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The tenor of the Division 39 Spring Meeting in Chicago in April was one of promise and renewal. Our co-chairs, Scott Pytluk and Andy Suth, did a marvelous job of organizing the meeting and reaching out to graduate students and early career professionals. With almost 800 attendees including over 175 graduate students, along with many ECP’s and analytic candidates, this Spring Meeting was the largest meeting to be held outside of New York. For those of us with considerable gray in our hair, the large turnout by people new to our field gave us hope that psychoanalysis is being embraced by the next generation of professionals.

We began the meeting with a special Wednesday night presentation by Jonathan Shedler whose article in the American Psychologist (2009) summarized the evidence for the efficacy of psychodynamic psychotherapy. His presentation reviewed the meta-analyses he had cited in his paper and demonstrated their significance in terms that non-researchers could understand. For the first time many of us gained an appreciation of the concept “effect size” as a measure of a treatment’s efficacy. Later in the meeting our two keynote speakers, Frank Summers and Muriel Dimen, addressed the meeting theme “Wild Analysis Then (1910) and Now (2010)” with interesting historical and clinical perspectives. In addition, there were many fine presentations by both senior and junior members of the Division.

While in Chicago we were introduced to the theme of the 2011 Spring Meeting to be held in New York from April 13 to 17. The theme is “How We Matter: Psychoanalysis in the 21st Century” and will feature keynote speakers Lewis Aron and Neville Symington. The committee co-chairs, Jill Bresler and Andy Eig, encourage you to submit proposals for presentations by the September 3 deadline. This year the submissions can be made electronically through the Division 39 web site. Make your plans now to join us in 2011.

As the large audience attending Jonathan Shedler’s presentation indicates, our community has become increasingly interested in learning about and connecting our clinical experience with psychodynamic research. As a Division we need to consider how we can be supportive of psychoanalytic research and bridge the gap between clinicians and researchers. For several years now we have sponsored a poster session of research projects at the Spring Meeting, providing an opportunity for graduate students and other researchers to share their current projects with us. Bill Gottdiener has been instrumental in selecting the projects to be featured and arranging for their display. Other suggestions for supporting and disseminating research findings have included offering more research presentations during our meetings to supplement the meeting’s clinical presentations. To explore this topic more carefully and provide a plan for the Division’s support of research, I have asked Marilyn Charles to chair a task force on psychoanalytic research. We are in the process of writing a charge for the task force and recruiting task force members. I look forward to the task force’s report and to sharing its proposals with you.

While the spring meetings are the highlights of our Division activities each year, communication with our members and scholarly activity are our concern throughout the year. Our Publications Committee, under the chairmanship of Henry Seiden, has begun a renewal and revamping of our printed and electronic communications to bring us forward into the 21st century. The process is an...
exciting one that requires letting go of current formats in favor of newer ones. This transition was brought home to me as I was writing this column. This is one of the last issue of the newsletter as we currently know it and thus one of the last President’s Column that I will be writing as a printed front-page feature for the newsletter.

As Henry aptly described in his Publications Committee report in the last issue of the Psychologist-Psychoanalyst newsletter (2010), we have divided the newsletter into two new publications, one an electronic newsletter titled InSight edited by Tamara McClintock Greenberg and the other a printed collection of essays and book reviews titled Division/Review edited by David Lichtenstein. The first edition of InSight was published online in early April, and you will now be seeing this newsletter with many timely features on a monthly basis. Much of the information about the Division, including the President’s Column and committee reports, will now be disseminated online through InSight and our web site. In the second half of this year, we will receive the first edition of David’s quarterly review. There will continue to be a period of transition until the new format is “ready for prime time.” We will keep you posted In addition, Elliot Jurist will continue to publish our highly regarded journal Psychoanalytic Psychology.

In setting up an online newsletter we are taking an important step toward electronic communication. It is, however, a step that requires change in how we as a Division communicate with ourselves and others. For one thing, in order to successfully receive this new publication our members need to provide us with their current e-mail addresses. In addition, as our newsletter provides links to our web site and other online material, we have needed to look more closely at our web site itself. The Division 39 web site is at the center of communication to both our members and the public. Since its inception Larry Zelnick has almost single-handedly overseen our web site and has worked with our web designer to expand its functions and make it more responsive to our needs as a Division. Now is the right time to revisit our web site to see how we can improve its functioning and provide our Division and psychoanalysis with a larger presence on the web. Larry and I will shortly be setting up a task force with internet-savvy members to help us devise a strategy to expand our web site for the benefit of both our members and the public we wish to reach.

The Division/Review publication is shaping up to be another opportunity for communication among our members. Over the years, Bill MacGillivray expanded the scope of our current newsletter by including book reviews and other scholarly articles. David Lichtenstein will be proceeding from that foundation by focusing on articles written by our members and others to highlight psychoanalytic themes. I am sure we will all find material of interest in this new publication when it arrives later this year.

In sum, the Division is expanding in new directions to meet your needs as Division members and to provide a home for new professionals who want to learn more about psychoanalysis. I encourage your participation and support in these endeavors.

References

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

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

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

Copyright Policy
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Johanna Tabin, a highly regarded Glencoe psychoanalyst who trained under Anna Freud, raised two sons who are now professors at Harvard and the University of Utah, and once deluged her granddaughter with her favorite pickles by mail, died Friday, July 2.

Dr. Tabin, who was awarded a second lifetime achievement award in April from the American Psychological Association’s Division of Psychoanalysis, was 84. Although not a smoker, she died of a rare form of lung cancer after being diagnosed about a month ago, her youngest son said. Described by her family and friends as a deeply empathetic person, Dr. Tabin was also a brilliant thinker, receiving a bachelor’s degree from Northwestern University at 18. Three years later, after receiving a doctorate from the University of Chicago, Dr. Tabin traveled to London to study psychoanalysis under Anna Freud and Edward Glover.

She was inspired by the examples of her father, Maurice Krout, a psychologist, and her mother, Sara, who her family identified as the third female graduate of the University of Illinois’ dentistry school. Her mother retired as a commander in the U.S. Navy Dental Corps but kept working until she was in her 80s. Tabin did the same, keeping up a busy practice until just two weeks ago. She also was a founding member of the Chicago Center for Psychoanalysis, a nonprofit training institute, and a prolific writer who sprinkled literary references into her scholarly work.

“She was very well-known, and her reputation as an empathetic psychotherapist was very unusual,” said Dr. Oliver Kerner, 92, a fellow Chicago analyst. “She was a very sophisticated and profound psychotherapist. I’d put her in the highest tier.” One son, Clifford, 56, is now chair of Harvard Medical School’s genetics department. The other, Geoffrey, 54, a University of Utah professor who decided to climb Mount Everest, recalled how she tried to talk him out of trekking up the world’s highest peak in 1988. She flew from Chicago to Philadelphia so she could get a seat on her son’s flight from Denver to Seattle, somehow booking the seat next to his. “I get on the plane and there’s my mom in the seat next to me,” he said.

But once she was sure her children were determined to do something, he said, she supported them completely. Johanna would drive her son, who later played tennis at Yale, to out-of-state tournaments, sitting in her car and working during matches.

Her generous attitude extended to her practice, where about a third of her patients never paid a dime, Geoffrey Tabin son said. But Julius, her husband of 58 years, a physicist who worked on the Manhattan Project before taking up intellectual property law, becoming a named partner at Fitch, Even, Tabin & Flannery in Chicago, had to interject when she began co-signing patients’ loans, her son said.

Then there was the time a granddaughter remarked offhand how much she liked the pickles Johanna kept in her house. “She sent a parcel of pickles every week until we finally had to tell her to stop,” Geoffrey said. “We didn’t have room to store them.”

Besides her husband and two sons, Dr. Tabin also is survived by seven grandchildren.

Editor’s Note: My last social engagement at the Spring Meeting was to have lunch with Johanna. She kindly invited me to attend this luncheon of old friends of hers including Oliver Kerner, Maurine Kelly and Hedda Bolgar. Our transport was long delayed due to Johanna’s solicitation for Dr. Bolgar and her determination to accommodate all her guest and their luggage in making the trek to the restaurant. While there, Joanna was constantly in motion, making sure everyone was settled and had ordered their food. Throughout the meal, she was busy making sure everyone was included in the “table talk” and indeed it was a fine meal and enjoyable time listening to old friend reminisce about the early days of establishing psychoanalysis in Chicago. I offer this as only one example of Johanna’s unfailing kindness and courtesy. While the Division will be able to find colleagues to take over the many duties she performed for our organization, her grace, thoughtfulness, energy and intellectual acumen will be long missed.
Division 39 imparts its good byes to a distinctive and loyal member as Dr. Sophie L. Lovinger, Fellow of Division 39 and 56, died on March 23, 2010 in Charleston, SC. She is remembered for her skillful application of psychoanalytic understanding and technique to therapy with children, psycho-diagnosis, learning and language disability, psychological trauma and dissociation in addition to a number of writings including the highly readable *Child Psychotherapy: From Initial Therapeutic Contact to Termination* (1998, Jason Aronson). The peppy, laughing, challenging but steadfast temperament, her signature shock of red hair and Lower East Side Manhattan accent, her self-effacing head tilt as she stood conversing at social gatherings are the stuff of an individual not to be forgotten. Colleagues recall the standard Sophie as assertive, opinionated in the manner of her fellow New Yorkers, playful, good-humored and, per Richard Ruth, “straight to the heart of things.” A superb clinician who could intuit the psyche with conviction but grace, she was a model of restraint in the consulting room and determination in the board room.

Sophie always seemed to be there. In fact, in finding it hard to recall the time before her tenure began, a fellow member, Toni Heineman, indicated that the inveterate Sophie had been the Section 2 Treasurer “forever.” Richard Ruth noted that sessions and meetings were rarely missed and “it felt like one, years-long, uninterrupted conversation, rich with ideas and inspiration, with a fair amount of Yiddish tossed in and a paucity of completed sentences.” So it is that today, despite being so unexpectedly “gone,” she remains her buoyant and durable self securely tucked away in our hearts and the personas of her many former child and adult patients, students and colleagues. Charitable donations are currently being accepted for the advancement of Dr. Lovinger’s scholarly interests and should be sent to the Sophie L. Lovinger Memorial Fund c/o Brenda Lovegrove Lepisto, Psy.D., 4572 S. Hagadorn Rd., Su. 2D, East Lansing, MI 48864.
Psychoanalysis has been in a process of extremely rapid transformation, a result of change in both our theories and the broader culture. This state of flux creates a tension between our values and ideals and patterns emerging in society. Most of us entered the field of psychoanalysis envisioning ourselves working multiple times a week over a number of years with patients who essentially share in our belief that emotional growth and change occur in the context of an intimate relationship with a psychoanalyst. Yet, this does not represent what is actually unfolding in our consulting rooms. Our contemporary culture offers the ever-evolving knowledge of neuroscience and biology, quick release from unwanted feelings via medication, speedy access to information and relationships via the Internet, and treatment models that claim to produce better results more quickly. We along with our patients are overwhelmed by professional and lifestyle ambitions thwarted by economic crises. This state of affairs may deter potential patients and psychoanalysts alike from the relatively unhurried pace that is associated with psychoanalytic treatment.

As analysts we meet people where they are when they seek treatment. Thus, we are each no doubt experimenting with how to make ourselves relevant and responsive to the changing expectations, concerns, and presenting problems of our patients. Our creative challenge as analysts is to strike a balance between analytic tradition and a changing marketplace, a tension that marks much analytic work today. If we are successful, we may use the changes and crises in our culture as an opportunity to evolve our own thinking, without sacrificing our fundamental values of attention to process, affect and symbolic meaning, and our belief in the centrality of the unconscious.

We would like to invite you to participate in a collaborative exchange of ideas about the current state of psychoanalysis. Proposals may address the following or related questions:

- What is the role of a psychoanalyst and psychoanalytic theory in the 21st century both inside and outside of the consulting room?
- How are we preserving our belief in the psychoanalytic value of unconscious processes, transference, countertransference, and symbolic meaning as we integrate new knowledge? For instance: what is the role of the analysis of the transference in the context of a “problem” oriented therapy?
- How do we impart the value of studying psychoanalysis to young professionals who find that the market forces them to pursue other paths of training? Conversely, what does the next generation of psychoanalysts have to tell us about how to make psychoanalysis relevant to the world they live in?
- What is the relationship between contemporary thinking about culture, spirituality, new technology and psychoanalysis? What is the future of interdisciplinary studies for psychoanalysis?
- In a results oriented society, what is it that we are offering patients? And, how will we guide them to that end—what is it that we actually do?

To what extent do we work collaboratively (even if only in thought) with other professionals from whom our patients may simultaneously seek help? To what extent do we integrate techniques from other therapeutic modalities, or seek consultation from other practitioners?

**PRE-DISTRIBUTED PAPERS**

Participants are encouraged to submit presentations that are geared towards fostering discussion, that is, relatively brief papers that invite audience feedback. As in previous years, several papers will be made available to participants before the meeting to facilitate conversation. Early career contributors will be given special consideration, with several panels to be devoted to their work.

**FOR EACH SUBMISSION:**

- **INSTRUCTIONS FOR ALL SUBMISSIONS CAN BE FOUND ON THE WEB SITE.** Please follow the steps as indicated.
- **FOR PANELS ONLY.** Panels may include two, three or four presenters. All Panels will be limited to 1 hour and 50 minutes. Discussion between presenters and audience is strongly encouraged.
- **FOR PAPER SESSIONS:** These will be limited to 1 hour. Discussion between presenters and audience is strongly encouraged.
- **FOR DISCUSSION HOUR/MEET THE AUTHOR:** These sessions will be limited to 50 minutes. Please specify issues to be addressed in this discussion or informal format.

Each submission must include a “Continuing Education Information Sheet.” The sheet and instructions are available at www.division39.org by clicking the appropriate choice in the “conference” menu.

**NOTES:**

1. All presenters must register and pay for the conference. NO EXCEPTIONS. Please consider this when putting together your program.
2. Only three (3) proposals will be accepted per person. Scheduling decisions are non-negotiable.
3. Psychoanalytic Psychology has the right of "first consideration" for all papers and panels under the aegis of the Division of Psychoanalysis (39).
4. Please direct all questions regarding submissions to the Conference Co-Chairs:
   Jill Bresler, Ph.D., dbjbrsler@aol.com
   Andrew Egy, Ph.D., eigandrew6@gmail.com

Deadline for Submission: September 3, 2010
OPEN LETTER TO OUR DIVISION 39 COLLEAGUES

The Division 39 Board has authorized the establishment of a 501(c)(3) charitable fund to further the values and commitments of the Division. Please become a founding donor with whatever donation is feasible for you. This fund will both foster the development of psychoanalysis and the psychoanalytic perspective and will enrich the community at large.

The Mission Statement
The Division 39 Fund has been established to recognize and promote the contributions of psychoanalysis to psychology as a science and profession. It will encourage and support programs in education, research, and service that will advance the profession and keep the psychological community and the public informed of developments in psychoanalytic scholarship, research, and practice. Emphasis will be on increasing public awareness of the benefits of psychoanalytic principles and treatments, as well as on the applicability of psychoanalytic thought to clinical, organizational, and social problems. The Fund will target populations that are in need of support, such as early career professionals, students from diverse backgrounds, and therapists working with underserved populations. Activities may include scholarships, research, educational projects, and nonprofit community programs consistent with psychoanalytic principles.

The Division 39 Fund will be managed as part of the American Psychological Foundation (APF), taking advantage of APF’s established legal and financial structure. On a yearly basis, a Division 39 committee will select activities to support, review proposals, and recommend recipients. All fund activities must be consistent with the mission statement and meet the IRS nonprofit, 501(c)(3) guidelines. Support for administrative costs or lobbying activities by the Division is prohibited under the terms of the Fund.

In order to begin funding activities, the Division 39 Fund must achieve $100,000 in cash and signed commitments. There are numerous ways to contribute. At this stage of Fund development, giving in the form of a signed commitment is particularly advantageous to the Fund as well as to the donor. The committed funds can be paid over a five-year period, but the total amount of the commitment will count immediately toward the $100,000. The minimum for a signed commitment is $1000, to be paid over five years. Bequests and simple contributions of any amount are appreciated.

A pledge form with instructions follows. Please join us as founding donors. All of us are available to answer any questions you might have.

Respectfully,
Division 39 Fund Committee
Marsha McCary,
Mary Beth Cresci,
Bill MacGillivray,
Nancy McWilliams,
Dolores Morris
DIVISION 39 FUND
DONATION/PLEDGE FORM

Name: __________________________________________

Address: _______________________________________

Phone: ___________________ E-mail: ___________________

☐ I am enclosing my tax-deductible gift of:

☐ $1000  ☐ $500  ☐ $250  ☐ $100  ☐ Other ______

☐ I would like to pledge $________ to the American Psychological Foundation (APF).
Note: The minimum amount to pledge is $1,000.

My contribution will extend for ____ years. Note: The maximum payoff period allowed is five years.

I would like to make payments as follows: ___ Annually ___ Semi-annually ___ Quarterly ___ Monthly

My first payment of $________ is enclosed.

I would like my gift to be in honor/memory of ______________________

PAYMENT INFORMATION

☐ Cash/Check  ☐ Visa  ☐ Master Card  ☐ AMEX

Account Number __________________________________________
Expiration Date ___/___/___

☐ I would like APF to automatically debit my credit card $________

___ Monthly ___ Quarterly ___ Semi-annually ___ Annually

If you wish to donate marketable securities, please contact Idalia Ramos at (202) 336-5814 or iramos@apa.org.

Signature: ___________________________ Date: ___/___/___

*APF must receive at least $100,000 to begin the Division 39 Fund. If $100,000 (in cash and commitments) is not achieved at the conclusion of 2014, APF reserves the right to use donations toward APF’s philanthropic goals.

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LETTERS TO THE EDITOR

The Board of Section IX (Psychoanalysis for Social Responsibility) would like to take this opportunity to respond to Dr. Ken Thomas’ letter in the Winter 2010 issue of the newsletter in which Dr. Thomas expressed concern that Division 39 is becoming “too much of a political organization.”

Although we address our thoughts specifically to the content of Dr. Thomas’ letter, we are also aware that there are others in our Division who may have questions or concerns about the relationship between psychoanalysis, social context, and political systems. We hope this response to Dr. Thomas’ letter will clarify Section IX’s viewpoint and serve to invite ongoing discussion among all of us around these critical issues for our field.

Dr. Thomas opposes the “current emphasis in counseling and counseling psychology on social justice and multiculturalism” and a “disturbing trend” in psychology to take political positions without supporting psychological data, both of which he finds applicable to psychoanalytic psychology. His example is his belief that clinics are moving away from treating people as individuals in favor of regarding patients as “members of one or another minority group,” and, even worse, patients are encouraged to think of themselves as “victims of a dominant and exploitive White culture.” Contending that Freud was “apolitical,” he avers that the purpose of analysis is “to analyze, not proselytize” about war, social justice, or other social issues.

While Dr. Thomas makes an unqualified assertion about the parameters of analysis and claims a lineage with Freud, the historical facts are not with him. Contrary to what Dr. Thomas asserts, Freud used psychoanalysis to understand social and cultural phenomena such as group and mob psychology (1955/1921), the very purpose of civilization (1961/1930), the role of religion (1961/1927), and the persistence of war (www.zionism-Israel.com/Albert_Einstein-Einstein-Freud-Why_War). These applications of analysis were not secondary or incidental to the core of psychoanalysis for Freud (1963/1917): “It [psychoanalysis] can be applied to the history of civilization to the science of religion and to mythology, no less than to the theory of the neuroses without doing violence to its essential nature” (p. 389).

Freud’s deployment of analytic thinking to understand a variety of social ills in addition to the treatment of individuals stimulated a tradition of applied psychoanalysis that includes many perspectives, such as the Bionian applications of analysis to groups and society at large (e.g., Craib, 1990; Bion, 1961). This tradition was carried on in the U.S. by many of its early practitioners, such as Abraham Kardiner, Viola Bernard, Erich Fromm, H.F. Butts, and Bruno Bettelheim, among many others, and continues in journals such as The International Journal of Applied Psychoanalytic Studies and Psychoanalysis, Culture, and Society. Indeed, in the tradition of Freud, many theoretical orientations within psychoanalysis continue to contribute to our understanding of how the social structure and interpersonal relations, codified ideologically, are introjected to become core aspects of the psychic apparatus and thus of individual and group identity that either facilitate or inhibit psychological health. Thus social reality, with all its controversial and value-laden attributes, is well within legitimate psychological theoretical concerns and objects of clinical interest and treatment. Thus Division 39 involvement in multiculturalism and social justice is simply one current manifestation of applied psychoanalysis that dates from the inception of the discipline.

Now Dr. Thomas can choose to dispute the value of applied analysis, but there is no legitimacy to his pronouncement that the field is somehow inherently defined by consulting room experience that denies the cultural nature of the self nor to his claim of a lineage with Freud in this regard. His assertion that patients are encouraged to view themselves as “victimized” is an unfounded charge that could not be further from the practice of analysts like us who believe that the self definition of each individual is imbricated with the social structure in which she is embedded.

Dr Thomas seems to be advocating a return to the era of what Russell Jacoby (1983) called the era of “social amnesia” characterized by the repression of the radical ideas at the core of psychoanalysis that led some of its earliest disciples to utilize a psychoanalytic method of inquiry to understand how social and political currents made their way into the depths of psychic life. Jacoby and others lifted the veil of repression, exposing a rich history of social activists whose “professional identities” extended well beyond the consulting room: examples include Freud’s free clinics in Vienna; Marie Langer and her colleagues’ contribution to Nicaragua’s creation of a national free mental health care system; the many Argentine psychoanalysts who participated in the human rights struggles against that country’s brutal repression during the Dirty War; the international movement of feminist psychoanalysts who have confronted gender inequalities, with important effects on both the individual and society; the American tradition of using psychoanalysis to understand societal problems, exemplified by our own recent participation in the re-examination of the role of psychologists in the interrogation of detainees in military
detention settings and Black sites.

As has been known by philosophers and thinkers as long ago as Aristotle, the individual can only develop herself and become fully human in the context of others who are themselves part of a social structure. That is the meaning of Aristotle’s “man is a political animal.” To deny the culture in the individual is to disavow important components of who the person is, and, for minorities, it means denying their experience of being a minority. How can analysis be conducted in a state of such disavowal? Dr. Thomas is advocating an antiquated and long ago discredited view of the human condition as an ego and a bag of skin. The systematic “unlinking” (Layton and Walls, 2004) of the psychic and interpersonal from the social and political dimensions of life has led to blind acts of complicity on our part as a profession, with dangerous and unethical policies. In the clinical realm such divisions have equally limited us from reaching for cultural signifiers as we attempt to help our patients better know themselves.

