**FROM THE PRESIDENT**

*The Importance of Doing Research*
Mary Beth Cresci .......................................................... 1

**ARTICLES**

*Remembering Johanna*
Cynthia Baum-Baicker .................................................. 3

*Open Letter To Our Division 39 Colleagues*
Division 39 Fund Committee ......................................... 4
Division 39 Fund Donation/Pledge Form .......................... 5

*A Phenomenological-Contextual Psychoanalyst: Intersubjective-Systems Theory and Clinical Practice*
Robert Stolorow & Andre Sassenfeld ................................. 6

**SPRING MEETING SUMMARIES**

*Chronic Pain and Suffering Through a Psychoanalytic Lens*
Judie Alpert ........................................................................ 12

*Rethinking Tavistock*
Gregory S. Rizzolo ......................................................... 13

*What We are Learning from the Division’s Practice Survey?*
Mary Beth Cresci .......................................................... 14

*From the Classroom and Academia To Psychotherapist Office, and Back Again*
David Downing .................................................................... 15

*Karen Horney and the Science of Subjectivity*
Jack Danielian ..................................................................... 16

*The Broken Container and the Analyst’s Intolerable Affect*
Meredith Darcy ..................................................................... 17

*Dialectical Constructivism*
Irwin Hoffman ..................................................................... 18

*The Wild and the Wise*
Henry Seiden ......................................................................... 19

*The Pleasures of the Psychoanalyst*
Michael Shulman ............................................................. 20

*Psychoanalysis: Romantic, Not Wild*
Frank Summers ..................................................................... 21

*Psychotherapy With Adolescent Girls and Young Women*
Elizabeth Perl ........................................................................ 22

**Attachment Theory as Defense**
Kaveh Zamanian .................................................................... 22

**Freud and His “Contradictions”**
Pascal Sanavye & Monica Vegas ......................................... 23

**Caught in the Cross Currents and Keeping Your Bearings**
Marilyn B. Meyers ............................................................. 23

**Wild Applied Analysis? Freud’s Views on Shakespeare**
Richard M. Wangaman ...................................................... 24

**Lacan Furioso**
Deboarah Luepnitz .......................................................... 24

**PSYCHOANALYTIC BOOKS**

Barry Weber & David Downing’s *Object Relations Self Psychology* .......................................................... 26

Irving Weiner & Robert Bornstein’s *Principles of Psychotherapy: Promoting Evidence-based Psychodynamic Practice* .......................................................... 30

Daniel Burston’s *Erik Erikson and the American Psyche: Ego, Ethics and Evolution* .......................................................... 33

Jeffrey Golland ..................................................................... 35

Robert Whitaker’s *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise Of Mental Illness In America* .......................................................... 38

Bert Karon ............................................................................ 42


Ryan LaMothe ..................................................................... 46

Louise Phillips’ *Mental Illness and the Body: Beyond Diagnosis* .......................................................... 50

**BOARD OF DIRECTORS MEETING**

January 2010 ........................................................................... 51

**DIRECTORY** ........................................................................... 55
The Importance of Doing Research

When I completed graduate school and entered psychoanalytic training, I gladly left behind the world of research hypotheses and randomized clinical trials. I fully embraced the world of clinical practice and enthusiastically delved into the study of psychoanalysis, believing that this pursuit would help me understand the motivations and inner life of both my patients and myself. I soon learned that there were many psychoanalytic theories to choose from and that they provided sometimes contradictory answers to many questions related to psychological development, the significant factors in treatment, and the relationship between the analyst and analysand. This diversity of theoretical perspectives, while sometimes confusing and challenging, did not deter me from believing that psychoanalysis was the gold standard of psychological treatment and the pathway to understanding ourselves and others. Nor did I require that these psychoanalytic theories and treatment approaches be proven by those same research methods I had previously eschewed in order to convince me of their merit as a clinician and psychoanalyst.

My perspective on the field was not at all unusual when I began psychoanalytic training in 1974. However, I now realize that I made a wrong turn when I moved so dramatically away from the research training of my graduate studies. I was lulled away by the siren song of clinical case descriptions that appealed on a much more meaningful level than questionnaires and statistical analyses had done. It did not seem that those latter studies could tell me much about the nuanced interactions that I and other psychoanalysts were experiencing in our work and describing in our clinical and theoretical papers.

When I and other like-minded colleagues left the halls of academia and pursued our training in free-standing psychoanalytic training institutes, we left the door open for others to enter those halls asking different questions and looking for different answers. The type of evidence we valued was considered too subjective, incapable of being replicated by other experimenters. In psychology departments short-term treatments with a focus on easily-identified outcome measures became the topic of research. In the marketplace of mental health treatment we were displaced by treatments that were considered both more cost-effective and evidence-based, such as medication and CBT.

The impact on our graduate students and on the public perception of what constitutes good treatment for mental illness has been profound. In the public mind and even in our graduate schools, psychoanalysis has been equated with Freud’s writings of a century ago and with a non-scientific approach. It has led to the paradox that popular science writers like Sharon Begley of Newsweek blame Freud for the fact that psychiatry has turned its back on talk therapy and the mind and concerned itself primarily with medication and the brain. She begins a recent article (March 05, 2010) with the following summary of Freud’s effect on our field:

Freud was a disaster for psychiatry, but not because his theory of the mind inspired his acolytes to exclude physical and chemical processes from explanations of thoughts, emotion, and behaviors. No, the disaster has been the extreme backlash against that nonmaterialist, touchy-feely approach.

She goes on to say that medication is not effective in curing
addictions and that talk therapy in the form of cognitive behavioral therapy is. It is mind-boggling that Ms. Begley calls Freud’s treatment a “touchy-feely” approach and gives Freud no credit for respecting that there are biological and chemical processes that underlie psychological processes. These statements would make most psychoanalysts’ heads spin. Since when have we been accused of being “touchy-feely”? And why should Freud or psychoanalysis be blamed when psychiatrists and pharmaceutical companies make overblown claims for medication in changing people’s behavior?

Unfortunately, this kind of bizarre reasoning has become commonplace in our public forums. It has also influenced our fellow professionals to dismiss psychoanalysis as being non-scientific and irrelevant as a treatment modality or theoretical base for understanding and responding to current social and mental health problems. When evidence suggests that much of the positive effects of anti-depressants are the result of a placebo effect and that talk therapy, particularly talk therapy that lasts longer than 6 sessions (Consumer Reports, July 2010), is effective for treating depression and anxiety, psychoanalytic psychotherapy is not mentioned as the treatment of choice. Instead, cognitive-behavioral therapy is mentioned as the talk therapy alternative. We get blamed for the non-scientific basis for psychology as well as being overlooked as an effective treatment modality.

It is time for psychologist psychoanalysts to turn back to our roots in psychological research. It is not enough for psychoanalysis to be the subject of study in philosophy and literature curricula in universities. We must recognize that our theories and the effectiveness of our treatment approach have to be the subject of scientific study. This is an easier pill to swallow (pun intended) when we have studies such as those summarized in Jonathan Shedler’s recent article in the American Psychologist (2010) to bolster our cause and to help those of us who have not immersed ourselves in research over the last few decades understand how to interpret those important studies. We can take comfort that the effect size for psychodynamic psychotherapy is greater than for many other treatment modalities and can consider that the basis of our treatment, the relationship between the analyst and patient, may be at the core of the efficacy of other talk therapies as well.

Fortunately for our profession, the dichotomy between psychoanalytic practitioners and psychoanalytic researchers is being bridged in several places. Some psychology doctoral programs support psychoanalytically based research, and a few psychoanalytic institutes have research departments. A recent article by Marco Chiesa (2010) encourages the integration of research and clinical psychoanalysis and mentions several psychoanalytic training institutes in other parts of the world that have forged ties with universities, thereby enhancing the academic status of psychoanalytic training and incorporating research into the institute curriculum.

In previous columns (Cresci, 2010) I have pointed to some of the ways that the Division has supported research, such as having poster sessions for researchers to present their findings to our members at our Spring Meetings. I am hopeful that the newly-established Research Task Force chaired by Marilyn Charles will propose more ways for our Division to support research and help our members become conversant with the results. The more we can embrace the scientific basis for psychoanalysis and psychoanalytic psychotherapy, the more we can appreciate the research that is being conducted by psychodynamic researchers and help to disseminate those results to the next generation of psychologists and the public.

References
Begley, S. Forget the cocaine vaccine: Low-tech treatments work better. Newsweek, March 5, 2010.
Like others, I was saddened to hear about Johanna’s passing. As many of you know, Johanna was one of my first interviewees for the Wisdom Project. Such a gracious woman! Ever generous of spirit, Johanna attended the paper I gave this past April at the Spring Meeting. During the discussion period, she spontaneously talked about her experience in the interview. In like kind, I’d like to spontaneously share with you some of her “clinical wisdom” that came out of the interview. In addition to the seven response clusters that the interview material yielded, I formed an additional category called, “Salient Wisdom.” This included a few prominent wisdoms that seemed to reflect the theme of a given interviewee, a taste test, if you will, of participants’ collected thought. Here are three of Johanna’s salient wisdoms:

- I think in general, feeling that one has not gotten too badly in one's way is the foundation for happiness. (I love this saying!)
- On anorexia: "I move, therefore I am.
- We’re all two years old before we get to be twenty.

As promised to those on the Section VIII Board, when asked if she had any thoughts about what makes for a successful marriage/long-term relationship, Johanna said: "My first thought is the element of commitment . . . the idea of flexibility and being able to shift from relationship to relationship." She went on to say, "the Oedipal concerns are a lifelong system of balancing and unbalancing." Ever balanced in her being, Johanna comfortably expressed the paradoxical.

Many of my interviewees wrote a "letter" to a theoretical early career clinician, talking about the joys and challenges of working analytically. I have a most beautiful letter that Johanna wrote and will be publishing it in the Division’s Newsletter so that early career persons can benefit from her words that were expressly meant for them.

When talking about termination, Johanna said she didn’t like the term, but rather thought of it as a completion. She reported that she often said to those who were finishing up their work with her, “And from what this was for you, think of me as shining on your past.” Johanna, we shall.

I will look forward to seeing those of you who will be out in San Diego next month for APA's Annual Convention. In “Clinical Wisdom from Psychoanalytic Practice,” I’ll be presenting some of the content of Johanna’s interview at the Div 29-sponsored Wisdom Research Panel to a non-psychoanalytic audience. Perhaps her words will open up some deaf ears.
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
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*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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The following is an interview of Dr. Robert Stolorow by Dr. André Sassenfeld for Gaceta de Psiquiatría Universitaria (Chile). The editor.

**Dr. Sassenfeld:** Dr. Stolorow, you are one of the founders of intersubjective-systems theory in contemporary psychoanalysis. Could you briefly summarize the central tenets of this approach?

**Dr. Stolorow:** I describe intersubjective-systems theory as a “phenomenological contextualism.” It is phenomenological in that it investigates organizations or worlds of emotional experience. It is contextual in that it claims that such organizations of emotional experience take form, both developmentally and in the therapeutic situation, in constitutive intersubjective contexts.

Developmentally, recurring patterns of intersubjective transaction within the developmental system give rise to principles that unconsciously organize subsequent emotional and relational experiences. Such unconscious organizing principles are the basic building blocks of the personality. They show up in the therapeutic situation in the form of transference, which intersubjective-systems theory conceptualizes as unconscious organizing activity. The patient’s transference experience is co-constituted by the patient’s unconscious organizing principles and whatever is coming from the analyst that is lending itself to being organized by them. A parallel statement can be made about the analyst’s transference. The interplay of the patient’s transference and the analyst’s transference is an example of what we call an intersubjective field or system.

From an intersubjective-systems perspective, all of the clinical phenomena with which psychoanalysis has been traditionally concerned: manifest psychopathology, transference, resistance, therapeutic impasses, therapeutic action, emotional conflict, indeed, the unconscious itself are seen as taking form within systems constituted by the interplay between differently organized, mutually influencing subjective worlds.

**Dr. Sassenfeld:** Many psychotherapists and psychoanalysts conceive of philosophical and epistemological questions as irrelevant to clinical practice or as questions whose importance is rather limited to theoretical discussions and bear no direct relation to everyday therapeutic work. Having yourself analytical and philosophical training, how do you see the practical relevance of philosophical and epistemological issues? How does being a psychoanalyst and a philosopher at the same time affect your clinical work?

**Dr. Stolorow:** One’s philosophical presuppositions, and one’s awareness or unawareness of them, can have a monumental clinical impact. For example, the Cartesian-objectivist analyst who sees himself/herself as treating deranged isolated minds and correcting “distortions” of what he/she “knows” to be true can unwittingly re-traumatize his/her patients by repeating devastating early experiences of massive invalidation. On the other hand, the phenomenological-contextualist analyst, in seeking to understand and make sense out his/her patients’ experiences in terms of the contexts of meaning in which they occur, no matter how bizarre these experiences may seem to be, helps psychoanalysis and analytic theories on the other.

**Dr. Stolorow:** One important role for philosophy is to help psychoanalysts become aware of and question the presuppositions that underlie their theories—to help make their philosophical unconscious conscious. Freud’s psychoanalysis expanded Descartes’s mind-entity to include a vast unconscious realm, but the Freudian mind remained a Cartesian worldless subject, a container of mental contents, radically separated from the surround. Corresponding to its Cartesianism is traditional psychoanalysis’s objectivist epistemology. One isolated mind, the analyst, is claimed to make objective observations and interpretations of another isolated mind, the patient.

A phenomenological contextualism concerns experience and its organization, not reified mind-entities, and it reunites the Cartesian isolated mind with its world, its context. Correspondingly, intersubjective systems theory embraces a perspectivalist epistemology, claiming that understanding is always from a perspective shaped by the organizing principles of the inquirer. Accordingly, there are no objective or neutral analysts, no immaculate perceptions, no God’s-eye view of anyone or anything.
to create a therapeutic bond in which genuine psychological transformation can gradually take place.

**DR. SASSENFELD**: Many therapists and analysts fear that rejecting Cartesian assumptions and an objectivist epistemology brings with it the specter of relativism. How is a perspectivist epistemological stance different from a relativistic one? On the other hand, the phenomenological turn toward experience that started in psychoanalysis with Kohut’s self psychology is feared to imply an abandonment of the exploration of the unconscious, favoring the exploration of conscious experience. You spoke before about unconscious organizing principles. How does intersubjective-systems theory reconcile a phenomenological emphasis with an exploration of unconscious organizing principles?

**DR. STOLOROW**: Relativism is not the only alternative to Cartesian objectivism. A phenomenological, contextualist, perspectivist stance, although embracing a fallibilistic attitude of epistemological humility and a level epistemological playing field in the therapeutic situation (no one has privileged access to truth and reality), should not be confused with postmodern nihilism or relativism. Relativity to context and to perspective is not the same thing as a relativism that considers every framework to be as good as the next. Pragmatically, some ideas are better than others in facilitating psychoanalytic inquiry and the psychoanalytic process. Moreover, we do not abandon the search for truth, that is, for lived experience.

Intersubjectivity theory holds that closer and closer approximations of such truth are gradually achieved through a psychoanalytic dialogue in which the domain of reflective awareness is enlarged for both participants. Truth, in other words, is dialogic, crystallizing from the inescapable interplay of observer and observed.

My own phenomenological orientation did not, by the way, originate in Kohut’s self psychology. Its origins go back to a series of studies that George Atwood and I conducted in the early and mid-1970s investigating the personal subjective origins of four psychoanalytic theories. These studies were collected together in our first book, *Faces in a Cloud*, which was completed in 1976 (although not published until 1979), one year prior to the birth of Kohut’s self psychology. In the concluding chapter of our book, we reasoned that, since psychoanalytic theories can be shown to a significant degree to be shaped by the personal subjectivity of their creators, what psychoanalysis needs to be is a theory of subjectivity itself—a depth psychology of personal experience broad enough to encompass, not only the phenomena that other theories address, but also these theories themselves. We christened our proposed framework “Psychoanalytic Phenomenology,” but that appellation never caught on. It was that framework that gradually evolved into intersubjective-systems theory.

A phenomenological emphasis does not in anyway entail abandonment of the exploration of unconsciousness. Going back to the father of philosophical phenomenology, Edmund Husserl, phenomenological inquiry has never been restricted to mere description of conscious experiences. Phenomenological investigation has always been centrally concerned with the structures that unconsciously organize conscious experience. Whereas philosophical phenomenologists are concerned with those structures that operate universally, a psychoanalytic phenomenologist seeks to illuminate those principles that unconsciously organize individual worlds of experience. Such principles include, importantly, those that dictate the experiences that must be prevented from coming into full being, that is, repressed, because they are prohibited or too dangerous. Intersubjective-systems theory emphasizes that all such forms of unconsciousness are constituted in relational contexts. The very boundary between conscious and unconscious (the repression barrier) is seen, not as a fixed intrapsychic structure within an isolated mind, but as a property of ongoing dynamic intersubjective systems. Phenomenology leads us inexorably to contextualism.

**DR. SASSENFELD**: You have mentioned repeatedly the concepts of worlds of experience and of unconscious organizing principles. Could you define these concepts more specifically? Having a central status in intersubjective systems theory, how do they operate in the intersubjective field co-created by patient and analyst and how do they relate to clinical goals?

**DR. STOLOROW**: “Experiential world” and “unconscious organizing principles” are two closely interrelated concepts. “Experiential world” denotes the totality of one’s emotional experiences of self and other that comprise one’s psychological life. “Unconscious organizing principles” are the intersubjectively constituted thematic structures that account for the recurrent patterning of one’s psychological life. Examples of such organizing principles are what we call “world horizons:” principles that determine what can or must be experienced and what must not be experienced. Each participant in the therapeutic field organizes his or her experience of the relationship according to the principles that unconsciously organize his or her emotional world. It is the analyst’s job to help bring these principals into reflective self-awareness. Such self-awareness, in juxtaposition with the patient’s experience of the analyst’s understanding, enables the patient to entertain alternative ways of organizing his or her emotional experiences, whereby his or
her emotional world can become enriched, more integrated, more flexible, and more complex.

**Dr. Sassenfeld:** You have talked about the phenomenological-contextual analyst. Could you tell us some more about this idea? What defines an analyst or therapist informed by intersubjective systems theory? Are there specific attitudes that you would emphasize?

**Dr. Stolorow:** A phenomenological-contextual analyst is devoted to investigating, understanding, and illuminating the patterning of the patient’s emotional experiences--i.e., the patient’s emotional meaning-making--as this patterning takes form, both developmentally and in the therapeutic situation, within ongoing intersubjective contexts. I would emphasize the importance of what the philosopher Gadamer called a “hermeneutic attitude”--an attitude of open inquiry and understanding, an attitude that searches for intelligibility and validity in the patient’s experience, no matter how bizarre the patient’s experience may initially seem to the analyst. The analyst who assumes a hermeneutic attitude seeks how the patient’s experience makes sense once the contexts of its formation are understood. An analyst who works according to a hermeneutic attitude always regards his or her understanding as being perspectival and therefore fallible, and is thus open to having his or her understanding adjusted and enlarged through dialogue with the patient. To have a hermeneutic attitude means having respect for the patient’s experience, no matter how alien it seems to be.

**Dr. Sassenfeld:** You and your colleagues have conceptualized what you have called in your publications a prereflective unconscious. Could you define this concept and relate it to the notions of experiential world and unconscious organizing principles?

**Dr. Stolorow:** “Prereflective unconscious” denotes the system of organizing principles that structure an experiential world. Such principles are unconscious, though not repressed. Their unconsciousness derives from the fact that ordinarily we just experience our emotional experiences, without reflecting on the thematic structures or meanings that organize them. Psychoanalysis may be viewed as a procedure for bringing such prereflective organizing principles into reflective self-awareness, thereby stripping them of their automaticity, that is, a procedure for making the prereflective unconscious conscious.

**Dr. Sassenfeld:** In your own clinical practice, how do these attitudes of the phenomenological-contextual analyst become concretely embodied? For example, is your working setting still shaped by the use of the couch with its impossibility of direct visual contact with the patient? It seems that such a setting introduces difficulties in the attempt to dialogue with the patient in a hermeneutic spirit of open inquiry and understanding. And related to this, do you still use interpretation as primary technical means, and if you do, how do you conceive of and clinically use interpretations?

