

Psychologist— Psychoanalyst

Official Publication
of Division 39
of the American
Psychological Association



VOLUME XXVII, No. 4 FALL 2007 TABLE OF CONTENTS

FROM THE PRESIDENT

PSYCHOLOGISTS AND INTERROGATION

NANCY McWILLIAMS 1

IN MEMORIAM

RITA FRANKIEL 1933-2007 6

LETTERS TO THE EDITOR

FRANK SUMMERS 7

LAUREL BASS WAGNER 8

STEPHEN BEHNKE 9

APA AND INTERROGATION: A COUNCIL REPRESENTATIVE'S PERSPECTIVE

LAUREL BASS WAGNER 12

A PSYCHOLOGIST'S PATIENT PONDER'S TORTURE

ALIX SABIN 15

TENDING, ATTENDING, AND HEALING: ALL TOGETHER, ONE BY ONE

JOSEPH BOBBROW 16

PSYCHOANALYTIC RESEARCH

UTILITY OF THERAPIST AFFECT FOCUS

MARC J. DIENER 19

ARTICLES

THE ORGANIZING TRANSFERENCE AND PSYCHOTIC SIGNIFIERS

LAWRENCE HEDGES 21

I'M NOT IN KANSAS ANYMORE

SANJAY NATH 28

ENDURING SIGNIFICANCE OF PSYCHOANALYTIC THEORY AND PRACTICE

GREG LOWDER & NANCY McWILLIAMS 29

COMBATING RACE ERASURE

LELANI CRANE 31

SPEAKING OF PAIN

HENRY SEIDEN 32

NATIONAL COALITION WHITE PAPER

MICHAEL DUNLAP 33

PSYCHOANALYTIC BOOKS

ROGER WILLOUGHBY'S MASUD KHAN: THE MYTH AND THE REALITY

SUSAN DeMATTOS 36

NORMAN DOIDGE'S THE BRAIN THAT CHANGES ITSELF

JANE HALL 38

SHEILA FEIG BROWN'S WHAT DO MOTHERS WANT? DEVELOPMENTAL PERSPECTIVES,

CLINICAL CHALLENGES

JOHANNA TABIN 41

STEPHEN FROSH'S FOR AND AGAINST PSYCHOANALYSIS

BRUCE REIS 43

GEORGE SILBERSCHATZ'S TRANSFORMATIVE RELATIONSHIPS

MARY PHARIS 45

ANDREW SOLOMON'S THE NOONDAY DEMON: AN ATLAS OF DEPRESSION

HAROLD J. FINE 47

MARY GAIL FRAWLEY-O'DEA AND VIRGINIA GOLDNER'S PREDATORY PRIESTS,

SILENCED VICTIMS

EDWARD TEJIRIAN 49

JONATHAN LEAR'S RADICAL HOPE: ETHICS IN THE FACE OF CULTURAL DEVASTATION

RYAN LAMOTHE 52

GHISLAINE BOULANGER'S WOUNDED BY REALITY

ELIZABETH HEGEMAN 56

TIFFANY FIELD'S THE AMAZING INFANT

KAREN ZELAN 57

COMMITTEE REPORTS

APA BUSINESS OF PRACTICE

STEVEN AXELROD 59

FELLOWS: CALL FOR NOMINATIONS

DAVID RAMIREZ 59

TREASURER

MARSHA McCARY 60

SECTION REPORTS

SECTION V

JOHANNA TABIN 62

SECTION VIII

TONI HALTON 62

SECTION IX

LU STEINBERG 63

LOCAL CHAPTER REPORTS

AUSTIN SOCIETY

NAOMI FRIERIECH 64

CHICAGO ASSOCIATION

BERNADETTE BERARDI-COLETTA 64

MICHIGAN SOCIETY

BARRY DAUPHIN 65

ONTARIO SOCIETY

BRENT WILLOCK 66

PHILADELPHIA SOCIETY

MIRIAM FRANCO 67

RHODE ISLAND ASSOCIATION

LOUIS ROTHSCHILD 67

DIVISION BOARD MEETINGS

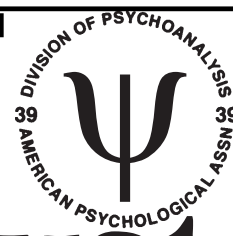
AUGUST 2006 68

APRIL 2007 71

ANNOUNCEMENTS 74

DIRECTORY 75

Psychologist— Psychoanalyst



Official Publication
of Division 39
of the American
Psychological Association

Volume XXVII, No. 4 Fall 2007

FROM THE PRESIDENT: PSYCHOLOGISTS AND INTERROGATION Nancy McWilliams PhD



I have felt some dread about writing this column. I have been reluctant to add to the contentious feelings surrounding the controversy about psychologists' participation in interrogations, a debate that that has united some Division members in common cause and has at the same time opened rifts among us. But as it appears

that the interrogations issue is not going to go away, efforts to conduct business as usual without addressing the topic would rightly invite comments about elephants in rooms.

I have waited to write on interrogations policy until after the San Francisco meetings. I was holding out hope that APA's Council of Representatives would be influenced by the exhaustive efforts, spearheaded by our members, to bring APA into accord with organized psychiatry, nursing, medicine, the Red Cross, the American Psychoanalytic Association, and the American Bar Association, all of whom have stated unequivocally that their members may not be present in settings where individuals are deprived of representation and other basic human rights.

BACKGROUND

Over the past year, Neil Altman has sponsored a resolution asking for a moratorium on psychologists' participation in settings that lack full human rights protections (e.g., Guantanamo, CIA "black sites"). Division 39 and most member divisions of the Divisions for Social Justice endorsed that resolution. Instead of debating the moratorium resolution, which by August had failed to evoke support from any APA boards and committees,

Council considered an alternative resolution with an *amendment* banning psychologists' participation in such places. Laurel Bass Wagner led the effort to ensure that Council would engage in debate on this issue, as for a time it appeared that such debate would be foreclosed. Meanwhile, Ghislaine Boulanger, Steven Reisner, Stephen Soldz, Frank Summers, Nina Thomas, and many other Division members led a movement to protest APA's policy, including staging a well-attended rally at the convention.

The alternative resolution was passed, but the amendment failed. The accepted resolution represents some progress in the direction of the original moratorium proposal, in recognizing that conditions of confinement *per se*, not just specific behaviors, can constitute cruel, inhuman, and degrading treatment. It also expresses grave concern about settings without full human rights protections, affirms the right of psychologists to refuse to work in such settings, and asks APA to explore ways to support psychologists who do refuse. Yet it fell far short of Division 39's goal of an unequivocal statement that psychologists may not participate in settings where full human rights are denied.

The interrogations controversy has spawned several competing ways of framing the issue. I cannot claim neutrality or even-handedness about the varying frames—deconstructionists would note that ostensibly neutral writing disguises power-related personal agendas—but I can at least be explicit about my own take on the topic and invite a larger conversation. I will start with what I am conscious of as an individual reacting to relevant events and then raise the questions I think we have to confront as a community.

THE PERSONAL IS THE POLITICAL

Like many Division members, I grew up in the immediate post-World War II era, with its consuming concern about how ordinary Europeans had allowed the Holocaust to happen. The available answers were disturbing: Arendt

(1963) observed that the evil represented by Eichmann was most notable for its sheer banality. Thus began a slippery slope that started by dehumanizing "inferior" groups and descended into their annihilation. Germans who were not in the targeted populations had been immersed in their careers and had psychically distanced themselves from unsettling news of their government's depredations. Those who participated in torture and murder were "just following orders." Lifton's (1986) study of the Nazi doctors later put to bed any fantasies that training in the helping professions precludes collusion with oppression.

As a white, middle-class Protestant girl, I came to realize that if my junior high school had been in Germany, I could have pursued life more or less as usual while my closest friend would have headed to the gas chamber. My becoming a psychoanalyst had something to do with my wanting to understand my own potential for evil and the tolerance of evil, and my personal analysis explored this question in painful detail. APA's imputation that psychologists are somehow more resistant to "behavioral drift" than other people (Behnke, 2006) strikes me as symptomatic of a dangerous professional narcissism in the face of evidence that we are all vulnerable to complicity in iniquity. Arguments that psychologists should be present at interrogations to "protect" prisoners whose rights have been denied activate all my passionate youthful resolutions about not falling into groupthink about one's ethical incorruptibility.

These issues have so defined my moral universe that it has been hard not to demonize those who do not see things as I do. Notwithstanding my current shame about APA's stance, I am trying to see the defenders of its current position not as enemies but as part of a larger political process that has engulfed them. (Assuming that others struggle similarly, I have been impressed by the respectful ways that most Division members have engaged with APA apologists—in some instances despite notable defensiveness and provocation.)

Stephen Behnke, who has the unenviable position of defending APA's position, has in other ways been a friend to Division 39. Elyn Saks' moving address at the convention, attesting to how psychoanalytic treatment has enabled her to have a rich life despite her chronic schizophrenia ("Psychoanalysts are the only practitioners who can tolerate how crazy I've been," she explained to a mostly nonanalytic audience), also attested to her twenty-year friendship with Behnke, who has stood by her devotedly through her most psychotic periods. It is hard to make him an irredeemably bad object, no matter how much I may abhor his stance on interrogations.

Carol Goodheart, APA's treasurer and the Division-endorsed candidate for its president, has been my friend for over three decades. This is the first time in several years that an analyst and Division member has a good chance to be elected APA president, and I will continue to support her candidacy with enthusiasm. But she and I view the interrogations question through very different lenses. She feels that to exclude psychologists from morally problematic places may leave prisoners even more vulnerable, and she argues that defining psychologists' presence as unethical would jeopardize ethical professionals who have been in this situation. I take issue with this way of construing the matter, but I do not question her sincerity or personal integrity.

Here is a parenthetical comment: some defenders of APA's stance have implied that its critics are anti-military. I find this attribution particularly objectionable. As my 93-year-old emeritus colleague Milton Schwebel has emphasized, opposition to the presence of psychologists during interrogations of prisoners deprived of basic human rights includes concern for our military members. In a letter to members of his Rutgers department (a version of which

GUIDELINES FOR SUBMITTING MATERIAL

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

ADVERTISING

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

DEADLINES

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

COPYRIGHT POLICY

Except for announcements and event schedules, material in *Psychologist-Psychoanalyst* is copyrighted and can only be reproduced with permission of the Publications Committee.

EDITOR

WILLIAM A. MACGILLIVRAY, PhD, ABPP
7 FOREST COURT, KNOXVILLE, TN 37919
PHONE AND FAX: 865-584-8400
E-MAIL: DRMACG@COMCAST.NET

COPY EDITOR

ANGELYN BALES, PhD

was published in the September 2006 *Monitor*), Dr. Schwebel stated,

During my years in the army there is nothing I longed for more than to return to my young wife and baby son. Yet, I could not have conceived of supporting unethical actions against enemy prisoners in order to hasten the day of my return. This was not a matter of altruism. *To my army buddies and me the Geneva Convention protected us as much as the enemy.* [my italics]

I also find myself exasperated from a sheerly utilitarian perspective with APA's implicit tolerance of recent American policies, which not only deviate from longstanding international law but also represent a scientifically indefensible view of human psychology. A significant number of psychologists think there is no evidence that coercive interrogations produce reliable information, but considerable evidence that treating one's opponents respectfully, with deference to their human rights, increases the probability of honest revelation. It seems to me that as behavioral scientists, psychologists should be speaking this truth to power with a louder and more unified voice.

I am aware in this context that APA, an organization that I may be able to influence to some degree, has become the object of feelings that ultimately belong to national political leaders whom I have virtually no hope of influencing. Be that as it may, it seems to me that a serious lacuna in our organization's ethical principles is in its own right a vital issue for psychologists and requires our sustained attention.

THE PROFESSIONAL IS THE POLITICAL

In my experience, any politically conflicted organization engenders controversy about whether its members should (a) treat such issues as an internal matter ("going through channels," it was called in the 1960s), or (b) become more publicly adversarial (holding the institution accountable in the court of public opinion, calling for the resignation of officers, etc.), or (c) withdraw financial support, or (d) adopt some combination of these three responses, or (e) resign in protest. So far, Division 39 Council Representatives (Laura Barbanel, Jaine Darwin, Bert Karon, Dolores Morris, and Laurel Bass Wagner) have worked hard to influence policy from within. Other members have been withholding dues and/or bringing media attention to what is going on in APA. It appears that the combination of tactics has had some effect: Council did adopt a resolution banning both direct and indirect participation in certain procedures (e.g., simulated drowning, mock executions, exploitation of phobias).

There are compelling reasons for members to stay inside our parent organization, and many of them have their own moral heft. Over the past decade, we have been working hard to have a more visible and collaborative presence in APA: contributing articles to the *Monitor*, participating in more APA-sponsored conferences, appointing Division members to committees and task forces, and acting as leaders in APA Council. Such participation has concrete benefits, especially for future generations, in outcomes such as getting psychoanalytic evaluators on accreditation committees, publicizing psychodynamic research, providing a psychoanalytic perspective on diversity issues, maintaining a presence in graduate and undergraduate psychology programs, influencing APA's position on evidence-based practice, and getting psychoanalysis re-approved as an official specialty within Psychology.

A specific recent outcome of our working within APA, one that has meant a lot to me, is the appointment of our member Judith Glassgold to head a politically sensitive task force to draft APA's position on "reparative therapy" for the homosexualities. Given the damage that has been done historically to GLBT individuals in the name of psychoanalysis, representation of a contemporary psychoanalytic perspective in this area seems critical. I intend to continue participating within the structure of APA to pursue goals such as this.

I do not consider challenging APA in the most direct and profound ways to be inconsistent with remaining active inside the organization. It is a matter of considerable pride to me that our members have been so visible at the forefront of efforts to bring external pressure to bear on APA. (Fortunately, that activism is not limited to the analytically oriented or the practitioner community. In protest of its stance on interrogations, Mary Pipher has returned to APA her Presidential Citation. Several non-psychoanalytic members of my department at Rutgers are so upset that they have talked about impeaching Gerald Koocher and Sharon Brehm.)

Some Division members cannot bear to support APA financially at this point, viewing the paying of dues as the inherent subsidizing of APA's policies. I respect this position, and I can see how withholding dues may exert some influence by hitting APA in the pocketbook. But I am personally not yet ready to go there. Resigning in protest is, in my view, also a defensible stance, but it comes at the cost of giving up whatever power we have to address the problem from inside our larger professional group. A decline in Division members who belong to APA would translate, among other outcomes, into fewer Council Representatives and a muted voice in APA governance. Having said this, I should also note that as the Division's

leader, I am open to trying to accommodate members who want to drop out of APA and remain active in the Division.

THE CURRENT POLITICAL CHALLENGE FOR DIVISION 39

In early September as I prepare this column, the media reports on APA's politics seem to be increasing exponentially, and APA's horror of bad publicity may yet accomplish what our arguments have not. This column may thus be dated by the time it sees print, but as I write, we have Division members who have chosen to remain dues-paying APA members and fight from that position, members who have been withholding dues from APA, members who are dropping out of APA, and members who want Division 39 to drop out of APA. We have members who are deeply conflicted, feeling "strongly on both sides," as Robert Prince stated at a recent Board meeting. We also have members who are persuaded by APA's position as well as some who believe that professional organizations have no business getting involved in any kind of politics.

I admit to having little capacity to empathize with the last two positions, especially the anti-political one. In the current climate, *not* to be involved has significant political effects. As I have stated, I am personally committed to remaining within APA; I believe one loses political clout by resigning in protest from a body whose policies are objectionable, however attractive that option may be in terms of disassociating oneself from those policies.

Those are my individual feelings. My role as Division president, however, requires me to foster a more inclusive conversation about how, as a Division of APA and a community of people passionate about psychoanalysis, we should respond to the moral dilemma we face. Members of Division 39 have been and will be consulting their own consciences about how to do so. In addition, I want to encourage readers to contribute letters and articles to this newsletter and to talk to Board members, especially Council Representatives and officers, about what we as a division of APA should do at this point. So far, most of the conversation has occurred within Section IX, but it now needs to go on throughout the Division as well.

Whatever happens as this issue elaborates itself, my hope is that we can meet the current crisis without diminishing or fragmenting our community at a time when our psychoanalytic vocations are under siege from so many directions. What I specifically want to avoid, and what psychoanalytic groups have been historically all too guilty of, is the dissipation of our energies in fights among ourselves rather than in the pursuit of mutual aims. I urge Division members to engage with the issues while avoiding the ad hominem attacks and wild analyses of one another's putative psychopathology that have typically tarnished psychoanalytic political discourse. The interrogations

question is a lightning rod for passionate convictions and adamant opinions, and we will doubtless disagree painfully about how to address it, but it would be a shame if Division 39 comes out of this crisis in splinters.

REFERENCES

- Arendt, H. (1963). *Eichmann in Jerusalem: A report on the banality of evil*. New York: Viking.
- Behnke, S. (2006). Ethics and interrogations: Comparing and contrasting the American Psychological, American Medical, and American Psychiatric positions. *Monitor on Psychology*, 37(7), 66.
- Lifton, R. J. (1986). *The Nazi doctors: Medical killing and the psychology of genocide*. New York: Basic Books.

IMPORTANT REMINDERS

- As many of you now know, the new editor for our journal is Elliot Jurist, director of the clinical psychology program at City University of New York. He will be assuming his responsibilities upon the retirement of the former editor, Joe Reppen, at the end of this year. As of January 1, 2008, all submissions and reviewers' reports for *Psychoanalytic Psychology* must be sent electronically, using the APA's JBO (Journals Back Office) system. The system is easy to use and can be assessed directly from Division 39 Web site: www.apa.org/journals/pap.html. Correspondence to the editor can be sent to: psychoanalyticpsychology@gmail.com
- Our Board members recently completed a campaign to contact every member to encourage them to get out the vote for Division 39 in support of the apportionment ballot for representation on APA Council. One important finding of this effort was the discovery that many members could not be reached, either by telephone or e-mail! Under our current system, members are responsible for updating their information on the Web site. Please check the Division 39 Membership Directory, http://www.division39.org/membership_directory.php, today to verify that the information is correct. If you need help, please contact Ruth Helein, div39@namgmt.com, who will be glad to be of assistance.
- We continue to hear from time to time that members are not receiving publications or mailings from the Division. APA members should check with APA directly to make sure their address information is correct. Non-APA members of the Division should contact Ruth Helein to make sure their information is up to date.



Psychoanalysis and the Experience of Uncertainty

Division of Psychoanalysis (39) • 28th ANNUAL SPRING MEETING

APRIL 9–13, 2008

THE WALDORF ASTORIA • NEW YORK, NY

KEYNOTE SPEAKERS

Philip M. Bromberg, Ph.D.

Arnold H. Modell, M.D.

INVITED SPEAKERS

Judie Alpert, Ph.D.

Frances Sommer Anderson, Ph.D.

Lewis Aron, Ph.D.

Sheldon Bach, Ph.D.

Roanne Barnett, Ph.D.

Jessica Benjamin, Ph.D.

Richard Billow, Ph.D., ABPP

Mark J. Blechner, Ph.D.

Ghislaine Boulanger, Ph.D.

Barbara Cohen, Ph.D.

Margaret Crastnopol, Ph.D.

Jody Messler Davies, Ph.D.

Diana Diamond, Ph.D.

Muriel Dimen, Ph.D.

Morris Eagle, Ph.D.

Darlene Ehrenberg, Ph.D.

Bernard Frankel, Ph.D., ABPP

Katie Gentile, Ph.D.

Mary-Joan Gerson, Ph.D.

Marianne Goldberger, M.D.

Shelly Goldklank, Ph.D.

Virginia Goldner, Ph.D.

Sue Grand, Ph.D.

Jay Greenberg, Ph.D.

Elizabeth Hegeman, Ph.D.

Earl Hopper, Ph.D.

Elizabeth F. Howell, Ph.D.

Marilyn Jacobs, Ph.D.

Judy Kantrowitz, Ph.D.

Lucy LaFarge, M.D.

Lynne Layton, Ph.D.

Kimberlyn Leary, Ph.D.

Edgar A. Levenson, M.D.

Dorothy Otnow Lewis, M.D.

Joseph D. Lichtenberg, M.D.

Deborah Luepnitz, Ph.D.

Marilyn Meyers, Ph.D.

Maureen Murphy, Ph.D.

Adam Phillips

Owen Renik, M.D.

Jeremy Safran, Ph.D.

Stephen Seligman, D.M.H.

Abby Stein, Ph.D.

Donnel B. Stern, Ph.D.

Elisabeth Young-Bruehl, Ph.D.

POSTER SESSION FEATURING PSYCHOANALYTIC RESEARCH—EVENING ENTERTAINMENT

Registration information and conference details available at www.division39.org

or call 1 800-833-1354 x101 for a brochure to be mailed.

IN MEMORIAM: RITA V. FRANKIEL, 1933-2007

Adrienne Harris, PhD

On July 16, 2007, Dr. Rita Frankiel died in New York City at the age of 74 after a determined and long battle with breast cancer. That stark sentence encapsulates so much for me, and does not at all do justice to the fierceness and expansive pleasures Rita took in living, the care and persistence in managing complex medical treatments, and the commitment to life right to the last day. I think Winnicott is responsible for a memorable sentence; let me be alive right up to my death. Rita indeed was.

Two months later at her memorial, friends from overlapping and also different worlds gathered to remember her. It was striking to see how everyone was speaking really about the same person: strong, generous, intense, and filled with a passion for living deeply and expansively. And on matters of character, the picture of Rita that slowly took shape during the memorial was of a strong, incisive intelligence, a deep ethically-bound concern for psychoanalysis and good care for patients, and a clear honest judgment that could sting as well as illuminate.

While there are marvelous and loving memories of Rita on a personal level, I want to talk here more explicitly about her trajectory as an intellectual, a psychoanalyst, a teacher, and a writer. She had graduate training in Child Development at the University of Minnesota, a graduate degree from Columbia, and analytic training at the William Alanson White Institute. Her early practice was with children, adolescents, and adults.

Sometime in mid-life she came into contact and into the world of the contemporary Kleinians in London. She became immersed and highly expert in Kleinian thought and practice and the experiences—intellectual, clinical, and personal—she had with revered colleagues like Betty Joseph, Elizabeth Spillius, John Steiner, Michael Feldman, and Edna O'Shaughnessy. All of them altered and shaped the next decades of work and writing. At her memorial these English colleagues sent a message of condolence and respect. They spoke of the courage in Rita's work promoting and exposing Kleinian thought and technique to American students and colleagues. It may seem now like an odd term, but Rita was an early proponent of the modern turn in Klein's thought in a time of many prejudices and rigidities.

Rigidities and narrow-mindedness was a decided *bête noire*. One of her last important professional tasks was to work on an extensive review of curriculum for the Freudian Society in NYC and Washington. At a conference on shame several years ago, she rose to comment on a paper on shame in analytic training to speak with great feeling of the need for senior analysts to address

questions of training—both in regard to content and to the transmission of shame and self doubt in candidates. Her work as a teacher was work of which she was justly proud.

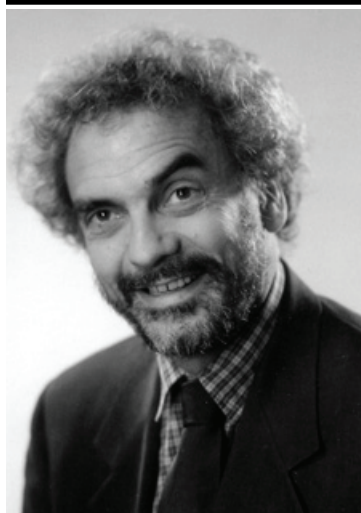
Our paths crossed about 15 years ago at a groundbreaking conference on Disorienting Sexualities in which, for one of the first times, an institute fostered and produced a conference for out gay and lesbian analysts and for a consideration of homosexuality within the context of training and theory. Along with Roy Shafer, Rita's husband, who gave the keynote, she was one of only a few senior faculty who came to support this meeting. Ironically, one might say, that event, with 500 people in attendance, was either an initiator or a harbinger of the sea changes in NYC institutes in regard to homosexuality and gay analysts. I remember Rita speaking up at that meeting to denounce the many hurts and prejudicial actions by psychoanalytic institutions in the treatment of gay patients and analysts. This now so obvious idea was not widely accepted at that time.