Section IX was founded in 1999 as a component of Division 39 to offer psychoanalytic clinicians the opportunity to utilize our ideas and training for the betterment of society and to create a community for clinicians who have felt isolated in their professional organizations and institutions in their efforts to think about social issues and do political work. It is hardly the time to retreat from such efforts as our world escalates and into more perilous times. Section IX would like to encourage an ongoing dialogue among Division 39 members about these fundamental questions. From our perspective, an understanding of the relationship of the individual to the larger social order and/or research is critical to reducing the historically based discrimination created by the field of psychology that was, perhaps, promoted most aggressively by the psychoanalytic community. Ironically, my studies and research have lead me to believe that psychoanalytic psychology is perhaps the theoretical perspective with the best potential for healing the psychological wounds caused by anti-gay oppression. Perhaps the most glaring example of Dr. Thomas’ potential prejudice is the use of outdated and insensitive language. Specifically, the American Psychological Association does not support the use of the term homosexual due to its connotations of psychopathology, and sexual preference is a layman’s term used to imply sexual orientation is a choice. It is not and this term has no place in a meaningful psychological discussion. Finally, how could any psychologist accurately evaluate a client’s “assets and opportunities” without taking into consideration foundational issues, and their social implication for a client, including race, ethnicity, gender, and sexual orientation? These issues are not political; they are sociocultural realities.

The Board of Section IX
Psychoanalysis For Social Responsibility

I was very troubled after reading the editorial authored by Dr. Thomas in the Winter 2010 issue of Psychologist-Psychoanalyst. I was surprised that such a biased editorial would appear in a publication of the APA. As a gay man and doctoral student, I am dismayed that Dr. Thomas would characterize that the inclusion of gender, ethnicity, race, and/or sexual orientation into a psychological discussion should be considered equivalent to taking a political position. Sexual minorities have and continue to be harmed by a heterosexist and homophobic society and including sexual orientation in diagnosis, psychotherapy, theory building, and/or research is critical to reducing the historically based discrimination created by the field of psychology that was, perhaps, promoted most aggressively by the psychoanalytic community. Ironically, my studies and research have lead me to believe that psychoanalytic psychology is perhaps the theoretical perspective with the best potential for healing the psychological wounds caused by anti-gay oppression.

Ken Allen, MS
President, The National GLBTQ Youth Foundation
In the last several years, many members of Division 39 have withheld their dues or resigned from the American Psychological Association in protest over the APA’s collaboration with the Department of Defense’s practice of violating detainees’ international human rights in Guantánamo Bay and the CIA black sites. Now that the APA has finally reversed the notorious “Nuremberg” loophole, Ethical Standard 1.02, that allowed psychologists to override their ethical code if ordered to do so by a governing authority, we are being asked whether we plan to resume paying dues or to rejoin the APA.

As members of the Steering Committee of Psychologists for an Ethical APA, in this letter we explain why we are continuing our protest. We would first note that the reversal of Ethical Standard 1.02 only happened after a lot of prodding from a concerned membership, particularly members of Division 39. Furthermore, the referendum, that we successfully sponsored, calling upon all CIA and military psychologists to leave Guantánamo Bay and the black sites and for independent psychologists to take their place, has not been fully implemented despite APA’s claims to the contrary. Military psychologists continue to work on Behavioral Science Consultation Teams and to counsel detainees in Guantánamo Bay.

We recognize that the Obama administration is working to close down Guantánamo Bay, but, given the above, our concerns will not end when that happens. The APA leadership that put these unfortunate policies in place has never been called to account for their actions during this period. In general, in these last nine years, instead of leading the charge against the use of torture and the perversion of psychological research and practice in the service of human rights violations, the current APA leadership has at best been silent and at worst tried to block attempts at change.

A recent report from the Justice Department, concluding that the authors of the Torture Memoranda exercised poor judgment but were not guilty of professional misconduct, has far reaching consequences for our profession. The Torture Memos redefined torture so that nearly any act could be justified if a psychologist designed the interrogation technique, approved its use, supervised the act, or even if psychologists were on site where the act took place. Similarly, if a psychologist assured authorities that a technique did not negatively affect the mental health of the victim, this was taken as proof that the act was not torture. When the Justice Department does not hold the authors of the Torture Memoranda accountable, we have little hope that our demand for a full, independent investigation of the APA leadership and their policy decisions regarding the use of psychologists and the abuse of psychological knowledge in interrogations and detention will be satisfied. Until it is satisfied, we will not pay our dues or rejoin an organization that has exposed all American psychologists to public outrage home and abroad and to claims that American psychologists do not follow their first ethical principle to do no harm.

However, we continue to support Division 39 that has supported us during our protest. To that end, we are continuing to pay our dues to the Division. To our colleagues who are no longer members of the APA but wish to remain in Division 39, we urge you to send your dues of $95.00 to Division 39, 2615 Amesbury Road, Winston-Salem, NC 27103.

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Morris Eagle Receives the Sigourney Award

Dr. Morris Eagle, a prominent psychoanalyst and professor, is the 2009 recipient of the Sigourney Award. The Award, which includes a $30,000 cash prize, is the most distinguished recognition in psychoanalysis, made annually to individuals and institutions around the world, but only once every three years in the United States. Past recipients of the award include Otto Kernberg, Charles Brenner, Stanley Greenspan, and Leo Rangell.

Dr. Eagle is a former president of the Division of Psychoanalysis of the American Psychological Association; as well as co-founder of the New York Attachment Consortium. He is Professor Emeritus of Psychology at the Derner Institute of Advanced Psychological Studies of Adelphi University; former Erik Erikson Scholar-in-Residence at Austen Riggs. He is a clinical supervisor of the Community Counseling and Parent Child Study Center of California Lutheran University, where he also runs the Thursday Research Meeting on attachment theory and research.


The Sigourney Award is in honor of Mary S. Sigourney, who had a passionate interest in psychoanalysis and wished to encourage activity in the field. Her interests included the contribution of psychoanalysis to other fields and disciplines, such as psychiatry, childcare, anthropology, sociology, law, criminality and the arts and humanities.

The Award was given in New York, on January 14th, at the Winter Meetings of the American Psychoanalytic Association. David Wolitsky presented Dr. Eagle with the award. From the award ceremony:

Morris Eagle has drawn on his exceptional knowledge of academic psychology, philosophy, and psychoanalytic theories to illuminate the flaws in arbitrary assumptions and the errors in logic that often are masked by jargon and adherence to influential theories. His 1984 book, Recent Developments in Psychoanalysis, has been translated into many languages and has had a major impact through its critiques of various psychoanalytic theories. His papers include attention to philosophical issues, to conceptions of mind, to views of psychopathology, theories of treatment and the relevance of attachment theory to psychoanalysis.

From Dr. Eagle’s acceptance speech:

I am very honored to receive the Sigourney Award. This honor is especially meaningful to me because of my conviction that psychoanalysis represents the most interesting and richest account of the human mind and human nature. Indeed, I view psychoanalysis’ claim to posterity to rest mainly on its conceptions of how the mind works and the nature of human nature and of personality development, including the development of psychopathology. My abiding interests throughout my career have been in recognizing and forging links among psychoanalysis, psychology, and philosophy, in assessing and clarifying psychoanalytic concepts, formulations, and theories, particularly in the light of empirical findings; and in pointing to possible areas of at least partial integration among different psychoanalytic theories.

We join in offering our congratulations to our distinguished colleague.
Earlier this year, *American Psychologist*, the flagship journal of the American Psychological Association, published a paper by Jonathan Shedler titled “The Efficacy of Psychodynamic Psychotherapy” (available at www.psychsystems.net/shedler.html). In the paper, Shedler reviews evidence from meta-analyses that include over 160 studies of psychodynamic therapy. “The American public has been told that only newer, symptom-focused treatments like cognitive behavior therapy or medication have scientific support,” he says. His findings reveal that the treatment benefits of psychodynamic therapy are as large and lasting as those reported by other therapies, such as cognitive behavior therapy, that actively promote themselves as the only “evidence-based” options.

Over the years, new “brands” of psychotherapy have been developed and marketed by charismatic personalities marching under the banner of “scientifically-based” practice while waiving around clinical research trials demonstrating that a particular mode of therapy works better than a do-nothing control group. Therapeutic innovators built virtual empires on peddling their new “state-of-the-art” wares in professional settings, in university classrooms, in bookstores, and in the popular media. Forget that antiquated Freudian stuff where you lie on the couch five days a week and endlessly spout your childhood woes, they said, all that is “unscientific,” “outmoded,” and “ineffective.” Shedler writes,

There is a belief in some quarters that psychodynamic concepts and treatments lack empirical support or that scientific evidence shows that other forms of treatment are more effective; the belief appears to have taken on a life of its own. Academiciers repeat it to one another, as do health care administrators, as do health care policy makers. With each repetition, its apparent credibility grows.

For too long, psychoanalytic scholars and practitioners have let these problems fester. Many have remained ensconced in ivory towers, or holed up in upscale uptown offices, or walled off in selective psychoanalytic institutes that denied training to non-MD practitioners. They felt no need to systematically quantify and present their work. They knew their methods worked, so why should they have to prove them to anyone? Research doesn’t capture the complexity of deep psychological work, they argued. They talked in obscure professional jargon about Oedipal complexes and neuroses and libidinal cathexis. They seemed to forget how important it was to communicate with the people that mattered, the everyday people in the world suffering with broken dreams and broken hearts that relied on them for help.

Psychoanalysis was created over 100 years ago. Over that century, a lot of people whose names don’t end with Freud have done a great body of work, development, practice, and public service. A more contemporary approach to psychodynamic/psychoanalytic practice recognizes that human beings are unique and have their own stories, but also appreciates that scientifically informed observation and accountability is crucial for mental health care. It acknowledges the importance of controlling cost-effectiveness while also realizing that the real-life concerns of human beings cannot nor should not be dismissed with a casual quick-fix. It realizes that while deep, meaningful, and lasting change takes time; it doesn’t mean that one has to sacrifice extravagant proportions of time or take out a new mortgage to pay a therapy bill. It understands the importance of emotions and relationships in our lives and recognizes the need for clear communication with others (professionals and general public alike) in everyday language free of jargon-riddled psychobabble.

What are the major contributions to be gleaned from Shedler’s landmark article?

1. Based on an empirical literature review by Blagys and Hilsenroth (2000), Shedler defines seven empirically identified hallmark features of contemporary psychodynamic therapy. These principles include the centrality of affect and emotional expression, exploration of attempts to avoid difficult and distressing thoughts and feelings, a focus on relationship patterns (including patterns in the therapeutic relationship), and appreciation for developmental experiences and
two elderly women are at a Catskill mountain resort, Allen’s classic film *Annie Hall*: “There’s an old joke . . . . two elderly women are at a Catskill mountain resort, and one of ’em says, ‘Boy, the food at this place is really terrible.’ The other one says, ‘Yeah, I know; and such small portions.’” The critiques of meta-analyses and systematic reviews like Shedler’s paper generally follow the exact same logic: The studies they review are really terrible. Yeah, I know, and they didn’t include enough of them! Most critiques of these papers are that the studies included in the meta-analyses are of low quality, as if somehow a low quality study must always result in excessively favorable findings (when poorly run studies are generally less likely to produce largely significant findings because they have increased “noise” in their data that obscure clear findings). The next argument is generally that someone will find one study somewhere that counters the overall findings of the meta-analysis. Yet, this is the very problem meta-analysis was created to prevent. By combining a large number of individual studies with many observations, individual anomalies in study findings even out to produce a more accurate picture of the true effect being studied.

Let’s try to understand this concept with a metaphor (and to the great chagrin of friends and co-workers, I tend to use sports metaphors, so my apologies in advance). Let’s say we’re interested in studying baseball batters and how well they can hit. There are empirical single case studies that might look at one player, Barry Batter, and follow his at-bats through a few games or a whole season. In that case, we learn a lot about Barry and can maybe formulate some hypotheses on what things Barry does that make him a “good” hitter.

But because individual batters are so different from each other, an individual study can look at a larger sample of players, say for example, a sample of batters on one team. In this way, you can see how a group of batters changes over time, if they hit better on sunny days versus rainy days, if batters do better at the beginning versus the ending of their games. You can even compare a sample of batters from one team with a sample of batters from another team. The Cleveland Indians, for example, will probably bat worse than Boston Red Sox hitters.

Now let’s say you have a broader question, like “how good are hitters in general in Major League Baseball.” Where an individual study can collect data from a small sample of players, a meta-analysis would take the findings from a number of different teams working independently at various places across the nation (even teams from different years) and compile them into one “effect size” that would show, in general, how successful any given batters are likely to be in the Major League.

Let’s say this meta-analysis from a large collection of data on over 1,000 batters from 20 different teams shows that batters are pretty good (let’s say they average .300: one hit for every three or four at-bats). If Craig Critic comes
along and says, “Well, I found a sample of 25 batters from one team that you didn’t include who didn’t get a single hit last year, so your meta-analysis isn’t valid.” While Craig’s argument has some merit, it’s not especially convincing.

Finally, critics of meta-analyses and reviews will often pull up some obscure and complicated statistical procedure that, because the authors didn’t use, must mean that the results are either largely overblown or invalid. But pay no attention to that man behind the statistical curtain! When one finds effect sizes for the efficacy of psychodynamic therapy as large as Shedler finds in his empirical review, it’s hard to imagine that different statistical peculiarities will cause those findings to crumble like a proverbial house of cards.

Understanding research methodology and evaluating research with a critical eye is certainly important. However, it’s important to not lose the findings forest for the statistical trees. No single study or single meta-analysis is perfect (just as no single therapy session or even entire therapy is going to be perfect). It’s almost always easier to point out the flaws in a paper rather than assimilate its actual contributions. But when critics point out flaws in a study, they generally have in a mind a “plausible rival hypothesis.” Let’s look at how this might play out with one of the major findings of Shedler’s paper: “Effect sizes for psychodynamic therapy are as large as those reported for other therapies that have been actively promoted as ‘empirically supported’ and ‘evidence based.’”

As far as I can see, critiques of the paper have only a few possible rival hypotheses to advance:

1. **Psychodynamic therapy isn’t helpful at all.** As discussed above, it would take a really large number of studies and observations to wash out the large effects reported in Shedler’s paper. To say that psychodynamic therapy is neither effective nor empirically supported in light of this data is strikes me as flat-out misguided.

2. **Psychodynamic therapy isn’t as helpful as other brands of psychotherapy with “more empirical support.”** I find this argument completely plausible, although it is pretty difficult to defend. This argument just isn’t particularly convincing in light of the findings from the articles Shedler reviews and the vast amounts of data suggesting that bona fide treatment modalities are fairly equivalent. Critiques may point out that the studies included are of “poor methodological quality.” As mentioned above, this line of argument would possibly suggest that psychodynamic therapy is actually more effective than the studies show. And from my vantage point, the studies Shedler reviewed and his own paper were conducted and rigorously peer-reviewed by a number of intelligent people working for high-profile publications such as The Journal of the American Medical Association, The American Journal of Psychiatry, and American Psychologist, among others.

3. **Psychodynamic therapy needs more empirical research.** I wholeheartedly agree with this one. And certainly if psychodynamic therapy is a field in need of more research, then I guess it would be pretty important for major research funding organizations to recognize and provide funding support for the ongoing development of research projects advancing psychodynamic concepts and therapeutic practices. But just because psychodynamic therapy needs more research does not mean that empirical support for psychodynamic therapy doesn’t exist.

Don’t buy into the party line that psychodynamic therapy is “antiquated,” “unscientific,” and “lacks empirical support;” and certainly don’t perpetuate this false narrative. Shedler’s landmark paper presents the fundamental principles of psychodynamic therapy, compiles the rich and growing evidence base for this treatment model, and highlights the importance of improving mental health and psychological well-being. Psychodynamic therapy is just one in a large family of therapy models that are designed to and are effective at alleviating emotional/interpersonal distress and improving people’s lives. There will almost certainly be some vocal critics of the paper, but there are a great deal more people with open minds to psychodynamic principles and techniques if we are able to communicate those ideas with acceptance and clarity.

**References**


Psychoanalysts are necessarily developmentalists. We look routinely to significant early life experiences to explain who and how people are in later life. Poets too (although less necessarily) are deeply interested in childhood experience and for much the same reason—although traditionally there is a difference in emphasis: generally, analysts want to explain experience; poets want to evoke it.

Here’s an example of a spookily beautiful evocation by Elizabeth Bishop, the great American modernist. Bishop was known, along with Robert Lowell and other poets of her generation as a “confessional” poet. Feminist critics have been particularly interested in her work because her materials were largely the events of her own (woman’s) life.

**In the Waiting Room**

In Worcester, Massachusetts, I went with Aunt Consuelo to keep her dentist’s appointment and sat and waited for her in the dentist’s waiting room. It was winter. It got dark early. The waiting room was full of grown-up people, arctics and overcoats, lamps and magazines. My aunt was inside what seemed like a long time and while I waited I read the *National Geographic* (I could read) and carefully studied the photographs: the inside of a volcano, black, and full of ashes; then it was spilling over in rivulets of fire. Osa and Martin Johnson dressed in riding breeches, laced boots, and pith helmets. A dead man slung on a pole—"Long Pig," the caption said. Babies with pointed heads wound round and round with string; black, naked women with necks wound round and round with wire like the necks of light bulbs. Their breasts were horrifying. I read it right straight through. I was too shy to stop. And then I looked at the cover: the yellow margins, the date. Suddenly, from inside, came an *oh!* of pain—Aunt Consuelo’s voice—not very loud or long. I wasn’t at all surprised; even then I knew she was a foolish, timid woman. I might have been embarrassed, but wasn’t. What took me completely by surprise was that it was *me*: my voice, in my mouth. Without thinking at all I was my foolish aunt, I—were falling, falling, our eyes glued to the cover of the *National Geographic*, February, 1918.

I said to myself: three days and you’ll be seven years old. I was saying it to stop the sensation of falling off the round, turning world into cold, blue-black space. But I felt: you are an *I*, you are an *Elizabeth*, you are one of *them*. Why should you be one, too? I scarcely dared to look to see what it was I was. I gave a sidelong glance—I couldn’t look any higher—at shadowy gray knees, trousers and skirts and boots and different pairs of hands lying under the lamps. I knew that nothing stranger had ever happened, that nothing stranger could ever happen.

Why should I be my aunt, or me, or anyone? What similarities—boots, hands, the family voice I felt in my throat, or even the *National Geographic* and those awful hanging breasts—held us all together or made us all just one? How—I didn’t know any word for it—how “unlikely”. . . How had I come to be here, like them, and overhear a cry of pain that could have got loud and worse but hadn’t?

The waiting room was bright and too hot. It was sliding beneath a big black wave, another, and another.

Then I was back in it. The War was on. Outside, in Worcester, Massachusetts, were night and slush and cold, and it was still the fifth of February, 1918.

One finds in “In the Waiting Room,” as in much of Bishop’s work, a plain story, a surface clarity. Unlike so much modern poetry, we know—that is, we think we know—what she’s talking about. But then we find we’re not so sure: There’s a mystery, ambiguity, a complexity below the surface. Bishop worked with legendary attention to the smallest details in her poems, attending to the resonances, revising and re-working, often for years. There would be nothing in this poem she didn’t mean to have there—starting with the title. Something is “in waiting.”

Well, what’s in waiting? The dentist’s office is ordinary and
familiar: the waiting room, the waiting patients, the pile of well-thumbed magazines. But “inside” a bloody ritual is taking place! And inside the magazine with its “yellow margins” and a date remarkable only because it signals her age, a vortex awaits. Seven-year-old Elizabeth has learned to read. But her expanded awareness brings something she’s not ready for. Remember, for Bishop every word is considered. Here are: a “volcano,” “black ashes,” “rivulets of fire,” “horrifying breasts,” “babies with pointed heads.” The genius of this poem is that the strangeness of the world of the National Geographic signals an inner strangeness; the otherness is within! The cry of pain is coming, the child realizes, from her own mouth.

So many kinds of inside, so many kinds of in-waiting! This is an evocation of a moment of lost innocence: An ordinary errand in the course of which, “nothing stranger had ever happened.” The dissociation is palpable. “Falling and falling” is the language, “round and round” is the description; the whole is like “sliding beneath a big black wave, another and another.” Ready or not, the girl is on her way to womanhood, like “them,” like the other women. The “awful hanging breasts” hold them all together. And with dissociation, depersonalization: “Why should I be my aunt, or me, or anyone?”

Ultimately, what’s in waiting is growing up. Shy Elizabeth does recover—more or less. She returns from the “too hot” to the “night and slush and cold” of Worcester. But somehow the poet leaves us knowing that this is only the beginning. There will be a succession of unwished for awakenings—real and imaginary and often both, sometimes more, sometimes less traumatic—in waiting and inevitable. And for all of us, I would add, women and men alike.

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In the last couple of years as a graduate student, I have spent a significant amount of time reading books for school, from psychopharmacology texts to those describing the proper administration of the MMPI-2. Few have left a lasting impression on me; more are likely to leave me bored or confused. When I was assigned Listening with the Third Ear, by Theodor Reik (1948), one can imagine my anxiety about reading what seemed like a very daunting five hundred page book about the “inner experience of a psychoanalyst.” I had some trepidation about embarking on the reading this book and the subsequent reaction paper I would have to write. Once past my initial anxiety however, I found myself rather intrigued by Reik’s account of what it is like to become a psychoanalyst; so intrigued, in fact, that I had difficulty putting the book down at times. The use of his own personal experiences in analysis and the interesting cases he used to illustrate his points allowed me to get a glimpse into the real experience of becoming a psychoanalyst and made for a much more interesting read than most other psychology books I have read. Although I felt intimidated at times by his vast knowledge and experience, I took some very valuable lessons from Reik and what it meant to him to be an effective and successful analyst. Further, while the book was specifically about becoming a therapist in the psychodynamic tradition, I felt as though many of his ideas and words of wisdom could be applied to other schools of thought. There are many important lessons to be learned from Reik. The most significant lesson I took away from reading Listening With the Third Ear, was discovering and knowing who I am and who I will be as a therapist.

**What is Listening With the Third Ear?**

Before delving into the more specific topics discussed by Reik, it is necessary to define listening with the third ear. To listen with the third ear is to not only attend to spoken words, but to also be aware of the thoughts and feelings that arise from within the analyst. In other words, it is the ability to listen to the unconscious processes that take place within the analyst by considering the way in which clients’ behaviors or words make the analyst feel. According to Reik, listening with the third ear is not a skill that can be learned but rather, something that must be experienced through a process of becoming more sensitive to the subtle impressions and reactions we have within us. In fine-tuning these skills that are derived through experience, it is imperative that the therapist be open both physically and emotionally to the impressions given by the client.

Reik’s idea of listening with the third ear was one that resonated with me strongly. It demonstrates the responsibility a therapist, psychodynamically oriented or otherwise, has in being aware of their internal reactions they have to a client. Further, listening to more than just the client’s spoken words allows a therapist to arrive at a more accurate interpretation and greater understanding of the client. Therefore, not only is listening in this way beneficial to the therapist, who becomes more self-aware, it is also beneficial to the client, who becomes better understood and can discover the tools required for change. Finally, I feel it is important to point out that attending to the unconscious processes within the analyst includes both the positive and negative reactions one may have to a patient. First, many of the negative reactions we might have to clients can communicate important information about who we are and about the client. Second, I feel that by including a discussion of both positive and negative reactions, Reik illustrated the importance of being aware of with whom an analyst can and cannot work. In other words it shows that as therapists we have the freedom to use our internal reactions as barometers for what individuals we can help and what individuals we may be better off referring out.