**Dr. Stolorow:** Yes, the overly ritualized quality of traditional psychoanalysis does oppose the hermeneutic spirit of open inquiry. I try to make clinical decisions about such things as use of the couch, self-disclosures, etc., on the basis of their meanings—their meanings for the patient, their meanings for me, and my best guess as to whether these interacting meanings are likely to facilitate or obstruct the analytic process. The ritualized use of the couch seems particularly peculiar to me, insofar as the human face is the principal site for the non-linguistic communication of affect! And yes, I continue to rely heavily on interpretation. In my view, a “good,” that is, mutative, interpretation is one that enables the patient feel emotionally understood. Without this experience of being understood, an interpretation isn’t any good!

**Dr. Sassenfeld:** There has been much theorizing in contemporary relational approaches to clinical practice about nonconscious processes (a non-repressed unconscious), often referred to as implicit. It seems that the concept of implicit processes has been gaining numerous theoretical adherents. In this context, why does intersubjective-systems theory not simply adopt this latter notion and uses the concept of the prereflective unconscious? Are there important conceptual differences?

**Dr. Stolorow:** There is a confusion of tongues here, similar to the confusing array of usages of the term “intersubjectivity.” Our prereflective unconscious is not the same thing as so-called “implicit” affective-relational processes! Prereflective organizing principles are not contents of experience; they are structures that organizing experience according to recurring, invariant themes. “Implicit” processes are affective-relational experiences occurring in a non-linguistic, sensorimotor form. We have been theorizing about the importance of such non-linguistic, sensorimotor experiences, along with the process through which these are brought into language, for nearly three decades. The question, then, is why those who use the concept of “implicit” processes don’t refer to us! By the way, the word “implicit” is a misnomer, in that it refers to the psychology of the investigator, not that of the experiencer. Sensorimotor experiences are “implicit” only for the investigator, who wants to bring them into language.
and make them explicit. For the experiencer, they are just explicitly sensorimotor.

**Dr. Sassenfeld:** You mention the non-linguistic communication of affect, a topic that has entered mainstream clinical thinking mainly through attachment and infant research, and on the other hand through attempts to use findings of that research in adult treatment (i.e., Beatrice Beebe and Frank Lachmann, Steven Knoblauch and importantly the Boston Change Process Study Group). How do you conceive the theoretical and clinical relevance of those findings in intersubjective-systems theory?

**Dr. Stolorow:** Such research is useful primarily in confirming that much affective experience and communication is non-linguistic and that, importantly, such affectivity is constituted intersubjectively within relational systems.

**Dr. Sassenfeld:** Would it in this sense be right to say that implicit processes are shaped by prereflective organizing principles? And does what you say imply that implicit processes, being experiences, are conscious? Further, what does intersubjective-systems theory have to say specifically about the non-linguistic sensorimotor experiences you describe and about the process through which they become conscious or verbalized?

**Dr. Stolorow:** I don’t want to say “implicit,” so I’ll say “sensorimotor” instead. Sensorimotor processes are indeed shaped by prereflective organizing principles or, as I prefer to say, sensorimotor schemas. Such schemas are laid down in early childhood interaction patterns prior to the development of symbolic thought, which makes language possible for the child. Intersubjective-systems theory holds that non-linguistic, bodily forms of emotional experience are gradually brought into language and conscious linguistic articulation through phase-appropriate attunement in a linguistic mode. This idea applies both to the early development of emotional experience and to the therapeutic situation as well.

**Dr. Sassenfeld:** Clinically, do you use or work directly with nonverbal affective communication? And, in your opinion, what is the value of work in this area done by the Boston Change Process Study Group?

**Dr. Stolorow:** Yes, I do work directly with nonverbal affective communication, seeking gradually to lift such communication into a linguistic mode. I am not familiar with the Boston Group’s work that is specifically concerned with extra-linguistic affectivity. I think their work in general is quite valuable in focusing on the immediacy of the therapeutic exchange, although I am a bit skeptical about the extension of research-driven units of analysis to a theory of the therapeutic process.

**Dr. Sassenfeld:** The Boston Change Process Study Group speaks of the existence of implicit change mechanisms in psychotherapy and psychoanalysis, and the topic of therapeutic action has been taken up widely in contemporary psychoanalysis. Could you say something about an intersubjective-systems theory perspective on therapeutic change?

**Dr. Stolorow:** The Boston Group is surely right that, in my language, the therapist’s emotional attunement is in part conveyed sensorimotorically and that such extra-linguistic attunement has a therapeutic impact. I worry, however, that an emphasis on the extra-linguistic as being primary could be used to justify a form of clinical laziness—something like: “If the therapeutic action is in the ‘implicit,’” why bother with rigorous study and careful interpretive work?”

Our most complete formulation of our perspective on therapeutic change can be found in a dense passage in our book, *Worlds of Experience* (Stolorow, Atwood, & Orange, 2002): “Interpretive expansion of the patient’s capacity for reflective awareness of old, repetitive
organizing principles or emotional convictions occurs concomitantly with the affective impact and meanings of ongoing relational experiences with the analyst, and both are indissoluble components of a unitary therapeutic process that establishes the possibility of alternative principles for organizing experience, whereby the patient’s emotional horizons can become widened, enriched, more flexible, and more complex” (pp. 15-16).

Dr. Sassenfeld: Your most recent book, Trauma and Human Existence (2007), is an intersubjective-systems theory exploration of trauma. Could you summarize your central argument?

Dr. Stolorow: Yes, my book, Trauma and Human Existence, presents an intersubjective-systems conception of emotional trauma, expanded and enriched by existential philosophy. The book develops three central themes or claims. The first pertains to the context-embeddedness of emotional life in general and of the experience of emotional trauma in particular. Emotional experience is inseparable from the contexts of attunement and malattunement in which it is felt. Painful emotional experiences become enduringly traumatic in the absence of an intersubjective context within which they can be held and integrated.

The second theme pertains to the recognition that emotional trauma is built into the basic constitution of human existence. In virtue of our finiteness (limitedness, vulnerability, mortality) and the finiteness of all those with whom we are deeply connected, the possibility of emotional trauma constantly impends and is ever present.

My third claim is that, just as our finiteness is fundamental to our existential constitution, so too is it constitutive of our existence that we meet each other as “siblings in the same darkness,” deeply connected with one another in virtue of our common finiteness. This existential kinship-in-finiteness—the deeper meaning of Kohut’s concept of twinship—is the basis for the possibility of forming bonds of deep emotional understanding within which devastating emotional pain can be held and integrated.

Grasping our kinship in the same darkness holds significant ethical implications insofar as it motivates us, or even obligates us, to attune to and provide a relational home for others’ existential vulnerability and pain. Imagine a world in which this ethical obligation has been universalized. In such a world, human beings would be much more capable of living in their existential anxiety rather than having to revert to the defensive, destructive evasions of it that have been so characteristic of human history. A new form of identity would become possible, based on owning rather than covering up our existential vulnerability. A new form of human solidarity would also become possible, rooted not in shared ideological illusion but in shared recognition and understanding of our common human finiteness. If we can help one another bear the darkness rather than evade it, perhaps one day we will be able to see the light.

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

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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.

### SUBMIT ALL PROPOSALS VIA THE WWW.DIVISION39.ORG WEB SITE

**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 Psychoanalysts (39).
4. Please direct all questions regarding submissions to the Conference Co-Chairs:
   - Jill Bresler, Ph.D., dbjbresler@aol.com
   - Andrew Eig, Ph.D., eigandrew6@gmail.com

Deadline for Submission: September 3, 2010
30TH ANNUAL SPRING MEETING
Wild Analysis: Then and Now
Chicago, IL April 21-25, 2010

CHRONIC PAIN AND SUFFERING THROUGH A PSYCHOANalytic Lens: Theory, Therapy, and Outcomes
Judie Alpert, PhD

The second paper, presented by Jeff Wetzel, was a case presentation of a man in his mid-thirties, a recent immigrant from West Africa, who spoke little English. An off-site French speaking interpreter was necessary for this treatment. This case was Mr. Wetzel’s first ongoing psychotherapy patient as a psychology extern at a hospital’s pain management center.

Mr. Wetzel described his patient’s pain, a result of a severe workplace accident. Some details of his past life were also related. Mr. Wetzel indicated that his patient chose not to have contact with his family because of his shame in being unable to send money back to them. Apparently the patient talked very little about his past. Initially, the treatment involved helping the patient to attain basic services such as food, medical care, shelter. Only after this was dealt with could more traditional treatment begin. Mr. Wetzel described the physical symptoms which he developed after seeing the patient. He discussed how he dealt with these symptoms and came to understand them.

Supervisory work with Dr. Fran Anderson guided his work with this patient. This supervision is discussed as well as his own personal growth as a psychologist. He indicates that Dr. Anderson helped him to understand trauma from a relational perspective and she helped his understand that trauma is not simply a breakdown of one’s physical and psychological defenses, but entails a loss of faith in one’s internalized and real world relationships.

Like the two preceding papers, the two discussions were rich and multi-layered. Due to space limitations I can only highlight some points here. First, Mr. Wetzel’s paper was discussed by Dr. Fran Anderson. She indicated that supervision of the treatment of chronic pain patients require knowledge that somatic pain is a private, complex, subjective experience, affected by the bio-psychosocial context in which the sensations are experienced. Validation for psychotherapeutic intervention is provided by contemporary pain researchers who have demonstrated

Marilyn Jacobs provided an overview of pain physiology and psychology. In her consideration of what pain is, she emphasized that response to and control of pain has similar neurobiological and metapsychological pathways. She pointed out that both the brain and the mind are changed significantly by the chronic pain experience and that there is an extensive neural network in the brain associated with pain processing. Further, she indicated that there is an extensive experiential pathway leading from the prior self organization of the individual to that of the self in pain. Next, she distinguished between the two types of pain: acute and chronic pain and discussed numerous pain disorders, including, for example, neurological, gastrointestinal, pelvic, and orthopedic. In this overview, she also discussed how theories behind the development of pain have changed over time as well as the two types of pain mechanisms (nociceptive and neuropathic) which create two different variants of pain. Next she considered the medical treatment of pain and specifically, how we treat pain medically, the psychology of pain, risk factors for the development of chronic pain, and useful concepts for understanding pain. In her presentation she also indicated that psychological trauma is highly correlated with chronic pain, and that there is solid empirical evidence indicating that a history of trauma increases vulnerability to chronic pain. Dr. Jacobs also pointed to psychoanalytic theories relating to understanding pain.
that “pain” is not just a biological event that signals tissue damage.

Further, she indicated that having treated people in pain for more than 30 years, she discovered that mutual regulation often occurs at visceral, emotional, and cognitive levels and that attending to mutual regulation at these levels is a crucial aspect of supervising the treatment of someone overwhelmed by painful somatic experience. She readily empathized with Jeff Wentzel’s wish to help his patient and, defensively, to assure that we “never have to inhabit the helpless, shameful space where [we] could do nothing but hold this [person’s] pain in [our] own body.”

Mr. Wetzel’s paper was also discussed by Dr. Mary-Joan Gerson. She discussed her dual reaction in reading this case material: she felt the patient’s devastating distress and, at the same time, was stunned by his resilience. She acknowledged that Mr. Wetzel’s dedicated care was one of the explanatory bridges between these disparate reactions. In relation to her first reaction, she discussed her understanding of West African culture. Further, she considered the cultural embeddedness of the patient’s symptoms and indicated, for example, that psychological distress is couched in somatic complaints among West Africans. Dr. Gerson also indicated that healing was related to Jeff’s self-described and numerous roles such as social worker, medicaid consultant, and legal advisor. By taking on these roles, Dr. Gerson noted that he provided his patient with some security and she understands why Jeff assumed the bodily sensations of his patient, a patient who could not communicate directly with him in a common language and whose language of pain is replete with psychic overlay.

Dr. Gerson indicated that, given the multiple losses suffered by the patient, his resilience was astounding. She pointed to some features that particularly impressed her: “And though I have been doing this work of psychodynamic psychotherapy for a long time, there are case examples in which the efficacy of our basic methodology—intimate engagement, authentic inquiry, and respectful witnessing—are simply stunning in their validation. I think that Jeff Wentzel’s work with Mr. M. is such an example.”

Rethinking Tavistock: Enactment, the Analytic Third, and the Implications for Group Relations

Presenters
Gregory S. Rizzolo, MA
Rethinking Tavistock: Enactment, the Analytic Third, and the Implications for Group Relations.

Chair
Christine C. Kieffer, PhD

Discussants
Albert J. Brok, PhD
Norman V. Kohn, MD

This panel addressed the intersubjective dimension of experiences in groups. The presenter argued that the Tavistock model of group relations provides a preliminary framework for thinking intersubjectively about the nature of experiences in groups. He noted, however, the Tavistock model continues to depend on the questionable metaphor of the isolated mind as a container of reified mental contents, which can be passed around by means of projective identification. Furthermore, it continues to invoke the notion of a neutral analyst or consultant with privileged insight into the group’s unconscious fantasy life. He suggested that an intersubjective approach requires us to look not at how reified mental contents are moved around within a group, but rather at how intersubjective experiences can be co-created by the members and their therapist/s or consultant/s. He focused on how enactments between all of the participants can lead to a transformation of self and other through experiences of mutual subjugation and the realization of a shared third space. Lastly, he introduced the concept of the alien group self, a shared identity formed in an accommodation to mind set of the authority figures in a group.

The discussion focused on the difficulties involved in using case study material from a Group Relations conference to support the presenter’s argument. There appears to be an inevitable tension between our desire to learn from clinical evidence and our tendency to impose theoretical preconceptions on it, so that we find what we are looking for. Additional discussion focused on the ways in which the group therapist or consultant inevitably impacts the phenomena that he observes in the group. Some clinical applications included the potential usefulness of the alien group self-concept for understanding the psychology of prison inmates who identify with their jailors’ view of them.
This roundtable discussion summarized the findings of a practice survey conducted by Division 39 in Fall 2008 and provided an opportunity for several panelists and the audience to comment on the findings. Dr. Steve Axelrod, the presenter, had prepared the survey to learn about our members, their practices, and their satisfaction with their current professional lives. With the help of Dan Galper at APA Dr. Axelrod tabulated the data and presented the data in tables to show trends and information about our members’ practices. The panelists were Lewis Aron, Ken Eisold, Winnie Eng, and Mary Beth Cresci, chair.

The presentation covered four major areas: the demographics of the survey respondents and the degree to which they were a representative sample of our Division membership, patterns of practice for the respondents, financial data from the respondents, and the respondents’ attitudes toward practice and practice development. The survey was distributed online to 2,929 Division members. 619 members responded to the survey, a response rate of over 20%, which is considered good for this type of survey.

With regard to demographics, the mean age of respondents was 59.6, very similar to the mean age of 60.7 for the Division membership but considerably older than the 50.4 mean age for APA practitioners. 63% of the respondents were women, slightly higher than the 59.4% of the Division membership who are women and the 55% of APA practitioners who are women. About half of the respondents were members of sections as well as the Division. The respondents reported a mean of 21.4 years in private practice.

The respondents reported seeing a mean of 18 patients per week. The great majority were seen once a week, with approximately 20% of the average respondent’s patients being seen two or more times per week. Almost half of the average respondent’s patient load has been seen for 1-5 years, and almost 70% a year or more. Approximately 61% of the patients were female. The age of the patients was spread evenly throughout the various age groups. However, only 10.5% of the average respondents’ patients were 60 or older.

With regard to practice finances, Dr. Axelrod noted that a recent survey published in the APA Monitor on Psychology (April 2010, Vol. 41, no. 4) showed that salaries for psychologists in a range of professional settings have decreased from 2001 to 2009. The Division 39 survey respondents indicated that the majority (63%) are not managed care providers and that their patients are primarily self-pay. The most common fee per session was in the $100-149 range, with ranges $150-199 and $50-99 also being common fees. Only 25% of the respondents reported making more than $150,000 per year from practice. In their self-report 53% said that their income had increased in the past five years, although those who had been in practice longer reported a significantly greater increase in income during that time.

Over two-thirds of respondents were satisfied with the size of their practice, the scope of practice, and the mix of patients. However, the group was more evenly split in the degree to which they were satisfied with the income from their practice. Again, participants who had been in practice longer reported significantly higher satisfaction in all of the areas. In trying to develop their private practice, respondents focused more on networking within the profession than in outreach to the community or to skills development. Many respondents believe that psychoanalytic training and networking with colleagues had been particularly effective in helping them develop their private practice. Many also would like to see the Division undertake public advocacy for psychoanalysis to improve the media portrayal of psychotherapy and psychoanalysis and overcome negative social and cultural attitudes toward the profession.

The discussants and the audience focused on the aging and feminization of our profession. In line with the age and gender of survey respondents, it was noted that many psychologists do not begin analytic training until they are in mid-career and that the majority of candidates are women. It was mentioned that we need to be careful in applying the data about fees and income to colleagues who have more recently entered the profession. This survey may not tell us enough about their practices and needs as professionals. We also discussed the implications of the fact that the majority of treatment is conducted on a once a week basis. It was suggested that we need to be more comfortable as practitioners with this reality and expand our definition of psychoanalytic psychotherapy accordingly.
The panel reviewed how quintessential psychoanalytical ideas can be employed with respect to teaching strategies for enhancing the application of clinical concepts to teaching, supervising, and administering the clinical education of doctoral students in professional psychology. Balancing the vicissitudes of creativity and innovation with increasing pressures for standardization and regimentation were explored. Questions regarding the differentiation of “experimentation” versus “wildness;” the dialectic revolving around issues of mastery of essential core constructs and techniques as opposed to standardization/mimicry/conformity/mediocrity as opposed to unbidden and potentially destructive enactments on the stages of the clinical, academic, administrative spheres were articulated.

Dr Lubin, in his paper, noted that, in *Wild Analysis* Freud defined the phenomena as the psychotherapist or psychotherapeutic agent demonstrating ignorance of the broader meanings of sexuality in the advice given to a female patient. After reviewing the deficiencies of this advice, Freud observed that two conditions must be fulfilled before the patient can understand and use these communications:

“The patient must, through preparation himself have reached the neighbourhood of what he has repressed and secondly he must have formed a sufficient attachment to the physician for his emotional relationship to him to make a fresh flight impossible… Psychoanalytic intervention, therefore, absolutely requires a fairly long period of contact with the patient. Attempts to rush him at first consultation, by brusquely telling him the secrets which have been discovered by the physician, are technically objectionable “(Gay, P., *The Freud Reader*, 1989, p. 355).

In the psychotherapy context, “brusquely telling him secrets” might currently be understood as the equivalent of a premature interpretative “rush” to address self-defeating and/or provocative patient communications before either the psychotherapist or patient is ready. In the training context, the supervisor might feel “wildly” impelled to rush the underlying analytic insights before sufficient knowledge and self-observing skills have developed in students. However, as Freud noted, such “brusqueness” may at times also generate a useful process by providing a focus for further reflection. Creating the gains while diminishing the disruptions of such “wildness” is the critical task in both the office and the classroom.

Despite the considerable attention paid now to countertransference reactions, we have not fully studied and applied in a focused manner the inner prerequisites and the teaching/training required for such self- observing skills to be optimized in our students and in ourselves as educators and models for identification.

How do we begin to elaborate an effective teaching approach to our sometimes reluctant patients and students in the clinical and supervisory contexts that draws on such skill-development? This teaching can be facilitated by the intensification of our commitment to “here-and-now” and post-session self-observations and reflections as demonstrated by clinical guides. Through observing the underlying methods and processes by which selected senior clinicians and supervisors reflect on their own sessions in detail, we may expose ourselves and our students to a set of methodological models that may help to enhance these self-reflective skills.

For this reason, we will examine selections of self-observing introspective reports of senior psychotherapists and supervisors as potential guides for modelling and teaching this process to our patients (indirectly) and to our students through focused learning tasks. In doing so, we will look for the fundamental introspective methods that can help to unlock further psychotherapist and supervisor self-discoveries that abide within the nuances of clinical and training relationships. Such psychotherapeutic and educational processes can help to integrate the constant “taming” needed in our work.

In his paper, Dr Yalof noted that when Freud wrote *Wild Analysis* (1910/1981), he was on to something about the limitations of intellectual knowledge in controlling the impulse to “let loose”. Freud (p. 225) stated: “If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him.” He recognised that the wish to behave
wildly could be construed as a universal desire, but that social forces worked against the behavioural, and even the phantasized, expression of this wish. No one is immune from the struggle to contain the wish to act wildly. On the other hand, it is the energy behind the wish that serves as a wellspring for innovation and progress. Indeed, it would appear that the challenge facing the psychoanalytically oriented professional is to recognize the wish to act wildly, but contain it, and use it productively.

