2001 paper¹ published in *American Psychologist*, Meyer et al. compiled effect size coefficients from research publications in various fields of study. The intent of the article was to illustrate that, when used for measurement of an appropriate criterion, psychological assessment tools (including ‘projective’ and patient-report measures) have validity coefficients comparable to most commonly used medical diagnostic tests.

Having included results from meta-analyses on psychotherapy and other health-care interventions, one can also get a sense from their tables of how general psychotherapy effectiveness stacks up against other common medical treatments. As has frequently been discussed in our field, psychotherapy has repeatedly demonstrated robust and lasting efficacy and effectiveness for both general psychiatric concerns and specific diagnostic conditions. Results compiled by Meyer et al., excerpted below suggest psychotherapy’s effects are more than adequate in comparison to many general medical treatments. Psychotherapy is a generally well-tolerated, preferred and cost-effective² three treatment modality.

In relation to the entrenched and sustained conditions of personality disorders, there exists strongly supportive evidence of the efficacy with large effects of psychotherapy for treating the severe dysfunctions and impairments of those “non-billable” Axis II diagnoses. There exists also supportive evidence³ that complex cases (chronic, high co-morbidity, etc) have large effect size treatment responses in regular long-term psychodynamic psychotherapy and that patients show greater improvement with a greater number of sessions (higher “doses” of treatment⁴). Given the general body of evidence in the field, I suspect this would hold true for other bona fide psychotherapy modalities if one were to conduct long-term treatment studies and compile their results.

The frequent disavowals of psychotherapy’s efficacy as a viable health care treatment as well as the recurrent (often bitter) divides over the alleged superiority of one long-established psychotherapy model over another seem largely unwarranted from the existing data. Certainly, the ongoing evaluation of psychotherapy effectiveness is essential for the field. At the same time, more psychotherapy research efforts and funding can be directed towards other gainful endeavors such as: improved outcome measurement in areas more broad than acute psychiatric symptom reduction (e.g., psychological and physical health and well-being, social/occupational functioning, and positive/negative health-risk behaviors), methods for increasing access to mental-health care services, identification of effective training/supervision processes, improving existing diagnostic systems to enhance clinical utility, elaboration of the prominent role of personality factors in the clinical process, and advocacy.


for the equitable reimbursement of mental health service provision.

**Effect sizes of common medical and psychological treatments from Meyer et al.’s (2001) Table 1:**

2. Aspirin and reduced risk of death by heart attack (Steering Committee of the Physicians’ Health Study Research Group, 1988). \( r = .02, N = 22,071 \)

3. Antihypertensive medication and reduced risk of stroke (Psaty et al., 1997; the effect of treatment was actually smaller for all other disease end points studied [i.e., coronary heart disease, congestive heart failure, cardiovascular mortality, and total mortality]). \( r = .03, N = 59,086 \)

4. Chemotherapy and surviving breast cancer (Early Breast Cancer Trialists’ Collaborative Group, 1988) \( r = .03, N = 9,069 \)

22. Effect of nonsteroidal anti-inflammatory drugs (e.g., ibuprofen) on pain reduction (results were combined from Ahmad et al., 1997; Eisenberg, Berkey, Carr, Mosteller, & Chalmers, 1994; and Po & Zhang, 1998...) \( r = .14, N = 8,488 \)

30. Clozapine (vs. conventional neuroleptics) and clinical improvement in schizophrenia (Wahlbeck, Cheine, Essali, & Adams, 1999). \( r = .20, N = 1,850 \)

35. General effectiveness of psychological, educational, and behavioral treatments (Lipsey & Wilson, 1993) \( r = .23, (9,400 \text{ studies}) \)

41. Effect of psychological therapy under clinically representative conditions (Shadish et al., 1997). \( r = .27, (56 \text{ studies}) \)

42. ECT for depression (vs. simulated ECT) and subsequent improvement (Janick et al., 1985). \( r = .29, n = 205 \)

43. Sleeping pills (benzodiazepines or zolpidem) and short-term improvement in chronic insomnia (Nowell et al., 1997; effect size of treatment relative to placebo, averaged across outcomes of sleep-onset latency, total sleep time, number of awakenings, and sleep quality...) \( r = .30 N = 680 \)

45. Psychotherapy and subsequent well-being (M. L. Smith & Glass, 1977). \( r = .32 (375 \text{ studies}) \)

49. Viagra (oral sildenafil) and improved male sexual functioning (Goldstein et al., 1998...). \( r = .38 N = 779 \)

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**Psychoanalysis in China**

Through the miracle of Skype, we (Maurine Kelly and Johanna Tabin), have been having the fascinating experience of treating patients in China and also holding classes for colleagues there. We want to share our interest with other members of the Division and encourage some of you to volunteer. The hunger for psychoanalytic knowledge is great in China yet there are few opportunities for learning, training or treatment.

The story does not begin with the two of us, of course. Elise Snyder, a psychoanalyst teaching at Yale, made contact with mental health workers in China on personal trips that inspired love for the country and its people. In 2002, Elise was guest lecturer at two centers. From this came a conference with about 50 chairpersons of various departments of psychiatry and psychology representing different parts of China. The Chinese government has people who are concerned about the mental health effects of the rapid changes in Chinese society today. With this support, Elise has organized a two-year training program in psychoanalytic psychotherapy and opportunities for psychoanalytic therapy, psychoanalysis, and supervision.

A particular advantage of Skype is that unlike telephoning, e-mailing, or snail mailing, Skype cannot be monitored. The sense of privacy is so crucial for us in our work that this assurance is a pleasure. The audio transmission is as good as if we were in the same room. The video also has great clarity. The mechanics of using it are incredibly simple. In conducting a class, I (Johanna) found it amusing to see the participants each in front of a laptop, having an individual picture of me while I talked.

My class was on early personality development. The participants use the service of Psychoanalytic Electronic Publishing service, PEP-WEB to track down the readings. The reading requirements are kept brief since English is a bit of a challenge to most students, although comprehension during class was adequate. Each class session was for an hour and fifteen minutes during which I gave short breaks for them to discuss things in Chinese and then come back with any questions. It amazed me how general their reading has been in the field, with their background being sufficient for our mutual understanding. Their level of motivation impressed me most. Classes began after they had worked a full day and included three courses in a row. Mine was the last, yet they were attentive and engaged.

My experience so far with a patient is also encouraging. We meet twice a week by Skype and once a week by e-mail for which she writes for forty-five minutes. The biggest cultural difference I found in our communication was the degree to which “B movie” stereotyping of Chinese

**Maurine Kelly, PhD, Johann K. Tabin, PhD, ABPP**

speech in translation accurately reflects a poetic use of metaphor. My patient is readily in touch with her feelings. Dream interpretation comes easily to her. At first, she seemed to be convinced that characters in her dreams came to her from the outside, such as ghosts. The idea that we form our own cast of characters for our dreams quickly made sense to her, however. She specializes in treatment of autistic children, so relational sensitivity has been meaningful to her.

On the very practical side, patients—all accepted into the CAPA program are mental health professionals—pay according to the scale which is set in their parts of China: from three to eight dollars a session. They pay into a CAPA fund, which then distributes the fees to the American participants. I suspect that most of us leave the money in the CAPA account to help carry on that work of CAPA.

My (Maurine’s) work with CAPA began a year ago seeing a mental health professional who was very serious about psychoanalysis and group therapy. We meet five times weekly. In addition to working full time as a therapist, he manages to take multiple courses in individual and group psychotherapy and to meet with several supervisors each week.

After an initial greeting in which we meet face to face on Skype, much as any patient and analyst would commence a session, my patient lies on the couch with his computer at approximately the position that an analyst would be. I then turn off my camera; in other words, I see him, and he does not see me until the end of our hour. The work is incredibly deep with this patient and with a woman in Shanghai whom I meet with three times a week for psychoanalytic psychotherapy. Although she does not use the couch, she prefers that I turn off my camera once we have greeted each other, and then I turn it on at the end of the session. She also works as a therapist and is more insightful and candid than the vast majority of American analysands with whom I’ve worked for the past two decades. I find the work extremely engaging. The dedication these Chinese patients demonstrate is truly gratifying. I also donate my patients’ fees directly to CAPA, and have received letters from CAPA declaring the money paid by my patients to be my tax-deductible contribution.

I have been a member of the admissions committee have interviewed several applicants all of whom have most impressive credentials and work experience and are amazingly hungry for more exposure to psychoanalytic theory and technique. The Chinese American Psychoanalytic Alliance Web site is www.capachina.org. For more information contact Drs. Kelly or Tabin at maurine.kelly@comcast.net and/or jktabin@juno.com.

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**IMPACT OF LANGUAGE AND CULTURE ON THE THERAPY RELATIONSHIP**

Rachel Barbanel-Fried, PsyD

In my practice in Washington DC many of my patients are foreign born and speak English as a second language. Recently, I have begun to think more about what effect this may have on the therapeutic relationship.

“Anna” is a patient with whom I had been working for only a short time. She was in her early 30s and originally from a Spanish-speaking country. Anna’s mother tongue was Spanish. She did most of her schooling, including her first degree, in Spanish. After finishing her first degree, Anna moved to an English-speaking country, where she completed further specialization in her area of study at a prestigious university. From there she moved to a French-speaking country before moving to the US for work.

For our first visit, Anna arrived well dressed, with coiffed hair, wearing a sweater set, and a designer scarf tied around her neck. In all of her subsequent visits she was professionally and fashionably dressed. She is demure, and although heavily accented, her English is superb. She used multi-syllable words regularly, and handled the language adeptly.

Anna reported that her parents divorced when she was about six years old and her brother three. Her father moved to a distant city; she saw him infrequently; and he died four years later. Her mother has “many difficulties” according to Anna. She described her mother’s behavior as extremely erratic and abusive. From age eight, Anna earned “scholarships” that paid for school supplies, clothing, and food. Anna was an excellent student, in part because, “it was the only way to get away from the craziness.”

Anna first entered psychotherapy in her homeland for “deep depression” in her late teens. Later she went to “short-term therapy for family relationship issues.” Most recently, before starting her current job, Anna participated in a Gestalt therapy program in her mother tongue.

Anna worked in Washington for 10 months before seeking out my services. For the first six months after her arrival, Anna was extremely happy with her job and her firm. Over the last three months a problem developed. She had hired an assistant, “Eva.” Eva was also a native Spanish speaker. Anna and Eva communicated almost exclusively in Spanish, including sending e-mails in Spanish. Anna described frequently going to lunch with Eva and described their relationship as a real friendship.

Anna reported that while at these lunches Eva began to reveal that she was suffering from a deep depression. As time went on Eva, who had previously been able to complete her tasks and assignments, began to do more and more poorly at her job. At first Anna tried to cover for Eva by doing tasks herself. But, as Anna reported, “the more I did, the worse she got.”

Eventually, something in the relationship turned sour. Eva was completing fewer and fewer assignments and complaining to Anna more and more. Ultimately the director of Human Resources approached Anna to tell her that there was a problem with the way that Anna was treating Eva. Eva had complained to HR that Anna was rude, unprofessional, and overly demanding. This came as a shock to Anna. At the pinnacle of the problem, the head of the firm called Anna and told her in no uncertain terms that she was not to have any contact with Eva any longer, except in English. The firm had read the e-mails between them and decided that they were inappropriate in tone and content.

Anna was upset for a number of reasons, one of the most upsetting reasons was the fact that her boss had misread and misunderstood the e-mails. The boss apparently speaks some Spanish but is not a native Spanish speaker, and Ana felt strongly that she was being misinterpreted. Anna was sure that her tone of language and writing had been kind and supportive. However, Anna also felt certain that she could not say that to her boss because that would be suggesting that her boss’ Spanish was not as good as her boss thinks.

This was the situation that was presented to me in the first two sessions of the treatment. I began to wonder about Anna and how her situation was influenced by language and in turn what influence language would have on her situation. All of the troubles that Anna described, both with her mother as well as Eva, occurred in Spanish. The earliest communication system linking infants with caregivers is the affective system. Language is how we learn to express our affective selves. Language becomes the field where conflict and defenses are played. How was this all affecting her life today, as well as our work together?

Anna described to me that she was “more comfortable in English at this point.” This did not surprise me. By comparing her use and comfort in English to her emotional chaotic world of Spanish; her competent, successful scholastic and professional self to her frightening childhood, Anna began to recognize how she split her life into parts in her past and wondered how this was affecting her current situation. That was far more that I felt able to say because I was concerned about being misinterpreted. I wondered why she chose to communicate with Eva in Spanish if she is “more comfortable in English?” If her Spanish is not as strong, is it possible that...
When CBT Meets the Psychodynamic Diagnostic Manual: Areas of Agreement and Disagreement

Robert M. Gordon, PhD, ABPP

In my preliminary article in the Psychologist-Psychoanalyst (2008a), I reported a general acceptance of the Psychodynamic Diagnostic Manual (PDM) (2006) across theoretical orientations. However when I further analyzed the data from 192 psychologists on all the survey questions, I noted an interesting finding. Both psychodynamic psychologists and non-psychodynamic psychologists (i.e., systems, humanistic/existential, eclectic with no primary preference) rated the PDM similarly high. However, the CBT psychologists had a significantly different response to the PDM. The CBT psychologists showed clear areas of agreement and disagreement.

I was able to get a sample of psychologists who would otherwise not go to a workshop with a psychodynamic theme. I accomplished this by including instruction about the value of the PDM in two continuing education workshops on ethics and the difficult person and one workshop on advanced MMPI-2 interpretation.

At the end of the workshops, I asked the psychologists to specify their primary theoretical orientation (76 CBT, 65 psychodynamic and 51 non-psychodynamic). I also asked them to rate their reactions to the PDM on four questions. Two questions related to the concrete concept of personality categories: “I found the levels of personality severity (healthy, neurotic, borderline) helpful;” “I better understand the value of the concept of borderline as a level of personality organization as compared to a personality disorder.” The other two questions related to the more abstract concept of the psychodynamic understanding of personality: “I learned how the PDM could help me better understand the personalities of clients/patients;” “I believe that the PDM can help me understand a person’s full range of mental health.” The psychologists rated the questions on a scale from “1= Low” to “7= High.”

Results
The results showed no significant difference in responding between the psychodynamic and non-psychodynamic psychologists for all four questions. The CBT psychologists did not significantly differ from the psychodynamic and non-psychodynamic psychologists on the two questions about concrete concepts of personality categories. However, the CBT psychologist significantly rated the value of the PDM less than the psychodynamic psychologists in both the questions regarding the abstract concept of the psychodynamic understanding of personality. “I learned how the PDM could help me better understand the personalities of clients/patients,” was rated by psychodynamic (M = 6.15, SD = .91), non-psychodynamic (M = 5.84, SD = .97), and CBT (M = 5.61, SD = 1.17), F(2, 190) = 4.86, p < .01 (all tests are two-tailed), Partial η² = .05, Power = .80. Scheffe post hoc tests revealed that psychodynamic had a significantly higher mean compared to CBT (mean difference = .54, standard error = .17, p = .009). To the question, “I believe that the PDM can help me understand a person’s full range of mental health” the ratings were for psychodynamic (M = 6.18, SD = .90), non-psychodynamic (M = 5.76, SD = 1.07), and CBT (M = 5.66, SD = 1.20), F(2, 190) = 4.58, p < .05, Partial η² = .05, Power = .77. Scheffe post hoc tests revealed that psychodynamic had a significantly higher mean compared to CBT (mean difference = .53, standard error = .18, p = .015).

Discussion
When the PDM and the concrete classification of personality was presented in a non-doctrinaire manner emphasizing its research basis and practical usefulness, there was appreciation regardless of the psychologists’ favored theoretical orientation. However, CBT psychologists tended to have less acceptance of an overall psychodynamic understanding of personality. CBT and psychodynamic psychology represent the opposite poles of epistemological assumptions (Gordon, 2008b). Arthur (2001) found that personality and epistemic traits are significantly involved in orientation choice. CBT assumes a personality made of observable constructs that are simply additive, with few of the temperamental and developmental factors, and none of the unconscious dynamic interactions between memories, affects, drives, cognitions or mentalization found in psychodynamic theories.

CBT and psychodynamic treatment also represent very different therapeutic interventions (Hilsenroth, Blagys, Ackerman, Bonge, & Blais, 2005). CBT uses more
directive cognitive and behavioral interventions focusing on overt symptoms, while psychodynamic interventions focus more on insight and the experience and expression of affects, the pattern of past and present relationships, including the therapeutic relationship, defenses and unconscious conflicts.

The behavioral and cognitive therapies partly evolved as a reaction against psychoanalysis and proponents still carry a strong bias against psychodynamic thinking (Lazarus, 2005; Trinidad, 2007). This bias may be due to several factors, one being that psychodynamic psychologists feel more comfortable with affects (Varlami, & Bayne, 2007) and have significantly higher scores in a preference for the intangible, unstructured and symbolic than CBT psychologists (Scragg, Bor, & Watts, 1999).

Another factor may also be a lack of a sophisticated education in psychodynamic theory, research and practice. Psychodynamic psychology is rarely or poorly taught in universities. I found that several psychologists wrote on their survey that they had not been exposed to the scientific basis and usefulness of a psychodynamic formulation. Many stated that throughout their university education they only heard an anti-psychoanalytic bias.

This survey of psychologists’ reactions to the PDM illustrates that even non-psychodynamic and often anti-psychodynamic psychologists will respond favorably to a research-based instruction. And although some psychologists have a great deal of difficulty with psychodynamic concepts due to deeply seated epistemic and personality traits, many have simply not been exposed to a researched based psychodynamic psychology. All this points to the need for more education in psychodynamic theory, research and practice. I believe that Psychodynamic Diagnostic Manual can be one of the best ways to accomplish this.

References


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she inadvertently was rude or demeaning to Eva? Although I felt sure that there was an enactment between Anna and Eva, I was unsure of how to characterize the enactment. Was Anna behaving cruelly to Eva as her mother behaved towards her, or was Eva becoming her depressed, crazy mother who turned on her at the slightest provocation? Was I unable to say certain things because I was prohibited from understanding something because I was not Spanish speaking?

Moreover, I wonder about Anna’s relationship with me? Am I playing the role of the boss who can’t understand her and who knows less than she does? Is she choosing an English-speaking therapist because she does not want me to pick up on the subtleties and nuances with her mother? Is Spanish somehow frightening to Anna in that she does not want to access her anger in Spanish and English is therefore safer?

At a basic level there is a deep longing for someone to care for her and yet, she cannot allow herself to see that or let that be seen. She needs someone that she can view as bilingual, meaning someone who can understand both sides of her. But I do not believe that means that she must be with someone who is bilingual. She needs someone who can recognize that the metaphor is what the language and the use of Spanish symbolize for her. She isn’t currently able to integrate her identity. I don’t think that a Spanish-speaking therapist is the answer; that would be too scary. Rather, I believe that continuing to work together in English and inviting her to be frustrated with me when I don’t understand is where our work begins.

Rachel Barbanel-Fried
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Empathy is at the heart of what psychoanalysts do—the way we know who it is we’re talking to, the way we know what to say and what to stay silent about. More than that, as Kohut argued persuasively, it is only in empathy’s embrace that psychoanalysis cures.

We know too that an empathic embrace has little to do with being sweet and sunny. To grasp and engage the experience of another person with both compassion and clarity is difficult and often painful to patient and therapist alike. Empathy is not sentimentality. Winnicott (1949) advised famously on the matter a long time ago, “Sentimentality is useless . . . as it contains a denial of hate.”

An empathic stance, as opposed to a sentimental one, is no less important for modern poets who want to feel their way into things—things of the natural world, the spiritual world, the psychological world—and want to see and have us see the beauty in these things. But they want to do this in a way that avoids false optimism and easy cliché. Beauty does not mean pretty.

Here’s a lovely example of empathic understanding, and empathic verbal music, from the great American modernist William Carlos Williams.

The Widow’s Lament in Springtime

Sorrow is my own yard
where the new grass
flames as it has flamed
often before but not
with the cold fire
that closes round me this year.

Thirtyfive years
I lived with my husband.
The plumtree is white today
with masses of flowers.
Masses of flowers
load the cherry branches
and color some bushes
yellow and some red
but the grief in my heart
is stronger than they
for though they were my joy
formerly, today I notice them
and turn away forgetting.

Today my son told me
that in the meadows,
at the edge of the heavy woods
in the distance, he saw
trees of white flowers.
I feel that I would like
to go there
and fall into those flowers
and sink into the marsh near them.

Williams (1883-1963) is a poet whom psychoanalysts can identify with: he was a busy doctor, an obstetrician and pediatrician. He divided himself between his medical practice with working-class patients in his industrialized New Jersey town and his writing life—writing evenings and weekends and spending time with poets and artists in nearby New York City. He had much occasion to study empathy, and to distinguish it from sentimentality, in both his life and his art.

Williams had a kind of no-nonsense gruffness about him that one sees readily in his writing (his poems, novels, short stories, essays and drama, an autobiography). His poetry set (and sets) a standard for unsentimental statement. He writes with a stripped-down diction spare of modifiers. The nouns do the work: no lily-gilding adjectives and adverbs. He rejected the posturing in what he called “European” forms; he wanted to shape his plain speaking poems to the rhythms of American speech. He was a kind of anti-intellectual too—averse to philosophizing and to showy erudition (so unlike his contemporaries, Eliot and Pound). “No ideas but in things,” he would insist. Amazingly and wonderfully, in his straightforward diction there’s a delicacy, a music and an exquisite empathic sensibility.

“The Widow’s Lament . . .” which was published in 1921, is a poem without end-rhyme but full of the music of rhyming sound (“grass” and “masses,” “branches” and “bushes,” and “cherry,” “cold fire,” “thirtyfive,” and “white,” and “white” again). It’s a poem that breathes with the rhythm of American speech but more important—and its real accomplishment—it moves with the rhythm of its subject’s thought, here the disconnected, almost dissociated, thought of the grieving widow.

This is an empathic account of the workings of a sorrowing soul (a sorrowing self-state, we might say today). The new blossoms, usually emblems of optimism and tokens of good cheer, don’t cheer her. What “flamed” before now brings only “cold fire.”

1 “The Widows Lament in Springtime” appeared originally in Sour Grapes, 1921, published by The Four Seas Company and is in Selected Poems published by New Directions, 1985. It is used with permission.
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 in the Psychologist/Psychoanalyst. 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
Some time ago, I met W., a man, in a social context and we began an affair that led to dating. After a couple of dates, I realized that W. was the ex-boyfriend of a former patient of mine. This patient’s therapy had largely focused on the problems he was having with W. within their troubled relationship. It had been close to a year since I had any contact with the patient. At times, W. would allude to this former patient in our many conversations. I wrestled with: should I stop dating this man without being able to offer a valid reason; should I inform the ex-patient (who might feel betrayed and, I feared, report me to the licensing board); or should I do or say nothing and continue with the dating relationship.

Response from Andrea Celenza, PhD
This is a circumstance that highlights the fact that there are no lines in nature. Reality will conspire to present us with every possibility whether neatly fitting into our rules or not. Years ago, I treated a woman who I realized had dated a man I also had dated. She knew this when she began treatment with me. I did not. Though there was no ethical violation since both relationships had occurred in the past when neither of us knew one another, for sure it was grist for the mill!

In this case, the ethical dilemma centers on the analyst’s gradual awareness of the prior relationship between his new lover and his former patient as well as his decision about what to do about it. I hope to present several issues and questions that the analyst should explore within the context of his particular situation. Presumably, neither the current lover nor the former patient are aware of the criss-cross, though the lover may certainly realize that the analyst was also his former lover’s analyst at some point.

In this case, and we can probably say it is an eventuality, the awkwardness will be in what the therapist “knows” (in quotes because it is all through the former patient’s eyes).

First, to state the obvious, no knowledge that the therapist has about the former patient (either about the patient himself or about the lover) can be shared with anyone, including the lover. Similarly, there is no need or obligation to contact the former patient. Even an analyst is entitled to privacy and there is no need for the former patient to have this knowledge—it would be gratuitous. The difference between privacy and confidentiality is that the latter is based on a contractual arrangement that instantiates a power imbalance. Privacy is both a privilege and an existential fact (we cannot share everything, even if we wanted to). In the context of lovers, privacy itself does not instantiate a power imbalance in one direction over another since both have it.

Second, the question of structure and process versus content must be examined. In all cases of boundary crossings and/or violations, an essential question to ask is at the level of process, not content. In other words, it doesn’t matter what the knowledge is, the important thing is in the structures of the relationships and whether there is a power differential in a way that contradicts its purpose.

. . . in this case, the purpose or structure is a love-relationship characterized by mutual intimacy based on equality. So the question becomes, Does the therapist’s knowledge or the fact of his having knowledge compromise the lover’s capacities or potentials in relation to him? Don’t lovers often know things about each other, possibly even intimate things, the knowledge of which was acquired outside the relationship? This is especially true in small social circles or dense social networks.

Third, when a therapist takes on a patient, we are making a commitment with him/her that governs our behavior until the relationship is terminated. In psychoanalysis, however, we make a contract beyond termination in the sense that we are always a patient’s analyst, whether or not current meetings are taking place. This allows for a return to analysis in the future; a common enough practice whether it be for so-called “tune-ups” or a longer stint. There may be a somewhat less stringent expectation in the case of psychoanalytic psychotherapy (or other kinds of therapies). Here the relevant variables have to do with the extent to which there was an analytic process that should be safeguarded, by taking into account the transferences that emerged and who one is/was to the patient that may (or may not) be worked with in the future.
(All therapies, indeed all relationships, have transferences. The relevant question is whether the type of treatment included examining transferences.) Post-analytic contacts are complicated for just this reason; however, it is such a common occurrence that former analysands work with their former analysts or even attend social gatherings together. Hard and fast rules can never cover every circumstance. It is also possible to return to analysis when former analyst/analysand pairs have had multiple extra-analytic contacts or roles with each other. I contend that it is a sign of health that one can flexibly alternate among these roles (see for example, Arnold Modell’s very helpful paper on “Transference and Levels of Reality,” from his book, Other Times, Other Realities).

It will be tricky but necessary to put these issues into use and apply them to the case under question. We must accept that reality will not conform to where we have drawn lines. We must take into account the particulars. I do not see any special provision or constraint to be made based on the fact of the gender mix. The guidelines discussed above may be applied to both heterosexual couples as well as homosexual. The main issues revolve around whether knowledge about the lover affects the power balance and whether a potential future analytic contact is compromised. Some of the constraining variables include: What was the quality and length of the relationship between the lover and the former analysand? What was the type of treatment with the former analysand? How do I balance my personal needs when they collide with my commitment to my former patients, especially as these relate to my availability for future treatment? And, what is the meaning of my attraction to this lover, with regard to a potential unconscious enactment that relates to my former patient and me?