**Moral Courage and Inner Truthfulness**

To be able to really listen to a client and understand him or her, Reik said that an analyst must possess “moral courage” and “inner truthfulness,” which he considered to be the most important qualities of an analyst. Not being one who is typically interested in such philosophical language as moral courage and inner truthfulness, I began to read Reik’s thoughts on these qualities with some degree of disinterest and skepticism. Once past my initial reaction to his language, I began to understand a bit more what Reik meant by these terms. To have moral courage is to be able to confront the distressing and repressed thoughts or urges demonstrated by both the patient and the analyst. It is only when the analyst can face these thoughts or tendencies that he or she can guide the patient to truly understand themselves and the reasons for their thoughts and behaviors. To have the courage to acknowledge both positive and negative reactions within us means to have inner truthfulness, which is much more useful in the analytic setting than any amount of learned technique.

The significance of moral courage and inner truthfulness occurred to me when Reik pointed out that the analyst must be truly genuine if he or she is to expect the same authenticity out of the client. I also recognized the fact that without being true to ourselves and coming to terms with the aspects of ourselves that are not ideal, we cannot truly
understand or help another human being. Though this fact is something I have been aware of before, Reik provided a wonderful reminder as to the importance of such qualities, regardless of how he worded them.

**Talking to Patients**

In illustrating the importance of moral courage, Reik was quite outspoken about his opinion on the dangers of relying too much on acquired knowledge of theory and technique, as reflected in one of his opening statements that “psychologists are born, not made” (p. 3). While Reik expressed a tremendous respect for Freud and his work, he criticized newer generation psychologists for relying too much on the terminology and technical aspects of theory originally developed by Freud. Using these terms too loosely, according to Reik, demonstrates more of a pretentious attitude on the part of the analyst than a true understanding of theory and an interest in the client’s spoken and unspoken words. Further, using such language, which Reik referred to as “psychoanalyse,” only serves to alienate a patient.

I agree that speaking in such a pedantic manner with our clients is a sure way to push them away, rather than motivate them to change. On the other hand, without these terms and descriptions, it seems that psychodynamic theory, Freud or otherwise, leaves us with few other ways to describe psychological phenomena. Reik spends a fair amount of time warning against the use of these terms but offers little advice on how younger generation psychoanalysts should speak about theory among themselves and with patients.

**Intelect and Instinct**

In line with avoiding the technical and often confusing terms employed by many psychoanalysts, Reik went on further to describe the dangers of taking a heavily intellectual approach to analysis. In an increasingly scientific world, where psychology no doubt has worked persistently to build a foundation, a hazard arises in taking a heavily intellectual approach to developing and expressing interpretations we form about a particular patient. The very nature of the unconscious, which is unknown and different for all individuals, makes it impossible to approach interpretation of one’s psychological world with a purely intellectual or logical approach. No one mind is the same and therefore, a prescribed way of analyzing a client is a poor use of time and can only result in a partial understanding or complete misunderstanding of the individual. Rather than relying on logic, Reik recommended using our sense impressions when it comes to truly understanding a client and their experiences.

In reading about Reik’s warning to avoid intellectual interpretations in favor of sense impressions, I experienced both a feeling of relief, as well as a feeling of confusion. Relief came to mind because of the “cookbook” techniques to therapy that I, as a student of psychology, have been inundated with since I walked into my introduction of psychology class but have also questioned when it comes to conceptualizing unique cases. While I realize that the techniques can be modified to fit each and every individual who I will eventually treat, Reik’s words of wisdom dampened the pressure I have often felt to strictly follow the “rules and regulations” of therapy so often repeated to me. On the other hand, I felt confusion as to how I, as a sometimes overly logical person, can apply both my intellectual impressions and instinctive impressions to a therapy situation. As was commonly stated throughout his book, it is experience and not acquired knowledge that allows one to achieve this. Though I recognize the significance of experience as opposed to intellectual achievement, one can imagine my relief when Reik did leave room for intellectual impressions in interpretation, so long as they are employed as secondary to instinctual impressions.

**Not Understanding Versus Misunderstanding**

Important to both professional development as an analyst and therapeutic progress with our patients is the recognition that mistakes will be made and that they provide opportunities to learn. As a student, it is quite easy to get stuck in a mind set that everything we do in therapy must be perfect and done in a timely manner. Not only is this an unrealistic view, it can also be damaging to the analytic process and the patient’s psychological well-being. In *Listening With the Third Ear*, Reik often regarded mistakes and lack of understanding as opportunities for growth, rather than major disruptions in analysis. Further, Reik spoke of the difference between not understanding something and misunderstanding something. To acknowledge that one does not understand takes courage, as many analysts have a tendency to arrive at a quick and sure conclusion; it takes courage because having to sit with a lack of understanding is uncomfortable for many people, even though it is often times the wiser path to take in analysis. Comprehending a patient’s experience too quickly not only results in a misunderstanding of the patient, but also closes the door to many other considerations that might be realized after a period of confusion.

So how do we avoid the superficial comprehension that results from acting on our initial thoughts too quickly? Further, how do we learn to sit with the discomfort of not fully understanding something, especially when many patients expect immediate help? As Reik would likely say, experience is the answer to these questions. I would add that patience, which Reik talks about to a lesser extent, is also of great importance in formulating interpretations of our clients. Though having patience in analysis and other therapies can be much more difficult today, thanks to time restrictions...
enforced by health management organizations, having patience seems to be an important quality for any student of psychoanalysis to learn. In what little experience I have thus far, I do know that resisting the urge to immediately act on my initial impressions and instead sitting in the “dark” for a bit can often lead to much more well-thought-out and accurate impressions. There is no doubt that this will apply to my work with clients in the future as well.

When Will We Understand?
Given the time-consuming and drawn-out nature of psychoanalysis, it is perhaps not surprising that true understanding of an individual does not occur overnight. While it would be ideal for an analyst to quickly be able to comprehend and offer help to a patient, it is a rarity for this to occur in actual analysis. Compassionate understanding of a patient takes time and is seen as an end result rather than an initial condition of therapy. According to Reik, true understanding comes to us only after a cyclical process of reexamination and revision of our initial conceptions; only after this process can we begin to make interpretations. This is particularly true when considering the unconscious processes of the patient that very gradually make themselves known. Knowing when to interpret and communicate this to your patient is something that comes to us from within; in other words, our unconscious gives us clues as to when it is appropriate to make interpretation.

In heavily emphasizing the importance of continually revising our understanding of patients and by using our unconscious to answer all of the questions we have about our patients, I feel as though Reik failed to make known how equally important it is to also focus on the initial stages of therapy. He is correct in saying that to immediately expect full understanding of the patient is far too idealistic. On the other hand, we must show some sort of empathic understanding to our patients in the beginning stages of therapy, as many of them are in situations where they may expect some immediate feedback or insight from the therapist. Finally, using our unconscious to know when to act is a notion quite difficult for me to grasp. Being exposed to more solution-oriented therapies at this point in my professional development and lacking any sort of experience in psychoanalysis are probably the two greatest reasons for this misunderstanding. Perhaps as time goes on and my experience broadens, my unconscious will provide me with more clues as to how to go about this.

The Analyst and the Patient
Given the degree of moral courage an analyst is expected to have and the amount of time one spends in learning technique and theory, a certain power differential is inevitable in a psychoanalytic relationship. Due to such qualities and knowledge, Reik believed that the therapist holds authority in the psychoanalytic process. This reminded me of a recent conversation held in my psychodynamic class where we discussed who, if anybody, holds the power in a therapeutic relationship. Specifically, we discussed whether the analytic situation takes on a more hierarchical characteristic or a collaborative existence. Resigning myself to the belief that there is a definite power differential created by the very nature of the analytic situation, in which the client is coming to the analyst to seek guidance, I was taken aback when I read Reik’s statement that there is no psychological difference between analyst and patient. Reading this caused me to modify my way of thinking about the analyst and patient in a therapeutic setting. I do feel that the therapist does possess a certain amount of authority; however, it is important not to misinterpret that authority by thinking that we are somehow psychologically superior to the patients that walk through our doors. What Reik was trying to convey, in my opinion, was that we all have the same psychological tools and potential to reach an optimal level of functioning. Further, we all use similar defenses to protect us from the thoughts or feelings that threaten us. Just as it is possible (and necessary) for an analyst to engage in a constant process of self-discovery and attend to the threatening emotions that rise up within us, it is also possible for the patient to embark on the same road to self-discovery. Therefore, while an analyst possesses a certain degree of authority, the patient also gains authority as they discover more and more about themselves in the analytic situation.

Knowing Yourself
In Listening With the Third Ear, Reik wrote of many different considerations in therapy and what various qualities are required for successful psychoanalysis. In my opinion, however, a common thread tied all of those pieces together; the importance of self-awareness was a theme stressed more than any other in Reik’s account of becoming a psychoanalyst. This was also the piece that resonated most strongly with me, as it challenged me to think about what I already know about myself, what I am still learning about myself, and how my own characteristics and experiences will guide the course of my professional development.

In explaining the importance of self-awareness, Reik (1948) used the experience of his own self-analysis, as well as discussions of self-observation, surprise at our own thoughts, and confrontation of the distressing reactions we experience. Reik described self-observation as a cyclical process, in which we place attention on the world around us, become aware of the way others are observing us, take those observations into our own self-concept, and finally observe ourselves from an inner perspective. As I read about the process of self-observation, it left me with much
to think about. First, it reiterated the importance of being aware of how my words and actions will impact the clients I eventually work with and in turn, how they will ultimately effect who I am as a person. Second, it was a strong reminder that the process of self-discovery and change is and will be an ongoing process throughout my career.

Self-analysis was also strongly recommended by Reik as the only way to truly come to a psychoanalytic understanding is to learn how the process works from the inside out. Without experiencing what thoughts and emotions are buried in our unconscious, one cannot come to a full understanding of what a patient experiences. It provides the therapist being analyzed with an opportunity to discover emotions, thoughts, idiosyncrasies, and characteristics about him- or herself that might not otherwise be revealed. Further, self-analysis is not an end point for these revelations but rather a “stop along the way” in the process of self-discovery.

Reik’s discussion of his own self-analysis and his recommendations for other analysts to do the same prompted me to think about my experiences in therapy and the possibility of one day being analyzed myself. Aside from bringing me tremendous clarity regarding the situations that have brought me to therapy in the past, I realized how great of an impact my time spent in therapy has had on me professionally. It provided me with the opportunity to learn how and why I respond to certain people or situations the way I do. Further, it made me realize what qualities I want to possess as a therapist and those that I would like to do without. These are lessons I could have in no way learned through any book or lecture. As valuable as it was to undergo therapy with practitioners of more cognitive-behavioral and experiential orientations, the thought of being psychoanalyzed is actually quite terrifying for me. Perhaps it is a fear of the unknown or maybe I am fearful of discovering and hearing things about myself that I do not want to know. On the other hand, I feel somewhat hypocritical for resisting this type of self-discovery when the very nature of my career will be to help others confront their own distressing thoughts and emotions.

Much of the fear I have about being analyzed is likely derived from what Reik would call the “shock of thought.” Shock of thought or more simply put, surprise, is a common experience for both analysts and patients involved in the psychoanalytic process. Any individual undergoing analysis is surprised by the thoughts and feelings that arise after being suppressed for an extended period of time and this can be an uncomfortable and distressing experience, as there is a fear that these thoughts or feelings will become reality. Not only is the patient surprised by his or her revelations, but the analyst is also surprised by the reactions that rise up within themselves when a patient divulges certain pieces of information. Listening to these reactions, as mentioned earlier, is of utmost importance in processing the analytic situation. Standing up to this surprise and allowing ourselves to suffer through the pain of that surprise, however, provides insight into ourselves and frees up the parts of our personalities we often hide in favor of a more blissful existence. I do not know if I will ever be prepared to undergo psychoanalysis. Knowing the reasons why it frightens me will perhaps help to ease the anxiety I have about being psychoanalyzed, should I ever choose to embark on that journey. Nevertheless, Reik’s emphasis on self-observation, analysis, and surprise by our own thoughts and emotions reminded me of the value in my past experiences with therapy as well as the importance of seeing self-discovery not as an end in sight, but as an ongoing process.

**Final Thoughts**

As I neared the end of the book I felt as though I had been given a tremendous amount of insight into what it truly means to be not just a psychoanalyst but a therapist is general. I would highly recommend this book to both students being trained in clinical psychology as well as more experienced therapists. At times, I thought much of what Reik had to say was basic knowledge possessed by any good therapist. While his pieces of advice appeared commonsensical at times, however, it seems to me that they would be easy to overlook and actually put into practice.

What I appreciated most about Reik’s book was the inspiration I felt to really think about who I am and how my own traits, thoughts, and tendencies will influence me professionally. In a sense, it was also a good lesson in self-care. Being able to observe myself and confront the thoughts and emotions that might be disconcerting will ultimately bring a tremendous sense of freedom to me and will make me a more capable and genuine therapist for those individuals I work with. Finally, Reik’s words of wisdom brought about the realization that despite the positions of authority we are often placed in as therapists, it is okay and even beneficial at times to make errors, to embrace our idiosyncrasies, and to acknowledge not only the positive, but also the negative reactions we experience in the therapeutic process. Regardless of what theoretical orientation a therapist employs, these are certainly qualities and experiences that will create a greater sense of self within the therapist, which will no doubt be passed on to the clients who walk through their doors.

**Reference**


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Mind to Mind is a collection of fifteen essays, all written by well-known researchers and psychoanalysts, on the topic of mentalization in relation to, as the book’s subtitle proclaims, “Infant research, Neuroscience, and Psychoanalysis.” The operative notion of mentalization is that of Peter Fonagy and Mary Target as put forth in their writings, especially their book (with P. Gergely and E. Jurist), Affect Regulation, Mentalization, and the Development of the Self (2004). In his earlier book, Attachment Theory and Psychoanalysis (2001), Fonagy explained the meaning of mentalization, or, equivalently, the reflective function:

Mentalization is a specific symbolic function that is central to both psychoanalytic and attachment theory. Developmentalists have drawn our attention to the universal capacity of young children to interpret the behavior of themselves, as well as others, in terms of putative mental states. Reflective function enables children to conceive of other’s beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretense, plans, and so on. Exploring the meaning of actions of others is crucially linked to the child’s ability to label and find meaningful his or her own experience. This ability may make a critical contribution to affect regulation, impulse control, self-monitoring, and the experience of self-agency. (p. 165)

It is safe to say that all of the contributors to Mind to Mind adhere to the notion of mentalization explained by Fonagy above. The book’s chapters explore just how mentalization contributes to “affect regulation, impulse control, self-monitoring, and the experience of self-agency.” The first two pages (unnumbered) of Mind to Mind are comprised of six brief accolades for the book under the rubric “Advance Praise for Mind to Mind.” The third, and lengthiest, of these accolades, by Susan Coates, a clinical professor of psychology at the College of Physicians and Surgeons of Columbia University, is reproduced below:

Splendidly conceived and beautifully edited, Mind to Mind brings together a regal cast of researchers and clinicians to explore the rich significance of mentalization. The papers offer a comprehensive course on topics that are vital to the future of psychoanalysis. Especially valuable is the in-depth exploration of the impact of trauma on mentalization and how this insight can be used effectively in treatment. Equally illuminating are the discussions of the relationship of mentalization to attachment, the wide-ranging examination of neurobiology and cognitive-affective processing in relation to trauma and borderline personality disorder, and the use of mentalization in both the assessment of clinical cases and in systematic research into the effectiveness of psychoanalytically based therapies. The volume as a whole is in outstanding testament to the generative power of the concept of mentalization to foster new insights into enduring theoretical and clinical concerns.

As is evident, this blurb by Mary Coates is well-written, well-conceived, and informative; it is also very accurate,
and I am in complete agreement with it. Assuming that Dr. Coates was asked, as blurb writers usually are asked, to write just a paragraph, she has carried out her mission admirably. Indeed, I thank Dr. Coates for writing such an excellent paragraph and thereby relieving me of this dimension of the essay reviewers’ responsibility: namely an explicit statement of the merits, if any, and in this case, many, of the work at hand. This immediately begs the question: What is the task of the essay reviewer, or more narrowly perhaps, how do I construe this task, given that I have already expressed my admiration for the book?

Since I have much more writing space than was available to Professor Coates, I can point out what readers most likely have already assumed: that not all of the essays in the book are equally fine. Additionally, some of the writers take issue with some aspects of mentalization as described by Fonagy, et al. Beyond this, however, it is important to point out that some of the papers stand out in their quality and value. If this were a movie review, I would say about these: Not To Be Missed! In this light, then, I construe part of my task here to present an exposition of a few of these in order to justify my claim that they are not to be missed, and to motivate readers of the review to read the book. However, because I would be mortified if I were found to be disingenuous, I add that it is precisely in executing this expository task that I will unveil a global critique of the book, a point vis-à-vis which I believe the book falls short; regarding this, I will propose a way to rectification.

Mind to Mind is divided into three sub-parts: I: Mentalization and Attachment (chaps. 1-4); 2: Mentalization in Clinical and Neuroscience Research (chaps. 5-9); and 3: Mentalization in Practice (chaps. 10-15). I will discuss two of the “Not To Be Missed!” papers, first, one by Elliot Jurist and then one by Philip Bromberg.

(Note: Page numbers will not be cited for quotations from the essays in Mind to Mind by Jurist [“Minds and Yours,” 3, 88-114] and Bromberg [“Mentalize This,” 15, 414-434]).

Jurist’s chapter is remarkable in that it traces in great detail a conceptual path that clarifies and validates what I take to be the most important conceptual advance made by these researchers: the concept of “mentalized affectivity.” Fonagy, et al (2004) define mentalized affectivity as “a mature capacity for the regulation of affect” and “the capacity to regulate the self” as well as “the capacity to discover the subjective meanings of one’s own affect states” (p. 5). Additionally, “The aim of psychotherapy for those individuals [borderline patients] is to regenerate the connection between the consciousness of an affect state and its experience at the constitutional level. We have labeled this ‘mentalized affectivity’” (p. 15). For Fonagy, et al. then, the goal of psychotherapy is not only to enhance the capacity for mentalization, or the reflective function of patients; additionally, it is to help patients to develop the capacity for mentalized affectivity. However, as we shall see, Jurist’s vision encompasses far more than this and approaches the status of a philosophical anthropology, a conception of the nature of the human and of human being in the world.

In the last section of his chapter, headed “Mentalized Affectivity,” Jurist notes that “In this final section I shall address some of the clinical implications of my discussion of mentalization.” However, Jurist’s discussion of mentalized affectivity addresses clinical work from a very broad psychoanalytic and philosophical perspective. What is fascinating and compelling in his essay is the way in which he moves from expositing stages in the development of mentalization theory in relation to attachment or affectivity, through critique of that theory from other theorists, on to development of a two-level (early, or low level: “constitutional” level; late, or high level: “mentalized affectivity”) theory of mentalization, and then to the notion of mentalized affectivity. These stages in his presentation dovetail one into the other in such a way that mentalized affectivity seems to be an outgrowth of what went before, the capstone in the indicated process of theoretical, and clinical, development. One is left with the impression that the chapter as a whole was conceived as a means of conveying the meaning of mentalized affectivity and at the same time conveying Jurist’s passionate sense that mentalized affectivity properly understood is revelatory of the deepest aspirations of human beings for wholeness and fulfillment. After averring,

To some extent, no doubt, psychoanalysts engage in the work of mentalized affectivity with patients, regardless of whether this phenomenon has been named.” Jurist writes, “mentalized affectivity is also about fathoming oneself in terms of emotional style and potentially seeking to counterbalance some of one’s deeply ingrained natural predilections. This new way of thinking about mentalization is compatible with the overcoming of resistance and the analysis of character defenses. In its highest instantiation, mentalized affectivity is about the creation of meaning; that is, crafting affective experience in a way that incorporates our deepest wishes for ourselves.

Jurist’s notion that the “highest instantiation” of mentalized affectivity is in “the creation of meaning” implies a philosophical anthropology that views human beings as meaning creating beings who create meaning to express our deepest aspirations for ourselves. Moreover, this
philosophical anthropology is not an abstraction; rather it emerges organically as Jurist develops the notion of mentalized affectivity in dialogue with psychoanalytic theorists and philosophers.

After a brief but important introduction to which I will return later, Jurist divides his chapter into five parts. In the first part, “Why Mentalization,” he discusses how the concept of mentalization “brings attachment theory and psychoanalysis together” He points out that in Fonagy’s original conception, the source of the capacity for mentalization is in the attachment relationship, an affective bond. Indeed, on this account, the formation of a representational system is the goal of attachment. Closely linked with mentalization is the capacity to regulate affects from which capacity the self emerges.

In the next section, “Attachment and Mentalization,” Jurist discusses recent changes in Fonagy’s views that reflect the latter’s understanding of borderline pathology, in particular, the fact that at times mentalization fails in borderlines precisely when the need for attachment is activated. Thus, rather than seeing mentalization as the source and goal of attachment, Fonagy now maintains that there is a “loose coupling” and a reciprocal relation between them such that “mentalization can be taken off-line by the attachment system and attachment and mentalization are understood as belonging to distinct brain systems.” Jurist next discusses Fonagy’s account of the developmental unfolding of mentalization from psychic equivalence and the pretend mode through the child’s capacity at age 4 to pass the false belief test, and then the development of a temporally extended sense of self in the sixth year.

Jurist next discusses the work of Gergely and Unoka as presented in their chapter in Mind to Mind. Their research contests some key points of Fonagy’s theories. Jurist finds the following claims of Gergely and Unoka compelling: 1) that “mentalization begins earlier in development than had originally been proposed—roughly by ten months or so,” and this includes the capacity for detecting false beliefs; 2) that the notion of a direct causal and functional link between attachment and mentalization must be “significantly revised;” 3) that the systems of attachment and mentalization are separate but can dovetail insofar as mentalizing skills are brought to bear on attachment relationships.

According to Jurist, the views of Fonagy and Gergely/Unoka are nevertheless compatible if we realize that they are talking about two different levels of mentalization, early (Gergely) and late (Fonagy). Jurist places great emphasis on elaborating two different levels of mentalization, which are discussed at length in his next section, “Theories of Mind: Two Levels of Mentalization.”