For academics who have to strike a compromise between their inner reactions to provocative classroom events and to organizational processes, and the types of potential interventions that are acceptable in the classroom university setting, Freud’s statement about the limitations of pure knowledge, in the face of these challenges, embodies a highly relevant recommendation about the value of adjusting the insights of psychoanalysis to the interactional and provocative world of academia. Freud makes several other points in his paper that can help both teacher and administrator apply the insights of psychoanalytic theory and treatment to the potentially disruptive and wildness-creating academic settings: (a) do not take the patient’s complaints at face value; (b) informing the patient of his or her unconscious resistances is but one step in the treatment; (c) psycho-sexual conflicts are fundamental to understanding resistance; (d) the patient must, through preparation, approach the repressed content and needs a “sufficient attachment” (positive transference) to avoid fleeing the treatment; and, (e) it does more harm than good to tell people what is wrong with them. An understanding of some of these foundational elements of a psychoanalytical approach can help tame the wish to be wild as a teacher or administrator in the face of the wildness in students or administrators by reflecting on the use of psychoanalytic theory to diffuse potential conflict situations. Each point will be illustrated in relation to the teaching or administrative challenges that, if not contained or addressed, can easily lead to wild or chaotic responding in the academic setting and exacerbate a conflict or conflictual situation.

Karen Horney and the Science of Subjectivity

Presenters
Jack Danielian, PhD
Part One: The Model
Patricia Gianotti, PsyD
Part Two: An Application of the Model
Kenneth H. Cohen, MD
Part Three: Into the Wild—Therapeutic Impact on Awareness Explored

Dr. Danielian described a new clinical teaching model wherein the science of subjectivity was introduced with special emphasis on meta-processing, a concept derived from Horney’s theoretical prospective. Insights into the clinical moment that challenge whether objectivity is achievable were offered, including how unconscious linear assumptions are culture-bound and limiting, thus impeding the systemic attention required to uncover complex clinical material.

Dr. Gianotti provided a pathway to operationalize this meta-psychological approach through the technique of “listening for splits” between disavowed aspects of the self. Case vignettes illustrated how to purposefully tweak the dynamic tensions reflected in content, for example, the patients’ hopes for rescue and the resulting demand for revenge when rescue is not forthcoming. Throughout, the emphasis was on how to leverage the positive transference to be able to “palpate” the negative transference in non-shaming ways.

Dr. Cohen demonstrated how therapists have moved toward phenomenology, subjective immersion, and the inter-subjective space. It is in this space that the potential power of Horney’s “Real Self” can be felt, emerging as a vital force and becoming stronger as the treatment progresses.
In his introduction Dr. Joseph Newirth reviewed two theoretical psychoanalytic positions that were further developed and expanded upon in the discussion and paper presentations. The first argument Newirth discussed focused on difficulties containing the overwhelming affects generated in primitive psychoanalytic relationships, which he suggests is a function of early failures in Ogden’s autistic contiguous position. The second is Bion’s concept of the container-contained, differentiating these processes from the more traditional approach of setting analytic boundaries. In focusing on the containing function, Newirth emphasizes the analyst’s internal work of reverie and symbolization rather than setting limits.

Our panel presented a contemporary perspective on Wild Analysis, one in which the analyst becomes shattered by premature affective experiences within the transference countertransference relationship. Three cases were presented in which the analyst became dislodged from her usual role—experiencing a breakdown in the capacity to think, to be present, to understand the transference countertransference experience, and to use reverie to elaborate affect and meaning. In these relationships, the analyst was overwhelmed by the intensity of the affects generated in the transference countertransference relationship, feeling that her usual capacity to contain affects, enactments, and fantasy had become shattered and was only able to cling to the hope that the overwhelming experiences of rage, revulsion and raunchiness would remain her secret.

Linda Bergman detailed the brutal expression of a patient’s murderous rage and the re-establishment of trust in the treatment relationship. Bergman described a dramatic outburst with an analysand of 10 years, in which she cried, “Get over it! Other people do!” This unexpected outburst marked the beginning of the end of the playacting and stultifying collusion that had become embedded within the treatment. An important aspect of the patient’s ultimately positive treatment outcome was her ability to utilize an “ephemeral frame” (excerpts of the patient’s writing appeared in the paper with her permission) to safely convey her emotions during a period in which she was experiencing intense affects. Dr. Bergman, as well, had the opportunity to hear her, hold her words in mind, and tolerate them.

Kristen Reale’s examined a patient’s ambivalence about the therapeutic relationship, his wish to keep the therapist and others at a safe distance with his chaotic performance, while alternately acting out in intrusive and sexual ways. Reale explored how his compulsive behaviors acted as stand-in relationships for him: leaky containers that always left him empty. She detailed what this process evokes within her: feelings of rage and annoyance, and an inability to understand her role as a container for him, what this meant, and how to stand alongside and hold him through his process, without trying to control the path.

Meredith Darcy’s spoke about her difficulties in working with the complex and elusive eating disorder patient—where feelings are communicated, if at all, through actions and interactions, and not through words. Looking honestly at her countertransferencial feelings of revulsion and disgust that the therapist hoped to avoid, Darcy described a journey from being emotionally shut down (and ashamed) to truly feeling: this process ultimately helped her to understand the patient’s transference, as well as her own countertransferencial somatic reactions more clearly.

All three papers honestly examined aspects of the therapeutic self and affective states that are not often discussed or revealed. Feeling and being the “out of control” analyst, as opposed to the “good” and “helpful” one, is an uncomfortable, yet honest place where treatment can begin and work can be done.
Dialectical Constructivism: Existential, Sociopolitical, and Clinical Contexts

Irwin Hoffman, PhD

We construct meaning in the context of relatively hard existential realities and arguably universal aspects of human nature, on one hand, and in the context of entrenched, yet, in principle, malleable, or even radically transformable, sociopolitical realities, on the other. A general premise of this panel is that attention to existential realities—which has always been my focus—the givens that we can’t do anything about, can be defensive relative to attention to sociopolitical realities, often quite invisible like the water to the fish, that we nevertheless have the responsibility to reflect upon and try to change. Conversely, attention to sociopolitical conditions can be defensive relative to existential realities to the extent that the work for change becomes utopian and denies the inevitable horrors that accompany the human condition. We are challenged to consider the place of both existential and sociopolitical issues as they bear upon clinical psychoanalytic work.

Mal Slavin’s eloquent, moving account of the evolutionary emergence of consciousness of mortality, of our ultimate insignificance in infinite time and space, carries forward and deepens my own understanding of the human condition and the place within it of intersubjectivity. I responded in this discussion (in its full version) with some further musings on the themes that Mal brings to the foreground. He draws our attention to the universal trauma that no environment, no social world, familial or sociopolitical, no religion, can fully shield us from. But that trauma, ironically, is what drives human beings to the coconstruction of worlds of meaning that make it possible for them to endure and to cultivate the miracle, the blessing and the curse, of consciousness. That intersubjective enterprise must always wrestle with the dialectic of self-interest and concern for others. Mal, within his evolutionary framework, thus elaborates upon my own reflections on the mind-boggling dialectic of meaning and mortality.

We might think of contexts in terms of concentric circles. The largest circle is the context of the human condition, next the historical/political context, next the family context, and finally the individual person. Each circle is both encircling and encircled and is deeply affecting and affected by its neighbors. I work largely with the family context and the individual’s personal history in the context of the human condition. What is missing from this account, one that Lynne Layton rightfully insists that I work to correct, is the locating of the dysfunctionality of an individual or family within the context, not only of a brutally indifferent universe, but also of a brutally indifferent “economic, political, and institutional” environment. It’s the human societal circle inside the circle of existential indifference that Lynne tells us does not, like Yeats’s “centre,” “hold,” which greatly diminishes the chances that the circle inside that one, the family, will be held and optimally holding of its members, of its offspring.

Considering the relationship between the two contexts, we might make judgments about sociopolitical arrangements to the extent that they reflect the sustaining or the collapsing of the dialectic of meaning and mortality. All too commonly we find a loss of any sense of irony within the pursuit of a megalomaniacal vision in which human vulnerability, mortality, and ultimate impotence are split off and embodied in others while godlike power is reserved for oneself or for a certain group. From this grandiose perspective, one may assume the prerogative to determine who lives and who dies, or, short of that, who lives well and who lives poorly. One could see that as the political expression of the denial of death and the shunning of the possibility of evolutionarily emergent wisdom that has the potential to foster cooperative community. So the denial may force a collapse of the communal spirit and a replacement of it in a capitalist world (and perhaps others as well) with destructive splitting and fetishistic, competitive pursuit of money and power. Perhaps that entire compulsively driven social organization absolutely requires the very distancing from the suffering of others and our own that Lynne Layton sees and challenges us to see. The key that surfaces unmistakably now is this: political action and work toward social change is not reducible to liberal “generosity” because the well-being of the “haves” is as much at stake as the well-being of the “have-nots.” The analytic situation lends itself to a certain kind of institutionalized distancing, what I’ve called a “stereotypic, stylized posture of psychoanalytic hyper-unperturbed calm” (Hoffman, 2009, p. 621). It’s the dissociative defense that must be overcome so that those in the ostensibly advantaged position, including analysts and analytic therapists, can be in touch with the universal trauma that is fertile ground for identification and compassion, for creativity and collaboration, and for death-inspired and defying love.

References
Seiden introduced the theme of the panel, suggesting that wisdom be defined as the way one person can possess and express the collective intelligence and the collective values of a community, can articulate the community’s best understanding of how the world works based on living in the world, knowing it and seeing it clearly. It is that individual embodiment—in the community of clinical psychoanalysts.

Seiden referred to a number of paradoxes entailed in the idea of wisdom. These include: that it’s easier to say what it isn’t than what it is; that claiming wisdom is and always has been dangerous; that it must be learned, but can’t be taught; that being wise is not quite the same as being right (or smart)—because wise implies goodness and right (i.e., correct) need imply no such thing; that wisdom is both a general quality of mind and contextual. Wisdom in one domain like the consulting another is not necessarily, we know, wisdom in another like the private life of the therapist.

But while wisdom is contextual it is also transcendent. That is, a wise observation is always about more than what is seems to address. Seiden cited some example of transcendent psychoanalytic wisdom—observations of the human condition that rise above the context they begin in. These would include Winnicott’s observation that “there is no baby only a baby and someone,” Kohut’s comment that “a child needs a mother who knows he’s hungry more than he needs a mother who feeds him,” and Freud’s meditation in *Mourning and Melancholia* on the internalization of the lost object, that is, on how the outer world becomes the inner.

Wisdom involves received intelligence but at the same time brings some fresh recognition of new (or newly stated) truth. It is not the same as orthodoxy of belief. And it is in the tension between what’s old and valuable and what’s new and valuably challenging that one can locate the question of the difference between wild and wise.
anchors clinical wisdom in the balanced interplay of paradoxes. She noted that kindness, openness, and a deep regard for the other are paramount. It was suggested that clinical wisdom could be the vehicle through which contemporary pervasive anti-analytic bias could be countered. Clinical Wisdom is the antithesis of Eissler’s sterile, arrogant, authoritarian analyst. The “wise” elders who participated in Baum-Baicker’s study modeled a psychoanalysis of kindness, balance, and rich intellect.

Sally Keller examined the post-doctoral candidate’s search for clinical wisdom. The supervisory experience of post-doctoral training captures the clinical heart of post-doctoral training. The paper focused on different aspects of four supervisory relationships that spanned the course of a four-year analysis of one patient, identifying moments of supervision that exemplify wisdom-in-process. From a relational perspective, “wise” supervision might be described as a process that captures the intensely personal quality of a particular clinical moment, while recognizing that this moment captures just one of an infinite number that may coalesce around the intersecting experiences of supervisor, therapist and patient. For me “wisdom” was felt in moments that helped to recognize, accept, even embrace a personal voice, freeing me to be more honest, more direct, and less self-critical.

The analysis in question was a challenging one, presenting me (and each of four, consecutive supervisors) with frustrating, at times hair-raising events that invariably called forth a passionate response. The patient, an unmarried mother of two small children in a highly conflictual relationship with the children’s father, could be endearing, self-deprecating and funny, while outside the analytic space she was self-destructive and antisocial. A fundamental challenge was to be able to hold these different aspects of the patient in mind without engaging in either denial or despair.

Some supervisory moments of wisdom included the recognition that I could like her, even if my supervisor did not, and still tolerate the depth of the patient’s pathology; that there need not be shame in the patient’s engulfing...
Psychoanalysis has moved from a normative theory to a concept of analysis that emphasizes the development of the unique individual. Historically, analysis had a conception of the healthy psyche toward which a successful analysis is to lead and a normative set of dynamics that must be resolved to achieve this psychic end. Contemporary analysis makes no such normative presumption, but sees the goal of a successful analysis to lie in the actualization of the individual. This address related this movement to the shift in humanities from neoclassicism to romanticism in the early part of the nineteenth century. The neoclassicists saw the goal of art and life as the replication of Greek and Roman culture. The Romantics saw this conception of human life as restrictive of human freedom, creativity, and passion. The Romantic Movement regarded the highest good as the realization of the human capacities of each individual, rather than conformity to a norm. A primary tenet of the movement was that the realization of the human spirit includes the passions and imagination as well as reason.

Contemporary psychoanalysis can be viewed as a reaction to the normative nature of early theory, but any analytic school can be subject to a normative interpretation of analysis. Kleinian thought, self psychology, Lacanian theory, classical theory, relational thinking, or any other, can be deployed as a norm, or used as a tool for the stimulation of individual development. Both tendencies can be found in Freud’s work. The founder of analysis insisted that analytic theory is to be abandoned if the clinical process does not fit, but he also insisted that the Oedipal Complex is to be found in all neuroses. This conflict remained unresolved to Freud’s last analytic writings, but the two trends have their legacies in the content and process views of analysis.

The conflict between these two interpretations of analysis is evident in Freud’s paper “Wild Analysis” in which he admonished a physician for telling a female patient her problem was not enough orgasms. Freud took the occasion to make some fundamental points about analytic technique. Analysis, he inveighed, is a process of discovery, and the patient’s defenses against that process must be recognized and interpreted. While insisting the analyst must follow the patient’s process, he never seriously considered the possibility that the origin of a neurosis could be other than psychosexual.

The “natural science Freud” who operated from a normative standpoint was dominant for the first five or decades of analysis, but has given way to the “hermeneutic Freud” as analysts have found that supposedly essential norms are historical and cultural contingencies. Gender theory has demonstrated the vast differences in ways of being male and female that fit individual psyches, as opposed to Freud’s assumption of essential forms of gender and love.

It is argued that the view of analysis as a method of inquiry into the psyche and facilitation of new forms of being and relating can benefit from insights of the Romantic Movement. The Romantics saw self realization as dependent on the gaze of recognition of the other. They also emphasized the use of imagination and the contemplation of possibility. All these elements fit an analytic model of self realization. The implication is that a component of the analyst’s role is to detect latent possibilities in order for dormant aspects of the psyche to become new ways of being. The actualization of these possibilities requires the deployment of imagination and an analytic space of openness in which new psychic forms can be created. According to this Romantic interpretation of analysis, the analytic relationship is used both for understanding the patient’s patterns and as an openness for the creation of new ways of being and relating. It is the new creation from this openness that the Romantic view of analysis makes it most unique technical contribution. In a productive analytic process, different and often conflicting psychic states are typically brought into consciousness, but patient and analyst struggle with how to use them. The concept of transcendence is introduced here to define the analytic mission as overcoming the binary patterns of the patient’s life. The Romantic interpretation of analysis adds the concept of transcendence to define the new analytic technique that facilitates the creation of new ways of being and relating from the openness of the analytic space. An extensive discussion of the analytic treatment of a severely disturbed woman was used to illustrate the benefits of a Romantic interpretation of analysis.
How can a clinician build a strong therapeutic relationship with an adolescent who seems unwilling to stop self-destructive behavior, such as risky sex or drug use? Dr. Perl addressed this question during her “Meet the Author” session, discussing Psychotherapy with Adolescent Girls and Young Women: Fostering Autonomy through Attachment (Guilford, 2008). While rebellion may subside by young adulthood, unresolved adolescent conflicts may persist. Adult problems, such as marital or professional instability, may actually be rooted in adolescent struggles, which may persist without awareness of either the young woman or the therapist. Adolescent girls may actively oppose treatment efforts, while young adult women are more likely to look like they are collaborating while they may be subtly deflecting therapist input. In either case, resistance can be adaptive as a means of asserting independence and individuating from the therapist. Adolescent girls and young women in therapy—even those who genuinely desire change—often are ambivalent about establishing a therapeutic attachment as it can feel threatening to their nascent autonomy.

Faced with such opposition, therapists experience aspects of the struggle around separation that plays out between mothers and daughters. Like mothers, therapists face conflict between, on the one hand, their wish to protect and guide, and on the other hand, the need to recognize the limits of their control and support the patient’s self-direction, even when it may appear to be misguided or self-defeating. The therapeutic relationship creates opportunity to understand the dynamics of the daughter’s attachment to her mother (which will be re-created with the therapist), as well the insecurities and defenses that a young woman brings to relationships outside the family. Using clinical examples drawn from my book, I explore my own emotional struggles to embrace adaptive aspects of resistance and to find constructive ways to incorporate interpersonal conflicts and differences within a therapeutic attachment.

Nearly a century after the publication of “Wild Analysis” we struggle to grasp the full scope of one of Freud’s seminal contributions and perhaps his most controversial idea, infantile sexuality. In 1905 with the theoretical shift from seduction theory to infantile sexuality Freud declared the sexual as the subject of psychoanalysis, affirming the centrality of Triebe over Instinkt and, similar to Copernicus and Darwin before him, forever changing our worldview and self-perception.

By 1910 the world has already felt the reverberations of Freud’s idea and we see the earliest signs of misapprehension and misunderstanding. In “Wild Analysis” Freud responds to a young physician’s inability to discern between sex and sexuality. He states that the young physician only understands sexuality in the “popular sense,” erroneously viewing the sexual as the need for “coitus or analogous acts” while rhetorically asking if it is ignorance or an oversimplification.

Despite this incredible discovery in the past fifty years our field has steadily moved away from the concept of infantile sexuality in favor of attachment as the central component in psychological development. In fact the concept of infantile sexuality seems to be nearing a vanishing point. It is argued in this paper that Freud always recognized the importance of healthy attachment as an important variable in development but that he was interested in infantile sexuality with its bisexual, polymorphous, zonal dimensions from oral to phallic with movement from primary to secondary identification because he believed that successful progression through such early developmental milestones determines above all an individual’s psychological makeup.

The paper addressed the need for a re-evaluation of this endangered concept for the purpose of rediscovering that infantile sexuality with its emphasis on the body as the earliest means of emotional regulation and self-experience is the conduit to understanding our psychosomatic nature that is fundamental along with related implications for development of gender, anxiety disorders, perversions and other significant developmental and clinical variables.
**Spring Meeting Summaries**

**Freud and His “Contradictions”: Dogma and Dialectic**

**Pascal Sauvayre, PhD and Monica Vegas, MA**

This paper chose Freud’s text, “Recommendations for Physicians,” as an example of the discrepancy between the apparent simplicity of his writings and their actual complexity. Close reading of Freud reveals many well-documented gaps that are commonly viewed as contradictions: within his metapsychology, between his metapsychology and his clinical theory, and between his theory and practice. Far from being weaknesses, these gaps have historically been responsible for the vitality of psychoanalytic discourse, with the different schools and approaches claiming to develop what Freud “truly” meant, or what is most essential. Moving their attention beyond the “contents” of the gaps, so to speak, the authors explored how they are embedded in the text through the writing style, through the sudden shifts in Freud’s process of theorizing, and through the use of metaphors, all of which generate a movement, a dynamic, that undoes any ready-made or set doctrine.

An initial reading of the paper suggests that all the recommendations are meant to maintain the objectivity of the physician, and the popular metaphors of the therapist as “surgeon” and as “mirror” appear as images that describe how the physician should extricate himself from the internal contaminants of his subjectivity, namely his unconscious countertransference, which then leads to the recommendation of “psychoanalytic purification.” But a closer reading suggests that the text’s metaphors bleed unto unexpected and even subversive spaces that defy the logic or coherence of the text. Culminating in the telephone metaphor, Freud clarifies how it is consciousness as such that is the obstacle of the analyst’s accurate perception of the patient. In this light, his recommendations can be seen as ways to undo conscious knowing, and that “evenly hovering attention” involves the dissolution of consciousness, like the evaporation of a cloud. This allows the analyst’s unconscious, through telepathic communication with the patient, to become the receptive and generative organ of therapeutic action.