In attempting to apply these questions to the circumstances at hand, it is always important to keep in mind our capacity for self-deception. There will be a tendency to justify and answer these questions in the direction of our own desires rather than what’s truly best for our patients. Ultimately, each situation has to be thought through on a case-by-case basis, especially with regard to two questions: 1) Is this love relationship worth the sacrifice of my ability to remain available to my former patient? and 2) How will my keeping the secret (of the identity of my former patient) impact this love relationship? When we make a commitment to take on a patient, we do not do so frivolously. The love relationship, occurring in our private lives, collides with this commitment and the analyst should only continue the love relationship if, in his/her best judgment, it is a serious relationship with long-term potential. Of course, this judgment could be wrong, but the analyst must attempt to gauge this judgment in good faith. In the other extreme, a frivolous relationship that is likely to be short-term would not justify compromising his/her commitment to the former patient and the analyst should, under those circumstances, end the love relationship when he/she realizes the connection with the former patient.

In the final analysis, we must behave like analysts because that is who we are (beyond our professional role in the office). Thus, the analyst should ask an important analytic question: What is the meaning of my experience with my former patient and his relationship with the lover in my own motives to be involved in this way? In other words, is there a countertransference enactment occurring that has less to do with the lover and more to do with my former patient and me?

Sometimes the best answer can only be found in asking the right questions.

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ENDNOTES
1 Jane G. Tillman, PhD, Chair, Philip Blumberg, PhD, Andrea Celenza, PhD, Margaret Fulton, PhD, Stephanie Sasso, Psy.M., and Frank Summers, PhD
2 Andrea Celenza is an Assistant Clinical Professor at Harvard Medical School and Faculty at the Boston Psychoanalytic Society and Institute and Massachusetts Institute of Psychoanalysis. Her book, Sexual Boundary Violations: Therapeutic, Supervisory and Academic Contexts, was published by Jason Aronson in 2007. She is in private practice in Lexington, Massachusetts.

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T.S. Eliot said it too: “April is the cruelest month.” Williams’ widow gives this ambivalence an embodiment and makes it less abstract. The color of springtime is too much to bear: the widow, so accustomed to sorrow now that it is “her own yard.” She prefers whiteness—and a distant whiteness at that. Indeed—but barely articulated to herself—she wants to sink, gently it would seem, almost restfully she imagines, into the marsh at the edge of the woods, which of course is the marsh waiting there for all of us.

REFERENCES

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OPEN LETTER TO THE COUNCIL OF REPRESENTATIVES AND THE ETHICS COMMITTEE ON THE ETHICS COMMITTEE REPORT ON OF RULE 1.02

FRANK SUMMERS, PhD, ABPP

This article was written before the APA Council of Representatives (COR) meeting in August. While Dr. Summers concerns remain valid the circumstances have changed in that the COR did not accept the report of the Ethics Committee (EC) and instead the committee was charged to develop alternative wording in the Code that will address the original concerns. This report is expected in February 2010. The editor

In August of 2005, the Council of Representatives (COR) voted to ask the APA Ethics Committee (EC) to review the discrepancy between Rule 1.02, which is in the enforceable section of the Code, and the language found in the non-enforceable Introduction. According to the latter, in cases of unresolvable conflict between the law and the Ethics Code, the psychologist “may adhere to the requirements of the law, regulations, or other governing authority in keeping with the basic principles of human rights.” Rule 1.02 contains the same language except that it does not contain the phrase “in keeping with basic principles of human rights.” It is this difference that motivated the request by COR.

After four years, the EC has just issued its report to be voted on by COR at the August convention. Crucial to the context of the report is the release of a public statement by the EC that it is unethical for a psychologist to participate in torture, and there are no exceptional circumstances that would justify participation in torture. With regard to Rule 1.02, the EC report proposes no change in Rule 1.02, that is, the Committee decided neither to add the phrase “in keeping with basic principles of human rights” to the enforceable section of the Ethics Code, nor change it in any other way. The purpose of this open letter to APA is to examine the reasons given by the EC for its decision.

The first reason offered is that to add the phrase “in keeping with basic human rights” because its implications have not been “explored.”

If it is not a good idea to change the Code without exploring its implications for psychologists’ activities and the Code as a whole, one wonders why the Committee did not undertake this exploration. It is difficult to see how the Committee can have executed its responsibility in good faith without looking at the implications of the change it was supposed to be evaluating. The membership has waited for four years for the EC to act, ample time for the Committee to investigate the implications of the proposed change. Basically, the EC failed to consider the ramifications of changing Rule 1.02 and then gave its own inaction as a reason for not making the change. It would be as though a Congressional committee were charged with investigating whether a law should be changed and then after not considering the implications of the change, used that lack of knowledge as a reason to not change the law.

Additionally, the claim that Rule 1.02 cannot be changed without a “careful review of the entire code” is blatantly hypocritical. Seven years ago the EC added Rule 1.02—an entirely new ethical standard with potential implications for every single element of the Code—without either reviewing the entire Code or considering the implications for the rest of the Code. It strains credulity to believe that a new rule that provides a potential loophole for every provision of the Code could be inserted without a review of the Code as a whole, but a modification of that rule requires a review of the entire Code.

The second reason specified for maintaining 1.02 in its present form is that the current Code is “highly consistent with how other associations’ ethics codes address conflicts between ethics and the law.” The EC concluded that the “vast majority” of these codes fell into 3 categories: those requiring following the law; codes that allow member discretion (into which the APA Code is placed); and codes that do not address the issue.

Of the 50 professional ethics codes the EC reviewed, 25 (50%) do not address the issue. APA categorized 9 (18%) as requiring compliance with the law, however only 5 actually state this requirement, 2 others include provisions for ethics trumping the law, and 2 others

“The APA Ethics Code is one of only two codes out of 50 professional organizations with a provision for following “regulations or other governing legal authority.”
are ambiguous on the issue. Of the 16 codes (32%) that the APA placed in the “discretionary” camp, there is provision for ethics trumping the law in 7, and in the other 9, most require the psychologist to speak up to uphold ethical principles and exhort the psychologist to act in accordance with the Ethics Code. Some simply require trying to resolve the conflict. Only one has the stipulation found in the APA Code that the psychologist may follow a “regulation or other governing legal authority” rather than its Ethics Code. Adding the 5 “coercive” codes that require compliance with the law, only 6 of the 50 codes reviewed, or 12%, contained provisions for following the law over the professional ethics code.

Contrary to its claim of being “highly consistent” with other professional ethics codes, the APA Ethics Code is one of only two codes out of 50 professional organizations with a provision for following “regulations or other governing legal authority” and 1 of only 6, or 12%, that gives precedence to the law over the professional ethics code. If APA wanted to codify the conflict between the law and ethics in accord with what most similar professional organizations do, it would rescind rule 1.02 because fully 50% of the professional codes reviewed make no mention of a conflict between law and ethics. Before 1.02 was inserted, the APA Code was much more consistent with that of similar professional organization than it is now.

Third, the EC expressed concern that the phrase “in keeping with basic human rights” “potentially mandates civil disobedience.” The problem here is that if the EC takes seriously its statement that engagement in torture is unethical and cannot be justified by any exceptional circumstances, then any psychologist ordered to participate in torture would be mandated to engage in civil disobedience without any change in 1.02, unless of course the torture statement is impotent. The EC position either “mandates civil disobedience” or is proposing that its anti-torture statement is to be ignored. But, the EC does not tell us which it is.

This fact raises two more critical questions: Does the EC believe in its own torture statement? And more deeply, why did the EC not raise the issue of conflict between the torture statement and Rule 1.02, which allows for circumventing the Ethics Code? The most obvious problem with the EC leaving Rule 1.02 intact while adopting its supposedly unequivocal opposition to participation in torture is the conflict between the two when a “governing authority” orders the psychologist to engage in torture. Which principle takes precedence? The EC report is astonishingly silent on that critical point. And without a clear statement on this issue the “torture statement” is meaningless. The fact that the report makes no mention of this conflict tempts the conclusion that the EC does not take its torture statement seriously. Not being in the Ethics Code, the EC anti-torture statement is purely aspirational and not enforceable. If the statement were taken seriously, it would be in the Ethics Code, or, at a minimum, the EC report would state with the utmost clarity that the torture statement supersedes law and Rule 1.02.

The fourth rationale for leaving Rule 1.02 unchanged is that adding the phrase “in keeping with basic human rights” could potentially require psychologists to break the law and, therefore, could affect the use of the Ethics Code by state licensing boards. The EC wants jurisdictions to use the code, but because the proposed change would mean the Ethics Code would trump the law, licensing boards may not use the APA Code.

This rationale means that the EC would rather have an ethics code used by state authorities that permits any of its principles to be violated in favor of following “a regulation or governing legal authority” rather than a code that must be followed but might not be used by licensing boards. While it is not known whether licensing boards would stop using an APA Ethics Code without loopholes, such a code would require ethical behavior and disallow unethical behavior conducted according to a regulation or authority. To sacrifice ethics for “usability” is to compromise the Ethics Code in favor of influence. Ethics trumped by pragmatism is not ethics at all.

In short, there is no indication in the EC report that the Committee made any serious effort to review the possibility of amending Rule 1.02 in accordance with “basic human rights.” If it had, it would have explored the implications for the profession and the Code as a whole of such a change during the four years it had to prepare the report. If it had any genuine interest in changing 1.02, it would not raise the specious argument that the “whole code must be reviewed,” when it required no such review to establish 1.02 in the first place. If it had any interest in changing 1.02, it would not have distorted data on other codes to make the APA Code appear to be in the mainstream of professional ethics codes, instead of on the periphery where it is. (Of the 14 page report, barely two pages were devoted to the EC’s “analysis.”)

The shame that belongs to the EC for this report derives not simply from what it has done, but equally from what it did not do. There is no evidence that the EC contacted or consulted with a single human rights group, such as Human Rights Watch, Physicians for Human Rights, or the Center for Constitutional Rights. Any of these groups would have been glad to work with the EC to make “in accordance with basic human rights” workable within the context of the Ethics Code. A simple phone call to any human rights group would have led to suggestions such as using the International Covenant on Civil and Human Rights, or the Center for Constitutional Rights. Any of these groups would have been glad to work with the EC to make “in accordance with basic human rights” workable within the context of the Ethics Code. A simple phone call to any human rights group would have led to suggestions such as using the International Covenant on Civil and
LESSONS LEARNED BY A BEGINNING PSYCHOANALYTIC THERAPIST: A PERSONAL VIEW

I am an assistant professor/psychologist in the Department of Counseling and Psychological Services at West Chester University and in private practice in Swarthmore, PA. Becoming a psychoanalytic therapist is a difficult and rewarding process, not unlike growing up. Having practiced therapy for the past ten years (including my clinical training in school), I think I am approaching the end of young adulthood. I have learned a lot, struggled to develop my identity, negotiated the transition from dependence on supervisors and dogma to autonomy and independence of thought, and experienced moments of grave self-doubt as well as great joy and a sense of accomplishment. Looking back, I can identify three important lessons that helped me grow along the way, which I will describe in this article. I want to share some of the unique challenges facing an early career clinician who wants to practice psychoanalytic therapy in the current socioeconomic climate.

LESSON # 1
You don’t have to pick a theory (none are absolutely right or wrong, each patient calls for a different understanding). One of the first challenges that faces a beginning clinician is being presented with a great number of theories and therapeutic interventions. Within psychoanalytic theory alone, there are several points of view that inform how a clinician conceptualizes the difficulties of a patient and how the clinician conducts himself or herself in session. As a student, one is presented with knowledge about psychopathology and psychotherapy in separate chapters or sections of books. Such presentation is necessary for clarity, but supports the idea of discrete categories. In my experience, it is the rare professor who attempts to highlight the overlap between theories or the ways in which different theories may be more or less suitable for particular clients. Theories and modalities are presented as conclusions with little attention paid to the debates concerning the validity of these theories and modalities. The benefits and limitations of clinical experience and research findings are rarely discussed.

Outside of psychoanalytic thought, a beginning clinician faces an even bigger dilemma. The basic assumptions of psychoanalytic theory that do bridge particular approaches are not shared by other theories of psychopathology and psychotherapy. For example, a psychoanalytic conceptualization of causality is very different from the medical model dictated by the DSM (American Psychiatric Association, 2000). Also, psychoanalytic therapy is an endeavor quite distinct from other types of therapy, such as cognitive-behavioral therapy. Some aspects of clinical work do transcend theoretical orientation and the argument has been made that different terminology is used to describe similar processes (e.g., Wachtel, 2008); but there are also clear points of disagreement regarding etiology, techniques, role of therapist, even goals of psychotherapy.

Having learned about all these ideas relevant to clinical work, a novice therapist now has to decide how to proceed with a particular patient. To some extent, the supervisor makes some of these decisions. But there is no substitute for the experience of sitting in a room with another human being who comes to you in distress and asks for help. So begins a process of trial-and-error learning. A beginning clinician tries out different roles, seeks to gain understanding by experimenting with various types of case conceptualization, engages in lengthy conversations with peers about what seems to work and what doesn’t, and so on.

In time, a beginning clinician begins to develop a sense of identity. One’s psychological make-up will influence the kind of therapy one gravitates toward. My curiosity about what lies beneath the surface, the contradictions between what people say and what they do, and the way in which different aspects of one’s intellectual and emotional functioning come together drew me to a depth psychology like psychoanalysis. Furthermore, my interest in relationships, the here-and-now, and desire to engage my patients as collaborator instead of expert made the relational movement within psychoanalysis an especially good fit. The times I have felt compelled to take a more behavioral approach (either because of a supervisor or because of a crisis of faith regarding my chosen orientation) have not worked out very well. Despite my best efforts, constructing systematic desensitization hierarchies or directing a client through a guided visualization felt alien and boring; but give me a missed session and I enthusiastically throw myself into an exploration of the many possible reasons for it.

In contrast, I have seen the discomfort and disbelief in the faces of some colleagues who prefer the behavioral approach when a suggestion is made that last week’s cancellation was not simply a matter of the patient being stuck in traffic. So many people come to therapy seeking an answer from the clinician and many therapists are eager to provide one. But I feel more comfortable offering preliminary ideas and explaining that in therapy patient and therapist struggle together to make sense of the client’s experience.

DORA GHTIE, PSYD
A therapist must be mindful of how personal preferences and beliefs about therapy influence his or her practice. Flexibility is necessary, or at least an awareness of the limits of one’s flexibility. Even within psychoanalytic therapy, it becomes clear that different people call for different understandings. While I have a general theory of mind and therapy directing me, I find myself thinking of drives, object relations, defenses, conflicts, deficits, enactments, and so on, depending on who is in front of me. I am more active with some patients than others, more supportive or more neutral, and more or less inclined to self-disclose my own reactions. These are just a few examples of the myriad ways I change in response to my patients.

For me psychoanalytic ideas about human nature and about the importance of paying attention to the therapeutic relationship are core beliefs that guide me in everything I do. These ideas make so much sense to me that it is difficult not to assume that they are right. But beyond basic principles, the lesson I learned is to keep an open mind, to listen in different ways, to use the knowledge I have acquired in order to look at things from multiple perspectives because all major theories contribute valuable understandings. As for the world outside psychoanalysis, I have learned that I don’t have to be everyone’s therapist. People can benefit from many kinds of therapy and I just have to recognize when someone would do better with an approach different from mine.

**Lesson # 2**

*Listening is exhausting:* When I started graduate school, I worried about my ability to master all the material but I thought doing therapy would be easy. After all, I had always been my friends’ therapist and that wasn’t so hard. How wrong I was! Doing therapy is absolutely the most difficult endeavor I have ever engaged in. It is intellectually difficult as there is so much to think about and make sense of, as described above. But it is even more difficult emotionally. The first day I saw four patients in a row I felt completely drained. I remember being so surprised by my reactions during the first few years—how could it be so tiring? I am just sitting and talking to someone! What I realized is that the sitting and talking is in fact not so hard, but the listening is absolutely exhausting.

Listening is the foundation of psychoanalytic therapy, as Aron beautifully explains in an interview he gave recently to *Psychoanalytic Psychology* (Safran, 2009). The value of being listened to and the challenge of actively listening are greatly minimized in our current society and even within psychology. Doing something is supposed to be more useful and demanding. But listening is in fact doing something, and it is an activity that requires great concentration, a willingness to access internal experience, a constant battle between being present and interpreting what you hear. Freud’s famous term, “evenly hovering attention,” captures the essence of active listening.

It is really difficult. Practice helps and I now find it easier to see four or even five patients in a row (after that, I would just be going through the motions). Some patients are easier to listen to than others and some days it feels more effortless than other days. And I enjoy it a lot, which helps. But I suspect it will always be the most challenging aspect of my work. Conceptualizing a case, making an interpretation, writing about a patient is a walk in the park compared to listening and participating emotionally. For listening is not simply a matter of paying attention but it is also how therapists hold on to feelings, their patients’ and their own, in a confusing mix that has to be tolerated and observed.

It is no wonder then that at the end of the day, having engaged in intense intellectual activity and a great deal of emotional processing, I seek out my dog for a walk, my husband for an easy conversation, maybe a glass of wine or a delicious meal, an entertaining TV show or a fun book, or some days, just sleep. Therapists have written a lot about the importance of self-care (e.g., McWilliams, 2004) but it all sounded self-indulgent until I started doing a lot of therapy. I wish we got more credit for this—people ask me all the time how I can listen to others’ problems all day but they also comment that therapists get paid a lot to just sit and listen, what an easy job. There is nothing easy about it and I believe the only way therapists can do it well is if they love it. So the lesson here is that listening is both exhausting and extraordinary, the most challenging and most rewarding part of being a therapist.

**Lesson # 3:**

*S sometimes you succeed and sometimes you fail.* My father asked me once: “What percentage of people that come to you for therapy do you think you can help?” Without thinking, I blurted out: “Everyone!” He is a scientist and pointed out immediately that the best treatments in the world do not have a 100% success rate. It is of course arrogant and irrational to assume I can help every person that walks through my door. Even if we disregard questions about what we mean by “help” or “success,” it is obvious that some people will benefit a lot, some a little, and some not at all from their interaction with me.

It is such a strange thing, success and failure in therapy. As Aron points out, recent questions about efficiency and effectiveness of psychotherapy dominate our field and have been particularly irksome to psychoanalytic practitioners (Safran, 2009). The scientific approach hopes to provide us with answers and it will certainly continue to do so, but it will never free us of this dilemma given that each therapy is a unique creation by two individuals.
It is also strange because unlike in medicine, whose model guides mental health practice at the moment, there are higher expectations on the part of both therapists and clients, and higher disappointments when things don’t go well. An oncologist whose patient dies despite his best efforts to treat the cancer is not going to feel the same responsibility as the therapist whose chronically suicidal patient kills himself. The patient who goes to the doctor for the flu and is told to rest, drink lots of fluids, and to tolerate feeling sick for a while is going to accept this whereas many patients in therapy expect their symptoms to disappear instantly. In general, I believe therapists take much more responsibility for whether or not therapy works; and patients expect therapists to be omnipotent. After all, a doctor can try medications or procedures and if they don’t work, or work imperfectly, it’s not their fault that there is no better treatment available. But I can’t imagine a therapist saying to a patient “I’m sorry. I have tried everything and it’s just not working, so this is as good as it gets.” One might say that and refer the patient, but not without some significant soul-searching.

So, as ridiculous as it sounds, I think I do expect to be able to help every person that comes to see me as long as I think they might benefit from the psychoanalytic approach. I have had to learn the lesson that I simply can’t. This has been the most painful lesson. When I think I failed a patient, I feel personally distraught and professionally confused. It’s at times like these that I worry I have chosen the wrong approach, which is especially easy to do given the current direction of psychology. Being a psychoanalytic therapist puts me in a diverse and vibrant minority of clinicians, but a minority nevertheless. It’s like having to go to the aunt’s house for reassurance when your parents tell you you’re crazy. My personal disappointment is no doubt partly due to my own psychology but the professional doubt that ensues is especially challenging for beginning psychoanalytic therapists. If I conducted the latest evidence-based treatment and it didn’t work, I could feel more like the doctor whose medicine was of limited use. But I do not have that luxury in my chosen field of practice. For even my understanding of why the patient didn’t benefit from my treatment leaves open the question of whether I am simply deluding myself.

On the other hand, it is also true that sometimes I have the privilege of meeting a person in great distress, participate with them in the process of therapy, and watch them leave therapy qualitatively changed. Years later sometimes a patient will write me and let me know how valuable therapy has been for them. These experiences are more important to me than any research study. Some might say that this is meager evidence for whether my therapy is useful but along with the support of my psychoanalytic aunts and uncles, it is enough to keep me going.

CONCLUSION
There are many other lessons to be learned by beginning psychoanalytic therapists including the importance of supervision, mentoring, and personal therapy, as well as how to deal with money. But in this paper I highlighted the building blocks of this process: defining one’s personal understanding of human nature and therapy, learning to listen and serve as container, and evaluating success and failure. These first lessons allow one to begin a challenging and exciting journey. It is just the beginning though because as with human development, one continues to grow and change over time. Early experiences will set a foundation but I wonder what are the important lessons middle and late career clinicians have learned. Perhaps one final lesson is that the choice to practice psychoanalytic therapy requires an acceptance that one’s education never ends.

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Political Rights. Indeed, the use of that document to define “basic human rights” was proposed to the EC, and it ignored that suggestion.

The evidence is overwhelming that the EC saw its task as providing rationalizations to keep Rule 1.02 as it is, rather than discharging its duty to review how it could be changed in “keeping with basic human rights.” The deceptions, manipulations, and distortions replete in this report all serve to provide transparent rationalizations to maintain the Nuremberg defense in the Ethics Code of the APA. And that is why COR should reject its recommendation.

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Lewis ARON, Ph.D., Director

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Racial and Cultural Aspects of Identity and Authority: Inside and Outside the Consulting Room

**Presenter**
Kimberlyn Leary, PhD, ABPP,
*Barack Obama: Psychoanalytic Reflections on Leadership and Authority*
Julia E. Davies, PhD
*Culture, Class, and Personal Authority*

**Discussant**
Lynne Layton, PhD

Dr. Leary’s paper addressed the concept of leadership from a psychoanalytic perspective. A talent for leadership is distinct from a leader’s curriculum vitae and often from the amount of experience he or she might have in a given domain. The most critical challenges leaders face are novel ones; the leader must innovate in real time, and in contexts in which even extensive preparation may prove inadequate.

Modern leadership scholars like Warren Bennis, Bill George, and David Gergen suggest that some portion of the capacity to learn, and some part of the leader’s ability to create a learning climate for followers, rests on the leader’s character. Psychoanalysts can only agree. Leaders prosper or falter on the basis of their knowledge of themselves; their understanding of themselves; their understanding of the context in which they find themselves, and their ability to accurately articulate the shared goal to be achieved. In most cases, the leader’s ability to creatively and compassionately make use of him or herself under conditions of extremity, and to engage the talents of the follower group, depends on the leader’s attitudes, disposition and ability to understand him or herself psychologically.

In this paper, public speeches, journalistic reports, and published memoir were used to explore Obama’s leadership journey and the particular qualifications he brings to the exercise of power and authority. Dr. Leary explored these through a psychoanalytic lens by considering how Obama’s character was forged in the crucible of negotiating race and racism. Through this, she offered lessons that future leaders, and followers, might draw from Obama’s leadership story, including lessons psychoanalysts might draw upon to think through the meaning of race in psychic experience.

Dr. Davies’ talk focused on the roles of class and culture. Our increasingly multicultural society has imbued psychoanalysis and the broader culture with new dimensions of complexity, challenge, and possibility. The inevitable sense of “otherness” that arises from differences of culture or class between patient and analyst often lead to mutual dissociation of these issues in treatment, and yet it is clear that the failure to explore the personal meanings of such differences may result in the avoidance of crucial analytic themes.

A clinical case was presented in which “Joe,” a patient of Spanish immigrant background and his analyst found themselves in a poignant interlude in which Joe’s painful sense of personal and cultural isolation evoked her own version of such issues (Slavin, M.O., personal communication), which called forth in her mind a forgotten Spanish nursery rhyme that created an unexpected bridge between Joe and her. She was able, surprisingly to them both, to speak to Joe in his own language, in a poetic, song-like way that reached Joe in an unconsciously longing part of his psyche, thereby offering some measure of the comfort and connection Joe had found little of in childhood, and had sought ever since.

One understanding of this complex event is that the resonance of each of our personal experiences of “otherness,” along with our mutual desire to make contact across a psychological and cultural divide, created the conditions for this rhyme to emerge. Both were thus able to connect the dots of emotion, culture, and language in a way that was moving and temporarily transformative for both. Analytic progress was enhanced by this experience itself, along with continued exploration of its many levels of meaning, which arose from patient and analyst in both
conscious and unconscious forms.

Dr. Layton served as discussant for the panel, noting one of the common themes is that we live our race, class gender, and sexual orientation not as seamless cultural categories, but in our own idiosyncratic way—a point clear in the clinical case of Joe, as well as in Obama’s story. This raises questions about the conscious and unconscious ways both patient and therapist psychically live culture, and the ways in which this might play out in clinical work.

Dr. Davies’ work with Joe evoked some of what Ogden has written about the unconscious reverie of the analyst and how it connects with what the patient is dealing with consciously and unconsciously. Dr. Davies highlights an important therapeutic function of the analyst’s unconscious process: communication across difference that yet somehow draws therapeutically on sameness. Unlike Joe’s relation to his wife, the relation between Joe and Dr. Davies involves what she calls a commitment to form a bridge—perhaps the core requirement of the therapeutic process. We find echoes of that commitment in Obama’s politics, too. Dr. Leary’s talk reminded us that such a commitment is a characterological achievement and a prerequisite of adaptive leadership.

It is an important question whether we create identity by repudiating otherness, or by differentiating ourselves from others. There is a world of psychic difference between these two paths to identity formation. We might think of multiculturalism as positing an arena in which we differentiate ourselves from others without repudiation. But when we talk about aspects of identity that rest on the repudiation of otherness, we need to bring into the discussion unequal power relationships and their psychic effects.