The theories of mind in play are drawn from cognitive psychology and philosophy. In particular, Jurist discusses two different theories of mind called “theory-theory” and “simulation theory.” The theory-theory group thinks that mentalization works when children form a theory of how mind works. Simulation theorists (Alvin I. Goldman) claim that mentalization is a matter of children gaining the ability to place themselves in the other person’s situation. While he points out that Goldman has made some concessions to the theory-theory theory of mentalization, Jurist provides a lengthy exposition of Goldman’s simulationist account of mentalization. Of great interest is Jurist’s statement that “Goldman emphasizes that simulation requires us to quarantine our own beliefs for the sake of understanding someone else.” Most compelling to Jurist is that “Goldman’s account underscores the complexity of mentalization by featuring the distinction between low and high levels.” In this section, Jurist discusses also the views of the philosopher Stueber, who has proposed a distinction between basic and re-enactive empathy, which, Jurist contends, is consistent with Goldman’s views: “The low level of mentalization concerns emotions; the high level concerns emotions as well, but is conditioned by the capacity to regulate and modify them,” and it also depends upon imagination, “a specialized function that allows us to grapple with the complexity of social life.” Thus, mentalization is a function “that reflects an interior life that is defined by its search for understanding. Emotions are just as important at the high level of mentalization . . . that is particularly relevant for psychotherapy.”

In his next section, “Mentalization and Its Discontents,” Jurist discusses five major issues concerning mentalization: 1) the question of development: here Jurist contrasts the psychoanalytic developmental perspective with its emphasis on intersubjectivity with the theory of mind perspectives’ emphasis on single individuals; 2) the issue of the relationship between mentalization and attachment; 3) contrary to the theory of mind perspective which emphasized cognition, mentalization entails emotion: “Subjective experience is permeated with emotions and the struggle to regulate them;” 4) is mentalization accurate? Jurist emphasizes the psychoanalytic view that we often fail to understand ourselves as well as others, but that this is not incompatible with the view that we have the ability to read mental states accurately; 5) Can mentalization be equated with moral judgment? Jurist comments that “mentalization is relevant precisely where we are not sure what to do, and is therefore relevant to both the aspiring saint and the caveman.”

The final section of Jurist’s essay is headed “mentalized affectivity.” As can be seen in the explication above—the path from attachment as cause of mentalization,
to attachment and mentalization as separate, to a two-level conception of mentalization, to mentalized affectivity as the mature mode of the regulation of affect, the higher level of mentalization—Jurist’s presentation follows a trajectory in which clinical experience and theoretical elaboration are intimately bound up one with the other. The outcome of this trajectory is that mentalized affectivity emerges as a conceptual representation of a lived experience, the lived experience of affect regulation in the interest not merely of survival, but rather of the human quest for, and ability to create, meaning and the quest for fulfillment of our aspirations.

In this, the last section of his essay, Jurist writes passionately and with a high degree of cohesion, and with moving eloquence, regarding the meaning of mentalized affectivity and its role in human existence. Here I will emphasize one additional dimension that he discusses:

Ultimately, mentalized affectivity is both a concrete way to measure progress in treatment and an ideal. As it grows to fruition, one can expect to find specific indications of change in the quality of how patients identify, process and express their feelings, and overall in how they understand their selves and their minds. From this vantage point, mentalized affectivity can be operationalized as a way to measure therapeutic outcome. Yet it is also important to appreciate that mentalized affectivity implies and ideal in which one attains a sense of familiarity as well as a sense of comfort with one’s own internal life.

Most significant in this passage is the linkage Jurist affirms between ideality and quality: mentalized affectivity has a character of ideality, of a compelling goal, and, insofar as we more and more closely approximate the ideal, our lived experience of processing and expressing our feelings will be qualitatively enlivened.

At this point, an important question must, it seems to me, be raised. When Jurist speaks of the “ideal,” what does he mean? The notions of ideals and ideality can be and have been construed in many ways throughout the history of human self-reflection and self-creation in culture, science, intersubjective life, and all of the expressive domains of our existence. For nominalists and positivists, the notion of ideality is a mere flatus vocis, sounds with no referent, and so too it is for postmodernists like Derrida—just a term that denotes the infinite iterability (ability to be infinitely reiterated) of concepts, but devoid of any epistemological relevance or ontological possibility. For others, Husserlian phenomenologists like myself, for example, ideality refers to that which is always already given in our lived experience—an a priori of infinite possibilities to be and become human. Because the entire Mind to Mind volume drives home powerfully the importance of mentalization and mentalized affectivity for any goal of gaining new insight to enhance the psychoanalytic project, the meaning Jurist places on “ideal” in his philosophical anthropology is of great significance. This point will be elaborated after the discussion of Bromberg’s essay.

Philip M. Bromberg, well known for his work synthesizing ego psychology, object relations, theory of dissociation, and relational theory, begins his chapter with a discussion of normal, or healthy, dissociation, “which is basic to human mental functioning” and is “an adaptive talent that represents that which is most human in what we refer to as ‘consciousness.’” In contrast, defensive dissociation is a response to the experience of trauma, of “chaotic, assaultive flooding by unregulatable affect that takes over the mind, threatening the stability of selfhood and sometimes sanity.” This flooding is a consequence of “input from a dehumanizing relationship or event that threatens selfhood.” Defensive dissociation disconnects the mind “from its capacity to perceive that which feels too much for selfhood to bear.” What, then, for Bromberg, is the “central link between dissociations and mentalization”? As a result of defensive dissociation, there are gaps between dissociated aspects of self; therefore, the mind cannot experience intrapsychic conflict as bearable, and therefore cannot develop an observing ego.

For Bromberg, owing to defensive dissociation, “The mind’s spontaneous ability to reflectively hold another person’s subjectivity in the context of your own [mentalization]—a here and now phenomenon—is compromised, which in turn impairs the broader capacity for intersubjectivity, thus highlighting a central link between dissociations and the concept of mentalization.” Bromberg summarizes his view of the relation between dissociation and mentalization when he writes that, “…the capacity to mentalize makes it less likely that the mind will automatically enlist dissociation to protect its stability when confronted with ‘otherness.’” Bromberg concludes his paper with two case studies: the first, a fascinating discussion of the movie, Analyze This (from which Bromberg derived the title of his paper), and the second, a case study of one of his own patients.

Bromberg’s writing style is limpid and beautiful. Once comes away from this paper feeling deeply engaged, both intellectually and affectively. And one comes away feeling that one has learned much and has encountered a profoundly sensitive and caring mind. Bromberg’s synthesis of his own key concepts—dissociation, ego development, relational notion of intersubjectivity—with
mentalization theory results in a rich and enriching insight into the heart of psychoanalytic theory and practice.

Having said this, and meant every word of it, I will add now that there is an aspect of Bromberg’s perspective that I would like to call into question, and that is related to what I perceive to be his own self-understanding of his own perspective. The notion of the unity of the self is central to Bromberg’s powerful synthesis of several very important theoretical currents in psychoanalysis. Thus, one of his sub-headings is “The capacity to Feel Like One Self While Being Many.” He writes further that, “When all goes well, a person is only dimly or momentarily aware of the individual self-states and their respective realities because each functions as part of a healthy illusion of cohesive personal identity—an overarching cognitive and experiential state that is felt as ‘me’.”

The question I would like to raise here is as follows: What is the meaning of the term ‘illusion’ in this statement? On one hand, the meaning seems obvious: in fact, or in reality, the mind has many parts, many “self-states” to use Bromberg’s term; thus, the feeling of being “me,” that is in some sense a unified self, is illusory in that it is different from or in contrast with, reality, that is, it is not real. In actual fact, there is no unified self—there is only a multitude of self states; yet, to be healthy, I must experience this illusion, this sense of oneness or me-ness that is actually a countersense for it just is not true that I am a unified self.

Since Bromberg maintains that we are only fleetingly aware of our individual self states, let us ask these questions: How does each self state function “as part of a healthy illusion of a cohesive self”? Is his meaning that we take one individual state, our present state in the here-and-now, to be the whole of our selves? Does one individual self state have a unity? Is this what Bromberg means by illusion? But then, how is it that we have the sense that our me-ness persists over time and will persist into the future, for surely this temporal extension is a lived, essential aspect of the sense of me-ness. I recall that yesterday I was in a depressed state and really didn’t know why, but that the day before I had worked quite effectively with great concentration, and today I am less motivated. I am aware that in all three self states, the same me was the experiencing subject. As noted above, Jurist points out that the development of mentalization includes “the development of a temporally extended sense of self in the sixth year.” Is this illusion as well?

In what follows, I am going to offer a possible interpretation of Bromberg’s perspective vis-à-vis his notion of “healthy illusion.” I do believe my interpretation is a plausible rendition of Bromberg’s views based on his essay, but I cannot say that I know that it is an accurate rendition, for, as noted above, I do not know what the notion of illusion means to Bromberg.

The notion of a “healthy illusion” reflects a view that, it seems to me, denies to consciousness, that is, self-consciousness, any real existence. Indeed, Bromberg expresses skepticism regarding consciousness when, speaking of non-pathological dissociation, he writes that “It is intrinsically an adaptational talent that represents that which is most human in what we refer to as ‘consciousness’” (my italics). If what Bromberg means is that in our reflections on ourselves we are more or less, relatively aware of the complexity of our minds, the existence of our unconscious or dissociated self-states and the consequences of these for our lives, and so on, this would be totally unobjectionable; but then, the term illusion seems uncalled for: unaware perhaps, but not illusory. For, the unity of the self is perhaps the most real moment of our inner and outer existence. If it is indeed, as Bromberg’s phrase “healthy illusion” seems to imply, the sine qua non of health and therefore of happiness, of our struggle to move beyond the forces of inner and outer “dehumanization,” to use Bromberg’s term (and a very good one I might add), how can it be illusory? In this way: it is illusory of we believe that all is illusion except atoms, or whatever emerges when we smash them, whirling, pulsating, or geometrically existing in the void. In other words, all meaning is illusory within the framework of scientistic reductionism.

At this point it is germane finally to discuss, as above I said I would discuss, the introductory section of Jurist’s essay. According to Jurist,

The mind is emerging as a main focus in psychoanalysis. In one sense, Freud’s dream of a scientific psychology in the Project (1895) is no longer merely speculative; in another sense, however, there is good reason to be wary of reductionist conclusions . . . Other philosophers . . . as well as neuroscientists have warned against such formulations, emphasizing that the mind is defined by subjective experience, which does not map onto brain function automatically or easily. At present we are at a very early stage of being able to understand subjective experience scientifically.

First, it is interesting to note that this discussion of reductionism is the only such discussion in Mind to Mind, even though almost every chapter refers to alleged neurobiological correlations with mental phenomena, and several chapters discuss neurobiology at length. This is the global failing of the book that I referred to above. In the absence of any discussion of this issue
at all, shouldn’t readers assume that all of the authors are natural science reductionists? Why not? Moreover, this statement by Jurist, is ambiguous. It appears to be a caveat against reductionism, but is it Jurist’s stance (since “the mind is defined by subjective experience”), that reductionism is ruled out, or is his stance (since “we are at a very early stage”), that we need just to hold reductionism in suspension until the time is right? Jurist seems to be affirming the latter, though such a stance is not consistent with a view of ideals that includes a moment of transcendentality. In other words, if as Jurist seems to suggest, at some time in the future reductionism is perfected and all subjective experience can be reduced to brain materiality, then ideals, too, would be known to be illusory. Yet, it seems to me that the deeply humanistic character of Jurist’s vision of mentalized affectivity belies such a conclusion, for example when he writes that, “Mentalized affectivity captures what is most challenging in adult affect regulation; that new meaning can be created and specified by reflecting upon affective experience.” There is no place for meaning in a reductionist world view. Are we going to fall back into the much criticized “mixed discourse” of Freud?

Jurist’s statement that “We are at a very early stage of being able to understand subjective experience scientifically” suggests the widespread view that psychoanalysis is or ought to be a science. However, science is not encompassed by the model of natural science, which applied to studies of the human inevitably leads to reductionist positivism. The phenomenological science developed by Edmund Husserl is a viable alternative view of science for psychoanalysis. The scientific character of Husserlian phenomenology rests upon its radically empiricist insistence that only the evidence of lived experience shall be the basis for investigation into the nature of subjectivity, its development and its mode of existence. Moreover, the phenomenological attitude is attained by performing the act of “quarantining” our own beliefs that Jurist discussed as an element of mentalization in Goldman’s simulationist perspective—in the case of phenomenology, we “quarantine” our own belief that we know or can know the ultimate ontology of the world—the “knowledge” presupposed by the positivist reductionist. Only with such a quarantine, or suspension, can human experience as lived come into our self and other reflective view.

In conclusion, one could come away from reading both essays, Jurist’s and Bromberg’s, thinking that their views might be incompatible. Jurist cautions against reductionism; Bromberg seems to be a reductionist. Why does this matter? Well, for a psychoanalytic audience I will respond in this way: it seems to me that it matters clinically. At this point in the history of psychoanalysis we have become sensitive to a remarkable degree to the subtleties of the interplay of analyst and patient who co-create the analytic experience. We have become increasingly sensitive to the nuances in the interplay and process of co-creation. Is it not then plausible to assume that the analyst’s global stance towards human existence and the meaning of human existence, the analyst’s philosophical anthropology, so to speak, will be conveyed to the patient and vice versa, and will be factors in the treatment? For example, if the analyst believes, as many of the greats in the history of psychoanalysis have averred, that human freedom is an “illusion,” albeit one necessary for normal happiness, will this not be conveyed by analyst to patient, and will it not thus affect the treatment in some way? If we believe that freedom is an illusion (which certainly do not believe) do we come clean to our patients, let them know that psychoanalysis prescribes that they should develop a feeling of freedom that psychoanalysis shows is in fact an illusion? And if this is what we believe, does not that belief permeate our psychoanalytic elan in the consulting room? And, if we don’t come clean—what are the consequences, morally speaking? I conclude with this question because I believe that psychoanalysis will not attain its full potential until it is addressed.

One final point: Another of the Not To Be Missed chapters in this remarkable book is chapter 11, Arietta Slade’s essay “Mentalization as a Frame for Working with Parents in Child Psychotherapy.” This essay shows with spectacular lucidity that helping to enhance parents’ ability to mentalize, to grasp the reality of their children’s inner lives, is an essential aspect of changing pathological parent-child relationships to healthy ones. What can be more important than this? Yet another question!

References

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The week of the writing, the health care bills passed the House and Senate. (Bear with me; I am both contextualizing and trying to convey something of the substance of this extraordinary book, which is deeply intertwined with its process.) Has the provision of health care in this country, perhaps, begun to emerge from its infancy? Its pre-history? My thoughts move quickly past the inconvenience that, when the bills are implemented four long years from now (as if anything thought about four years previously is ever, in recognizable form, implemented), it is predicted I will be making a few dollars less for each hour I see a Medicare patient. I am more focused on some talk radio I happened to overhear right before the first bill was signed: Tea Party types, one after the other, threaten armed insurrection, as they will not be forced to pay for something they do not want to buy. (I guess their passion is for the right to be sick.) And then, the thought that one of the things that swayed the passage of this, I hope, good-enough compromise solution was that Congressman Stupak, an odd hero for me, stood above the fray and asked for a fair negotiation based on a principle. Not my principles, nut principles. I respect that.

There is little spare time for reflection in modern psychoanalytic life. Turn off the radio, teach my seminar: third-year graduate students, serious and talented, learning psychotherapy. They are learning in this time, and in this place, and have chosen me as their teacher, knowing my Kleinian identity and something of my style. In the psychodynamically oriented program in which I teach, they are emergingly conversant with multiple theories: conflict/defense, ego psychology, self-psychology, object relations; a large library is their treasure house, so some have visited neighboring lands—CBT, family-systems theory, neuroscience, MTV. I want them to find their own styles, to learn to speak freely in their own voices. I do not want them castrated by managed care companies or lobotomized by so-called evidence-based manuals.

Besides, the patient we are discussing this particular day is having none of it. She is angry, she is silly, and she is provocative. She weaves and jabs through her hour, denying it all but perhaps not too successfully. A careful process recording preserves what transpired. My students and I value craft, and care about understanding.

Our task, though, goes beyond trying to make sense of an hour. What I hope to impart in our small seminar, the Tea Party and Big Pharma far enough outside our soundproofed door, is a more alchemical task: extracting usable and guiding theory from the more prosaic substance of a set of hours.

How is that done? Surprisingly, though we rarely reflect on it, our texts almost never tell us. Our literature often embodies a disconnect between what we do and what we think. Perhaps this is an inevitable part of trying to turn any oral tradition into serviceable written form. We have all been schooled on texts that suggest how the work is to be done, elegant in their internal logic but more than a bit too experience-distant to be readily digestible. Some of us leave hungry. Others leave the reading table and reject the value of ideas, or the possibility that ideas can help us in our work.

Claudia Frank’s volume, on Klein’s early work and how her theory arose from it, is the most satisfying exception to this pattern I have come across in many years. A training analyst from Germany who, apparently, has been one of the first to work extensively with Klein’s archival material, she presents us, here, with two books in one. The second half of Melanie Klein in Berlin consists of more than 200 pages of (primarily) English translations of Klein’s notes on her work with four children. Frank has painstakingly attempted to order the notes. Klein, seemingly not concerned about the posterity of her notes, sometimes wrote in notebooks and sometimes on pads or loose pages; bits are typed, but most are handwritten.
with abbreviations, omissions, misspellings, crossings-out, illegible bits, insertions, and general messiness. A few of the handwritten original pages are reproduced, as are occasional insertions of the child patients’ drawings.

These are notes produced in transitional space and transitional process. Klein is partly documenting what transpired in her sessions with these children, but not fully reflecting on it, analyzing it, or even summing it up, though there are bits of all of this interspersed. She is beginning to think, on paper and in a very personal shorthand. It is difficult to imagine she intended that anyone else would ever read the notes, especially as they show what she did not know, or was just on the cusp of knowing, as well as what she knew and what she thought she knew.

Frank has retained, but annotated, the mess, and the translators manage to capture it faithfully in English. The incomparable experience of reading through the case notes is as unbearable, and illuminating, as an hour of transformational supervision, but manages to transpose this into a key of theory development, observed from the intimate inside and in its formative process.

I wondered why Frank placed this material second. I ask the reader to consider take it in first, and then move on to Frank’s metabolization and analysis of what emerges. In this first part of the book Frank presents a historical introduction and analyzes how Klein’s theory began to emerge from four of her first clinical experiences treating children in psychoanalysis. One can also appreciate the kindness, and pedagogical utility, of the more careful preparation the book structures in for the encounter with this material (and one certainly hopes that readers will reject the temptation to read the first part and not the second; that would be akin to a Cliff Notes approach to opera).

Even beyond these factors, the brilliant organization of this volume replicates, for the reader, something of Frank’s experience in writing it. In the first portion of the book, Frank’s methodology melds a textual analysis of the tectonic relationship between Klein’s unpublished notes, her unpublished lectures (some of which are available in typescript), and her later published work with a conceptual analysis of Klein’s ideas, technical and theoretical, themselves. The reader’s immersion in the development of Klein’s experience and thinking almost inevitably will involve shuttling between the text and the case notes, and back again, echoing Frank’s repeated journeys between her work in Germany and her multiple visits to the Klein archives. The reading of the development of Klein’s work and thinking that Frank elaborates is dense, complex, disciplined, rigorous, and asks a lot of the reader, but it never strays far from an immediacy of experience that is Frank’s explicit intent and that is rare in writing at this level. The gift is substantial.

III
Whatever one may think of Klein’s legacy, her technical innovations, most centrally the introduction of the play technique, and her theoretical contributions, such as the notion of the paranoid-schizoid and depressive positions and the analyzability of early unconscious phantasies through their manifestations in negative transference, she started a conversation in our field that is on-going.

Frank establishes convincingly that Klein’s formative ideas about how to work with children, and the lessons she began drawing from this work, emerged during her Berlin years, from 1921-1925, after her “analysis” of her youngest son, and (though Frank does not mention this) after Klein’s divorce from her husband. Klein’s work in Berlin began at the Berlin Psychoanalytic Polyclinic, where she treated wards of the state and delinquents, as well as children brought in by their parents, for the kinds of problems for which children are brought to community mental health centers in our times—everything from issues of adjustment in relatively well developing children to psychoses.

Three characteristics of the “early Klein” emerge strikingly from Frank’s introductory chapters. First, Klein has an easy and comfortable manner with her child patients; she takes to them, and they to her. Far from the stiff, proud, brutal, corseted wild woman depicted in the play Mrs. Klein and, at times, in the writings of analysts from other schools of thought, one finds a flexible, interested clinician, able to meet child patients at their own level and on their own terms. Children frightened of using the couch are not dismissed as untreatable or tied down; free associations that wander in the sometimes playful ways of children’s thoughts are not dismissed as off task or interpreted prematurely or dogmatically. Some of the children’s drawings are on lined paper; I imagined something akin to my own experience as a child clinician—not everything that happens with a child is easily foreseen; one uses what is at hand.

Second, Klein began her work, among the first attempts at analytic work with children, with the conviction such work was possible. In distinction to Hug-Hellmuth’s more psychoeducational application of analytic ideas to helping children and, more, their parents and Anna Freud’s notion that most work with children had to take place after a period of careful preparation and parent work, allowing most of the work with the child to take place within the framework of a positive child-analyst connection, Klein’s point of departure was that adult analytic methods, eschewing suggestion and extra-analytic scaffolding, were likely to work as effectively with children as with adults.

Third, while admiring of and committed to Freud’s evolving theoretical architecture, Klein had an intrinsic willingness to let clinical experience refine her theoretical notions. An early anecdote is revealing: Like the earliest
child analysts, Klein treated some of her first patients in their homes. One little girl, terrified of being alone with Klein, wanted her governess/teacher present. The flexible Klein begins the work in this manner; the governess/teacher remains a hovering, non-intrusive, collaborative presence, and interpretations (using toys in child’s home environment to assist) are productive. The teacher needs to take a trip, on short notice, after the negative transference is beginning to diminish, but before it ceases to be an obstacle.

Klein encounters a simultaneously clinical and theoretical crisis: stop the productive work, or violate the prevailing dictum against children throwing fits in sessions? Klein arrives for the scheduled session and begins with the child; the child, as predicted, throws a loud tantrum. Klein feels what every child clinician (we’ve all been there) feels in such a moment—hurt, uncertain, lost, flustered. She begins by trying to calm the child down—who needs analysis in the face of a screaming child? —and it does not work. Klein sits down, begins playing, and launches into a monologue, what we would call interpretation in the displacement. Klein, true to her style and her times, uses the displacement less than most of us today feel we need. The child, eventually, tunes in and responds. Klein establishes what O’Shaughnessy, a contemporary Kleinian, calls a clinical fact: a piece of negative transference, interpreted, produces insight.

But Klein’s theoretical edifice is built slowly. In the case of Klein’s work with nine-year-old Grete, Frank uses her comparison of the notes and the published papers to wonder how it comes to be that Klein speaks about Grete’s stuttering with a vignette that does not actually mention stuttering, or infers a homosexual transference from material that seemingly mentions nothing about homosexual impulses. Frank locates this in the context of Klein’s analytical times—our ancestors made mental leaps of connection with less grounding than most of us do today—but also in Klein’s largely unconscious response to the child’s apparently normal functioning (Inge was being seen for a “prophylactic” analysis); Klein wants to give the “normal” child the normal things of childhood, Frank suggests.