This reading of the text clearly puts Freud far afield from the usual standards of scientific objectivity and of “classical” canons of psychoanalysis. As was emphasized in the discussion that ensued, this is not the Freud that most of us have been raised with. Freud’s writings, like dreams, have stratified layers of meaning. In particular, his predilection to use metaphors as a rhetorical and explanatory devise, serve to secretly embed additional, latent meanings to the text, often subverting its manifest content. It is precisely this dialectical tension that is and has been historically, a generative source for psychoanalytic theorizing.

If psychoanalytic discourse is not about the elaboration of an illusory coherent edifice, its liberation from superficial doctrinaire confines would seem to allow the praxis of theory to mirror clinical practice. In a letter to Marie Bonaparte, Freud clarifies the uniqueness of psychoanalytic theorizing, “I always envy the physicists and the mathematicians who can stand on firm ground. I hover, so to speak, in the air” just as he recommends to the analyst in the room.

**Caught in the Cross Currents and Keeping Your Bearings: A Couple Session from In Treatment**

**Discussant**  
Joyce S. Lowenstein, PhD  
Thomas Greenspon, PhD, LMFT

**Chair**  
Marilyn B. Meyers, PhD

Although it was very early on Saturday morning there was a full house for the discussion of a couples’ therapy episode of the HBO series, *In Treatment.* The invited panel was sponsored by Section VIII. Marilyn Meyers chaired, with discussants Joyce Lowenstein and Tom Greenspon. Viewing the episode, which included such topics as fertility, abortion, and contentiousness of the sort that pressures the therapist and threatens the therapeutic endeavor, prompted a lively and informative conversation. Panelists and audience members shared their reactions to the couple, “Jake” and “Amy,” and to the responses and interventions of the therapist. Many theoretical issues were considered, including the centrality of relational and systemic perspectives to couples’ work, the co-construction of transference phenomena, and the inevitable participation of the therapist in the intersubjective field of the therapeutic encounter.
**WILD APPLIED ANALYSIS? FREUD’S VIEWS ON SHAKESPEARE**

**RICHARD M. WAUGAMAN, MD**

In his paper, Dr. Waugaman contended that we have been too dismissive of Sigmund Freud’s opinion that Edward de Vere wrote the works of “Shakespeare.” Analysts have willingly chosen a profession that remains controversial. Yet they part company with Freud when it comes to Shakespeare’s identity, rejecting Freud’s views as a piece of misapplied analysis. Analysts may lack the confidence to challenge Shakespeare specialists, who ignore, dismiss, or ridicule Freud’s conclusion that Edward de Vere was the author of Shakespeare’s works.

Undue fears of lapsing into wild analysis can sometimes squelch effective clinical work. Similarly, we have suffered from crippling constraints on our willingness to examine the merits of Freud’s use of applied analysis to delve into the actual biography of the author of Shakespeare’s works, which will potentially have profound implications for a better appreciation of those remarkable literary creations. Recently, the metrical psalms de Vere marked at the end of his Bible have led to more significant psalm echoes in Shakespeare’s works than had previously been discovered.

**LACAN FURIOSO**

**DEBORAH LUEPNITZ, PHD**

Jacques Lacan is, for some, the very embodiment of the wild analyst. Others defend his every move, conceding only that with age he became “increasingly eccentric.” The presenter’s goal was to explore Lacan’s relation to wild analysis without falling into repudiation or wholesale defense. She noted that, using Freud’s 1910 definition of wild analysis—that is, the mistake of “teaching” patients the meaning of their symptoms—Lacan could be considered the least wild of analysts. His entire *oeuvre* is written against the analyst as pedagogue. She related this to his view of the ego as “the mental illness of man.”

On the other hand, despite Lacan’s many contributions, both theoretical and clinical, it appears to be undeniable that he abused his power in the consulting room. The presenter offered examples of analysands describing Lacan in violent physical confrontations. It has become commonplace to describe his methods as those of the Zen master who aims to awaken the subject through disrupting the ego. Lacan himself refers to Zen, although he was not trained in the rigors of that tradition.

Luepnitz offered a case example from her own practice that reflected the value of Lacan’s teaching. Her conclusion was that it was important to take Lacanian ideas seriously enough to resist both devaluation and idealization of the man. The Italian *furioso* in the title was chosen as more capacious than “wild” or “eccentric.” Luepnitz linked her title associatively to *Orlando Furioso*—a 16th century epic poem about lovers’ madness that reads like a companion piece to Lacan’s *Seminar 20.*
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I have read this timely primer and will offer some impressions of its helpfulness from a free-floating attentiveness to what captured me, rather than as a chapter by chapter synopsis. What I have to report is based on selective interest that emerged as I read the book. Chapters whose contents support the aim of the book received more attention. Some individual chapters I have noted veered off the subject matter and received little attention.

*Object-Relations-Self-Psychology* is a compilation of two basic theories in an introductory and selected format for the new clinician. It serves as a review for those wanting a refresher course in American object relations and self psychology. Any psychoanalytically minded clinician will be rewarded by the exposition of the two theoretical approaches (I hesitate to call each a model since models can appear as finished products, to be adhered to, for better or worse).

For a psychoanalytic clinician reading the primer organizes and retains what is known: object relations and self psychology have much to offer in clinical practice. This is a book for the psychoanalytically curious wanting exposure and justification for psychoanalytic treatment. The basic Freudian paradigm is adequately presented in Chapter Three to lay the groundwork for the evolution of both theories. However, its persuasiveness takes hold in Chapter One when the authors fire up the reader’s interest in analytic thought beyond Freud. Clinical scenarios are offered intriguingly enough to warrant further reading, as each of the therapists in the scenarios is faced with questions about assessment and treatment planning: decisions requiring skill and theoretical resilience for each situation. A developmental deficit for one patient is deeply characterological for another. No one size fits all; and the series of clinical vignettes makes obvious the need for the primer. The clinical situations are seductively woven to tempt the reader into checking his/her knowledge base: What would the reader prescribe for the patient in each situation? Thus clinical rationales are questioned and the book makes its contribution by exploring self psychology and object relations theories.

What’s in a title? “Object-relations-self-psychology: A user-friendly primer” has a distinct meaning to this reviewer. The hyphens assume the authors experienced a flow or connecting linkage from one to the other. Object relations self psychology (without hyphens) is ambiguous, and would appear to merge the two approaches, not the intent of the primer (p.1). There is no attempt at integration of the two. Rather the book compliments the versatility each provides by a concise journey through the DSM IV and beyond, giving strong evidence for applying each body of psychoanalytic ideas to types of mental disturbances. More-so the book is a result of many years of teaching and training psychology students who lose interest in studying much less in applying psychoanalytic theories due to the literature’s wordiness, and impenetrable language, which on second thought parallels disturbed communications of patients that those same graduates will not understand without regard for unconscious meanings and comprehension of transference. I must add that a growing number of graduate psychology programs provide little more than a cursory, historical placement for psychoanalytic tradition, a cultural-pharmaceutical collusion with quick “feels good” medicine. “Empirically” based “pseudo-scientific preferences are pressured by an economic downturn in a failing economy. To be sure the primer espouses empirical research if psychoanalytic approaches are to survive. I don’t think we will go the way of the dinosaurs, as patients will still want...
important and neglected overlap between the British Kleinian influences in Kernberg’s treatment model. An object relations theory we track the synthesis of Freudian analytic ‘field’). In the author’s preference for Kernberg on this premise. The primer implies but leaves it to the reader to recognize a good deal of overlap between the British contributions to the object relations perspective. The primer ought to be identified as American object relations oriented. Herbert Rosenfeld, Daniel Meltzer, Hanna Segal are missing. There is one reference to Michael Balint (p. 28), none to John Steiner or Elizabeth Bott Spillius. Our Atlantic “cousins,” then, except for Wilfred Bion, receive little notice. Christopher Bollas, now living back in America, David and Jill Scharff, and James Grotstein in this country are a few of the long term contributors to theory and practice knowledge. Perhaps a book of such brevity (180 pages) had to limit inclusions, although I am speculating writing from a US university setting the British contributions were not primary theoretical-clinical sources. Perhaps if the primer were European I would be complaining in the reverse. These considerable international contributions have very slowly entered the American psychoanalytic psyche, partly due to the Scharff’s application of Fairbairn and others to child, couple, family, and affective group training, and Grotstein’s extraordinary synthesis and original applications of Bion and Klein to clinical thought. Winnicott receives regard due to his contributions to infant and child work and the interest in his conceptualization of the holding environment, transitional space and uses of the object.

A footnote (p. 57) touches on the evolution of object relations clinical practice, referring the reader to Michael St. Clair in his earlier primer. In Object relations and self psychology: An introduction, (1986) Michael St. Clair posits that object relations theories are not “a unified, discrete or universally accepted body of truths, but are a collection of suppositions and concepts based on clinical experience and observation (p. 20). The authors agree with this premise. The primer implies but leaves it to the reader to recognize a good deal of overlap between the British contribution to the movement in American ego psychology as a more complete intrapsychic-interpersonal continuum (see the Barangers and A. Ferro’s elucidations of the analytic “field”). In the author’s preference for Kernberg on object relations theory we track the synthesis of Freudian drive remnants of classical theory as they interplay with Kleinian influences in Kernberg’s treatment model. An important and neglected overlap between the British object relations clinical tradition and American approaches to object relations as a treatment is illustrated by Betty Joseph’s advancement of Kleinian thinking, (Interpreting the transference in the here and now, 1986) a technique of direct focus on “here and now transference” used with deeply disturbed patients. Kernberg’s approach to confrontation (a self-affect-drive-object constellation) with treatment destructive motives in anti-social borderline patients utilizes the Kleinian innovation born from work with much regressed patients.

A point is in order concerning self psychology with its emphasis on empathic failure as a major roadblock to success. Ernest Wolf (1980) a major self psychologist instructed self psychologists to realize the relationship is at the core of the self object so to see what the self is like look at the relationship. Object relations metapsychology places a strong focus on internalized relationships so that self psychology might make good use of that aspect of the object relations theory. Hamilton (1996) in The Self and the Ego in Psychotherapy identifies a basic tenet of self psychology in action. The therapist with a self psychology orientation believes that an angry or oppositional patient has a therapist that is failing to empathize sufficiently. Here is the basic difference in theories: Klein would suggest that the patient has to be helped to hold contradictory states of mind in mind; that is anger or hate is interpreted as what defeats loving or dependent feelings from emerging when the patient is split off from them. In Hamilton’s example the patient who cannot process empathy can feel more justified in being angry the more anger is empathized with. Fifty years of British experience in psychoanalytic work with near-psychotic, psychotic and schizophrenic patients has yielded considerable clinical data on thinking and technique with patients for whom frank discussion of destructive motives can be a first step in movement to less hostile dependency.

To reiterate, the authors of the few books that examine these two theories are in agreement that theorists do not come together on meanings because they view patients along different beliefs about what matters clinically. This fact can encourage seekers of clinical knowledge who may disagree theoretically to keep using both approaches. The differences can also polarize “purist” thinkers with a cognitive overbite for theory. Common ground is discussed that each theory seeks to comprehend patients from childhood intrapsychic underpinnings of psychopathology and to focus treatment on healing injuries to the self, principally disorders of narcissism, depression, and the borderline dilemma that are interspsychically shaped. Hence both theories regard transference and countertransference analysis as containing functions.

The primer fills the need as stated to help the
frustrated newbie’s and the uninformed as a basic text in its twenty-one concise chapters. It also reads as one part academician’s organized historical journey from Freud on, adding in each chapter the salient pathological categories encountered in today’s practice while satisfying the reader’s interest in matters clinical for which theory is sought. Throughout the chapters I felt that both approaches are best held in one’s mind as a caveat so that choices of what works best occurs when both theories can be utilized on a patient by patient, or session to session basis. Such is the common sense inference of the primer, not as a how to book, but as an enhancement for versatility and flexible thinking when in the trenches.

This reviewer had the most fun reading the contrasting theory discussions, especially in application to narcissistic and borderline categories. The Kohut vs. Kernberg controversy can be read as deep sibling rivalry, leading to splitting, as Kernberg and Kohut, the exemplars of each theory’s strengths are contrasted. I interpreted pathological narcissism for Kernberg from a Kleinian perspective. I came away thinking that patient inadequacy and grandiosity are viewed as self esteem issues but their defenses are handled by confrontation a good deal more than in Kohut’s approach. We could contrast Kohut’s mirroring and empathic holding of the patient’s wounded self as the provision of emotional supplies, much like the lost maternal reverie, and Kernberg’s identification of the patient’s destructive aims, attacks on life, etc. as a paternal approach.

I present a fantasy view of Kernberg’s presumed success with borderlines and Kohut’s with narcissists as the division of the sibling pie. There is theory I believe that views the narcissism in the borderline and the splitting in the predominantly narcissistic patient as two parts of central tendencies to be assessed. The varieties of defenses and anxieties in each character type are in practice the issue, with the choice of approach contingent on how best to contain and reach the patient on a human level. In this reviewer’s judgment, thick and thin skinned narcissists (psychological skin) conceptualizes a combination of complex anxieties, defenses and transferences requiring that the therapist oscillate from holding and mirroring the patient’s wounded self at specific times, shifting to a position of confrontation and interpreting when splitting is viewed beyond its defensive motives as destructive to the work.

Chapter Four prefers Mahler’s developmental theory as a basic grounding for the two theories and their later evolutions. Differences between the two theories (5,) emphasizes a common study of data of developmental arrest and trauma. The authors suggest that Object Relations theory studies internalized relationships interpersonally. Sometimes that is too simplistic as though the object relations therapist might favor a direct approach to influence behavior. My experience is that object relations theory considers the earliest lived experience of the patient, pre-oedipal, autistic-contiguous (Ogden) and therefore the unconscious, infantile transference is a primary means of comprehending the developmental issues; part-objects are considered in a general way which require much patience and regard for meta-communications and non-symbolic references that can only be experienced as unconscious communication via the transference. The interpersonal aspect of relating in my sense of it refers to the interactions and affect expressed between two or more persons in the setting. Experiencing the transference is always the primary psychoanalytic aim and technique.

The Oedipus, (12) considers the results of Mahler’s developmental theory. The authors claim a respite with reference to Oedipal patients assuming their higher level of functioning and capacity for empathy is more satisfying for clinicians. As food for thought the triangle of mother-father-child and issues of exclusion and inclusion are powerful ideas for clinical thinking and application in all treatment modalities: couple, family, group and societal.

Chapter 17 stands out for its treatment of the common dynamics associated with problematic internalized object relations. In four short pages, pp. 135-138, we are skillfully taken through the traditional language of identification and incorporation, to introjection, and internalization. In a favoring of Kohut’s terms the authors theorize how a transmuting therapist refuses to repeat the negative impact of past transference figures, electing to provide developmentally needed supplies towards maturational growth. Problems with empathy should be referred to supervision, one’s personal psychotherapy or self reflection. While not stated directly we can infer that object relations approaches also favor an S.O.S. when empathic breakdown occurs. This lovely short chapter is consistent with transference ideas introduced in chapter three. Countertransference is specifically discussed in every chapter on the deeper pathologies (chapters 8-12).

In their final chapter the authors imply that object relations theory informed by self psychology will have wider applicability to a variety of patients then if taken on its own merits; and that our psychoanalytic heritage has given us a useful theory that is very dense to the new reader. The other point made has to do with applying object relations theory in order to see if it is empirically useful, a simple idea that ought to be tested in practice. Self reports of patients are not competing well in the world of current psychotherapy research. The short chapter on research and empirical testing of the two practice theories re-states the current worry over “proving” the efficacy of psychoanalytic
practice and what needs to be done for survival in the world of managed care and cost-cutting.

The primer is worthwhile on all counts: it is concise, historically respectful of Freud’s input, it provides the DSM IV criteria useful in graduate psychology programs, which enhances it for textbook use, and it keeps the balance of discussing two theories, while describing similarities to consider for clinical application. A minor critique of the chapters on: Since Boulder: A theory practitioners can use (2), amplifies the historical crisis of the medical model and refinements in American psychology from 1949. The chapter on adolescence (14) discusses the crisis of misunderstanding this developmental phase; other methods and techniques (18), managed care, short term, crisis and inpatient care (19), etc. were less compelling additions to the main thesis since they applied less to the core theories and they fit less well in the primer for this reviewer. I could see their value if the primer was edited as a graduate text. As a second thought chapter 14 is especially suited for graduate students whose adolescence might be discerned and empathized with in the addition of that chapter. As for the chapter on non-analytic approaches (18), to be

sure the settings for practicing psychologists, graduates in placements and so forth—prisons, hospitals, group homes, etc. non-psychoanalytic methods and adjunctive approaches make practical sense. My last word is: Transference and Countertransference are always important no matter the setting or the adjunctive or primary clinical methods in use. We need to process how we feel about other human beings and vice versa to limit catastrophes and to enhance the best of what we may provide.

**References**


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The evolution of Weiner and Bornstein’s *Principles of Psychotherapy: Promoting Evidence-Based Psychodynamic Practice* since the first edition (Weiner, 1975) mirrors changes that have taken place within the practice of psychotherapy itself. The book’s subtitle, added to this third edition, alludes to several of these changes. For the first time, the book is expressly psychodynamic from the get-go, thus distinguishing it from other approaches and reflecting an unapologetic affiliation with a particular view of the psyche. Additionally, the words “evidence-based” reflect growing emphasis on producing systematic evidence of a treatment’s usefulness, largely as a result of the ubiquity of managed care organizations. The authors also note that nearly half of the references cited in the text have been published since the second edition went into production in 1997. Further highlighting (at least metaphorically) the modernization of our field, this edition is also conveniently available in e-book format.

There are tens of thousands of resources available to clinicians instructing them on the theory and practice of psychodynamic psychotherapy. Weiner and Bornstein have drawn many of them together in an impressively clear, comprehensive, and instructive text. I confess that I read this book with particularly self-serving motives. As an early career psychologist I have found myself in search of articles, books, and manuals to minimize my anxiety and increase my confidence as a therapist. While this book is a good refresher for any practicing clinician, it seems that trainees, early career practitioners, and those new to psychodynamic theory and practice are the intended audience. Weiner and Bornstein identify their audience simply as psychotherapy practitioners and those new to psychodynamic theory and practice are the intended audience. Weiner and Bornstein identify their audience simply as psychotherapy practitioners in clinical practice; however, the audience is likely somewhat narrower. Many of the concepts, methods, and perspectives discussed are best applied to those in private practice or working in an outpatient clinic with patients with sufficient personality organization to tolerate the traditional interventions prescribed. While much of the theory discussed by the authors is applicable to inpatient work or psychotherapy with highly psychotic or borderline patients, most of the methods are not appropriate or even feasible for these types of patients. Further, there is no discussion of daily, brief psychodynamic psychotherapy with hospitalized patients or those in day treatment. The book does not discuss interventions like transference-focused psychotherapy or mentalization-based treatment, both of which are recommended for patients with borderline personality disorder. Similarly, the content presented in the examples used throughout the text is that of highly organized and neurotic patients. For those working on an outpatient basis with higher functioning patients, this book is an invaluable resource.

Weiner and Bornstein begin in Chapter 1 by defining psychotherapy as “an interpersonal process in which therapists communicate to patients that they understand them, respect them, and want to help them” (p. 3). They move on to discuss the effectiveness of psychotherapy in general, maintaining a stance that is initially appreciative of the diversity of approaches before diving wholeheartedly into psychodynamic principles. Chapters 2 and 3 provide a review of the patient and therapist variables that are related to outcomes in psychotherapy. By beginning with these aspects of psychotherapy, the authors focus the reader’s attention on the primacy of the relationship between patient and therapist. The emphasis is on relational factors rather than being simply about technique. The authors discuss a wide range of patient factors including level of subjective distress, motivation, likeability, and degree of psychological mindedness. This is followed by a discussion of therapist factors; these include warmth, genuineness, empathy, training and experience, and freedom from neurotic difficulties. These two sections provide a good introduction to each party’s role in the healing process but there is a surprisingly brief discussion of therapist-patient interaction and its relationship to psychotherapy outcomes. An expansion of this section, perhaps into its own chapter, would further elucidate the complexities of patient and therapist variables.