Dr. Leary stated: “By example, he (Obama) implies that racial healing comes in the form of neither forgetting our injuries, nor dwelling on them.” We might tie this to a discussion of the difference between repudiation and differentiation. Is it true, as Dalal, Volkan, and many others posit, that it is human nature to disidentify with what is considered other, or are disidentifications the result of social inequality and the enforcement of normative ideals of what one must be to count as a proper man, woman, white, black, person? Both of these papers asked the questions: what is it that interferes with our capacities to love and to feel good about ourselves, what is it that stands in the way of being able to accept contradictions and engage in dialogue? How do we engage our best selves rather than our worst selves?
CULTURE, SIBLING RELATIONS, AND IDENTITY DEVELOPMENT

CHRISTINE C. KIEFFER, PHD, ABPP

PRESENTERS
Jeanine M. Vivona, PhD
Beyond the Parent-Centrism of Contemporary Western Culture and Psychoanalysis
Karen M. Weisberger, PhD
The Girl Who Lived: The Impact of Sibling death no Family Culture and Identity Development of the Survivor
Christine C. Kieffer, PhD, ABPP
“Psychoanalytic Siblings” and the Intersubjective Dimension of Culture and identity

CHAIR
Ricardo Ainslie, PhD

Cultural structures and values shape both the inner psychic landscape and our theories about it. Within the landscape shaped by our hierarchical, individual, Western culture, parents appear as the predominant familial force of development. Psychoanalysts, in conceptualizing the developmental contributions of siblings, tend to consider siblings important to the extent that they substitute for absent or ineffective parents. Moreover, most psychoanalytic theorizing emphasizes sibling rivalry as the influential mode of sibling interaction, reflecting in part a cultural emphasis on competition rather than cooperation and affiliation, even within the family. In her paper, Jeannine Vivona maintained that culture and psychoanalysis conspire to obstruct our view of the full range of unique developmental, interpersonal and experiential contributions of sibling relations. To illustrate the role of sibling recognition in identity development, Dr. Vivona presented detailed clinical material of two women who described a persistently painful sense of being invisible to a sister and consequently felt themselves fundamentally unknown and misunderstood in the world. Both women articulated a poignant longing for sibling recognition, which reverberated in the transference. Dr. Vivona maintained that the vicissitudes of sibling recognition influence development differently than do those of parental recognition, and may have specific and enduring consequences for relations with peers and romantic partners in later life.

Karen Weisberger presented a paper that focused on the impact of sibling death on the identity development of the survivor. She maintained that, for many siblings who live beyond the death of a brother or sister, they become defined, at least in part, by what they are not (deceased) or what they are (alive) rather than who they are. The impact of this experience on identity, libidinal development and the capacity for aliveness cannot be overstated, according to Dr. Weisberger. She further asserted that these developmental and relational issues are further complicated as the entire dynamic of the family has been impacted by the loss, creating a new “culture” to which the surviving sibling must assimilate.

Christine Kieffer examined the role of psychoanalytic siblings—that is, the fantasized or real encounters with others who see the same analyst—in illuminating the function of sibling-ship in development. Just as deceased or otherwise missing siblings may loom larger in the psyche of children and adults as compared with living siblings, psychoanalytic siblings who are either unseen or are only glimpsed periodically in waiting rooms or hallways may have a significant impact on the elaboration of transference themes. Dr. Kieffer maintained that for “only children,” these encounters may provide some essential experiences that promote optimal development, and presented a clinical vignette that served to illustrate these ideas.

WHEN GETTING BETTER MEANS DEATH: INTEGRATING MULTIPLE SELVES

LINA SCHLACHTER, M.A.

Jonella came to the clinic because she had five different personalities and felt “chopped.” She also felt “weird” and different from other people, and for this reason she believed that she was an “indigo child”: a child that represented a higher state of human evolution. However, she was not the only one in the room that was uncanny (unheimlich) or “weird.” I, as her therapist, am from a different culture (Brazil), and Portuguese is my native language. In a sense, both of us were trying to communicate in a common language that was foreign to each of us, and to integrate our cultures in that small therapy room. Jonella soon revealed that she did not want any of her personalities to die for her to feel integrated, and I explained that my main goal, as her therapist, was to help each of her personalities speak and understand the “mind” of each one of them, I wanted them to feel welcomed in that environment in which the unfamiliar (unheimlich) was also felt like familiar (heimlich). Jonella gradually became accustomed to the unexpected, as we encountered and (together) observed the expressions of resistance, fragmentation, and control.
POSITIVE RISK TAKING IN DEVELOPMENT: A CROSS-CULTURAL PERSPECTIVE

SUSAN DAVIS, PhD & NANCY EPPLER-WOLFF, PhD

Emotional risk taking in childhood was explored and embedded within an attachment and developmental theory focused perspective. We utilized the writings of Freud, Erikson, Winnicott, Fonagy and Bromberg to understand how emotional risk taking develops within the parent–child relationship, the family and cultural groups. Emotional risk taking, like physical risk taking is a leap into the unknown. This leap places the individual on the narrow, and often frightening, precipice between success and failure. While some research has categorized individuals in terms of their risk taking styles, our clinical practices indicate that there are as many types of risk takers as there are people; we each have a unique fingerprint for risk taking. A risk for one individual may not be a risk for another. And, while all risks represent a challenge of some kind, not all challenges are risky. When we practice good risk taking we are not necessarily leaping full throttle into the unknown, but we are moving beyond our usual perimeters.

Emotional risk taking is an intrinsic part of child development; the child’s ability to take healthy emotional risks emerges as a function of a number of developmental achievements. In this talk we focused on one aspect: the child’s ability to play with a caregiver. We reviewed some of the pertinent literature about play, and suggest that the interplay between the child’s own psychic reality and his ability to exert control on the actual object being played with creates the excitement and precariousness of play. This aspect of precariousness is the riskiness that is a part of trying something new, just beyond the child’s reach. We suggest that a child who has had a template of secure, and reasonably consistent early object relationships, develops the capacity to take risks that move him to the next step in development. Conversely, children, whose early experiences haven’t provided a safe and nurturing environment in which to play, tend to take more negative, or impulsive, risks as they grow. In this paper we also discussed how contemporary psychoanalytic therapists can use concepts of risk taking development with their patients.

We also explored how culture impacts the development of risk taking. Many of us live and grow up within diverse cultural influences. We used examples taken from clinical cases, and also from contemporary American literature, to look at how the complex mélange of culture affects risk taking in children. Using a clinical example of a child growing up in a multicultural family, we examined how this child’s risk taking behaviors shifted through her four year psychoanalytic treatment. We incorporated Bromberg’s concept of multiple self-states as a basis for understanding these changes.

CONCEPTUALIZING CONCEPTION: HOPE, DESPAIR, AND ASSISTED REPRODUCTIVE TECHNOLOGIES

MARY-JOAN GERSON, PhD, ABPP

In his paper, Dr. Kremen discussed the effects of the infertility on the psychological functioning of the couple. The experience of infertility may undermine the couple’s connection to an internal object described as the “creative couple,” according to Mary Morgan. It is a concept with links to Bion’s concept of container–contained. The couple must find ways to repair this shared internal object. He described a couple who were able to mourn the various losses associated with infertility and also to creatively recover their connection to the creative couple. Dr. Ehrensaft presented an unusually comprehensive overview of all aspects of assisted reproductive techniques. She reviewed both the physiological and psychological complications of each approach, pointing out dangers of fantasized solutions to conflict, as well as problematic sequelae in family dynamics.

Both Dr. Greenberg and Dr. Murphy, in their discussions, emphasized the psychic inflation that technology offers us. Dr. Greenberg in pointed out, “The concrete and manic arena of medicine suggests that we can get what we want without having to suffer.” Dr. Murphy noted, “Technology reignites that original narcissism—at once exhilarating and terrifying—that everything I wish for is possible.”
FROM CANDIDATES TO INSTITUTE-AS-A-WHOLE: REFOCUSBING THE LENS AND RESPONDING TO INSTITUTE-WIDE DIFFICULTIES

Barbara Blasdel, PhD

The panel as a whole was an attempt to convey the multifaceted, evolving experience of reflection on group process at the Psychoanalytic Institute of Northern California (PINC). Dr. Blasdel began with a framing introduction that advanced the importance of group process as a way of metabolizing the currents of affective intensity, splitting, and blame that are inherent in all institutional life. She traced the development of a group-as-a-whole perspective, which emphasizes the functioning of the group over individual process, in PINC’s young history. Beginning with its foundations as an alternative to the traditional American Psychoanalytic Association model in 1989, PINC was positioned to think about structural conflict, and soon met its own internal struggles in “problematic” early cohorts. A dissertation by a doctoral candidate in 2004 and a graduation paper by another candidate in 2005 advocated more attention to group process in formal aspects of training. At about the same time that these papers were being written, the leadership at PINC began to observe that it often blamed a candidate or candidate cohort when difficulties emerged, but what was this individual or cohort carrying or saying for the institute-as-a-whole? This increased curiosity about group process opened the way for creative institutional thinking. By 2005, the Dean of Students recommended to the Board a formal study of the life of the group in the institute, and shortly thereafter the Group Process Task Force (GPTF) was formed. Meanwhile, the Curriculum Committee was developing it own interventions, strengthening elements of group process in existing classes and pioneering an experiential, quarter-long group process class. Additionally faculty and other analyst members received training in group process based on a modified Tavistock/consultancy model sponsored by the local Jungian Institute. So there now stand three formal strands of group process in the institute: the GPTF, the group process class in the candidate curriculum, and the training of analyst members.

Dr. Brandes continued the panel, placing the developments at PINC in the context of the literature on psychoanalytic education and the ways that a lack of attention to group process can contribute to an insidious atmosphere of rupture and schism. A brief history of PINC detailed its democratic structure and comparative theoretical frame. In addition to the various centers of group process awareness already mentioned, Dr. Brandes noted that the administration also established a peer-led Candidates Organization meeting as a required part of the training program. The presentation then focused on the GPTF. Because the GPTF was constituted to represent the various factions of the institute, it fruitfully used self-study, assuming its dynamics often reflected the larger dynamics of the institute-as-a-whole. The task force conducted interviews with 25 diverse PINC members and assessed their responses for institutional themes. The GPTF found that longstanding dynamics within PINC are mirrored at all levels of the institute: leaders can feel like under-appreciated insiders, burdened by work demands, while more peripherally located members feel like outsiders, excluded from the centers of power. A reinforcing set of projections and counter-projections can take pernicious hold. Dr. Brandes has seen the results of a recognition of these dynamics: an invigorated faculty, less scapegoating of candidate cohorts, a thriving candidate body, and more productive meetings.

Dr. Sowa’s contribution focused on the Curriculum Committee (CC) and its response to candidates, whose task extends beyond academic learning to the formidable job of getting to know the institute that will serve as their primary identification. The CC sought to develop a proactive group experience that would allow candidates to express and constructively work through their many affective dilemmas about training, about each other and about the institute. Noting the struggle within the CC to get group process recognized, an unspoken tension between the mandates of the CC and the GPTF, and candidate concerns and fears about the group process class, Dr. Sowa noted that it took about two to three years for candidates and analysts to begin to feel the benefit of the group process class. Still, there are many good reasons for candidates to study group process. These extend beyond the health of the candidate cohort to an understanding of the projections onto and from the institute (in particular) and the functioning of any productive working
group (in general). Dr. Sowa then described the group class: an eight-week course in the spring quarter with two faculty consultants (who work using similar theoretical frames) with a four-hour check in the fall quarter of the second, third and fourth years. Pains are taken to protect confidentiality (the class is not part of the progressions process, for example) and there is attention to dual relationships.

Dr. Gonzalez provided a view from the candidates, beginning with the premise that to be a candidate is to be anxious. As neophytes, candidates can symbolize the position of the vulnerable patient for everyone in an institute, and as everyone in the institute has been an analysand, candidates can become the objects of myriad projections, and, since developmental models permeate psychoanalytic thinking, candidates are often infantilized as the children in an extended family. Given this structural position, it is no wonder that candidates can so easily become the representative symptom-carriers for other parts of the institute. Dr. Gonzalez highlighted some of the difficulties of the group process experience, including the multiplicity of roles held by consulting faculty and candidates alike, and the ways that these boundary frictions can feed paranoid fantasies. By its very nature group process tends to stir up the implicit tensions in any candidate cohort. But there was a stronger emphasis on the benefits of the experience. These extended beyond the individual class: the Candidates Organization provided a complementing opportunity for candidates to work with group process without faculty consultancy. Since all candidates had a recognized familiarity with group process, they were enabled to be creative, discovering how to challenge each other while not losing the ability to ensure containment. Individual class cohorts began to emerge as collective personalities in the larger group—and these inter-group processes could now be observed and analyzed.

**Portkeys, Resurrective Ideology, and the Phenomenology of Collective Trauma**

**Robert D. Stolorow, PhD**

In this essay, I extended my conception of emotional trauma as a shattering of the tranquilizing “absolutisms of everyday life” that shield us from our finitude and our existential vulnerability, to a consideration of collective trauma. Using the collective trauma of 9/11 and its aftermath as my prime example, I illustrated how traumatized people fall prey to “resurrective ideologies” that promise to restore the sheltering illusions that have been lost. I suggested that an alternative to these grandiose illusions can be found in our “kinship-in-finitude.”
Living and working as a psychoanalytic psychotherapist in a small community, according to Christine Burbank, presents a particular set of experiences wherein one interacts with one’s patients in unexpected ways. We are more likely to learn about our patients from sources other than them and our experience of them and they are more likely to learn about us from sources other than their direct experience of us in the consulting room. We are likely to find ourselves in uncomfortable, embarrassing or compromising (although at times perfectly normal and natural) positions before the eyes of our patients. We may feel our families are exposed or even threatened in ways they and we haven’t bargained for. We learn (and have to absorb, make sense of, make judgments about, and decide what if anything to do with) information about colleagues, analysts, supervisors and supervisees.

The treatment experience is bounded by place and time; and that boundary is breached by these types of experiences. The primary focus of this presentation was on the ways in which confidentiality and privacy are subtly compromised by the fact that our everyday lives unavoidably intersect with our patients. Confidentiality is not only a crucial ethical value of our profession, but it is an indispensable element of psychoanalytic treatment. It is more than a “privilege” we grant our patients, it is constitutive of psychoanalysis. In addition to thinking about the particulars of each “small community”-type encounter, for instance, the meaning for each therapeutic dyad was discussed in terms of transference/countertransference and the particular dynamic issues that arise (shame, guilt, envy, just as examples), including the possibility that the encounter is a type of enactment. It is also important to recognize there are significant and provocative confidentiality/privacy boundary crossings that may impact one of the core aspects of analytic work.

Our local chapter recognized the importance of this topic to our members, yet it took us years to decide how exactly to begin to talk about it, how to negotiate the shoals of this aspect of this most impossible profession. Our group is itself a small community within a small community and we have interlocking, overlapping roles and connections with one another. Talking with one another as we prepared for this meeting highlighted both the difficulties inherent in maintaining the confidentiality/boundary crossing line, and the value of looking at the issues involved.

In her paper, Dr. Cousins presented five vignettes describing unexpected encounters with patients outside the office. The conventions which underlie the interactions described in the vignettes were contrasted with those of the consulting room. In what would seem to be a paradoxical twist, the interactions which take place in the less formal, “natural” settings seem to be subject to greater constraint than those structured by the analytic frame and discourse. The paper identified the nature of the profound difference between these two cultural forms, asking if it is perhaps impossible to speak of the one while in the other. The following was one of the vignette’s Dr. Cousins shared:

I am sitting at a cafe table, working on my laptop. I suddenly realize that someone has called my name. I look up and see a woman standing not too far away, next to another woman and a baby carriage. I reflexively smile and wave and cheerfully call back “Hi!” I then recognize the woman. She is a former patient (“J.”) with whom I had terminated about a month earlier.

We both turn back to what we had been doing. I feel quite embarrassed. The way I had responded was not the way I would have responded if I had realized who she was. My greeting had been in the wrong register . . . casual, offhand, familiar. Facing my laptop, I ponder this: Did J. realize that I hadn’t recognized her? That I had been on social auto-pilot? Or did she think I was in a new post-termination mode.

I look up as J. walks over to my table. She says she is glad to see me. “Yes,” I say, “me too!”
Dr. Yurman discussed her experiences of neither being fully on the “inside” or on the “outside” of her various communities. It’s a familiar pilgrimage for a small band of psychotherapists commuting to the city (New York City in this case) and conducting a practice there part of the week, and returning to this rural community in the Berkshires and practicing there part of the week. Sometimes the rural experience is in ascendency and sometimes the city experience predominates; they flip back and forth in the manner of an Escher figure/ground print. They inform one another, enrich one another, and complicate each other.

The figure/ground phenomenon is a central process in visual shape perception which involves a determination of boundaries in order to see a shape. Images are separated out based on the contrast of dark and light, black and white, usually. The brain assigns dark and light elements either to the forefront (figure) or background (ground), and it can be hard to see both dark and light images simultaneously. There is a tendency to switch rapidly between both readings of the image. The figure ground concept also applies to abstract concepts such as melody and harmony, positive and negative space and of course to the city/country experience.

Though city and country imagery oscillate, for Dr. Yurman, the country is primarily in the foreground. It has always operated as a dream of the ideal life, the realization of a deeply held fantasy of a beautiful repair to a pastoral idyll. A life of fields, farms, mountains and of course, locally grown, sustainable food. It’s a place where she can really be herself. When life is good, there is a feeling of being enconced, nestled into an embracing surround where the very atmosphere provides a holding environment to engage in the important work of treatment. Psychoanalytic psychotherapy can proceed away from the pressures, intensities and demands of big city life: “There I am, living my dream in my consulting room, with real patients, doing real treatment.”

Beautiful as it may be, as one might expect, this kind of idealizing experience of safety, protection, sustenance has its own vulnerabilities and can be easily challenged. When the country acts as a dream of retreat and renewal, where real life truly exists, the city can intrude in unwelcome ways. Yet at the same time that the city can be an interloper on the rural landscape, it operates as a constant pull for those of us involved with institutes as faculty, supervisors, analysts and candidates. It is also a tremendous source of stimulation and cultural life for us, even as it is a pull for our rural patients for their livelihoods, families, and creative pursuits. Many of these “transplants” share the same trajectories as our patients, having migrated from the city to the country for a better life.

Dr. Yurman concluded by developing more fully some of the tensions and rewards of working as a psychoanalytic psychotherapist in both the country and the city, though the tilt will decidedly be towards the country.

Paul Lippmann described psychoanalysis as beginning as an urban affair; and many central ideas of therapeutic technique (neutrality, anonymity, etc.) derive from the urban setting. But we have in our deep background, life in families, villages, tribes, small groups, such that psychological healing has roots in small communities where everyone knows everything about everyone. Also, in the origins of psychoanalysis, Vienna and later psychoanalytic institutes became centers without genuine possibilities of anonymity. Following a number of examples of intimate interaction with patients and their families in my local community, several principles were suggested, particularly that hiding our real selves is impossible, our flaws are obvious, and may even be necessary to show our patients and others that “we are all in this together.”

**How Do You Think Heaven Looks Like?**

Norka Malberg, PsyD

In Dr. Malberg’s paper, the development of a mentalization-based group within a pediatric renal unit in the city of London, England was described and reflected upon through the use of the participants’ voices. An emphasis on the use of countertransference, the participants’ defensive use of language and the impact of cultural background in the developmental process are used to highlight the importance of the subjective meaning of illness when designing psychodynamic intervention models for specific populations. Finally, this paper highlighted the value of incorporating a systemic perspective to our psychodynamic outreach interventions.
EXPLORING THE CULTURAL CONTEXTS OF EARLY CAREER ISSUES

Winnie Eng, Ph.D.

PRESENTERS
- Tanya Brown, PhD
- Paul Lippmann, PhD
- David Ramirez, PhD
- Usha Tummala-Narra, PhD
- Margaret Whilde, MA

CHAIR
- Winnie Eng, PhD

MODERATOR
- Marilyn Charles, PhD

The Early Career Committee Roundtable engaged audience members in a dialogue about the cultural contexts facing clinicians early in their professions, including training differences, modern technological trappings, and issues of race, class and sexuality.

Dr. Usha Tummala-Narra, professor at the Michigan School of Professional Psychology, reflected on the space between culture and intrapsychic interests. As the chair of the Division’s Multicultural Concerns Committee, she spoke about the risk of marginalizing multicultural issues as we aim to highlight them through committee work. A question posed was, “why are certain members responsible for culture within the division?” The panel and audience explored the risk of reifying special interest classes of persons as a separate entity, as we strive towards integration. Dr. Tummala-Narra addressed a cultural gap that she has observed across different generations of professionals. She recalled low interest among her peers in issues of religion and ethnicity in previous training. Now, an emphasis on cultural competence in training may exclude ideas of psychoanalysis. We considered how faculty, students, and early career clinicians approach and negotiate this gap in theory and practice.

This challenge was explored by Margaret Whilde, a doctoral student in Counseling Psychology at The University of Texas at Austin. She reflected on how her participation in social justice work and interest in feminist, queer, and critical race uses of psychoanalytic theory inform her professional identity. She noted that psychoanalytic theory can be found more readily in different disciplines of comparative literature and sociology than some psychology departments today. The feminist movement was used as a parallel to pioneering multicultural awareness and competence in practice.

Dr. Tanya Brown, post-doctoral fellow at the UCLA Counseling and Psychological Services, personally reflected on her experience as an African-American clinician. Dr. Brown pointed out that for her, many clients are “others” from the dominant group. She spoke about constant challenges to open up discussions of diversity and to bridge the intrapsychic and the interpersonal spheres. She also described innovative ways that a college counseling center environment can provide outreach to new immigrants and students of color through liaison offices and informal groups.

Panelists considered the different contexts where treatment occurs and the concept of boundaries. A social worker in the audience questioned whether she is engaging in authentic therapy when working in clients’ homes or in counseling centers. Seasoned panelists reflected that being fully present should never undermine therapy, and boundaries can be damaging if they’re too secretive. The term “self-disclosure” assumes that the basic position is “closed,” perhaps a patriarchal and ultimately unhelpful stance in current contexts. In order to give early career professionals a voice that is valued, we are encouraged to reject the tendency to defer to authority and instead to listen to clients and ask them for help in understanding them.

In this technologically advanced culture, clients can seek to know us through the Internet, eluding strict boundaries of privacy and anonymity. Dr. Paul Lippmann, head of the Stockbridge Dream Society and Training and Supervising Psychoanalyst at the William Alanson White Psychoanalytic Institute, discussed how our virtual lives are dominating our inner lives in the present culture of technology and machines. He posited that we are all turning into machines, so that attention to the inner world of subconscious and dreams is becoming a subversive act. Psychoanalysts working with dreams in our clinical work have been displaced in a modern culture that oversimplifies the inner world. Dr. Lippmann believes that in this cyber-digital era, analysts have the opportunity again to find themselves as a minority, reminiscent of how Freud and Jung responded to the ailments of the modern industrial age with a focus on the sleeping mind. It is important to find community in this zeitgeist and to reconnect with the natural world. He challenged analytic institutes to provide training experiences and to interact more with local graduate programs to avoid becoming a potentially moribund group.

Another important cultural context that we are mindful of is socioeconomic class. Dr. Lippmann stated that this field began with minorities and that it is arrogant to believe we can be general therapist to others without noticing class. Panelists speculated that this melancholic
tendency to ignore history and to minimize differences and the past is a uniquely American problem, focusing on the future and repressing early immigrant experience of psychoanalysts in exile. In the historical contact, psychoanalysts have a rich tradition of social activism.

Dr. David Ramirez, director of Swarthmore College Psychological Services, spoke about his own experience within the Division. He stated that he used to feel little affinity with colleagues due to his race and class status, which gave him the freedom to advocate for the formation of the Multicultural and Early Career Committees with a lower risk of alienation from the group. This stance may once have appeared subversive. The ultimate success of his inclusive efforts was lauded by the panelists as a “tipping point” in reconciling a generational gap, creating momentum, and engaging once alienated members.

At the conclusion of this roundtable, Dr. Andrew Suth announced that he and Scott Pytluk, co-chairs of the 2010 Spring Meeting in Chicago, have created a new submission process to increase the representation of early career individuals. Clinicians in their first seven years post-degree and current graduate students may indicate their status on their submissions, which will be reviewed separately for a number of dedicated program slots. Additionally, a new prize has been created where the best conference paper by an early career professional will receive a guarantee of publication in *Psychoanalytic Psychology*.

**INNER AND OUTER REALITIES OF IMMIGRANTS: RACE, RELIGION, AND SOCIAL CLASS**

**Presenters**
- Ricardo Ainslie, PhD
  *Cultural Forms and Immigrant’s Construction of Self-Representations of Race and Social Class in the Internal Lives of Immigrants*
- Monisha Nayar, PhD
  *Mythological Icons and Identity Formation: The Case of South Asian Immigrants*
- Andrew Harlem, PhD
  *Migratory Mourning and the Therapist’s Imagination*

**Discussant**
Salman Akhtar, MD

**Chair**
Usha Tummala-Narra, PhD

This year’s invited panel of the Multicultural Concerns Committee addressed psychoanalytic perspectives on a variety of issues salient to immigrants in the United States. The ways in which immigrant patients and their therapists experience shifts in sociocultural environment and encounter each other’s unique cultural realities was a focus of this panel. Each of the three presenters, Ricardo Ainslie, Andrew Harlem, and Monisha Nayar, explored how identity is transformed through the negotiation of intrapsychic, interpersonal, and societal experiences for both the patient and the therapist. The focus of the three papers included self and object representations of race and social class, the role of religion in identity development within the South Asian immigrant context, and the therapist’s fantasies of the immigrant patient’s homeland. Salman Akhtar provided a rich discussion of the three papers and highlighted the importance of attending to subtle and imaginative aspects of therapist-patient interactions within the sociopolitical context of immigration. We are indeed grateful to our presenters and our discussant for a wonderful exploration of immigration in this year’s program.

**BUILDING EMOTIONAL MUSCLE IN CHILDREN, PARENTS, TEACHERS, PATIENTS, AND THERAPISTS**

**Jack Novick, Ph.D**

The concept of “emotional muscle” arose from clinical work in relation to therapeutic impasse and as a criterion for moving toward a “good goodbye” in treatment. In this paper the authors, Jack and Kerry Kelly Novick, discussed the relation of the concept to ideas about resilience, ego strength and development in the parent-child relationship. They applied it to work at Allen Creek Preschool, a non-profit psychoanalytic school in Ann Arbor, Michigan, dedicated to the emotional and cognitive growth of families and their children from 0-6 years of age.