One of Rita's special concerns was with object loss, a concern that shaped lots of her clinical listening with children and adults. She edited a book, *Essential Papers on Object Loss*, and she published two intriguing, creative, and insightful papers on Little Hans. Interestingly, in those papers, Rita speculated on the role of the mother in that treatment, an approach to the case which is strongly confirmed by the evidence from newly de-restricted documents regarding the individuals in that case. She worked on the problem of envy, particularly between mother and daughter, work very much shaped by her immersion in Kleinian thought. For many of her close friends and me, her death came in the middle of her evolution as a writer. It's not atypical for women to begin to write later in life and Rita, at the time of her death, had writing projects she was eager to do.

Her NYU course on object loss was much beloved and much sought out. Over a number of years, I heard from supervisees and students of how transformed both they and their practices had been by the experience of that course. Rita held the students in a careful and respectful process that nonetheless made the deep currents of grief visible and speakable at a personal level.

At the conclusion of the memorial for Rita, an amazing and very meaningful moment occurred. After the invited speakers had spoken and music had been played, audience members were invited to talk at open microphones. Several of Rita's patients spoke. As one woman said, simply but eloquently, "She saved my life." What an epitaph.

LETTERS TO THE EDITOR I: AN OPEN LETTER TO APA CEO NORM ANDERSON FROM SECTION IX PRESIDENT FRANK SUMMERS



I am writing to inform you of the reasons why I will not pay my 2008 dues. Having been a member of the APA for the past 31 years, I have not made this decision lightly. I have been considering some form of dissociation from the APA for some time, but after the events of the recent convention I have come to the conclusion that our organization is fundamentally corrupt, and

I cannot in good conscience write a check in support of a professional association that has so little regard for ethics. I am certainly aware of the seriousness of this charge, and in what follows I will try to explain to you why I feel justified in making it.

The main ethical breach for which I judge APA is, of course, its refusal to oppose its members' involvement in illegal detention centers. As I am sure you are aware, these institutions hold people who are taken from their homes without being charged, held indefinitely, given no chance to defend themselves, and have no right to counsel. This denial of due process violates both United States and international law. Detaining people indefinitely without charging them in itself constitutes a violation of the Geneva Convention. I would expect that the illegality of these camps would be sufficient reason for APA to oppose its members' involvement, as has been the case for the American Psychiatric Association, the American Medical Association, the World Medical Association, and the national organization of anthropologists. The only relevant professional organization that has refused to take an unequivocal stand against participation in these illegal camps is the APA.

The United Nations Commission on Human Rights, the International Committee of the Red Cross (ICRC), and Human Rights Watch all have concluded that both the conditions of confinement and the methods of interrogation at these camps violate international law. Moreover, these independent organizations have found that health care professionals have colluded in the use of techniques that amount to torture in violation of the Geneva Convention, the International Covenant against Torture,

and the International Covenant on Civil and Political Rights, to all of which the United State is a signatory. Any organization concerned about the ethical behavior of its members would at a very minimum be alarmed that three independent investigations have concluded that such illegal and unethical practices are routinely conducted in settings where psychologists are intimately involved. And, an organization that makes ethics a priority would take a clear ethical stand against such sordid practices. Unfortunately, the APA has been silent except when pushed by pressure from members who have ethical concerns, and then, has been dragged grudgingly to prohibit certain illegal activities, but left loopholes for the practice of others, as it did in passing "Resolution Number 3" in San Francisco.

I became aware of the ethical vacuum that dominates the APA leadership in my very first contact on this issue. When I first became aware of charges that psychologists were involved in coercive interrogations, possibly even amounting to torture, at the detention center at Guantanamo Bay, I wrote of my concern to the then president of our organization, Dr. Gerald Koocher. Rather than expressing concern about the allegations, Dr. Koocher was arrogant, condescending, and dismissive in his response, telling me that I had no evidence and was being misled by media accounts. I had not indicated the source of my information to Dr. Koocher, so how could he be so sure that my sources were media and, even more tellingly, how could he be so sure, without conducting any investigation, that the charges were groundless? Because he had drawn hasty conclusions without any inquiry and was so arrogant in his response, it was clear to me that Dr. Koocher had no interest in the truth or the ethical concerns raised by a series of reports that were, in fact, based on investigations. When I conveyed the evidence to Dr. Koocher from the United Nations Commission report on human rights and asked for a response, he told me, "Don't hold your breath." Such behavior is not only disreputable; it reflects an organization that makes its top priority the protection of its members' participation in illegal camps, rather than ensuring their adherence to ethical principles.

The APA's defense that psychologists are ensuring that interrogations in detention camps are "safe, ethical, and legal" is patently untrue. The use of interrogation techniques that violate international law is well documented by the aforementioned United Nations report, Human Rights Watch, and the ICRC. At Guantanamo in 2003 alone, with a staff of psychologists, there were more

CONTINUED ON PAGE 15

LETTERS TO THE EDITOR II: AN OPEN LETTER TO STEPHEN BEHNKE FROM DIVISION 39 COUNCIL REPRESENTATIVE LAURIE WAGNER

As a Division 39 Council Representative and Division 39's liaison to the Divisions of Social Justice, I collaborated with others, both before and during the APA convention, to craft an alternative resolution to the Board of Directors' resolution. The Resolution that passed, *Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants,"* strengthens APA's position on torture and cruel, inhuman, and degrading treatment or punishment, detainee interrogations, and the prohibition of psychologists' participation in abusive interrogations. However, for me and many others in Division 39 and the Divisions of Social Justice, the failure of the amendment, which would have prohibited psychologists from participating in interrogations was profoundly disappointing. Nonetheless, I was pleased with the advances the Resolution accomplished. Following the Resolution's passage, questions arose regarding certain language in the 2007 Resolution, with the concern that the language might provide loopholes for abusive interrogations. As one who worked on the Resolution, I believe I understand its intent, but in listening to others I realize the language is problematic because its intent is unclear and requires clarification.

The questions center on the following portion of the Resolution and I have italicized the most pertinent section:

BE IT RESOLVED that this unequivocal condemnation includes all techniques defined as torture or cruel, inhuman, or degrading treatment under the 2006 Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, the United Nations Convention Against Torture, and the Geneva Convention. This unequivocal condemnation includes, but is by no means limited to, an absolute prohibition for psychologists against direct or indirect participation in interrogations or in any other detainee-related operations in mock executions, water-boarding or any other form of simulated drowning or suffocation, sexual humiliation, rape, cultural or religious humiliation, exploitation of phobias or psychopathology, induced hypothermia, the use of psychotropic drugs or mind-altering substances

used for the purpose of eliciting information; as well as the following used for the purposes of eliciting information in an interrogation process: hooding, forced nakedness, stress positions, the use of dogs to threaten or intimidate, physical assault including slapping or shaking, exposure to extreme heat or cold, threats of harm or death; and isolation, sensory deprivation and over-stimulation and/or sleep deprivation used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm; or the threatened use of any of the above techniques to the individual or to members of the individual's family.

I would like to ask you specific questions regarding how this wording developed and the meaning of this "Be It Resolved." I am hoping your answers will clarify APA's position so there is no misunderstanding of the Resolution's meaning and intent.

Why are some techniques never permitted (e.g., rape, water-boarding, exploitation of phobias and psychopathology) while others (e.g., hooding, stress positions, forced nakedness) are qualified by the phrase, "used for the purposes of eliciting information in an interrogation process" and still others (e.g., isolation, sensory deprivation and over-stimulation and/or sleep deprivation are further qualified by the phrase "used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm." What exactly does the qualifier "used for the purposes of eliciting information in an interrogation process" mean? Can these interrogation techniques be used outside of an interrogation to break down a detainee so that he will talk during an interrogation? Qualifying some techniques with "used in a manner that represents significant pain or suffering" could be understood as saying it is permissible to employ these techniques up until the point that they inflict significant pain or suffering. Is that the intention of the Resolution? Similarly, what is the intent of adding the clause "or in a manner that a reasonable person would judge to cause lasting harm?"

In *Leave No Marks* (<http://physiciansforhumanrights.org/library/report-2007-08-02.html>), Physicians for Human Rights identifies 10 enhanced interrogation techniques: stress positions, beating, temperature

LETTERS TO THE EDITOR III: AN OPEN LETTER FROM STEPHEN BEHNKE

The following letter was sent to Division 39 Council Representative, Laurie Wagner, in response to her request for clarification of APA's position on the issue of psychologist's role in participation in interrogations of detainees at Guantanamo and other detention sites. Laurie sent this along for the membership's consideration.



Thank you for providing me the opportunity to address your questions. I think it is very important to begin a response by making clear APA's objective in setting forth rules regarding psychologists' participation in interrogations: to prohibit torture and abuse. Torture and abuse are immoral, unethical, and ineffective.

This prohibition includes the "enhanced" interrogation techniques, also known as "torture light" or "no-touch torture."

APA's position is that the "enhanced" interrogation techniques, including but not limited to the 19 listed in the 2007 Resolution, constitute torture and cruel, inhuman, degrading treatment or punishment, and are unethical and prohibited. Immediately following Council's action in San Francisco, The *Washington Post* called APA's 2007 Resolution "a rebuke of the Bush administration's anti-terrorism policies." In his September 25, 2007, statement to the Senate Select Committee on Intelligence, Dr. Allen Keller, Director of the Bellevue/NYU Program for Survivors of Torture and a member of the Physicians for Human Rights' Advisory Council, wrote, "The American Psychological Association has specifically banned its members from participation in the tactics that allegedly make up the CIA's 'enhanced' interrogation program." The *Washington Post* and Dr. Keller are exactly correct regarding APA's position.

You ask about the three categories of techniques identified in the *Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants."* (the "2007 Resolution") The 2007 Resolution, as you well know, was the product of an intense effort at revising the Board of Directors' substitute motion. Over a period

of four days in San Francisco, extensive revising and editing took place with the involvement of a significant number of Council of Representative members; meetings were called to begin at 6:30 a.m. and evening meetings lasted late into the night. As the work proceeded, the intent of everyone involved remained absolutely clear: to prohibit psychologist involvement in torture and abusive interrogation techniques, and to bring greater specificity to APA's position.

The first category of techniques identified in the 2007 Resolution is composed of those techniques that APA deems never permissible in any circumstance, such as mock executions, water-boarding, and sexual humiliation. There can never be any association, direct or indirect, in detainee-related operations where such techniques are employed. Such techniques are *per se* unethical in every instance and psychologists may never be associated with them.

The second category is composed of techniques that cannot be "used in an interrogation process for the purpose of eliciting information." This phrase means that these techniques may never be used (either during an interrogation session or outside of an interrogation session) if the purpose is to elicit information. There may be times, however, when these techniques are used for administrative or security purposes in a detention facility. As an example, "hooding" has been used to prevent detainees from gathering information regarding a facility's physical layout, which could then be (and has been) conveyed to those on the outside to plan an assault. As another example, there may be times in detention or correctional facilities when inmates are required to remove their clothing.

Two points are important to emphasize about the language of the 2007 Resolution as it applies to this category of techniques. First, these techniques are *not* available to psychologists as means of eliciting information. While the techniques may have a role in maintaining order and security in a detention or correctional facility, psychologists may neither incorporate these techniques as part of an interrogation nor consult to interrogation teams that use these techniques as means to elicit information, since doing so would constitute, at the very least, indirect participation. Second, the 2007 Resolution is to be interpreted broadly, so that the psychologist may *not* enlist others to employ these techniques in order to circumvent the prohibition on the psychologist. As an example, a psychologist could not employ a guard to place a hood on a detainee or strip a detainee for the purpose of breaking the detainee down, following which the interrogation would proceed. The second category of techniques in the 2007 Resolution recognizes that interrogations take place

in settings where security must be maintained, but does not permit psychologists to incorporate security-related measures into interrogations for the purpose of eluding the Resolution's prohibition.

The third and final category of techniques consists of techniques that may not be "used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm." In my opinion, the description of these behaviors—isolation, sensory deprivation and over-stimulation, and sleep deprivation—suffered from not having adequate time to find wording that conveyed the authors' intention. As I'm sure you recall, the discussions focused on the definition of these words and precisely what the implications of an absolute prohibition would be. As an example, an individual in detention may be separated and placed in a cell in isolation, in order to prevent that individual from colluding with another detainee in formulating a story that is consistent between them. Likewise, the regimen of a camp may require that detainees begin their daily routines at a very early hour. I believe that everyone will agree neither example would constitute impermissible isolation or sleep deprivation, but it is important to find language that clearly separates what is permissible from what is impermissible.

One possible model for clarifying language comes from *Leave No Marks*, an August 2007 publication of Physicians for Human Rights and Human Rights First. In *Leave No Marks*, sleep deprivation, sensory deprivation and over-stimulation, and isolation are described in their application as follows:

- "Sleep Deprivation: The prisoner is deprived of normal sleep for *extended* periods through the use of stress positions, sensory overload, or other techniques of interrupting normal sleep." (page 22)
- "Sensory Bombardment: Noise and Light: The prisoner is exposed to bright lights, flashing strobe lights and/or loud music for *extended* periods of time." (page 24)
- "*Prolonged* Isolation: The prisoner is denied contact with other human beings, including through segregation from other prisoners, for *prolonged* periods of time." (page 30)
- "Sensory Deprivation: The prisoner is subjected to reduction or removal of stimuli from one or more of the senses for *prolonged* periods." (page 30) (emphases added)

Leave No Marks' descriptions of these interrogation techniques, with the adjectives "prolonged" and "extended," accomplishes what I believe the Resolution was trying to accomplish with the phrase "used in a manner which

represents significant pain and suffering." There was never any intention to allow isolation, sensory deprivation and over-stimulation, and sleep deprivation up until a point of significant pain and suffering is reached (that is, the intent of the Resolution was *not* to have psychologists "calibrate" the extent of the suffering or pain). Rather, the intent of the Resolution regarding these techniques was to delineate prohibited interrogation techniques, which by their very nature cause significant pain or suffering when used specifically to break a prisoner down as described in *Leave No Marks*, from permissible security techniques or certain conditions of prison life. As *Leave No Marks* concludes:

This report demonstrates that "enhanced" techniques of interrogation, whether practiced alone or in combination may cause severe physical and mental pain. In fact, the use of multiple techniques of "enhanced" interrogation virtually assures the infliction of severe physical and mental pain upon detainees. (page 4)

The Ethics Committee may decide to use the above language of Human Rights First and Physicians for Human Rights in commenting on the Resolution, if the Committee finds the descriptions in *Leave No Marks* helpful in clarifying the 2007 Resolution. There is also extensive discussion in *Leave No Marks* regarding the harm that "enhanced" interrogation techniques can cause. *Leave No Marks* thus provides empirical data to support the conclusion that such interrogation techniques are prohibited by the 2007 Resolution.

I want to identify and highlight an issue that I realize is of great concern to many members: the 2007 Resolution creates a "loophole" that allows psychologists to participate in some "enhanced" interrogation techniques. As I mentioned earlier, I fully recognize that the language of the Resolution regarding these behaviors was not as clear as the authors hoped it would be and as many of our members closely following this issue believe is necessary. I want to say emphatically, however, that the intention of the Resolution is to *prohibit* participation in interrogations that involve abuse, torture, or cruel, inhuman, or degrading treatment or punishment through the use of isolation, sensory deprivation and over-stimulation, and sleep deprivation. At no point was there any discussion of, or intention to create, a "loophole" that would allow psychologists to participate in abusive interrogations.

Given the concerns that have been expressed, let me state clearly and unequivocally the 2007 Resolution should never be interpreted as allowing isolation, sensory deprivation and over-stimulation, or sleep deprivation either alone or in combination to be used as interrogation

techniques to break down a detainee in order to elicit information as described in *Leave No Marks*. My strong sense is that the Ethics Committee, with input from our members, will be able to find language that makes clear the intent of this language in the 2007 Resolution, that these “enhanced” interrogation techniques, all other abusive techniques, and techniques of torture and cruel, inhuman, and degrading treatment or punishment are prohibited. Again, the Committee may well decide to adopt the language from *Leave No Marks* in relation to these terms. If members believe this or any other language in the Resolution is unclear or insufficient, I encourage them to communicate their concerns to the Ethics Committee as the Committee works on the casebook and commentary.

In your final paragraph you ask what APA is doing to clarify the meaning of the Resolution. The Ethics Committee is charged by the 2007 Resolution to produce a casebook and commentary that will provide guidelines to psychologists consistent with international human rights laws. The casebook and commentary will address questions raised in response to the Resolution. Currently our public affairs and policy offices are communicating APA’s position to members, relevant public officials, the media and others, and will make clear APA’s position:

- “Enhanced” interrogation techniques are unethical and prohibited.
- Psychologists may not plan, design, assist, or participate, directly or indirectly, in “enhanced” interrogation techniques, including but not limited to the 19 delineated in the 2007 Resolution and any other techniques that constitute torture and cruel, inhuman, or degrading treatment and punishment as defined by the UN Convention Against Torture, the Geneva Convention and APA’s 2006 Resolution Against Torture.
- The prohibitions against psychologists participating in interrogation techniques that constitute torture and cruel, inhuman, and degrading treatment or punishment are absolute, even in the face of orders, laws and regulations.
- APA calls upon the U.S. government to ban these techniques and upon the legal system to reject testimony that results from torture and cruel, inhuman or degrading treatment or punishment.
- Psychologists must be alert to torture and cruel, inhuman, or degrading treatment or punishment and shall inform their superiors, the relevant office of inspector general when appropriate, and cooperate fully with all oversight activities, including hearings by the U.S. Congress and all branches of the U.S. government.

- APA, recognizing that torture and cruel, inhuman, or degrading treatment or punishment can result from conditions of confinement, expresses grave concern over settings in which detainees are deprived of adequate protection of their human rights and affirms the prerogative of psychologists to refuse to work in such settings.

I encourage your colleagues and all members to submit their questions and comments about APA’s position on interrogations to the Ethics Committee, which is eager to clarify in the casebook and commentary any points of ambiguity. An official call for comments will be issued this fall and comments may be submitted electronically through a link on the ethics portion of the APA Web site. I will let Division 39 and the Divisions of Social Justice know as soon as this link is active.

Again, thank you for providing me the opportunity to address your questions. As you well know, this issue has challenged our Association and its members on many levels. The enormous effort and respectful attitude you have brought to our discussions have contributed to productive dialogues, which I hope will lead to a deeper understanding of APA’s position on these critical questions. I look forward to our ongoing collaboration.

Stephen Behnke
Director, Ethics Office
American Psychological Association

CONTINUED FROM PAGE 8

manipulation, waterboarding, threats of harm to a person, family or friends, sleep deprivation, sensory bombardment, violent shaking, sexual humiliation and prolonged isolation and sensory deprivation. Some fall under the 2007 Resolution’s “prohibited” list and some under the “qualified” list. Are all these “enhanced” techniques listed in the 2007 Resolution prohibited by anyone anywhere (in an interrogation or outside of an interrogation) if they are used to elicit information from a detainee?

Finally, if these kinds of questions have arisen in response to this particular part of the 2007 Resolution what is APA doing to ensure that those working with detainees don’t interpret the Resolution as having “loopholes” which allow “torture light” or techniques commonly called “enhanced interrogation techniques”? What is APA doing to further clarify the meaning and intent of the 2007 Resolution, not only for the profession of psychology but also for the public, the media, and the U.S. Government?

Laurel Bass Wagner, PhD
Council Representative
Division of Psychoanalysis
Chair-Elect, APA Divisions of Social Justice

APA AND INTERROGATIONS: A COUNCIL REPRESENTATIVE'S PERSPECTIVE

LAUREL BASS WAGNER, PhD



For most of my three-year term as a Division 39 Council Representative, I have been embroiled in the issue of psychologists' participation in interrogation of detainees and APA's position against torture and cruel, inhuman, and degrading treatment and punishment. For me the issue reached a breaking point in June 2006 after the American Psychiatric Association

issued its position paper against psychiatrists taking part in any way in the interrogations of detainees. At that time Division 39 sent a message to APA's Board of Directors stating our belief that it was crucial and essential for APA to set a policy disallowing psychologists' participation in interrogations. The Department of Defense had issued a statement saying they would no longer use psychiatrists and instead would use psychologists in interrogation situations. We saw the problem as a crisis. The Board of Directors neither responded to nor acknowledged our communication.

Unfortunately the tone of the debate had been set by then APA President Gerry Koocher in his January 2006 *Monitor* column. Division 39 wrote Dr. Koocher, objecting to this column in which he took a derisive tone toward those who expressed concern about the role psychologists were playing in the interrogation and possibly torture of detainees at sites such as Guantanamo. Dr. Koocher often continued with this tone in his e-mail communications on the Council of Representatives listserv when the topic involved APA's position on torture and psychologists' participation in interrogations. I saw it as essentially shutting down listserv dialogue on the subject. Throughout, APA's Board of Directors remained publicly silent.

From the beginning Division 39 members expressed concern that detainees are held unlawfully, without due process and without habeas corpus rights. We believe such conditions violate the U.S. Constitution and international human rights laws, including the Geneva Convention. We believe such conditions constitute cruel, inhuman, and degrading treatment or punishment (CIDTP). Therefore, participating in interrogations under such conditions is unethical. Participating colludes with CIDTP,

regardless of the intentions of the psychologist.

APA began looking into the issue of psychologist participation in interrogations in 2005, with the establishment of the PENS Task Force. The focus from the beginning was to provide ethical guidelines for psychologists to participate in interrogations. The PENS Task Force Report did not address the question of whether or not psychologists should participate in interrogations. In an emergency action the Board of Directors approved the PENS Task Force Report; it was never brought to Council for approval.

The question of participating in interrogations of detainees in settings where their human rights are violated was only put forward by those of us in the Divisions of Social Justice. By then APA policy was set: psychologists will participate in interrogations and show how they are to be ethically done. In 2006, APA's President, Ethics Officer, and Public Affairs Officer all went on the record saying that APA believes psychologists have special training that will keep interrogations ethical and enable them to guard against the behavioral drift of others. APA has avoided looking at the evidence that some psychologists have been involved in interrogation techniques that constitute torture and CIDTP.

At the August 2006 Council meeting, Division 48, the Peace Psychology Division, asked the Divisions of Social Justice (DSJ; Division 39 is a member) to support its Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and agree not to submit an amendment that would limit psychologists' participation in interrogations. The DSJ agreed. The 2006 Resolution was an important resolution and its passage was by no means guaranteed. Division 48 was concerned that the addition of a "non-participation in interrogations" amendment would scuttle the entire resolution. We saw the 2006 Resolution as part of a process, not an end product. The Resolution passed.

At that same August 2006 meeting the Divisions of Social Justice decided as a group to not support a Moratorium Resolution. The prevailing opinion was that there were many social justice issues to be advanced and DSJ did not want to lose its clout in APA by being identified with only one issue. Division 39 took the minority position in support of such a resolution. As a result Neil Altman, as an individual Council Representative, submitted a Moratorium Resolution with all other Division 39 representatives as co-sponsors as well as about 10 other representatives from different Divisions. This had long-

reaching, and in my opinion, disastrous consequences. Had DSJ supported the Moratorium Resolution it would have had more clout as it went through the necessary review by APA Boards and Committees. The Resolution was often seen as belonging to a single person, Neil Altman. In this way it was marginalized.