The subsequent chapter, “Theory, Research, and Practice in Psychotherapy,” is one of the most concise and thorough reviews of psychodynamic theory that I have read in some time. I plan to use it for teaching psychodynamics to undergraduates who often struggle with concepts such as the unconscious, defense mechanisms, and the methods of psychodynamic psychotherapy. The authors’ description of dynamic personality theory is simultaneously parsimonious and filled with rich and relevant examples. All readers, from novice to expert, will be able to gain something valuable from the summary.
presented here. The one exception to this high praise comes in response to the authors’ description of the evolution of dynamic theory. Weiner and Bornstein identify drive theory, ego psychology, object relations theory, and self psychology as the major components of the development of psychodynamic theory. The description of each is succinct and instructive, but I was struck by the absence of interpersonal/relational and postmodern theories. It is not clear to me why these two theoretical developments in contemporary psychodynamic theory were not included.

Perhaps the most significant shift from the second to the third edition of *Principles of Psychotherapy* is a new promised emphasis on evidence-based practice. I read the book hoping to see randomized controlled trials covered in detail with special attention on manualized treatments; unfortunately I was disappointed in this regard. The portion of Chapter 5 devoted to evidence-based practice is sandwiched neatly between theory and practice and is just two pages long. The authors explain that additional support for the effectiveness of psychodynamic psychotherapy is discussed throughout the book and, in some places that is the case. This specific portion of the book however, will seem to the average scientist-practitioner woefully inadequate. Especially given the subtitle of the book, I expected a much more substantial overview of psychodynamic psychotherapy as an evidence-based practice.

There were moments throughout my reading of the book where I chuckled appreciatively at the simplicity with which principles were explained. For example, in discussing how to conduct an initial interview and assessment the authors state, “If patients do not tell you, ask them” (p. 62). In a field where obfuscation sometimes prevails, Weiner and Bornstein deliver aphorisms like this throughout the book. In this way, the text is a great resource for instruction and teaching basic principles of psychodynamic psychotherapy to neophytes.

It can be exceedingly difficult, in psychotherapy and in writing a book like this, to strike a balance between being directive and allowing space for intuition and instinct. The risk with overly didactic instruction is that the recipient will feel too closed in and limited; on the other hand, using more ambiguous strategies can lead to confusion or misunderstanding. The authors’ methods create a graceful equilibrium between these two poles. In Chapter 5, “Evaluation and Assessment,” they give numerous examples of how clinicians ought to speak with patients. There are specific suggestions about how to communicate. It is suggested that therapists should not “play dumb” if they know something of the patient because a referral source has provided information ahead of time. The authors also offer several cautions—against using rapid fire questioning, against making interpretations too early in the treatment, etc.—that are essential points of instruction for trainees, and valuable reminders for more seasoned clinicians. Throughout the book the authors do an exceptional job of balancing the need for precise instruction and broad guidance that is left open to interpretation. They note “Flexibility based on sound clinical judgment, not hard-and-fast rules, is the key to conducting good psychotherapy” (p. 92). Their commitment to this notion is evident throughout and will be greatly appreciated by most readers.

Weiner and Bornstein also caution against pursuing too unstructured a type of treatment before being sure of the patient’s level of personality integration. This advice seems prudent; there is value in being aware of the patient’s ability to tolerate anxiety and frustration, ambiguity, lack of structure, and their capacity to manage the opening up of the unconscious. That said, the authors seem to tacitly imply that psychodynamic psychotherapy is inappropriate for those with poor personality integration. This seems to be a holdover from an older school of thought within the psychodynamic and psychoanalytic community. There is ample evidence, both from case studies and empirical research, endorsing the utility of psychodynamic psychotherapy for all levels of personality organization (Brent, 2009; Gottdiener & Haslam, 2002; Martindale, 2007; Saks, 2007).

There is ample concrete and practical advice given throughout the book. Weiner and Bornstein describe in detail how to conduct an initial evaluation. Quotes are used in each section of the book and are clear and reflective of what actually takes place in the clinic and consulting room. Their approach may be more directive and structured than seems necessary for the strict adherent to the psychoanalytic frame, but it will be immensely helpful to new practitioners of psychodynamic psychotherapy.

Chapters 6 and 7 focus on the treatment contract and how to conduct an initial interview. These chapters are well-written and easy to follow. They are filled with excellent practical advice about the basics of psychotherapy—setting expectations, the physical space of the office, and fees. There is an especially helpful section in Chapter 7 on how to phrase statements, how to address silence, and how to respond to obvious patient discomfort. For example, the authors give four primary options available to clinicians faced with a silent patient. These include remaining silent, sustaining the conversation, asking patients for their associations, and finally, offering interpretations of the patient’s silence. Weiner and Bornstein give an example here (one of the
many times they offer specific quotes) suggesting that the therapist might observe, “You’ve been sitting silently for a while now, and just before you stopped talking you were describing some feelings you have about your mother” (p. 113). In this section, Weiner and Bornstein are at their best. They have a prescient knowledge of the anxieties faced by most new therapists and respond with clarity, precision, and a variety of options. This second section of the book is concluded with a partial case study—the evaluation and assessment phases—of a patient.

In Chapters 8 and 9 the authors discuss the process of interpretation and resistance. These two chapters provide a rich and nuanced introduction to these two constructs. The authors have managed to pack an exceptional amount of information into these two succinct chapters. In Chapter 8 there are several brief dialogues that demonstrate effectively how to prepare a patient for interpretation, how to foster the patient’s participation in the interpretive process, and how to work through the context of an interpretation. This chapter contains the meat of psychotherapeutic work with patients. There is a refreshing honesty about the mistakes clinicians are apt to make in interpreting and clear suggestions about how to avoid these pitfalls. Chapter 9 follows a similar pattern and I would recommend it to any training or practicing clinician both for its clarity and its applicability to a wide range of clinical situations.

The fulcrum on which most therapeutic relationships rest contains both the therapeutic alliance (discussed in Chapter 3) and the transference. Chapter 10 tackles this second and critical aspect of the relationship. The chapter is full of excellent examples and quotes. The authors provide a rich discussion about the distinction between specific and generalized transference. They prescribe techniques for protecting and interpreting the transference and describe a wide variety of expressions of transference. They manage to do all of this without losing sight of the importance of real relationship between therapist and patient that allows room for basic pleasantries common to any professional relationship (see pp. 218-220).

The following chapter is significantly briefer and discusses countertransference, which the authors define as, “inappropriate or irrational reactions by therapists to a patient’s behavior” (p. 257) or “transference reactions in reverse” (p. 257). The chapter is based on this definition and thus presents a singular view of countertransference based on an earlier and narrower understanding of the phenomenon. There is little discussion of diagnostic countertransference and the joint construction of countertransference. Many clinicians today rely heavily on countertransference reactions as a tool for better understanding the patient’s personality structure and interpersonal relationships. There are certainly aspects of the personal countertransference than can be counterproductive to healing and those should be addressed in the ways identified by Weiner and Bornstein in this chapter. The chapter lacks any discussion of the clinical utility of countertransference and therefore seems somewhat incomplete.

The final chapter of the book is appropriately named, “Termination.” This chapter provides a reliable and comprehensive review of the basic strategies for terminating: what criteria should be evaluated when considering termination and how to implement termination thoughtfully and productively. There is an especially helpful discussion of forced termination, a common but often-overlooked experience of the psychotherapy trainee and her patients. The book then concludes with the second half of the patient case study. There is a brief synopsis of the patient’s course of treatment and then a verbatim transcript of one of her sessions conducted near the end of treatment. The case is an excellent representation of psychodynamic psychotherapy and will be useful to most readers. The distance, 190 pages, between the two portions of the case study led me to go back and review the first half so I could fully appreciate its conclusion.

Principles of Psychotherapy makes a valuable contribution to the field. It is a highly readable book that provides an exceptional summary of the theory and practice of psychodynamic psychotherapy. The brief yet vivid case examples used throughout the text add richness to the discussion of practical concerns. While the subtitle may promise too much in terms of promoting evidence-based practice, Weiner and Bornstein excel in their ability to bring together complex and often disparate aspects of clinical practice into an outstanding text that is accessible and relevant to psychodynamic psychotherapists at any stage of training.

References

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I have been a fan of Childhood and Society for more than a half-century and have used Erikson’s (1950) epigenetic schema of the life cycle as a central theme in teaching human development, both to prospective teachers and to psychoanalytic candidates. This one book initiated the field of lifespan developmental psychology while also situating basic psychoanalytic theory within a socio-cultural context. As I followed Erikson’s subsequent writing, I admired his creation of psychohistory and psychobiography, and was proud that a practicing clinician and major extender of Freudian thinking was also a public intellectual. Over time I became puzzled that both the professional literature and institute curricula seemed to give his contributions short shrift. A 2007 citation count showed Erikson to be widely quoted in journals in other disciplines and in the popular press, but not in psychoanalysis.

Upon Erikson’s death I organized a symposium, presented at the Division 39 1995 meeting and subsequently published in a special issue of Psychoanalytic Review (1997). The neglect of Erikson’s ideas seemed especially incongruous in light of Wallerstein’s obituary (1995) proclaiming him “a true genius.” Daniel Burston has solved my puzzlement! In the closing chapter of this book, “Erikson’s Erasure,” he provides a complex and convincing set of reasons implicating childhood and society (professional and cultural), and respecting the core Freudian idea of overdetermination.

This wide-ranging and closely reasoned yet accessible book is more than an excellent psychobiography and a sound description of much of psychoanalytic history in the United States. It is also a comparative psychoanalysis including commentary on Freud, Jung, Adler, Rank, Federn, Anna Freud, Melanie Klein, Reich, Fenichel, Hartmann, Rapaport, Waelder, Eissler, Fromm, Winnicott, and Lacan; and a comparative philosophy discussing Kant, Nietsche, Darwin, Marx, Freud again, and the Frankfurt School. A scholarly tour de force, on many pages reading like a novel, it provides even more: Insights into Luther, Gandhi and the psychology of religion; the development of conscience through intergenerational identification; dream psychology, and social commentary. The book is also a testimony to the multiple domains to which psychoanalysis belongs: a theory of mind, a theory of psychopathology, a healing art, a science, and a major addition to the history of ideas.

Burston, professor and chair of the psychology department at Duquesne University, is not a clinical practitioner. The author of numerous books and articles on the history and theory of psychoanalysis, and the many points of convergence between psychology, philosophy, religion and culture, he is neither a basher nor idolizer of Freud or Erikson. He offers incisive critiques of them and the several thinkers he discusses, admiring strengths and noting weaknesses as he sees them. Until the 1970s, he tells us, psychoanalytic history was “a meager field dominated by the Freudian faithful or those with some sectarian axe to grind” (p. 170). Since then seasoned historians, philosophers and independent scholars have taken up the task.

As a clinician, I find Burston’s intellectual range awe-inspiring and his argumentation fair. I will take note of three focal topics: Erikson on superego development, Erikson on dreams (two areas in which I feel well-informed and in agreement with Erikson’s modifications of the Freudian canon), and Burston’s ethological critique of Freud (where I find the ideas to be less convincing).

Burston’s Thesis
This book is more than biography or historical treatise, however informative readers will find those sections. Burston has a thesis from which he draws his own conclusions about the contemporary “American Psyche” of his title. His thesis is that Erikson is not an ego psychologist, but instead a creative theorist impossible to pigeonhole, and a “crypto-revisionist” (p. 90). Burston shows Erikson’s exaggerated loyalty to Freud to conceal a creative revisionism under the guise of orthodoxy. This professed loyalty did not protect him from rejection by the psychoanalytic establishment (most notably his own analyst, Anna Freud); nor did their rejection protect what was once “a movement” from the energy-sapping schisms that have weakened it.

For Burston, Erikson’s single most important idea is “intergenerational identification,” a cultural and historical concept that “clinicians, with their narrow focus on treatment issues, generally overlook” (p. 3). It is about the relationship of adults - engaged in their middle age generativity conflict - and their adolescent children who need good role models in their quest for identity. “Intergenerational identification” extends the psychology of superego development forward from the Oedipus complex and is as well, in contemporary terms, relational. Failures of intergenerational identification can result in cynicism, indifference, or rigidity. Successful identifications result in judicious ethics and flexible minds. Erikson’s insistence on ethical concerns was a reproach...
to the more rigid stance of many of his psychoanalytic contemporaries. Burston’s conclusion is a rebuke to the current technological culture in which anonymous Internet relationships replace authentic intergenerational ones.

The Specimen Dream
Erikson’s best known clinical contribution, “On the Dream Specimen of Psychoanalysis,” (1954) appeared in the second volume of the Journal of the American Psychoanalytic Association. Here Erikson reanalyzes Freud’s Irma dream and offers a prospective approach to the meaning of dreams, consistent with his own ideas about identity-formation; this in addition to Freud’s archeological and decoding method. Burston, with the benefit of subsequent commentaries and later emergent biographical material, provides an even more complex understanding of this basic clinical text. From his exegesis, we learn more about Freud, Erikson, and the art and challenges of clinical dream interpretation.

Instincts and Civilization
“Freud’s contention that instincts and their derivatives lack realism and restrain and hamper the organism’s adaptation to reality” (p. 85) is seen by Burston as inconsistent with ethological observations that instincts are naturally selected “to enhance adaptation, not to obstruct it” (p. 85). It is a “civilized conceit” Burston argues, “that aggression is unchecked in nature . . . or that restraints...are all a product of ‘civilization,’ as Freud contended,” (p. 86). For Erikson, “aggressive tendencies...ascribed to the ‘death instinct’...are rather a product of...socialization” (p. 86): Instinctive means adaptive; instinctual means excessively libidinal or aggressive, and “divorced from instinctive patterning” (p. 86). Burston sees Erikson’s views as avoiding the “closet metaphysics” (p. 85) of the Hartmann/Rapaport model, opening psychoanalysis to data from outside the consulting room, and supporting a social psychoanalysis. Although I question this very specific application of the ethological point of view to psychoanalytic drive theory, Burston’s conclusion that Erikson’s views conflicted with the standard psychoanalytic theory of his contemporaries is on the mark.

A Critique
Burston’s view of Erikson as a “crypto-revisionist” is a significant but only partial truth. Like Freud, Erikson’s intellectual ambitions were not limited to clinical practice. Totem and Taboo (1913) and Moses and Monotheism (1939) are two examples of Freud’s attempt to create a complete theory of the human condition. Erikson might better be considered, an “extender” (Bergmann, 1993) of this line of the Freudian agenda. His was an attempt to account for the interaction among the biological, psychological, social and cultural contributions to human development. At a time when psychoanalysts dominated mental health practice and were protective of the purity of that practice, Erikson’s theoretical forays and his popularization were seen as “not psychoanalysis,” speculative, and indicating dilettantism in a man who did not spend his time in one place and could not, therefore, be a clinician dedicated to an increasingly long-term treatment model.

As a psychologist who was also excluded then from the psychoanalytic establishment, I found Erikson’s work to be broad and unifying, and his influence on people like Benjamin Spock and Fred Rogers to be salutary. I find his work to be consistent with the “developed Freudian” of Rangell’s (2007) total composite theory. The contents of recent newsletters of the American Psychoanalytic Association and the International Psychoanalytical Association suggest that the “establishment” may itself have become more Eriksonian now that it can no longer impose a narrow-scope, pure and exclusive psychoanalytic model of theory or practice.

Clinicians might find some of Burston’s points inadequately appreciative of clinical realities, and there are occasional misspellings and injudicious comments (e.g., p. 142, “Hartmann’s work just sounds silly nowadays”). We should, however, be grateful for this important volume, and should hurry to invite Burston to speak at Division 39 conferences.

This book appears under the imprimatur of Psychological Issues, an excellent monograph series founded by George S. Klein in the 1950s and currently edited by Morris Eagle, a former president of the division. Kudos to Morris.

References

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There is a problem. The number of people, as a percentage of the population, incapacitated by mental disorders has been increasing dramatically since the 1970s. This is not an increase in the number of people diagnosed with the disorders, which might be explained by a difference in diagnosis or in the recruitment of patients. This is an increase in the number of people in nursing homes and board and care homes because of mental disorders, and an increase in people unable to earn a living and receiving SSRI and SSRDI payments because of their disabilities. The increase has been steady and large, and the number of people incapacitated has for a long time been much larger than those incapacitated before the introduction of modern medications.

This is not true for just one diagnostic entity. This is true for schizophrenia, depression, bipolar disorders, and anxiety disorders. It is not a subtle phenomenon. Although the increases are very large, most of us have not been aware of them. Robert Whitaker, a journalist, not a psychologist or psychiatrist, has amassed the data, and put the numbers and their implications together clearly in this book.

His scholarship is careful and unimpeachable. When I first heard him talk (about his earlier book, *Mad in America*) at a professional meeting years ago, in response to a question he said that his book had been bitterly criticized, but that none of his critics had alleged that any of his facts were in error. I was impressed that this was a real reporter. He seemed to be saying “Call me any name you want, but don’t say I got the facts wrong.” His bitter critics were saying he was unethical for reporting data that made psychiatric medications look bad. After all some patients might hesitate to take psychiatric medication if they knew that it might have bad effects.

He had begun reviewing the data in order to write a series of articles for the *Boston Globe*. He originally believed in the great breakthroughs in the pharmaceutical treatment of mental disorders in the modern era. Being a careful reporter, he checked our professional journals. Some of the articles portrayed in glowing terms the miracle of our current knowledge. But some of the articles reported different data. His attempt to make sense of what he found led to the publication of his earlier book and now to this one, which describes accurately our current problem.

He describes first-person interviews with patients and families who are glowingly enthusiastic about the medication, patients and families who report good results initially that turn into a trap in the long run, and patients and families who simply report a disaster. But the overall national statistics are overwhelmingly bad in the long run. He presents the numbers clearly, accurately, and in detail.

When Thorazine and Haldol were introduced, they were acclaimed as a medical miracle. When the atypical antipsychotics, including Risperidal and Zyprexa, were introduced, they were acclaimed as an even better medical miracle. But the number of people permanently incapacitated by schizophrenia has only gotten worse. The medications are helpful in the short run, often dramatically helpful. They particularly make patients easier to deal with, and more tolerable. But the long-term story is different. In the long run the patient’s tend to become more tolerable chronically disabled individuals. Moreover, there now seems to be a dramatic shortening of their lives (over 20 years), primarily from physical side effects, e.g., metabolic disorders including diabetes.

A similar story of short-term success followed by long-term difficulties unfolded with antidepressants. The first generation of antidepressants were acclaimed as a medical miracle. The second generation of antidepressants, the SSRIs, were acclaimed as a dramatically better medical...
miracle. In the short run they were often dramatically effective, although not as consistently as their publicity would suggest. But in the long run the effects were not good, and the patients suffered severe withdrawal effects if they tried to stop, and often severe side effects if they did not stop.

A similar story unfolded for bipolar disorders. What had been a rare diagnosis became common. Most bipolar disorders start with a depression that was treated with antidepressants. The patient has a manic episode, changing the diagnosis. There are two possible explanations. One is that the antidepressants have unmasked the underlying bipolar disorder, which now must be treated successfully with mood stabilizers and other medications. This is the explanation preferred by biological psychiatrists. The other possible explanation is that mania is a common side effect of the antidepressants.

Lithium was hailed as a medical miracle for bipolar disorders. Later mood stabilizers were hailed as even better treatment. But the number of people incapacitated by bipolar disorders keeps increasing dramatically.

The story for anxiety disorders is the same. Benzodiazepines were hailed as medical miracles, although the frequency and severity of addiction led to disillusionment. Side effects were serious. In the long run increasingly more patients are incapacitated by anxiety disorders. None the less a medical miracle of pharmaceutical treatment for anxiety disorders is still acclaimed.

What is now proclaimed as the medical miracle is a carefully prescribed “cocktail” of medications, which is even better and safer for all of these disorders than the previous single medications. But the number of people disabled permanently keeps going up.

Whitaker also reviews the data with respect to the medicating of children and adolescents, which now keeps increasing, without their being evidence of their long-term utility. Indeed, what evidence exists indicates that large numbers of children and adolescents are being badly hurt in the long run and sometimes in the short run.

How did this happen? According to Whitaker, in the 1970s Psychiatry had a problem. It was a financial problem, both for individual psychiatrists and for their organization. The solution was to make an alliance with the pharmaceutical manufacturers. The manufacturers poured money into the organization. In return the American Psychiatric Association pushed medication as the treatment of choice for all disorders. Their resources were channeled into public relations, espousing the wonders of medication. Biological rationales were created, explaining the medical miracles. Since these wonder drugs supposedly worked, whatever physical changes they produced must have been the basis for the disorder. But none of these theories have been validated by careful research. The manufacturers paid for continuing medical education seminars which promoted drugs and did not share data on the down side of the medications. Prominent psychiatrists were paid very large sums of money to promote medication. Their presentations at professional seminars and continuing medical education were rehearsed by the drug companies, so that they would say exactly what was wanted. The amounts of money being paid made it well worth their time.