The idea of building emotional muscle makes immediate intuitive sense to parents, children, teachers, therapists and patients. As such, it functions as a bridge between the abstract concepts and findings of developmental researchers and the everyday practicalities of family life, school and the consulting room. The concept of “emotional muscle” promotes multidisciplinary understanding of personality structure and growth and contributes to the use of multi-modal therapeutic techniques.
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ATTACHMENT, PLAY AND AUTHENTICITY: A WINNICOTT PRIMER BY STEVEN TUBER. LANHAM, MD: JASON ARONSON, 2008; 224 PP.. 39.95.

PLAYING WITH WINNICOTT

While in graduate school, I was blessed to have exceptional supervision. Invariably, with each difficult clinical case I encountered, I was instructed to read “Hate in the Countertransference,” the classic paper by Donald W. Winnicott (1947). It was as if this simple, yet evocative and powerful paper was some sort of universal backup system for any good supervision. To be sure, the paper—my copy of which is now underlined, creased, and threadbare, helped each case that called for its use, and each in its own way. Each time I returned to it, I gleaned something new as my understanding evolved and deepened. Even still, Winnicott’s thinking can be as ineffable as his writing is elegant. As much as the truth and beauty of his papers have helped me to see the trees as well as the forest, there has remained a vague sense that his whole meaning is always just out of sight.

Steven Tuber’s beautifully written Attachment, Play and Authenticity is a tight, smart, and inherently readable volume that serves as a user-friendly guide to the master theoretician and clinician. The CUNY professor addresses his reader in a way that is commensurate to the topic at hand, with humanity true to the spirit of Winnicott. Tuber prefaces the book by alerting the reader that he is, in true Winnicottian fashion, going to “play with Winnicott.” And play he does.

“In attempting to ‘play with’ Winnicott’” writes Tuber, “I chose a particular heuristic.” His method is to foreground the notion of a dyad in all its complexity. The mother and the baby, both as individuals and as a whole, move together through the book. Indeed, this metaphor can be stretched to encompass the attitude of the book, as the papers exist within the context of the theory and the book exists almost in a potential space between them.

Tuber’s writing matches the spirit of Winnicott. He plots out the development of Winnicott’s theory in a manner that allows for it to unfold in the best sense of the word. His tracking of Winnicott’s thinking proceeds without hurry; there is ample time for the book to develop at its own pace, and ample time for the reader to double back and revisit the works. Reminiscent of one of Winnicott’s case consultations, Tuber’s prose and pacing mirror an attitude of patience and faith; doors will open, answers will arrive, and development will proceed in “bits and pieces.” Furthermore, his placement of the papers in context maps neatly onto the concept of the dyad. The chapters themselves are sequenced in a way that build upon each other to both round out and deepen the presentation of the voluminous work of Winnicott.

Tuber uses a clever and, aptly enough, holding way of organizing the book. He begins each chapter with a stated dilemma or paradox, and then wraps each of these in a paper or two of Winnicott’s. In each chapter, Tuber discusses the specific issue at hand, situating his discussion of these specific issues within the context of the whole of the theory of Winnicott. One example is the chapter on what Tuber identifies as the most significant contribution of Winnicott: the meaning and power of play. Tuber states the dilemma of this chapter as: “How does learning to play enable life to proceed?” This is a manageable enough question, indeed one that can likely be addressed by a careful reading and rereading of the paper at hand. Tuber takes it a step further; his discussion of the paper and the dilemma stated within has been carefully and deliberately set up by the previous seven chapters. Consider for a moment the six paradoxes Tuber has raised and played with in the previous chapters:

1. A baby has instinctual urges and predatory ideas—how are both possible and where does it leave the mother? (p. 17)
2. A good object is no good to the infant unless created by the infant . . . yet the object must be found in order to be created. (p. 31)
3. Precocious compliance leads to a False Self, yet the baby’s utter dependence promotes compliance. (p. 49)
4. If we are essentially isolates, how do we develop
5. A mother only becomes real to her baby by being hated, thus the world only feels substantial if the baby’s attempts to destroy mother are survived, so how does she do it? (p. 85)
6. How can Winnicott’s theorizing be understood in the context of clinical work? (p. 101)

Tuber spends nearly half the book (and nine seminal papers) carefully and patiently playing with these dilemmas and paradoxes before fully getting to the meaning of play. I leave the reading and synthesis of these papers as well as the playing with the dilemmas and the paradoxes within to both the reader and to Tuber. In order to get to the importance—indeed the singular hallmark of health—of play, Tuber reminds us that Winnicott’s complex theory of child development is based upon the idea that when child development goes according to plan, the capacity to play comes with it. Thus the first half of the book is spent laying the foundation for the development that is necessary for this benchmark.

After celebrating the development of the capacity to play, Tuber builds further, expanding upon the idea of play to develop the concepts of transitional space and transitional phenomena. With the ideas of play and transitional phenomena laid out, he tackles Winnicott’s use of aggression, hate and the antisocial tendency. Because they come towards the end of the book, the reader, now freshly steeped in Tuber’s take on Winnicott’s theory, is primed to incorporate them in the context of the mother–baby dyad. Ideal playing takes place in the space within an ideally good enough holding environment. This heuristic is at play in each chapter.

For instance, Tuber shows that the significance of “Hate in the Countertransference” is best understood by first laying the groundwork of several other important aspects of the theory. All of us can likely hearken back to the first reading of this seminal work in which Winnicott essentially argues that as clinicians we are free—if not urged—to experience not just negative feelings but hatred towards our patients as Winnicott does in a chillingly evocative vignette about a disruptive nine-year-old boy. Winnicott permits the therapist this necessity by couching it in the mother–baby dyad. Central to this is a point that Tuber has been explicitly and implicitly making throughout the whole of the book. Winnicott posits a faith in the baby’s capacity to tolerate the mother’s hatred as well as faith in the mother’s capacity to find ample room to love and mother this baby, not only despite the hatred, but because of the freedom it affords her to love and mother. This in turn provides the baby the freedom to realize his true self.

As per usual, this formulation is a simple, yet dazzlingly complex paradox put forth by Winnicott. Where Tuber stretches this beyond the four walls of the paper is to put the mother’s hatred, the baby’s hatefulness, and the interaction between the two in the context of other parts of Winnicott’s theory that are not explicated in the paper itself, but in other papers and thus within the potential space between papers and the theory. Notions of true and false self are essential to a fuller understanding of this idea, as are the ideas of good enough mothering, the use of an object and the crucial developmental significance of impingements on the holding environment.

In this way Tuber positions the dyad of the theory and the individual papers in much the same way he positions the dyad of the mother and the baby. The baby has to find the mother in order to develop in a true fashion, the papers have to find the theory in order to live in their truest fashion; and the playing and interaction with both theory and individual papers can take place in the space between the two. Once they have found each other, both the individual papers as well as the comprehensive treatment of the theory can fully breathe, come alive, and ultimately do the work, both in the mind of the reader, as well as in the

1 Indeed, in his discussion, Tuber mentions the nearly universally strong reactions this paper causes among his graduate students each time he teaches it.
In many ways, this book serves as a transitional object itself for clinicians, and not only beginning ones. The seasoned clinician is not immune to the need for a dose of Winnicottisms, no matter how long he has been practicing. Whenever I was directed to one of Winnicott’s papers by a supervisor, I could never escape the thought that just as I was discovering the paper for the first time, the supervisor recommending the paper was rediscovering something anew. Indeed, if one takes Tuber at his instruction and returns to the paradoxes and dilemmas throughout the book, one finds that he is continually playing with their meaning and application in new and surprising ways.

For this reason, Tuber’s use of the term “primer” in the subtitle is misapplied. Primer implies a basic reading, one that stops at summary. In fact, this book is too meaningful, too complex and too thoughtful to be a simple primer. Tuber’s elegant and evocative language sings with the spirit of Winnicott; his treatment of the work is paradoxical, in the truest Winnicottian sense of the word. Moreover, besides being the only book in the field to address the complexity of Winnicott in this manner, it is a book that is meant for all levels. Just as the baby is given room to develop in the context of good-enough mothering when he can be “gathered up,” the papers are given room to develop in the context of good-enough mothering when they are gathered up by the book. The fullness and depth of the theory allow the therapist to tolerate the paradoxes and dilemmas of a treatment; it allows the therapist to “go on being.” This is just as true for the first year graduate student as it is for the seasoned clinician.

Furthermore, this is an unusually personal and humanized work. While written primarily for the mental health professional, Tuber peppers the book with references to universal events that bear upon not only his role as a clinical psychologist, but as a teacher of graduate students and a parent of children. In this way he achieves his goal set out in the preface to approach the work dynamically. Alongside the most famous “Winnicottisms,” we are treated to Traci Chapman and Bruce Springsteen lyrics, a playful spin on Simon & Garfunkel, Harry Potter references, reflections on nearly 25 years of teaching psychodynamic clinical psychology to graduate students, and tales of his own experiences of parenting.

As such, the book has a very personal feel to it. The teachings of Winnicott ring true whether discussing clinical material, children’s literature, or popular music. Tuber manages to pull this off without diluting the power or the elegance of Winnicott’s work. Indeed the reader is invited to “play along” with Tuber as he bounces between the seemingly magical squiggle games Winnicott played with Ada (1971) and the hide and seek games Tuber played with his own infant sons. We are in turn free to imagine and to reimagine ourselves engaging in these behaviors, professionally, personally, or in the space between.

In the last paragraphs of the book, Tuber reflects upon his own treatment of the work, and his own love of Winnicott, hoping aloud that he has done him justice; indeed he has. Tuber has succeeded in making this book the very kind of object in which Winnicott would discover and rediscover delight. It is thoughtful, complex, and paradoxical; it is playful, meaningful, and authentic. True to his task, Tuber’s work sets up the conditions under which development can continue the work of unfolding, whether the reader is a beginning graduate student, a relatively new clinician, or a seasoned veteran coming back for some reminders of the singular creative elegance that is the prose of Donald Winnicott. Justice has been served, and then some.

References

Benjamin Harris
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In the exclusive world of psychoanalytic theory, race is not a topic commonly considered. Though literary critics have broached the topic more often than psychoanalysts, very few are as thoughtful or thorough as Gwen Bergner. In *Taboo Subjects: Race, Sex, and Psychoanalysis*, Bergner deals with race, class and gender in a brave, honest and pioneering way. So few works investigate any of these topics, and even fewer investigate all three, but to exclude one from the other is to deny the lived realities of our patients. *Taboo Subjects* discusses how the miscegenation taboo, continued psychological impact of slavery, and a movement toward bi-/multi-racial terms require a combining of object relations and Lacanian psychoanalysis if we are to more fully conceptualize the social and symbolic as they affect psychic reality.

Bergner begins her work with a discussion of double consciousness, which is a term used to suggest that “identity forms in response to the other’s gaze” (p. xiii). She explains that while in some academic circles race is commonly understood as a social construct, psychoanalysis “is only beginning to consider race as a constitutive factor of identity” (p. xiv).

She goes on to point out that we perform race and gender based on social hierarchies that are internalized. In other words, the social and personal are interwoven throughout one’s development and absolutely affect one’s life, particularly if one is oppressed in some way.

Bergner uses several texts to make her arguments. She begins with Fanon in chapter one, whose *Black Skin, White Masks* “is a foundational text for reconfiguring psychoanalysis to account for race” although he “takes the male subject as norm” (p. 3). She shows how Fanon was a trailblazer in his psychoanalytic exploration of racial identity and discusses the Black man’s (heterosexual) desire for White women, the White man’s historic rape and subjugation of Black women, and how men express power differentials through their sexual practices, often across racial lines, all of which is ultimately related to colonialism. Never before have we seen Fanon’s work discussed in this way, and it is quite illuminating.

With chapter two, Bergner moves on to Frederick Douglass. She points out how, in *Narrative of the Life of Frederick Douglass, An American Slave, Written by Himself*, Douglass idealizes his masculinity and eclipses Black women in the way slaveholders (i.e., White males) eclipsed slaves (i.e., Black people). Referring to both as myths, Bergner compares Freud’s Oedipus Complex with Douglass’s *Narrative*, “because each is working out of comparable Western norms of masculinity” (p. 23). Bergner challenges conventional understandings of both texts in ways that sometimes seem irreverent but are nevertheless highly stimulating and thought provoking. She is ultimately successful in demonstrating how neither work may be considered anything other than culturally specific.

In chapter three, Bergner discusses the miscegenation taboo and the racial symbolic via Nella Larsen’s *Quicksand*. It quickly becomes clear how flimsy categories and hierarchies based on race actually are when considering the *mulatto* (i.e., half-Black, half-White individual). The concept of ideology as “the shared fantasy or collective belief in a society that governs the relations among the members of that society” (p. 53) helps us understand just how influential sociopolitical forces can be on the formation of a sense of self. In a fascinating summary, Bergner explains...

...the symbolic work done to produce an ideology of “Race,” whereby people are seen as white or black, or even white and nonwhite, cannot accommodate the concept of a mixed-race individual. Such an individual belies the fiction of racial difference and so cannot be represented within the ideological system. (p. 55)

This analysis continues in the Afterword about bi- and multi-racial individuals, where Bergner illustrates how the concepts of race in the U.S. are not easily obliterated from the unconscious.

Bergner continues her brilliant work in chapter four with a focus on William Faulkner, particularly his book...
Absalom, Absalom! She discusses how Faulkner painted a very different picture of the South than Gone with the Wind, which was published in the same year, and the ways in which “nationalist ideologies construct race and class with reference to the terms of normative masculinity” (p. 83). She likens sociopolitical disfranchisement with “castration fear,” or fear of racial contamination, and discusses the miscegenation taboo and the “collapse of racial distinctions” that are an integral part of slavery.

In chapter five, Bergner focuses on Toni Morrison’s Beloved. She considers West African cosmology, a psychoanalytic understanding of the mother–daughter relationship, and a revision of slavery through an African Americanist perspective. Bergner illustrates how complex and ingenious Beloved is, in the way it intermingles individual and collective trauma, both in the present as well as the past. Bergner’s discussion weaves in psychoanalysis to help us understand not only how it is possible that slavery continues to affect an entire group of people but also how we cannot possibly disentangle the social from psychic reality. It is clear that, even though psychoanalysis has not sufficiently included race in its formulations, its practitioners hold the ability to help people move through their trauma, including trauma related to racism and other oppressions.

A particularly insightful aspect of Taboo Subjects is Bergner’s argument that object relations can better respond to race than Lacanian or Freudian psychoanalysis. She acknowledges that psychoanalytic feminists argue that “object relations embraces essentialist, normative conceptions of gender, sexuality, family structure, and parenting role” (p. 121) but explains that this is due to limitations in how the theory has been implemented thus far, not the theory itself. She argues that it is important to look at the “links between an individual’s relational identity and group identity” (p. 122), and offers a merging of object relations theory with Lacanian psychoanalysis so that we may have a fuller understanding of how the social and symbolic are connected. Without this, “there is no room for individual agency or cultural difference in relation to processes of subject formation” (p. 136).

Bergner successfully demonstrates how classical interpretations of texts and theories are limited because they do not account for all levels of oppression and subjectivity. As we know, interpretations often say more about the person offering the interpretation than the original theory, which is particularly dangerous in racist, sexist, and classist contexts. However, according to Bergner, some theories are inherently limited because the theoretical components are so bound in racism or sexism, such as Freudian analysis. Specifically, Bergner claims that Freud’s theory may be unable to ever fully account for the sociocultural influence(s) on identity formation because of its almost complete neglect of females from the theory. That Bergner re-reads and re-analyzes classic theories is a powerful reminder that they are not static entities to simply be digested but, instead, dynamic processes to be interrogated.

One of the few complaints against the book could be that Bergner only considers African Americans in the text. While it is impossible to cover everything, especially in 200 pages, one cannot help but wonder how her work relates to other so-called ethnic minority groups in the U.S. She acknowledges this limitation (p. xxxii) but I continue to believe that it would be illuminating to see how Bergner conceptualizes other groups given the atrocities they have also suffered in the U.S.

It must also be made clear that Bergner’s work is focused on the U.S. This is very helpful to anyone desiring an understanding of the contradictory and hypocritical race relations of the U.S. One could easily argue that the concepts related to expanding interpretation of classic theory to recognize sociocultural context remains true regardless of geographic location, but the specific ways in which she does so in Taboo Subjects is certainly U.S.-bound.

Bergner has written a brilliant book. Taboo Subjects is one of the few works currently available that is willing to look at the complex intersections of race, class and gender as they affect real people. I appreciate Bergner’s ability to separate theory from theorist, and acknowledge what is useful about a theory while dissecting what is not helpful or accurate. She is willing to be complicated and thorough, rather than ignore the complexity of the issues she investigates. She is honest with herself as well as the audience, and I imagine it would be much easier to simply discount her ideas rather than actually attempt to consider and digest them. For the benefit of us all, I hope the reader will choose the latter.

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The "revolution" that has occurred in the field of psychoanalysis over the past fifty years has had two aspects; one "quiet" and one "loud." The louder part of the revolution had to do with the lawsuit against the American Psychoanalytic Association during the 1980s, and to the challenges to classical theory and the technical proscriptions of ego psychology from outside the walls of the American Psychoanalytic Association, to which I refer later in this review. The "quiet" revolution was from within it. Dr. Arnold Cooper was a leading voice for and instrument of the latter.

I offered to review this book because, although I had been exposed to several of Dr. Cooper's papers during my psychoanalytic training in the mid-1990s, I subsequently learned that one of my most influential supervisors had been supervised by him while a candidate at the Columbia institute. I was therefore keen to learn more about my own psychoanalytic heritage. What I found was a volume of papers I now consider to be essential to a deeper appreciation of the development of psychoanalytic theory and technique over the past 50 years. It is one I am glad to have on my shelf.

Dr. Cooper is one of the leading figures in American psychoanalysis. Co-author with Ethel Person and Glenn Gabbard of the American Psychiatric Association's *Textbook of Psychoanalysis* and editor of the recently published volume *Contemporary Psychoanalysis*, he is a former president of the American Psychoanalytic Association and head of its powerful Program Committee during the critical period of the mid-to late 1970s, who successfully fought for greater tolerance of diversity. He is also a former vice president of the International Psychoanalytical Association, and a prominent promoter of psychoanalysis at Columbia University Center for Psychoanalytic Training and Research, where he has not only been a beloved teacher and training analyst, but also developed and ran an innovative and popular series of courses for undergraduates at Columbia on applied psychoanalytic theory.

Seemingly aware from his relationship with the brilliant, prodigious Edmund Bergler during his own formative professional years that our field consists of powerful ideas rather seductively promoted by charismatic authorities, Dr. Cooper's contributions have been of a different but just as important variety. Rather than trying to develop a new school of thought around himself, he has been a keen observer, commentator on and synthesizer of the major ideas and developments in psychoanalysis such as masochism, narcissism, and issues of technique.

The title of this volume of selected papers, well edited by Dr. Elizabeth Auchincloss, also bespeaks the personality of the author, who has a reputation with colleagues who have known him well of being one of the nicest and most genuine people in our field. Apparently, Dr. Cooper's diligence, as well as an honest, forthright style, succeeded in helping to gain voice, acceptance and status for what were at the time unorthodox, non-ego psychological views within American psychoanalysis (especially those of Kohut and self psychology); views which through other voices and in other forms have now become the New Mainstream (this author's term).

Dr. Auchincloss's insightful introduction to this collection alone is worth the price of admission, due in part to the biographical information about Dr. Cooper she generously reveals. He was raised in a social environment that primed him to notice and try to reconcile the differences between "orthodox" and "reformed" points of view, and that helped him to develop a sharp ear and eye for contradictions between what is said and what is done. Theories find us as much as we find them. One suspects after consideration of her introduction, in combination with the first paper, "The Impact on Clinical Work of the Analyst's Idealizations," that one's attitude towards Freud and his ideas, whether at the extremes of fealty and devotion or disdain and repudiation, or somewhere in between, has as much to do with one's preferred way...
of loving and hating one’s own parents, as the outcome of one’s negotiation of both homosexual (“negative”) and heterosexual (“positive”) Oedipal issues, as it does with intellectual integrity. Dr. Cooper thinks and writes with such candor about himself that I cannot imagine him disagreeing with this opinion.

Across all the works comprising this volume, divided into four sections (The Quiet Revolution, Challenging the Boundaries of Psychoanalysis, Vicissitudes of Narcissism, and The Analyst At Work) consisting of four to five papers each, Dr. Cooper certainly has his own clear and well-explicated point of view about all the binary issues pertinent to contemporary psychoanalysis. These include transference/countertransference, Oedipal/pre-Oedipal, the etiological role of genetic (in the classical and ego psychological sense, which he clearly understands and appreciates) versus developmental factors (such as the importance of research on infant development), cultural influences versus intrapsychic dynamics, interpretation versus the creation and maintenance of safety, etc. He communicates a sense of having worked to integrate these binaries which challenge every analyst during most every clinical hour in terms of what is most useful, if not in terms of what is most “true” (a quest candidates can be observed to pursue even in the face of postmodernism). His papers are remarkable for their high degree of courageous self-disclosure when he presents his work with difficult patients, as well as his articulation of the process of implementing the technical implications of new clinical and developmental research-based observations about infancy and pre-Oedipal experience.

Dr. Cooper began publishing early in his psychoanalytic career, but it appears that he did so most prolifically in the 1980s and 1990s. This was a time during which the dominant paradigm of ego psychology (an extensive body of work many contemporary candidates only barely hear about dismissively via negative characterizations from teachers, and may not even read at all) was being challenged from several directions: by developmental research (Margaret Mahler, Daniel Stern and others) and by the interpersonalists (especially writers such as Jay Greenberg and Stephen Mitchell, who helped initiate what has become the new dominant relational school). Meanwhile, Merton Gill, Irwin Hoffman and others were pulling the rug out from underneath a rigid interpretation of the ideals of abstinence and neutrality, as well as our definition of what constitutes psychoanalysis versus psychotherapy. Dr. Cooper’s papers from this period are important for the light they shed on the major dialectics that characterized it.

It was the latter two sections of this book that intrigued me the most, primarily for their continuing clinical relevance. The papers in the sections “Vicissitudes of Narcissism” and “The Analyst At Work” were refreshing to read because they address the clinical usefulness of understanding the dynamics of what Cooper calls the “narcissistic-masochistic” character. I, too, have found Bergler’s writing on this subject (see especially Curable and Incurable Neurotics, [1961/1993]) to be replete with clinical “gems” such as one Cooper describes: ‘injustice collecting,” a commonly encountered manifestation of moral masochism. He combines that with Bergler’s “infantile megalomania” (i.e., the universal imperative of childhood that everything be about oneself), a term first used by Eidelberg in his 1948 paper. Together, they satisfy the unconscious wish for “victory through defeat” (Reik, 1941) or through “complaint.”

I noticed, however, that Cooper maintains Bergler’s emphasis on pre-Oedipal factors (which he labeled the “septet of baby fears”), whereas I have found it unnecessary to theoretically restrict the genesis of masochistic dynamics to that period (Brenner, 1959). My observation has been that both Oedipal and pre-Oedipal factors, triangular as well as dyadic (mother–infant), need to be considered. Cooper recognizes this implicitly if not explicitly. When presenting case material in several papers, he makes statements to the effect that there were obvious Oedipal dynamics, but that he preferred to focus on those pre-Oedipal because he believes they are of primary importance and because they had been historically neglected in Freudian theory and ego psychology. Whereas a Freudian would see the pre-Oedipal material in an adult patient as serving a regressive defensive function against conflicted homosexual and heterosexual Oedipal wishes, Cooper assumes the opposite. For similar reasons, he privileges an attention to avoiding failures of empathy and to the establishment of safety in the therapeutic relationship over interpretation; especially over interpretation of the unconscious guilt and aggression that Freud thought central to the understanding of moral masochism.

I think I notice in his clinical material that in trying so hard to be caring and empathic, rather than the cold caricature of the classical or ego psychological analyst (“only questioning and interpreting”), he does not necessarily ensure the continuation of the treatment. In fact, my observation is that interpretation of a person’s guilt for both loving and aggressive transference feelings is often necessary to avoid its intensification and resulting premature termination (not that there is a guarantee, by any means). It seems to me that safety and interpretation need each other. Also, the reality is that one never feels completely safe, in or outside the treatment, just as one is never completely known and understood.

One way to view the enactments so often discussed
Psychoanalytic books in recent psychoanalytic writing is as an outcome of an unconsciously escalating (for both analyst and analysand) interpersonal reverberation of transference and countertransference guilt. In my own practice, careful re-examination of the process leading up to the development of impasses such as the kind Cooper describes has usually resulted in my realization of unconscious countertransference guilt and/or shame reactions that turns out to also be a reflection of the patient’s own. Being able to interpret and work through (first myself, then with my analysand) such experiences more often than not significantly advances the treatment.

I ended up wondering if it is just as possible to overvalue concepts like safety, empathy and caring, or actions towards patients that demonstrate such, as it was for colleagues such as Kurt Eissler in an earlier time to overvalue interpretation, as Cooper repeatedly comments. The precondition for both safety and interpretation are the same. Freud’s fundamental “gospel” was that there is no experience of freedom without acceptance of that which has previously felt forbidden, whether that consists of the wish to be taken care of and protected or of the wish to control, penetrate, be penetrated by, or to punish and/or be punished by another.

But the therapeutic process is like sailing, isn’t it? We may be heeling to port or starboard (analogous to safety or interpretation) as we move along, but we will surely need to tack in both directions. Such a notion would be quite consistent with Cooper’s refreshingly candid admission in the first paper included in the book, “The Impact on Clinical Work of the Analyst’s Idealizations and Identifications”: “In effect, I have throughout my psychoanalytic career rarely enjoyed the experience of freedom without acceptance of that which I really knew how to do it right” (p. 19). This courageous statement frees all of us to admit the same. It seems to me that no one could have said that fifty years ago.

After digesting this book, I looked on PEP and on the web with interest in what direction Dr. Cooper’s writing has taken since the papers included in this volume were published. I noted that as recently as 2008, at approximately age 85, Cooper is still serving well his important role as synthesizer of where we are at as a profession. In the abstract of a paper entitled “American Psychoanalysis Today: A Plurality of Orthodoxies,” he observes with the proud but slightly anxious, disconcerted eye of the revolutionary who sees the contrast between the excitement and promise of revolutionary times and the at least temporary chaos and even renewed hegemony of special interests which often follows:

While we welcome the pluralism that has replaced the rejectionist policy of only a few decades ago, our contemporary pluralism is, to a surprising degree, a multiplicity of authoritarian orthodoxies (emphasis added), each derived from a particular thinker, rather than a scientific discourse.