This, too, is cast in new light by study of the treatment notes. At one point, Inge sets up stone figures and plays “store,” over several sessions; Klein then buys, and brings to the sessions, some new building-bricks. Review of the notes suggests that Inge’s play, in part, reflects her sense of how she has affected Klein, unconsciously, Frank argues. Inge first feels that Klein, like Inge’s parents, may damage her, and then feels she herself, because of a bad object inside her, has rendered Klein ineffective, forcing Klein to buy her new toys as proof that Klein will not disappear. Klein can then see Inge’s dynamics more clearly, as she found it harder to do (Frank goes on to show) in her earlier work with Ernst, where Klein experimented with play techniques but with less effect, as Ernst’s predominantly positive transference made his dynamics, expressed in play, less obvious to Klein.

Frank’s longest chapter devotes 55 pages to Klein’s work with Erna, her most extensive analysis in Berlin. Many of Klein’s foundational conceptual contributions began to take shape through Klein’s writing on Erna’s case. Some of
the dynamic underpinnings of these, however, seemed to be harder for Klein to conceptualize. Frank sees the root of this in Klein’s early collusion with Erna’s manic disavowal of difficulties, leading to Klein’s erroneous early prognosis that analysis would help the child improve rapidly.

However, Klein persevered in her immersion in the work, and Erna’s strong push to understand helped Klein grasp more of what was happening in the here-and-now of the transference relationship. Building on the foundation established in her earlier Berlin analyses—connection to experience, freedom to think—Frank shows, often through line-by-line analysis of Klein’s treatment notes, how notions of introjection, projection, splitting, denial, and both paranoid and depressive guilt emerged as concepts that helped Klein organize her understanding of the analytic material. From the vantage point of technique, in Erna’s analysis Klein began to grasp that resistance was a product less of repressed libidinal wishes and more of fears of what bad objects might give rise to, and the anxieties that ensue. From this came a different appreciation of the importance of analyzing the child’s envious, aggressive, and destructive wishes, as expressed in the negative transference, as well as Klein’s emerging appreciation of the communicative value of acting out, and the potential value of interpreting it. In tracing, day by analytic day, how Erna’s quest to understand led to an almost parallel process in Klein’s own development, we gain a deepened and more grounded appreciation of how Klein later came to appreciate the more central role, in human development, of the impetus toward mastery—not, as Klein’s opponents have argued, as a turn away from Freud, but once again as a learning from children.

These are heady discoveries, and my attempt to give the reader a summary sense feels unsatisfyingly reductionistic. It is no new discovery, to an analytic reader, that our theoretical ideas arise from roots in our unconscious, personal experience. It is though, at least for me, a very new experience to watch as iterative but very different readings of the development of Klein’s ideas emerge from a comparison of her notes and their subsequent expression in more intentionally elaborated form. We see Klein fumbling, with wholehearted investment, in her treatment efforts, and learning, I think Frank might agree, in a tectonic process, the unconscious layers affecting how she formulates her experiences. If, at times, Klein fails to grasp the implications of what transpires in her treatments, our appreciation of what emerges in her attempts at theoretical extrapolation is enriched by Frank’s close observation of the inner process through which Klein’s ideas arise.

In a conclusion chapter that I cannot recommend highly enough, Frank locates her work in this volume in historical context: Child analysis arose later than adult analysis, in significant part, Frank argues, because of the specific countertransference difficulties child analysts encounter. The fundamentally psychoanalytic methodology Frank applies to the examination of Klein’s notes, unpublished papers, and published works shows that Klein moved from the then-prevalent view of child work as a way to demonstrate the applicability of Freud’s concepts—a stance that made it less feasible for early child analysts to work through children’s negative transferences—to the evolution of techniques and ideas that came to permit a different, potentially more generative engagement analytically, not just educationally or through the parents, with the child’s negative transference. Klein moved incrementally and by learning from her direct experiences with child patients, from interpreting manifest to latent negative transference, and from the initially defensive use of toys to an appreciation of their broader therapeutic utility (specifically because of the space they can open up for interpretation of negative transference). The evolution of these technical innovations then made it possible for Klein to develop her more conceptual innovations; seeing children in their own right helped her think theoretically in more independent terms. If in doing so Klein did not always see that her child patients reacted to her, and not just to their primary objects, perhaps this says more than anything that Klein was a product of her times and fallible enough to leave us, in her notes, a way to think about her missteps, so that we can be better equipped to think about our own.

IV

How does one make space for the substantial immersive and reflective effort a book like this requires? My two readings took six months, and feel inadequate. I stole time from some other tasks that needed doing to devote to this one. In the end, I do not at all begrudge the effort. If I feel both depleted and enriched, I take consolation that perhaps my awareness of my limitations, of energy and insight, situate me well to avoid some of the missteps Frank attributes to Klein. At least, unlike some of my students, I do not work 80-hour weeks, or have three jobs and hobbling student loans.

I do have one small criticism of Frank’s excellent work, however. The British edition has a much better cover. (You can see it at the web site of the Melanie Klein Trust, http://www.melanie-klein-trust.org.uk/klein%20in%20berlin.htm) It is a picture of a young Melanie Klein, with a happy, inquisitive smile.
Based on research all the way from Freud (1905) to Luborsky (1996) and others, this book on symptoms first explains them logically and creatively. In the second part, “The Clinical Casebook” of accessible symptoms Kellerman’s theory is demonstrated in the application to the cure of many psychological symptoms. The third part presents seven fascinating cases of symptoms that are chronically entrenched and somatized, reflecting severe pathology of long onset and that have become most important in the individual’s personality. To read this engrossing material was equivalent to a well-prepared series of lectures. I felt like a student learning from a wise instructor and wished I had had this volume in the 1980s when I was a training and supervising analyst as well as a faculty member at the American Institute for Psychotherapy and Psychoanalysis, unfortunately no longer in existence.

Kellerman’s explanation of the psychic trajectory resulting in the symptom—drive or instinct, wish, anger and anxiety, repression and symptom—is a fresh way of thinking about clinical work. It complements my book (2006) for non-psychoanalysts, confirming the truth of what my title states, “The symptom is not the whole story.” Ever.

In reference to the first type of symptoms and to facilitate the use of his method, Kellerman gives us a series of wise axioms, such as “When the anger towards the who is made conscious, the symptom will become challenged or lift” (p. 23) and he clarifies the four phases of symptom structure, what he calls 1) “the thwarting of a wish,” 2) anger towards the self who is responsible for the thwarting, 3) repression of the anger and of the original wish in self-defense,(4) eventually producing the symptom, a symbolic expression of the wish (p.19-22). Some statements, beginning with the book’s title itself may need careful thinking, like when he states that “[t]he only cure we do . . . is the curing of symptoms, despite the fact that no one has ever establish any systematic approach to understanding symptoms” (p. 9).

This true statement places Dr. Kellerman as the first to have considered symptoms in this way. He proposes a focus on the cure of symptoms resulting from the insistence on their formation process. His psychoanalytic effort to “decode” the symptom is genial, comprehensive, systematic and logical, deserving of admiration and gratitude. Basically Kellerman’s “code” consists of the awareness that all psychological symptoms are the result of what happens from the moment our pleasure principle elicits in us wishes that we often must repress in self-defense and which always provokes anxiety. This makes us angry and the anger is repressed with anxiety. My summary in these few pages trying to go to the essence may not be fair to Dr. Kellerman’s rich ideas. For this reason I hope the reader of this review may directly go to the original work.

He makes an important distinction between accessible and non-accessible symptoms. The first are transitory and alien to the personality. The second group comprises symptoms that are chronic and have taken over the individual’s personality. The book details each group carefully in the clinical cases discussed. Because the pleasure principle is at the center of our psychic life, all symptoms originate there and the symptom is an unconscious and symbolic effort to satisfy the original wish. Analysis helps us understand the symbolism of the symptom. Therefore in the process of repressing the wish, anxiety is unavoidable always producing the anger that itself produces the symbolic symptom. He concludes with the strong statement that “what goes into the mechanics of symptom formation . . . is anger, not sex” (p.145). The application of the code to the cure of psychological symptoms shows the shortening of analytical treatment, so welcome in an age that is forcing us to abandon the old prescription of seeing patients “minimally three sessions per week,” as many institutes still decree. I remember the five sessions a week I had in my training in the 1950s and 1960s.

In the third part of the book we find patients with
symptoms that do not respond to the talking cure. With them the symptom code is not really effective and so, “This kind of symptom can really only be challenged, but not usually undermined by the simple use of the symptom-code” (p. 91). To explain this problem, he makes the distinction mentioned earlier between symptom and personality trait. The latter is a symptom of long standing that has become part of the patient’s personality and by now ego-syntonic. These are both symptom and trait and therefore different than “accessible symptoms.” Consequently, they must be treated psychoanalytically, discovering the thwarted wish, the repressed anger, the “who” or person to whom the anger is directed, before doing anything with the symptom directly. As a matter of fact Kellerman recommends the additional use of psychotropic medications in some stubborn cases.

This broad and open-minded position in psychoanalytical work of Dr. Kellerman brings us to the Dictionary. It is a valuable tool to refresh one’s memory of many points related to psychopathology but, needless to say, it cannot offer a thorough explanation of the many terms listed. It is a soft cover volume produced to be held in one’s hands. Holding this five by nine inches tome, I wanted to read it. Perhaps its title could have been less intriguing, like Primer of Psychotherapy, or Concepts and Names in Psychotherapy. The Dictionary lists the profiles of almost 130 authors, not all psychoanalysts, regrettably with misspelling of names (Milton Erickson—not Erikson—on page 72) and often without references (for instance Helen Fisher, the anthropologist, is indexed on page 156 as Fisher). It also contains many concepts that are only remotely related to “psychopathology” like hypnosis, yawning, counseling and others. Some definitions are incomplete, like that of counseling (p. 46) which now is an independent mental health profession, like it or not, in forty-nine states with a scope of practice that includes “psychotherapy” with individuals, couples and groups.

An omission that is surprising, however, is that the Psychodynamic Diagnostic Manual (PDM) published in 2006 by The Alliance of Psychoanalytic Organizations with Stanley Greenspan as Chair and Nancy McWilliams and Robert Wallerstein as Associate Chairs, is not listed, even though the author makes a sharp and useful distinction (p. 143) in his Psychoanalysis of Symptoms between psychiatric and psychoanalytic diagnosis. The PDM starts with the patient’s personality in order to understand the symptom and thus to establish a diagnosis, whereas the DSM, in spite of its title, classifies patients using labels that focus on their unacceptable behavior. The DSM is, definitely, a classification manual rather than a diagnostic tool regardless of the exaggerated position it holds in our country thanks to our health care system, which hopefully will soon become a health care service. The PDM, on the contrary, is our book of diagnosis as psychoanalysts, despite of what we have to use in order to satisfy the health insurance companies.

My respectful criticism intends to present a review that will help many future editions of the Dictionary of Psychopathology to be even more valuable. I have already used the Dictionary in my graduate Theories of Counseling and Psychotherapy class at Long Island University and can honestly state that the Dictionary is a very useful reference book, with pedagogically well thought out summaries of complex concepts that have practical value for graduate and post-graduate students, as well as to practitioners and graduate professors. Besides Kellerman, the main author of the Dictionary, there is a fourteen-person Editorial Board with several well-known names, among them Janet Wolfe, a New York CBT colleague I respect for her professionalism and scholarship through the years.

The two volumes are ideologically rather separate because, obviously, their aims are different. Both, however, are serious works that help us understand clearly and in detail intricate concepts in the vast and growing field of psychodynamics, psychotherapy and psychoanalysis. Anyone interested in the clinical importance of symptoms will be delighted with the masterpiece here reviewed and anyone teaching or interested in passing on to others the truth about psychodynamic concepts will welcome the Dictionary as a valuable and practical tool.

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The past couple decades have seen a proliferation of scholarly work linking psychoanalytic tenets with neuroscientific evidence. Scientists, theorists, and practitioners—groups historically working in disparate fields with disparate foci—are now seeing the coalescence of their respective work lend support to the once empirically insulated field of psychoanalysis. Much has already been born out of this new found relationship. We now have The International Neuropsychoanalysis Society (founded in 2000), a renewed academic interest in psychoanalytic theory, and even the 2000 Nobel Laureate in physiology and medicine Eric Kandel to proclaim, “psychoanalysis is still the most coherent and intellectually satisfying view of the mind.” Perhaps Freud’s assertion in his Project for a Scientific Psychology (1895/1966) that neurobiology would eventually validate psychoanalytic theory is indeed coming to fruition 100 years later.

Psychoanalysis and Neuroscience represents a triumphant merging of these two ostensibly distinct (though interrelated) worlds. Edited by the late Mauro Mancia, this 400-plus page, 16-chapter compendium brings together clinicians and neuroscientists from around the world: researchers and practitioners collectively and individually applying carefully controlled, psychophysiological laboratory findings to a host of psychological principles. This ambitious project successfully brings the laboratory to the consulting room and the consulting room to the laboratory.

Psychoanalysis and Neuroscience opens by making a compelling case for neuroscience’s contribution to clinical psychoanalysis and how practitioners can no longer turn a blind eye to biology. Mancia provides a succinct historical overview of the often contentious relationship between psychodynamically oriented clinicians and neuroscientists; emphasizing how the differing goals and methodologies of each field is fertile ground for (at-best) gross misunderstanding and (at-worst) devaluation. The editor brings attention to the frequent dismissal of theory by neuroscientists, and the avoidance of neuroscience (and often psychological science at large) by psychoanalysts. However, Psychoanalysis and Neuroscience affirms that those willing to engage in this competition of idea—to disagree without being disagreeable—are able see the applicability of neuroscience to clinical practice in concert with clinical practice’s ability to generate testable hypotheses for the laboratory.

Psychoanalysis and Neuroscience is divided into four sections. Part I covers the broad domain area of emotion and memory. Cooperation not Incorporation: Psychoanalysis and Neuroscience (Chapter 1) differentiates consciously processed memories (i.e., explicit or declarative memories) from the relative affect-neutral nonconsciously processed memories (i.e., implicit memories). The author, Gilbert Pugh, explains how each of these memory types are distinct from unconscious processes, in which there is a dynamic component with its corresponding emotional valence. Pugh reports on evidence suggesting that emotionally based memories are linked to the amygdala and basal ganglia, while explicit memories are linked to the hippocampus. Interestingly, the former structures are present at birth while the hippocampus develops at 2 years, leading many to speculate that emotionally based memories begin at birth, while declarative memories do not emerge until later in development. What are the implications? Psychoanalysis and Neuroscience delineates the minute differences between memory typology, possible psychobiological underpinnings, and addresses their clinical implications. It also orients practitioners to be mindful of the associated physiological mechanisms underlying memory processes.

Leuzinger-Bohleber and Pfeifer (Chapter 2) and Mancia (Chapter 3) directly apply experimental biological memory data to patient work. They stress the dynamic components of memories, and the active, reconstructive process of memory recall. The authors underscore the illusion of the pristine memory: emphasizing how recall is sanitized by historical and current affective experiences. They further demonstrate how these interrelated memory
processes) on a cognitive, affective, as well as neuronal aspects of empathy. It connects aspects of pain (and other influences) to empathy. Here is tied to empathy. Here is non-human primates, and later humans, mirror neurons are linked to a range of functions such as language abilities, theory of the mind, and sensory-perceptual processes. The authors also describe the somewhat controversial concept of mirror neurons, which is the propensity for neurons to fire not only when the organism is engaged in a particular activity but also when observing another organism engaging in that specific activity. First observed in non-human primates, and later humans, mirror neurons are linked to a range of functions such as language abilities, theory of the mind, and sensory-perceptual processes. It is also tied to empathy. Here Psychoanalysis and Neuroscience substantiates the affective and somatosensory aspects of empathy. It connects aspects of pain (and other processes) on a cognitive, affective, as well as neuronal level. These collective findings shed light on yet another psychobiological way in which human attachments are formed, sustained, and maintained.

Gallese (Chapter 11) investigates the psychophysiology of interpersonal relations. He explicates how our internal experiences (i.e., affective, cognitive, neurophysiological) color the way in which we relate to others. In other words, our ability to engage socially is predicated on the internal lens through which we experience our world. The author also revisits the concept of mirror neurons, and poses how this process underscores intentional attunement, or the process by which subjective bodily awareness allows for the shared experience, or attunement, with the other person. Psychoanalysis and Neuroscience further examines the interrelated somatic-affective-interpersonal relationship. These interconnections, so common in our everyday vernacular (e.g., being “in-touch,” “broken-hearted”) are firmly tied to psychoanalytic concepts like empathy and transference-countertransference. The text also contends that disrupted or compromised somatic awareness is associated with some of the more severe disorders (e.g., autistic and schizophrenic pathologies); ones with significant social and interpersonal breakdowns.

Section III examines the psychophysiology of dreams and dreaming. Authors Mancia (Chapter 12) and Bassetti, Bichof, and Valko (Chapter 14) open their respective sections with historical overviews of dreams. From the protracted supernatural and metaphysical views of the Greek, Medieval, and Renaissance periods, the focus appropriately moves to Freud’s Interpretation of Dreams (1900/1953). Psychoanalysis and Neuroscience describes how Freud swiftly moved the nature of dreams from the several thousand-year reign of supernatural forces to the intrapsychic domain—rooted in subjective experiences and anchored in psychoneurology. Freud’s influential paradigm shift set the stage for the clinical utility of dreams—making them a well-traveled road to the unconscious. It also opened them to scientific inquiry.

Section III also pithily discusses the dream perspectives of theorists such as Melanie Klein (i.e., projective identification and splitting impetuses) and Bion’s emphasis on distinguishing between intrapsychic and interpersonal components of the dream. The authors also review contemporary neuroscientific contributions to dreams. Psychoanalysis and Neuroscience reports that although dreams occur in all sleep stages, REM stage dreams are typically the only ones with enough cortical activation to allow for content recall. Section III describes the physiologically driven activation-synthesis hypothesis, which enlists the forebrain, pons, and limbic systems in the dream process. The activation-synthesis hypothesis
suggests that the bizarre visual and emotional aspects of remembered dreams are due to the activation the visual and emotional centers of the brain, while the illogical, derealization components are due to the inhibition of the frontal cortex region. This section of Psychoanalysis and Neuroscience provides detailed experimental data on the functionality of dreams. It also provides brief snippets of dreams with different neurologically-based disorders (e.g., narcolepsy, Parkinson’s syndromes, epilepsy). The text reports on bioimagining dream data of patients with neurological impairments in different brain regions, and the subsequent implications these damaged regions have on the individual’s dreams. This part concludes with a battle cry; that increased scientific inquiry into the dreams of the neurologically impaired may prove to be a powerful window into these all-too-common pathologies of which we know far too little.

Section III imparts a wealth of information on the mechanics, evolution, and clinical implications of dreams and dreaming. It provides procedural information on how events occurring during the waking hours are activated and “remembered” during sleep and dream, thus, providing neuroscientific support to the notion that some dream content is the result of the “daily residues” of earlier events. It also addresses repression. In Chapter 13 (Repression: A Cognitive Neuroscience Approach) the author utilizes experimental methods to thoroughly investigate the mechanics of the ways in which “known” (i.e., conscious) material becomes inaccessible to conscious awareness. Anderson posits that regions of the prefrontal cortex (specifically the bilateral dorsolateral and ventrolateral areas) and the anterior cingulate cortex actively disengage hippocampal processes, which stymie conscious recall. The author further examines the theoretical distinctions between suppression and repression, and makes a compelling case that the differences between the two are more semantic than procedural. Though this may seem like a theoretical stretch for some, the detailed description of memory nuances and how they are experimentally manipulated undoubtedly provides the practitioner immersed in clinical work a fresh outlook on the technicalities of memory. It demonstrates the interactive neurobiological and experiential processes—a bridge between mechanical and clinical significance; examining those phenomena continuously asserting significant influence on the individual, but of which the individual has so little awareness.

Section IV, the final section, explores fetal and neonatal development. On the Onset of Human Fetal Behavior (Chapter 15) aims to replace common developmental myths with their scientifically derived counterparts. Piontelli describes different intrauterine developmental milestones. From the emergence of  

intrauterine startles to general bodily movements, hiccups, and breathing and swallowing behaviors during the early gestational weeks, numerous fetal penchants are carefully described. These meticulously observed behaviors, while perhaps interesting, may seem unrelated to the clinical consulting room. However, the author posits thought-provoking hypotheses about the applicability of these fetal data to later functioning and pathologies. Piontelli postulates that many pre-birth phenomena translate to later neuromuscular development and volitional behaviors. He also proposes how aberrations in these fetal milestones are possibly linked to problems like sudden infant death syndrome and sleep disturbances. A chapter like this, focusing solely on intrauterine life, is rarely within the purview of clinicians. This reason alone makes Psychoanalysis and Neuroscience a worthy read. Such pre-birth, foundational information provides the inquisitive, well-versed clinician with an expanded knowledge-base and conceptualization abilities—giving practitioners a solid biological groundwork of mental processes.

In Search of the Early Mental Organization of the Infant: Contributions from the Neurophysiology of Nursing (Chapter 16) closes the text. Johannes Lehtonen opens with a brief summary of theoretical and empirical literatures on the intricacies of the mother-child relationship. With references ranging from Mahler and Winnicott to Spitz and Stern to Tyson and Fonagy, the author explores parent-infant communication and its corresponding physiology. Lehtonen presents biologically based research demonstrating how the neurophysiology of nursing is related to infantile mental processes such as cortical and subcortical appetite regulation, reflexive (and later volitional) oral-muscular control, and the evocation of mental representations of the nursing process. The author further reports on findings showing that the resultant rhythmic theta activity demonstrated via the nursing process may provide a template for the reciprocal processes of self regulation and the ability to be soothed by significant others. Put differently, such recent findings firmly secure the mother-infant unit in neurobiology. This chapter provides research on the mother–child relationship, scientifically examining a concept so central to psychoanalytic theory yet historically so distant from scientific examination.

Psychoanalysis and Neuroscience successfully marries two mutually facilitative worlds. Mancia brings together leading scholars from the psychoanalytic and neuroscientific fields. Each chapter links a range of mental functioning with neurophysiological experiments; thoroughly rooting psychoanalytic concepts in science. Although there is a growing body of work examining the neuroscience-psychoanalysis relationship, it is not always common to see such a collection of carefully controlled,
Psychoanalytic books may include laboratory experimentations connected with psychoanalytic principles. *Psychoanalysis and Neuroscience* accomplishes this quite well.

Historically, many psychoanalytic practitioners were unaware, uninterested, or skeptical of the usefulness of laboratory-based psychological and biopsychological information. This sentiment has been changing amongst many psychoanalytically informed clinicians, as the perils of shunning science are now well known. *Psychoanalysis and Neuroscience*, complete with brain images and diagrams, immerses the reader in cutting-edge research. Such familiarity allows for more informed practitioners; equipping the erudite clinician with comprehensive information on human development and mental functioning.

*Psychoanalysis and Neuroscience* demonstrates the anatomical–functional consistencies inherent in a breadth of mental processes—and provides new ways of making meaning of neurophysiological findings. It allows for a greater depth in our understanding the idiographic world of human functioning. It also serves as an invigorating springboard for the laboratory, providing cogent hypotheses for the clinical researcher or neuroscientist to develop testable studies. *Psychoanalysis and Neuroscience*, then, serves as a worthy read for those in each respective field. As Mancia states:

> The aim of this book is to promote a line of theoretical and clinical thinking that gradually moves away from metapsychology to approach ever more closely a real and true psychology which is open to experimentation and scientific observation—a psychology that enables a connection between neurophysiological and mental functions as the basis for integrated theory of the mind. (p. 3).