At the Consolidated Meetings in February 2007 in which the resolution was discussed and reviewed, Neil Altman alone represented the Resolution. It was more than one person could take on. Personally, I feel bad that others and I did not join Neil as he interacted with the boards and committees. All of them, including the Board of Directors, wrote responses opposing the Moratorium Resolution. Effectively, this was the death knell for the Moratorium Resolution.

Council members discovered in July 2007 that the agenda for the August Council meeting included a motion written by the Board of Directors who recommended to Council that their substitute motion replace Dr. Altman's Moratorium Resolution. The BOD's motion explicitly prohibited 19 techniques in interrogations, but did not contain the key element prohibiting psychologists from participating in interrogations. It appeared that the BOD had pulled a power play. Parliamentary procedure called for the BOD's substitute motion to take precedence over the Moratorium Resolution. If Council voted to accept the BOD's motion it would replace the Moratorium Resolution and no vote or discussion of psychologists' participation in interrogations would take place. I thought the BOD wished to avoid at all costs an up and down vote on the Moratorium Resolution, because they did not want the negative publicity that would come from an outright rejection of the Moratorium resolution. On the other hand, APA leadership has demonstrated a high tolerance for negative publicity.

I wanted APA's governing body to debate and decide the issue of psychologists' participation in detainee interrogations. We had to decide the best strategy to accomplish this after the BOD introduced its substitute motion, which was virtually assured of replacing the Moratorium Resolution. If that happened we would be left with a woefully inadequate resolution that contained no mention of limiting psychologists' participation in interrogations. The sponsor and co-sponsors of the Moratorium Resolution decided to work on the BOD's substitute motion, adding numerous amendments to strengthen it and make it something we could support. We then sought the advice and support of others, particularly Division 19, Military Psychology.

At the APA Convention a group comprising representatives from eight Divisions, the Divisions of Social Justice, the New York State Psychological

Association, the Ethics office, and the BOD coalesced to hammer out an agreed upon final resolution. We had a day and a half to accomplish this in order to have the BOD approve it as a substitute for its motion. This meant intense, exhaustive negotiations. The result was a resolution with flaws, but something far superior to the BOD's motion.

The sticking point was limiting psychologists' participation in interrogations. We were only able to agree that APA Council should have the opportunity to debate and vote on this crucial issue. The BOD accepted the resolution and agreed that an amendment would be offered calling for psychologists to not participate in detainee interrogations. Thus, we in Division 39 accomplished our goal of getting this issue to the Council floor.

Council resoundingly approved the resolution titled, Reaffirmation of the American Psychological Association Position Against Torture and Cruel, Inhuman, or Degrading Treatment or Punishment and its Application to Individuals Defined by the United States Code as "Enemy Combatants." Council resoundingly rejected the amendment limiting psychologists as health personnel to providing psychological treatment only.

The disappointment was palpable for those of us who fought so hard for this amendment. It was difficult to see what had been accomplished in the face of what was lost. However, at the end of the day we had helped advance APA's position against torture and cruel, inhuman, and degrading treatment and punishment in the following ways: APA recognizes torture and CIDTP arise not just from the behaviors of individuals, but also from the conditions of confinement; APA expresses "grave concern" over settings where detainees are deprived of adequate protection of their human rights, affirms the prerogative of psychologists to refuse to work in such settings and calls for ways for APA to support psychologists who so refuse. Compared to our goal this may seem insignificant, but this is a big step for APA. Prior to the August meeting, I did not think APA would take this position.

APA will inform the U.S. Government: because of its 2006 and 2007 Resolutions and the Geneva Convention, psychologists are prohibited from participating in interrogation techniques; it calls upon the U.S. Government to ban these techniques and calls upon the legal system to reject testimony that results from torture and CIDTP.

APA's Ethics Committee is charged with writing a casebook and commentary providing guidelines for psychologists that are consistent with international human rights laws. This may not be viewed as an accomplishment because Council charged the Ethics committee with this two years ago. It appears the ethics committee was waiting for Council to define its position, and Council was waiting for the casebook to help define its position.

The prohibitions against torture and CIDTP are absolute even in the face of orders, laws, and regulations.

The Resolution unequivocally prohibits psychologists from knowingly, planning, designing, and assisting in the use of torture and CIDTP as defined by the U.N. Convention Against Torture, the Geneva Convention, and APA's 2006 Resolution against Torture.

Immediately after the Resolution was passed some claimed it contained loopholes. They questioned why some prohibited techniques (such as rape, mock executions, waterboarding) are prohibited under any circumstances and other techniques, such as hooding, isolation, sensory deprivation, overstimulation, and/or sleep deprivation are qualified by the phrases "used in for the purposes of eliciting information in an interrogation process," "used in a manner that represents significant pain and suffering," or "in a manner that a reasonable person would judge to cause lasting harm."

Accusations were made that, with this wording the APA leadership ensured that psychologists could continue to participate in coercive techniques as long as they don't cause significant pain and suffering. This is not how I see the Resolution, nor do I believe there was any such intention. However, the wording is obviously problematic if such accusations can arise. I saw no evidence that anyone wanted to enable psychologists to participate in coercive interrogation techniques. I did see concern that events occurring legitimately in prisons not be included in the prohibited list. For instance, hooding and isolation in limited ways are used for security purposes. Prisons are noisy places and there was concern that such noise would be considered overstimulation and thus prohibited. If a prison routinely wakes up people at 5 a.m., could that be seen as prohibited sleep deprivation? The qualifiers were meant to rule out these kinds of circumstances as prohibited. Coercive interrogation techniques involving hooding, isolation, overstimulation, and sleep deprivation do cause significant pain and suffering and therefore are prohibited.

My understanding is that the phrase "used for the purposes of eliciting information in an interrogation process" means none of the methods can be used by anyone, anywhere, and at anytime if they are used to break down the detainee so that he will divulge information in an interrogation. Thus, one cannot deprive a detainee of sleep for 24 hours, blare loud music in his cell, keep a bright light on him, or combine any of these techniques to make him more vulnerable in an interrogation. My reading of the 2007 Resolution is that all coercive techniques that constitute torture and cruel, inhuman or degrading treatment or punishment as defined by the Geneva Convention and APA's 2006 Resolution Against Torture are prohibited. I would like to see the Ethics committee with

its casebook, the APA ethics office, and the APA public relations office all make this patently clear.

Through the 2006 and the 2007 Resolutions, APA Council supported human rights conventions that define the conditions at Guantanamo and other sites as cruel, inhuman, and degrading treatment or punishment. But, Council did not take the next logical step to call for psychologists' nonparticipation in interrogations in such settings.

I have asked myself many times why we failed to convince APA Council that psychologists should not participate in interrogations of detainees whose human rights are unprotected. Certainly APA leadership fought us all the way on this and did not make it easy to even let the discussion come to the floor of Council for a debate. The debate that occurred was only given enough time for the different sides to state their opinions. But we also had not been convincing in the year since the Moratorium Resolution was proposed. I know there are those who believe APA wants to maintain a special relationship with the military, DOD, and CIA. Perhaps some in APA may want that, but certainly not the majority of Council members.

The arguments against the amendment limiting psychologists to providing health care for detainees were four-fold. Many council members were opposed to ever telling psychologists where they can and can not work. Others found the basis of the argument (the detainees lack human rights protections) to be insufficient, given that psychologists work in settings and situations where individuals lack the full protection of their rights (e.g., supermax prisons, terminations of parental rights). Others thought the amendment itself was poorly worded in that it limited the role of psychologists to health personnel who only provide psychological treatment. Such wording would preclude forensic psychologists from working with detainees. Lastly, I think the majority of council members resonated with the idea that psychologists serve an important function in interrogations because they give guidance and ensure that interrogations are ethically conducted. They believe psychologists need to be there to make a positive difference. Division 39's position that psychologists need to *not* be there to make a positive difference is harder to embrace. It means withdrawing from participation in protest of the conditions. In the end, it appears that Council found staying to help was a more compelling argument than leaving to help. I adamantly disagree with Council's position. I find it wrong-minded, but I can't say I find it wrong-hearted.

A PSYCHOLOGIST'S PATIENT PONDER'S TORTURE

ALIX SABIN

I enter the room. It's quiet here. No one can know that we're in this room together unless I tell them. Everything is confidential. In this room I tell my psychologist my fears, my dreams, my crimes.

*I was abused by the priest when I was an altar boy.
I'm afraid of failure, of intimacy, of the dark . . .
I'm so depressed I can't get out of bed . . .
My wife is mentally ill and can't take care of the children. I have to be both mother and father . . .
I won't eat even though I weigh only 78 pounds.
My husband has Alzheimer's so I live alone, with my memories . . .
My twin brother was killed in a car crash—I was driving . . .
I am a boy in a girl's body . . .
I'm dying of cancer . . .*

My psychologist listens. Asks questions. Helps search for the key. Finds the door. The door opens into a hall of mirrors. My psychologist interprets. I cry. A week goes by and the scene repeats. The room where we meet is a sacred space. I come because I need to, or I want to, or I can.

This week I have a question for my therapist: Why did the American Psychological Association decide not to ban psychologists' participation in torture?

I imagine a detainee. He's a man. He's been alone in a room for three years. His wife and children don't know where he is—whether he's alive or dead. There are no windows. He doesn't know whether it's day or night. They won't give him anything to read, not even the Koran. There's no lawyer. They interrogate him because they think he knows something about terrorists. He can't remember what he knows. There's no hope of getting out alive; there's no hope of dying. He tried to go on a hunger strike but they force-fed him.

I imagine the psychologists gathering in San Francisco. They meet in the morning, after breakfast. It is a beautiful day in a heavenly city. They vote to oppose certain treatments of detainees, called "coercive interrogation techniques," but they won't ban psychologists from participating in the interrogations. They won't ban psychologists from working at Guantanamo Bay. They won't see that imprisoning a man indefinitely without rights, without light, is tantamount to torture; and therefore participating psychologists are comparable to war criminals.

I want to ask my psychologist: do you belong to the American Psychological Association? Do you think your

colleagues are sadists? Paranoid? Sociopaths? How big are their egos? Did you go through the same training programs with them? Do they have the same license as you do? Is this room, where I tell you everything, safe?

CONTINUED FROM PAGE 7

than 350 acts of self-harm, mass suicide attempts, and massive hunger strikes. When Al-Qahtani was tortured, a psychologist was there participating. Where were the psychologists keeping interrogations "safe, ethical, and legal" when Paul Vance, an American contractor in Iraq, whose only crime was informing the F.B.I. of illegal activities, was abused in the interrogation process?

The dishonorable nature of the APA is reflected in the way it has conducted itself since the allegations first surfaced. I could not possibly recount all the deceptive, flagrantly manipulative, and unscrupulous acts of which the APA has been guilty, so I will confine myself to the PENS report. Six of the nine members were military personnel or had close ties to the military. Col. Larry James and Col. Morgan Banks, for example, had played major roles in Guantanamo. Banks is not even an APA member. The conflict of interest for these six members is so flagrant that their presence on the task force is nothing less than unconscionable. If they were to question the ethical practices of psychologists in detention camps, they would be raising those questions about their own behavior. The rationalization that the members were chosen for their "expertise" is the way conflict of interest is typically rationalized by unethical organizations. The Bush Administration uses the same rationale to put Dick Cheney at the head of its task force on energy. Equally disturbing is the fact that APA tried to keep the PENS task force membership secret. Now that we know who the members were, it is clear why APA tried to keep their identities secret. This is the way an organization operates that has abdicated ethics in favor of short-term self interest.

I understand that the APA is trying to protect and advance its profitable relationship with the military, and I am not faulting that motive, but when narrow self-interest conflicts with ethics and legality, I believe I have a right to expect the APA will have the moral backbone to stand for what is right. The fact that the APA chooses not to take a moral stand is shameful, and has had a ripple effect of immorality that issues in dishonorable ways of operating. In short, there is nothing left of APA but short-term careerism.

Frank Summers, PhD, ABPP
Chicago, IL

TENDING, ATTENDING, AND HEALING: ALL TOGETHER, ONE BY ONE

JOSEPH BOBROW, PhD

As children and teenagers we are taught to be aware of the consequences of our actions. Actions have impacts that ripple out in many dimensions and last a long time. These effects manifest in ways we did not anticipate. Being aware of and anticipating the consequences of our actions is a developmental achievement. Being responsible for the web of impacts that has ensued from our actions, intended or not, is also a developmental achievement.

As a culture, we don't take very good care of one another. Our children, our elders, our natural resources are too often ignored, overlooked, forgotten, or mistreated. Ours is a disposable culture. But what we do not include, recognize, and care for does not go away. The impacts last for ages, and they affect everyone. The web of life is our connective tissue: human, animal, mineral, and vegetable. What we discard or fail to adequately care for, we do so at our own peril. Our veterans and their families unfortunately have too often fallen into this category. Their suffering, their humanity, their dignity, and their sacrifice has too often gone unrecognized.

Since we are interconnected at the core, what happens here impacts what happens there; even if there is no visible or logical link. Disability, addiction, homelessness, family discord and violence, high suicide rates, to name a few, have not traditionally been linked with our collective inattention to the suffering of our veterans and their families. Yet, the data is there and we can't ignore the consequences. Approximately 1.9 million service members have been deployed to Iraq and Afghanistan. Factor in the children, parents, partners, grandparents, brothers, sisters and so on, and approximately 70 million people in the United States have already been directly impacted by these wars. As we learned from Vietnam, unattended to, the wounds of war fester and deepen, wreaking havoc on individuals, families, and communities.

The impacts of war are legend. Some are visible but many are not. There are injuries we can see and injuries that are invisible to the eye but nonetheless radiate deep and wide into a person's life, health, and web of relationships. TBI (traumatic brain injury) patients and their families have a saying: "When the hair grows over." When the visible injuries heal, the invisible wounds to mind, heart, soul, and spirit often go ignored. I am not only referring to PTSD. Many veterans have problems that do not meet the criteria for a diagnosis of PTSD, but which nonetheless are profoundly disturbing to their functioning and well-being, and to that of their families as well. "What's the matter, the war's over," someone said to a veteran. "Yeah, over and

over and over," he replied. The ever-present traumatic past crowds out the open present, collapses hope and possibility.

PTSD and the other wounds of war are not just stress and anxiety disorders, they impact us spiritually at the level of identity, character, meaning, purpose, and world view. Our very being, our life and death, how we experience our relation to ourselves, our loved ones, the community, the country, its guiding myths and ideals—all of it is implicated. Often all of it is shattered. Rebuilding damaged connectivity among body, mind, heart, brain, core values, worldview; among thoughts, feelings, actions, views, relationships, speech and conduct, is critical. There is also a cultural dimension to healing the invisible wounds of war.

It is important to learn skills to reduce stress and anxiety and rebuild capacities to modulate and manage strong emotions. But it is equally important to rebuild connectivity among family members, and among individual, family, and the community. Although they suffered deeply in many ways, the incidence of PTSD among Vietnamese after the war was quite low. How soldiers see their own purpose and how they experience the connections between their purpose, the meaning of the war, and how it and they are held by their community, culture and country, form a matrix which can contain and help transform trauma or make it far worse.

What we cannot hold, we cannot process. What we cannot process, we cannot transform. What we cannot transform haunts us. It takes another mind to help us heal ours. It takes other minds and hearts to help us grow and re-grow the capacities we need to transform suffering. This is done in concert, re-weaving the web of connective emotional, relational, and spiritual tissue that cumulative trauma tears asunder. With another mind and heart, with an informed, compassionate culture, it is possible, as the psychoanalyst Hans Loewald wrote, to transform ghosts into ancestors.

Concealed within damage often lies great strength. Resilience runs deep but its resources need to be nurtured. It is like a seed that has been buried in a disaster; it needs tending and attending. When the great redwoods are damaged in a fire, their seedpods are not destroyed. There is devastation all right, but often the forest can return to health, with protection, care, and skill. The seeds of renewal and transformation are there—if we cultivate the intention to be of help, if we take the time and energy, if we realize that the responsibility for healing the impacts of war is collective. It takes a village and it begins with each of us.

Several months ago, I received an e-mail regarding a public meeting sponsored by the Department of Defense, inviting community input into veterans' mental health needs. I e-mailed back and was surprised to receive a call the same day from the coordinator in Washington. After an informative and congenial conversation, I shared my shock at hearing such a responsive voice on the other end of the line. She replied, "We want to get it right." We need to tap into the great reservoir of desire to get it right, to do right, this time 'round. The desire to help others transform suffering, re-connect to themselves, to one another, and to a deeper sense of meaning and purpose in life.

Irrespective of political or religious beliefs, each veteran, each partner, child, sibling, parent and grandparent, deserves our loving, skillful, attentive care for the visible AND invisible injuries from serving in Iraq and Afghanistan. They don't only need a new set of techniques or new understandings. They need us to harness our own humanity—head, heart, body, and spirit—our native connectivity and capacity to respond, in order to make a difference. They need us to participate in creating a culture in which the wounds of war are lovingly and skillfully enveloped as part of a welcoming community, where they can heal and be transformed. Fundamental inter-connectivity takes the form of a responsive community that holds the veterans and their families in its attentive, loving embrace.

A year or so ago, Buddhist teacher and author Sharon Salzberg was going to see a movie with a friend. After debating several options, they settled on *The War Tapes*, an account of the fighting in Iraq from the soldiers' perspective, filmed by soldiers themselves. After the movie, Sharon said to her friend that she wanted to do something to help these men and women. The friend, Mark Epstein, psychiatrist and author on Buddhism and psychotherapy, said that he knew someone who was beginning to work on creating a community response. Mark let me know, then I visited with Sharon in New York, and things were off and running.

Sponsored by Deep Streams Zen Institute, the Coming Home Project is an innovative series of free group support workshops and retreats, which address the mental, emotional, spiritual, and relationship problems of Iraq and Afghanistan veterans and their families. It invites veterans and families to share experiences and stories, struggles and breakthroughs, in an atmosphere of mutual support, safety, and trust; to find understanding and acceptance; to learn new skills, such as mindfulness, for reducing stress and anxiety and enhancing well-being; to improve communication and relationships; to express what cannot be spoken through expressive means such as writing and drawing; and to tend to the wounds of war in heart, mind,

identity, spirit, and relationships. It harnesses the best from ancient and modern approaches: psychological, spiritual, including meditation, and creative expression. The Coming Home Project creates a culture and community of support and healing—an informed, compassionate, inclusive response—a safe place.

Coming Home is open to all Iraq-era veterans and families. No particular political, ideological, or religious belief or affiliation is represented or required. Everyone is welcome as they are and all will be honored and treated with respect. The intention of Coming Home is to serve veterans and families and contribute to their well-being and healing—not to convert anyone to a particular point of view. The program is not psychotherapy, but its effects are intended to be therapeutic.

The workshops and retreats are facilitated by veterans, psychotherapists, and interfaith leaders who are experienced with trauma and the challenges faced by returning veterans and their families. We are also creating a cohort of psychotherapists and chaplains to provide pro bono services to family members of men and women currently serving in the military as well as the families of veterans.

As a kick-off for the cohort, on December 3, 2006, the Coming Home Project offered a training for psychotherapists and chaplains on developing skills for working with veterans and their families. Among the presenters were Tonia Sargent, the wife of Kenneth Sargent, who received a bullet wound to the head and sustained traumatic brain injury (TBI); Steve Robinson, a former Army Ranger and Ranger trainer, now an advocate for veterans' rights with Veterans For America, a group that investigates the causes, conduct, and consequences of war; Robert Grant, a psychologist and trauma specialist with experience working with military officers in combat and disaster zones worldwide; and Keith Armstrong, head of the family therapy clinic at the San Francisco Veterans' Administration (VA) and author of *Courage After Fire*. Seventy people attended the training and 30 volunteered to provide pro bono counseling to family members of veterans not eligible for services.

On Friday evening, January 19, the Coming Home Project held a community meeting for veterans and the general public at the First Congregational Church Berkeley, followed the next day by a daylong workshop for Iraq and Afghanistan vets and their families. The purpose of the weekend was to bring veterans and the community together, to raise awareness of the struggles of veterans and their families, and to explore ways in which the community can support them.

One hundred and fifty people came out for the evening meeting, "Understanding The Realities of War."

Speakers included Sharon Salzberg, renowned meditation teacher and author; Joanna Macy, whose groundbreaking work helps transform despair and apathy into collaborative action; Marine Colonel Darcy Kauer, founder of the Warrior's Transition Program at Camp Pendleton; and former Army Captain Stefanie Pelkey, mother of three-year-old Ben, and whose husband Michael, also an Army Captain, took his own life after returning from serving in Iraq. We showed clips from *After the Fog*, a moving film that contains interviews with veterans from World War II through Vietnam to Iraq.

The presentations, the exchanges with the audience, and the tone of collective concern were compelling. Media coverage included print, radio, and television. The Hallmark Channel produced a segment, focusing on several participating families, which will appear soon on its national morning show. Veterans, veteran service organizations including the VA and Vet Centers, the psychological and interfaith communities, and the general public were all gathered. The veterans and their families felt recognized and supported by the public. They went into the Saturday workshop with this wind at their back.

The following day, 38 people gathered for our daylong workshop: 31 Iraq and Afghanistan veterans and family members, with members of our older vet cohort: three former marines—Col. Darcy Kauer, Mark Pinto, and Colin Gipson—and Ted Sexauer, poet and former Vietnam Army combat medic. There were three facilitators—Sharon Salzberg, Robert Grant, and myself—and one volunteer, a former nurse who provided childcare. Linda Pauwels, a former pilot who teaches yoga and wellness classes for Marines at Camp Pendleton, led movement exercises.

It was an amazing day of sharing stories and experiences, meditation, writing and drawing, and building safety and community. A few vignettes stand out. Kenny Sargent and Rory Dunn are both Iraq veterans who sustained traumatic brain injury. One was shot in the head, one hit by an IED (improvised explosive device); and both are suffering from PTSD. When they met for the first time at our workshop, they were like long-lost brothers: touching each other's wounds, comparing scars and experiences, making a deep emotional connection. And Stefanie Pelkey, who feels isolated in Houston, where she lives with the legacy of her husband Michael's death, was taken in like a family member within minutes of meeting the other vets' families.

During the opening moments of silence, as we were remembering those unable to be with us, Stefanie and Michael's three-year-old son Ben, and Isaiah, also three, played around the edges of our circle. Amidst the reverent quiet, we heard Ben say to Isaiah, "My daddy died."

As we were saying our goodbyes, Rory and I

hugged. I noticed near his seat a scrap of paper on the floor, picked it up and asked if it was his. He said "Yeah, it's nothing." I looked at it and, not knowing what to expect, saw quite a legible note, with three short family trees on one side and a drawing on the other. I asked him about the writing. "It's all the people blown away by my buddies," he replied, "my buddies' dying." I looked and saw: girlfriend, baby, church members, mother, father, sister, and so on—three little stories, three little family trees. Rory has TBI and PTSD, and like Kenny, is lucky to be alive; but he can think, feel and communicate quite clearly.

The web of support is radiating out: three full-time caregivers—Stefanie, Tonia, and Cynthia, the mother of another veteran with TBI and PTSD—will be gathering to be with one another in Seattle for renewal.

The next community meeting is March 23, also in Berkeley followed by the second day-long workshop on March 24. There will be a third workshop in July, a four-day residential retreat around Veterans Day weekend, and a private forum on our Web site where workshop participants can stay in touch, share information, resources, practices, and responses to the weekend.

Everyone who attended the community meeting and the daylong workshop felt that this was the beginning of a regional culture of service to vets and families—a safe, welcoming community. Many said that the gathering was what they were waiting for but had not been able to find in the military, in the VA, online, anywhere. It was gratifying to learn that we had met a real need. This was one of our aspirations.

If you are so moved, the Coming Home Project is grateful for your contributions. We bring entire families to the Bay Area from around the country for our workshops and retreats. Some need to be lodged in hotels, while others find hospitality with local families. We are currently funded by one small grant from the Shinnyo-en Foundation and run entirely on volunteer help. We are beginning development efforts in earnest and your contributions of time, energy, expertise, or money are greatly appreciated.