The more I have thought about it, the more I agree with this characteristically astute observation. Now that relational theory has become, for some, the new orthodoxy, could there be yet something to be rediscovered from Freud that could become newly revolutionary? Every article about Freud I have seen in the popular media over the last ten or fifteen years seems to carry a headline to the effect of “Study Proves Freud Was Right About . . .” Cooper sees great promise that neurobiology, where Freud started out, will both validate and enrich our field. He is almost certainly correct. However, if “neuropsychoanalysis” follows the trajectory of developments in subatomic physics, the new discoveries will also raise as many questions as they answer. In the meantime, this author looks forward to reading continuing contributions from sagacious colleagues such as Arnold Cooper. He would be one of the first to notice if that happens.

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Let me begin by saying that this book is one of the most informative I have ever read regarding the struggles clinicians actually face with their patients. It is highly accessible and honest, with a clear sense of humor present throughout the work. That being said, it is also a book that I never would have willingly purchased, given the title. I am not a gay [male] analyst, so what could I learn from Sherman’s subjectivity in the treatment setting? This is an interesting paradox that pervades the work. How much do our biases affect our clinical work? How well would we do if we were somehow able to shed them? How much can we learn from those who, on the surface, appear so different from us?

Sherman and I share very little in common from a sociocultural perspective. He identifies as a European American gay male. I identify as a Mexican American heterosexual female. We live and practice in different parts of the country. He is a psychoanalyst while I simply practice from a psychodynamic framework. I could go on and on. Yet I find his text so personal, so relevant, and so illuminating. It is even humorous in the sometimes-playful way he discusses his reactions to ideas most of us would repress, or at least never admit to our colleagues (e.g., sexual attraction to a patient). Sherman discusses his reactions to patients, and how they may relate to his personal history and experiences, with such honesty that I sometimes felt a sense of shock at what I was reading. Never before have I encountered such honesty and self-disclosure in a psychoanalytic text.

Sherman addresses the impossibility of keeping our personal selves hidden from our patients. He talks about how we are always “outing” ourselves, even if we never utter a verbal self-disclosure. How we dress, our office decorations, what we do and do not react to are all statements about our values:

That … illustrates the importance of knowing oneself and one’s blind spots as much as possible. The goal is not to get rid of countertransference and the effects of one’s personality, but to be aware of how profoundly important, and potentially beneficial, a role it plays in the treatment. This is no easy task. Understandably, when an analyst feels that shameful parts of his personality are being exposed, he may be quick to move away from the material to protect himself. The patient, sensing his analyst’s discomfort, may try to protect the analyst by changing the subject or refusing to express any criticism. When such collusions take place, an opportunity to deepen the transference is temporarily lost. (p. 18)

Sherman is quite clear that the information he presents is coming from his individual perspective, but I find myself identifying with it throughout the work. Granted, I do not know what it feels like to be a gay male analyst. However, I can certainly identify with the feeling of being oppressed, internalizing this oppression, and having it spring forth at [seemingly] inopportune times during treatment in the countertransference. And I think we can all identify with feeling shame at some point in our lives. Few works discuss how internalized oppression affects treatment, especially when it applies to the clinician. I appreciate Sherman’s discussions about re-experiencing shame and oppression in the treatment room with patients.

Sherman has written a book that illustrates very powerful enactments, various countertransference reactions, and feelings he has had about patients that are historically considered taboo. His accounts are highly personal and, what I found especially enriching, was his discussion of things he did that were both helpful as well as unhelpful. It is illuminating to find that other clinicians are human too and that countertransference is often a messy entity that one finds oneself in the middle of, rather than an easily recognizable process to be analyzed and digested.

Sherman’s work illustrates how much we internalize the values of the dominant culture and how this may enter the therapy room. Sherman discusses it in terms of internalized homophobia, or internalized heterosexism, but we could apply it in any other way: sexism, racism, etc. I appreciate his honest portrayal of how all of us are biased and, therefore, we need to learn how to recognize it and work with it. He even discusses how much we may learn from our patients when we engage this process. Overall, his honest and courageous account is a model of transparency from which the entire field may benefit. Bravo, Sherman!

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Psychoanalytic disagreements in context by Dale Boesky. Lanham, MD: Jason Aronson, 2008; 229 pp., $85.00.

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Dale Boesky concludes, “Congenial inclusiveness (is) not . . . enough” (p. 75) in his chapter on comparative psychoanalysis, evoking association to Bettelheim’s (1950) famous title. This book is Boesky’s attempt to develop a method for contextualization of clinical material from which we might develop useful comparisons within and between our differing theoretical models. It can be considered another effort on the theme “pluralism and its discontents,” begun by Wallerstein (1988) and more recently addressed by Pine (2006) and Rangell (2007). Boesky’s aim is to provide a philosophy of science grounding to extend recent successes in achieving professional congeniality, and to help adherents of different models to stop talking past one another.

Boesky considers his aim narrow and modest, focusing solely on the mind of the analyst as interventions are formulated and prioritized, rather than on specifics of technique or the truth claims of different models. Along the way it becomes clear that his task is highly ambitious, even “daunting” (p. 117).

Clinical examples are discussed in four chapters. The first addresses the well-known Casement (1982) paper about token physical contact with a patient, and its many published discussions extending over two decades and exhibiting “two dozen analysts divided into two opposing camps, each of which . . . [omit] important data” (p. 34). Boesky offers eight contextual criteria, defined as bridging tools, “dynamic themes that link theory, context, and technique” (p. 34) and suggests rules of evidence that he believes could usefully guide a psychoanalyst’s thinking. His next example takes up several works of the Boston Change Process Study Group (BCPSG), and concludes that their promotion of “sloppiness and indeterminacy” (p. 71) is a “category error,” an “unrecognized misunderstanding of the nature of the things being discussed” (p. 9).

A third clinical example, from Boesky’s own practice, attempts to show that one- and two-person psychologies are compatible rather than contradictory. A final example offers contextual criteria to clarify a dispute between Brenner (2003) and himself over a presentation by Kogan (2003), a disagreement between adherents of the same theoretical model. In this example, Boesky argues that “equifinality”—the assumption that most analysts get good results (all roads lead to Rome)—is based on faith, not evidence, and is fallacious.

In three concluding chapters, Boesky focuses on what are his basic concepts: associations, contextualization and hermeneutics. Psychic determinism is axiomatic for him, and a patient’s associations are privileged in the search for hidden meanings. Boesky believes our several models agree on seeking hidden meanings, but notes that not all consider determinism and association to be essential. He explicates and subscribes to the “critical realism” of philosopher–psychoanalysts Charles and Margaret Ann Fitzpatrick Hanly (2001) and Marcia Cavell (2002) in contrast to perspectivist claims. He posits hermeneutics as a heuristic strategy consistent with science, rather than a competing epistemology. He emphasizes throughout the need for clinical evidence, clear definitions, and sound research, and laments their inadequacy in every one of our models. This book is well worth the effort to work through its closely reasoned arguments, laden with extensive footnotes and several heavily philosophical sections. Recognizing that most analysts are not experts in such discourse, Boesky provides a glossary and an extensive list of supplemental readings, but several chapters seem to have been presented as stand-alone papers and are not smoothly integrated, with redundancies that add to the difficulty of comprehension.

A greater difficulty might be Boesky’s evaluation of points of view differing from his own modern structural theory, perhaps straining congeniality. While he lauds pluralism and considers theoretical eclecticism necessary, and he claims (despite acknowledged bias) to “not have a horse in this race” (p. 8), a string of judgmental words: “error,” “fallacy,” “flawed,” “misleading,” “contradiction,” “conflate,” would result in many, perhaps all, of the other
horses being “scratched.” Those betting on other entries will not likely be persuaded! In his recent review, Arnold Goldberg (2008), a self psychologist, while praising the scholarship and clearheadedness of the book, is virtually dismissive of Boesky’s central attempt at finding common ground.

This problem is not new. The theme of the recent IPA Congress in Chicago was “Convergences and Divergences.” The search for common ground within pluralism was attempted by Wallerstein (1990). Yet when leaders of various schools are asked to present arguments, mutual dismissal is routine. Recently, Henry Smith (2007), the editor of The Psychoanalytic Quarterly, commenting on papers invited for a special supplement issue on therapeutic action, sharply criticized several contributions on logical and philosophical grounds similar to Boesky’s. Does this problem represent the long-standing conflict between “thinkers” and “feelers”? Most of us might join Boesky in endorsing Arlow’s observation that an “analyst must have both a soft heart and a tough mind” (p 163), but we fall easily into caricature in judging models different from our own. Attempts at congeniality and inclusiveness may be necessary to promote discourse, but the details of the discourse carry the risk of re-alienation.

I prefer a version of Boesky’s model, but I am troubled by his central assertions about equifinality and clinical error. Lack of evidence and slippery slope are his two objections to equifinality; each argument could be applied to many of our theoretical assertions. Lacking consensus on a definition of treatment success, it seems premature to dismiss claims of models other than our own. I have been surprised recently to discover groups of therapists practicing Gestalt Therapy and even Orgone Therapy, among other nominally psychodynamic approaches. I had thought that these offshoots had been found obsolete decades ago. It will take much more time—if we can achieve it at all—to create a definitive clinical psychoanalysis, since we all properly lionize both individuality and the uniqueness of each patient-therapist pair.

As to the possibility of error in clinical interventions, Boesky admits that the “list of possible meanings (of associations) is inexhaustible” (p. 160). He claims, nonetheless, that if some details are not considered, we are in a situation he analogizes to risking erroneous medical diagnosis. Contextual considerations are proposed as remedy, but different models disagree on contextual priorities. Boesky’s assertion is reminiscent of Glover’s (1955) views on inexact interpretation. Errors in clinical work, and better and worse interventions, surely exist. Unfortunately, we lack agreement on how to judge them. Boesky’s quarrel with Brenner is most telling in this regard, and reminds me of my own study groups in which disagreement on specific clinical interventions is routine, welcome, and experienced as useful—but rarely leads to conclusions. I find Busch’s (1903) “in the neighborhood” notion to be a more useful guide than a Glover-like perfectionism I read into Boesky’s warning about misdiagnosis.

My own resonance with much of the substance of this book leads me to hope it will find a readership and stimulate useful discussion, instead of falling victim to dismissal. Boesky concludes that we must keep trying to come together, so “we will be better able to follow Beckett’s famous advice: ‘Fail again, fail better’” (p. 204). Boesky has not failed; but our recent congeniality and inclusiveness has not been nearly enough to render psychoanalysis a consensually understood, coherent therapy among its diverse practitioners.

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Anna Aragno, in *Forms of Knowledge*, addresses core issues that confront psychoanalysis and practicing analysts today. She notes that the fragmentation of the field into diverse perspectives, the lack of an overarching metatheory, as well as a lack of a unified treatment theory, call for a new way of conceptualizing psychoanalysis. In *Forms of Knowledge*, Aragno takes on this challenge, and more. The book comprises an impressive attempt to reorient the field. In the work, Aragno has devised a creative, interesting and highly contemporary approach. The model put forth in the book is intended to be a conceptually different foundation for psychoanalysis, one that will affect a paradigm shift in treatment models towards a unified psychoanalytic perspective.

Aragno brings philosophy and some aspects of philosophical method to bear on the construction of a comprehensive framework or model of human communication. This construction is the principal focus and goal of the book. Aragno draws upon pertinent work in philosophy, particularly from epistemology and philosophy of language, linguistics, psychology and critical theory. In grounding a metatheoretical model in forms of communication themselves rather than in their myriad motivations or consequences, Aragno departs from traditional psychoanalytic theory construction and places the means of psychoanalysis at the forefront. This approach affords a new vocabulary with which to revisit classic as well as contemporary questions in psychoanalysis.

The central discussion in *Forms of Knowledge* is to build the model of modes of communication, explain both new concepts and rework existing psychoanalytic concepts to ground psychoanalytic theory and practice in a wholly psychoanalytic foundation. From that vantage point, a further proposed goal of the model is to be able to make use of and engage in interdisciplinary dialogue. It is suggested in *Forms of Knowledge* that the model resolves debates between different psychoanalytic perspectives. The perspectives explicitly discussed in the book are the classical and relational perspectives. The model in virtue of its specific developmental format is said to eradicate Cartesian dualism and integrate biology into psychoanalysis at the foundation. Further, the model attempts to provide a theory of affect and nonverbal communication generally as well as a theory of knowledge and learning.

The model of communication put forth is designed to be holistic and biopsychological. The model is represented by a chart (p. 168) which includes six progressive communicative modes from signals through ideo-motor replication to signs and symbols ultimately to psychoanalytic and supervisory communication. Communication is understood broadly to include as many facets of transmission of information from one person to another as possible, including verbalization, tone and cadence, body language, and other intuitive unconscious transmission and reception. The underlying foundational concept is that of dialogue, and forms of interaction are articulated. On the basis of the study in *Forms of Knowledge*, because communication is used to ground a unified metapsychology for psychoanalytic theory, and because communication is the basis of treatment, Aragno attempts to unite metatheory and treatment theory into a seamless whole. This emphasis is significant in a field in which metapsychology has been posed in opposition to multiple treatment perspectives which eschew metapsychology and some of which lack articulated theoretical models.

A subsidiary purpose embedded in the work is to model psychoanalytic and supervisory processes, exhibiting their complexity and layering. Here, the project in *Forms of Knowledge* is to articulate the different forms of communication, how each develops, in what context, and how different forms might intersect and overlap in structure and function with others. The discussion and the model proposed exhibit how different layers of experience of each participant can have bearing on a single aspect of a communication. The discussion of this provides an
unfolding rich panorama of the intricacies of the two kinds of processes; and it is of value in itself. The descriptions have the feel of vivid portrayals of psychoanalytic and supervisory processes and offer much for analysts, supervisors and supervisees to productively ponder about analytic work.

In Aragno’s model, communication begins through affect, taken to be a biological signal system. Through interaction with the environment and the development of sensori- and ideo-motor systems and language acquisition, an individual can progress from signal to sign to symbolic modes of communication. In the chapters that discuss this progression, Aragno relies and builds upon the work of Vygotsky, Piaget, Langer and others. The path of development is taken to radiate into and from the whole person. While bodily or psychical processes may be to an extent isolable, Aragno builds an argument that meaning is developed and expressed by the entire organism, through multiple and simultaneous paths. An emphasis in this book is a study of the kinds of human interaction and their vicissitudes throughout the life cycle. Communication is by its nature interactive, and interaction is considered antecedent in Forms of Knowledge to relationship. It is out of interaction that an individual learns, creates and processes meaning. And, in interaction, it is whole persons that participate. Moreover, meaning is proposed to be, at its essence, co-created.

As a result of the study of forms of communication an explanation is provided of how psychoanalytic interaction within a psychoanalytic process creates change for analysands. Further, on this basis, there is a discussion concerning how psychoanalytic education and learning can proceed. The emphasis here is on supervision as at the core of psychoanalytic education. Transcripts of sessions could not, in this model, convey what occurred and could not begin to communicate the meanings that were developed. Thus, Aragno stresses that optimal conditions for psychoanalytic education include supervision in which as much of the totality of the therapeutic setting and sessions is discussed between supervisor and supervisee. This, for Aragno, crucially involves attention to and emphasis on parallel processes in addition to the supervisee’s narrative description of sessions.

Much of the contents of the book do not present new or original research and thought. Rather, formulations of others concerning development, therapeutic action, metapsychology and other broad categories are presented in this book. It is a strength of the book that Aragno carefully synthesizes a vast amount of previous thought and research and puts it to use in proposing an organized theoretical framework that is genuinely psychoanalytic. In laying out both an overview of discussions of development and facets of expression, communication, understanding, and change, Aragno has assembled and created a valuable text for displaying the nature of analytic work. Practicing analysts may benefit from working through the text as a means of evaluating their operating theoretical principles as well as their technique. Students and beginning analysts have much to gain from taking in this aspect of the book as a way of introducing in vivid description analytic and supervisory processes.

The enormous undertaking in the book raises interesting questions well worth more discussion each in their own right than can be accomplished in this review. There are two sets of issues raised, those concerning the details of the model and propositions put forth and those concerning an overview of the project. Three crucial examples of the former, each pivotal in the discussion in the book, are 1) the problem of the existence of and locating the point at which meaning and psyche are created out of soma; 2) the assertion that meaning is wholly co-created; and 3) whether a model grounded in a developmental conception of communication is substantially distinct from relational perspectives and is also compatible with or can supersede classical perspectives.

The first of these must be addressed by any frame in which the development of mind there from. That is, whether holism and biologist can be made to be compatible and whether Cartesian dualism is eradicated in this work. One of several forms that this takes in the book is the assertion that affects constitute the beginning of communicative operations and are purely bodily. This position leads, then, to the difficulty of explaining how from these beginnings, meanings accrue and mind comes in to being. If, as is claimed in Forms of Knowledge, all data, including sense data, are registered by means of interpretation (in other words, mind), then this in turn must be derived initially from the body.

The proposal is that interpretive systems arise in a developmental progression from interaction. Interaction begins bodily with affective expression and reception. This sort of formulation of beginning from the body seems to inevitably lead to the dualism that Aragno eschews and appears to be, at its core, anti-holistic. There are leaps involved in the claim that interaction yields meaning. For example, interaction involves at least a dyad. One gap in the discussion lies in the implied proposition that dyadic interaction gives rise to intrapsychic meaning, and gives rise to not only the development of the individual but the individual itself. Pertinent to this is that it may be that in Forms of Knowledge there is a conflation of affect as communication and the experience of affect. While the former is accounted for in Forms of Knowledge, the latter is not. Filling in this lack would move in the direction of an
explicit derivation of the intrapsychic. A holistic account would need to posit an organism that encompasses some forms of meaning and mind from the outset.

The second issue, concerning a crucial proposition of the book, that meaning is co-created, is not discussed as fully as it needs to be. The content of this assertion is intended as distinct from a form of the relational perspective and is, rather, to be a component of the proposed model as a new paradigm. While a relational perspective might extract meanings and persons out of relational fields, here, the emphasis is on meaning arising from total, whole person communication. While the vocabulary is different, it is not clear whether there is a fundamental difference. More generally, it is not clear whether the proposed model is in its implications significantly different from a relational model. The model in *Forms of Knowledge* may not ultimately constitute a distinct position; yet, the shift in focus to communication supplies another way of approaching psychoanalytic questions. Specifically in its relevance to understanding psychoanalytic and supervisory processes, the emphasis on systematically discerning the modes of unconscious communication may well be more illuminating for the purposes of psychoanalytic education than emphases on relationship.

These considerations lead to the third open question, whether what is proposed in *Forms of Knowledge* offers a new paradigm for psychoanalysis, one that lifts the debate out of the controversy between classical and relational perspectives. Setting aside the issue that there are other psychoanalytic perspectives distinct from the two mentioned in the book, the question is whether a model grounded in a conception of communication could accomplish this. Part of the assertion in the book is that in shifting the focus from persons to forms of communication, the paradigm shift is accomplished. This, again, may depend on how the concept of a person and the intrapsychic are explained in this model.

Questions that are raised for the general proposal in the book are many, most of which requiring extensive discussion. A few questions that arise readily are, first, how a model of communication is also a model of knowledge, learning, and a general theory of mind. This set of questions also hinges on how the intrapsychic is characterized in the model in addition to specifying what is sought in the broad categories of knowledge, learning, education and mind. A second set of questions applies to whether a model of communication is also, in itself, a treatment model. While a model of communication is a promising base, there is more to a treatment theory model beyond such a base. A third question is what it means to fuse clinical considerations and theory into the model of forms of communication.

And, finally, whether in fact the base concept of dialogue in this model does eliminate the debate between classical and relational models of psychoanalysis or whether the combination of biological and dialogical bases is an attempt to incorporate both. For the former, it would need to be shown in more detail how the proposed model either retains, refashions or obviates concepts and principles of the classical and relational perspectives. In the latter alternative, consistency may be an issue.

While these questions are not addressed in the book in as much detail as may be required to convince, it is a strength of the book that these important questions for psychoanalytic thought arise directly from it. It is useful to return to the dual focus of the book, one metatheoretic model building and the other modelings of psychoanalytic processes themselves. A model based in communication could be highly useful in the latter. In order to assess the larger and former question, more work would need to be done, spelling out precisely how the framework can accommodate the aspects and conceptions of the classical and relational perspectives that are to be retained and how the structure accomplishes the goals of a metatheory.

No attempt of this nature could realistically be put into simple, succinct language that is clear and transparent to follow at every step. Nevertheless, this book is unduly difficult to read. It is frequently repetitive could have been pared. While this does not subtract from the content of the book, it undermines the ability of the reader to maintain interest and focus. Editorial changes would have yielded a more powerful book. I would encourage candidates especially to persevere in their reading of the book. It displays the nature of and offers valuable insight into psychoanalytic process.

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In the past three decades we have seen an enormous number of books and articles that discuss severe personality disorders from many viewpoints, including classification, development, phenomenology, and treatment strategies. These disorders are intriguing and perplexing in their own right and for the light they may shed on personality development in general. Given the vexing and costly demands posed by this population, the volume of literature is not surprising. However, for most clinicians the more primitive personality pathology is relatively uncommon. For the majority of practitioners in outpatient settings (and that is most readers of this publication), the prototypical client more often presents with problematic symptoms in the context of higher order pathology. There has been, however, very little systematic guidance for treating this population.

This handbook, offered by leading figures in the study of psychodynamic therapy and severe character pathology, is intended to fill this need. It is also an acknowledgement that in many areas of psychology and psychiatry our knowledge has advanced beyond a one-size-for-all treatment attitude. We should expect treatment strategies to be individually tailored and grounded in substantive evidence of effectiveness. The present work is an outgrowth of efforts to develop empirical support for transference focused psychotherapy (TFP) which is described in a treatment manual for addressing borderline personality (Clarkin, Yeomans, & Kernberg, 2006). This volume is offered as a companion to that manual.

Dynamic Therapy for Higher-level Personality Disorder (DPHP) focuses on individuals who are able to function fairly well in situations requiring adaptation to the everyday. Having a relatively stable sense of self, they may function well in work settings but are impaired in forming relationships: primary attachments may be short lived and/or dysfunctional, collegial relationships may be distant, and distance and alienation may displace the capacity for reciprocal interactions. As a result, despite superficially successful adaptation, these clients may experience chronic anxiety, depression and dysphoria. In contrast to the individuals with lower level personality pathology, the DPHP patient population does not experience storms of identity diffusion, transient psychotic states, or episodes of extreme recklessness that characterize more primitive borderline conditions.

DPHP has been developed to help patients become aware of the inefficient defenses they rely on and the underlying psychological conflicts these defenses are designed to ward away from awareness. The premise is familiar. The therapist enables the emergence of these conflicts in the therapeutic relationship where they can be brought into consciousness safely examined. Rather than cling rigidly to these defenses, the client can begin to understand their historically self-protective function. At roughly the same time, the therapist helps the client tolerate the parts of the self that have been split off earlier in development and bring them into conscious awareness. As a result, the need for rigid defenses will attenuate, resulting in more flexibility and a richer, deeper emotional life. The goal is not (as with other therapies, including short term psychodynamic treatments) to alleviate symptoms but rather to effect modification of the rigid features of the personality that exacerbate symptoms. On the surface the components of DHP are quite familiar: the therapist established a frame, facilitates the therapeutic alliance, attends to manifestations of the transference, monitors countertransference, offers interpretations, and helps contain the anxieties aroused by the therapy.

Granting the conceptual familiarity of the approach in general, what are the specific areas of overlap and departure from psychoanalysis in general or the TFP model in particular? A relatively cursory reading left this reader feeling that DPHP is just TFP-LITE: psychoanalysis, only less so. Despite theoretical overlap, important differences do emerge at the pragmatic level. For example, consider the role of transference in the treatment. While transference phenomena (thoughts, enactments, acting out, etc.) are important for most psychoanalytic treatments, the degree to which the therapy works explicitly through the transference may vary a great deal across cases. While some treatments will proceed by examination of the relationship, in other cases the therapeutic relationship is shielded from disruption and the patient expresses conflicts in the context of other relationships. Thus interpretations will be based both on transference and extratransference material, on the assumption that the same conflict may be activated in either arena and the patient may be more able to profit from one interpretation than the other.

A more general distinction is that, while
Psychoanalytic therapists may be cognizant of the broad range of a patient’s inner life, conflicts and personality rigidity, DPHP narrows the focus to work only on the core conflict issues that are central to the presenting problems and the treatment goals outlined when the frame was established. This implies great attention to assessment and case formulation at the outset, and both the theoretical formulation of higher functioning personality disorders and the conceptual tasks involved in assessment are described with clarity and brevity.

DPHP prescribes techniques for listening and intervening with the client. Again, there are no radical departures from other psychoanalytic therapies and these chapters provide a succinct overview. More detail and specificity is found in the subsequent chapter on specific DPHP tactics. The authors urge therapists to anticipate that one or two issues will become organizing themes within a session. They describe a decision tree for identifying where to intervene:

1. Are the patient’s communications relatively open and free?
2. Which issues are affectively dominant for the patient at the moment?
3. If the theme is unclear, what object relations conflicts are being enacted in transference?
4. What issues are being activated in countertransference?

The second tactical objective is the identification of the conflict and the defense by looking at the relationship patterns. When these patterns are easily brought to consciousness they may serve a defensive purpose, a clue to how the patient is consciously experiencing himself or herself in the session. To discover the conflict the therapist may wonder how the patient would respond from the opposite end of the conflict or what feelings are avoided by this defensive object representation? Further, we may wonder why the patient needs to invoke this defensive relationship representation at this particular moment.

The third stage involves analyzing the conflict, moving from the surface to deeper material. As the authors note, good practice dictates starting with dissociative defenses—operations based on splitting off certain aspects of experience (self or other representations) and moving to defenses based on repression and neurotic projection. Finally, as this process uncovers the dominant underlying conflicts the therapist returns to consider how these conflicts link to the treatment goals. A substantial portion of this compact handbook is devoted to explicating this process. The discussions are brief but very coherent, and the brevity is balanced by the excellent clinical examples. The result is a very illuminating overview of treatment that will be accessible to both veteran and novice clinicians.