A costly read in terms of time (far from an easy read for the non-biologically savvy clinician) and money, I contend that engaging in such an endeavor will benefit any clinician desiring professional growth. *Psychoanalysis and Neuroscience* orients practitioners to be cognizant of the neurobiological underpinnings of normal and pathological functioning. This text proactively challenges and expands the knowledge-base for the neophyte and seasoned therapist. Irrespective of one’s experience or theoretical orientation, *Psychoanalysis and Neuroscience* aids in enriching one’s diagnostic, conceptual, and clinical abilities. It also shows how a psychobiological framework translates to clinical practice. As such, *Psychoanalysis and Neuroscience* belongs on the bookshelf of any astute practitioner, academic, or neuroscientist demonstrating how the laboratory informs (and is informed by) the consulting room.

**References**


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**Washington Square Institute** is celebrating its 50th anniversary as an outstanding Training Institute and Treatment Center with an evening of discussion and celebration on December 3, 2009 at 7 pm. Join us for a stimulating discussion and joyous celebration! **Matthew Von Unwerth**, a creative thinker and the author of *Freud’s Requiem* will begin the evening with a talk on Freud’s “Civilization & Its Discontents”: Is It Relevant Today?

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Fromm writings from the 1950s, through the 70s remain meaningful and lively even today. Thus in the first part of the book, Fromm gives us the tone for his clinical work, What unites and is common to all psychoanalysts . . . is a method that tries to uncover the unconscious reality of a person and which assumes that in this process . . . the person has a chance to get well. As long as we have this aim in mind, then a good deal of fighting among various schools would be somewhat reduced in importance. (p. 41)

The book, edited by Rainer Funk, the executor of Fromm’s literary estate, contains merely two chapters authored by Fromm himself, both as little known as his brief book published in English by Meridian Books the year of his death (1980), Greatness and Limitations of Freud’s Thought. Nineteen other short chapters, some only one page long, build up the last three parts of the book.

Karen Horney’s daughter, Marianne, starts the second section of the book with a warm, charming and touching account of her own analysis with the Master before she had decided to follow in the steps of her mother. Many of the contributions are equally honest. One chapter refers to Fromm’s serious interest in Buddhism which led him to understand “the private religion” of his patients. Another touches on Fromm’s pioneer concepts of positive psychology and his way of conveying hope to his patients. Yet another explains Fromm’s “directness” with patients and how he had gained their trust before he used this modality.

Several chapters are written by clinicians who had the privilege of having Fromm as supervisor, with interesting topics like “everybody’s non-polite unconscious,” or what the analyst can and must learn from the patient, or finding out what the patient “is really after.”

We also encounter Fromm’s impatience with candidates trying to impress him or making judgments on what happened in the session rather than being honest, skeptic and inquiring. All of these accounts are honest, detailed and real, making me feel that I am there with Dr. Fromm in a supervision session.

The final ten contributions of the last part of the book are even more personal and perhaps more reflective of the impact that Fromm’s presence made on many people. The book ends with a list of Fromm’s writings on psychoanalytic technique. I miss the listing of The Art of Listening, a book published posthumously in New York, 1994, by Continuum, the publisher with which Reiner Funk, the editor of The Clinical Erich Fromm is closely connected, having written the Foreword of The Art of Listening, which was created from the notes and records preserved by institute candidates and others at classes and conferences. It will be of interest to those who find The Clinical Erich Fromm valuable.

I would like to add myself to those remembering Fromm with gratitude. The one class I took with him in my early thirties helped me change my life and assume mature responsibility for it. His thinking, yes, but even more so his genuineness, gave me the courage, hope and energy to make important life decisions about what I had been questioning for several years. This unusual trait of openness and transparency that he had was unconscious and had now become part of his personality. Not like the preacher who labors to get you to view life in his way and do what he recommends, Fromm was truly present to you. He was genuine, helping you to find the answers while experiencing in himself what you were experiencing. Because of this, he did not write much about his clinical techniques. What we know about his work comes mainly from patients, students and colleagues. I believe that he was afraid that in writing about his method of analysis, others without enough experience would try
to imitate him and ignore the “productive relatedness” that requires complete and spiritual oneness with the patient. Complete, in as much as the analyst, being his or her true self, is constantly seeking that emotional and deliberate identification with the patient. And spiritual, because the productive relationship is calibrated to the analytical situation and is never physical, erotic or sexual. He valued the face-to-face communication that made it easier for Fromm to be himself. This explains his rejection of the obligatory couch early in his career, preferring the ordinary way two people usually talk to each other. In *The Art of Listening*, mentioned earlier, he explains that the couch is artificial and a prop. The sooner can patient and analyst sit and look at each other, the closer is the patient to being normal.

At the current time when we, analysts, are talking about adapting psychoanalysis to the current social and economic situations by finding ways of using psychoanalytic principles with less than the traditional three times weekly, we can read his observations in *The Clinical Erich Fromm* about shortening psychoanalysis and combining other techniques. He is thus striving for an “integration of approaches,” an issue that a contemporary great thinker, Paul Wachtel has been discussing for several years and has presented recently in his *Relational Theory and the Practice of Psychotherapy* (2008).

A book published this year by Routledge in London, edited by Alessandra Lemma and Matthew Patrick, of the Tavistock Clinic, is one that I suspect, would make Erich Fromm happy. Its title, *Off the Couch: Contemporary Analytic Applications*, qualifies this volume as a sort of postmodern participant in the integration movement. Examples of integration are one chapter titled *Cognitive Behaviour Therapy and Psychoanalysis* and another with the title of *Psychiatry and Psychoanalysis*. Areas covered in this tome, for which psychoanalytic principles are used include suicide prevention, mothers and babies in prison, traumatized adolescents, pedophilia, and other fascinating applications. In each chapter the authors are careful to present scientific arguments and validation, always respecting the difference between physical and human approaches to the truth and evidence of facts and recognizing that “science” is not the same in human behavior and in chemical or physical areas. In other words, *Off the Couch* stands for many of the topics that were Fromm’s passion, making him relevant for us as he was in his life.

To sum up, *The Clinical Erich Fromm* confirms him as an exceptionally wise and sincere intellectual who was constantly thinking and developing his own views and theories. I believe he made such a powerful impact on so many people, including me, because, besides his intelligence and clarity of thought, he had a total, active, true, all-there type of presence, with caring, tolerance, respect and kindness. And because of this commitment to himself to be genuine, he was also direct and clear. For instance, he wanted the patient to tell him about his or her life from the “underlying reality” level, not to waste time in “banal conversation,” as he called it.

*The Clinical Erich Fromm* is another valuable revelation of the man as a scholar, a gentleman and a wonderful person, as well as of the unique style he used with very good results in the practice of psychoanalysis. I read this volume like a student and in so doing I had in my mind another opportunity to learn from Dr. Fromm, as I did so many years ago. I wish and hope you have the same experience.

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THE INSTITUTE OF THE POSTGRADUATE PSYCHOANALYTIC SOCIETY –
In *Desire, Self, Mind, and the Psychotherapies*, R. Coleman Curtis provides a unifying foundation for contemporary psychoanalysis and psychological science. These two disciplines have traditionally existed in “splendid isolation,” divided by their stark differences in theoretical perspective, methodology, and focus. While psychoanalysts focused primarily on unconscious processes, psychologists tended to ignore these in favor of conscious processes and behavior. However, the relatively recent affective and cognitive revolutions in “scientific” psychology have led to a greater appreciation for the role of emotion, unconscious processes, and goals in the field. Curtis capitalizes on the similarities in current thinking in these two disciplines and proposes models of motivation, the self, and the mind, as well as a “new experiences” model of change, to promote greater convergence of the two disciplines.

First, Curtis presents a dualistic theory of motivation upon reviewing some major theories of motivation in psychoanalysis (Freud’s dual instinct theory, object-relations theory, Greenberg’s safety and effectance theory, and Liichtenberg’s five basic motivations) and experimental psychology (drive theory, reinforcement theory, evolutionary theory, expectancy value theories, and goal theory) for commonalities. Curtis proposes that the unlimited assortment of human desires can be categorized as primarily involving one of two overarching basic motives: the biological desire for physical survival, or the psychological desire for survival of the meaning system and the meaning-making system itself. Such a dichotomy suggests that we suffer from two main fears: death and loss of the meaning system, which can lead to a variety of psychological problems. While such a theory might seem overly simplistic, I would argue that proposing a limited number of supraordinate motivations is advantageous and ensures admirable parsimony. Although other motives—such as the integral desire for pleasure—may sometimes supersede these two basic motives, most desires do indeed fall under these two categories.

Furthermore, these categories correspond to the two routes to emotional responses in the brain as well as to the different routes to therapeutic change that have distinguished between the “bottom-up” behavioral and experiential therapies from the more “top-down” cognitive and psychoanalytic ones. Curtis’ hybrid conceptualization of desire replaces Freud’s notorious drive theory (ego and id instincts of sex and aggression) as the basis for motivation. Still, like Freud’s early theory of instinct, it also permits the inclusion of the mind, body, and brain. In addition, this conceptual domain can potentially be described in terminology that proponents of psychoanalysis as well as those of the psychological and neurosciences would welcome and understand. It is important to note, however, that describing the actual interactions and relationships between brain networks and their mental representations will be no easy task, and Curtis does not address or attempt to resolve the epistemological problems likely to encumber such efforts.

Second, consistent with separating desires into the physical and the psychological, Curtis proposes a tripartite theory of the self that is compatible with major thinking in both psychology and psychoanalysis. In place of Freud’s model involving structures of the ego, superego, and id, Curtis states that we have the physical, experiencing self as well as representations of the actual and ideal selves (two facets of the meaning–making self), which often entail unconscious aspects of the self. For instance, Curtis argues that in today’s modern society, the ideal self is largely influenced by visual stimuli in the media of which people are not fully conscious, creating a visible, social “unconscious;” thus, many experiences in the environment are not attended to, not just the intrapsychic desires prominent in Freud’s theory. Our many neural networks can be activated by external situations or inner
urges—conscious control/monitoring functions and mental representations, including those of our various “selves,” whether conscious or unconscious. Discrepancies between the actual and ideal self, which the experiencing self regulates, is a major theme addressed in psychoanalysis as well as in cognitive, social, and experiential psychology. Thus, by placing particular emphasis on the self and desire in her theory, Curtis further unites these disparate fields.

In fact, Curtis even presents her own integrated model, building upon the model of set-goals formulated by Carver and Scheier (1981), to describe what happens when a person encounters difficulty fulfilling a desire in more cognitive language. The person subsequently experiences arousal and assesses the expectancy and importance of fulfilling the desire. If the person remains confident that the desire can be achieved, he remains engaged. If he is not confident and the desire is not very important, he disengages. If both the desire and avoiding lack of fulfillment is very important, the person becomes anxious, which leads to automatic processing (Paulhus & Levitt, 1987); that is, engaging in the dominant response, which may or may not be adaptive for the current situation. If the response is ineffective, since the person considers fulfilling the desire to be crucial to the meaning system, a vicious cycle may arise, with defenses, rumination, excuses for failure, and (often maladaptive) efforts to escape the distress related to the lack of fulfillment. If, on the other hand, an individual can tolerate failure to fulfill an important desire, she might stop trying to fulfill the desire or take a risk and try new ways to achieve it. When attempts to fulfill a desire are abandoned or rendered unimportant, an individual is open to experiences that question or even disconfirm his previous value system and new desires can emerge; that is, his self-organization is more amenable to change. Therefore, the goal of the therapist (if I interpreted Curtis’ diagrams correctly) is to help the patient abandon an unobtainable desire—often by attending to the patient’s defenses so that his or her identity is not threatened by the failure—and tolerate the affects, as well as to promote self-integration so that new desires can emerge.

Third, Curtis attempts to integrate the three views of the unconscious mind that exist in psychology and psychoanalysis—the “adaptive” unconscious of cognitive psychology, the “repressed” unconscious of Freudian psychoanalysis, and the “dissociated” unconscious of both interpersonal/relational psychoanalysis and neuroscience—by proposing a desire–affect model of motivation. The desire–affect model is a dualistic model that combines the sensory, motor, perceptual, memory, and affective processes that are necessary for survival and adaptation with the higher order mental processes that are necessary for meaning making. Curtis argues that unconscious processes such as attention and memory can also be considered motivated to some extent; that is, they are influenced by the two supraordinate desires for self-preservation and preservation of a meaning-making system. As Curtis explains,

Some contents that are relevant to behavioral tendencies would be inconsistent with frequently activated self- (cognitive-affective-behavioral) schemas (those associated with repression), some schemas that cannot be activated simultaneously with others (those associated with traumatic dissociation), and other experiences either not relevant to meaningful schemas or never connected to meaningful schemas due to inconsistencies (dissociation due to selective attention),” (p. 81).

Conceptualizing all unconscious processes as selective in nature reduces the problematic bifurcation between the dynamic unconscious (i.e., experiences that people are motivated to keep out of awareness) and the cognitive unconscious (i.e., experiences that are not activated by current situations). Indeed, the notion of a creative unconscious Curtis offers provides a useful concept for unifying all unconscious experiences—both dynamic (“primary processes”) and cognitive—that have never reached awareness, while also accounting for the influence of culture and the social context on unconscious processes. The creative unconscious, Curtis notes, “can include the dark, murky, and soft of the arts and humanities as well as bright and clean of the ‘hard’ sciences” (p. 196). As can be seen by the vague language Curtis uses to describe her “creative unconscious,” however, it is unclear what exactly the creative unconscious entails, and how, exactly, this integrated concept can further therapeutic understanding and outcomes. Nevertheless, it seems that examining mental processes in terms of attention or inattention to threats to psychological and physical survival permits both defensive and “normal” processes to be understood using the same principles, which is advantageous.

Of course, the term “motivation” in Curtis’ model is being used very loosely to describe vastly different kinds of processes with different senses of the word. While this might seem like a fault of the model, conceiving motivation in such a broad manner allows for the inclusion the psychoanalytic concept of repression—an unconscious and motivated process—among the seemingly “unmotivated” unconscious processes in other fields of psychology. Since the concepts of repression and motivated avoidance of painful ideas have been controversial outside of psychoanalysis, Curtis suggests that such defenses
can instead be conceptualized as involving a failure to be selected for conscious processing. In other words, experiences are kept out of consciousness through selective attention (i.e., a failure of selection) and directed forgetting. Curtis maintains, “repression and dissociation operate using the same selection processes that govern all attention and memory” (p. 85). Conceptually, this proposition makes sense, but empirical research is still needed to support her claim. Since the precise nature of the processes of repression is unclear even now, it is unknown whether selective attention processes actually operate in the same way. Our lack of knowledge in this area may be why Curtis fails to fully describe the exact relationship between dynamic unconscious processes motivated by the pleasure and reality principles and non-conscious processes that have evolutionary and adaptive advantage. Nevertheless, I support her push for psychoanalysis to join contemporary empirical psychology and neuroscience by abandoning the term “repression” and instead thinking in terms of “motivated forgetting” and threatening experiences that are sometimes “dissociated,” as doing so would pave the way for more collaborative research to answer such questions.

Fourth, from this model of the mind, focused on an experiencing self that may have dissociated-self states and is motivated by self-preservation and the preservation of the meaning system, Curtis develops the “new experiences” model of therapeutic action. The traditional insight-interpretation model of change has concentrated on interpreting transference and countertransference as the major route to change. While such an approach can be powerful and effective, exclusive use of this technique can often impede progress toward the broader goal of expanding awareness of both unconscious and conscious processes. In addition, there is simply no empirical evidence for the assumption that the relational pattern that occurs with the analyst is the predominant relational pattern in the patient’s life and that analyzing the transferential pattern will resolve a patient’s primary difficulties. I agree with Curtis’ point that most people have a variety of ways of relating to others and perhaps only very disturbed patients will quickly get into a similar interactional style with everyone, including their therapist. Indeed, Connolly, Crits-Christoph and colleagues (1996), using the core conflictual relational theme method, found that the predominant relational pattern is often (40% of the time) not occurring with the therapist. Even when transference has been shown to undoubtedly effect progress and positive outcomes (e.g., Crits-Christoph Cooper, & Luborsky, 1988), the superiority of transference-focused therapies over others has only been empirically demonstrated for individuals with long-standing, severe interpersonal problems (Hoglend et al., 2008). In fact, Curtis even cites several studies demonstrating that transference interpretations can even inhibit therapeutic progress for some patients (Connolly et al., 1999; Hoglend, 2004).

Therefore, I wholeheartedly support Curtis’ proposition that psychoanalysis move towards a more comprehensive model of change, such as the “new experiences” model of change she describes. “New experiences” include new awareness and new meanings of experiences that do not necessarily result from insight and interpretations of transference. This model still assumes that something unconscious almost always underlies the patient’s problem. Given the increasingly wide body of research documenting the key role of unconscious processes, all treatments should at least consider the importance of unconscious factors to effect change most efficiently. However, the model also allows for the exploration of conscious processes, such as conflicting self-states that are not experienced simultaneously. This addition is particularly helpful because current models of the self and the mind suggest that change occurs not only by making the unconscious conscious or by integrating unconscious processes into the self-theory through free association, but also by changing conscious thoughts or behavior and integrating different aspects of already conscious experience. That is, change occurs with “top-down” processes of conscious attempts to alter thoughts, feelings, images, and behaviors interacting with bodily sensations and other “bottom-up” processes that are not fully conscious. Conceiving change as involving both top-down processes (starting with the neocortex), and bottom-up (starting with physiological or sensory-motor systems) processes suggests that different types of interventions should be incorporated into treatments for maximum efficacy. For instance, the psychoanalytic approach tends to be most effective at targeting the symbolic system, with interventions directed at verbal associations and the meaning system. However, many domains, such as those associated with emotional processing and implicit and emotional memory, are dissociated from language and thus tend to be dissociated from narrative as well. In such cases, a therapist would be well-advised to use cognitive-behavioral interventions directed at sensory imagery and behavior, which may activate the emotional limbic system more directly or trigger networks that are not activated verbally. Therapeutic improvement can also be enhanced with interventions that incorporate visual imagery and facilitate access to sensations in the body. Thus, another important advantage of the new experiences model is that it allows such empirically supported techniques and information drawn from learning, emotion, and trauma theory in psychology as well as the neurosciences to be incorporated within a psychoanalytic framework.
Such integration would ensure that therapists of all orientations incorporate the three elements (beyond common factors) that Curtis argues are essential for effective therapeutic action: immediacy, reinforcement of variations or perturbations that facilitate patient goals, and connecting disavowed aspects of the self that are deemed inconsistent with the dominant self-theory and are thus often kept out of awareness. Psychoanalysts tend to focus much more on this latter goal than do cognitive-behavioral therapists, while behavioral therapy primarily involves interventions reinforcing perturbations. Behavioral therapy does not tend to focus much on perturbations that provide insight into unconscious associations, though, as psychoanalysts would suggest it should. For the most effective treatment, cognitive-behavioral and experiential theories should incorporate ways of helping patients gain more access to unconscious factors affecting behaviors, thoughts, and feelings, and psychoanalysts should account more thoroughly for other routes to change.

Curtis provides some illustrative case examples combining behavioral, psychoanalytic, and experiential (Gestalt) techniques to demonstrate the integrative possibilities in her book. Nevertheless, it is still unclear how exactly therapists should conduct such integrative therapy. This is an extremely important task to tackle if Curtis’ scholarly attempt to unify the various disciplines of psychology is to lead to more comprehensive and effective therapeutic interventions. After all, beyond the enduring debates over epistemology and complaints of reductionism, the barrier between clinicians and researchers is often a matter of translation. However, the dearth of research on the efficacy of psychotherapy integration thus far is perhaps to blame for Curtis’ failure to thoroughly address how this barrier can be overcome. Therefore, I hope that Curtis’ insightful book will at least inspire interdisciplinary dialogue and research.

Desire, Self, Mind, and the Psychotherapies: Unifying Psychological Science and Psychoanalysis is extremely engaging and well written. Curtis skillfully integrates the most clinically useful and scientifically based insights from psychoanalysis and experimental psychology after relating the history of the ideas and biases that have shaped each field and reviewing their commonalities. Writing from a relational perspective, Curtis offers an extremely thoughtful integrative model of desire, self, mind, and psychological change that emphasizes the social construction of physical reality. Her model is unique in that it uses conceptualizations that fit within the framework of both psychoanalysis and experimental (cognitive and social) psychology. In order to accommodate such disparate fields, many of the concepts Curtis describes, such as that of the “creative unconscious,” are deliberately broad and open-ended. At times, the concepts described in the book are a bit too vague and lend themselves to many different possible interpretations (e.g., motivation), and they would have benefited from clarification. Such imprecision, however, may simply be a reflection of our current lack of knowledge about how exactly the functioning and structure of the mind relates to those of the brain and the body. Perhaps such concepts can only be more precisely described when they are better understood with ongoing research. Curtis’ book nevertheless provides a strong foundation, and hopefully inspiration, for further cross-disciplinary research. I believe that psychologists, psychoanalysts, psychotherapists, and other mental health professionals will be stimulated by and can learn a great deal from this important work.

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The Self-Sabotage Cycle: Why We Repeat Behaviors That Create Hardships and Ruin Relationships by Stanley Rosner and Patricia Hermes. Washington, DC: American Psychological Association, 2010; 192pp., $69.95  Marilyn Newman Metzl, PhD, ABPP

The Self-Sabotage Cycle is a beautifully written account of the natural tendency of the human to repeat. Freud described this tendency during his formative years and termed it the repetition compulsion, which described a tendency to repeat certain formative behaviors. This tendency to repeat is rooted in our unconscious, and even though our conscious mind understands that it is not in our best interest to repeat a behavior, we tend to repeat certain forms of behaviors that may be compulsive and destructive at the same time. Why would a child who is abused, and who swore to live differently when he or she grew up, become abusive to their own child? Why would a child living with an alcoholic parent, who swore never to subject his or her child to this trauma, become an alcoholic parent?

In Freud's formulation, the repetition compulsion confirmed that the grip of the pleasure principle on mental life was not really as secure as psychoanalysis had supposed. In the course of psychoanalytic treatment, the analyst seeks to raise awareness of the unhappy, frequently traumatic early experiences or fantasies that the patient has repressed. The act of repressing, and the patient's resistance to undoing that repression, is the perverse formulation of the pleasure principle, since it is more pleasurable to forget certain things than to remember them. In Beyond the Pleasure Principle (1920/1955), Freud observed that many patients would return over and over again to events that not only could not have been pleasurable, but also frequently were painful when experienced. Freud noted that one version of the repetition compulsion is a continuous replay of the un-pleasure, as if it were the patient's fate to go through the same calamity more than once.