The other major challenge we and all those offering services face is getting information about our programs out to veterans and families. If you know an Iraq or Afghanistan veteran or family member, please let them know about our programs and invite them to contact us.

Coming Home Project
www.deepstreams.org/cominghome
 121 Clement St.
 San Francisco, CA 94118
 415-387-0800

PSYCHOANALYTIC RESEARCH PROGRESS AND PROGRESS

TAI KATZENSTEIN, PhD, EDITOR, PhD

UTILITY OF THERAPIST AFFECT FOCUS IN PSYCHODYNAMIC PSYCHOTHERAPY

MARC J. DIENER, PhD

This paper begins with a brief review of meta-analytic research concerning the efficacy and effectiveness of psychodynamic psychotherapy, particularly short-term psychodynamic psychotherapy (STPP). Next, the paper reviews results of a recent meta-analysis that examined the relationship between therapist affect focus and patient outcome in STPP. Key findings and implications of these studies are highlighted.

Results from several meta-analyses support the efficacy and effectiveness of psychodynamic therapy or short-term psychodynamic psychotherapy (STPP) in the treatment of many common disorders. Results from Abbass, Hancock, Henderson, and Kisely (2006) and Anderson and Lambert (1995) suggest that STPP is efficacious compared to control groups across different types of disorders, and not significantly different than alternative treatments. Other meta-analyses have examined the efficacy of STPP for specific types of disorders. Results from Leichsenring (2001) and Leichsenring, Rabung, and Leibing (2004) suggest that STPP demonstrates greater benefits than wait-list and treatment-as-usual control groups. In addition, the data suggest that the effects of STPP are comparable to alternative treatments (Leichsenring, 2001; Leichsenring et al., 2004). In terms of effectiveness data, Leichsenring & Leibing (2003) performed a meta-analysis of pre-post changes for psychodynamic as well as cognitive behavioral therapy of personality disorders and found that both therapies demonstrated large effects.

These meta-analytic reviews support the conclusion that STPP works, at least for many common mental disorders. But, these studies do not address the issue of how STPP works. The answer to this potentially more “burning” question has important clinical ramifications. Rather than rigidly following a host of techniques detailed in a specific therapy manual, clinicians could more flexibly devise treatments based on empirically supported intervention strategies (Westen, Novotny, & Thompson-Brenner, 2004). One potentially relevant intervention strategy is therapist facilitation of patient experience and expression of emotion. Several studies investigating the therapeutic process have demonstrated psychodynamic therapy’s greater emphasis on patient affect as compared to cognitive behavioral therapy (Ablon & Jones, 1998; Jones & Pulos, 1993; Blagys & Hilsenroth, 2000). These studies suggest

that therapist affect focus is a relevant technique with empirical support for its unique role in psychodynamic therapy. The logical next step would be to investigate the relationship between therapist affect focus and patient outcome in psychodynamic therapy.

To address this issue, my colleagues and I (Diener, Hilsenroth, & Weinberger, 2007) conducted a meta-analysis with the aim of reviewing and integrating the existing empirical literature. Specifically, we tested the hypothesis that greater therapist focus on patient affect would be associated with greater patient improvement over the course of treatment. As an example of an intervention designed to increase the patient’s experience and expression of emotion, consider the following therapist comment: “You seem less engaged today than usual. I’m wondering if we’re getting close to some feelings that might be intense and even scary, too?” The meta-analysis also examined the impact of two potential moderating variables, namely type of outcome construct and methodological quality of individual studies.

Analyses included 10 independent samples with a total of 150 participants ($M = 15$, $SD = 8$). As predicted, results indicate a positive, statistically significant relationship between therapist facilitation of patient affect and outcome, demonstrating that greater therapist affect focus was associated with greater patient improvement. The overall effect size, $r = .30$, is considered to be a medium effect size according to benchmarks delineated by Cohen (1988), and further supports the potential therapeutic utility of therapist affect focus. Using the binomial effect size display method (Lipsey & Wilson, 2001; Rosenthal, 1991), results suggest that therapist affect focus increases patient success rates from 35% to 65%. File drawer analyses suggest reasonable confidence that the overall effect size would remain above $r = .10$, even taking into account the possibility of unpublished null results (Diener et al., 2007).

Results indicate that there was no demonstrable relationship between the effect sizes and methodological quality of individual studies, suggesting that the overall results of the meta-analysis were independent of the methodological qualities coded for in the moderator analyses, further bolstering the strength of the findings. Although not statistically significant, the use of audio- or video-taping for supervision yielded the largest positive effect ($r = .29$), suggesting that this form of close

supervision of actual techniques may increase the utility of an affective focus. When the results were subdivided into studies that included more than one outcome construct (e.g., depressive symptoms and overall change) versus studies that included only a single or unclear outcome construct, only the former group yielded significant findings. These results suggest the importance of taking a multidimensional approach to outcome when investigating theoretically relevant effects (Diener et al., 2007).

Due to the correlational nature of the data in the meta-analysis, causal inferences cannot be made from the results. Nevertheless, the findings do point to the potential utility of therapist affect focus, particularly since the results are consistent with those of Smyth (1998; $r = .23$) who included only studies that utilized a randomized control design to examine the relationship between written emotional expression and health. In addition, the overall effect size of the relationship between affect focus and outcome in the meta-analysis ($r = .30$) by Diener et al. (2007) resembles the findings of a meta-analysis of the relationship between therapeutic alliance and outcome ($r = .22$; Martin, Garske, & Davis, 2000).

Overall, then, results from Diener et al. (2007) point to the potential therapeutic utility of an affective focus in psychodynamic psychotherapy and build on previous efforts to establish an affective focus as distinct to psychodynamic psychotherapy. These results also contribute to ongoing attempts to delineate specific therapeutic interventions that contribute to patient improvement.

REFERENCES

- Abbass, A.A., Hancock, J.T., Henderson, J., & Kisely, S. (2006). Short-term psychodynamic psychotherapies for common mental disorders. *Cochrane Database of Systematic Reviews*. Issue 4. Art. No.: CD004687. DOI: 10.1002/14651858.CD004687.pub3.
- Ablon, J.S., & Jones, E.E. (1998). How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive behavioral therapy. *Psychotherapy Research*, 8, 71-83.
- Anderson, E.M., & Lambert, M.J. (1995). Short-term dynamically oriented psychotherapy: a review and meta-analysis. *Clinical Psychology Review*, 15, 503-514.
- Blagys, M.D., & Hilsenroth, M.J. (2000). Distinctive features of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature. *Clinical Psychology: Science and Practice*, 7, 167-188.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Diener, M.J., Hilsenroth, M.J., & Weinberger, J. (2007). Therapist affect focus and patient outcomes in psychodynamic psychotherapy: A meta-analysis. *American Journal of Psychiatry*, 164, 936-941.
- Jones, E.E., & Pulos, S.M. (1993). Comparing the process in psychodynamic and cognitive behavioral therapies. *Journal of Consulting and Clinical Psychology*, 61, 306-316.
- Leichsenring, F. (2001). Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: a meta-analytic approach. *Clinical Psychology Review*, 21, 401-419.
- Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry*, 160, 1223-1232.
- Leichsenring, F., Rabung, S., & Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry*, 61, 1208-1216.
- Lipsey, M.W., & Wilson, D.B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage Publications.
- Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables. *Journal of Consulting and Clinical Psychology*, 68, 438-450.
- Rosenthal, R. (1991). *Meta-analytic procedures for social research* (Rev. ed.). Newbury Park, CA: Sage Publications.
- Smyth, J.M. (1998). Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, 66, 174-184.
- Westen, D., Novotny, C.M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631-663.

Marc J. Diener,

mdiener@argosy.edu

W&P

WESTCHESTER
 CENTER FOR THE STUDY OF
 PSYCHOANALYSIS &
 PSYCHOTHERAPY

Professional Education Is A Lifelong Process

- **Four-Year Psychoanalytic Training Program**
- **Psychoanalytic Fellowship Available**
- **Two-Year Psychotherapy Program**
- **Two-Year Child and Adolescent Program**
- **One-Year Supervisory Training Program**
- **Treatment Service (Sliding Scale)**

Chartered by the Regents of the University of the State of New York in 1974, the Westchester Center provides training in psychoanalysis and psychotherapy across a range of contemporary psychoanalytic approaches.

WCSP, 29 Sterling Avenue, White Plains, NY 10606

**Please call for a brochure and information about
our next Open House: 914-946-9462**

THE ORGANIZING TRANSFERENCE AND PSYCHOTIC SIGNIFIERS

LAWRENCE E. HEDGES, PhD, ABPP

This paper was originally presented to the United States chapter of the International Society for the Study of Schizophrenia and Psychosis in Vivey, Switzerland June 28-29, 2007, as a response to History Beyond Trauma by Françoise Devoine and Jean-Max Gaudillière (2004).

PAUL'S ORGANIZING TRANSFERENCE

A year into therapy and following a lively discussion about Paul's parents and some difficult relationships he was having at work, Paul and I began to formulate some important aspects of his organizing transference.

Paul: As people encounter me, I subtly behave in ways so as to discourage, or at least not to encourage, the connection. I feel this scary, paranoid distortion and I am unable to bridge it by showing kindness, warmth, or generosity or by being at ease with the other person. In this distortion I feel that they don't like me or that they want to use me, to abuse me, or to cheat me. I then subtly withdraw. This so clearly comes from my relationship with Louise [his mother].

Larry: I hear you saying that when a person, perhaps even a neutral person, who neither loves nor hates you moves into your life and is giving neutral or perhaps even lukewarm, "getting acquainted" responses, your paranoid delusions take over and you feel that they hate you or want you dead—like with Louise.

Paul: And then I am stuck. I can't go across any bridges. My distortion makes me afraid, and so we play a standoff game. I'm scared of them and they of me. Unless that person clearly and affirmatively reaches out, we are not sure if we can trust each other. I can't initiate warmth and generosity, no way. The best people can see of me is that I'm withdrawn and scared—even if they see I have an honest intent.

Larry: It's not just that you're shy and afraid?

Paul: No. I'm clearly forbidden to reach out. *It's as though there is a force field from outer space that paralyzes my brain, injecting terrified anxiety feelings into me. An outside force setting up an overriding terror which totally prevents me from sharing intimately, warmly, generously, affectionately, or presenting myself in a positive light. I have to be passive, awaiting their judgments and pronouncements on me—which are bound*

to be bad. Even if their estimations of me aren't negative at first, I *make* them bad. I actively make people see me in a bad light. That's the important part: *I force people to see me as bad.*

Larry: I have the image of two people with neutral or lukewarm feelings toward one another, wanting to get to know each other and slowly approaching each other as though they are getting ready to do a relationship dance. It's as if there are invisible tendrils of relatedness silently reaching out . . .

Paul: (Interrupting) *And I have scissors that snip them off!*

Larry: But how is this accomplished?

Paul: I interrupt. I don't let people finish their sentences. I give people the cold shoulder. I make them see me as a miserable wreck. *I make* them hate me.

Larry: You are telling me that you actually cut off what might become a warm flow of ideas and feelings between you and someone else. You cut off the tendrils of relationship because of the Leonard [his father] and Louise living inside. You snip off the connections. The Louise you identified with in infancy, who is still living inside of you, has snipped those connections, has forced the relatedness flow to stop. You are saying that you comply with the inner Louise's instructions to destroy the interpersonal links, the potential tendrils of real connection which might allow for friendship and love. Alternatively, you make people somehow feel cut off from you, confused, or lost track of.¹

THE BANQUET OF FLESH: A CENTRAL RELATIONAL SIGNIFIER

Paul has many ways of devaluing himself in personal interactions with his recurring belief that others see him as an ineffective, weak, confused, miserable wreck. The images, the people involved, and the negative qualities vary considerably, but the downward spiral of Paul's line of self-criticism during many sessions invariably drones on in a similar vein, ending with the surprise line directed at me: "And you think so, too!" The accusation effectively ruptures any sense of connection we have at the time

¹ In the extended version of this case report (Hedges, 2000), I am able to show how Paul is in fact doing what he is talking about to me during the process of this hour and how my tendency has been to comply with his constant severing of connections between us.

because I regularly feel obligated to address it.

By the time we had spent three years together, I had gone through various phases of responding to this challenge frequently thrown at me. In the early phases I would protest that I had no such view, that in fact I liked him very much, saw him as quite competent, respected him in every way, and so forth (depending on whatever barrage of self-criticism he had just unleashed and whatever I could honestly state at the moment). But Paul always “had” me in some way or another because he could quickly quote something potentially critical that I had said earlier in the session or on some previous occasion. He would give the line a deadly negative twist to prove that I did indeed think ill of him—that he was right, that it was true that I saw him as a sloppy, miserable wretch or as a ne’er-do-well.

At first I would go into momentary confusion at Paul’s seemingly deliberate misinterpretation of what I had said. Then I learned to confront him and to dispute what he was imputing to me—and then to reaffirm him. But these downward spirals of self-criticism followed by a gauntlet thrown to me continued. At times I tried to go with whatever negativity might have been implicit in my former comments. But then I would attempt to show Paul that my meaning was essentially positive—but he would remain unconvinced, nonplussed, or skeptical. After a while I got

frustrated and tried to point out the double bind Paul put me in on these occasions. At other times I would get angry with Paul, insisting that he was deliberately distorting what I had said or done—just to irritate me! Then I would try to show what his motivation might be for needing to see me as a harsh critic of his at this particular point in time. I tried various ways of exploring meanings, of looking for contextual cues and of attempting to align Paul on the side of studying the interaction—all to little avail. Something critical was not yet understood. Whenever I was indeed impatient or irritated, I did my best to cop to it, but mere acknowledgement of my ill feelings toward Paul struck him as superficial and forced: I saw him as a needy, wretched creature, hated him, and wanted him dead—that was that. Eventually I could feel myself squarely in Paul’s trap every time he laid it. I simply lapsed into looking at him inquisitively in response, trying to get him to elaborate what had just transpired between us and why. Paul wasn’t uncooperative in these searches for meaning, but he always somehow got back to the refrain that I indeed hated him and that I had said it clearly in so many words, no matter how much I tried to deny it. Of course we tried in vain various transpositions of Louise-and-Leonard transference, all of which led up to the following events.

After a particularly social but frustrating weekend, Paul had the following dream:

I was going somewhere with Jerry (whose passivity all weekend had messed up a series of plans). We were in some European city, maybe Paris, and were supposed to be going to eat at this rather elegant cafe or restaurant. When we arrived we were shown the sideboard where two live horses were laid out, sedated, and with their eyes covered so they couldn’t see what was happening. We were handed these knives or meat cleavers and a plate in a nonchalant way, like what you were supposed to do for your dining pleasure in this elegant bistro was to chop off chunks of meat—live flesh to eat. It was like it was supposed to be some sort of delicacy, and we were expected to simply go along with it. I recognized the scene as bizarre, as something I simply didn’t want to do. I was immediately nervous and began looking around, like maybe there was some vegetarian dish instead! I woke up very upset and began thinking about my relationship with Leonard.

In Paul’s associations to the dream he emphasized the element of passivity, in that he was simply *expected* to go along with this horse’s ass kind of banquet. He and Leonard are always taking chunks out of each other’s flesh, and it’s



**Psychoanalytic
Psychotherapy
Study Center
presents**

**The 1st Annual
Conference for
Lifetime
Achievement**

Kimmel Center (NYU)
Room 914
60 Washington Sq. So.
New York, NY

**To register, contact PPSC
at 212.633- 9162.**

**PPSC
80 Fifth Ave, Suite 903A
New York, N.Y. 10011**

**www.ppsc.org
ppsc@att.net**

**The Talking Cure
Revisited:
An Afternoon with
Dr. Larry Epstein**

**Saturday, December 8,
10am-2pm**

Followed by Wine & Cheese Reception

Dr. Larry Epstein will present his latest paper, “Some Implications of Conducting Psychoanalysis as a Talking Cure,” contrasting his own experience in analysis with Spitz with his two previous analyses. In addition, he will reflect on his work with patients discussing topics such as: frequency, the advantage of using the couch, working with resistances to the negative transference, tolerating “bad analyst feelings,” the use of self disclosure and mutuality, and the function an analyst may serve as a “bad object”.

**Featured Discussant:
JOYCE SLOCHOWER PHD**

Lee Crespi, LCSW, *Moderator*
Richard Alperin, DSW,
William Hurst, PhD,
Judy Levitz, PhD, *Panelists*

supposed to be okay, the proper and pleasurable way to relate. In the dream the two horses are laid out, sedated and blindfolded so they won't actually see or feel what is being done to them (the passive position). Paul could see that the underpinning was, of course, the scenarios with Louise in which each had to be the destruction of the other, yet both pretended that everything was as it should be. Paul said that he has always felt forced to passively comply with this bizarre and monstrous feasting on flesh that was in vogue in his family.

My interpretations focused in a congratulatory way on Paul's actively deciding to turn away from his life-long pattern of feasting on flesh—this scenario of mutual cannibalism—to something different, namely, to nourishing and healthy vegetables. We processed this dream in a variety of ways for several sessions.

A week later Paul started into another one of his downward spirals of self-criticism. By now well-accustomed to the horror of watching Paul rip himself limb from limb in these tirades, I watched with the fresh image of a flesh-eating banquet in the back of my mind. This time I saw the gauntlet coming a good three minutes before it landed squarely in front of me. I was lying in wait, in almost open-mouthed amazement, watching Paul's downward spiral of self-effacement with horror, knowing he would soon launch his surprise attack on me. I wish I could remember the exact content, but I was swimming in the increasing intensity of the moment. Paul suddenly looked up directly at me and said his usual, "And you think so, too." But I was ready. I went with it this time. I continued his vicious, destructive banter along the same content he had just provided me with. I told him with full intention and affect that it was true that I hated him, that he was indeed worthless, psychotic, delusional, despicable, a miserable wretch, and so forth. Paul was stunned. But grasping my ploy, he quickly added: "*You take your pleasure and amusement from watching me tear myself down and slowly self-destruct.*"

I immediately fell into a dark pit. In this quick and brief exchange we had deepened the emotional material to a horrifyingly new low. At some level I knew instantly that his accusation was true, whether I was consciously aware of it or not. Then Paul added: "*And you do it so you can feel secure in your superiority.*" I was truly stunned. I remember thinking, "*I have to go here. This is about me. I have to let myself feel all of this.*" And I did. As the two of us sat in momentary silence, *I let my body and my mind drop into the experience of taking my pleasure and amusement from watching Paul self-efface and self-destruct in front of my very eyes. I had to actively let myself enjoy his misery and pain so that I could feel secure in my superiority. Sinking rapidly, I got there—and I enjoyed it.*

I actually allowed a full sense of cannibalistic glee and destructiveness to overcome me. Paul tried to talk—but I waved him off to shut him up. My mind swam in timeless delight and horror; images of Caesars languishing in decadent delight in the Roman Circus swirled. I saw slaves being slaughtered and eaten alive by lions. I thought of Nero, of Rome burning, of Hitler, of lines of Jews, the ovens, of Sade, of naked savages chewing on human bones, of children being mercilessly beaten, of psychotics being tortured by mindless gambits of sadistic therapists. Tears welled up in my eyes. My stomach churned in violent upheaval. I stammered trying to speak what I was experiencing—voice quaking, facing the wide-eyed Paul.

I slowly came to myself. "*I can't do it! I won't do it! I refuse this God-forsaken banquet of flesh—Show me the vegetables!*" We laughed but were both taken aback, shaken by the truth and violence of the moment and by our mutual willingness to go there. Vegetables were a welcome comic relief.

Larry: *As a child, Paul, you had no choice. You were led to this flesh-eating banquet by the parents that you loved and trusted, and then you were expected to partake. It was all that was offered. You had no way of knowing that there was a better way. You were drugged and blinded and told to eat. But I'm not a child. Nor am I passive. This flesh-eating banquet you lead me to is a bizarre horror, and I will have nothing to do with it. I will not eat!*

I had to repeat the lines forcefully several times to rescue myself from the dizziness and emotional pull of the sadomasochistic pit, the swirling horrors, the timeless spinning, and the disgusting nausea of destruction. "*I saw it. I felt it. It was terrifyingly real and horrible. I won't go there with you. I absolutely will not!*" But of course, I had in fact already gone there with him.

When Paul was wakened from the dream by his refusal to be passively led into cannibalizing on chunks of flesh, I understood his anxiety as his *fear* of turning away from the table that has always been laid for him. When Paul tried once again to take me to that bizarre flesh-eating banquet table, I finally grasped at an experiential body level what has been perhaps Paul's deepest truth. Terrified and horrified, I yelled, "*Horse's ass, I won't go there with you!*" Paul and I were together at last. We both were refusing in our relationship to be passively traumatized by our internalized sadomasochistic parents.

Paul has for a lifetime feared relationships based on the template of a drugged and blinded cannibalistic scenario. He has experienced his emotional relationship with me according to the same pattern of abusive horrors.

But until now Paul has been compelled to return repeatedly to being the self-destructing sacrifice for his internal parents' amusement, pleasure, and self-aggrandizement. It was the only way of emotionally relating that Paul had ever learned, the only way of connecting to me that he knew. To connect meant to experience humiliating, self-abusive, masochistic surrender. For a lifetime intimate emotional relationships had been systematically avoided. To disconnect from all human contact is paramount to withering and dying. I had to experience with Paul the horror of my own deep psychological images and the ways in which I, too, sadistically cannibalized him—made my livelihood, took my self-satisfaction and security, off of his mutilated living flesh and blood. We were both sobered by *the experience we had created together*—the experience that told a truth we had neither before dared to articulate. Paul's deep pattern was yielding at last—and mine as well.

SOME THEORETICAL CONSIDERATIONS

From Freud's analysis of Judge Shreber through Lacan's analysis of the function of language in the Shreber case to Devoine and Gaudillière's *History Beyond Trauma* (2004), there is general consensus that psychotic states are not psychoanalytically accessible by means of classical verbal interpretations. Grotstein (1994), however, reviews numerous reports of contact with and transformation of psychotic states that have indeed been achieved by psychoanalysts using expanded or modified forms of psychoanalytic technique. How can we understand that psychoanalysis can indeed be accomplished with primitive mental states although it is not achievable with traditional free-association technique? What considerations must be addressed in devising alternative techniques?

The metaphor guiding Freud's term *psychoanalysis* was borrowed from the chemistry of his day, that is, the notion of taking a complex compound and subjecting it to a treatment that would break the complex down into its elemental parts. For a lifetime Freud and those who were to follow him sought to define what those elemental ingredients of psyche might be and to devise theories and techniques of treatment that would serve to break down various psychic complexes, formulated along medical lines as symptoms and diagnostic syndromes. As a result, the scope of psychoanalysis has steadily widened, accompanied by endless modifications of theory and technique—each treatment, one might say, having been designed to analyze, to break down, different kinds of neurotic, narcissistic, borderline, and psychotic complexes.

It will not be possible here to review Lacan's radical reading of Freud or the brilliant use Devoine and Gaudillière have made of Lacanian insights. Nor will it be possible to outline the dimensions of war and history and

its many traumatic sequelae discussed in their penetrating study. I will instead briefly outline the technical approach that I and a group of colleagues in Southern California have developed to address psychotic experience. I will be suggesting how Devoine and Gaudillière's theory and technical approach to the study of psychotic experience enriches our work—and how hopefully our work can enrich theirs.

Studying hidden pockets of psychotic experience in locales far from obvious war zones might expectably lead to different ways of theorizing and working than studying massive psychotic experiences occurring in geographical zones clearly beset with war for centuries. Yet one of the reasons Devoine and Gaudillière explicitly address *History Beyond Trauma* to Americans is to confront the denial implicit in the American claim that major wars have never been fought on our soil—a claim not only patently false to our history but also abruptly challenged by the war we unwittingly found ourselves involved in on 9/11. The authors' point is that the American psyche has always been deeply immersed in the traumas of war—although those traumas may take on veiled cultural variations well worth studying in themselves.