Beyond the generally excellent explication of DPHP, two areas deserve special notice. A unique and especially helpful contribution of this book is a fairly detailed discussion of how this psychoanalytically based therapy can be combined with other treatment methods. This includes discussions of the simultaneous or sequential integration of DPHP with interpersonal, cognitive/behavioral, or pharmacological interventions for patients with depression or anxiety. This discussion is thoughtful and grounded in the authors’ clinical experience. Readers will take away a deeper understanding of the issues involved and a well-developed rationale for treatment planning in cases that call for multimodal interventions.

The second positive feature is the artful use of clinical examples. Scattered throughout the text, the clinical material is, without exception, succinct and highly illustrative. This is hard to do well, but it is clear that the authors gave great care to making a book that is a very accessible teaching text for readers at any level.

On the negative side, this volume has little to offer in response to criticism that psychoanalytic therapies lack adequate evidence of efficacy. The authors correctly note that DPHP is an outgrowth of a model that has received much investigation; it is the logical next step in the investigation of psychoanalytic approaches to personality disorders that has been at the center of research for the past thirty years, to which Kernberg has been a seminal contributor at both a theoretical and practical level. On the other hand, there is little here to augment efforts that would meet the evidentiary criteria that will confirm efficacy to third party payers and policy makers. However it is unfair to complain too loudly about something that the book does not really attempt to accomplish. Suffice it to say that this is an excellent overview of how a well-established treatment (TFP) can be adapted to the particular circumstances of the higher functioning patient. It is potentially an excellent teaching text, and it will also be a useful volume for seasoned practitioners.

**Reference**

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How does changeable gender identity infuse the experience of self? The question animates literature and myth. For example, the spirited, cross-dressing, sex-changing “Orlando” (Woolf 1928) begins life as a young nobleman in the sixteenth century and moves through numerous historical and geographical worlds to become a modern woman writer in the 1920s. Orlando transcends both age and gender to have it all, not without his/her share of both joys and distress in each gendered position, within its culture, in which she finds him/herself. Orlando muses:

For it was this mixture in her of man and woman, one being uppermost and then the other, that often gave her conduct an unexpected turn . . . (p 189)

All the selves were different and she may have called upon any one of them. Perhaps, but what appeared certain . . . was that the one she needed most kept aloof, for she was, to hear her talk, changing her selves as quickly as she drove—there was a new one at every corner—as happens when, for some unaccountable reason, the conscious self, which is the uppermost, and has the power to desire, wishes to be nothing but one self. This is what some people call the true self, and it is, they say, compact of all the selves we have it in us to be; commanded and locked up by the Captain self, the Key self, which amalgamates and controls them all. Orlando was certainly seeking this self, as the reader can judge. (p. 310)

The tale of Orlando was said to be Virginia Woolf’s tribute to her beloved friend Vita Sackville-West.

The gist of Orlando’s narrative is based in the supposition that the subjective experience of gender, gives rise to diverse, unconventional, expressions of sexuality and fantasy life, linked to potential realization of a sense of “true self.” Now we are fortunate to have a multileveled treatise of this topic. *Identity, Gender, and Sexuality* is edited by Peter Fonagy, Rainer Krause and Marianne Leuzinger Bohleber, with a foreword by Claudio Laks Eizirick. It is comprised of a series of papers, each followed by a commentary and first presented at the Sixth Joseph Sandler Research Conference in March 2005 at University College London, which was devoted to the 100th anniversary of Freud’s “Three Essays on the Theory of Sexuality” and originally titled “Sexual Deviation: 100 years after Freud’s Three Essays on the Theory of Sexuality.” The change of title to that of the book is emblematic of the deepened and broadened views presented. Collectively the authors examine the warp and woof of those old assumptions that have historically linked identity, gender, sexual behavior and fantasy in psychoanalytic theory; and with fresh perspectives weave new frameworks for questions arising from research and clinical experience. The thoughtful commentaries add to the dialectic. The reader is stimulated to reconsider transvestism in children and adults, homosexuality, transsexuals with mismatches between behavioral and psychic identity, as well as the place of sexuality in psychoanalytic theory, including the sexual dimension as experienced by the analytic couple. The book attends to the question: Is sexuality disappearing from psychoanalytic discourse? The thinking of each author reassures us that it is not. In addition there are contributions that highlight the ways in which the past cultural context of derogation toward “sexual deviations” has been damaging to patients and theory, leading to biased frameworks of research. Excellent integrations of research models are proposed (and debated). It is difficult to summarize the chapters, not only because of their diversity, but also their richness.

Peter Fonagy, in his introductory overview, provides a refreshing assessment of sexuality in terms of its being enjoyed. He proposes,

Within most modern psychoanalytic formulations the almost infinite variety of sexuality is accepted as normal and bounded only by the human imagination. However, like any human activity, sexuality is
seen as serving multiple functions, and it is the service to which sexuality is put that indicates a fundamentally maladaptive character. Thus sexuality in the service of psychic survival, the substitution of a pseudo-relatedness for genuine intimacy, the disguising of hostility or hatred, or the erotization of aggression that could be triggered by intimacy—in these contexts modern psychoanalysis considers sexuality to be perverse. The key indicators are not the fantasy, nor the activity, but, rather, the compulsive, restrictive, and anxiety driven character. Normality and perversion is thus an inappropriate dimension that could and should be replaced by our understanding of the degree to which a particular type of sexual activity serves functions other than erotic pleasure. (p. 13)

After elucidating his understanding of how sexual arousal is internalized within the child-caretaker context, Fonagy acknowledges the natural role of arousal in psychoanalytic treatment:

In the analytic setting the analyst’s concern with the enigmatic is inevitably stimulating. I can think of only two categories of interpersonal stimulation where the exchange of subjectivities across a person’s physical boundaries is both mutually desired and legitimized: one is normal sexual excitement and the other is psychoanalysis. In particular it will be therapeutic relationships where the therapist shares some aspects of the subjective experience of the patient that are likely to elicit a response of sexual excitement from the patient. Similarly the therapist’s efforts to enliven the patient, to create a safe and secure intersubjective domain, will create an unusual opportunity for him to experience his excitement through the patient’s subjectivity, to which he is so closely linked. Given the structural similarities of psychoanalytic therapy and nature of sexual excitement, what might surprise us is the relative infrequency with which sexual boundary violations occur rather than their disturbingly high prevalence. (p. 19)

Fonagy regrets that references to sexuality that were key to Freud’s thinking have dwindled in psychoanalytic theory over the past decades. "It is as if there is not space for sexuality within psychoanalysis . . . Psychosexuality is nowadays more frequently considered as disguising other, non-sexual self- and object related conflicts than the other way around.” Fonagy’s views reverse that trend.

Andre Haynal, in “Sexuality: A Conceptual and Historical Essay,” also comments on the dangers of neglecting the sexual dimension in psychoanalysis, but sees our recent emphasis on pregenital development and on narcissism as, theoretically, not opposed to considering sexuality as central. He points out that, “We find no exact correspondence between fantasies and behavior, as sexual excitement and behavior are based upon a complexity of genital and pregenital fantasies.” He adds an intriguing elaboration of the ways that “Sex is a powerful organizer of experience” (p. 28) in fantasy, in seduction in life, in analysis, and in particular cultural traditions, such as the covuades. A mix of drive and attachment theory informs his thinking. The commentary, by Sverre Varvin addresses the collision between object relations and drive theory in contemporary psychoanalysis, and the evolution in which “Object seeking was separated from the influence of the drives.” Varvin supports the need for several research approaches in psychoanalysis, including the qualitative approach, “which has the advantage of being able to follow the ‘fine threads of intimate dialogue.’

Marianne Leuzinger-Bohleber writes about “Psychodynamic and Biographical Roots of a Transvestite Development: Clinical and Extra-clinical Findings from a Psychoanalysis.” She demonstrates how “the three branches of clinical, conceptual and empirical research in psychoanalysis can supplement each other in a productive way” (p. 43). In the illustrative case, she studied the diary of a transvestite who had recorded each of his 624 analytic sessions” (p. 44), process notes from the analyst, and material from a follow up 24 years after the ending of treatment. A theory-guided, computer-supported content analysis of changes in the manifest dream content in the first 100 psychoanalytic sessions compared with the last 100 showed progressive improvement of cognitive-affective problem solving. But the clinical narrative was essential for understanding the biographic determinants for the unconscious embodiment of the meaning that “Transvestism, the unconscious fantasy to be an omnipotent man/woman, constitutes a narcissistic defense against the unbearable feelings of dependency on the (depressed) primary object.” (p. 47) Her developmental theory of embodiment in relation to contemporary models of memory and learning underlines her conclusion that “therapeutic changes do not occur after merely cognitive insights” since “embodied memories are constructed in the analytic relationship” and need to be remembered and worked through in the transference. (p. 71) In commentary, Linda Mayes notes that Leuzinger-Bohleber in addition to her contribution to research methodology, highlights “the theoretical shifts in understanding sexuality, and especially the role of early attachments and object relations in defining the range and depth of sexual orientation.” (p. 74)
Richard Friedman addresses “The Issue of Homosexuality in Psychoanalysis,” reminding us of prejudiced psychoanalytic attitudes in the 1970s. He comments on his own painful experience: As recently as 1994, after co-authoring, an article on homosexuality in the New England Journal of Medicine, “I received a fair amount of—what can only be described as hate mail—from mental health professionals.” (p. 79) Friedman proposes, “the image associated with erotic arousal/excitement is part of an internally experienced erotic narrative ‘which is influenced by prenatal testosterone affecting sexual differentiation of the brain. He posits, interestingly, “For many, but not all men, once these fantasies are in place they tend to remain more or less constant for life. Women—far more diverse in many dimensions of their sexual experience and activity—are more likely to manifest plasticity with respect to their sexual fantasies and activity” (p. 89). But exclusion by peers, domination, and rejection often hamper self-acceptance: “Boys on a gay developmental track are more likely than those on a heterosexual track to be bullied by other boys and men—sometimes including their fathers—because of what I will term here their gender-role temperaments. “ Friedman argues that such traumatizing experiences are more relevant for the homosexual than are the classical psychoanalytic theories about conflict, the negative Oedipus complex, regression and so. Commentator Anne-Marie Sandler makes the point that when homosexual patients come to analysis with the hope of becoming heterosexual, the important question for the psychoanalyst is “to discover whether the distress is linked to painful fantasies that they associate with homosexuality, for example, shame, fear of rejection, and contempt for others, or whether homosexual relationships are used defensively by a person who has heterosexual wishes, fantasies and longings toward members of the opposite sex.” (p. 102)

Susan Coates, in “Developmental Research on Childhood Gender Identity Disorder” spans three realms of understanding the inner life of children obsessed with cross-gender behavior: developmental studies, illustrated by children’s pithy remarks about their perceptions of gender difference at various ages, conclusions from clinical experience based on careful differential diagnoses, and the beautifully detailed elaboration of treatment with one little boy, Colin, complete with a poignant series of his drawings in which he conveys “his sense of being colonized by his mother’s needs” in ways that made the development of a separate, autonomous self untenable. Sheila Spensley’s commentary agrees with Coate’s formulation of the psychodynamics as a defense against separation anxiety that involves the sense of “being the mother, rather than being with a mother” (p. 134). She adds a clinically important difference of meaning from more common varieties of separation anxiety: “The terror and panic involved is to be distinguished from separation anxiety in that it is not about the loss of the object, but about the loss of the sense of existence—hence the flight from reality to fantasy to preserve some illusion of selfhood” (p. 135).

Friedemann Pfafflin discusses “Research, Research Politics and Clinical Experience with Transsexual Patients”. He refutes the highly prejudiced, traditional conclusions about transsexuals. He notes that “In the psychoanalytic literature it is often maintained that the outcome of sex reassignment surgery (SRS) is unfavorable and a mutilation; that the zeal of the patients never comes to an end; that many patients suicide postoperatively; and that the number of regrets is high” (p. 149). Marshalling “a meta-analysis of all follow-up studies after SRS published between 1961 and 1991, he finds the opposite: “Sex reassignment treatment is effective. Positive effects clearly outweigh undesirable effects.” Pfafflin notes that suicidality is much more frequent in preoperative transsexuals than after SRS, and he lists the factors promoting a good outcome. The chapter stands as a caution to us about those psychoanalytic formulations that are based on too small a number of cases and may reflect our unconscious countertransference to patients who evoke anxiety-laden identifications. In commentary, Peter Fonagy acknowledges that “We learn not just that our expectations of negative outcome from SRS appears largely unfounded, but also that we understand little about the causes of transsexualism and that working with half-baked ideas can sometimes do harm, not just little good”. (p. 158)

Rainer Krause theorizes about “Drive and Affect in Perverse Actions,” with particularly fresh illuminations about the uses of disgust in perverse actions, solutions and structures. He posits that disgust is “a propositional structure according to which a toxic object that is localized in the self is expelled out of the subject” (p. 169). It keeps intimacy at bay, makes a “real erotic experience” which requires empathy for the other, impossible. In perverse solutions affective erotic misperceptions color body experience as well as social interactions. For example:

The phantasm of having a child’s penis can be observed in most cases, especially in paedophiles . . . The reality misperception goes beyond the fetish, however. In a study with sexual offenders who abused children they were in charge of, the most consistent event was that the men were convinced that children would have wanted and provoked this kind of “love.” (p. 172)

In treatment “the patients’ transferences oscillate between the fear of a complete rejection, and the apprehension they could include the therapist in their eroticized phantoms.”
Psychoanalytic books (p. 173). Suggestions for helping the therapy survive the patient’s compelled enactment of being disgusting are presented. Commentator Rudi Vermote writes appreciatively of the ways that Krause’s model can be utilized in psychoanalytically informed hospital treatment:

We can understand the patient’s problem as a combination of a motivational system of attachment and of seduction with the antagonistic affects of disgust and contempt, affects he communicates and evokes strongly in non-verbal ways. This understanding makes the peculiar transference-countertransference interactions with this patient more bearable. Staff members can recognize his provocative behavior as a need for closeness despite evoking affects of disgust and even fear. (p. 179)

In the tour-de-force “Conclusion: Future Clinical, Conceptual, Empirical and Interdisciplinary Research on Sexuality and Psychoanalysis,” Marianne Leuzinger-Bohleber deftly crystallizes the issues evoked in each chapter. She ventures:

Often empirical researchers claim that clinicians—in contrast to (empirical) researchers—need to feel secure in the clinical situation, thus searching for beliefs, even ideologies, and avoiding a self-critical attitude full of doubts. I personally think that this is not true. On the contrary: “good clinicians” share with “good researchers” an attitude of “not knowing,” of curiosity, self-critique, and a “constant searching for truth” (as opposed to certainty) — and thus an attitude of humility… (p. 188)

Well said!

Freud’s own, complex stances toward homosexuality, as home base from which the authors journey, are not elaborated in the book (with the exception of his letter to the mother of a homosexual). Freud’s attitude was tolerant for his time, in contrast to prevailing psychiatric theory, which explained homosexuality as “degeneracy” (e.g., Kraft-Ebbing treatise on homosexuality). Freud considered it not to be illness, but an “arrest of sexual development,” a passing phase that is normally outgrown. In 1930, he called for the decriminalization of homosexual acts in Germany and Austria. In The Three Essays, (Freud 1905) Freud argues against degeneration as a cause of homosexuality because it is found in people “who exhibit no other serious deviations from the normal” and “whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture.” Freud’s best known communication about homosexuality appears in his 1935 Letter to an American Mother (Freud 1935/1960): “Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development. “ A complication of Freud’s view of homosexuality as “arrest” is that, for some decades, it was used to support the theories of those whose goal for treatment was to have the homosexual “convert” to heterosexual “maturity.” None of the contributors to this volume would be in accord with such a pre-conceived goal.

Sexuality sculpts our individual visions of happiness. Freud (1915) held that “All intense affective processes, including even terrifying ones, trenched upon sexuality,” and that “sexual love is undoubtedly one of the chief things in life, and the union of mental and bodily satisfaction in the enjoyment of love is one of its culminating peaks . . . all the world knows this and conducts its life accordingly; science alone is too delicate to admit it.” (p. 203) But sexuality can also endanger the self. As an Updike character in Couples (McEwan 2009) reflects: “Nature dangles sex to keep us walking toward the cliff.” The authors of Identity, Gender and Sexuality revive the central importance of sexuality for psychoanalytic theory, and are not “too delicate to admit” its varied fates to scientifically empirical and political scrutiny. Their revisions, with eyes open to what has been learned, are wonderfully jarring additions to what we thought we knew.

References

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The year 2008 was a very successful financial year for Division 39. We were able to increase our division reserves from $113,612 to $200,787. We really exceeded our goal of increasing our reserves by $25,000. APA accounting recommends that each division have a year’s worth of expenditures in reserves. Our main budget is typically around $350,000. Our meeting budget, which is funded by registration fees, is usually around $190,000. We thus need to continue our plan of increasing our financial reserves.

The Division had a budgeted 2008 income of $344,758. We took in $373,090. Major sources of income for 2008 were as follows:

- Membership dues: $249,792
- New York Spring Meeting registration and fees: $73,396
- Publication royalties $39,012
- Advertising and Investment income $9,669.

We weathered the economic downturn with very little loss in assets. We increased our membership dues from $85 to $95, and our overall number of dues paying members stayed relatively stable. Our financial picture was particularly helped by the income from the New York Spring Meeting. We had predicted an income of $31,000, and instead had an income in the $73,000 range. Our advertising and investment income was under budget (budgeted at $15,500) as might be expected because of the economic downturn.

On the expenditure side Division 39 continued to fund a rich variety of programs. We had a budgeted expense of $332,755, which included putting back $25,000 in reserves. Our 2008 expenses were $310,916.

Our board and central office expenditures were $109,807, very close to the budgeted $106,000. We were able to give an approximate 10% raise to our executive administrator, Ruth Helein. Ruth has taken on increased responsibilities with PayPal and PEP Web. This was a richly deserved raise, the first in eight years.

Our publishing expenses were $125,878, under the budgeted $142,200. Our journal fees totaled $73,275, our newsletter costs were $28,872, PEP Web fees continue at $20,000; *Psychoanalytic Abstracts* costs $2,856 to maintain as an online publication, and Internet maintenance and update fees were $875. As noted above our publication royalties are beginning to be a significant source of income, ($39,012 this fiscal year).

The Division was a sponsor of the Multicultural Conference, with a contribution of $5000; the Summit on the Future of Psychology Practice was supported with a $500 contribution, and our commitment to the Accreditation Council for Psychoanalytic Education (ACPE) required an outlay of $2000 (This supports the effort to have psychoanalytic institutes apply for accreditation, which in turn will support recognition of psychoanalytic training as an advanced specialty in mental health). In addition we funded a wide range of projects including funding our representative to attend important APA meetings such as CAPP and State Leadership Conference, and supporting our committees including Graduate Student, Early Career Psychologist, Multicultural Committee, Gender and Sexualities, and Candidates Outreach to name just a few. Committee expenditures for 2008 were $29,524.

The 2009 budget year is unfolding and the budgeting process for 2010 is beginning. Please communicate your preferences concerning Division 39’s use of its financial assets to support its programming. The detailed precise budget is available to any of you who wish to review it.

The Sexualities and Gender Identity Committee (SGI) has been busy! We are happy to welcome our newest members: Martin Devine and Peggy Whilde (who will function as a member and as liaison from Multicultural Concerns). Each of these individuals is already making significant contributions to the Committee and the Division.

SGI is working collaboratively with several other groups in the Division, and is discussing future joint ventures. Patricia Harney from Multicultural Concerns met with SGI and we discussed the possibility of future work together providing mentorship to students. SGI also co-sponsored a reception in San Antonio with Section III (Women, Gender and Psychoanalysis) and Multicultural Concerns. Thanks to Marilyn Metzl and Usha Tummala-Nara for their help in making this possible.

Further, SGI’s panel this past April entitled, “I’m a Prius”: A Child Case of a Gender/Ethnic Hybrid focused on a case presentation by Diane Ehrensaft of a six-and-a-half-year-old boy expressing mixed gender identity, causing his parent’s differing value systems to come into conflict both within the family system and the boy’s intrapsychic life. Michael Axelman, Colin Ennis and David Ramirez commented on the case. They noted the restrictive force of gender binaries reinforced through the use of language in

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**SEXUALITIES & GENDER IDENTITIES**

**SCOTT PYTLUK, PhD & KEN MAGUIRE, PsyD,**
the transference/countertransference matrix and the child’s struggle to maintain his relationship with both parents. Gerald Stechler discussed the plurality of gender identities, approaching gender development from outside the stages of development model as well as the splitting and disavowal inherent in a coercive and rigid binary gender organization.

At our upcoming Chicago Spring Meeting, SGI’s panel will focus on men who have sex with men without using safer sex practices, also known as barebacking. We have an excellent panel assembled including Martin Devine, who will present a paper, and Gilbert Cole, Shara Sand and Peggy Whilde who will comment.

Finally, SGI members are available for consultation with Division members. Do not hesitate to reach out to either of the co-chairs for a connection with an SGI member with expertise in a particular area of interest related to sexuality and/or gender. Also, if there are specific topics that members would be interested in hearing more about please communicate your interest. We would be happy to make relevant information available, include related resources on our web page, or even consider organizing our annual panel around your idea. You may reach us via email at spytluk@argosy.edu or drmaguirepsyd@gmail.com. Thanks to Will Spell for helping with this report.

We are all preoccupied with issues of health care reform today, both as citizen consumers and as practicing psychoanalysts. At our meeting this year in San Antonio, the Committee on Health Care and Psychoanalysis reviewed our first nine years of work; and we decided that it would be useful for us to share our work with Division members. We hope to encourage more enthusiasm about strengthening the voice of psychoanalytic theory and practice in the health care area, and to connect members of our Division working on common problems and in similar clinical or research areas.

The Task Force in Psychoanalysis and Health Care, cochaired by Mary-Joan Gerson and Marilyn Jacobs was established in 2002 by the Board of Division 39 with three goals: 1) increasing awareness of the contribution of psychoanalytic theorists and researchers in the health area to physicians and to the public; 2) developing models of collaboration with physicians to maximize patient care; 3) educating our own community about the relationship of psychoanalytic theory to etiology, symptom exacerbation and pain management. In 2007, we were officially designated a Committee by Division 39.

For the past nine years we have organized a panel presentation and discussion at the Annual Meeting, each year covering a different domain of psychoanalytic engagement in health care issues. For our first panel in 2002, Mary-Joan Gerson and Marilyn Jacobs focused on general issues of collaboration with other medical professionals, relationship factors relevant to coping with illness and the psychology of pain. In 2003 several experts in health care examined the particular countertransference issues in working with patients dealing

**The Progress Report: Division 39 Practice Survey**

Steve Axelrod, PhD

In November and December of last year we sent a web-based survey of practice to all members of the Division for whom we had e-mail addresses. Of approximately 2,630 members contacted, we received 603 usable responses. This response rate compares very favorably to rates reported in the literature for comparable surveys. (In an effort to reach all members of the Division, we also sent out hard copies of the survey to members who did not list an e-mail address though our response rate was much lower for that list.)

We are currently doing some preliminary analyses of the data, and will report the results more fully in the next issues of Psychologist/Psychoanalyst. I can share a few findings though to begin the conversation about our membership and their practices.

- Our survey respondents appear quite typical of Division membership as a whole: 63% female and 37% male; mean age of 59.9.
- There appear to be gender differences on a number of survey items related to both practice patterns and attitudes.
- Members who received psychoanalytic training responded very positively regarding the impact of their training on their professional identity and personal satisfaction.
- Survey respondents are largely satisfied with their private practices, though not with the income generated.
- The majority of the respondents think it is very important or extremely important that the Division 39 do more to identify business of practice issues and do more public advocacy for psychoanalysis.

When the data analyses are completed we will be able to report in more detail on our membership’s clinical practice patterns, finances, and satisfaction; professional goals; and other business of practice issues. Stay tuned!

**Psychoanalysis & Health Care**

Tamara McClintock Greenberg, PsyD

We are all preoccupied with issues of health care reform today, both as citizen consumers and as practicing psychoanalysts. At our meeting this year in San Antonio, the Committee on Health Care and Psychoanalysis reviewed our first nine years of work; and we decided that it would be useful for us to share our work with Division members. We hope to encourage more enthusiasm about strengthening the voice of psychoanalytic theory and practice in the health care area, and to connect members of our Division working on common problems and in similar clinical or research areas.

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with illness and pain. In our third year, 2004, Tamara McClintock Greenberg presented a contemporary view of psycho-immunology from a cutting-edge research and clinical perspective; this paper is posted on the Web site. In 2005 we examined several crucial domains of health care, including care-taking of the chronically ill and reproductive psychology. Because we wanted to look at the career trajectory of a psychoanalyst working in a health care setting, in 2007 we invited Robin Holloway to discuss his experience working in a pediatric division of a Toronto hospital, in which his psychoanalytic focus was marginalized by the singular embrace of cognitive behavioral therapeutic approaches.

In 2008, after we were officially designated a committee by the Division, we featured a paper by Judie Alpert, in which she posited that dealing with illness is a form of “passing,” with discussion by several of our committee members. This year, 2009, we focused on reproductive health.

Our newest venture is an e-mail list, just launched. We encourage you all to register as members for this list, (send an e-mail to tamaragrenberg@gmail.com) so that you can introduce questions and postings of common interest. Our first general discussion will focus on reproductive health psychology, using our recent panel presentations as a springboard for discussion.

We look forward to activating the resources of our membership so that we can learn from each other, and further recognition of psychoanalysis in the health care arena.

CONTINUING EDUCATION

Laura Porter, PhD

The 2009 Spring Meeting in San Antonio offered 49 CE-eligible programs and, of the 383 individuals who registered for the meeting, 130 made use of those opportunities to earn continuing education credits. All together, participants earned a total of 1464.5 CE credits. The number of credits earned ranged from 1.5 to 27.5; the modal number of credits was 9 and the average number of credits earned was 11.27. Although the opportunity to earn continuing education credits came without additional charges to participants (other than general registration fees) and there were costs to offer programs for CE credit, participants received an estimated $29,290 value in CE services (using $20/credit as guideline).

In general, feedback about the reorganized CE process was positive. We will continue to revise procedures as possible in our ongoing effort to balance costs and efficiency while maintaining adherence to the APA's standards and guidelines for CE-approved sponsors.

While CE activities at the Spring Meeting seem to have been well received, the online programs attracted only one participant throughout 2008-2009. Given this low usage relative to the costs of maintaining the program, the entire online system was removed from the Division 39 Web site in May 2009. If you have any interest in joining the CE committee, please contact Laura Porter at lp39ce@gmail.com

Book Proposal Prize for 2009

The Book Proposal Prize Committee of Division 39 is delighted to announce that the winner of the second annual prize is Dr. Anthony Bram for his proposed volume entitled “A Psychodynamic Approach to Psychological Testing.”