Freud noted that patients who have experienced trauma will continue to find ways to repeat this trauma, to dwell on their miseries and injuries, and will often strive to find evidence that what they described was a reality. They hope for a different outcome, but due to the replay of the original trauma. They are certain to be disappointed once again in the resolution. Freud saw this compulsion to repeat as a primitive mental activity, a sort of retelling of a story by a child exactly as it was told before, where the child knows every detail of the story and will not tolerate deviation from the original narrative. For a child, this is inherently pleasurable, but to an adult recounting or re-experiencing trauma, the incessant retelling of the trauma, particularly in the analytic transference, is understood by Freud as an urge which is a restoration of an earlier inorganic state, subsequently formulated as the “death instinct.”

Rosner and Hermes provide an in-depth analysis of the psychological roots of the repetition compulsion and the multifaceted ways in which it is manifested and hopefully overcome. In order to manage a compulsion, one must understand the source of trauma and the repression of feelings associated with the trauma so that the repetition can become comprehensible. In popular lingo we use the term “trauma” to refer to tsunamis, 9/11 attackers, and tornados, but in this book, trauma refers to personal experiences, encoded in the unconscious, that undermine our basic feeling of safety and security. Early exposure to trauma shatters a person's belief that they live in a benevolent environment and in a world that is stable and predictable. Rosner and Hermes are careful to point out that trauma is experienced by different people with different degrees of severity, so that what is coded as traumatic to one person may not be traumatic to another.

To the person who experiences trauma, however, there exists a deep, compelling unconscious need to gain mastery over the experience in order to regain personal control. Following trauma, if one is not able to gain mastery, one will repress or bury the feelings, and this repression enables us to protect ourselves from an experience that was, at the time that it occurred, overwhelming to emotional equilibrium. These experiences are perceived by the unconscious as so horrifying that they could not exist or be allowed to exist in consciousness. As the authors point out, repression is not an efficient or desirable defense against trauma, and does not bury the event alone, but also buries the feelings and memories attached to it. Thus, accompanying material is buried, which results in distortion of the original event itself.

The authors challenge the recent glut of literature espousing hardiness and resilience to trauma as a desirable and mature goal, and wisely point out that even though a survivor can be seen as hardy and resilient in the short term, in the long-term, traumatic memories are encoded in the unconscious and make one particularly vulnerable to similar traumas, and this can result in a stunting of normal growth and a cycle of hopelessness and self-defeating,
repetitive behavior. In childhood, if a child’s feelings are not validated but his or her feelings do not agree with parental views, and the parents react with disapproval, rejection, guilt, and threat of abandonment, the child may become traumatized and develop a lifelong repetitious pattern of suppressing and inhibiting assertiveness in order to please others.

Rosner and Hermes discuss that the opposite of suppressive and inhibitive behavior may be stubbornness and strong-willed assertiveness, which also can be seen as resistance to a harsh parent, resulting in a chronic battle of wills which the child is determined to win, so that he or she will not be psychologically annihilated by the caretakers. The child may challenge others, be a bully on the playground, and may eventually code the world as an unjust place and subsequently displace his anger onto others, whom he continuously professes treat him unjustly. When a child feels anger at a disappointing parent, and feels there is no way to change this parent, he or she may become defiant and develop procrastination, attentional problems, and substance abuse, many of which are passive aggressive modes of hoping to secure independence.

The Self-Sabotage Cycle begins with compelling day-to-day examples of ordinary forms of repetitive behaviors, which quickly lures the reader into the world of more serious clinical material involving the overpowering pull of repetitions, complete with examples of clinical cases in which the adult’s work or personal life are severely distorted. One of the early cases involving normal, ordinary repetitions described by the authors involves a little girl who copied her mother in what is termed “archaic identification.” The little girl clumped around in her mother’s high-heeled shoes and grew up to be an adult who must consistently wear the same style shoes as her mother. Many examples of normal identification are presented, with much insight into the function of repetition in ordinary life. Some people accompany their family to the same churches, synagogues and mosques and do not wish for change or for innovation or imagination, which they find to be threatening. Rosner and Hermes point out that it is difficult for a person who is repeating previous patterns to feel comfortable with change. In subsequent chapters, more serious examples of repetition are illuminated to show that a repetitive lifestyle of archaic identification and absolute identification with the parent is both growth retarding and tragic.

As a child develops and sees other lifestyles, he or she will begin to question whether the style his family lives is the most desirable and the only desirable choice. The author illustrates that this questioning is a normal phenomenon in all homes but in a household with dominating and controlling parents, the parental attitude becomes “I can’t love you unless you are like me” and the child’s basic assumption is that he or she is only lovable by conforming to the parental dictates. The adult, who carries this forward into adulthood, may suffer devastating and crippling consequences. The conflict between desire for growth and being mired in the past is frightening; the child and then the adult is not able to move forward and cannot go back. The resulting conflicts are toxic to the individual and to relationships in the family. Rosner and Hermes proceed to illustrate cases in which the tendency to repeat certain forms of behavior is compulsive and destructive at the same time. The authors formulate that the urge to indulge in repetitive behavior is so strong that even the seeking of pleasure is not strong enough, and the avoidance of pain is not dominant enough, to overcome the compulsion. This behavior is often beyond the control of the victim, who is frequently oblivious to other growth promoting opportunities and potential in his or her life. Examples from clinical process are utilized to demonstrate the overpowering and destructive forms of repetitive behavior.

In the first chapter, Repetition of Early Identifications: Conformity vs. Autonomy, a series of examples are presented of patients who were unable to create, to travel or to grow in order to become fully human until participants in psychoanalytic therapy. The authors observe that residing in all of us is a child who wants to experiment with the new and different, a child who has a healthy curiosity about the world around him and who wants to learn and to create. All of us have a need for security, certainty, and stability but in healthy individuals there exists a balance between the two needs: just as young infants learn to trust that the mother will be there when he crawls into the other room and looks back at her during the rapprochement and separation-individuation stages of development, a person who has a base of security based upon early childhood experiences, enters the world with a foundation which allows for the exploration of new ideas and new learning and experimenting. In harsh, punitive, or controlling early environments the security and dependency need outweighs the freedom to explore and the creative urges and the fantasies are stifled. Throughout the book, the authors present an excellent case for their observations that although not desirable to take humane with those who are risk aversive may do too little with their talents and the dependency and security needs are filled at the expense of curiosity and imagination.

In chapter two, Repetitions in Marriage: Unwritten Contracts and Complementary Repetitions, love is described as a state containing the qualities of madness, and the belief that the love object is the one thing that one cannot live without. However, in the
author’s view, what we sometimes call love is not love at all, but an unconscious expectation that one partner will automatically feel the other partner’s needs and provide a sense of wholeness. Although the completion of the self is a desirable goal in marriage, a serious problem, according to the authors, are the unconscious expectations of one or both partners that are unrealistic and distorted. Although in seeking a marriage partner one supposedly seeks for what one did not have, problems arise when an individual unconsciously repeats the tragedy of the past. A fascinating observation, which had been made previously in Sweet Suffering (Shainess, 1984), is that repetition frequently comes in the form of marrying someone similar to the more difficult parent, in the hopes that this time early, ungratified needs will be met. The cases presented in this chapter describe struggles with the desire for intimacy played out against the backdrop of the repetition of traumatic early injuries. In the presented cases, a missed opportunity for appropriate communication was repetitively played out in relationships, and the authors observe that there is a major difference between being in difficult situations that will occur without one having an awareness of what is happening, and any recognition that one has alternatives and could influence changes in self-sabotaging behavior.

The people entrapped in compulsive fantasies believe that every problem that they encounter is their fault, and they believe that it is their responsibility to right this wrong, which will then clear the damage. They feel that their job in life is to correct relationship difficulties, and to rescue whomever needs assistance. According to Rosner and Hermes, these distortions occurred early in life and seem to reinforce the determination of “the grownup child” to continue to try to fix the world. Of course, this may be the genesis of an attitude that spawns many of the helpers, particularly therapists, in our culture. However, as Alice Miller had pointed out in The Drama of the Gifted Child a therapist frequently enters the field, as a result of trauma they have experienced in their own life, and then compulsively repeat a need to heal others when they were unable to heal their original caretaker. Miller views the personality profile of the therapist as depressive, resulting from a variety of early traumas. The cases in this book describe individuals who frequently connected with another person who enabled them to play the role of rescuer, by pairing with someone who appears to be helpless, weak, and unconfident. The cases are described in great detail, with the genesis of the problems illuminated and details provided about subsequent therapy that allowed the rescuer to understand that the dynamic of the present relationship as a replication of an older triangulation between parent and child. Parents who are threatened by their children’s health and wish to squelch the child’s development and children who suffer guilt for their wishes of triumph over the parents, develop fears of independence. Rosner and Hermes present strategies to assist the players in this repetition compulsion to understand that all people have urges, particularly primitive urges for aggression, sex, hunger and avarice and these thoughts and feelings must always be seen as part of being human. The participants in the drama were helped to understand that we neither have to express nor repress such desires, but to accept them as part of the human condition, but the expression of these desires must change in order to live and exist in society.

It is important to note that the authors suggest the “talking cure,” steeped in the psychoanalytic tradition, as the most effective method of getting in touch with the repressed memories that are at the root of the compulsion to repeat. This book is highly enjoyable and provides the reader with an extensive understanding of the impact of early traumatic life events and how they create unconscious dilemmas that stimulate one to repeat the original trauma in other forms, which may result in a lifetime of self-sabotaging behavior.

In the best of analytic tradition, the “working through” of present manifestations of the trauma yields an understanding of the original trauma, and an eventual moving forward into a more satisfying, productive life, avoiding the self-sabotage of the compulsion to repeat. In this age of the “push” by insurance companies and other agencies towards cognitive behavioral therapy and its offspring, Freud would look down and smile on this intelligent, helpful, thoughtful book. It is appropriate for a lay audience as well as professional audiences, although the lay audience might need to research some of the analytic references.

**REFERENCES**


*Marilyn Newman Metzl*

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What is a hero? What is heroism? More importantly, how is one to accurately understand these concepts once it is acknowledged that no single perspective enjoys hegemony over any other? Definitional challenges notwithstanding, one might respond simply that one knows a hero when one sees one. Figures like Winston Churchill, Nelson Mandela, and Martin Luther King, Jr. immediately come to mind. The actions of Captain Chesley (Sully) Sullenberger also capture those qualities one associates with the hero. Especially in its modern usage, heroism is no longer synonymous with martial excellence. Increasingly it is interpreted to include special achievements or financial success. However, it is most clearly discerned in the courageous confrontation with adversity or real danger, in circumstances where one acts to protect or defend others.

In her brilliant new book, *Hero in the Mirror*, Grand does not question heroism as such, but interrogates idealized understandings that regard it as inherently other than self. Always an existential possibility, Heroism (denoted by a capital “H”) is the product of objectification in which an abstract property of behavior is projected into the subjectivity of an embodied agent. The result is an individual without human interior, an exemplar of confidence and fearlessness who inhabits a world strangely sequestered from one’s own. Grand argues that heroic idealization diminishes anxiety by engendering the comforting illusion that one is not subject to incomprehensible forces of chance and fate.

Grand also notices the profound and deleterious effects of idealization on the hero-as-person. Not only do caricatured understandings place the Hero above the kinds of thoughts, feelings, and concerns that define the human condition, but immure him in an unhappy consciousness that precludes empathy and genuine intersubjectivity. In other words, heroic idealization denies to the hero ready access to the depth and complexity of self-experience. Separated from comrades, no longer facing certain death, he is without an interlocutor for experiences of terror—no one, that is, who shares a knowing complicity in the atrocities and trauma that constitute the subjective reality of war.

Grand introduces the reader to these ideas through her work with Peter, a Vietnam veteran in his sixties. His credentials as a soldier are impeccable. This officer bravely led his men into battle, watched them die, and suffered catastrophic injury in an effort to save them. Peter treats his scars with a quiet stoicism, bearing his pain without comment. Despite his war experiences, he has led a successful life, deeply committed to his wife and involved in the lives of his children. For Grand, he epitomizes an unflinching determination and bravado that she imagines served him well as a soldier. Yet, she soon realizes that this principled, decent, self-sacrificing man also ordered the firebombing of a village and shot innocent women and children. Although embedded in a narrative about defending freedom and the American way of life, Grand struggles with the horrors this man has perpetrated, the irreconcilability of his military and civilian identities, all eerily unknown to him. Blind to the contradiction of murdering innocent children who were loved by their husbands and fathers in the same way that he loves his family leaves Peter without guilt or second thoughts.

One misreads Grand if one concludes that she simply condemns Peter and his actions. Rather, she struggles to find a connection to him, to overcome her rage, disgust, and profound sense of estrangement from his humanity. At another level, Grand argues that there are far-reaching implications of analyst’s struggle to engage the humanity of her patient, one that must occur at a collective level if we are to put an end to the cycle of international violence.

With regard to her treatment of Peter, Grand describes her countertransferringal experience of his otherness. She perceives him initially as a “beast” (p. 46). “Sometimes I feel that we were not even of the same
species” (p. 45). To be sure, she does not approve of his actions, but Hero in the Mirror is not primarily an ethical text endeavoring to establish a rational basis for blameworthiness. Rather, through the ample use of case material from several treatments, it seeks ways to create, sometimes to restore “tragic vision” (p. 47), which is to say, the capacity to glimpse the other’s humanity in circumstances of real danger despite annihilating anxiety and fear. For those familiar with Grand’s writings, this necessarily requires restoration of depressive capacity. More specifically, it requires the deconstruction of heroic mythologies in order to discover “ordinary” (p. 9) heroic transformation, an existential possibility only within non-idealized, “I-Thou” (p. 29) relationships.

This deconstruction depends on an undoing of blindness, both of the purported hero as well as of the self. For Peter, this means understanding the magnitude of his atrocity and moral disengagement from those he murdered. Yet, at the same time, it is to appreciate one’s complicity in the perpetuation of trauma when one sees only what one wishes or needs to see. Via projection and a kind of double or mutual dissociation, Peter instantiates the myth of the hero rather than the frightened human being, simultaneously a victim and victimizer, who protected, served, as well as perpetrated evil. Grand catalogues the countertransference of the self as she struggles to see Peter in a light less influenced by her prejudices and preconceptions. To be seen means not only to avow what one has done, but to make oneself known to someone who comes to know who one is. This requires a breach in the mutually sustained grip of the field, evocatively described as a crack in the mirror.

At bottom heroic transformation calls forth what Grand describes as elasticity of the self. Elasticity is above all an imaginative capacity that permits recognition, inquiry, and playful reformulation of self and danger; it reflects as well the capacity for the creative management of adversity once liberated from the strictures of idealization that treat courage as a kind of essence beyond ordinary human reach. In part, Grand’s concept embodies what Bandura (1997) describes as perceived self-efficacy, the belief that one can exert a positive influence over the events in one’s life.

Although Bandura is most concerned with its effects on performance, what unifies their thinking is the notion of generative capacity. Heroic transformation is never linked to a specific outcome, but reflects a heterogeneous class of experiences and skills that facilitate the triumph over fear. Therefore, much more important are the processes involved in evaluating adversity and in fashioning alternative ways of thinking and feeling. Grand puts it this way: “The heroic is an elastic condition of concern . . . [in which dangers producing divisions in one’s thinking are] . . . queried, complicated, softened (p. 74). From her perspective, cultural ideology constrains as much as it informs human problem-solving; efficacy depends on the ability to “shape-shift in response to anxiety . . . In the encounter with danger, the heroic is a mutating field of social magic, in which diverse resources are empowered and shared” (p. 74). Grand is less concerned with the cognitive aspect of this process, but there can be no doubt that shape-shifting, elasticity, and “generative capability” (Bandura, p. 36) are deeply connected. All implicate self-transformation and agency; capacities that, for Grand, depend on one’s relationship with other human subjects.

Although Hero in the Mirror is a psychoanalytic rather than a philosophical text, one cannot speak of concepts like courage, heroism, and evil without entering the ethical sphere. Read in this way, Grand offers a perspective that shares key elements with theories associated with post-Aristotelian ethics of virtue. Most clearly articulated in the work of MacIntyre (1984), virtue ethics may be distinguished from non-cognitive and moral realist theories by its grounding the authority of moral beliefs in the complex, socially-constructed and historically-variable traditions that comprise one’s world. By contrast, the non-cognitivist attributes this authority to human preferences and desires; the realist to beliefs whose truth is establishable independently of the mind and of lived experience. Grand’s emphasis on intersubjectivity may be seen as an elaboration of Aristotle’s insight into the role played by exemplary individuals and MacIntyre’s emphasis on human practices, which do not provide the content so much as potential forms for creative problem-solving.

These ideas emerge poignantly in Grand’s treatment of Anne to whom she lies about her feelings. To be sure, this occurs under the enormous strain of a treatment that is rapidly disintegrating and without a manageable frame. She fears the consequences of sharing with this young woman her growing resentment and hatred. In her self-assessment, however, Grand does not mince words: she acknowledges her lie and interprets explicitly as a failure of courage. More interesting are her reasons for judging her lie as morally wrong.

If I read her correctly, Grand does not claim that lying is wrong absolutely and in every case. Rather, she believes it was wrong for her to lie to this patient in this way and in these particular circumstances because she believes the analytic relationship rests on an ideal of honesty, on a shared commitment to facing uncomfortable truths. This commitment is further linked to the belief that sustained engagement in this quest for self-knowledge alleviates suffering and enriches the patient’s capacity for intimacy when supported by a mutual, inquiring, and principled relationship with the other. Thus, lying is wrong because it perverts the core values and principles guiding
analytic practice. I can think of no better illustration of how thoroughly moral authority is grounded in human traditions and how the latter, in turn, provide a rational means for preferring some actions and values over others. Although she does not set out to do so, Grand’s study of the hero offers the ethics of analytic practice as a partial response to those who would accuse it of naive relativism.

In reality, Grand’s ethical theory is more complex than depicted here. Suffice it to say that she is not satisfied with the facile reduction of ethical decision-making to a formula, whether grounded in traditions, beliefs, rational principles, or desires. Rather, she wants to preserve the tension between the various ways in which moral authority is transmitted and the ways in which that authority is “tested in situations of danger” (p. 98). For Grand, heroism emerges within “the medium of doubt, in conditions of separation and anxiety, in conversations with strangers” (p. 98). One must struggle with the anxiety of dislocation and with alien mental states before one can “converse with a stranger . . . and recognize that stranger as a ‘like subject’” (p. 98).

Does this make transgressions less wrong? I don’t think so. Rather, Grand’s exegesis urges us to treat all moral concepts with a degree of suspicion. Like the concept of evil (Grand, 2000), heroism is to be interrogated because it protects us from anxiety and masks the historically-real, full-blooded atrocities perpetrated by ordinary people. Wrongness is sometimes perspicuous rather than perspectivistic.

If Grand’s hero will never again enjoy the vaulted status of the past, his demise will make the capacity to negotiate situations of mortal fear with courage and integrity more readily available to those who are otherwise ordinary. Deconstructing heroic idealization at once explodes one’s illusions, exposes one’s vulnerability to the chance and fate, and restores belief in the human capacity for imagination that makes it possible to triumph over adversity in a multiplicity of ways. What unifies Hero in the Mirror from beginning to end is Grand’s unwavering faith in human integrity and the ability to creatively fashion solutions to life’s greatest challenges and most pressing concerns.

References

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Fiumara’s book consists of ten chapters on different aspects of her main thesis that spontaneity is a critical factor in any psychoanalytic inquiry. The text is occasionally wordy, a fact that may derive from the book’s translation from Italian to English: “The point is that to achieve a continuation of development in the course of life and to understand further what something means for us, we have to sacrifice the ways in which we have conceived things up to now” (p. 113.) Fiumara uses the term, “decreation” to indicate the “sacrifice” we make in order to develop further as persons. I doubt that many psychologists theorize that a sacrifice must occur before propitious development can proceed.

The author presents what purports to be a psychological approach to issues of agency, spontaneity, and creativity. She cites the importance of active internalization, paradox, forgiveness, responsibility, and self-decentration. Some concepts are thus used without attribution to previous psychological or developmental works. The term “responsibility” is right out of Erikson’s *Insight and Responsibility* (1964, also Erickson, 1980). It is curious that Fiumara omits the important concept, empathy.

It is not clear what Fiumara means by self-decreation. As the author’s only original concept, it piques the interest of this reader. Explaining how self-decreation is related to psychological or psychoanalytic concepts would make an interesting addition to Fiumara’s theoretical perspective.

In using the term “decreation,” the author argues for a different take on problems of development. “Decentering” (Inhelder, Barbel and Piaget, 1958 and Wolff, 1960) is the term ordinarily used to describe the child’s ability to adopt a perspective different from his own and, as such, is rather different in meaning from “decreation.” Rather than stating that previous stages are destroyed or “decreated,” developmental theory (Mussen et al., 1969) conveys to the patient and the therapist that intelligence builds by way of progressive decentering in the child. Young children think of the self as the origin of all thoughts and events. Progressive decentering allows them to grasp more aspects of their experience. In other words, children are able to add to what they already know by listening to others.

Nothing in Piaget’s nor Erikson’s theories suggest a destruction of the stage before the present one. Piaget employs the concept, equilibration, to explain the transition from one stage to another. Later stages cannot exist without previous development. The theories of both Erikson and Piaget postulate that first stage behaviors begin in infancy and develop successively from there. In introducing “self-decreation” to developmental theory, Fiumara explores an interesting theoretical concept. I wish she had described the various psychological and/or developmental behaviors to which self-decreation applies.

**References**


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COMMITTEE REPORTS: FINANCE

Division 39 has weathered difficult economic times and has continued to grow and remain financially sturdy. To get an overall understanding of division finances it is helpful to maintain a perspective over some period of time. We will be looking at the last three years.

One of our financial goals was to increase Division 39 reserves. APA recommends that divisions maintain a reserve of one year’s operating expenses, which for us is around $300,000. To get to that goal we committed to increase the reserves by at least $25,000 per year and budgeted to do so beginning in 2008.

On the income side, we increased Division 39 dues from $85 to $95 beginning in 2008. This increase was in part to enable us to offer access to PEPWeb to our members at a division cost of $20,000 per year. As you can see, our spring meeting revenue has been quite variable with losses in 2009 (San Antonio) and 2007 (Toronto) and significant gain in 2008 (New York). Publication Royalties have become a third major source of income for the division.

On the expense side we have continued to manage board and central office expenses judiciously, supporting the general operation of the Division, that is, meeting, communications, databases, and special activities. We have been able to increase our contract payment to REH, the Division 39 office, (Ruth Helein and Janet Owen). Additionally, we have supported a very rich array of publications. These have included our journal Psychoanalytic Psychology, our quarterly newsletter Psychologist/Psychoanalyst, Psychoanalytic Abstracts, our Internet web site, and our member access to PEPWeb. The amount we have spent on committee’s and projects varies from year to year, in part a result of major contributions and projects, in part a result of availability of funds.

We have made major contributions to the Multicultural Conference, The Future of Psychological Practice Summit, the Immigration Conference, and the Accreditation Council on Psychoanalytic Education.