Medication oriented psychiatrists took over review panels at NIMH. Research on projects like Soteria House, which minimize the use of medication, had their funding cut off. NAMI (the National Alliance for the Mentally Ill), an organization purportedly for the mentally ill, but is actually composed primarily of parents of the mentally ill, who need and receive a great deal of support from the organization. But the organization has a hidden agenda: to sell psychiatric drugs. The manufacturers have poured money into the organization, and the organization permits no negative information about medication to be discussed or posted by any of their chapters. The organization gets parents to insist that their child receive the modern miracle medications forever.

Unfortunately, the information in this book rings true, and it made sense of a great many things that have happened. Thus, the American Psychiatric Association paid for and distributed to its members a study showing that psychiatrists who only medicate and evaluate easily make more than three times as much as those who do psychotherapy, and recommended that rational psychiatrists will medicate and evaluate only. Some years ago at the cocktail party before a symposium at APA on psychotherapy vs. medication for depression and for anxiety sponsored jointly by a division of the American Psychological Association and by a pharmaceutical company, the psychiatrist from NIMH who was going to speak about the effectiveness of antidepressants casually said that, of course, two thirds of depressed patients should not be medicated, but he would never say that publicly. I was puzzled. If he believed in medicating all depressed patients that would be understandable. But if he believed that two thirds of depressed patients should not be medicated, then why would he not say so. It was only later that someone pointed out to me that the experts who spoke in favor of psychotherapy were paid $100, but the experts who spoke in favor of medication were paid $1000 plus all expenses. Obviously, he did not feel he would be paid that kind of money for telling the truth. That $1000 plus expenses is now actually very small compared to fees described by Whitaker.

The chair of a major department of psychiatry
said to me that my colleagues and I had made a mistake in a research proposal comparing medication with once per week dynamic psychotherapy and twice per week dynamic psychotherapy for depression, because we had budgeted a half hour for each medication visit. He said that was old-fashioned psychiatry, that now a psychiatrist was a real doctor and should never spend more than 10 minutes with a patient. At first I thought he was joking, but he was serious, although he did sign off on the proposal. (We felt that the only scientific comparison that made sense was to compare medication properly used with psychotherapy properly done. Thirty minutes allowed for a careful medication evaluation.) The proposal was not funded by NIMH. The major reason given was that we know how to treat depression (medication) and we don’t have to investigate alternatives. I noticed at the meetings of the Society for Psychotherapy Research around that time that there seemed to be no funded research comparing psychotherapy with medication, only research comparing psychotherapy and medication with medication alone.

Another chair of a major department of psychiatry, a pediatric psychiatrist, lectured graduate students in psychology on treating depression in children. He used antidepressants with them, and reported using them with children as young as six months. When he was asked about the British restrictions on using antidepressants with children, he said there were no studies on which those restrictions were based. There had only been one study, and the findings were not significant. (Of course, these statements were not true. The British actions were prompted by the dramatic increase in childhood suicides on antidepressants, as compared to depressed children with no treatment, as well as the fact that antidepressants are not very effective for depression with children.)

Whitaker does report some hopeful data. The World Health Organization data originally gathered to show the advantage of treating schizophrenics with modern antipsychotics, found instead that in underdeveloped countries where most patients are not treated with antipsychotics because they cannot afford it, the outcomes are extraordinarily better. This has been in the psychiatric literature for some time, but it is almost never referred to. In part of Finland, Jaakko Seikkula and his group have shown remarkable results with a combination of family therapy and individual therapy with psychotic patients, using little or no medication.

In addition to Whitaker, some of the bases for the destructive effects of psychiatric medications is accurately described by psychiatrist Peter Breggin’s (2008) Medication madness, which presents case histories of patients who developed serious psychiatric symptoms in response to current medications even in the short run, by psychiatrist Grace Jackson’s (2009) Drug-induced dementia, which describes the neurological damage that results from chronic use of current psychiatric medications, and Peter Breggin’s and David Cohen’s (2010) Your drug may be your problem, which summarizes briefly the known side effects, the known withdrawal effects, and how to safely withdraw from most currently used psychiatric medications.

But psychoanalysts and psychoanalytic therapists know from our own experience and the experiences of our colleagues that sensible psychoanalytic therapy helps patients with each of these disorders. These days most of our patients have tried medication and it has not helped them before we ever see them. My research and clinical experience with schizophrenics led to the conclusion that the treatment of choice was psychoanalytic psychotherapy without medication (Karon & VandenBos, 1981, Psychotherapy of schizophrenia). Nearly as good was psychoanalytic therapy with initial medication that was withdrawn as rapidly as the patient could tolerate. Psychotherapy with continuing medication was not as effective, but it was more effective than medication alone. I would make the same order of recommendations with respect to choice of treatment for the other disorders. But when we make our recommendations it is useful to have Anatomy of an epidemic, a readily available source of accurate information that describes the avoidable tragedy that has evolved; and that can be shared with patients, with families, with trainees, and with students.

References


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This is an accessible, concise and rather exceptional book consisting of two significant interconnected threads. The first pertains to psychoanalytic epistemology and specifically, how psychoanalytic knowledge differs from the factual, reproducible knowledge and methodology of the physical sciences. In examining this general idea, Caper focuses on whether psychoanalysis is part of the sciences and if not, where it belongs. In exploring this, the nature and gaining of psychoanalytic knowledge becomes paramount. The book’s other major and ultimately more central strand pertains to the vital mental attitude on the part of the analyst that distinguishes psychoanalysis from every other form of psychotherapy, and more implicitly, how the analyst’s mental perspective relates to the therapeutic action in psychoanalysis. In considering this theme, Caper discusses the way in which analysts use their minds in order to accomplish analytic aims, which are largely viewed as bringing about a change in patients’ perspectives or attitudes toward their own mind. A particular listening stance is advocated, greatly influenced by Bion’s (1962; 1970) seminal writings that utilize Keats’ notion of negative capability, wherein the analyst works from what Caper terms, “a state of studied ignorance” that builds out from what he calls “a healthy state of darkness.” In short, analysts are encouraged to cultivate “the capacity to observe without understanding so that meaning and understanding can emerge on their own” (pp. 64-65). Consequently, psychoanalytic expertise consists of “knowing how to remain ignorant long enough to have new experiences of a patient from which one may learn” (p. 12). In the hopes of doing justice to Caper’s rich and illuminating thoughts, I will briefly review the main strands comprising this succinct albeit enlightening book.

The Nature of Psychoanalytic Epistemology
In examining whether psychoanalysis is a part of the sciences, Caper investigates the relationship of psychoanalytic theory and observation to the methodology in the experimental sciences (e.g., medicine) as well as to that of philosophy (e.g., hermeneutics). Though strongly influenced by Bion’s work, Caper eschews unnecessary jargon while offering an accessible and concise exegesis of Bionian ideas applied to such questions as: Is psychoanalysis a part of the sciences? What is the relationship between psychoanalytic theory and observation? What is the nature of a truly psychoanalytic interpretation? What are the aims of psychoanalysis? And, how does psychoanalysis work to achieve analytic change?

Psychoanalysis and Science
Caper makes it clear from the onset that psychoanalysis must be distinguished from the “hard,” physical or experimental sciences in that it studies “immaterial,” mental phenomena perceived through the observer’s sensibilities rather than perceptible objects perceived through the senses. Nonetheless, like Freud as well as more recent analysts concerned with the philosophy of science (e.g., Ricouer. 1977; Ahumada, 1994; Shevrin, 1995), Caper grounds psychoanalysis in empirical science relying on idiographic observation. In so doing, he wisely notes that the term “observation” fails to do justice the complex emotional immersion of analyst and patient in the events they are trying to describe and assess.

As he explains, psychoanalysis, in using naturalistic observation, is connected to experimental science in complex and interesting ways yet can never be a “hard” science relying on phenomena that can be replicated, subject to controlled experimentation, involving large classes of individuals, utilizing statistical analysis, and enabling specific prediction. Nonetheless, by forming hypotheses that are tested against evidence that leads to theories, psychoanalysis carries out the “spirit of
it is the uncontrolled, direct experience of the analyst in the analytic session that analysts must use in order to arrive at effective theory and this can only occur when analysts are capable of absorbing as much as they can of the unique and specific detail in their clinical experience with any one patient. It is noteworthy that Ahumada (1994) also discussed the natural scientific basis of psychoanalysis by clarifying the false distinction between “natural” and “human” science that conflates what is ‘exact’ rather than ‘observational’ as well as ‘formal’ in contrast to ‘empirical’ science. I too believe that psychoanalysis relies on inductive hypotheses arising in the analytic relationship and that in essence, the analyst’s scientific task is intuitional, observational, and descriptive while requiring, as Caper plainly states, the analyst’s use of his unconscious as a powerful instrument in discerning psychic realities.

Caper’s thesis follows the epistemology of logical empiricism wherein the observables are sought in the analytic situation and relationship (see also Ricoeur, 1977). An analyst’s direct, “trial and error” experience with a specific patient within the unique analytic process is the only means by which psychoanalytic theories, primarily in the form of a good interpretation (evidenced by means of the patient’s reaction to it), can be confirmed or disconfirmed. From this vantage point in terms of the science of psychoanalysis, three points are made: first, direct experience is paramount; secondly, case study methodology is employed rather than a nomothetically-based, established body of experimentally-derived theoretical knowledge; and finally, expertise from the clinically-scientific position depends on “the capacity to work in ignorance of theory” (p. 8).

Psychoanalytic Science and Clinical Expertise

Caper’s foray into psychoanalytic epistemology and philosophy of science is largely in the service, however, of explicating its connection to psychoanalytic expertise. He views psychoanalysis, among other things, as a “battle” against the kind of concrete thinking seen in the physical sciences that differs only in a matter of degree from that seen in psychopathology. Analysts as well as their patients are subject to treating states of mind as if they are inanimate objects that can be predicted, controlled, manipulated, and/or transformed by ridding oneself of their unwanted aspects.

This view stems from both Freud and Bion’s (1970) notion of mind, and much like Buddhist thinking (Epstein, 1994), Caper maintains that mental events cannot be subjected by the mind, which instead is formed in order to deal with the spontaneous mental events with which it is presented. Mental activities are autonomous and uncontrollable and analysts need to arrive at an attitude that recognizes the mind’s sovereignty. In other words, the analyst must be able to observe the autonomous and fundamentally uncontrollable mental events of one’s own mind (which Caper regards as Freud’s most important achievement). Thus, his text serves as a plea for analysts to approach the necessary science entailed in their clinical work through an experientially-based, observational methodology in contrast to a detached, theoretically privileged and more controlled position. It is because the mental events studied in psychoanalysis can only be “lived through” rather than controlled or even observed dispassionately the way physical events may be, Caper devotes most of his book towards examining the nature of psychoanalytic technique as it stems from the analyst’s particular mental attitude and relationship to her/his mind.

The Nature of the Analyst’s Mental Activity

In terms of the analyst’s technical, psychic work, Caper goes on to present his essential thesis (conveyed by the book’s title) that analysts must use their lived experience with each patient to “build their way out into the dark of the immediate live interaction … and from there back into the patient’s unconscious” (p. 11). This is accomplished by the analyst’s being able “to tolerate being in the dark” (p. 12). In a nutshell, analysts must allow the patient’s unconscious to impact their unconscious and then observe the experiences that subsequently must be lived through (rather than dispassionately observed).

In order to accomplish this, an analyst needs to be able to perceive the patient through the veil of their own preconceptions and theories – consequently, being able to discover the features of the experiences he/she is living through with the patient that are not encompassed by one’s theories. The requisite state of the analyst’s mind is marked by: (a) a sense of mystery; (b) an awareness of a lack of control over mental events; and, (c) a sense that the patient is mentally separate from the analyst. Expert analysts learn “how to remain ignorant long enough to have new experiences of a patient from which one may learn” (p. 12).

Tolerating the Dark

Caper picks up on Bion’s use of Keats’ idea of negative capability and in Bionian fashion, proposes that an analyst must be able to tolerate being in the dark. Moreover, and perhaps to counter some of the excesses of the Kleinian theoretical edifice that he was trained in, Caper wisely reminds his readers that too much light (too little dark) indicates a tendency toward omniscience in contrast to “learning from experience.” Beyond learning a body of knowledge, Caper persuasively though perhaps somewhat polemically argues that expert
analysts develop the capacity to work as much as possible “in ignorance of theory” (p. 8) and thereby observe without theoretical preconceptions in order to learn through their senses rather than through more detached reasoning.

The analyst needs to be moved by what the patient presents them with and impacted by something in their experience of the patient beyond what the analyst’s theory already encompasses. For this reason then, rather than being wedded to theory, Caper argues that analysts must maintain a “state of highly polished ignorance” until they are impressed by something in their experience of the patient. Analytic sterility occurs when analysts are unable to abandon their theorizing in order to observe “without theoretical preconceptions” (p. 8).

**Therapeutic Action and the Aims of Psychoanalysis**

The analyst’s state of mind and the analytic process are regarded as the carriers of therapeutic action. Caper contrasts his process-oriented view with the classical notion that the discovered meaning of the analysand’s specific unveiled psychic content is imperative. Consequently, he argues that psychoanalysis brings about psychological development not just by discovering new information about oneself, but more significantly, by bringing about a change in a patient’s perspective or attitude toward his/her own mind -- namely, a new relationship to one’s mind. Analysis does not “cure” the patient but rather is uniquely able to improve a patient’s capacity to be in contact with and to tolerate one’s own mind as is (and thereby enable a patient to develop on her/his own). In short, the goal of clinical psychoanalysis is only “to help patients arrive at a position in which they can observe and articulate their own internal experiences, and therefore find out for themselves who they are and what they mean.” (p. 64). In his view, suffering is not avoided or “cured,” but rather one is helped to tolerate unavoidable suffering. In an intersubjective turn, Caper notes that a patient’s growth can be seen in their developing the capacity to observe their inner feelings, intuitions, and senses and consequently, help them achieve better contact with their reading of others.

The unique achievement of psychoanalysis pertains to developing the capacity to observe without understanding, or what he terms, the “capacity for mental unsaturation.” Psychoanalysis then is alone among the psychological therapies in offering the patient the opportunity to develop the capacity to observe without understanding, which, in Caper’s words (p. 65), enables “meaning and understanding ... (to) emerge on their own, unobstructed by saturated ideas, including premature ‘understanding’.”

**Recovering One’s Analytic Mind**

It is in the very nature of the psychoanalytic process that analysts are continually being pulled out of their analytic attitude (or identity as an analyst) by emotional forces originating in their patients and/or in themselves. Caper suggests that the skilled and more experienced analysts are able to regain their analytic attitude, state of mind, and/or identity as an analyst subsequent to becoming immersed in their experiences with the patient. He notes that with experience, we tend to become more capable of letting ourselves be pulled out of an analytic attitude and still retain the conviction and confidence that we will be able to regain the necessary attitude later, an attitude that is marked by the “capacity to be mystified.” He calls this the “dialectic of psychoanalytic development” (p. 12) wherein the analyst must emerge from “false knowledge or omniscience into mystery,” then fall back and yet emerge repeatedly, time and time again.

In conclusion, this compelling and powerful book offers the reader a great many evocative ideas to ponder on the essential nature of psychoanalysis and psychoanalytic knowledge. Some readers might feel that Caper takes things too far in implying that analysts can observe without theoretical preconceptions, namely, “without memory and desire” as Bion proposed. However, in recommending that analysts paradoxically struggle to attain an “objective, non-tendentious stance” (p. 14), Caper explicitly notes the impossibility of operating without theory, the inevitability of inexact interpretations, and the implausibility of absolute objectivity. He therefore considers the analyst’s struggle and inevitable inability to achieve such “objectivity” to be the essence of the necessary analytic subjectivity that will enable the analyst to be in contact with the immediate experience that s/he and the patient are “living through.” This is the “healthy state of darkness” or “studied ignorance” that Caper regards as the basic “habit of mind” (p. 51) that permits the unconscious experience in the analytic situation to become data for psychoanalytic knowledge as well as the source of increased freedom in mental functioning.

Much like Jonathan Lear’s (2003) notion of a “subjective sense of objectivity,” Caper proposes an analytic aim that he hopes will protect patient (and analyst) autonomy through the valuing of analytic work as transformational and catalytic (rather than explanatory through the decoding of content). Thus, he offers a notion of psychoanalysis wherein patients do not necessarily come to a better “understanding of themselves” but rather an analysis that simply increases the capacity to observe oneself “in the absence of an understanding” (p. 64). Consequently, “meaning and understanding can emerge on their own” (p. 65) and inner space is created or enlarged for a new relationship to one’s own mind.

Whether or not Caper’s more controversial view
of psychoanalysis will satisfy the reader will undoubtedly depend on whether one privileges the search for, or the discovery of meaning as crucial in psychoanalysis as well as the extent to which the ideal of operating in ignorance of theory is ascribed to. Though Caper clearly recognizes the impossibility of operating without theory, unfortunately he fails to shed light on the importance of the analyst’s skillful utilization of theory when working intrapsychically with what emerges from the living through with the patient. How do expert analysts make use of their intuition and subjectivity to facilitate their patients developing a new relationship to their own minds? And, how and when do skillful analysts make use of theory? By not addressing these questions directly, perhaps some readers will misconstrue Caper’s complex argument and assume that patients somehow mysteriously become more contactful with and tolerant of their own minds simply because the analyst allows him- or herself to be impacted by the patient’s unconscious.

This caveat notwithstanding, I believe most experienced analysts and seasoned analytic therapists will greatly appreciate both Caper’s sophisticated ideas about psychoanalytic science and his thoughtful and challenging effort to elucidate the complex nature of the analyst’s listening stance as well as relationship to his/her own mind while immersed in a genuine analytic process. I wholeheartedly recommend this incisive book by one of our most talented contemporary analytic thinkers.

REFERENCES

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**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**
Although some (Spillius, 1997) described his earlier work as basically Kleinian, Rafael Lopez-Corvo has more recently made clear his focus on the work of a famous patient of Klein’s, W. R. Bion. His (Lopez-Corvo, 2003) dictionary of Bion’s work is now followed by the volume under review, which, as the subtitle notes, is a clinical application of Bion’s theories. In his dictionary, he (Lopez-Corvo, 2003) refers to Bion as a specialist in the psychology of emptiness. In the volume under review Lopez-Corvo writes of the difficulty of tolerating silence not only for the patient who may be looking for a “ready-made” answer, but for the analyst as well. In regard to the therapist being able to tolerate silence, Bion is quoted regarding finding a pattern of a patient’s silence found in a capacity to respect the silence of the session. Projection? Bion considers the effect to be something other than countertransference. Further, engaging a session or sessions in this manner is considered to afford a radical respect that allows the work to continue as silence may be found to communicate when connected to what is spoken before and after such silence.

To a contemporary ear, it may or may not be surprising to find a point of comparison in the sound of silence and Zen. Early in the introduction, Lopez-Corvo quotes extensively from a talk given by D. T. Suzuki (Suzuki, Fromm, and De Martino, 1960) during a weeklong workshop on Zen and Psychoanalysis held in Mexico in August of 1957. Suzuki noted that in addition to an attraction to dichotomies, the West likes verbalism and goal orientation. Playing with the propensity to think dichotomously, Suzuki adds that the East makes clear the eloquence found in silence and creativity. Although Bion never made a formal link between his work and Zen Buddhism, Lopez-Corvo is not alone in considering Bion’s O in light of Zen (cf., Bucca, 2007). Within the present volume, Lopez-Corvo provides the reader with consistent and focused writing on the subject that to my eyes amply addresses a previous critique regarding the clarity of the description of the relationship between Zen and Bion found in his dictionary (Symington, 2004). Additionally, he utilizes Plato and Descartes to suggest that the Zen eloquence of standing outside of dichotomous thinking may also be found in the Western tradition. To that refreshing end, I was reminded of Fairfield’s (2002) comment that Descartes’ questioning may be understood to de-stabilize not reify what we refer to as I. The truly important link between Zen and Bion for Lopez-Corvo is in regard to the capacity to make use of intuition.