Rudolf Ekstein, one of my early mentors in the treatment of psychosis, was fond of reminding us that psychological theories are not so much statements of how things are as statements of *what we intend to do in psychotherapy* (1984). Each theory has been inevitably, if not arbitrarily, chosen to enable one's purposes and intentions. How can we compare intentions that have been engendered on vastly differing conditions on different soils? In order to do so we might do well to set aside momentarily the specifics of theoretical formulation and move directly to *therapeutic intention*—here, the desire to alleviate human suffering occasioned by socially-inflicted trauma.

Freud viewed trauma as an experience in which the ego, the personal agency operative at the moment, becomes overwhelmed and rendered dysfunctional by over-stimulation. His early work was focused on the impact of *external* over-stimulation (as in sexual molestation), while his later work tended toward the impact of *internal* over-stimulation (as in drives or internal objects). The following metaphors are devised to formulate the workings of trauma: repression, splitting, or dissociation of experience; blocking, locking, or freezing of experience; failure to ingest, digest, or metabolize experience; and the absence, wiping out, or foreclosure of experience. Each of these notions has been used in differing nosological contexts with varying therapeutic intents.

My own work has considered theories more as *lenses* or *perspectives* that allow us to gather and organize

data in particular ways that serve particular intents. The concept “organizing transference” emerged from the psychotherapeutic study of a diverse array of human relational possibilities that could be conceptualized once self-and-other developmental perspectives emerged in psychoanalysis (Hedges 1983, 1994a, b, 2000, 2003, 2005).

Abandoning the epistemological bias of the natural sciences toward ultimately discovering the objective truths of the universe, the developmental “listening perspectives” approach has favored the Wittgensteinian line of formulating theory as frames devised to aid one in seeing things in certain ways—frames that allow experiencing the world in various chosen intentional contexts.

The listening-perspectives approach begins with two people coming together in a professional setting. How do each of these two individuals, one designated as speaker and the other as listener, experience and relate to each other? The general assumption of the listening-perspectives approach is that each human mind has historically developed in direct response to the possibilities offered by its relational contexts. Each person is thus seen as evolving unique capacities for relational style and complexity—and, consequently, an accompanying array of developmentally-determined transference and resistance possibilities.

By 1983, studies of developmentally-based relational possibilities seemed to me to fall into four major watersheds offering four distinctly different ways of “listening”—in the sense of being relationally or intersubjectively present with the intent of understanding how analytic speaker and listener are each experiencing with the other their relational possibilities at any given moment in time. The listening perspectives I defined were derived from a century of psychoanalytic studies that suggested four major watersheds of intersubjective possibility:

Freud initiated studies of triangular relating possibilities that emerged in the late Oedipal period. Kohut and others focused on the developmentally earlier issues leading to the consolidation of a sense of self—a self that serves either to enhance or to disturb the possibilities for complex triangular relating. Balint, Mahler, Kernberg, Winnicott, and a host of others offered formulations for listening to a variety of yet-earlier-learned dyadic relational issues. Ferenczi, Klein, Sullivan, Fromm-Reichman, Will, Searles, Lacan, Grotstein, Tustin, Devoine, Gaudilliere, and others have worked to provide listening contexts for the earliest “organizing” of human relational possibilities.

Defining four listening perspectives as ways of being alert to the real, the transferred, and the resisted experiences of the moment on both sides of the couch has aided me greatly in my clinical work, my supervision, my teaching, and my writing. The focus of this communication

is the earliest “organizing” listening perspective devised collectively by many for attending to life’s most basic relational challenges. Metaphorically speaking, the earliest human relational experiences are imagined to be those of a fetus or neonate striving to organize her experiences of environmental exchange—to discover and explore the possibilities of otherness, if you will. Winnicott spoke of the experience of essential continuity as that of “going on being” and of the impact of impingements that force the infant precociously into persecutory modes of organizing experience. He further spoke of experiences that were too strong to be “digested” or “metabolized” or that were effectively “frozen,” awaiting “awakening” in a later relational therapeutic environment.

My own favorite metaphor has been that of a baby with myriad invisible tendrils attempting to reach out to and organize a clear sense of what its relational possibilities are. Those reaching attempts that are met in a timely and satisfying manner form the basis for the development of attachment experiences and symbiotic relational scenarios. But those reaching attempts that are not adequately met wither to nothingness; those that meet pain sharply constrict and close off.²

This schema of how human mental activity organizes, as it were, by reaching out toward and retreating from relational experiences suggests a moment-by-moment way of listening to (of being with) another person so that prior learned movement toward and retreat from relational experience can be registered and worked with as transference and resistance phenomena. Further, this definitional schema of “organizing experience” suggests how an analytic speaker and listener may be able to learn to track each other’s momentary attempts to reach out and connect with each other as well as how to track each other’s frightened or suppressive attempts to avoid, block, or rupture connections. Experience suggests that tracking the movement toward and the retreat from interpersonal connecting experiences is clinically fruitful at both the micro level—the moment-to-moment process—and the macro level—the process over days, weeks, months, and

²Neuropsychology and infant research now confirm the universal human condition of a high frequency of failed reaching attempts in early life, and so conditioning theory predicts significant atrophy of human relational capacities. Indeed, neuroscience has recently demonstrated massive “pruning” of neurons early in life, presumably due to non-stimulation and/or pain-induced underutilization. But whatever is “really” going on, clinical experience suggests that all humans are to a greater or lesser degree conditioned to withdraw from or foreclose various kinds of intimate relational experience in response to socially-induced trauma; and that the individual bases for withdrawal from or foreclosure of relational experience are usually traceable to (1) unsatisfying and/or painful experiences in infancy, or (2) ungratifying and/or traumatic experiences later in life.

even years in the relationship.

USING *HISTORY BEYOND TRAUMA*

In considering the moments with Paul I have reported here, Devoine and Gaudillière's (2004) work provides a way of formulating symptoms as revealing the rupture of transmission of social links. Paul's symptoms were, of course, the many ways he had of "snipping" tendrils of possible connection to others, including various forms of going numb mentally and/or inducing the other to shy away from him. Paul's family history made clear that these kinds of ruptures had been passed down by at least three generations of immigrants of a persecuted minority group from Eastern Europe. Devoine and Gaudillière's understanding of the transference points toward the inscription of pieces of suppressed (rather than repressed) history that are responsible for the symptomatic ruptures. Given my English and Scotch ancestry planted on American soil in the eighteenth and nineteenth centuries, one might speculate on the signifiers that emerged in my countertransference reverie.

*My mind swam in timeless delight and horror;
images of Caesars languishing in decadent delight
in the Roman Circus swirled. I saw slaves being
slaughtered and eaten alive by lions. I thought of
Nero, of Rome burning, of Hitler, of lines of Jews,
the ovens, of Sade, of naked savages chewing on
human bones, of children being mercilessly beaten,
of psychotics being tortured by mindless gambits of
sadistic therapists.*

These sadomasochistic images all entail people who consider themselves superior, looking on with relish while those they consider inferior are systematically tortured and decimated—certainly the position of the white American male; certainly the inverse of the position I experienced in childhood vis-à-vis my abusive parents.

Four technical dimensions employed by Devoine and Gaudillière that were first spelled out by the war psychiatrist Thomas W. Salmon³ help us understand the intensity of the interactions I experienced with Paul. Examples in *History Beyond Trauma* richly illustrate the use of these principles "as a rigorous foundation for the dynamics of a transference aimed at the creation of a new social link on the ruins of loyalty and hence of speech" (p. 116, emphasis added).

The Salmon principles of clinical intervention are straightforward and compelling:

1. *Proximity* opens up a new space for trustworthiness amid chaos.
2. *Immediacy* creates a living temporality in contact with urgency.
3. *Expectancy* constructs a welcome to the return from hell.
4. *Simplicity* emphasizes the obligation to speak without jargon.

We can clearly see these four principles operating in my reported interaction with Paul.

A SWISS EXAMPLE

As a special tribute to our Swiss hosts today, rather than using illustrative signifiers from cases presented by Devoine and Gaudillière, I will turn instead to the courageous pioneering psychoanalytic work of the eminent Swiss psychoanalyst Madame Sechehaye (1951).

Sechehaye reports on her treatment of Renée, a profoundly schizophrenic girl, that continued almost daily for seven-and-a-half years beginning in 1930, when Renée was almost 18. It included outpatient and inpatient work as well as extended periods of profound regression requiring intensive care in nursing homes and at times in the home of her analyst. The case was reported to the Psychoanalytical Society of Lausanne in 1944 and published in English in 1951 with an appendix stating that "Renée has not only remained cured, without any recurrences of pathology, but her personality has continued to develop and has gained in strength" (p. 144). It will surprise no one here today to hear that Renée's two early fragmentations into deep psychosis were introduced in the first instance by a reference to the Battle of Trafalgar (p. 42) and in the second instance by two associations: "The horror is great in the midst of war . . . [and] In the Middle Ages there were many soldiers" (p. 46). Unfortunately, these brief references to war and soldiers stand only as reported aspects of her beginning fragmentation, without further development by Mme. Sechehaye.

In the Forward to the book, Dr. Charles Odier describes Sechehaye's early struggles to work with Renée until she received a "flash of illumination" that came in the form of a syllogism:

1. When I explain to Renée verbally the symbolism of her thoughts and symptoms and when I attempt to translate it into rational terms, she does not understand. For her it is Chinese. Instead of convincing and calming her, my learned interpretations only confuse and exasperate her.
2. I deduce from this that we do not speak the same language.

³ For an account of the pioneering work done by Salmon on "shell shock" and "war neurosis," see Ben Shephard's *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, pp. 123-132.

3. Consequently, I must speak to her in her very own language and not in mine. It is the doctor who must adapt himself to the patient, not the reverse.

This simple reasoning was the basis of a discovery, the discovery of the method of the realization of the symbol—or more precisely: of the symbolic realization of the fundamental emotional demands—demands that due to their original [traumatic] frustration, had persisted and were constantly revived. Up till now, Renée did her utmost to satisfy them through an imaginary and indirect mode, that is to say, by means of deliria and hallucinations. From then on Mrs. Sechehayé exercised her ingenuity—and with what persistence!—in giving those demands real and concrete satisfaction through a direct and childish mode. The process appropriate to calming and enchanting an unhappy child was likewise appropriate for bringing about Renée's cure. This process was none other than the substitution of plain and lucid satisfaction for the delirious and blind one. (p. 13)

Space does not permit a review of Sechehayé's brilliant and fascinating case study, but as I read her text, I see a series of signifiers emerging that at first are totally enigmatic to the therapist. Slowly, through drawings and juxtapositions of interactive events, each signifier is seen to be a fulcrum of personal experience and meaning that is then expanded by two in much the same way as described by Devoine and Gaudillière. While the theoretical notions Sechehayé formulates are different from what we might call today a Lacanian perspective, on one point she is in insistent agreement: *it is the gradual accession to the realities afforded by the symbol, the signifier, the signifying chain—in short, by speech—that provide the cure.*

Trauma in Renée's infancy (as well as in later childhood) had foreclosed the possibility of integrated personality development so that when the superficially-created ego shell—(what today we might call false self)—crumbled in adolescence, as with other trauma survivors, she was left with foreclosed experience that could not be spoken of until those fundamentally human experiences were somehow made real in a here-and-now therapeutic relationship. Make no mistake: the cure is not in the gratifications of a warm therapeutic response, but in the frustrating and rewarding *reality* of accession to the symbol, which the therapist, like the good-enough mother of infancy, insists on introjecting *into* to the mind of the child.

For example, green apples serve for Renée as the

signifier for a host of experiences around the breast. No amount of talk or baskets of real life green apples allow either eating or therapeutic progress until the actual experience of satisfying nutrition is successfully linked with a proliferation of needed, personally nurturing responses received directly from the therapist, thus allowing the realization of the symbol.

Throughout Sechehayé's text one can trace the movement toward and the movement away from organizing interpersonal connections with the clear indication that therapeutic progress is made *when a signifier comes into focus in the connected therapeutic relationship, a signifier that expresses some real aspect of human need and a satisfyingly real human response*—in Sechehayé's words, “when the symbol becomes realized.”

As Devoine and Gaudillière make manifestly clear in their monograph, our work is not only complex and enigmatic but always quite astonishing and rewardingly real!

REFERENCES

- Devoine, F. and Gaudillière, J. (2004). *History beyond trauma*. New York: Other Press.
- Ekstein, R. (October, 1984). *Prolegomena to study the languages of psychoanalysis and psychotherapy*. Paper presented at the Newport Center for Psychoanalytic Studies, Newport Beach, CA.
- Hedges, L.E. (1983,2003). *Listening perspectives in psychotherapy*. Northvale, NJ: Jason Aronson.
- Hedges, L.E. (1994). Foreword. In J. Grotstein, *Working and organizing experience* (pp. xvii-xxxiii). Northvale, NJ: Jason Aronson.
- Hedges, L.E. (1994a). *In search of a lost mother of infancy*. Northvale, NJ: Jason Aronson.
- Hedges, L.E. (1994b). *Working the organizing experience: Transforming psychotic, schizoid, and autistic states*. Northvale, NJ: Jason Aronson.
- Hedges, L.E. (2000b). *Terrifying transferences: Aftershocks of childhood trauma*. Northvale, NJ: Jason Aronson.
- Hedges, L.E. (2005). Listening perspectives for emotional relatedness memory. *Psychoanalytic Inquiry*, 25, 455-483.
- Sechehayé, M.A. (1951). *Symbolic realization: A new method of psychotherapy applied to a case of schizophrenia*. New York: International Universities Press Inc.
- Shepard, B. (2000). *A war of nerves: Soldiers and psychiatrists in the twentieth century*. Cambridge, MA: Harvard University Press.

I'M NOT IN KANSAS ANYMORE: COMPLEXITY AND PARADOX IN PSYCHOANALYTIC WORK AT A COLLEGE STUDENT'S PACE

SANJAY R. NATH, PhD

This article is a summary of a panel presentation from the Toronto Spring Meeting that was inadvertently omitted from the last issue of the newsletter. The editor.

This year's conference theme focused on momentum, time, and complexity. In multiple ways, the college counseling setting is a perfect laboratory to discuss these clinical issues. The nature of the therapeutic relationship is inevitably complex when working as psychodynamic clinicians in counseling settings where students are often away from home for the first time, the academic calendar imposes frequent breaks, and students are often seeking therapeutic assistance for the first time. These two papers invited a broad discussion of some of the issues involved with college counseling, from the paradox of short-term psychoanalytic therapy under time constraints to the paradoxical clinical presentation of very bright, academically successful students presenting with deep-seated emotional wounds. The panel occurred only a week after the Virginia Tech shootings, highlighting the difficulties that can occur on college campuses. Many clinicians who attended the panel worked in college counseling settings. The chair, Jane Widseth, and panelists, Sanjay Nath and Rachel Kabasakalian-McKay, are all psychodynamic clinicians who have worked extensively with college students.

Sanjay R. Nath began his paper with a brief thought exercise, asking those in the audience to imagine a college student who is described by his or her teachers as, "smart," "academically successful," "gifted," "a genius," "brilliant," "bright," "brainy," "clever," and "a straight-A student." Then he asked those attending to imagine this student presenting for psychotherapy, and to consider how ill or distressed we might believe he or she is given that we know only that the student is gifted intellectually. This exercise was meant to highlight a clinical bias toward considering those with exceptional intellectual talent as being less likely to be severely ill or deeply distressed.

In his paper, "Beyond Academic Success and Failure: The Struggle for Authenticity," Nath focused on a subset of students who are extremely academically successful but present with other areas of functioning that are severely impaired. In talking about the dynamics of such students, Nath drew on the work of Thomas Ogden, in an early paper from 1976, titled "Psychological Unevenness in the Academically Successful Student," as well as the British writer Alex Coren, who for years was a counselor at Oxford,

and who has written about this clinical presentation in a chapter titled "Cleverness" from his book *A Psychodynamic Approach to Education* (1997). Both Ogden and Coren suggest that often such students have experienced an early, premature focus on maternal needs, which is associated with precocious verbal and intellectual development because the pressure for the child to provide a container for the mother's experience is intense. They highlight how academic success can be an "attempt at self-cure" that sometimes becomes intertwined with the development of a false self in order to avoid and/or master previous developmental difficulties. Through the discussion of several clinical vignettes, Nath offered a contemporary psychoanalytic perspective that built upon Winnicott's object relations theory, which both Ogden and Coren originally drew upon.

Nath prompted those in attendance to consider the question of "Why?" when trying to think through the issues surrounding high-achieving students with significant inner turmoil. What is the root cause of uneven development? How much is nature and how much is nurture? What environmental forces push students toward developing particular skills and not others? What is the psychic and social cost of uneven development? And further, we might examine our own valuing (or over-valuing) of academic accomplishment as possibly being complicit in not addressing many students' defensive use of academic functioning in terms of promoting a lack of authenticity. Do many of us as professionally trained clinicians also suffer from a bias against authenticity when it comes to the academic setting, privileging outward academic accomplishment? And to what degree do we, when we think of such student's mental health issues as being separate or unrelated to their academic success, complicitly value a particular societal outcome?

In summary, Nath urged clinicians to consider how the use of a holding environment in psychodynamic university counseling may allow for the development of authenticity and true desire, fostering the ability in bright students to think constructively about emotional truth. On the one hand academic success is a generally agreed upon aspirational value and strength; on the other hand cognitive abilities can have a complex relationship to one's particular history and conflicts—becoming even more multi-faceted when one considers that therapeutic success and failure may or may not parallel academic success and failure.

In her presentation, "Just in Time / Out of Time: The Paradox of Short-term Psychoanalytic Therapy in

CONTINUED ON PAGE 30

THE ENDURING SIGNIFICANCE OF PSYCHOANALYTIC THEORY AND PRACTICE: A FREE-USE PRESENTATION OFFERED TO MEMBERS FOR OUTREACH AND PUBLIC EDUCATION

GREG LOWDER, MA AND NANCY MCWILLIAMS, PhD

Division 39, in conjunction with the American Psychoanalytic Association, has made available a free-use PowerPoint presentation intended to disabuse audiences of misconceptions held about psychoanalytic theories and treatments. Although dozens of studies have shown the efficacy and effectiveness of psychoanalytic treatments and many more have substantiated various psychoanalytic tenets, some psychoanalytic practitioners and many non-psychoanalytic clinicians are not familiar with this body of research. The presentation is titled “The Enduring Significance of Psychoanalytic Theory and Practice.” It was created by Greg Lowder, in collaboration with Nancy McWilliams, James Hansell, the Board of Directors of Division 39, and the “10,000 Minds” Project of the American Psychoanalytic Association (APsA). Numerous empirical studies, both clinical and experimental, are covered that either specifically investigate psychoanalytic treatments and concepts or focus on psychological phenomena that have immediate relevance to psychoanalytic theory.

This is the first presentation to cull and make accessible these important studies. It may be used as a teaching and outreach tool for audiences such as insurers, undergraduates, non-psychoanalytic clinicians, academic book publishers, administrators, and individuals in the humanities.

The presentation may be accessed and adapted for any setting at www.division39.org or by clicking on the home page link under “Division 39/APsA Collaboration.” Two formats are provided to accommodate diverse needs and levels of computer savvy: 1) a PowerPoint presentation with attendant notes and, 2) a word processing document that comprises the PowerPoint slides and notes, which can be hand-held for presentation. Both formats are user-friendly and require minimal preparation time. A reference list of the studies addressed is also available. One unique aspect of this project is that the presentation remains an “open document,” meaning that any ideas for improvement will be duly considered by the authors. Please send suggestions to Greg Lowder at glowder@gmail.com.

The studies presented include clinical trials that found similar outcomes for psychoanalytic psychotherapy and cognitive behavioral therapy, research demonstrating the cost-effectiveness of brief psychodynamic psychotherapy, and a study supporting the commonly reported clinical observation that patients in psychoanalysis continue to experience gains after their treatment has terminated.

In addition to research highlighting the efficacy of psychoanalytic treatments, the presentation includes studies in other areas of psychology that provide support for several aspects of psychoanalytic theory: for example, a compelling word-priming experiment demonstrating the impact of unconscious processes on motivation; a study that found an association between conflicted personal goals and an increase in somatic complaints; and an investigation that shows how affect-laden thoughts may continue to have an affective press when kept from consciousness.

The presentation also addresses more general, fundamental issues about the culture in which psychoanalysis now finds itself. It summarizes popular myths about psychoanalytic theory and suggests reasons why the theory has attracted such criticism. It points to many psychoanalytic concepts that have been adopted by other therapeutic modalities without proper credit to their psychoanalytic roots. Finally, the presentation proposes several ideas about the role of psychoanalytic treatments in contemporary mental health practice.

Psychoanalytically informed treatments and psychoanalytic concepts predominated in the mental health field well into the 1970s. Freestanding psychiatric hospitals were commonly psychoanalytic in their approach to treatment, insurance companies reimbursed for psychoanalysis, and both DSM I and DSM II were heavily informed by psychoanalytic theory. As reported in the March 2006 *Newsweek* cover story, psychoanalytic ideas and treatments constitute a much more intrinsic and important part of our culture and communities than their current general reputation would suggest.

As this readership knows, over the last few decades psychoanalytic theory and practice have been severely criticized in both academic and popular circles. Some of the criticism reflects legitimate concerns, such as the insularity of psychoanalytic institutes, the damage done by misguided or misapplied theorizing, and the documentation of a handful of cases in which treatment was wildly inappropriate. Some reflect stereotypes, however, that have little to do with psychoanalytic therapy as it is actually practiced.

Most of us are painfully aware of the current status of psychoanalysis: almost all the psychoanalytically oriented hospitals have either gone bankrupt or changed theoretical orientations; few insurance plans will reimburse for more than one session per week; some psychoanalysts have been denied academic and clinical positions on the

basis of their theoretical orientation; and most curricula in psychiatry, psychology, and social work programs pay little attention to psychoanalytic ideas or treatments (other than to claim that they are passé or not “evidence-based”).

If our opponents are correct, and psychoanalysis really is an ineffective and misguided undertaking, then there would not be much we could do about the matter. But as the empirical research in the PowerPoint presentation attests, psychoanalytic ideas and treatment are demonstrably helpful and viable. Public education efforts by members of this organization could help dismantle the misinformation that is currently ubiquitous. Public opinion can have large bearing on whether or not a particular treatment is deemed legitimate and sought out, and whether it is covered by insurance.

Twenty years ago, alternative medicine was on the fringes of the health care scene, but in response to a number of popular publications, some charismatic leaders, and some convincing research, the general public began to seek out and demand reimbursement for alternative interventions. A 2004 study showed that more than 50% of adults in the United States have utilized at least one form of these treatments. Most schools of medicine currently offer courses on alternative medicine. In Sweden a few years ago, psychoanalysis was removed from a list of government supported treatments, only to be restored by popular demand. In Germany, where there is good funding for research on psychoanalysis and the analytic therapies, such treatment is also covered by national policy.

While many American psychoanalysts prefer to not associate themselves with insurance companies, those who do wish to obtain insurance reimbursement are often thwarted by policies that discriminate against psychoanalytic therapies. Partly because psychoanalysts have not done a good job of communicating the value and legitimacy of their work, the general public has not been informed of the effectiveness of analytic treatments. Meanwhile, drug company employees, biological psychiatrists, and advocates of non-psychoanalytic therapeutic modalities have championed their work in academic journals and have participated in political lobbying and marketing campaigns, which have convinced many clinicians and lay people that their treatments are the gold standard.