Dr. Bram was awarded a $1000 cash prize, a certificate, and guarantee of publication of his book by The American Psychological Association Press. The committee, along with this year’s honorary judge Dr. Donnel Stern, was impressed by the promise of Dr. Bram’s work to make a contribution to psychological testing from a psychodynamic perspective, and we look forward to its publication.

It is now time for the committee to receive proposals for the 2010 prize the deadline for which is March 15, 2010. Details of the application process will be announced soon.
**MEMBERSHIP: NEW MEMBERS FROM 10/08 TO 6/09**

The following is a list of all new (or returning) members who joined between October and June. Please look over the list and be sure to welcome any of the new members you recognize on this list. The editor

Amineh Abbas, BS, Knoxville, TN  
Judge Abigail, MA, Cambridge, MA  
Maria Agit, MA, Chestnut Hill, MA  
Cynthia Alexander, MA, Washington, DC  
Joshua Altshule, PsyD, Stephentown, NY  
Johanna Arenaza, PsyD, Arlington, VA  
Kavita Avula, PsyD, Washington, DC  
Jennifer Babcock, PsyD, Alexandria, VA  
Becky Bailey, PhD, Salt Lake City, UT  
Julie Baker, PhD, West Orange, NJ  
Diane Barclay, MSW, New York, NY  
Ira Barouch, MA, Ossining, NY  
Rose Barry, PhD, Berkeley, CA  
Mary Barss, MD, Burlington, VT  
Catherine Basile, PsyD, New York, NY  
Guadalupe Bastida, Bayside, NY  
Alexandra Beckett, MD, Brookline, MA  
Linda Beeler, MSW, New York, NY  
Hollace Beer, MSW, New York, NY  
Kimberly Bell, PhD, Shaker Heights, OH  
Robert J. Benton, PhD, New York, NY  
Danielle Benvenuto, LCSW, Brooklyn, NY  
Beth Goldstein, MSW, Toronto, ON  
Mark Goldblatt, MD, Cambridge, MA  
Silas Gilliam, PhD, Chicago, IL  
Margaret Gilbert, PhD, Farmingdale, NY  
Vanessa Gentleman, MSW, Washington, DC  
Johanna Arenaza, PsyD, Arlington, VA  
Jennifer Babcock, PsyD, Alexandria, VA  
Becky Bailey, PhD, Salt Lake City, UT  
Julie Baker, PhD, West Orange, NJ  
Diane Barclay, MSW, New York, NY  
Ira Barouch, MA, Ossining, NY  
Rose Barry, PhD, Berkeley, CA  
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Robert J. Benton, PhD, New York, NY  
Danielle Benvenuto, LCSW, Brooklyn, NY  
Beth Goldstein, MSW, Toronto, ON
SECTION REPORTS: SECTION III – WOMEN, GENDER, & PSYCHOANALYSIS

THOUGH CHANGE IS AT THE HEART OF WHAT WE DO, WE KNOW IT IS OFTEN A CHALLENGING AND PAINFUL PROCESS. THE MEMBERS OF THE SECTION ON WOMEN, GENDER AND PSYCHOANALYSIS ARE FACING A DIFFICULT TRANSITION AS THEY MOVE FROM AN AGENDA FOCUSED ON POLITICAL ACTIVISM TO ONE OF CLINICAL AND ACADEMIC STUDY AND RESEARCH. MEMBERS HAVE FOR SOME TIME EXPRESSED THE CONCERN THAT THE ORIGINAL OBJECTIVES OF THE SECTION, THAT IS, BRINGING WOMEN INTO FULL PARTICIPATION IN THE DIVISION, HAVE BEEN ACHIEVED AND THEN SOME. PEOPLE MAY FEEL THAT A SECTION FOR WOMEN IS NO LONGER NECESSARY, thus accounting in part for our declining membership. This is in spite of the reported data from the Division Survey that while women members are in the majority, it is still men among practitioners who maintain larger caseloads and higher pay.

There are a number of us however who believe that the Section is worth fighting for and that the study of gender and sexuality, lying as it does at the heart of psychoanalysis, is both a worthy goal and a significant component of Division 39. To that end we have undertaken a number of initiatives including a mailing to all the membership inviting them to join. We are in the process of calling former members to invite them to re-instate their membership. We also recognize the need to rethink the goals of the Section to involve a broader membership base including women, men and LGBT members. At this point we are exploring the possibility of joining together with other interest groups with agendas that are not identical but similar enough. We continue to clarify our goals; focusing on the change process we are undertaking. Both collectively and individually we will attempt to think through and define our mission, our vision and our values by answering the following questions: Where have we been? Where are we going? What are the hurdles we need to overcome to get there?

While we have been going through the transition process we have continued to maintain a very active program of panels and presentations. At the San Antonio meeting Marilyn Metzl chaired a well-attended program, “Flirting: the Royal Road to Communication.” During the program on flirting and other nonverbal communication, Dr. Monica Moore presented research on nonverbal courtship behavior, commonly called “flirting.” She presented observational research that has been compiled using participants from different age groups in a variety of settings, including parks, shopping malls, and dance clubs. Dr. Moore also discussed her own research on nonverbal behavior in women and girls through which she has compiled descriptions of both courtship and rejection signals and their perception and predictability.

Following Dr. Moore’s presentation, Dr. Marilyn Metzl discussed the experiences of romantic love in heterosexual relationships and investigated adult romantic attachment specifically focusing upon gender differences in the dismissive form of adult romantic attachment, and then proceeded to investigate dating skills and nonverbal courtship behavior. This workshop discussed observational studies of behavior in turkeys, primates, and humans, and presented information on methods for psychoanalytic utilization of nonverbal communication.

At the Toronto meeting a panel again chaired by Dr. Metzl included a paper by Ellen Toronto titled “The Revelation of T.” The paper was a follow-up to the case presentation in the Section III book Psychoanalytic Reflections on A Gender-free Case: Into the Void (Routledge, 2005). Dr. Toronto presented clinical issues central to the continuing treatment of “T” including housekeeping, emotional expression, sexual abuse, the teenage daughter and sexual fantasies. Each of the issues had different ramifications depending on whether “T” was male or female. Christine Kieffer then responded with a post-modern perspective. Maurine Kelly discussed relevant case material including that of a transgendered patient who was undergoing reconstructive surgery. A lively discussion followed including a question raised by an audience member as to her observation of the frequency of sexual abuse in the histories of trans-gendered patients. Other discussion points concerned the fluid versus fixed nature of sexual identity.

Following a fascinating e-mail list discussion, another panel on gender and sexuality is in the works for the Spring Meeting in Chicago. The panel would include Judith Logue as chair and panel members Dennis Debiak, Lynne Harkless, Roysce Jalazo and Ellen Toronto. Louis Rothchild also participated in the discussion and was instrumental in formulating its focus.

We are aware that while some Sections within the Division are going strong, others are struggling for survival just as we are. Some have said that given the economic climate all of us are facing it may not be possible to maintain Sections. I know that for me Section III has been my “home” within the Division since I joined. The smaller group has given me the chance to participate both professionally and personally in ways that I probably wouldn’t have otherwise. I think that has been true for a number of women, particularly since women were not in the mainstream when I first joined the Division. Many of the women who hold leadership positions in the Division and in APA started out in Section III where they could participate and present in a small and very
Section IV – Local Chapters

Williams A. MacGillivray, PhD

Section IV is the home for the far-flung local chapters of the Division. Currently there are twenty-nine local chapters with the addition of our new chapter, the Sacramento Valley Association for Psychoanalytic Psychotherapy (SVAPP). Susan Boulware represented the chapter during the Spring Meeting and her chapter’s bylaws were reviewed and accepted by the Division 39 Board. This is the first new chapter we have had in several years; and I hope that other groups around the country will consider forming a similar association with Division 39. For anyone interested in forming a local chapter, complete information is included in the Section IV Handbook available on the Division Web site or you may contact any Section IV officer.

Section IV also concluded the laborious process of revising our bylaws this year and Barry Dauphin, Section IV Representative to the Division Board, presented our finished product before the Division Board of Directors in August; and we are finally finished. The major change was to align our bylaws with the Division’s following the change in membership criteria several years ago. We in Section IV would like to think that the Division finally caught up with the local chapters, all of whom have allowed all mental health professionals to full membership in their organizations, with the result that many local chapter officers are social workers and medical doctors as well as psychologists.

The Section IV Open Meeting during the Spring Meeting was highly informative and encouraging to anyone interested in the state of psychoanalytic education and practice around the country. The Open Meeting is the session when the local chapter members “hold the floor” and talk about their local efforts, successes and problems. With more than half our local chapters represented at the meeting, we were treated to a broad array of innovative and stimulating initiatives developed by our chapters. Some have extensive public outreach programs to the community, some focus their efforts at attracting the graduate student and/or university community. Some offer programs that are “hands-on” clinically focused talks, while others take on the most daunting and complex issues of psychoanalytic theory and research. I encourage members to “drop in” to the Open Meeting next year in Chicago and learn about the rich and variegated offerings available in the “provinces.”

This year marked a change in a program we have been running for ten years, the Graduate Student Initiative (GSI). The brainchild of Etta Saxe, the GSI is a fund that provides financial assistance to graduate students to defray the cost of attending the Spring Meeting. Local chapters are eligible, on a rotating basis, to nominate graduate students to receive the stipend, typically $500. Section IV agreed to change the rules several years ago to allow Early Career Professionals and Institute Candidates to be eligible. This was the first year we had nominations in that category. As a result, two graduate students from the Dallas chapter, Travis Whitfill and David Young, two institute candidates from the Oklahoma chapter, Cynthia Sherbon and Bruce Lochner, and one ECP from the Northern California chapter, Cate Corcoran, were able to attend the Spring Meeting.

The Section IV Invited Panel this year was determined by a competition among local chapters. Several chapters submitted proposals to Joe Schaller, Section IV President; and the Western Massachusetts chapter was selected (see the panel summary on page 37). For the Section IV Invited Panel at the APA Convention, Barry Dauphin conducted a workshop on podcasting. His local chapter (Michigan) has been videotaping their meetings for a number of years and these programs are available for viewing. You may contact Barry (barrydauphin@sbcglobal.net) for more information, instruction, or access to these podcasts.

Section IV is currently seeking nominations to fill the position of secretary, as our current secretary, Jo Ann Ponder, completes her term. Any local chapter member is eligible to serve as a Section IV officer and it is a great introduction to the work of the Division. Contact Joe Schaller (DrSchaller@JosephSchaller.com), if interested.

Section V – Psychologist-Psychoanalyst Clinicians

Johanna K. Tabin, PhD, ABPP

Section V’s invited panel on “The Longing for Home” received an enthusiastic response in San Antonio. Henry Seiden and David Lichtenstein presented, with Robert Prince moderating. At the Section V Reception, David Lichtenstein awarded the Schillinger Essay Prize to co-winners Michael Uebel and Steven Stern for the essays “Psychoanalysis and the Question of Violence” and “Session Frequency and the Definition of Psychoanalysis” in answer to the question: “What is the Most Urgent Question for Psychoanalysis Today?” In addition to the monetary prize, which they will share, their essays will be posted on the Section V Web site. Our online publication, The Sphinx, in this issue poses a fascinating question: “Why is the Unconscious Known by What it is Not?” In Toronto, the Section V invited panel will consider the relationship between art and mourning.
LOCAL CHAPTER REPORTS: Appalachian Psychoanalytic Society

WILLIAMS A. MACGILLIVRAY, PHD

We had our full complement of activities this year including two full day conferences. In October Fred Busch presented “A Conversation Like No Other,” describing his approach to working “from the outside in” in psychoanalytic work. In April Steven Knoblauch presented “Fascinating Rhythm: Embodiment and Attunement in the Clinical Encounter.” Both programs were well received.

We scheduled six half-day seminars this year. Jim Gorney continued his series of yearly seminars on “Great Papers in Psychoanalysis,” this year discussing a recent paper by Peter Fonagy, “A Developmental Theory of sexual Enjoyment.” Elizabeth Strand’s “It’s All Happening At The Zoo: Intergenerational Family Therapy In Action,” was a great introduction to the work of one of our new members whose clinical work includes working with animals as well as humans. Kathleen Erickson and Renee Repka’s talk “What to Do if you are Slapped with an Ethics Complaint” was a brave, if at times harrowing, discussion of the process of an ethics investigation and impact this has on us, our practice and relationships. John Auerbach led a discussion of diversity and multicultural concerns from a psychoanalytic perspective. John Kandilakis’s presentation on couple therapy allowed our members to experience the wisdom and humanness of one of our senior members. Our last presentation of the year featured several graduate students discussing their research projects, including a discussion of collaborative psychological assessment.

Every year for about 10 years, APS has sponsored talks at the Tennessee Psychological Association (TPA) Annual Convention. This year Irving Weiner spoke on clinical and forensic uses of the Rorschach Test. The TPA Convention has also been the occasion to honor one of our colleagues with the Hans Strupp Award for psychoanalytic research, teaching and mentoring. This year the award went to Leonard Handler, retiring professor at the University of Tennessee. Dr. Handler has been an important presence in the clinical program for over 30 years and he continues to teach assessment there, one of the few remaining psychoanalytic professors in the department.

The Scholars Symposium was renamed the Paul Lerner Symposium several years ago following the untimely death of one of our founding members. This year Deirdre Barrett gave a talk on dreaming and creativity, summarizing some of her work at Harvard University over the last 20 years. In addition, APS also recognized Eugene Cord, another one of our founding members, with a Presidential Citation, honoring his contributions to our chapter.

KEY INITIATIVES OR INNOVATIONS FOR 2008-2009
This year we formed a core group of members to plan for the possibility of a postgraduate program in psychoanalysis. We have ten members in the group; and for a start we have decided to form a reading group, the Wednesday Evening Group, to begin to develop a working relationship and to explore areas of psychoanalytic theory and clinical work. We have been meeting monthly almost one year. We have yet to expand on these very simple goals and may be able to make a decision about actually forming a postgraduate center in the coming year.

We have had a graduate student assistance fund (GSAF) for a number of years and have been able to supplement students’ expenses to attend psychoanalytic meetings, including the Spring Meeting. This year we were able to help five students attend the meeting in San Antonio. (Two of our students also presented during the meeting.) Students have also been active in raising money for the GSAF by selling coffee and doughnuts during the meetings and by selling APS T-shirts.

CURRENT CHALLENGES
Our challenges are not all that different from other local chapters. We still have only a core group willing to take on the task of leading the organization, and that group is rapidly aging and/or moving on to other challenges. We have had some success in bringing along younger members, but our board and our membership in general remains highly skewed with many members well past 50 and then a “junior contingent” of graduate students, with few in between. While we have been quite pleased with the energy and enthusiasm of the graduate students, the fact remains that they will eventually leave us to live and work elsewhere. There are plans to develop a working Early Career Committee to attract younger professionals to our organization.

Other goals in the next year include developing a working Membership Committee as our mental health community has grown quite large in recent years and we know fewer and fewer recent arrivals. Also we plan to continue to improve our newsletter, web site and other means of communication with members and potential members. Check out our Web site at aps-tn.org
Our 20th anniversary year was a full and busy one, with the successful 2009 Division 39 Spring Meeting held just up the road in San Antonio, a Fall BBQ Party showcasing the prodigious musical talent of four ASPP members in a band called Axis IV, and a full line-up of knowledgeable and engaging speakers at our monthly programs. We also hosted Efrain Bleiberg for an Ethics Conference in January, who presented on “The Roots of Morality in Attachment and Mentalizing: Implications for Psychotherapy.” As past president, I am grateful to the many people who gave their time and energy make these events a success.

This year’s Board has already been hard at work. The fall newsletter went out the first week in August, which highlights the many events planned for the 2009-2010 year. The theme for this year is “Beyond Words: An Exploration of the Spaces in the Therapeutic Dialogue,” the nuances of which will be examined in three diverse conferences, as well as our monthly programs and classes.

Our conferences begin with a panel discussion in October by three local clinicians on the clinical contributions of British Object Relations psychoanalyst Wilfred Bion, “Experience and Truth in the Clinical Hour: Moving from Elements to Thought.” We then host Jungian psychoanalyst and author Donald Kalsched in early December for a two-day Fall Conference on “Trauma, Soul and Spirit.” Adrienne Harris will also present a Ethics Conference and Clinical Workshop in late March.


Two classes round out our offerings for this year, the first being a reading group facilitated by Shannon Huggins exploring Donald Kalsched’s book The Inner World of Trauma: Archetypal Defenses of the Personal Spirit. The second is a seminar by JoAnn Ponder on Infant Observation and Adult Treatment. In addition to extensive reading, the course requires participants to observe a baby in its home setting at least five or six times on a weekly basis in order to sharpen the capacity for observation and more deeply understand the psychological processes of holding, containment, and attunement.

ASPP will also continue its Annual Food Drive and begin stronger outreach to student communities at area universities and colleges.

The Baltimore Society for Psychoanalytic Studies (BSPS) is pleased to announce our program offerings for the 2009-2010 academic year. Programs are held on Sunday mornings at the Sheppard-Pratt Conference Center in Towson, MD, a suburb of Baltimore.

- 9/13/09 "The Trauma that the Patient Forgot to Mention" by Richard M. Waugaman
- 11/15/09 "Demystifying Projective Identification: A Videotaped Consultation with the Family of a Sexually Abused Pre-adolescent Boy" by John Zinner
- 1/24/10 "Thinking Ethically" Clinical Dilemmas and Clinical Decisions" by David I. Joseph
- 3/21/10 "Negotiation, Spontaneity and Authenticity: Relational Co-Construction" by Sally Bloom-Feshbach
- 5/2/10 "A Self Psychological Perspective on Dreams” by Elizabeth Carr

For additional information please visit our new Web site: BSPSMaryland.org
The Chicago Association for Psychoanalytic Psychology (CAPP), one of the local chapters in Illinois, had a very productive year. We began the 2008-2009 year with a valuable retreat for the Council and committee chairs, facilitated by President Bernadette Berardi-Coletta. In addition to planning the year’s activities, focus, and direction, we had a thought-provoking discussion on our vision for CAPP and ways of attracting new members as well as being of value to current members.

Two major conferences took place this year. In the fall Estelle Shayne and Lucyann Carlton gave a presentation “Clinical Instances of Dissociation, Shame, and Guilt: New Perspectives from a Systems-Process Theory of Brain-Based Psychoanalysis.” In the spring, Stephen Seligman discussed “Nonverbal Psychic Structure, Projective Identification and the Intergenerational Transmission of Trauma.” At these conferences, early career clinicians, Becca Meyer and Matt Wadland presented case material that was discussed from the perspective of the relevant principles and theories. These conferences drew many seasoned clinicians as well as early career professionals and students. Additionally, in February CAPP collaborated with the Institute for Clinical Social Work (ICSW) to present a seminar on managed care issues. Allan Scholom, Gary Walls, and Jennifer Tolleson discussed “The Psycho-Political-Economics of Mental Health Care.”

Continuing education classes are an important part of the benefits of belonging to CAPP. Various programs were presented on Tuesday evenings including “Dissociative Processes in Mental Life” by Christine Kieffer, “Two Psychodynamic Approaches to the Treatment of Borderline Personality Disorder” by Alice Bernstein, and “Functional Emotional Development in the First 3 Years of Life” by Molly Romer Witten. Dr. Kieffer also taught a seminar on intersubjectivity and relational theory.

During this year, Dr. Alice Bernstein chaired a committee to plan outreach to the psychology masters and doctoral programs in the Chicago area. Pairs of clinicians are preparing talks on various aspects of psychoanalytic psychotherapy, which will then be offered to the schools to increase student awareness of psychoanalytic theory. This effort is in response to our awareness that little is being taught about psychoanalysis in most academic programs. These presentations will begin in the fall of 2009.

A revision of CAPP’s bylaws was begun with the rewriting of the Mission Statement or Statement of Purpose, as it will now be called. This statement reinforces our commitment to learning about, discussing, and communicating to the wider public about psychoanalytic theory. It asserts that CAPP maintains a welcoming and inclusive stance toward early career and student members as well as those who are interested in, but may know little about psychoanalysis.

Throughout the year, six study groups have been meeting. Some of these focus on clinical material, some on more theoretical books and articles. A group is forming for therapists who are involved in supervising and training, and another group has focused on multicultural therapy. Jay Einhorn, the chair of the Peer Study Group committee, helps to give new groups life and to publicize already-formed groups that are open to new membership. Additionally, there is a Student Study Group chaired by Jeffrey A. Seiden and 2 Early Career Professional groups convened by Susan Burland and Debra Carioti.

Another initiative involved having two consultants begin to work with us around streamlining and enhancing our membership policies and processes. Consideration is being given to shifting to a rolling membership anniversary date as individuals join us and pay dues at different times throughout the year. Additionally, we are considering new and more creative ways to offer membership information on our website and to foster dialogue on our listserv. In these and other ways, we are trying to keep our organization running smoothly and efficiently with updated technology.

CAPP’s 2008-2009 year of activities will draw to a close with our end of the year party at one of our restaurants specializing in Southern cooking, a venue that is sure to provide fun and festivity for all. At that time, the officers and Council members of 2009-2010 will accept the responsibility of leading CAPP into a new year of learning, relationship building, and outreach.
The Oklahoma Society for Psychoanalytic Studies has had an exceptionally busy and fulfilling year. Our membership has shown a 40% increase, and our monthly programs continue to be well attended. Our September and November programs featured two psychoanalysts from the Psychoanalytic Institute of Northern California, Jeff Sandler, and Lee Rather. Both Drs. Sandler and Rather have previously taught the Oklahoma City candidates in the long distance learning program, sponsored by PINC. Dr. Sandler presented a seminar in Ethical Conundrums, Ethical Principles in Clinical Practice. With registration capped at 40 to facilitate interaction within the group, we renewed our appreciation for psychoanalytic approaches to ethical questions and conflicts through exploration of clinical examples offered through vignettes.

Dr. Rather’s seminar, “Bringing Psychoanalysis to Life: A User-Friendly Approach to Integrating Competing Theories,” convincingly helped us to make sense of different approaches to psychotherapy and the human condition. In a compelling presentation of three case vignettes from his practice, illustrating technique from drive, ego, and object relations theoretical perspectives, Dr. Rather concluded with the revelation that all three illustrations were with the same patient.

Our third guest teacher during the fall was Neville Symington, an eminent psychoanalyst trained in England and now living in Australia. In cooperation with the Los Angeles Institute, we were able to have Mr. Symington with us for five days in small groups, individual consultations, lectures, seminar and a full day teaching the Oklahoma City PINC psychoanalytic candidates. His most recent book, On Becoming A Person Through Psychoanalysis, and his unique perspective on narcissism became the focus for a deeply human and unforgettable educational experience for the many who participated.

Our Spring programs have also been enriching. Psychoanalysts Cynthia and Michael Kampschaefer were the discussants for a showing of the film Tsotsi, the Academy Award winner for the Best Foreign Language film of 2006. The Kampschaefer’s son had won a National Geographic contest that awarded him a trip to Africa as the prize. Dr. Cynthia Kampschaefer accompanied her son on the trip and was able to juxtapose photographs she had taken as video to bring a reality to the film, which was at once familiar and dissimilar in its portrayal of the country. The film was a heart wrenching illustration of the impact of illness, violence and cultural decay in the development of child and adolescent disturbance in Africa—the tragedy and triumph of memory and desire.

In February Dr. Jonathan Slavin, Boston, former president of Division 39 and founding president, Massachusetts Institute for Psychoanalysis, spoke to our chapter meeting on “Becoming an Individual: Technically Subversive Thoughts of the Analyst’s Influence.” The following day featured case presentations by OSPS members: Sondra Shehab, personal/supervising psychoanalyst at PINC and Jeff Fine-Thomas, psychoanalytic psychotherapist with discussion by Dr. Slavin. In March, Dr. Pasqual Pantone, Training and Supervising Analyst of the Psychoanalytic Division of the William Alanson White Institute in New York, spoke to our community on the topic of “Treating the Parental Relationship as the Identified Patient in Child and Adolescent Psychotherapy,” and the following day led a seminar on “Countertransference in the Analyst: Who’s Curing Whom?” Both Drs. Slavin and Pantone have been an important part of our extended psychoanalytic community for many years in their roles as teacher, supervisor and mentor for many of our members. In April, OSPS member, Stephen Miller, personal/supervising psychoanalyst, faculty member and candidate advisor at PINC, presented a paper to our local chapter, “Thoughts On The Relationship of Manifest Content to Unconscious Punishment Fantasies.” Our last program of the year was presented by psychoanalyst, Carol Mason-Straughan. Ms. Mason-Straughan is Oklahoma City’s first graduate from PINC and the current president of OSPS. She presented her graduation paper, “When Success Feels Fraudulent,” with OSPS member Laurel Van Horn. as discussant.

In addition to a year of enriching programs, OSPS has received a very good response to Study Group Interest Surveys mailed in the Fall with at least three groups in the formative stage: Viewing and discussing films from a psychoanalytic perspective, “Poetry Inside and Out,” and “Reading Plays from a Psychoanalytic Perspective.”

Finally, plans are underway for a third OSPS year-long course on psychoanalytic theory and technique, meeting weekly and beginning in the Fall 2009.
NEW MEXICO PSYCHOANALYTIC SOCIETY

The past year of the New Mexico Psychoanalytic Society has been busy and productive. We have sponsored full day conferences, half-day workshops and several courses all available to the therapeutic community. There has been a positive collaboration with the medical school following their help with a grant and the efforts of Dr. Jeff Katzman who is an analytically oriented director of resident training at our local university hospital. Consequently, our programs have expanded in quality and quantity.

Dr. Deborah Luepnitz gave an excellent full day conference on the “The Integration of Winnicott and Lacan In Clinical Practice.” In the fall 2008, Dr. Robert Grossmark came to New Mexico to speak on “Heterosexual Masculinities in Clinical Practice,” a full day conference that was sensitive and provocative. Dr. Katzman did a case presentation for this meeting that helped make in even more relevant to the audience.

We had two four-hour presentations of various theoretical approaches to dream interpretation given by Dr. Erik Craig that were well attended and useful. Dr. Craig focused in one workshop on an existential theoretical approach to dreams and worked carefully with material brought to the workshop.