The privileging of intuition matters greatly to his thesis. Consider the second chapter of the book, published previously in The Psychoanalytic Review (Lopez-Corvo, 2006). Here Lopez-Corvo concludes with the statement “True self is an attitude . . . towards the capacity to ‘contain’—as in container/contained—internal truth and deter internal lies . . .” (p. 48). Following the universe that is British Psychoanalysis, he uses and moves beyond Winnicott to play with orientations that aggressively avoid the utilization of intuition: a “complying false-self,” and the “negativistic false-self.” In consideration of these divergent aspects of self, we approach the meaning found in the title of the current volume. Lopez-Corvo writes of traumatic circumstance in childhood, that is, experience that cannot be contained by a parent’s reverie. Due to the sheer weight of such experience, that the self is “inflamed” with “wild thoughts” searching for a “thinker” to contain them so that they can be forgotten. The center of the book then is the idea that the goal of psychoanalysis is to contain truth in a manner that will lead to growth as opposed to tragedy.

The book, in my opinion excels in the use of clinical case material with several complicated patients. Throughout his presentation of these cases, Lopez-Corvo
provides a sense of not only his conceptualization, but also what he communicates to his patients. For example, working from the idea that all symptoms exist to solve problems, albeit problematically, he provides a case illustration of a patient’s drug dependence as a method of successfully remaining in his family home while simultaneously destroying the capacity to learn in order to illustrate principles of dissociative splitting and shame. Additionally, in working with a client who was traumatized during childhood surgeries related to spina bifida he speaks of a part of herself that is envious of her own aliveness, and adds that this aspect of herself wishes she would be dead or suffer continuously. He adds that successful treatment will depend on how she manages to deal with this threat and feel as though she has the right to be alive. While this might read as paternalistic, given the histories and context found in the book, his engagement comes off as caring and attentive in a manner that facilitates growth as opposed to dependence.

Given the particular quality of this writing, I was struck by the manner in which at times his writing diverged from the particular and took a generalizing tone. One example that stuck out for me was found at the end of the introduction: That “Unsuccessful attempts to recover the misplaced body can be observed in acts of piercing, cutting and tattooing, so common these days.” (p. 16). While I intuit a line of thought suggesting that these sites mark uncontained wild thoughts that cannot be forgotten, I am suspicious of the generalizing quality to particular behavior across a set of people. Such generalizations may be problematic. In his memoir, Noah Levine (2003) writes that being tattooed was a manner of marking his renewed capacity to locate his body and mind. Indeed, in that work a misplaced body is related to the tattoo, but the ink marks a site of containment in that case, if we are to take him at his word. Fortunately, the specificity of the clinical material and Lopez-Corvo’s capacity to illuminate difficult theory far outweigh the few generalizations found in the text.

Rafael E. Lopez-Corvo’s most recent book is on femininity (2009). He is a training and supervising psychoanalyst with the Venezuelan and Canadian Psychoanalytic Societies. He is former associate professor of McGill University and Program Director of the Child and Adolescent Unit at the Douglas Hospital, McGill University, Montreal, Canada. He is also a former member of the editorial board of the *International Journal of Psycho-Analysis*. Throughout the volume under review, Lopez-Corvo makes his bias clear that Bion’s later work is marked more by brilliance than senility, and it is my opinion that this book is beneficial in helping one to understand some wildly complex thought. To that end, it is a pleasure to consider it in line with what following Klein

**REFERENCES**


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Camus once said that people who write clearly have readers, while those who write obscurely have commentators. Jacques Lacan, who said “he could make any word mean anything he wanted, as long as he kept talking about it long enough” (p. 21), is certainly to blame for the number of commentators he spawned, which I suspect would have delighted him greatly. As maddeningly opaque and slippery as Lacan can be, there is gold for those who take the time to sift through the silt of his writings.

Ed Pluth, a philosopher and one of Lacan’s commentators, has carefully studied Lacan and other Lacanian scholars. In his book, *Signifiers and Acts*, Pluth, relying on his extensive knowledge of philosophy, aims to deepen our understanding of Lacan by focusing on issues around subjectivity and agency. What is the meaning of subject in Lacan’s work and how does it change? How does Lacan understand agency and the specific relation between the subject and the act? What is Lacan’s theory of freedom vis-à-vis subjectivity? In particular, Pluth seeks to make clear that Lacan’s subject is not a transcendental subject nor is the subject reducible to the structures that constitute it. Stated positively, Pluth argues that Lacan’s subject is “a function of certain types of signifying practices” (p. 6). In what follows, I distill Pluth’s deeply complex and rich argument, hoping the reader recognizes that this rendering is a mere shadow of Pluth’s scholarly foray into the Lacanian subject.

Pluth begins by arguing against other Lacanian scholars, such as Nancy and Borch-Jacobsen, who claim that the subject “is identical to language understood as the process of creating meanings and representations” (p. 9). Demonstrating how this claim is not supported in Lacan’s work, Pluth moves to an alternate position. The Lacanian subject, Pluth posits, is produced by an interaction of signifiers and with something non-linguistic—the Real. In part, for Lacan, a signifier is a sign that points to or refers to another sign, which makes signifiers specifically linguistic. The subject, then, is not identical to or captured by language, yet the subject cannot come in existence without a chain of signifiers and the Real. This said, Pluth notes that Lacan’s notion of the Real is contested. Indeed, there are two versions of the Real in Lacan’s work, one referring to that which lies outside of language or the symbolic order and the other referring to the impasses or impossibilities that exist within the symbolic order. Thus, the Real is not something excluded or divorced from signification or the subject’s own structure, yet it is also something that is beyond signification. The subject is given birth between the symbolic and the real. This perspective will become important in Pluth’s discussion on the notion of freedom vis-à-vis the subject.

The second chapter takes up the first of Lacan’s theses regarding the subject, which is that the subject is a product of signifiers. To explicate this thesis, Pluth differentiates between sign and trace, and sign and signifier, as well as the movement from traces to signs to signifiers in Lacan’s theory. For Lacan, unlike Saussure, the signifier is meaningless in itself, because it is always referring to other signifiers. This is a dynamic view of signifiers. Meaning is produced among a dynamic, shifting network of signifiers. The question arises, who creates and intends meaning? To say that the subject is a product of signifiers seems to suggest that the subject has no agency or intention. This, however, is neither Pluth’s nor Lacan’s argument. In this chapter, Pluth is pointing out the signifiers “despite our conscious use of them, despite our illusory control over their emergence and our illusory belief in our control over how they are to be taken and read, reveal that there is a subject in a place other than the conscious speaking subject’s place” (p.42). The subject does not exist prior to its expression, but instead a subject is like a signified effect—not reducible to any signifier or signifying chain. It is important to note here that Pluth is building his argument toward understanding human agency and freedom. In this chapter, we begin to gain an appreciation of the dynamic reality of the subject being birthed in a complex web of signifiers.
In chapter three, Pluth addresses the subject that is both represented and not represented by the signifier, yet also given birth in the signifying encounter with the Other—a place “where the subject is constituted as signed” (p. 46). Some of these signifiers retain greater importance for the subject and these fall under the heading of identity—the subject-as-meaning. As Lacan noted, “The subject is born insofar as the signifier emerges in the field of the Other” (p.46). The child internalizes and makes use of the Other’s signifiers. Indeed, the unconscious is, for Lacan, the Other’s discourse (p.49). Initially, the child is told by the Other who s/he is. Put another way, a child is given a name, which represents the parent’s desire and affirmation of the subject’s place in the world.

The notion that the subject is produced by an interaction of signifiers in relation to the Other is not a sufficient explanation of Lacan’s theory. In chapter four, Pluth turns to his second thesis, which involves a discussion of the resistance to signification. This resistance to signification is an important pole in the birth of the subject, which is represented as the Real in Lacan’s theory. The Real represents a radical resistance to meaning—an impasse, an absence of meaning. Bodily experiences, which is the origin of jouissance, and the encounter with the Other’s desire calls into question the subject as meaning.

To further understand Lacan’s notion of the subject and the Real, Pluth first explains Lacan’s understanding of need, demand, and desire, which frame Lacan’s understanding of the oral, anal, and genital stages of development. Pluth explains that in the encounter with the “Other’s desire I am given neither an image nor a signifier for what I am, and I am not encouraged by the Other to identify with anything” (p. 73). Put another way, in the “imaginary and symbolic identification, a meaning or identity is produced, and the individual is presented with a place that is already his or hers. In the encounter with the Other’s desire, I am not given any place at all, and my very being is put into question” (pp. 73-4). The poles implicated in the birth of the subject are a) an organization of symbols and b) what motivates that organization—jouissance, the Other’s desire, sexuality—the Real or what might be viewed as resistances to signification.

Fantasy, which Pluth takes up in chapter five, is an interesting mix of the symbolic and resistances to the symbolic. Pluth, relying on Lacan and other commentators, argues that fantasy in Lacan emerges as a result of a “signifying impasse of jouissance” (p. 87) and that establishes a disjunction between the two. One central point here is that the subject is not determined by language, but instead the tension between the symbolic and resistances to the symbolic suggest an existential freedom that is present in a subject’s acts.

Fantasy involves a particular use of signifiers, which is distinct from the use of signifiers associated with an act. In chapter six, Pluth takes up a discussion on acts and their relation to signifiers as manifested in Lacan’s theory. In Lacan, Pluth points out, an act “does something with words…changes the structure of the subject and…is transgressive” (p.102). In an act the subject is re-inaugurated as a subject. This discussion on acts is important because Pluth demonstrates that the Lacanian subject possesses a certain amount of freedom. The subject, in other words, is not in bondage to the significations of the Other who provides meaning and recognition. “In an act,” Pluth writes, “joining to what resist signification within signifying practice amounts to a disjunction from previous configurations, from an Other who knows, and from previous identifications” (p. 114). Thus, an act suggests not only a limited freedom, but also creativity and imagination, which are part and parcel of the Lacanian subject.

To further clarify Lacan’s notion of the act vis-à-vis the subject, Pluth discusses and critiques two prominent interpreters of Lacan, namely Alain Badiou and Slavoj Žižek. In this discussion, Pluth argues that an act involves a different relation to the Other’s desire, which “does not consist of identifying with what that desire is supposed to be for…Rather, the signifying impasse characteristic of the Other’s desire is preserved and handled in a new way of an act” (p. 132). The subject is not identified with any particular signifier of the Other or the Other’s desire, yet the subject is also not separate from them. Perhaps an act may be said to represent a paradox vis-à-vis the subject. Given birth by a chain of signifiers in which there are already resistances to signification, the subject attains or possesses a level of freedom and creativity. The subject is not determined but is shaped by the demands of recognition, by the desires of the Other, or by identification, and the resistances that foster a space for agency.

Pluth’s book is densely argued and no book review, mine in particular, will do justice to his work or come close to identifying the numerous nuances he addresses regarding Lacan’s notion of the subject and the discourse around the Lacanian subject. While a theoretical work may not be of interest to those who hope to see Lacan’s theory and concepts applied to clinical practice, I believe anyone interested in understanding the complexities of the Lacanian subject will find his/her time and energy well spent.

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his collection of nine essays was written primarily by academics from the fields of literature and literary and cultural criticism. The book is divided into four sections, which gives potential readers a good preview about what’s ahead. These sections are “Psychoanalysis and the Future of Cultural Criticism,” “Psychoanalysis and Collectivity,” “Psychoanalysis and the Author,” and “Psychoanalysis and Sexuality.”

The desire of the editors is to put forth the case that the news of the death of psychoanalysis is premature. Rather than focusing on the clinical setting they have assembled a group of thinkers from the field of literary criticism. As a theoretical model and methodology these writers believe that psychoanalysis remains relevant and penetrating in the understanding of literary texts, examining works from writers such as Sartre, Voltaire, and F. Scott Fitzgerald. In the editors words these essays, “make good on the promise of a psychoanalysis that was (in its heyday of literary and cultural criticism in the 1960s) fully social and politically critical (p. 13).” The editors hope to “recover and reactivate” this promise (p. 13).

What I hope for in reading a text is to become engaged emotionally and intellectually. I like to be a bloodhound, picking up the scent of something and following it wherever it leads. I had this experience in reading Greg Forter’s essay on F. Scott Fitzgerald. He offered an historical “psychoanalysis” (my quotations) of Fitzgerald and how his experiences of loss and masculine identification were the genesis of his fictional themes. The night I read this article I had a dream about being a child with my father and mother. I have always struggled with the lack of closeness with my father, growing up feeling that he never really liked me. It wasn’t my dream that affected as much as what I thought and felt the morning after. I was overwhelmed with a feeling of not quite sadness and not quite rapture. What was center stage in these dream associations was not my feeling a lack of closeness with my father or even anger at not feeling protected by my mother. It was my wife’s single-minded and powerful devotion to our son in time of need. I was choked with emotion in trying to articulate this idea that no power on earth could have stopped her from coming to his aid. Even when I analyzed this and wondered about why my mother never came to my aid such thoughts were swept away by the powerful tide of, for lack of a better word, awe, I felt about my wife’s single-mindedness. I offer this personal vignette as way to organize my comments and interpretations about Desire of the Analysts. As a psychoanalyst I do this realizing that I’m not aware of all the reasons I chose this form, just like any other author. Just like you as reader and your “choice” of reacting to and interpreting this text. In this process I do hope to convey some of the ideas these authors have expounded on in a way that might engage you. And maybe you will have a dream.

Paul Allan Miller in “Sartre, Politics, and Psychoanalysis,” challenges the reader to answer the question Sartre posed (in the 1950s) about the function of literature and the desire of the author (analyst). This question is: For whom are you writing, for what purpose, and why did you call into being this act of unveiling rather than another?

Miller writes: “the author simultaneously creates and unveils an object that in turn constitutes an in invitation to the reader to participate and make possible this unique moment of unveiling” (p. 35). For Miller, literature points to a beyond of Lacan’s Symbolic Order to the “irrational kernel of our enjoyment.” This process gives the subject a chance to imagine the non-meaning or true meaning of “das Ding” (the Thing) as described by Kristeva. In Lacan’s theory das Ding is the pre-object, beyond the signified. It is that part of the Real that is at once paradoxically within us and beyond us. Lacan called that which is elevated to the
level of das Ding the sublime object.

Henry Sussman in “Psychoanalysis, Religion, and Cultural Criticism at the Millennium” writes: “

[P]sychoanalysis has, since its inception, served as a site and venue for undoing the disconnects that impede, in both public and subjective spheres, thoughtfulness, concentration, open-mindedness, and creativity, and for reconciling, if not integrating, otherwise antagonistic perspectives . . .” (p. 59)

This is Sussman’s call to arms for all who consider themselves (as he does) cultural psychoanalysts. In American society there exists an “official religion” (democracy) and an unofficial “shadow” religion. This shadow emanates from the unconscious imperatives inherent in concepts such as consumerism, the War on Terror, and Homeland Security. Cultural critics have ignored the influence religion exerts in society, perhaps dating back to Freud’s own dismissal of its force. Sussman’s point seems to be that the traditional Abrahamic religions may be in decline but the “religious imaginary” is alive and well and has yet to be under the gaze of a deconstructionist’s analysis.

The tension in American society between who we say we are as a collectivity and our performative acts has given rise to what Sussman calls “the schizo position” (he cites Delueze and Guattari). This tension arises from: “…our dual accommodations of the official religion, whether we embrace or excoriate it, and our unavoidable participation in the unofficial but prevalent religion places us in an equally inevitable double bind” (p.70). Society today is replete with ambiguity surrounding our collective belief as a secular state with freedom of religious practice (or non-practice as the HBO talk show host Bill Mahr would insist) as “one nation under God.” Sussman contends that the official religion perpetuates this ambiguity, but why seems unclear. He writes: “…the official religion enables (his emphasis) its disguised mutation, while the shadow religion offers its ideological foundation cultural continuity, a stay of execution in its march toward irrelevance and obscurity” (p. 71).

Perhaps this is a cultural parallel to a psychic accommodation—I can have the best of both worlds—to project myself as having moral character and violating these morals at every turn. But this violation occurs in a disguised form or in secret. This is what I understand Sussman to mean when he talks of the schizo position, the emerging dominant form in American society (my italics). Tiger Woods may be a good example of recent notoriety, albeit of a rather nefarious (but legal) kind.

Long a revered cultural icon, Woods and his handlers portrayed the “official” ideals of Woods as dutiful son and an uncompromising commitment to “truth” on the golf course. Woods’ “shadow” self violated these ideals with impunity and it was perhaps the jouissance or gratification of these repeated violations that was stronger than what his handlers have termed his “sexual addiction.” The use and acceptance of this signifier underscores the void in current cultural psychoanalytic inquiry. The resistance (and lack of interest?) to a non-medical model explanation of Woods’ performative acts is such that either such an inquiry has not been made or it has not passed the editorial desks of TV or print media (as such desks are headed by marketing professionals, not journalists). There is too much money at stake to risk the unveiling of the societal tensions that have produced a Tiger Woods. It is not just Nike’s money but the society in general with consumerism driving this late stage of capitalism. Indeed, after 9/11 President Bush told the country the best thing to do was to “keep shopping.”

In “Lacan’s Four Discourses” Slavoj Zizek describes how Lacan viewed discourse as not just a form of speech but as part of an unseen, subterranean structure that positions the one who speaks and the one who listens. There are four such “positions,” namely the Master’s discourse, the hysteric’s, the analyst’s, and the university.

[Each of these discourses locates the speaker] in a specific mode of subjectivity: the Master . . . is his word . . . the agent of the university discourse . . . posits himself as the self-erasing (without desire) observer of “objective laws” . . . The hysterical subject is the subject whose very existence involves radical doubt . . . his entire being is sustained by the uncertainty as to what he is for the Other . . . the analyst . . . breaks out of the vicious cycle of intersubjective dialectics of desire and turns into a . . . being of pure drive” (p. 91).

We are connected to each other via a network of symbolic links: kinship, race, gender, age, class, profession, etc. In Lacan’s system this connection is primarily through the interaction of language and the Symbolic Order that together create a discursive social link. In 1968 Lacan theorized these four discourses and believed that the prevailing, hegemonic discourse was going through a paradigm shift at the time, a shift from the master’s discourse (the master whose Word is Law) to the university discourse, which retains its hegemonic position today. Such a discourse purports to present “only the facts” (the analyst as surgeon or mirror, without a subjectivity). But such a discourse serves only to legitimize a relation of dominance. A return to Tiger Woods offers an example. His
team has carefully chosen a “scientific” (medical) discourse of his performative acts as a sexual addiction, a signifier of the obscure and hidden world of biochemistry and brain physiology. The “choice” of this university discourse has the effect of dominating and silencing any other possible explanation. It places desire solely in the realm of the body and outside the subjective experience of the person. It negates Tiger Woods as an individual, desiring subject (his desire is the symptom), rendering him as a member of a category/class where differences are flattened. Psychoanalysis is at its foundation a discourse to establish difference, not obliterate it.

The university discourse positions Woods’ symptom in the signifier “sexual addiction.” Zizek describes how a symptom is part of a discursive link and is addressed not to a person but to the symbolic system of other signifiers, i.e., what Lacan and Zizek would call the “big Other.” Zizek writes: “...when I inscribe into my body a symptom that divulges the innermost secret of my desire, no human being is intended to directly read it” (p. 84). The symptom itself is born of an excess, a surplus inherent in any signifier, the fundamental link in any discursive system. Lacan reduced discourse to combinations of four basic elements (which formed the four forms of discourse when these elements were moved in relation to each other). The elements are the divided subject ($/a), Master Signifier (S1), and the chain of signifiers or Knowledge (S2). Zizek’s political reading of the four discourses is that:

> [E]ach of the discourses clearly designates a political link: the Master...represents the elementary mode of political authority sustained by fantasy; the university [is] the “expert” rule; the hysterics beg the logic of protest and resistance; the analyst...the radical/revolutionary emancipatory politics...regaining the explosive effect of truth. (p. 91)

Lacan’s deconstruction of discourse into four forms arose out of the storms of political protests on university campuses and in the streets of cities throughout the late 1960s in the Western world. This was a time of a social collective asking governments: “What are you doing to me and why?” In the individual subject it was the hysterics asking the analyst: “Why do you desire me?” It is the desire of the analyst that is disturbing as it puts the subject in the position of an object of the analyst’s desire. But why? Deneen Senasi examines a work of Shakespeare and a contemporary documentary film in her essay “Signs of Desire.” In these diverse texts she unveils themes of nationalism, war, and rape in both, with her opening sentence “The history of nations is a history of desire: a desire for identity, for dominion, and perhaps above all for signification, a desire for signs of the nation itself repeating infinitely in the names and bodies of individual human beings” (p. 99). She poses the question: “What can a desire for psychoanalysis do for the understanding of the desire of nations?” The desire of a nation is a nebulous concept. There is a parallel between the subject and the nation in that desire materializes or is made manifest through the Symbolic Order of signs and bodies. Senasi argued that the psychic origins of nationalistic-driven violence are likewise linked to this Order. But there is a fundamental estrangement between the signs of nationalistic identity and the “bodies” that “house” these identities. The relationship between these signs and its bodies is an example of the slippage between signifier and signified. Senasi argues that such a relationship is very unstable if not dangerous for the individual speaking subject caught in this tangled space of signification and desire.