We need to challenge these assumptions by means of the empirical studies that expose the fallacies they contain. We hope that members of Division 39 will use this resource to the full extent of its potential. For anyone who is interested in gaining funding for outreach efforts, the American Psychoanalytic Association has some generous grant moneys available; for details, visit the American Psychoanalytic Foundation site on APsaA's home Web site, www.apsa.org.

CONTINUED FROM PAGE 28

a College Counseling Center,” Rachel Kabasakalian-McKay explored a particular powerful theme that has emerged in her work with college students through engaging with one student's plaintive question: “How am I contributing?” In thinking about this question, asked by a student who felt she had to push herself relentlessly on multiple fronts to try to compensate for the ways in which she felt others sacrificed for her, the author drew on aspects of Jessica Benjamin's formulations on the development of intersubjectivity—and the ways in which this theory addresses the importance of tracking of a child's developing empathy and responsiveness to the other.

Kabasakalian-McKay suggests that using Benjamin's theory as a lens helps to bring into focus what is perhaps a relatively neglected need for older children and adolescents: the young person needs both to be able to have the opportunity to recognize the subjectivity of the other, and to have this nascent capacity recognized. In other words, not only does the child need to be given the opportunity to develop an appreciation for the subjective experience of the parent, she also needs to feel that her efforts to recognize and respond to the experiences of her parent are understood and valued.

The author uses two cases of college students whose distress could be understood in part as a failure in this aspect of their experience. In the first case, a young woman talks sadly about the sense that despite the ways in which she thinks about and tries to respond to her mother's experience, her mother cannot take this in, and the two are locked in continual conflict. In a second case, perhaps illustrative of a more frequently encountered dynamic, the author suggests that the need to achieve perfect grades and stellar athletic performance is pursued in part as a way to try to give something to the parents that they seem to value, and to have this recognized. This dynamic is discussed in relation to how the need to be seen as having something to give, when not recognized, can be perverted into limited and limiting ways of experiencing the self and the possibilities within the intersubjective domain.

Kabasakalian-McKay concludes that a young person needs to know that those he loves appreciate how he loves and recognizes them; he also needs them to allow him to feel that he is contributing something of value. When the importance of this in relationships goes unnoticed, young people are left to search for those things that seem important to their parents—good grades, self-sufficiency, being “successful” in the world—and offer these up instead. While clearly important in some ways, these “accomplishments” fail utterly when they are offered up in poignant attempts to achieve mutual recognition.

COMBATING RACE ERASURE

LEILANI CRANE, MA

Recently I chose to reveal personal information to a prospective client. Jeannette, a 40-year-old African American mother of two, was referred to me for testing by her therapist, a classmate and fellow intern. I telephoned Jeannette to introduce myself, give an overview of the assessment process, and answer any questions she might have. After a lengthy conversation in which I answered her many questions, I realized that I knew a lot about her, but she knew little about me. I could sense her anxiety and discomfort with the assessment process, even as she repeated several times how eager she was to learn more about herself. Listening to her, I considered what we had in common and how I could help reduce her anxiety. I thought back to diversity class and decided to take a chance by disclosing the following about myself: I am a 49-year-old woman of mixed race, Filipina and Caucasian. The silence on the phone caused my heart to sink, and I mentally berated myself for “breaking the frame” and committing the sin of self-disclosure. Then Jeannette spoke, “Oh thank heavens! I was picturing you as a young 25-year-old student with no children. But tell me, why did you mention that you are mixed race? Do you not want people to be shocked when they see you?” Gulp. How do I respond to that one? I told her that I thought that my age and race were important in light of the training in multicultural competence I had received, and also in how I identify myself to clients. Jeannette surprised me again, “You’re mixed race. That means you’ll understand.” At that point I knew we had established a particular type of rapport, and that we both knew what she meant.

Prior to entering psychology graduate school, I had been acutely aware of my own diversity factors—age, gender, appearance, race, education, social class, and so on—but not how those factors and others contribute to the psychology of all people. Multicultural competence training caused me to consider how environment and individual differences contribute to identity and psychological development. Learning about relational psychoanalysis taught me that bringing those factors into the treatment room, both explicitly and in consideration of transference and countertransference, can impact the course of treatment. So I knew at the time that I called Jeannette, those factors were important, but I was not sure how to address them. Still, there was something about this being a testing case rather than a therapy case that caused me to feel freer to risk revealing myself.

Another student challenged my self-disclosure in case conference. Why, he wanted to know, did I reveal that information? Was I trying in some way to manipulate the

client, to make her feel more warmly toward me because I, too, was not white? That was a toughie, because in some ways that was part of what I was trying to do. And yet, was that such a bad thing, establishing rapport through race? I have found, in the classroom, in the theoretical literature, and in my own therapy, that race has often been “erased.” Frequently the topic is avoided or glossed over in class because it raises the anxiety level in the room. Yet my own experience of race-erasure, especially in therapy, has been to leave me feeling incomplete and ashamed, ashamed of an essential part of me that cannot or will not be addressed.

So, yes, I may have introduced race and age to help build rapport with Jeannette, but I believe that I did the right thing. With regard to race, especially, I know that it is an ever-present factor in her life, and I wanted her to know that I acknowledge the myriad ways that her race impacts her. Her response confirmed that I did the right thing, “That means you’ll understand. You know.” Yes, Jeannette, we both know what it means to be non-white in American society, and we also know what it means to be middle-aged women. Does my explicit acknowledgment of shared experience mean I will be better at testing her than a younger, white, or male psychology intern? Not necessarily. Yet I was able to put her at ease and establish a certain type of rapport by means of self-disclosure.

Of course our actual shared experience in the testing environment is likely to destroy the “illusion of similarity.” Particularly because of the power imbalance inherent in the roles of evaluator and evaluated, we probably will not feel very similar at all. Yes, we are both middle-aged minority mothers, but I am not African American, and she is not a psychology graduate student. I wonder how we will feel when our individual fantasies about each other come up against the reality of an assessment battery.

I present the interaction between Jeannette and me to illustrate one way in which race is lived in psychological service provision. In my therapy cases, I generally reveal very little about myself unless my patient veers toward psychosis. As in all therapeutic situations, however, I am always aware of how my person, visible and invisible, conscious and unconscious, impacts the treatment. My patients invariably express curiosity and fantasies about me, including assumptions about my race, age, marital status, and mother/non-mother status. And while I do not answer their questions directly, I always let them know that all topics are suitable for exploration—even race.

SPEAKING OF PAIN

HENRY M. SEIDEN, PhD, ABPP

Despite Robert Frost's famous remark that poetry is "what is lost in translation," there are times when translation works. Here's an example, an incisively lovely poem—in translation—by Israeli poet Yehuda Amichai. He died in 2000; Amichai is much revered in his native land and considered by many to be the greatest modern Israeli poet. His themes, in his many books written over a long European, Jewish, Israeli, 20th Century lifetime, tend to be experiential rather than literary. He was celebrated in particular for writing in colloquial Hebrew. Amichai drew on the Talmud for much of his orientation to the ordinary experiences of living, loving, losing, and dying. This is a piece of a longer poem sequence from his book *Open Closed Open* (2000), the book title itself a translation of a Talmudic phrase.

The precision of pain and the blurriness of joy. I'm thinking how precise people are when they describe their pain in a doctor's office.

Even those who haven't learned to read and write are precise: "This one's a throbbing pain, that one's a wrenching pain, this one gnaws, that one burns, this is a sharp pain and that—a dull one. Right here. Precisely here, yes, yes." Joy blurs everything. I've heard people say after nights of love and feasting, "It was great, I was in seventh heaven." Even the spaceman who floated in outer space, tethered to a spaceship, could say only, "Great, wonderful, I have no words."

The blurriness of joy and the precision of pain—I want to describe, with a sharp pain's precision, happiness and blurry joy. I learned to speak among the pains.¹

I think this funny, sweet, sad poem works beautifully in English because it grows out of trenchant observation of ordinary—and universal—experience. It does not depend, as poetry often does, on the native music and the allusive resonances of its original language and so translation is less of a problem than it might otherwise be.

"The precision of pain . . ." does what good poems always do: it signals truth and it raises interesting questions—in this case interesting questions in particular for psychoanalysts. For one, everything we've been taught about repression and, more recently, about dissociation would have us think that we should be better able to talk about joy than about pain. And yet, clearly, Amichai is on to an undeniable

observational truth. We laugh and ache in recognition: indeed, we talk better—and certainly more—about pain than we do about joy. Why should this be so?

Moreover, Amichai is a poet (and not a psychologist) and when he refers to "pains," we know he is referring to all our pains. The physical ones he lists are metaphorical stand-ins for psychic and emotional ones. As psychotherapists, of course (and to say the least), we're not unfamiliar with the fluency with which people describe their pains! But how to account for this fluency? One would have to guess there's some gropingly obsessional, perhaps adaptive, but ultimately tragic self-soothing going on here—tragic, of course, because experience tells us that in the long run it's hopeless: behind the pain, there will be more pain.

And how to account for the relative wordlessness when it comes to joy? Amichai suggests that it's because people are so much less familiar with joy (that, like him, we've all "learned to speak among the pains"). Or is language unnecessary when it comes to joy—and we're grateful just to be in such a rare and blessed state? Or are we afraid of dragging joy down somehow, that to use language risks nailing what might be airborne to the ground? Or is it a kind of habitual superstitious anxiety? (Things are good? Say nothing! Don't invite the evil eye, my grandmother used to say—in Yiddish and with great regularity.)

There's another question too—an argument really, which perhaps it takes a psychoanalyst to raise. When you look closely, people aren't really all that precise about their pains. There's something ironic about calling this "precision." It's only that we dwell on our pains elaborately, and identify them with a kind of verbal pointing: "Right here, Precisely here, / yes, yes."

Indeed, the clinical activity of psychoanalysis might well be thought of as helping people to be more precise about their pains—even if in the end it amounts only to a more precise pointing. We help our patients make better words—a little like translation but different—words in which, it could be said, the poetry is not lost but found.

Much on Yehuda Amichai and his work is available on the Internet. See, for example: <http://www.poets.org/poet.php/prmPID/125> or http://en.wikipedia.org/wiki/Yehuda_Amichai. If you'd like to participate in a discussion of this poem, see Section V's Web site: www.sectionfive.org

¹ From "The precision of pain and the blurriness of joy: the touch of longing is everywhere," a poem sequence by Yehuda Amichai in *Open Closed Open*, (translated from the Hebrew by Bloch and Kronfeld) NY: Harcourt, 2000, p.105.

NATIONAL COALITION WHITE PAPER ON MENTAL HEALTH CARE POLICY

MICHAELE DUNLAP, PhD

As professionals and consumers we are enmeshed in a context of many dysfunctional U.S. health care payment plans. These plans require major changes to allow services and financing that meet human and economic need without overregulation, waste, fraud, or excessive profit taking. Proposals to change U.S. health care economics must include specific elements that protect access, choice, privacy and quality in the area of mental health and substance abuse services. The changes must be both pro-consumer and pro-clinician while being mindful of costs.

This white paper has been prepared by the National Coalition of Mental Health Professional and Consumers in service of policy makers at all levels of the health care change process. This document is offered as a template for clinicians and all citizens to use to compare and contrast the many health care proposals that have been offered and will continue to be offered by political leaders as we approach the 2008 elections. The National Coalition believes these principles can and should form a centerpiece in construction of a fair, effective and cost-effective mental health care system. It should be noted that the principles outlined here do not require any specific form of health care financing

ACCESS

There must be no discrimination between availability for physical and mental health care. Availability and continuity of services should not be contingent on people's place of employment. Any barrier or process that denies people access to mental health and substance abuse services drives up medical care spending, destroys lives, hurts families, damages workplace productivity, and increases crime.

Proposals for improvement in health care *must assure* that mental health and substance abuse services include:

- Consumer choice of professionals, treatment settings, types of treatment.
- Wide range of services for all populations.
- High quality, coordinated care for vulnerable populations via integrated community networks, and local community control of these networks.
- Consumer choice of forms of payment for mental health and substance abuse services:
 - o No discrimination against those who self-pay; no insurance contract, or government regulation should prohibit people from private purchase of mental health and substance abuse services.
 - o If people use insurance to help cover the cost of mental health and substance abuse services the provisions of those insurance contracts should be

explicit and have full medical parity, i.e., not subject to reviewers' definitions of "medical necessity" or any management, limitation, or restriction that does not also apply to other medical benefits under that contract. To prevent discrimination between physical and mental health services, there should not be any separation in terms of annual or lifetime limits.

- o Third party payments to providers of mental health and substance abuse services should be equitable for the services rendered. Driving down payment for mental health and substance abuse services results only in limiting consumer choice when practitioners and facilities either leave third party payment systems or are driven out of business. Payments based on diagnoses without regard for their severity often lead to under-treatment. A system that does not allow for extended treatments based on severity of diagnoses hurts the consumer.

CHOICE

Effective mental health and substance abuse care requires an informed population, qualified practitioners and facilities, with treatment choices that are appropriate to the individual, or family seeking services.

Proposals for improvement in health care *must assure* that mental health and substance abuse services include:

- Strategies to inform consumers about mental health and substance abuse treatment alternatives; the effectiveness and limited risk of talk therapies and psychosocial interventions; effectiveness and risks of prescription medications.
- Consumer choice over all aspects of mental health and substance abuse services, the treatment setting, the type and length of treatment and the treating practitioners and facilities.
- Consumer choice about whether to seek mental health and substance abuse services.
- Provisions that, when mental health and substance abuse services are mandates of courts, government agencies or the criminal justice system, the involuntary consumer should have as much choice as possible over the treatment setting, the type of treatment and the treating practitioners and facilities.

PRIVACY

People own their personal health information. Proposals for improvement in health care *must assure* that mental health and substance abuse services include:

- Consumers right to control who has access to their information, wherever and however it is kept. Exercise of the right to privacy should not effectively result in denial of services.
- Regulation that personal details about mental health and substance abuse services, which may be disclosed for purposes of payment, shall not be maintained in the record or further disclosed by the payer.

QUALITY

Quality of mental health and substance abuse services is primarily based in the training of the professionals and paraprofessionals providing service. Adequate local and regional facilities for intensive outpatient and inpatient treatment of mental health and substance disorders are also essential.


Proposals for improvement in health care *must assure* that mental health and substance abuse services include:

- Treatment methods and processes that are informed by qualified professional education, training, and research, not intrusively regulated by legislators or third party payers.
- Availability of a range of clinicians with qualifications by appropriate training in mental health and substance abuse specialties and sub-specialties.
- Recognition that payment systems that are based on clinicians' degrees reward those who end formal training and punishes those who continue to improve their skills and knowledge base. A system that discourages advanced training eventually hurts the consumer. A relatively fair system to encourage clinicians to continue advanced training would set reimbursement by health plans at a fixed amount for specific services with copays negotiated by clinicians and patients on a sliding scale basis.
- No "fail-first" requirements or excessively high co-payments before consumers can use the newest or most effective medications. (This can be dangerous for people with serious mental illnesses.)
- Availability of inpatient and intensive-outpatient settings appropriate to the care of those who cannot function safely in the community; separate units or programs for adults, children, adolescents, the elderly, and those with addictions and physical disabilities which complicate treatment. Such settings should be situated locally, to facilitate support of family and friends.
- Availability of the full range of mental health and substance abuse treatment methods, without restriction to artificially brief, symptom-focused or problem-focused models. As with innovations in medical care, quality of mental health and substance abuse services requires respect for new understanding in human development, behavior, and functioning.
- Policies that encourage innovation and improvement of services and service delivery.
- Recognition that claims for specific treatments as "evidence-based" frequently fail meta-analytic scrutiny and may be biased by their source of funding and the limitations of the research process itself. (For decades, the brief, solution-focused therapies have gotten grants for research since those therapies fit into the most used research protocols while several forms of therapy supported

by patients and the community of therapists are not given grants because they cannot be manualized or standardized and because they would require long-term studies.)

- All funding sources for research, authors, and journals that support claims for the benefits of specific treatments must be fully disclosed.

The National Coalition asks you to use this document as an important tool in challenging political leaders to provide viable and effective mental health care plans. We need your financial support. Please contribute to the Coalition today by writing a check to NCMHPC, Inc, P.O. Box 438, Commack, NY 11725 or by logging onto our Web site, www.thenationalcoalition.org, and making a secure contribution through PayPal. For information contact us at NCMHPC@aol.com or call 1-888-729-6642.



**THE INSTITUTE FOR PSYCHOANALYTIC
TRAINING AND RESEARCH**

1651 Third Avenue, at 92nd Street
New York, New York 10128

Consider **IPTAR** for advanced training in
PSYCHOANALYSIS or **PSYCHOTHERAPY**

<ul style="list-style-type: none"> • TRAINING PROGRAM IN PSYCHOANALYSIS: a certification program with a contemporary psychoanalytic curriculum • INTRODUCTORY PROGRAM: an introduction to psychoanalysis for people from non-mental health fields as well as mental health professionals • IPTAR CANDIDATES ORGANIZATION AND MEMBERSHIP SOCIETY: a lively community for on-going professional development • CHILD AND ADOLESCENT PSYCHOTHERAPY PROGRAM 	<ul style="list-style-type: none"> • IPTAR CLINICAL CENTER: a clinic offering patient referrals and free supervision to all IPTAR candidates • INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION: membership in the IPA is available to all IPTAR members • ACTIVE AND VARIED COMMUNITY PROJECTS • SOCIO-ANALYTIC TRAINING PROGRAM IN ORGANIZATIONAL DEVELOPMENT AND CONSULTATION
--	--

To find out more, please contact:
Phyllis Hopkins, Ph.D. 203-386-8147
or visit our website at www.iptar.org

NEW FROM THE ANALYTIC PRESS



A Division of:

Routledge
Taylor & Francis Group



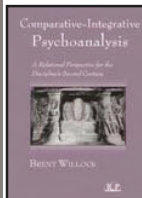
WOUNDED BY REALITY: Understanding and Treating Adult Onset Trauma

Ghislaine Boulanger

HB: 978-0-88163-430-3 ♦ \$39.95 ♦ 2007 ♦ 202pp

"Ghislaine Boulanger has filled a critical gap in our knowledge with this beautifully written, exhaustively researched, highly readable book on catastrophic trauma in adulthood...this eloquent work deserves a place on the bookshelf of every clinician."

- Nancy McWilliams, Ph.D.



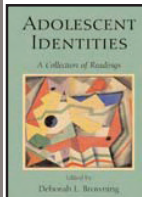
COMPARATIVE-INTEGRATIVE PSYCHOANALYSIS:

A Relational Perspective for the Discipline's Second Century ♦ Brent Willock

HB: 978-0-88163-460-0 ♦ \$42.50 ♦ 2007 ♦ 235pp

"The challenge we face as psychoanalytic educators is how to foster conviction without stultifying conformity and encourage creativity in our candidates. (Dr. Willock's) answer is the comparative-integrative approach. His book convincingly presents the theoretical, philosophical, and clinical foundations for this approach."

- Arnold Richards, M.D.

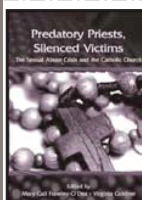


ADOLESCENT IDENTITIES: A Collection of Readings ♦ Edited by Deborah Browning

HB: 978-0-88163-461-7 ♦ \$59.95 ♦ 2007 ♦ 377pp

"With astutely chosen readings, this excellent anthology provides widely encompassing perspectives on adolescence, broadly but centrally focused on the developmental task of identity formation in our insistently diverse and global world. The collection will be of immense help to all teachers and students interested in adolescence."

- Paul Schwaber, Ph.D.

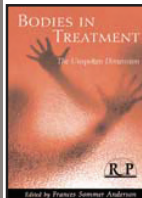


PREDATORY PRIESTS, SILENCED VICTIMS: The Sexual Abuse Crisis and the Catholic Church ♦ Edited by Mary Gail Frawley-O'Dea & Virginia Goldner

HB: 978-0-88163-424-2 ♦ \$34.95 ♦ 2007 ♦ 259pp

"Frawley-O'Dea and Goldner have compiled a compelling series of articles that address questions relating to many aspects of the sexual abuse crisis in the Catholic Church...This volume does the therapeutic, clerical, and lay communities a great service."

- Nancy Chodorow, Ph.D.

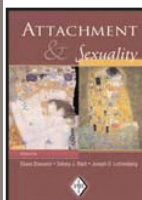


BODIES IN TREATMENT: The Unspoken Dimension ♦ Edited by Frances Sommer Anderson

HB: 978-0-88163-448-8 ♦ \$47.50 ♦ 2007 ♦ 281pp

"This book sizzles with new approaches to the Body in therapy. (It) contributes magnificently to the project first started by Freud to understand the relation between mind and body."

- Susie Orbach, Ph.D.



ATTACHMENT AND SEXUALITY

Edited by Diana Diamond, Sidney Blatt, Joseph Lichtenberg

HB: 978-0-88163-466-2 ♦ \$39.95 ♦ 2007 ♦ 288pp

"This volume will soon be essential reading for all who work clinically with attachment perspectives and it sets a very clear clinical research agenda for all attachment scholars wishing to move the field forward."

- Linda C. Mayes, M.D.

PROLOGUE TO VIOLENCE: Child Abuse, Dissociation, and Crime ♦ Abby Stein

HB: 978-0-88163-416-7 ♦ \$29.95 ♦ 2006 ♦ 168pp

"...Stein has give us a work that is at once poetic and integrative, rich in its psychodynamic grasp of violent criminals' disturbing interior. In a time of global violence, it is an important study."

- Sue Grand, Ph.D.

TRAUMA AND HUMAN EXISTENCE: Autobiographical, Psychoanalytic, and Philosophical Reflections

Robert Stolorow

PB: 978-0-88163-467-9 ♦ \$19.95 ♦ 2007 ♦ 62pp

"...Robert Stolorow has accomplished a minor miracle, presenting for the reader a theoretically complex, philosophically strong, and yet almost unbearably sad and humane understanding of traumatic experience."

- Estelle Shane, Ph.D.

JEALOUSY AND ENVY: New Views about Two Powerful Feelings ♦ Edited by Leon Wurmser & Heidrun Jarass

HB: 978-0-88163-470-9 ♦ \$40.00 ♦ 2007 ♦ 204pp

"In this timely and very readable book, editors Wurmser and Jarass and contributors offer a wealth of experience, information and wisdom which should be of interest to both the professional and general reading public."

- Zvi Lothane, M.D.

RELATIONAL PSYCHOANALYSIS, VOLUME 3: New Voices

Edited by Melanie Suchet, Adrienne Harris, Lewis Aron

PB: 978-0-88163-456-3 ♦ \$39.95 ♦ 2007 ♦ 330pp

"(This) is one of those books where a group of pioneering clinicians and theoreticians...sparks the reader's imagination in new directions that will surely influence both the clinical practice and conceptual foundation of psychoanalysis for years to come."

- Philip Bromberg, Ph.D.

PSYCHOTHERAPY AND MEDICATION: The Challenge of Integration ♦ Fredric Busch & Larry Sandberg

HB: 978-0-88163-451-8 ♦ \$39.95 ♦ 2007 ♦ 177pp

"...Busch and Sandberg offer a comprehensive guide to all of the complexities of this combined mode of treatment...this is the finest guide available on the use of medication in psychotherapy."

- Joseph Reppen, Ph.D., ABPP

TO ORDER IN THE US, CANADA & LATIN AMERICA CONTACT

7625 Empire Drive
Florence, KY 41042

Call toll free: 1-800-634-7064

M F, 8 am-6 pm, EST

Call international: 859-525-2230

Fax toll free: 1-800-248-4724

Fax international: 859-647-5027

Email: orders@taylorandfrancis.com

PSYCHOANALYTIC BOOKS REVIEWS AND DISCUSSION

MASUD KHAN: THE MYTH AND THE REALITY, BY ROGER WILLOUGHBY.

LONDON: FREE ASSOCIATION PRESS, 2005; 320 PP., \$65.00.