The Frederick H. Leonhardt Foundation (FHL) specializes in the support of work regarding attachment theory. With the help of a grant from this foundation we invited Howard and Miriam Steele to present a University of New Mexico (UNM) Hospital Grand Rounds and a full day workshop entitled “Attachment Assessment: A Toolbox for Intervention Work With Traumatized Families.” The longitudinal movies of movies following cases from toddlers to young adulthood were remarkable. This conference led to an informal joining of medicine and psychology and we created a format to jointly sponsor several programs over the year 2009 with the framework titled “Learning to Notice the Often Unnoticed Clinical Clues.” We have been able to obtain ongoing approval for Continuing Medical Education (CMEs) as well as CE for other mental health professionals. Dr. Luis Vargas gave a workshop on “Clinical Work With Latino Youth” in March.

We also added three courses for our members and the therapeutic community. Dr. Katzman is giving an eight-session class in contemporary psychoanalytic theory. Dr. Craig is giving a four-session course on dream interpretation in clinical practice. There is a possible additional workshop on attachment theory still in the works for the summer.

In September Dr. Beth Roth is giving a class on “The Use of the Rorschach Test to Help Clinicians Unravel Patients Mysteries.”

RHODE ISLAND ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGIES

Our spring conference speaker this year is Steven D. Axelrod, who will present “The Couch and the Coach: Intervening for Growth in Work Life.” We are also looking forward to our 2nd collaborative pre-conference event at 2nd Story Theatre, where we will watch A Streetcar Named Desire and discuss with the panel. Louis Rothschild is presenting a paper on the play for discussion.

Our Board is experiencing some shifting of gears as long term Board members prepare to step down from intensive duties to Special Projects. We are working on informal gathering concepts such as RIAPP Film, where interested members will view and analyze selected films. Board members Scott Johnston and Patricia Donaldson will lead this initiative. In addition, Frank Pescosolido, is developing a January speaker roster, usually empty due to winter weather. New member-at-large, Tracy Townsend, is our liaison to the graduate student population and will cultivate membership interest and potential recipients of Division 39 annual conference stipends.

Billy Brennan, past president and recent graduate of the National Training Program, presented his work on Izette Deforest at the International Federation of Psychoanalytic Education Conference (2008), as well as the International Ferenczi Conference in Miskoic, Hungary.

We are pleased to announce member publications. Louis Rothschild has a chapter in Bruce Reis and Robert Goldmark’s book Heterosexual Masculinities (Taylor and Francis, 2009); and Esther Urdang has a 2nd edition of her book, Human Behavior in the Social Environment: Interweaving the Inner and Outer Worlds published by Routledge (2008).
Board of Directors Meeting Minutes  
Friday, August 15, 2008  
Hilton Boston Back Bay Hotel, Boston, MA

Present: N. McWilliams, President, M. Cresci, President-Elect; D. Ramirez, Past President; D. Debiak, Secretary; M. McCary, Treasurer; Council Reps: L. Barbanel, J. Darwin, D. Morris, L. Wagner; Members-at-Large: N. Altman, M. Charles, W. MacGillivray, R. Ruth, H. Seiden, J. Slavin, N. Thomas, L. Zelnick; Section Reps: W. Fried, I; J. Bellinson, II; M. Kelly, III; D. Downing, IV; J. Tabin, V; W. Gottdeiner, VI; A. Brok, VII; G. Stechler, VIII; L. Steinberg/A. Shaw, IX; Guests: D. King, Membership Chair-Elect; F. Goldberg; M. Metzl; S. Nath; E. Jurist; M. Bullock; C. Goodheart; R. Phelps; D. Deville; J. Ponder; C. Diaz De Leon; L. Rothschild.

I. Call to Order: The meeting was called to order at 8:35 AM by Dr. McWilliams.

II. Attendance: Substitution: Dr. Altman for Dr. Karon, Member-at-Large; Dr. Kelly for Dr. Toronto, Section III Representative; Dr. Steinberg (until 1 PM) and Dr. Shaw (after 1 PM) for Dr. Rosica, Section IX Representative; Dr. Tabin for Dr. Prince, Section V Representative; Dr. Ruth for Dr. Kieffer, Member-at-Large; Dr. Brok for Dr. Ungar, Section VII Representative

III. Approval of the Draft Minutes of the Board of Directors Meeting on April 10, 2008

Motion 1: To approve the draft minutes of the Board of Directors Meeting of April 10, 2008 as corrected. Action: Passed

IV. Announcements
A. Dr. McWilliams updated the board on the progress of Dr. Karon. He is progressing and improving slowly, but he will be unable to return to the Board this year. Dr. Altman will continue to substitute for him.
B. Dr. McWilliams announced that there would be several guests joining the board for presentations and for lunch.
C. The Executive Committee recommended that Dr. Marilyn Metzl, who came in fourth in this year’s elections for Member-at-Large, be appointed to complete Dr. Nina Thomas's term.

Motion 2: To appoint Dr. Marilyn Metzl to fill the vacated Member-at-Large seat as of January 1, 2009. Action: Passed unanimously

D. Drs. Andrea Corn and Heather Pyle will take over chairmanship of the Candidate Outreach Committee.
E. Dr. Corn’s husband had a serious injury recently and she is commuting from Florida to Colorado until he is able to travel.
F. Section VII has submitted an interdivisional grant request with Division 49 to get support for the Group Summit.
G. Division 39 and the Society for the History of Psychology (Division 26) will apply for an interdivisional grant to partially fund an event commemorating the 100th anniversary of Freud’s visit to Clark University.
H. The American Psychoanalytic Association’s 10,000 Minds project has completed its mission. Undergraduates were the focus of this project and many successful efforts were made to educate them about psychoanalysis.
I. None of the Division nominees were accepted to the Task Force on the Future of Psychology (the 2009 Practice Summit).
J. Dr. James Bray has requested that the Division donate some of its APA Convention programming time to his “Convention within a Convention” next year.
K. Dr. McWilliams called the Board’s attention to the Wisdom Project. Cindy Baum-Baicker continues to interview analytic elders and requests suggestions for a “phrase bank” and a “metaphor bank,” as detailed in her report.
L. The Practice Survey has been piloted by Dr. Steve Axelrod and will be distributed in September – first by email and then by regular mail.
M. Dr. McWilliams called everyone’s attention the group dinner option, planned by Dr. Louis Rothschild, for Saturday evening after the Board meeting in January in New Orleans.
N. The Board will again be asked to make calls to members encouraging them to give all of their apportionment votes to Division 39. Board members discussed details of making the calls and how to employ Division 39 graduate student members and others to make some of them.

V. Election Results: Treasurer: M. McCary; Council Rep: N. Thomas, J. Alpert, D. Ramirez, W. MacGillivray;
Members-at-Large: A. Brok, T. McClintock Greenberg, A. Steinberg

VI. Treasurer’s Report: Dr. McCary reviewed the financial statement of the New York Spring Meeting. She estimated that the net profit for this meeting is $75,000, well over the predicted profit. She then summarized several line items in the income and expense categories of the Division’s financial statements. Net profit for the year may be approximately $20,000 over what was predicted.

VII. Old Business
A. Future of Psychoanalytic Education Conference Sponsorship

*Motion 3: To sponsor the Future of Psychoanalytic Education Conference 2008. Action: Passed – with one No and one Abstention*

B. Section Issues: Dr. MacGillivray referred to the written report distributed previously to the board. He has reviewed section bylaws’ compatibility with current Division bylaws and suggested that each section make appropriate changes and present them in January for Division Board approval. Dr. McWilliams stated that she had been having conversations with Dr. Gottdeiner about how to promote the revitalization of Section VI.

VIII. Conversation with Randy Phelps, Deputy Executive Director for Professional Practice: Dr. Phelps spoke to the Board about initiatives of the APA Practice Directorate and the relationship between the Directorate and the Division, emphasizing “touch points” between the two.

IX. Reports
A. Federal Advocacy Coordinator Report: Dr. Goldberg reported on initiatives important to the Division. He regularly sends alerts about issues that the Practice Directorate is working on that involve federal legislation. The Directorate has been diligent in working on reversing Medicare cuts and pursuing parity for mental health services. He distributed two reports for the members’ review.

B. Divisions 39 & 42 Interdivisional Task Force Report: Dr. Goldberg summarized the activities of this task force and distributed a written report to the members for review.

C. Publications Committee Reports
   1. *Psychoanalytic Psychology* Editor’s Report: Dr. Jurist updated the board on his activities and on the status of the journal, including statistical information on its high rating. [Apparently, this number is quite important to determine the quality of journals. Could we be more specific about how to refer to it?]

2. *Psychologist-Psychoanalyst* Editor’s Report: Dr. MacGillivray summarized the report that was included in the agenda packet.

3. Book Prize Update: Dr. Tabin gave a brief description and stated that 6 submissions were received. Dr. McWilliams will make the announcement at the Division Reception. The prize winner is Perrin Elisha, Ph.D.

4. PEP Subscriptions: Dr. Seiden reported that as of last week we had 472 PEP subscriptions. This benefit continues to attract new members.

5. *Psychoanalytic Abstracts*: Dr. Tabin announced that the *Abstracts* are now completely electronic.

D. Establishing an International Interest Group: Dr. Metzl reported on her experiences working with Mongolian/Asian professionals. She asked the board to support the development of special international interest groups in concert with APA’s Committee on International Relations in Psychology. It was the consensus of the Board to accept Dr. Metzl’s recommendation.

E. Education & Training Committee: Dr. Downing distributed a report and summarized the activities and goals of his committee.

F. Task Force on Academic Mentoring. Survey of Division Members Involved in Academia: Dr. Nath distributed and commented on a report on his recently completed survey of Division members involved in academia.

G. Candidate Outreach Committee: Dr. Tabin briefly updated the board on the activities of this committee. Dr. Tabin is completing her term as Committee Chair.

H. 2009 APA Presidential Task Force on the Future of Psychology Practice Update: Dr. Goodheart presented information about the structure and goals of the upcoming Practice Summit.

I. 2009 Spring Meeting Planning: Dr. Ponder and members of the steering committee for the 2009 San Antonio Spring Meeting gave a brief report on the planned program, keynote speakers, and invited panels.

J. Continuing Education: Dr. MacGillivray referred to the two reports distributed to the board for review and summarized the issues involved in offering continuing education credits for most panels at the Division’s Spring Meetings. A discussion followed. Drs. Darwin and MacGillivray will work with the CE chair to develop a process that will be more effective and
efficient.

K. Discussion of Costs of Electronic Submission
Proposals, Pre-circulated Papers, and Web Posting of
Abstracts: Drs. Darwin and Seiden discussed utilizing
the electronic media for pre-circulation of papers, web
posting of abstracts, submission of proposals, etc.
They plan to explore a variety of options.

L. Outreach & Public Information Committee Report:
Dr. Ruth distributed a report to the Board and
summarized his proposal for an exchange with South
African psychologists.

M. Membership Committee Report: Drs. Rothschild and
King summarized the membership committee report
that was included in the agenda packet.

X. Council Representatives Report: Dr. Morris spoke
on behalf of the proposed APA Bylaws Amendment
which would provide a seat on the APA Council of
Representatives for a member of each of four national
ethnic minority groups. Dr. Wagner asked that the
Board consider giving monetary support to the Practice
Summit. Discussion was held.

**Motion 4: To approve monetary support for the
Practice Summit in the amount of $5000. Action:
Passed with 4 abstentions**

Dr. Barbanel discussed issues that had passed
Council. She reported that APA will have a “seat at
the table,” for the first time, in developing ICD-11. Dr.
Wagner discussed the progress of the referendum, which
has been sent out for vote, with pro and con statements
included. A discussion was held. Council will be
discussing possible ethics code revisions.

XI. Consortium Report: Dr. Wagner reported that the
Division has developed a stronger working relationship
with the American Psychoanalytic Association. She
reported that she had attended a meeting in Atlanta with
representatives of the American and NAAP. Dr. Darwin
will attend a future meeting on the topic of proposed
legislation in Massachusetts. Dr. Wagner reported that
the ACPE has accredited two or three diverse institutes
and is currently processing another. One is a large
institute of the American Psychoanalytic Association.

XII. Awards Committee: Further discussion was held
regarding Division awards, including whether to
schedule presentations by award winners at the Spring
Meetings.

**Motion 5: To allocate $1000 annually for a joint
psychoanalytic research award with the American
Psychoanalytic Association. Action: Withdrawn**

XII. New Business
A. Division Program Hours: A discussion was held
regarding how many, if any, hours the Division would
be willing to donate to James Bray’s “Convention
within a Convention.”

**Motion 6: To approve the donation of one hour
of Division 39 program time at the 2009 APA
Convention for Dr. Bray’s Convention within a
Convention. Action: Passed with 2 abstentions.**

XIII. Executive Session: At this time, the board went
into Executive Session.

XIV. Adjournment: 4:15 PM

Secretary: Dennis Debiak, Psy.D.
Record: Ruth Helein
BOARD OF DIRECTORS MEETING MINUTES
SATURDAY, JANUARY 17, 2009
NEW ORLEANS, LA

PRESENT: M. Cresci, President; N. McWilliams, Past President; D. Debiak, Secretary; M. McCary, Treasurer; Council Reps: J. Alpert; L. Barbanel; J. Darwin; W. MacGillivray; N. Thomas; L. Wagner; Members-at-Large: N. Altman (for Karon); A. Brok; M. Charles; T. Greenberg-McClintock; M. Metzl; J. Slavin; A. Steinberg; L. Zelnick; Section Reps: W. Fried (I); J. Bellinson (II); M. Kelly for E. Toronto (III); B. Dauphin (IV); R. Prince (V); A. Halton (VIII).

I. Welcome, Call to Order and Introductions: Dr. Cresci
The meeting was called to order by Dr. McWilliams. Dr. McWilliams then passed the gavel to Dr Cresci. Dr. Cresci asked that each in attendance introduce themselves.

II. Attendance: Dr. Debiak
Absent: Drs. Gottdiener, Kieffer, Rosica and Steinberg (no substitutes); Substitution: Dr. Altman for Dr. Karon (Member at Large); Dr. Kelly for Dr. Toronto (Section III Representative): It was brought to the board’s attention the bylaws article that refers to attendance of board members and Dr. Karon’s absence. The Executive Committee will look into the issue and come back to the board with a recommendation no later than the April Board meeting.

III. Approval of the Draft Minutes of the Board of Directors Meeting, August 15, 2008: Dr. Debiak

Motion 1: To Approve the Draft Minutes of the Board of Directors Meeting of August 15, 2008 as amended. Action: Passed

IV. Announcements
A. APA Apportionment Ballot and Bylaws Amendments Results: Dr. Cresci discussed the apportionment ballot and the bylaws amendments results. Although we lost one seat on the council, we are still one of two divisions that have the most council reps. The ethnic minority seats amendment was not passed, but only by a very small margin.
B. Plans for the Future of Practice Summit are underway. The division was given two delegate spots to this summit, and Drs. Wagner and Cresci were accepted as delegates. Dr. Cresci referred to Dr. Heineman’s report on Summit plans, distributed to the board.
C. Presidential Initiatives: Dr. Cresci spoke of the strengths of the Division—having seven council reps and the strong standing we now have within APA and the APA Practice Directorate. She noted that while membership is either stagnant or decreasing in other divisions and even within APA, the Division is growing. She commented on the strength and high regard our publications have, as well. She stated that our financial situation is solid and we are beginning to grow our reserve accounts. Research is showing that long-term treatment is more accepted than it had been – the studies show that long term treatment is important and is working for patients. Her initiative is to find ways to support our members by demonstrating the value of psychoanalysis to the public. The range of psychoanalytic theories and approaches should be included. We need to stay within our budget and in an economical way and using resources we have available. She hopes to accomplish these goals with the formation of the Public Relations Task Force, chaired by Dr. Thomas, and utilizing the data received from the Practice Survey that is in process currently.
D. Public Relations Task Force: Drs. Cresci and Thomas: Dr. Thomas outlined the variety of ideas and plans her task force (which includes Dr. Cresci) is developing. One potential project is to develop a section of our Web site or a companion website that focuses on educating the public about the value of psychoanalysis.
E. Practice Survey Update: Dr. Cresci: The survey has been sent out via email and mail. Dr. Axelrod reports a 23% response rate, which is considered quite good. We hope to have more results and data at the April meeting.

V. Treasurer’s Report: Dr. McCary
A. Draft Budget 2009
Dr. McCary reviewed the 2009 budget and financial statements and went over a variety items of interest or concern. She stated that she was still working to increase the reserve funds to have at least one year of operating funds in reserve.
Motion 2: To approve the proposed budget for the Chicago 2010 Spring Meeting as submitted. Action: Passed Unanimously.

Motion 3: To Approve the 2009 Division 39 Budget as submitted. Action: Passed Unanimously.

VI. Committee Reports
A. Multicultural Concerns: Dr. Tummala-Narra
Dr. Tummala-Narra briefly shared her experience as liaison to CEMA. She then reported on the Multicultural Summit. She commented that she was disappointed that several proposals from her committee were not accepted for the summit. She expressed a wish to have more access to the organizers of the next summit.

B. Publications Committee: Dr. Seiden
a. PEP Update: Dr. Seiden referred to his written publication report in the packet as well as a supplementary report that was distributed in the meeting. He noted that increases in membership may be due to the low-cost access to PEP for members.
b. Division 39 Book Proposal Prize: Dr. Seiden referred to his written report that was distributed to the board members.
c. Web “Spotlight” Project: Dr. Seiden referred to his written report that was distributed to the board members. He gave additional information about this project.
d. Psychoanalytic Psychology Editor’s Report: Dr. Jurist: Dr. Jurist’s report was included in the board agenda packets.
e. Psychologist-Psychoanalyst Editor’s Report: Dr. MacGillivray reported that his committee is discussing with APA consultants the possibility of making some revisions in the format of the Newsletter.

C. Education and Training Committee: Dr. Downing:
The report is included in the agenda packets. His recommendation for a link for psychoanalytic friendly doctoral programs has been finalized.

D. Membership Committee: Drs. Rothschild and King:
Dr. King summarized her membership report that is included in the agenda packet and summarized the recent APA membership report.

E. Continuing Education Committee: Dr. MacGillivray:
Dr. MacGillivray referred to his report that was included in the agenda packet.

F. Graduate Student Committee: Dr. Slavin reported that two major programs will be presented at the 2009 Spring Meeting. One of the presentations is live supervision and the other is a clinical presentation. There will also be two workshops specifically for graduate students at the meeting. There will also be the President’s reception. At the APA meeting in August there will be a live supervision of a doctoral student. Dr. Slavin praised the committee members for their dedication.

G. Program Committee: Dr. Darwin reported on the upcoming Spring Meeting. The committee is working very hard to make this an excellent meeting. The Chicago 2010 spring meeting plans are proceeding. The summer meeting is also progressing well.

H. Nominations and Elections Committee Report:
Dr. McWilliams asked members to complete the nominations form for Division officers and give them to Ruth Helein. The deadline is very close.

I. Awards Committee: Dr. MacGillivray distributed a form for board members to nominate individuals for division awards.

VII. Special Guests
James Bray, APA President discussed his initiatives and opened the floor for questions.

Katherine Nordal, APA Executive Director of the Practice Directorate, gave a presentation.

Melba Vasquez, Ph.D., Candidate for APA President-Elect - Dr. Vasquez addressed the board regarding her candidacy for APA President-Elect.

Steven Gold, Ph.D., President of APA Division 56 (Trauma Psychology) – Dr. Gold expressed his thanks to the division for its support in the development of Division 56. He addressed the board on the variety of types of trauma and asked for ideas on things the two divisions can work on together.

Barry Anton, Ph.D., thanked the Division for its support of the Children’s Mental Health conference. He gave a brief summary of the program and issues to be discussed.

VIII. Old Business
1. Task Force on APA Committee on International Relations in Psychology – Proposal for International Affiliates to the Division: Dr. Metzl thanked Dr. Jacobs for her work putting together the proposal for international affiliates. She summarized the proposal. The board requested that action items be brought to the April board meeting.
2. South African Outreach Efforts: Dr. McWilliams reported on her South African outreach efforts and told the board that two individuals from South Africa are planning to attend the Spring Meeting. These
individuals will be holding an informal conversation hour. Dr. McWilliams encouraged members to attend this informal presentation.

IX. Section Issues
A. Section II Bylaws Revision: Dr. Bellinson asked for approval from the board on the Section II bylaws proposed changes.

*Motion 4: To refer the changes to the parliamentarian for review and then to be brought back to the board no later than the April meeting*

*Action: Passed Unanimously*

B. Section III Update: Dr. Kelly updated the board on the activities of Section III. The Section leadership is energized and hope to bring their membership up. She also invited members to attend Section III’s presentation at the 2009 Spring Meeting.

C. Section Annual Reports: Dr. Debiak reminded the Section Reps that the Annual Report is due by Monday, February 2. This is an APA requirement.

X. Consortium Report: Dr. Wagner reported on the November 2008 Consortium meeting. She discussed the activities of the ACPE and their progress. The Consortium is talking about doing political advocacy particularly around privacy issues and may hold their meeting in May in Washington to get their message to legislators.

XI. Council of Representatives Report: Drs. Alpert, Barbanel, Darwin, MacGillivray, Ramirez, Thomas and Wagner: Dr. Wagner reported on the passing of the APA referendum that states that APA does not condone having psychologists work at detainee sites except as advocates for the detainees rsid8987738 and the enactment of the referendum. A detailed implementation plan will be presented to Council at the next meeting of Council. Council is working on the Ethics Code 1.02. Members were encouraged to comment on the Ethics Code. APA lost 40% of its financial portfolio. They are now looking at hiring freezes and other cutbacks. They have an $11.5 million shortfall in the budget.

XII. New Business
A. Idea for a Psychoanalytic Newsmagazine for the General Public: Dr. Brok discussed an idea for publishing a news magazine for the general public about psychoanalysis and psychoanalytic issues. He offered to work on this and come back with a more concrete proposal.

B. Nominations to CODAPAR: Dr. Darwin reported that nominations are in order for two seats on CODAPAR. She stated they are particularly looking for someone in private practice

XIII. Miscellaneous Items
A. National Coalition: Dr. MacGillivray referred to reports and a white paper that he had distributed earlier. An immediate concern is that pending legislation establishing procedures for electronic health records will protect the patient’s right to privacy.

B. Board Meeting attendance: Dr. Wagner voiced concern regarding the attendance rate of division board members. Discussion was held regarding how to address the issue.

XIV. Adjournment: There being no further business to come before the board at this time the meeting was adjourned at 4 PM CST.

*Secretary: Dennis Debiak, Psy.D.*
*Recorder: Ruth Helein*
ANNOUNCEMENTS AND UPCOMING EVENTS

CALL FOR PAPERS: DIVISION 39 MEETING AT APA CONVENTION

The APA 118th Annual Convention will be held next year in San Diego, CA from August 12-15, 2010. The Division 39 Program Chairs, Sandy Shapiro and Hollis McMillan, have announced the theme for the Division 39 panels, “Creativity in the Treatment of Trauma: Thinking Outside the Box”: A major challenge to contemporary psychoanalysts is the treatment of patients who have suffered severe early trauma. Contributions from differing schools of psychoanalytic thought, and from other fields such as cognitive science and infant research, have expanded our therapeutic armamentarium and made psychoanalysis available to previously inaccessible cases. Psychoanalysis has matured to the point where we can now have meaningful discussions—not duels—about differing ways of working with more challenging situations. Because early experiences of pain may be before the time of speech, feelings may not be available for discussion and interpretation. Ways in which therapists creatively connect with and help transform early experiences will be the theme of this conference. The Program Committee will give preference to those submissions that address this theme.

Any Division member may submit a proposed program or presentation for consideration. All proposals must be submitted via APA’s Call for Programs Web site. For complete information, go to www.apa.org/convention/2010. All paper and panel proposals must be submitted through the Web site by the deadline in order to be considered by the Program Committee. If you have any questions, contact Sanford Shapiro, MD, sshapiro@ucsd.edu or Hollis McMillan, PhD, hollism@san.rr.com

DEADLINE: DECEMBER 1, 2009

CALL FOR PAPERS - FIFTH JOINT INTERNATIONAL CONFERENCE

The Fifth International Conference, “Failure: Psychoanalytic Explorations,” will focus on failure as a universal human experience that is dreaded and often evokes feelings of disillusionment and disappointment in oneself and others, as well as with political and social institutions and ideas. However painful and disorienting the experience of failure might be, it may also serve as an opportunity for personal growth. At the least, the resolution of the sense that one has failed requires a shift in perception. The feelings of disappointment, disillusionment, hopelessness and even loss associated with failure must be worked through and integrated to allow for better living. The conference is Co-Sponsored By: Adelphi Society For Psychoanalysis And Psychotherapy, The Psychoanalytic Society Of The New York University Postdoctoral Program, Scottish Institute Of Human Relations, Toronto Society For Contemporary Psychoanalysis, and William Alanson White Psychoanalytic Society

Failure is what we often hear about in our work. How do we and our patients experience failure and how does failure impact the work we do? Do challenging economic times give different meaning to the concept of failure in the mind of clinicians and/or their patients? Presenters can address a range of issues related to failure and its aftermath, including, but not limited to: therapeutic failure and negative therapeutic outcomes; impact of one’s theory in discerning what is a therapeutic failure; the failure of theories and the disillusionment with theoretical models; psychoanalysis: a theory of failure?; the disillusioned, disappointed self; the role of failure in understanding oneself and others

Send a one-page abstract to: Jointconference@Adelphi.Edu

DEADLINE: DECEMBER 1, 2009

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, 2010, and presentation of the paper will be at the 2011 Spring Meeting in New York. Five printouts of the paper should be submitted to the editor, Elliot Jurist, PhD, at psychoanalyticpsychology@gmail.com

DEADLINE: JULY 1, 2010
that as a member of Division 39 (regular member or affiliate) you are eligible to subscribe to the PEP-WEB for $55.00 a year?

The PEP-WEB is the Psychoanalytic Electronic Publishing Company's searchable online database of psychoanalytic writings. It includes full-text articles from all the major psychoanalytic journals, the entire Standard Edition of Freud, and some seminal texts and relevant newsletters. It is updated regularly to include all journal articles up to three years before the current date.

PEP-WEB is an indispensable scholarly resource.

The $55 yearly subscription is a huge saving over the cost of purchasing access on your own. The Division pays a large yearly fee to PEP to provide individual subscriptions for its members.

We urge you to take advantage of this membership benefit!

See the Division website for the details.

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