The essay provides a brief background on two competing theories of nationalism. One is the “primordialist” that posits nations existing in primitive societies and the other the “modernist” that dates the birth of the modern nation in the 18th and 19th centuries. Indeed, the emergence of the modern epoch in humankind enabled the creation of nations. Hastings (1997) believed that nationalism is fundamentally a linguistic phenomenon and Senasi wrote “…my own analysis focuses on the semiotic sign-systems of nation and ethnicity as they are ‘written’ over and into the identity of individual women” (p. 104). Her primary target in this essay is the women whose bodies (suffering the trauma of rape) become the center for dehumanizing acts of nationalistic violence “bound up with speech acts and signs” (p. 104). In this context the desire for psychoanalysis is the desire of these women (in this case Bosnian Muslim women) to bear witness to their trauma. It is the acts of each woman as a speaking subject that allows the transformation of this experience from being read as a sign (victim) to employing signs (agent) through their testimonies that they emerge as speaking subjects—something other than and beyond a violated sign of national and ethnic identity.

Senasi disagrees with Felman and Laub, who in their book Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History, argue that the listener of such testimony is primary, not secondary, and “in fact enables (italics in original) the unfolding of the testimonial accounts” (p. 104). Perhaps due to the horror of rape in the context of ethnic cleansing foreclosing the registering of such trauma in memory, the victim essentially testifies to an: absence” that is first registered and experienced in the consciousness of the listener. Laub and Felman view the listener as “the blank screen on which the event comes to
be inscribed for the first time” (p. 105). Using the movie Savior about the Bosnian conflict, Senasi asks the question of whose desires (victim or listener) are being addressed in the psycholinguistic act of witnessing. When Vera, the rape victim in Savior, embraces the child of the rape she once rejected, it is a speech act that defies the Symbolic Order—her father and her village had ordered her to kill herself and the baby as they were a threat to this Order. Vera’s acceptance of her baby bears witness to her psychic journey from existing as a sign of national hatred and then disgrace to beginning to love a child of mixed ethnic origins. Joshua, an American mercenary who helped Vera, became the listener to her witnessing and through that dialectic both experience redemption. Such redemption in a semiotic field is the traversing from the disavowal of the individual seen as only as a sign to the emergence of a speaking subject demanding to be recognized. In its most elemental sense the desire for psychoanalysis is the desire for recognition. Kaja Silverman looks into the desires of James Agee and Walker Evans in their unveiling of life in the Great Depression in her work “Moving Beyond the Politics of Blame: Let Us Now Praise Famous Men.” Liliana Cavani’s film The Night Porter is the focus for Domietta Torlasco’s chapter “Desiring Death: Masochism, Temporality, and the Interruption of Forms.” “What does the Hymen Want?” is the provocative question Sharon Diane Nell poses in her chapter “Sadistic and Masochistic Contracts in Voltaire’s La pucelle d’Orleans and Graffigny’s Lettres d’une Peruvienne.” Pierre Zoberman attempts to distinguish between signifiers “queerness” and “gay” in early modern France in his work “Queer(ing) Pleasure.” Zoberman tells the story of Monsieur (circa 17th century, the court of Louis XIV), a figure described by Daniel Marc (in 1956) “...as an early version of a self-abasing drag queen...” (p. 226). I selected particular essays to discuss at length, again those that seemed to unveil themes that struck a chord within me. Forter and Miller selected these nine essays out of their desire “to extend the ethico-political dimensions of Lacan’s thinking [because some have criticized Lacan] for failing to make good on this promise of psychoanalysis that was fully social and politically critical” (p. 13). It was Lacan who wrote of the pitfalls of the talking cure as “the desire of the analyst.” In every discourse of every analysand is solicited and in the best of worlds investigated as a natural phenomenon in the matrix of the transference. Lacan’s belief that the analyst’s desire at its most elemental is an emptiness whose importance lies in its perpetual movement, not in its object or fulfillment. In conclusion, Forter and Miller wrote:

The cultural analyst must respond with a relentless and ascetic negativity that reveals the illusory nature of each fetishistic substitution, each neurotic displacement, without yielding to the temptation of countertransference, of imposing one’s own fetishes, one’s own object of desire, as a totalizing discourse of mastery. (p. 15)

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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
MENTAL ILLNESS AND THE BODY: BEYOND DIAGNOSIS, BY LOUISE PHILLIPS. NEW YORK: ROUTLEDGE, 2006; 196 PP., $47.95

This book consists of two parts. First a review of selected literature where the body has been one part of a discussion as it relates to mental illness. Second four chronic patients at a day treatment facility are presented along with the writer’s impressions and concluding thoughts. The literature review is presented in historical order, which includes but is not limited to: Plato, Descartes, Freud, various British analytic writers, and modern feminist writers.

Louise Phillips began her career as a mental health nurse working in community psychiatry in the Kings Cross area of Cambridge. She received her Ph.D. at the University of Kent at Canterbury in 2003. Her early training was in Epsom Surrey working with psychotic patients. She stated that she was intrigued by the way her patients looked, gestured and carried themselves. This was the inspiration for her doctoral thesis and this book.

As I see it, the purpose of her book is for clinicians, specifically nurses, to be more observant about what a patient’s gestures and behaviors might be telling us in the hope of gaining a deeper understanding. Ms. Phillips’ main focus is on the psychotic patient and the contrast between what they say verbally and their nonverbal expressions consisting of mannerisms and gestures. Additionally, her writings are a contribution to a more general discussion about body language.

Ms. Phillips considers the psychiatric interview in her book. Psychiatric evaluations require attention to a patient’s appearance, mannerisms and behavior as a way to discern and identify psychiatric conditions. She points out how while emphasized as a part of the initial evaluation there is no further use of this information while the patient is in treatment. For me, this is her strongest point. A large part of my training included mastering what is known as a Mental Status Evaluation- This interview requires documentation of the patient’s manner of speech, dress, gestures along with state of mind observations, history, reactions to the interviewer and more. It is a critical piece of information from which all treatment follows. Given this emphasis one would assume that much of this information would be followed and commented upon throughout a typical treatment. However follow-up notes are generally brief and do not include all of the initial observations. Even the discharge notes are limited in terms of these types of descriptions. One wonders if something then is lost over the course of treatment that could be helpful. To her point, can this kind of information be better used during a course of a treatment? What comes to mind for me is at the very least a way to measure change.

For me the literature review while informative was not as closely linked with the language of body as I would have liked. For example, Ms. Phillips provided an extensive discussion of modern feminist writers wherein these writers talk about the experience of being a woman throughout history and how the female body was viewed including the ways in which women have been misunderstood and mistreated. While this was a fine overview, I lost the books main concept when reading that section. Specifically I did not get a solid enough sense of body as language or body expression here. Similarly I enjoyed reading the section on psychoanalytic writers and I appreciate that she sought out and worked hard to find where these writers have included body in their writings. However while different body parts are discussed by each of these writers I cannot link their theories with body language or body expression per se- For me the psychoanalytic writers are largely concerned with the unconscious. Their constructs, while they do discuss body parts are in the service of theory. They (body parts) are emphasized as part of theories that include libidinal energies, drives, developmental zones, fixations etc. For me, analytic discussion of body parts does not easily or concretely link with a patient’s mannerisms gestures and body expression. Again, while this was an interesting overview I was not able to make a solid connection between body as language and the discussion of body parts in the psychoanalytic literature. In sum the review is interesting and best viewed from an impressionistic perspective.

At the end of the book, Ms. Phillips presents four patients from a day treatment facility whom she interviewed about their bodies. The descriptions of these people and her reactions to them are thoughtful and interesting. In all of the cases she refers back to various parts of the literature review which ties the book together. I appreciated the patient studies and agree that all clinicians should incorporate observations of body and mannerisms as much as possible. Again the strongest part of her book was her argument about the need to use information from the initial psychiatric interview throughout the course of treatment and integrate it. While we can never truly be sure what a gesture might mean it is valuable and worth noting.

Nancy Hoffer
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Board of Directors Meeting Minutes  
Saturday, January 16, 2010  
New York, NY


I. Call to Order: Dr. Cresci called the meeting to order at 8:37 a.m. Dr. Cresci acknowledged those members who have ended their terms and introduced new members.

II. Attendance: Dr. Debiak reported that there were no substitutions for this meeting.

III. Approval of the Draft Minutes of the Board of Directors Meeting, August 7, 2009

Motion 1: To approve the Draft Minutes of the Board of Directors Meeting of August 7, 2009 as amended. Action: Passed

IV. Announcements
A. Dr. Cresci announced that Drs. Darwin and McCary lost their fathers and Dr. Wagner lost her brother. Donations to charities were made to honor these individuals.
B. Vote 10 calls were successful. We will have seven council seats beginning in 2011.
C. Dr. Usha Tummala-Narra has been elected to the APA Committee of Ethnic Minority Affairs; Dr. Barbanel was appointed to the APA Commission on Accreditation.
D. Dr. Judith Glasgold will be honored for her work as Chair of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation at the August APA meeting.
E. Two task forces were established to review the issue of reduced dues for ECP’s—Dr. Devon King, chair; and Diversity—Dr. Bill MacGillivray chair.
F. The Practice Survey is in the board packets. Dr. Axelrod will discuss the findings at the April meeting, It is a lengthy publication, and Dr. Cresci asked that members keep their copies for that meeting. She also asked that they keep their copies of the Bylaws and the Committee list.
G. The April Board Meeting will begin at 9 instead of 9:30 with breakfast at 8:30.
H. Dr. MacGillivray resigned as APA Council Representative on January 1, 2010 to assume the position of President-elect. Dr. Darwin was appointed to complete his term

V. Treasurer’s Report
A. Current Financial Status and Review of 2009 Income and Expenditures: Dr. McCary referred to the financial report contained in the board agenda books. The reserves have been increased to $200,000. She will continue to budget an increase in the reserves each year until we have reserved a full year of operating funds. She discussed various line items that reflected issues within the budget.

B. Draft Budget 2010: Dr. McCary reviewed the proposed budget, answered questions and provided background information.

Motion 2: To approve the 2010 Division 39 Budget as submitted. Action: Passed.

C. Review of 2010 and 2011 Spring Meeting Budgets:
Dr. McCary reviewed and provided explanation for the revised budget for the 2010 Spring Meeting. She also discussed the 2011 proposed Spring Meeting budget.

Motion 3: To approve the revised 2011 Spring Meeting budget. Action: Passed

D. Division 39 Foundation: Dr. McCary reviewed the proposal for a Division 39 Foundation through APF.
She fielded questions and gave additional information and explanation of how the Foundation would be handled and what the procedure would be for awarding grants, etc. The proposed mission statement was reviewed and modified based on the ensuing discussion. Permission was given by the Board to make additional modifications if necessary.

Motion 5: To adopt the proposal for a Division 39 Foundation as submitted. Action: Passed unanimously

VI. Division 39 Membership Categories: Dr. Wagner reviewed her report that was included in the agenda packets. Her report provided a background on membership categories in the Division and how our current membership categories had evolved. Discussion continued regarding the background and events that have resulted in the Division reviewing the current membership categories. The major issue is whether or not to revise the bylaws in order to give greater membership rights than they currently have to psychologists who choose not to join APA despite being eligible to do so. Dr. Cresci will appoint a task force to look at all sides of this question and bring back recommendations to the Board for further discussion and eventual resolution.

VII. Division 39 Programming at Manchester Hyatt Hotel in August 2010: Discussion was held regarding the objections to using the Manchester Hyatt Hotel at the APA Convention due to the hotel’s owner contributing to the campaign to repeal gay marriage in California, and to the Hyatt’s ongoing labor disputes with employees who seek to form a union in the hotel.

Motion 6: Division 39 will request that its programs, hospitality suite and reception at the 2010 APA Convention be scheduled at locations other than the Manchester Hyatt. Action: Passed

Motion 7: The Division 39 Council Representatives are directed to initiate a new business item at the February 2010 Council of Representatives meeting that directs APA to examine labor practices and social justice issues in relation to developing contracts for APA meeting venues. Action: Passed unanimously

VIII. Reports:
A. Psychoanalytic Psychology Editor’s Report: Dr. Jurist referred to his report included in the agenda packet and reviewed some of the highlights.
B. Membership Committee: Dr. King reviewed her Membership Committee report that is included in the agenda packet. She referred the members to the proposal regarding fee restructuring for Early Career Professional of the Division. She has been working with Dr. McCary and others to author the proposal.

Motion 8: To adopt Option 2 of the proposal for the membership fee restructuring for Early Career Professionals of Division 39 ($50 membership fee for 7 years after graduation from one’s highest degree) as submitted. Action: Passed Unanimously

OPTION 2: APA defines “ECP” as any psychologist up to seven years post-graduation. In an effort to be consistent with this definition and APA’s fee reduction procedure, it may be useful to offer the fee reduction to ECPs through 7 years post-graduation; these folks will then have fee reductions through both programs, and we do not have to specify that the reduction only applies to ECPs 4 years post graduation.

The new fee will be advertised on the Division 39 web site. We propose that a banner run on the home page of the web site, reflecting the reduced fee, as well as a change to the billing section of the website that reflects this fee. Ms. Helein will speak with the web designer to request all changes that need to be made. Dr. McCary has ascertained that APA will provide us with a list of Division 39 members with their year of graduation, as well as their e-mail addresses. We will thus be able to contact graduate student members as well as ECPs and inform them of the reduced fee offer.

C. Early Career Professionals Committee: Dr. Charles reported that she and Dr. Eng are working to put together a diverse committee. They are also looking at being more visible and to assist ECPs to be more involved in the Division.
D. Ethics Committee: Dr. Tillman distributed a report to the members and reviewed specific items contained in the report.
E. Diversity Task Force: Dr. MacGillivray referred to his report included in the agenda packets. He reviewed the charge of the task force and gave explanation of how the task force plans to respond to that charge.
F. Nominations & Elections Committee: Dr. Ramirez will chair this committee because Dr. McWilliams may be a candidate for office. Dr. Ramirez reported that his committee is working to put together a slate for the elections. Nominations need to be into the Division office by January 20.
G. Publications Committee
1. PEP Update: Dr. Seiden reported that subscriptions are nearing the 25% of members that will affect our financial obligation with PEP.

2. Division Spotlight: This program is running smoothly. Dr. Rothschild is the new editor of the Spotlight.

3. Division 39 Book Proposal Prize: This is moving forward and Dr. Sidney Blatt will be the guest reviewer.

4. PsycScan: Psychoanalysis Update

5. Report on restructuring of the Psychologist-Psychoanalyst newsletter: Dr. Seiden referred to his report included in the agenda packets. He introduced Drs. Lichtenstein and Greenberg, who gave an overview of their expectations of the publications they would edit, if the board decides to accept the proposal by the Publication Committee.

**Motion 9:** To approve the Publication Committee’s proposal for the restructuring of the Division 39 newsletter as submitted. Action: Passed

**Motion 10:** To appoint David Lichtenstein, Ph.D. as the new Editor of the Division 39 review, with an annual $5000 stipend and term of five years. Action: Passed

**Motion 11:** To appoint Tamara McClintock Greenberg, Psy.D. as the new Editor of the Division 39 eNews, with annual $5000 stipend and a term of five years. Action: Passed

F. Federal Advocacy Coordinator Report: Dr. Goldberg discussed his report and gave a brief overview of the activities of the Federal Advocacy position. Dr. Goldberg announced that 2010 would be his last year as Federal Advocacy Coordinator, with Dr. Metzl replacing him in this position.

G. Interdivisional Task Force on Managed Care Final Report: Dr. Goldberg announced that the members of this task force are resigning and the task force is disbanding. He referred to the final report of this task force that is included in the agenda packets. In addition he distributed a report “What About Us?” for the board’s review.

H. Consortium Report: Dr. Wagner discussed ACPE requests to the Consortium during the Treasurer’s report.

I. Council of Representatives Report: The form for nominations for APA boards and committees was available and members were asked to consider individuals to recommend for these various boards and committees. Dr. Barbanel discussed the progress in having APA Council pass the model licensing act.

J. Task Force on Public Relations: Dr. Thomas gave a brief report of the activities of this task force. She stated they will be running a contest at the Spring Meeting to involve our members in raising the visibility of psychoanalysis.

IX. Section Issues
   A. Section Numbers Update: Dr. McCary reported that there are several issues regarding sections. Some sections are doing well, others are not functional and others are struggling.

   B. Section III Update: Dr. Logue reported that Section III has 111 members. They are revamping their website. They have a submission for San Diego in the works. San Antonio presentations were very well received. The Toronto presentation was also well attended and received. The section is trying to work with other sections and divisions for collaboration.

   C. Section VI Update: Section VI has not had active membership for approximately three years. Dr. Gottdeiner discussed some of the concerns of the Section.

   D. Section VII Update: Dr. Brok reported that he would like to use some of Section VII's money to publish two remaining newsletters, but that the Section is now defunct.

   E. Section Annual Reports: Dr. Debiak reminded the sections their annual reports are due in two weeks.

X. Miscellaneous Items: A request for Division Awards nominations was distributed to the members.

XI. Adjournment: There being no further business to come before the board at this time the meeting was adjourned at 4 p.m.

Secretary: Dennis Debiak, Psy.D
Recorder: Ruth Helein
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55
**FROM THE PRESIDENT**

*The Importance of Doing Research*
Mary Beth Cresci .................... 1

**ARTICLES**

*Remembering Johanna*
Cynthia Baum-Baicker ............... 3

*Open Letter To Our Division 39 Colleagues*
Division 39 Fund Committee …… 4
Division 39 Fund Donation/ Pledge Form ………………… 5
*A Phenomenological-Contextual Psychoanalyst: Intersubjective-Systems Theory and Clinical Practice*
Robert Stolorow & Andre Sassenfeld .................................

*What We are Learning from the Division’s Practice Survey?*
Mary Beth Cresci …………………… 14

*From the Classroom and Academia To Psychotherapist Office, and Back Again*
David Downing …………………… 15

*Karen Horney and the Science of Subjectivity*
Jack Danielian …………………… 16

*The Broken Container and the Analyst’s Intolerable Affect*
Meredith Darcy …………………… 17

*Dialectical Constructivism*
Irwin Hoffman …………………… 18

*The Wild and the Wise*
Henry Seiden …………………… 19

*The Pleasures of the Psychoanalyst*
Michael Shulman ………………… 20

*Psychoanalysis: Romantic, Not Wild*
Frank Summers …………………… 21

*Psychotherapy With Adolescent Girls and Young Women*
Elizabeth Perl …………………… 22

*Attachment Theory as Defense*
Kaveh Zamanian ………………… 22

*Freud and His “Contradictions”*
Pascal Sauvayre & Monica Vegas .. 23

*Caught in the Cross Currents and Keeping Your Bearings*
Marilyn B. Meyers ………………… 23

*Wild Applied Analysis? Freud’s Views on Shakespeare*
Richard M. Waugaman ………… 24

*Lacan Furioso*
Deboarah Luepnitz ……………… 24

**PSYCHOANALYTIC BOOKS**

*Barry Weber & David Downing’s Object Relations Self-Psychology*
Carl Bagnini …………………… 26

*Irving Weiner & Robert Bornstein’s Principles of Psychotherapy: Promoting Evidence-based Psychodynamic Practice*
Tracy Prout …………………… 30

*Daniel Burston’s Erik Erikson and the American Psyche: Ego, Ethics and Evolution*
Jeffrey Golland ………………… 33

*Robert Whitaker’s Anatomy of an Epidemic Magic Bullets, Psychiatric Drugs, and the Astonishing Rise Of Mental Illness In America*
Bert Karon …………………… 35

*Robert Capers’ Building Out Into the Dark*
Michael Diamond ……………… 38

*Rafael Lopez-Gorro’s Wild Thoughts Searching For A Thinker*
Louis Ruhltschild ……………… 42

*Ed Pluth’s Signifiers and Acts: Freedom In Lacan’s Theory of Subjectivity*
Ryan LaMothe …………………… 44

*Greg Forter & Paul Allan Miller’s Desire of the Analysts*
Greg Novie …………………… 46

*Nancy Hoffer …………………… 50

**BOARD OF DIRECTORS MEETING**

January 2010 …………………… 51

**DIRECTORY** …………………… 55