SUSAN DEMATTOS, PhD

RECONSTRUCTING MASUD KHAN

Masud Khan knew the challenge that faces biographers.

"Writing a biography is perhaps one of the most arduous, treacherous and thankless of undertakings," Khan (1981, p.358) wrote in his review of Phyllis Grosskurth's biography of Havelock Ellis. Khan noted that writing a biography of someone like Ellis, a man who self-narrated and fabricated himself, was particularly demanding because "all fictions are true for the person who fabricates them"

(Khan, 1981, p. 358). How did Khan know this when he himself did not write biographies? Like Ellis, Khan also fabricated himself and had written 39 volumes of a professional diary (Hopkins, 2006, p. 397). On December 15, 1981, he had written in that diary: "In a strange way, I am leaving behind materials which I hope someone will put together and that will constitute the VERITY of Masud Khan" (cited by Limentani, 1992, p. 155 and Cooper, p. 122). But what does the verity of Masud Khan mean if "all fictions are true for the person who fabricates them"? This is one of the questions that faces the biographer and reader of the biographies of Masud Khan.

There are currently three published biographies of Masud Khan. In 1993, Khan's analysand, Judith Cooper, to whom he had given a copy of his professional diary and of whom he requested a biography, attempted to convey the verity of Masud Khan. For 13 years (1993-2006), Linda Hopkins worked on her biography of Khan, publishing several thoughtful articles on Khan and his relationship with Winnicott in the interim. And for 10 years (1995-2005), Roger Willoughby conducted research on Khan. Each biography presented a different Khan and stirred different feelings in this reader, illustrating how illusive the reality of Khan can be.

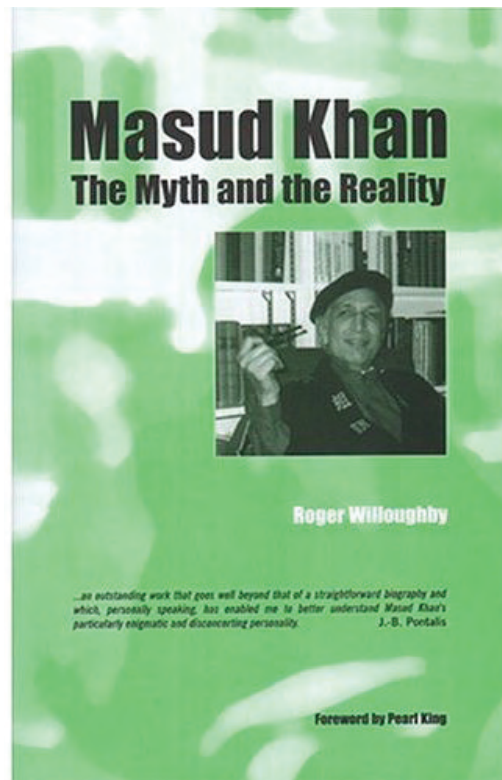
I originally came to Khan through fiction. In 1994, the novelist and short story writer Joanna Scott published a short story, "A Borderline Case," about K and B, analyst

and patient. K, the analyst, is a wealthy Punjabi Muslim, and B, a male homosexual with a foreskin fetish, who sounded very like the case Khan first published in 1965 in the *International Journal of Psychoanalysis* and reprinted in his 1979 book *Alienation in perversions*. My first reaction to the story was that it was not fiction but a true story about Khan. Later reading Hopkins' articles and book on Khan, I began to experience how easily fictions and true stories could trade places, how quickly the "verities" of Khan's life could confuse me and keep me from being able to think about the realities of his life.

Some facts of Masud Khan's life are agreed upon. He was born in British India in 1924, the youngest son and heir of a former Indian Army officer who was awarded both titles and land. Khan emigrated to London and began analytic training at the British Psychoanalytic Society. He had training analyses with Ella Freeman Sharpe and John Rickman, both of whom died while Khan was in analysis with them. He made his way quickly through analytic training and was asked to assist the Honorary Librarian while a candidate. He married twice, both times to ballerinas, and divorced twice. Khan was a friend to artists as well as analysts. He was sought for his editorial skills and 31 books were published under his editorship of the

International Psychoanalytic Library. He was also elected to the publications committee in 1957, and would serve on it for 21 years. He became a training analyst and was active in the British Society and the International Psychoanalytic Association, teaching at the British Society and editing and reviewing books and papers of the *International Journal*. He published three highly regarded books: *The Privacy of the Self* in 1974, *Alienations in Perversions* in 1979, and *Hidden Selves* in 1983.

But in 1965, he was censured by the International Psychoanalytic Association for a letter he wrote claiming more of a relationship than he actually had with the



recently deceased president of the IPA. Sometime after this censure, Khan began an affair with an analysand and in 1969, referred her to Marion Milner for analysis. Also in 1969, Khan was denied the editorship of the *International Journal of Psychoanalysis*. He was rumored to have had affairs with other analysands (and Hopkins and Willoughby carefully document these affairs). His drinking grew more and more out of control. On December 17, 1976, the British Psychoanalytic Society's Education withdrew Khan's status as a Training Analyst and teacher. Khan was also diagnosed with lung cancer at this time. Then in the spring of 1988, Khan published a book that was so outrageous in its anti-Semitic and anti-psychoanalytic sentiments that the British Psychoanalytic Society terminated his membership in the society. Khan died in 1989.

What had happened to this man? And could his destructive behavior have been prevented? These are the questions that face his biographers. Limentani (1992, p. 156), in his obituary of Khan, suggested that three crises led to his personality difficulties becoming out of control: the breakdown of his second marriage; the 1965 censure by the IPA and resultant failure to secure editorship of the *IJPA*; and the death of his mother followed by his awareness that he had not been made Winnicott's literary executor.

Hopkins, taking a relational point of view, argues in her 2006 book and article on Winnicott's analysis of Khan (Hopkins, 1998b), that even though Winnicott wrote extensively about hate in the countertransference and of the importance of engaging in and surviving hate experiences, he did not practice this with Khan. Hopkins (1998b, p. 6; 2006, p. 168) also accepts Khan's statements about his analysis with Winnicott lasting 15 years.

Dodi Goldman (2003) also assumes that Khan was in analysis with Winnicott for 15 years and considers three conjectures: Winnicott helped Khan; Winnicott failed Khan; and Khan couldn't be helped. Goldman also draws on Khan's writing about outrageousness to help illuminate Khan's behavior. For Goldman (p. 489), provocative outrageousness allows the individual the opportunity to observe the impression he has made and this allows "the vulnerable individual a fleeting sense of substance."

Willoughby takes a slightly different perspective. His aim is to separate the myth from the reality. While Hopkins had done extensive interviews with Khan's analysands and friends and had access to Khan's workbooks, Willoughby sifts through the records of the Indian Army List, the Gazette of India, the British Psychoanalytic Society's minutes, and the write-up Clifford Scott did of his interview with Khan's brother.

Both Hopkins and Willoughby describe Khan's mutism at age four but Willoughby (p. 5) hypothesizes that

"the detachment from others and concomitant absorption in his own thoughts seems likely to be related to what would be a lifelong tendency towards confabulation and fantasizing." It then makes sense that one of Khan's earliest papers would be on clinical aspects of the schizoid personality.

Hopkins (2004) also accepts Khan's claim that he fell into psychoanalysis, that he had written to John Bowlby about doing a personal analysis, not analytic training. Willoughby (p. 21) went to the British Psychoanalytic Society archives and found the following: the minutes of the Training Committee for May 6, 1946, reporting that they had received Khan's initial application and found him suitably qualified; Khan's index card; and the Training Committee minutes of October 21, 1946, which recorded that Khan had arrived, been interviewed, and accepted as a candidate. Now it still may be that Bowlby had mistaken Khan's initial request, and Hopkins (2004, p. 5) does report in a footnote that 40 years later, in 1989, Bowlby contradicted Khan; Hopkins wrote that Bowlby's hostility may have motivated his denials. Considering that Bowlby and Khan taught together in 1974 (Willoughby, p. 182), I tend to trust Bowlby's memory more than Khan's.

Hopkins (1998b, p. 6; 2006, p. 168) accepted Khan's statement that he was in analysis with Winnicott for 15 years. Willoughby (p. 51) notes that "the known facts are extremely meager, with no definitively identifiable case history available." Willoughby (p. 74) supposes that the analysis was terminated in 1955. Willoughby (p. 73) notes that Khan's first wife was accepted into five-times-a-week analysis with Winnicott because Khan ended his own analysis. Willoughby goes on to quote an untitled, unpublished paper of Marion Milner's in which she states:

I heard that Jane, his first wife was in serious psychological trouble and that Masud had demanded that Winnicott take Jane for analysis, instead of him . . . I have always thought that this stopping of his analysis in this way was totally disastrous for Masud and I felt angry for him, since I can't help seeing it as a catastrophe which played a big part in the troubles he got himself into later. (cited in Willoughby, p. 72)

Hopkins and Willoughby both point out that Khan had psychological disturbances when he arrived in London. Willoughby (p. 16) reported that criticism and the forced ending of his first controversial relationship with a Hindu girl left him depressed. Both Hopkins (2005, p. 186) and Willoughby (p. 128) report that Khan's first sexual relationship with an analysand happened in the mid-sixties, perhaps after the censure by the IPA. Hopkins is especially

THE BRAIN THAT CHANGES ITSELF: STORIES OF PERSONAL TRIUMPH FROM THE FRONTIERS OF SCIENCE, BY NORMAN DOIDGE. NEW YORK: VIKING PRESS, 2007; 448 PP., \$24.95.

JANE HALL, LCSW, FIPA

Psychiatrist, psychoanalyst, writer, and researcher Norman Doidge delivers a revolutionary message in *The Brain That Changes Itself*, a very important and informative book that should be read by all. Dr. Doidge takes the reader by the hand and carefully explains that the brain can and does change throughout life. Contrary to the original belief that after childhood the brain begins a long process of decline, he shows us that our brains have the remarkable power to grow, change, overcome disabilities, learn, recover, and alter the very culture that has the potential to deeply affect human nature.

Clear, fascinating, and gripping is how I would describe this invitation to understand how the brain can work. I say “can work” because Dr. Doidge gives new hope to everyone: from the youngest to the oldest among us; from the stroke victim to the person born with brain abnormality; from those who cannot seem to learn to those whose neurotic suffering has stunted growth through denial and other defenses; and from those who cannot feel to those who feel too much.

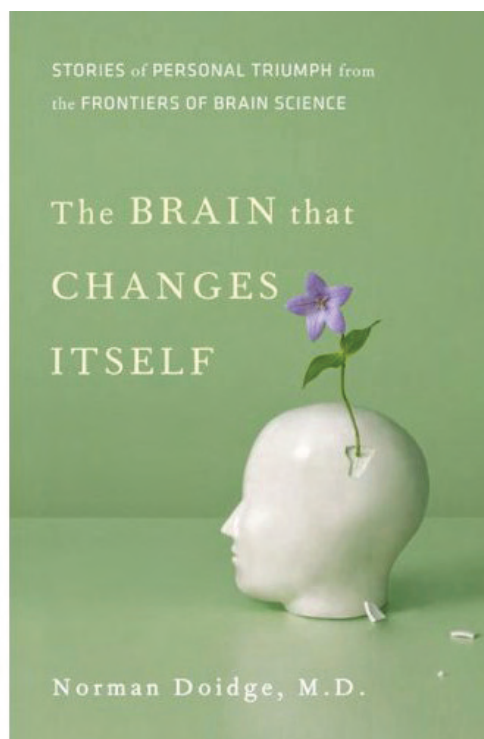
The long-held theory that brain functions were localized and specialized has now evolved to embrace the recognition that the brain is plastic and can actually change itself with exercise and understanding. In my mind this is a huge leap in the history of mankind—far greater than landing on the moon—and it is of vital interest for the practice of psychoanalysis among other equally important things.

We meet the patients, scientists, and researchers who have pioneered this voyage from brain localization theory (localizationism) to the understanding of brain plasticity. Too numerous to mention, what Dr. Doidge does is introduce these scientists and their work with an ease and grace that brings the reader into their world and work.

In Chapter 1, we meet Cheryl, a woman who has completely lost her sense of balance. She must hold on to the wall to walk, but even that does not steady her. And when she does fall, there is no relief for she still feels like she is falling perpetually into an abyss. This excruciating disorder due to total loss of vestibular apparatus makes

her life a living hell. Such people are called “wobblers” because that is what they do. They behave and look like they are walking a tight rope. It is not surprising that many “wobblers” have committed suicide.

According to localization theory, Cheryl’s case is hopeless. The genetically hardwired processing molecules necessary to feel balance cannot be replaced and there is no cure.



Enter Paul Bach-y-Rita and his team who have invented a hat. This hat/helmet, with its tongue display and electrodes, acts as a sensor of movement in two planes, therefore, giving Cheryl the ability to orient herself in space, and thereby she loses the terrible vertigo that led to wobbling. By finding new pathways in the brain that process balance, Cheryl and others who wear this seemingly magical hat can experience through the tongue connecting to the brain what is needed to maintain balance.

The broader implications of this discovery are mind-boggling. The elderly, in fear of losing balance because of the weakening of the vestibular sense, often curtail their activities. This device will help them feel secure enough to keep fit. It can also help blind people orient

themselves in space, thereby giving them a way to see. But the most amazing finding is the residual effect. The longer Cheryl wore the hat, the longer she could keep her balance after she took it off. Over the course of a year, Cheryl built her residual effect to four months and now does not use the device at all. She has been cured by her own brain with the help of the device that showed her brain a new road to achieve balance.

Paul Bach-y-Rita’s work has been used with brain trauma, stroke, and Parkinson’s disease, showing that the brain is indeed plastic. Such knowledge can ease suffering in many ways. The lesson is that the sensory cortex is plastic and adaptable.

Another hero in the plasticity movement is Michael Merzenich, one of the world’s leading researchers on the subject. Based on his belief in practicing a new skill

under the right conditions, he claims that brain exercises can compete with drugs to treat schizophrenia and that cognitive function can improve radically in the elderly. Learning itself increases the capacity to learn by changing the structure of the brain, which he likens to a living creature with an appetite needing nourishment and exercise.

Working with a monkey, Merzenich showed how brain maps are dynamic and function by the “use it or lose it” principle. When a monkey’s middle finger was amputated, two other fingers took over the middle finger’s original space, using it themselves. He found that plasticity is a normal phenomenon and by micro-mapping the brain he saw that normal body parts change naturally on the map every few weeks. His biggest opposition came from Nobel Prize winner Torsten Wiesel who believed plasticity existed only in critical periods and never in adults. Wiesel has since recanted, admitting that he was wrong.

Two phrases associated with Merzenich are “use it or lose it” (as with any muscle) and “neurons that fire together wire together” meaning that throwing a ball, for instance, many times in the same way creates a brain map where the thumb map is next to the index finger map, and then the middle finger. So, brain maps work by spatially grouping together events that happen together. Practice makes perfect with minimal effort because fewer neurons are required to perform a task. Proficiency implies a more efficient use of neurons leaving more room on the map for adding skills and executing them more quickly. Paying close attention was found to be essential to long-term plastic change. I would add here that enthusiasm, often involving falling in love with a person, teacher, or game, is an important ingredient in paying close attention. Multi-tasking or divided attention does not lead to lasting change in brain maps.

Fast-ForWord is a training program developed by Merzenich and his colleagues for language-impaired and learning disabled children. Chapter 3, “Redesigning the Brain,” explains how the program was developed and what it does. The program results in raising IQ levels, helping children conquer their disabilities, and even changing the lives of the autistic. This chapter is the heart of the book and of great import to the aging population (all of us). Merzenich explains that the reason it becomes hard to find words as we age is because attentional systems become atrophied and have to be engaged for plastic change to occur. He says that “fuzzy engrams” (unsharp) are being fired slowly and are not passed downstream quickly, causing muddy streams or noisy brains. “OK,” Merzenich seems to say, “everything is going to hell progressively,

but on top of that the brain gets noisier because of lack of exercise.” Acetylcholine, a chemical that allows neurons to communicate with each other thus helping the brain tune in and form sharp memories, is not even measurable in most elderly people. This occurs because after middle age a sense of relaxation about who we are and what we do lulls us into repeating skills and favorite activities (instead of learning new ones), which allows the brain to atrophy. By age 70, a person may not have focused on something new for years, therefore, losing plasticity. Learning new things such as language, dance steps, and doing challenging puzzles revives plasticity. The message is clear: do something new and challenging and have fun doing it. Then you may remember where you put your keys or why you walked into the kitchen. Turn your senior moments into junior ones! Merzenich claims that 20 to 30 years of reversal in cognitive ability can occur. As soon as I finish writing this review, I am going out to cyberspace to

“Turn your senior moments into junior ones! Merzenich claims that 20 to 30 years of reversal in cognitive ability can occur. Last week I started dancing lessons. Maybe next week I’ll start learning Spanish. I am sold!”

hunt down the Posit Science Web site, which he and his colleagues founded. Last week I started dancing lessons. Maybe next week I’ll start learning Spanish. I am sold!

The story of Mr. L in Chapter 9 illustrates exactly how psychoanalysis changed his character defenses by helping him access his deepest feelings about loss. Mr. L learned that it was safe to give up the denial that protected him for over 40 years from the pain of early loss. He exposed the memories and emotional pain that he had hidden, permitting psychological reorganization. Mr. L changed from an isolated, depressed man unable to commit to anyone, to a man able to experience profound love, then marry and have children. We psychoanalysts see exactly how Mr. L’s analysis worked using the theory of brain plasticity.

In Chapter 11, “More Than the Sum of Her Parts,” we meet Michelle, born with half a brain. The fact that her right hemisphere took over from her left hemisphere the functions of speech and language, while performing its own functions, speaks clearly for neuroplasticity. Michelle leads a comfortable, though somewhat impaired life, enjoys movies, a job, and her family. The story of how one half of her brain took on functions of the missing half is an adventure.

My favorite parts of the book have to do with stroke victims (those who lose feeling, in Chapter 5, and those who have too much feeling and are in pain, Chapter 7). Earlier in the book (p. 20) we meet Paul Bach-y-Rita’s father, Pedro, who suffered a severe stroke at age 65, which paralyzed his face, half of his body, and left him unable to walk or speak. He was pronounced incurable after the usual

rehabilitation course, and an institution was recommended. Instead, his son, George, took his poet father Pedro home to Mexico where, with the help of the gardener, they rehabilitated him by starting him crawling, then playing children's games, and turning everyday life experiences such as washing pots into exercises in order to strengthen his arm. Pedro eventually began typing and speaking and after a year of this unconventional therapy (which included much love I think) he was back teaching full time. He remarried, traveled, hiked in the mountains, and led a full life for seven more years. After he died from a heart attack while climbing a mountain, an autopsy revealed catastrophic damage from the cerebral cortex to the spine, which had caused the paralysis and had never healed. There were no brain scans in those days but the autopsy proved that the brain was indeed plastic and could reorganize its functioning completely after long periods of inactivity in an elderly person. This is important because when a patient recovers from a stroke so completely, doctors conclude that there was not much damage in the first place. The autopsy showed the vast destruction. A longer discussion of stroke recovery is found in Chapter 5, "Midnight Recessions"—a chapter that defies synopsis—and must be read to be thoroughly appreciated.

Chapter 7, "Pain—The Dark Side of Plasticity," introduces us to the neurologist V.S. Ramachandran, described as the Sherlock Holmes of modern neurology. Learning about this man is a fascinating experience. He is heroic in his simplicity and curiosity. "Your own body is a phantom, one that your brain has constructed purely for convenience" says Ramachandran—and this statement has influenced so much of my thinking. His interest became phantom pain—pain that amputees feel after amputation, and he discovered that rewired brain maps were the cause. The brain's plasticity enables rewiring of missing neurons. These discoveries also explain a positive outcome of certain brain remapping and this is in the sexual realm. Phantom orgasm and phantom erection can be experienced in the feet of men with amputated legs and feet, leading Ramachandran to wonder about foot fetishes in a neurological way. I will not even try to explain how the mirror box, which Ramachandran devised to help his patient Philip cope with excruciating pain from an elbow that was amputated, works. But, successful amputation of this *phantom* limb by using the mirror box led others to use it—and there's more! Ramachandran says that the distorted body images of anorexics and some who go for plastic surgery are caused by the brain and then projected onto the body. So, could one conclude that if one gets the message that he/she is ugly or fat, whether consciously or unconsciously, through loved ones or culture, the brain distorts the perception of the body? Anorectic people

actually believe that they are always too fat—defying the reality of scales. It is no coincidence that Ramachandran is from India where his culture was open to what we would call mystical thinking. Psychotic people actually hear voices and hallucinate. Can the theory of brain plasticity be used to explain and even cure such cases. Read this chapter and decide for yourself. The idea that illusion and imagination can conquer chronic pain by restructuring brain maps plastically, without medication, needles, or electricity must be really bad news for the pharmaceutical industry.

From the time of Descartes, the theory that pain receptors send a one-way signal to the passive brain has been refuted. Neurologists Wall and Melzack assert that the pain system is spread throughout the brain and spinal cord, making the brain, far from passive receiver, the controller of pain. These men proposed the "gate control theory of pain" and their findings must be read by anyone who has or does experience acute or chronic pain. Therapists who work with such patients will benefit as well.

Dr. Doidge is in the position to use the implications of brain plasticity to explore many psychoanalytic theories, diagnoses, and treatment techniques, and I hope he will focus on these issues in his next book. Such phenomena as splitting, hysteria, obsessions and compulsions, and especially addictions must be explored from the theory of brain plasticity. I would venture to say that such concepts as changes in one's representational world, identification, internalization, and the analyst as new object looked at in terms of brain plasticity is imminent if not already here. If you link Pedro Bach-y-Rita's remarkable recovery to regression, revisiting an early developmental stage, the regression in psychoanalysis seems explainable in terms of new development and new compromise formations. Although cognitive behavioral therapy would seem viable with all this learning involved, it misses the most important ingredient for change and that is the connection over time with the analyst and the empathy and love experienced.

There is much that I have omitted in this review: discoveries about the culturally modified brain, sex and its vicissitudes, rejuvenation, imagination, acquiring tastes and loves, and much more.

The Brain That Changes Itself leaves me with one major question: Why isn't this book on the top of the bestseller list for all time? Gift shopping will no longer be a problem for me!

WHAT DO MOTHERS WANT? DEVELOPMENTAL PERSPECTIVES, CLINICAL CHALLENGES (PSYCHOANALYSIS IN A NEW KEY), BY SHEILA FEIG BROWN. MAHWAH, NJ: THE ANALYTIC PRESS, 2005; 288 PP., \$49.95.

JOHANNA KROUT TABIN, PhD, ABPP

The title of this book may be a sly reference to Freud's perplexity about what women want. It might better be called "What Could Mothers (and Their Therapists) Use If They Knew It?" As such it is an interesting exploration of issues that pertain to motherhood. Editor Sheila Brown organized fourteen varied papers into three sections: "What Mothers Want and Need," "Women's Bodies: Choices and Dilemmas," and "Pulling It All Together."

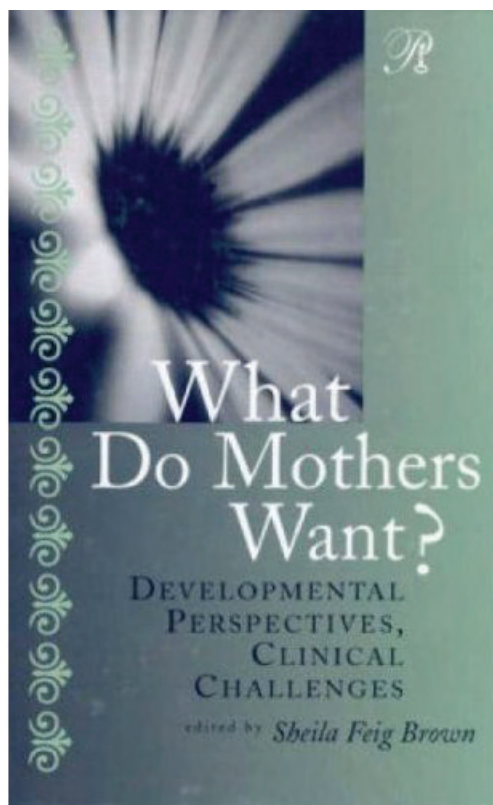
"What Mothers Want and Need" offers a range of topics. The first chapter opens with Daniel Stern's ideas about the landscape of the mother's psyche. He cleverly parallels a mother's experience with her new baby with the scenario of lovers. It inescapably suggests that the experience of lovers, when deep enough, parallels the earliest affective attunements of their lives. Stern integrates well his descriptions of these characteristic behaviors with the latest discoveries of neuroscience, such as mirror neurons.