Finances, this year 2010, are unfolding in a particularly promising way. Membership dues figures as of March 2010 are ahead of March 2009 by about $6000, with solid increases in numbers of new members and students. Our Spring Meeting in Chicago had a registration of over 700, well over our conservatively budgeted 550. Division 39 was able to fully support all committee budget requests for 2010. We will be giving increased financial support to major revisions and upgrades to the Division website as well as aiding the newly launching e-newsletter, InSight and aiding the newly launching Division/Review. The newly launched Division 39 Foundation is likely to be a financial resource to support special activities including educational projects, research, and nonprofit community programs.

In summary, Division 39 is on solid ground financially, though it still needs to increase reserves. We continue to fund rich and varied programs, projects, and publications. I’ve tried to provide an overall perspective, which of course may leave out specific budget details that are of interest. The detailed budget, income, and expenses are available to any of you. Please just e-mail me at mdmccary@austin.rr.com

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Section V and Section I (Psychologist Psychoanalyst Practitioners) scheduled a combined reception for the Spring meetings in Chicago, a truly historical event! Section I’s dedication to psychoanalytic tradition stimulated creation of Section V as a counterpoint devoted to innovation in our field. By now, with many members in common, mutual respect makes for this new relationship. Another special part of the reception, historic on a personal level, is the first public appearance of Bertram Karon since the accident that immobilized him for nearly three years. Section V’s Lifetime Achievement Award has been waiting for him, its presentation also marking the fact that he already is engaged in new writing for publication. Underscoring his contributions to psychoanalytic treatment of severely disturbed patients, a DVD in which he discussed his experience and point of view was played in the background.

In keeping with Section V’s emphasis upon innovation, Henry Seiden’s presentation on our Invited Panel last Spring resulted in a ground-breaking article in Psychoanalytic Psychology on the formative meanings of home as a unique concept/experience. In the Spring 2010 issue of Psychoanalytic Psychology, David Lichtenstein explores further the ramifications of home to the developing ego and its significance to an adult.

Attending to the next generation to join us, Michael Jones, Student Board member, is chairing Section V’s biennial Student Essay Competition on “The Psychodynamic Experience: Exploring the Psychodynamic Approach to Theory, Clinical Practice, and Empirical Research;” the winner to be announced at the Spring Meeting reception. The Sphinx (Section V’s interactive Internet address: www.sectionv.org) invites pondering on why the Unconscious is known by what it is not.

Editor’s Note: Also honored during the Spring Meeting, Hedda Bolgar and Johanna Tabin were each presented with a Founder’s Award by the Division Board in recognition of their dedication and service to psychoanalysis and to the Division. The pictures on this page were taken at the Division Opening Reception.
COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS

Antonia Halton, PhD

Section VIII continues to be a vital part of Division 39, and for 2010 we have some enthusiastic new leaders, including Marilyn Meyers as president, and some lively additions to our board of representatives: Cindy Baum-Baicker, Phyllis Cohen (from Wellesley, MA), and Debbie Wolozin. They join the rest of our active board, including Susan Abelson, Al Brok (secretary), Deborah Clendaniel (treasurer), Shelly Goldklank, Maurine Kelly, Judy Logue, Marilyn Metzl (past president), Justin Newmark, and Susan Shimmerlik.

The Section VIII listserv for members enables our group to stay connected, and it provides stimulating clinical questions for us to think about and learn from. Members of the board usually post the monthly questions or clinical dilemmas to consider, and the entire membership participates in the subsequent dialogue; of course, any member can post a query at any time. Members also ask for and get referrals from across the country on our listserv.

We have launched a new web site, and are grateful to Susan Shimmerlik for all her hard work in guiding its development and overseeing the entire project as our Webmaster. Among other useful archives, our clinical discussions are saved on the private members-only part of the website, and the public website has information about our section, including a directory of members, and an application blank so that you can join our section. If you are curious, check out sectionviii.org.

Section VIII just sponsored a very successful Invited Panel at the Chicago Spring Meeting. Marilyn Meyers was the chair and Tom Greenspon (former board member) and Joyce Lowenstein (International Liaison) were discussion facilitators of a couple session from the HBO program “In Treatment.” After viewing part of a session, we asked the audience of over 40 people to do group supervision of the session, keeping in mind the issues pertaining to the couple, not just the individuals. A lively discussion ensued, as participants became active supervisors rather than passive receivers. The comments were very thoughtful and the panel generated a lot of interest in working with couples. Next year for our Invited Panel in New York City, we plan to have a live performance of a short play about couples and families and again open it to the audience for participatory discussion.

Also at the Spring Meeting, our long-time member from Chicago, Carla Leone, led an informative study group at our popular annual Social/Conversation Hour on the topic “Wild or Not So Wild? Working on Couple Issues in Individual Treatment.”

Section VIII is looking into some form of affiliation with the psychologists–psychoanalysts doing couple and family work at the London Tavistock Centre for Couple Relationships. The group, The British Society of Couple Psychotherapists and Counsellors, would like to join our section and Division 39 en bloc, partly because the transfer of dues is so cumbersome. Here at home, a number of new members have joined the section.

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. An electronic version of the paper, along with a cover letter, should be submitted to the editor, Elliot Jurist, to: psychoanalyticpsychology@gmail.com (please include “Mitchell Award” in subject line).

Division members, especially those with academic affiliations, are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature.

Manuscripts and questions should be addressed to the editor, Elliot Jurist, at psychoanalyticpsychology@gmail.com

DEADLINE: JULY 1, 2011
CHAPTER REPORTS: CONNECTICUT SOCIETY FOR PSYCHOANALYTIC SOCIETY

Barbara F. Marcus, PhD

We are very grateful for the excellent leadership of Jill Delaney over these past two years. We look forward to the tenure of President Elect Nancy Sachner that begins in September 2010. We are also in the process of nominating members for other positions on the 2010-2012 Board in anticipation of our upcoming elections in May 2010. CSPP has continued to be a diverse and vibrant group that is stable both financially and in membership. We have retained the vast majority of our members while continuing to attract new members among young professionals and new members of the community. We have continued to strengthen ties to our sister organizations through co-sponsorship of programs. The Board has been very successful in recruiting and integrating new members and we currently have a good balance between experienced leadership and newcomers.

We have recently added 2 new positions to the board. First, Dean Leone has assumed the role of webmaster for our newly launched website. Please visit us at:CSPPonline.org. Additionally, CSPP has added a new region, Shoreline/New London to our three already existing regions and elected Ann Singer as its first Regional Representative. We are pleased that Ann, a long time member of CSPP and an esteemed Past President of the Executive Board has rejoined the board. Barbara Marcus has now joined Fred Koerner as co-chair of the Liaison Committee to The Western New England Psychoanalytic Society.

The CSPP Board participates annually in a retreat in mid-to-late winter lead by the head of our Long Range Planning Committee, Wendy Stewart. The retreat is designed to address the overall well being of the organization, to take stock of our progress toward identified goals, and to discuss new initiatives or compelling issues that merit greater time and attention than our regular pre-conference board meetings typically allow. In our most recent retreat, we reviewed the status of our new website and our wish list for additions to the basic design. We also discussed innovative ideas for our newsletter and more interactive formats for programs in order to engage a wider audience and encourage participation from less experienced members. In response to suggestions from last year’s annual Board meeting, we formed a committee to plan an end-of-year social gathering this June that would provide more opportunity to engage informally, to meet newer members, and to celebrate another successful year.

Our scientific program has remained in the capable hands of George Hagman. In addition to well-attended conferences, each program has spawned some interesting discussions through our now very active listserv, an aspect of our organization we are seeking to expand. Our newsletters include in depth articles that report on each of conference for those of you who may be interested in a summary and some impressions of each the conferences listed below.

The 2008-2009 conferences were: Psyche, Self and Soul with speaker: Gerald J. Gargiulo, and discussant, Stanley Leavy (September 2008), “Transference Focused Psychotherapy with speaker: Frank Yeoman (December 2008); and “Illusions and Realities in Psychoanalytic Practice” with speaker Joyce Slochower (February 2009), “The Transformative Nature of Grief and Bereavement” presented by Joan Berzoff (March 2009), and lastly, a panel entitled “Against Destiny: The Rhetoric of Diagnosis and the Practice of Psychotherapy,” Members of the panel were Rita W. Mc Cleary, , Amnita Sawyer, and Dennis McCaughan (May 2009). Also in May 2009, a special conference entitled “The Impact of the Financial Crisis on Psychotherapy—Psychodynamic Implications,” was offered by two of our senior clinician-psychoanalysts, Ira Moses and Steve Atkins, in response to the many practice concerns expressed by members.

Our 2009-2010 conference season began in September with a presentation by Sue Grand who spoke on “Therapeutic Chaos: False Courage, Analytic Secrets.” Expanding on our very successful scientific conference last year on Transference Focused Psychotherapy (TFP) given by our colleague Frank Yeomans, on October 24, 2009 CSPP and The Western New England Psychoanalytic Society jointly sponsored a very well-received full day follow-up introductory training course on TFP that was co-taught by Jill Delaney, President of CSPP and Frank Yeomans. TFP is a modified psychodynamic psychotherapy based on object relations theory, developed by Otto F. Kernberg and his research/clinical group that focuses closely on the transference with the aim of bringing to the patient’s awareness disparate and chaotic internal experiences of self and other with the aim of greater integration of defensively split off internal representations.

In November, Donna Orange gave a paper entitled “The Curvature of Intersubjective Space: Levinas’ Phenomenology and the Psychoanalytic Vocation.” Two local analysts, Drs. Brian Tobin (presenter) and Janet Madigan (discussant) offered a conference on the use of
medication in psychoanalysis in December. Most recently, last month we hosted Robert Bornstein who presented on “The Dependent Patient: Diagnosis, Assessment and Treatment.” In April 10, 2010, Shelley Doctors spoke on “Self-Cutting: Advances in Analytic Understanding and Treatment.” Our last scientific program this year, in May, featured Judith Guss Teicholz. Her talk is entitled, “An Improvisational Attitude in Psychoanalysis: Transforming Painful Patterns through Dyadic Play.”

Program Chair George Hagman is in the process of finalizing the schedule for the 2010-2011 scientific programs. Thus far, the program includes:

- Paul Coope will present a paper titled "The Zen Impulse and the Psychoanalytic Encounter." (September 25)
- Raphael Gallagos will present on "Behavioral Treatment of Borderline Personality Disorders: An Integrative Approach". (November 13)
- Theresa Aiello will present on "Children's Perception of Beauty After September 11." (Date to be announced)
- Kay Long will present her paper, "The Analyst's Role as Container/Contained: From Palliative Relief to Psychic Change." (Date to be announced)

Our regional representatives are responsible for organizing at least one informal, usually clinically focused gathering for members in their geographic regions, New Haven (Allison Brownlow), Fairfield County (Lois Fox), Hartford County (Michael Kahn), and our newest region, Eastern CT (Ann Singer). Among the recent meetings, in September 2009, Michael Kahn was the guest of honor at a dinner meeting of practitioners in the Middletown CT area where he spoke to nonmembers of CSPP on paradigm shifts in psychoanalysis.

Ann Singer is already in the process of organizing a first meeting with both current and potentially members from Eastern CT. She is also working with several fellow easterners to develop 2 peer supervision or study groups.

For the Fairfield region, in fall 2008 a group met to discuss networking. Lois Fox hosted a discussion on adoption that was lead by Susan Baron in spring 2009. Using the film Revolutionary Road as a basis for discussion, last fall Dr. George Hagman catalyzed a valuable interchange about intimate relationships and work with couples from a psychoanalytic perspective.

In the New Haven Region, the Psychoanalysis and the Cinema committee, consisting of Alison Brownlow (also in her capacity of New Haven County Rep), Elaine Hunter, and Barbara Marcus, organized several informal meetings of enthusiastic and well-attended film buffs at the Brownlow home. They were:

- **Notes on a Scandal** (Spring 2008)--The group used the film to launch a discussion of boundary violations—both developmentally and in the treatment setting.
- **The Diving Bell and the Butterfly** (November 2008)--Barbara Marcus and Mickey Silverman presented divergent points of view about the film, its protagonist, Jean-Dominique Bauby, a fashion editor who suffered from locked-in syndrome, and the film's implications for clinical practice. Issues of working with patients who present challenges to communication whether neurologically-based or those with narcissistic, schizoid, or psychotic disorders were discussed.
- **Margot at the Wedding** (March 2009)--Presenter Michael Kahn, co-author of The Sibling Bond and co-editor of Siblings in Therapy, led a discussion on the role of siblings in development and in treatment. Participants engaged in lively sharing of their reflections on the portrayal of sibling relationships in the film and in their own personal and professional experiences.
- **Adoration** (March 2010)--A group of the New Haven regional members reviewed this film together and engaged in an animated discussion of the interplay of fantasy and reality and between truth telling and the manipulation of truth in the film. Participants explored the technical implications of these distinctions and shared related anecdotes from their practice.

Mickey Silverman, Editor in Chief, continues her outstanding and creative leadership of the CSPP Newsletter along with an expanding staff of Dean Leone (Associate Editor), Inge and Dale Ortmeyer, Sheryl Silverstein, Kathryn White, and Susan Budnick. Dr. Silverman and her staff have added several new features including The Poetry Corner and Photo Essays. They are soon to add edited versions of listserv discussions with the writers' permission. In addition, the staff have provided active encouragement for both dissenting opinions on conference presentations and more submissions on current and controversial topics. In the upcoming spring issue, for example, they will address...
the positive and negative impact of the new technologies on practice and on patients’ lives like the ubiquity of adolescents’ texting and instant messaging and the use of Skype as a means of offering long-distance treatment.

The newsletter staff is reviving the practice of sending a copy of the newsletter to other organizations in the area as well as to editors of other Division 39 newsletters. They are planning to add online access to the newsletter while retaining the regular mailings of the hardcopy.

We are proud to announce the launching of our web site. Under the able and indefatigable leadership of Elaine Hunter, the long-awaited website provides information about the organization and its history, announcements of upcoming events, and a listing of our officers and board members. Under the new leadership of Dean Leone, we will soon be adding our membership directory, providing on-line membership renewal and conference registration with online payment option, and a bulletin board for announcements. In the future we plan to have online access to our newsletter.

Our listserv is now a very active means of communication both from CSPP to our member and among members. Among its most popular uses are requests for referral information, announcements of relevant professional or news events, and discussions of conference-generated or other clinical topics.

In recent times we have celebrated a profusion of accomplishments by several of our local luminaries, notably the publication of two books; Sidney J. Blatt’s *Polarities of Experience* and Binnie Klein’s *Blows to the Head: How Boxing Changed My Mind*. Two of our members have made other significant contributions to our psychoanalytic literature. Dale Ortmeyer authored an article entitled, “Conveying Hope to the Patient” in a book, *The Clinical Erich Fromm: Personal Accounts and Paper on Therapeutic Technique* (Rainer Funk, Editor). Virginia Shiller published a case study entitled, “Therapeutic Work with a Physically Abused Pre-Schooler” in the 2008 annual edition of *Psychoanalytic Study of the Child*.

Ellen Nasper received the 2008-2009 Outstanding Teaching of Pre-doctoral Fellows Award from the psychology section of Yale’s Department of Psychiatry for her course on attachment trauma. Barbara Marcus has been elected President of the Board of Trustees of The Western New England Institute for Psychoanalysis and will begin her term next fall. Les Greene, editor of the International Journal of Group Psychotherapy, chaired a workshop, “The Dynamics and Politics of Journal Editing,” at the February meetings of the American Group Psychotherapy Association.

**BOOK PROPOSAL PRIZE**

Division 39 and APA Press are delighted to announce the third annual prize for a first book by a psychoanalytic author. The winner receives a $1000 cash prize, certificate of recognition, and guarantee of publication by the APA Press. The aim of this prize is to encourage psychoanalytic writing by Division members who have yet to publish a psychoanalytic book. We look for good writing, originality, as well as clinical and scholarly relevance.

While some previously published material may be included, the proposed book should consist primarily of new work and promise to be an original and coherent monograph. Edited collections of previously published papers are not acceptable, nor are edited volumes of contributions by more than one author. Simultaneous submissions to other publishers will disqualify the entry.

The proposal should consist of:

1) a cover letter with the only mention of the author’s identifying and contact information
2) a full CV
3) a statement of the mission, scope, and potential contribution of the project to psychoanalysis
4) a table of contents; and
5) one, and only one, sample chapter.

Submissions are accepted in hard copy only and must be in quintuplicate.

Blind review evaluations are conducted by the Book Proposal Committee, the editor of APA Books, and an Honorary Judge. All submissions for the 2010 award must be submitted by March 15, 2011 to: Book Prize Division of Psychoanalysis 2615 Amesbury Road Winston Salem NC 27103.

Questions should be addressed to either: Frank Summers, Franksumphd@hotmail.com as Chair, Book Proposal Prize Committee.

**DEADLINE: MARCH 15, 2011**
The Minnesota Society for Psychoanalytic Studies saw a small increase in our membership this year, from 71 total members in 2009 to 80 in 2010. Increasing our membership has been and continues to be our number one priority. This year our office compiled a list of people who were not renewing their memberships and board members called each of them to ask for their feedback about our organization and the reasons why they’d decided not to renew. Quite a bit of information was gathered and was ultimately helpful. We have also appointed a membership committee as well as a web site committee to address our lower than desirable membership numbers. Some of the changes we’re making are: a new and improved web site, new webmaster and a board member to more closely track our web site, acquiring mailing lists for groups such as LMFTs to increase our exposure in the community, and increasing the discount offered to members for conference registration fees.

Our organization continues to be financially sound and over the years we’ve amassed a substantial savings. One of our goals is to explore options for gifting some of this money to further support contemporary psychoanalysis in our community.

Minnesota is excited to have nominated our first student for the Graduate Student Initiative this year. Kari Fletcher is a doctoral student in the Smith College of Social Work. At Smith, doctoral candidates are required to learn Psychoanalytic theory in depth and Kari is incorporating Psychoanalytic material into her research. Her dissertation topic focuses on the child’s separation experience with parent’s preparing, leaving and returning from war. In addition to the stipend that Kari is receiving from Division 39, our chapter has contributed an additional 500 dollars towards her expenses. Congratulations Kari!

Thanks to our conference chairs Gary Perrin and Paul Ruff, we’ve had another thought provoking, stimulating year of educational offerings. Our Spring conference with Judy Teicholz from the Boston Psychoanalytic Society and Institute was a half day long. Dr. Teicholz presented her refreshing paper entitled: “The Improvisations of Everyday Life: Transforming Painful Patterns through Dyadic Play in Psychoanalysis.” In addition to her paper the day also included a case presentation to which Judy responded. She was personable, approachable and encouraging of the attendee’s comments and questions. Her skill at integrating complex theories and concepts was well appreciated. Our Fall conference actually took place in January of this year because of scheduling conflicts with other popular local psychoanalytic conferences. Dr. Dan Hill presented “Theories of Affect Regulation: A Clinician’s Synthesis.” Dan is an exceptionally engaging speaker and is skilled at presenting dense material in a way that is easily understood and very illuminating. Attendance was the best we’ve had in the past two years and most notably most everyone stayed interested until the very end of the day. Paul Ruff has continued to coordinate our “Fireside Series”. These mini offerings are typically 1 and ½ hours long and are scheduled monthly. The speakers are drawn from our own Psychoanalytic community. This year topics included: The therapists’ capacity for Self-reflection, Mentalization and Mindfulness; Psychoanalysis and Spirituality; Trauma and the Breakdown of the Capacity to Mourn; Why do Psychological Testing? How it can be helpful in Psychoanalytic Psychotherapy; and Anger, Ours and Theirs in the Relational Paradigm.
FROM THE EDITOR: THE LONG GOODBYE  WILLIAMS A. MACGILLIVRAY, PHD, ABPP

It certainly seems like a long time ago I sat with Mary Beth Cresci and Nancy McWilliams discussing whether I wanted to run for president of the Division. It was in New Orleans at the Multicultural Summit in January 2009. I first offered a demurral that I might not have the temperament to serve as president. To my surprise, they both agreed! They asked that I consider whether I could take on a more collaborative role if I were to be elected president. And restrain what I consider my ironic and sardonic wit, which others insist upon calling sarcasm.

I have been your newsletter editor since October 1999. Being an editor suited my interest and very much matched one aspect of my temperament: I have an opinion about most things! As editor, my “reach” extended to almost every aspect of our organization, or at least all the aspects I found interesting. From my initial appointment I sat in on every Division board meeting and got to know the ins and outs (and personalities, and foibles) of Division leaders long before I actually had the vote as an elected member. As editor, I got to know many more members of the Division than I would have in any other role (albeit often by begging them to write book reviews). While I have taken on other responsibilities and projects over the years, the core of my identity within the Division was as newsletter editor. The last year and a half has involved the progressive relinquishing of this role.

Initially, after agreeing to run for president, I thought I would be able to serve out my term as editor, or perhaps leave a year earlier, so it came as a surprise when Henry Seiden, Publications Chair, announced a need to start a search for a new editor to come onboard in January 2010. We were able to complete the search, although along the way, as you can read elsewhere, major changes occurred in our conceptualization of the role of the newsletter and our overall communications with our members. As our ideas have evolved, the current plan is to have a print publication, called the Division/Review edited by David Lichtenstein, an online monthly newsletter, edited by Tamara McClintock Greenberg, and a to-be-named Internet Editor who will be in charge of developing a new “face” for our web site. While it certainly pleased my vanity to think that three editors would replace me, I had a hard time “signing on” to this new iteration of our publications. During the last stage of our discussions, I objected to some of the plans. I thought that changing to more “specialized” publications would mean that there no longer was a “center” for the Division. The newsletter, I argued, had been that center in that it was the repository for the president’s reflections on Division governance, reports from committees, sections and local chapters on the incredible number of projects and activities in our wider organization, and source of information and thoughtful commentary on psychoanalytic research, practice and theory. Thankfully no one offered the now-obvious interpretation that I was concerned about giving up my role in the Division.

I did “get it” eventually and this year especially has been a process of gradually letting go of my job as editor. “Gradual” is the operative term as our Review Editor, David Lichtenstein, is still in the process of developing a new format for his publication, so the newsletter, and my editorship, lingers on. Although this is the last issue I will edit, it is not the last I will be putting together and the newsletter in its current format will be around for at least the summer issue. So I will move from being editor to being desktop publisher only.

So what about the temperament problem? I would like to claim that I have been working on that this year and maybe will be in shape when the task falls to me in January. Although there are many perquisites of leadership (and I am looking forward to the presidential suite at the Sheraton next year), I have really been getting my mind around the fact that the main job as president is to keep everyone else moving forward in more or less equanimity if not unanimity. I am getting my baptism in this process in my work on several presidential task forces over this last year. With the exception of my work on the Miami Beach Spring Meeting, all my “committee” work in the last 15 years with the Division has been a solo effort. Who knew that you had to actually play well with others? I think it has gone well.

So although I may be publishing the summer issue and who knows about the fall issue, this is my last and final goodbye as editor. Write to you again as president.


## 2010 Board of Directors, Officers and Committee Chairs

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