As a second main point, Stern emphasizes the importance to a new mother of being monitored by an older, respected woman. He relates this to developmental factors and natural changes in the psychology of a pregnant woman. His conclusion is valuable, pointing out that in our increasingly fragmented society, our providing experienced and caring older women to mentor new mothers may be an important contribution as well to the welfare of babies.

Rosemary Balsam continues in the next chapter with exploration of the new mother's relationship with her own mother, but from the standpoint of the burdens that this introduces. Later, Sara Ruddick brings this relationship back to the need of mothers for a mother's mentoring and considers the compound role of grandmothers. Her ruminations lead her to literature, feminism, and the subject of peace.

Continuing with the importance of the relationship

of the new mother with her own mother, Benjamin follows with theoretical application of the concept of thirdness (the role of a relationship). She is at pains to downplay any significance given to the place of the oedipal father in what transpires. It is the still more primordial attunement of a mother (within herself) and her own mother that Benjamin sees as basic for new mothers and in the analytic experience.



James Herzog's chapter leaps to the defense of the father's role. Stern already informed the reader that the pregnant woman loses interest in men. Herzog calls on women to co-create with the father the space for their child to develop his or her selfness. He sees the father as actively affirming the reality of essential diversity and difference. Citing research, Herzog reminds the reader that less than perfect attunement between mother and baby is necessary for healthy development of a new individual. He goes to primordial, neurological roots, also stressing the fundamental importance of the parents' sexuality with each other. In two clinical vignettes, Herzog illustrates the value of mothers and fathers working together, and the unique contribution fathers make.

Two more chapters in this section deal with motherhood as an abstraction. It becomes the focus of a chapter on households with same sex couples as parents, defining motherhood according to behavior, not gender. The first, by Jack Drescher, Deborah F. Glazer, Lee Crespi, and David Schwartz, has a bit of a polemic ring. It ends, however, with the need for research to understand the ramifications of such parenting.

In a balanced presentation in the next chapter, Adria F. Schwartz reports her experiences with "two mother" parenting. These experiences were with families where one parent was her patient, but they allow Schwartz to speculate more generally on issues regarding rivalries and

other complicating feelings that emerged in the treatment process. As nontraditional families occur more and more frequently, she underscores the importance of good research in order to better understand the developmental consequences of these new arrangements.

The section rounds out with Daniel Gensler and Robin Shafran's considerations about what mothers want from their children's therapists. They point out that regardless of the degree to which the mother may or may not be involved directly in a given child's treatment, underlying respect for the mother is necessary, even to maintaining treatment of the child for the course. One might think that this lesson need not be provided here, but it is plausibly an excellent stroke to include it when thinking of something mothers should have.

The next section of the book is devoted to matters of the body. Nancy Chodorow offers a remarkable instance of a major theorist who admits what more she has come to realize since her earlier work profoundly influenced the field. Her perspective on feminism has changed to the extent that she is now seriously impressed with the importance of "the inevitable working with or through of the developmental challenge of bodily reproductivity and generativity . . ." (p. 134). She ruefully recognizes how her early work can provide a cover for internal conflicts and fears (p. 137). Much of her discussion focuses on ramifications for a woman in the passage of time, which can carry her past the possibility of becoming a mother, and the need for mindfulness on the part of therapists as to the importance of exploring the complexities that arise from those developmental issues that lead to denial of the passage of time.

Allison Rosen is likewise aware of the time factor as she deals with the issues created by infertility. In this chapter, she stresses that infertility is never simply about biology. Her discussion is brief but brings light to many facets of the feelings around becoming pregnant or finding that pregnancy is not possible. She includes the issue of when to bring up the subject of fertility when a woman who is older than thirty seems to ignore it, and counter-transference issues of therapists. This particularly well-written chapter concludes with a noteworthy statement inspired by the significance of being able to produce progeny and the fantasies as well as realities that one might face: "While we are used to the idea that we remember the past through the filter of the present, I am suggesting that we also evaluate the present and experience ourselves in the context of the future" (p.188).

Sharon Kofman and Ruth Imber directly explore feelings around and during pregnancy. Clear as to the expectable readership for this volume, they emphasize treatment of women who are pregnant and treatment by

women who are pregnant. What they have to say does, of course, apply to the importance of the subject of pregnancy to everyone.

Finally in the section on women and their bodies, Jean Petrucelli and Catherine Stuart shed light on what they call the complicated terrain of eating disorders and the mother-child relationship. Their clinical contribution is to elucidate the role of anxiety in this relationship. They find that terror of awareness of anxiety pushes both mother and daughter in the direction of symbolic behavior. They present a case that illustrates the value of confronting anxiety in enabling a girl and her mother to deal with the underlying issues that culminated in the girl's eating disorder.

The final section of the book is called "Pulling It All Together." It is more like finding a space for two more interesting viewpoints. The first is by Jane Lazarre. She is known for her book describing motherhood of a white woman with black children. In this chapter, she offers a poignant memoir of what this has been like for her. She ends with a heartfelt plea for compassion.

Carolyn Pape Cowan and Philip A. Cowan provide a final chapter for the book. Their chapter is a departure from the format the other authors have chosen. They summarize valuable research, done over many years, about couples' relationships. As therapists we can take heart from a fact they discovered: when new parents engage in therapeutic intervention, they are significantly less likely to be divorced by the time their child is three years old. The most important finding from the Cowan's research is probably this: "The transition to parenthood tends to have its most negative effects on the fault lines that already exist in the couple relationship terrain" (p. 232). Their concluding statement is that "[I]f mothers can have some time each week with the fathers of their children, they might find that their reality comes a little closer to what they want" (p. 246). This reminds one of Herzog's chapter, but there is nothing in any of the chapters that contradicts the possible wisdom in this idea.

What Do Mothers Want? is written for our profession. It belongs in courses on feminism. It is theoretically sophisticated enough and clinically applicable enough to be worthwhile for anyone's study of what it means to be a woman.

FOR AND AGAINST PSYCHOANALYSIS, BY STEPHEN FROSH. NEW YORK: ROUTLEDGE, 2006; 307 PP., \$26.95.

BRUCE REIS, PhD

In this second edition of *For And Against Psychoanalysis*, Stephen Frosh has scrupulously reworked the earlier text. The second edition retains the remarkable breadth and scope of the original edition, while expanding and updating Frosh's overview to include additional subject areas, such as ways in which psychoanalysis has contributed to the examination of social issues. The book is divided into three sections: Knowledge; Psychotherapy; and Society. Each is a scholarly history of key issues in psychoanalysis. The thoroughness that Frosh brings to his investigations make the text an exemplary tool for teaching at the graduate and institute levels.

As the title suggests, this book is no simple endorsement of psychoanalysis from the inside. Frosh discloses at the outset that he has resisted training as an analyst for multiple reasons, not the least of which is "a discomfort with too close an attachment to this ambivalent object" of psychoanalysis (p. xi). This distance allows Frosh to observe psychoanalysis from a unique vantage. He calls himself a "sympathetic critic" who has found psychoanalysis to be "aggravating and infuriating, yet also exciting and enlightening—not just in turn, but all at the same time" (p. xi). These impressions come through in Frosh's analysis of the field, and they are completely refreshing.

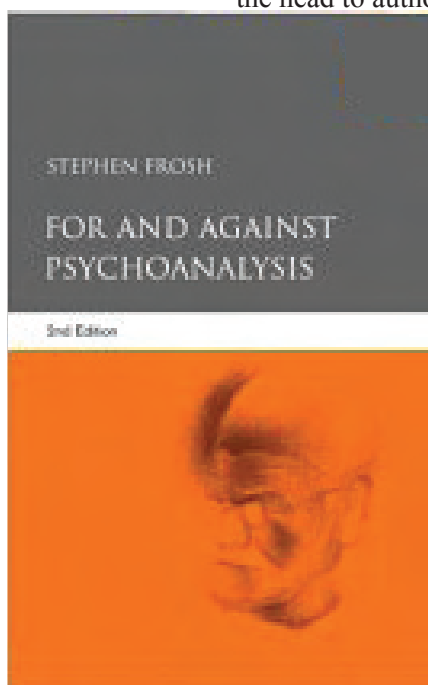
Since Frosh doesn't have a horse in this race, or at least not so much of a horse as practicing analysts have, he is free to bring upon psychoanalysis a trenchant critique and critical examination. The prime example of this is his first chapter on "The Psychoanalytic Heritage," in which Frosh traces in detail the authoritative roots that have sustained psychoanalytic institutions, practice, and claims to knowledge. Beginning with Freud, Frosh illustrates the appeal of this last of the great patriarchs, who harshly judged us, yet also offered his sympathetic ear for our confessions, anxieties, secrets, and doubts. Frosh understands Freud's appeal not so much as a function of the content of his work, but as a transference longing for the symbolic function he provides. "Here was someone who might be trusted to judge fairly, to penalize us when we deserve it, but also to care enough about us to pay us attention" (p. 6). Frosh extends his understanding of these

patriarchal roots of psychoanalysis to illustrate how these roots took hold and dominated the functioning of analytic institutions: "[P]sychoanalysis is built heavily around the structures of authority, in which power comes not through the expression of an individual talent (although this can help or hinder progress) but through the gradual accrual of status in an insular and labyrinthine social network" (p. 6). Setting up his subsequent argument having to do with the status of knowledge in psychoanalysis, Frosh observes that analytic indoctrination "is not a matter of learning certain skills, but of absorbing certain values . . . of bowing the head to authority" (p. 7). In order for these values to

take, analytic training institutions must cultivate in their candidates "a capacity to tolerate isolation, boredom, and criticism. But on top of this [candidates] accept the yoke of the psychoanalytic community; they become incorporated into it, if not as full believers then at least as quiet assenters; they do not rock the boat. They accept the authority of the psychoanalytic view of the universe and of its priests here on Earth, and they practice according to its precepts" (p. 9). Strong words indeed, but not untrue. And yet just before Frosh would have us scuttle any consideration of the value of psychoanalysis at all, he recognizes the profoundly personal transformative effects a psychoanalytic treatment may have. It is this quality, he writes, "that attracts adherents, rather

than any socially consensual demonstration of knowledge, expertise or even effectiveness" (p. 15). Having rightfully excoriated psychoanalysis for its crushing authoritarianism, Frosh moves into a rather nuanced appreciation of the wonderfully irrational and powerfully unique qualities of a tradition that challenges and disrupts common sense and overturns cherished beliefs, whether they are personal or societal.

In the section titled "Knowledge," Frosh addresses the claims of psychoanalysis to be designated a science. He takes up what it is required for a discipline to be called a science and why psychoanalysis over its history has been so eager to be viewed as a science. Reading Frosh's review of the history of these issues in psychoanalysis, one is reintroduced to the range of critiques and defenses, from



Popper to Spence. And, while this material is a bit dated, Frosh's review of the issues involved serves as a terrific background to the current debates in the field around these same issues. For this reader one of the most enjoyable aspects of Frosh's treatment is his refusal to come to easy conclusions. Instead, he maintains the tension inherent within the question as to whether or not psychoanalysis is a science or mysticism, and he injects a consideration of the unconscious into the very question itself: "As the unconscious disrupts everything, it disrupts evidence as well; it is never going to be possible to see clearly what is going on" (p. 44).

What follows in the next two chapters of the "Knowledge" section is a sophisticated and extremely thorough treatment of issues of analytic knowing, analytic interpretation, hermeneutics and the limits of psychoanalytic science, and the inherently subjective element involved in the issue of knowing. Frosh's treatment of issues of truth claims and analytic knowing will be highly familiar to most relational psychoanalysts. For instance, in a lovely statement, quite appreciative of the unique uncertainties of psychoanalysis, Frosh writes: "human understanding must incorporate subjectivity, must be recognizable as something emerging out of an intermixing of subject and object, of the process of being and becoming part of another. What psychoanalysis suggests is that rational understanding *depends upon* the capacity to allow subjectivity expression."

In the second section of his book titled "Psychotherapy," Frosh investigates the social uses to which psychoanalytic psychotherapies may be put, and asks what types of motives for social control they may fill. He states that the problem of evaluating the effectiveness of psychoanalytic psychotherapy, "lies in the difficulty of establishing clearly what it is trying to do" (p. 94). Is it meant to establish some "truth" about the patient's life? Is it meant to be a narrative "retelling" of one's life? Is the goal of psychoanalytic therapy more akin to an exorcism of past hurts? Or are we concerned merely with symptom relief or giving people more "control" over their own lives?

In a chapter titled "The Rules of the Game," Frosh surveys therapeutic technique from a discussion of containment, to the uses (and limits) of interpretation, and finally an appreciation of the relational context of the analytic set up. His treatment of these areas is scholarly, and he might only be faulted for his predominant focus on British theory to the exclusion of other schools. Hence his treatment of these topics issues from the work of Bion, Klein, Steiner, and Winnicott primarily; though again, the conclusions Frosh comes to in surveying these areas is one that is very friendly to relational thinking. The final chapter in this section of the book, "The outcome

of psychoanalytic psychotherapy" is a presentation of the difficulties associated with the empirical study of the psychoanalytic method and its results. This chapter provides a sophisticated discussion of numerous research studies and their findings.

But my favorite chapter in this book is the lead chapter in the third section titled "Society." In this chapter, "Psychoanalysis and the Politics of Identity," Frosh addresses the topic of the formation of the subject. He does so by drawing from and expanding on his brilliant essay, "The Other," which appeared in 2002 in *Imago*. From Zizek, through Lacan and Laplanche; to Castoriadis, Kristeva, and then Butler, Frosh's treatment of the psychoanalytic subject and its other is one of the finest examples of a contemporary, socially, and politically infused construction of identity we have available. In the next three chapters Frosh extends his psychoanalytic investigation of identity and society into areas of gender, male and female homosexuality, and finally racism. In these chapters Frosh draws heavily on American relational writers whose work on these topics may be less familiar to his British audience. It is here that Frosh finds signs of life in psychoanalysis, just exactly where psychoanalysis had previously bowed to normalizing tendencies and conformism, deterministic platforms for growth, and anxieties about otherness. It is a hopeful place to conclude his examination, and Frosh, for all of his critical indictments, leaves us with guarded hope in the imaginative power of psychoanalysis to continue its transformative effects:

In its second century, psychoanalysis is very much alive, but perhaps it needs to aim some more kicks at itself to make sure that it remains so. A good place to start would be with the reminder that when Freud introduced the notion of a dynamic unconscious he brought a demon into the modern world that will not let anything alone, but continually disrupts the things we take for granted and subverts the things we assume to be true. Psychoanalysis, one hopes, will never exclude itself from the sphere of this demon's activities. (p. 285)

TRANSFORMATIVE RELATIONSHIPS: THE CONTROL-MASTERY THEORY OF PSYCHOTHERAPY, EDITED BY GEORGE SILBERSCHATZ. NEW YORK: ROUTLEDGE, 2005; 241 PP., \$34.95.

MARY E. PHARIS, PhD, ABPP

So tell me: how do you feel about “evidence-based therapies (EBTs)?” Assuming that readers of this journal are psychoanalytically inclined, I would guess that EBTs might not be high on readers’ “favorites” lists. The newly published *British Handbook of Evidence-Based Therapies* (Freeman & Power, 2007) lists Cognitive Therapy, Behaviour Therapy, Dialectical Behaviour Therapy, Interpersonal Therapy, and Eye Movement Desensitisation and Reprocessing among other treatment approaches, as “true” evidence-based psychotherapies. And our APA, some states, and the Veteran’s Administration among others are on a mission to define EBTs as *the* approved psychotherapies. Some in education for the professions have also accepted it as their duty to make training and implementation of EBTs a high priority in psychology, psychiatry, social work, and other helping professions. One cannot avoid the suspicion that this movement has burgeoned in large part to placate the health care insurance industry in the United States.

Transformative Relationships: The Control-Mastery Theory of Psychotherapy, edited by George Silberschatz and featuring 10 of the leading figures in the development of control-mastery theory might just change your mind about this one particular evidence-based theory and therapy. But I am willing to bet it won’t be eagerly welcomed by the insurance industry as a true EBT. No, that would be too costly.

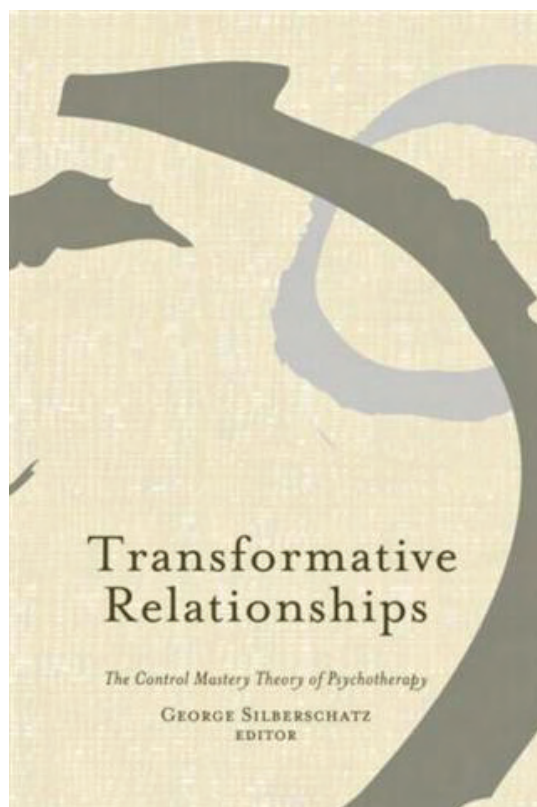
Based on his conviction that “relationships are inherently transformative and that the psychotherapeutic relationship is one particular type of relationship in which transformation is a primary goal,” editor Silberschatz emphasizes that control-mastery theory offers a “lucid, coherent, and powerful theory of the transformative process” (p. xv). Control-mastery theory is not “just” a theory. Elaborated by means of careful, detailed, and responsible research over the last 35 years, its principles

have been discovered empirically. It has not sought to validate pre-existing theoretical beliefs, quite the reverse. As Silberschatz notes, “the research is based on therapies in which *both* therapists and patients were unfamiliar with the control-mastery theory” (p. 190, italics added).

Out of that sustained program of research, control-mastery theory has yielded principles that have been scientifically demonstrated and confirmed. The research describes how repression works to render experiences unavailable, how they may again become conscious in therapy relationships, how safety is a prerequisite for emotional regulation, what specific role unconscious guilt plays in psychological disorganization, how it can be addressed in therapy, and so forth. The principles are not new to psychoanalytically oriented therapists, but their research confirmation moves them out of the category of “beliefs” into the category of empirically demonstrated facts about human behavior.

Perhaps the control-mastery concept that is most familiar to those outside of the San Francisco Psychotherapy Research Group (originally the Mt. Zion Psychotherapy Research Group) is the concept of pathogenic beliefs. Pathogenic beliefs, an individual’s system of beliefs about people and the world, which originated from traumatic childhood experiences, are usually unconscious and yield psychopathology because they are invariably constricting. They show up clinically in the form of acute and chronic emotional distress, and they contain clear expressions of patients’ negative assumptions about themselves, and their fear and guilt about the power they believe they have to do harm to others. Pathogenic beliefs are based on incorrect assumptions (and usually egocentric assumptions in the Piagetian sense), which were the developmentally normal and expectable assumptions a child would have made in the face of the traumas he or she was experiencing.

Patients come to therapy with an unconscious



agenda of testing to see if therapists fit the pathogenic belief(s) and will retraumatize them. The goal of therapy is to identify patients' pathogenic beliefs, clarify their origins, and assist patients to alter dysfunctional beliefs by identifying and passing the tests. Silberschatz writes, "Pathogenic beliefs are not dry, intellectualized, abstract thoughts; they are powerful, emotional-laden, painful belief structures that cause severe emotional distress" (p. 7).

I think any well-trained analytically oriented therapist should feel right at home with this concept. We know that traumas are involved in generating the pain that patients bring to us; we know they expect similar pain from us, and we know we do not want to "fit" their pathogenic beliefs. We know that we will be tested, and we had better "get it" as quickly as possible. In *Psychoanalytic Diagnosis*, McWilliams (1994) agrees that such transference tests occur in all therapies, often in the very first session, and the therapist's ability to understand the meaning of such tests and "pass" the test (i.e., respond in ways that disconfirm one or more pathogenic beliefs from which the patient suffers) is crucial to establishing a working relationship and providing the patient with hope that the therapy process will be beneficial. She writes, "Among the greatest contributions of control-mastery theory to psychoanalytic understanding is its emphasis on pathogenic beliefs (e.g., Weiss, 1992) and on the client's repeated efforts to test them. In addition to passing these tests . . . the clinician must help the client become aware of what the tests are, and what they reveal about his or her underlying ideas about the nature of life, human beings, the pursuit of happiness, and so on" (pp. 274-75).

The research in support of its major principles and the impressive case presentations in this book clearly demonstrate that many of the therapies control-mastery theory clinicians conduct require detailed reviews of extraordinarily complex human behaviors and painful histories, elicited in the context of a developing relationship that demands enormously careful consideration of the moment-to-moment interaction between patient and therapist, and the subtleties as the change process unfolds over time in a successful treatment. Any analytically informed therapist will feel fully at home and admiring of the clinicians, case formulations, and complex therapies presented in the book's 12 chapters.

I was especially admiring of an astonishingly demanding nine-year treatment process reported by Kathryn Pryor with a patient, "Ruth," in which, over time, 13 specific pathogenic beliefs were identified and addressed in a highly sensitive manner. This case clearly demonstrated that control-mastery theory is in no way a mechanical process, which can be easily taught and employed with patients in a "manualized" manner that would have assured a rapid, linear trajectory to a successful outcome with "Ruth." No, this therapy demanded extremely high levels of intuition and attunement, not to mention a long time and an extraordinary level of patience and endurance on the part of the therapist; it is extremely hard to imagine that a therapist working from a manual and employing EMDR, CBT, or DBT could have obtained the outcome that Pryor did in her sensitive application of the empirically-based principles of control-mastery theory. And the insurance companies don't want to hear that.

REFERENCES

- Freeman, C. & Power, M. (Eds.). (2007). *Handbook of evidenced-based psychotherapies*. Chichester, England: John Wiley & Sons, Ltd.
- McWilliams, N. (1994). *Psychoanalytic diagnosis*. New York: Guilford Press.
- Weiss, J. (1992). Interpretation and its consequences. *Psychoanalytic Inquiry*, 12, 296-313.



Psychoanalysis for Today's World

We offer programs in:

- ◆Adult Psychoanalysis & Psychotherapy◆
- ◆Psychodynamic Approaches in Clinical Practice (One Year Evening Program)◆
- ◆Child & Adolescent Psychoanalysis & Psychotherapy◆
- ◆The Supervisory Process ◆ Pastoral Counseling◆
- ◆National Training Program (NY based Distance Learning)◆
- ◆Externship/Internship (Psychology/Social Work)◆Trauma Program◆

Explore Your Opportunities

**National Institute for the Psychotherapies
Training Institute**

250 West 57th Street, Suite 501, New York, NY 10019

Phone: 212-582-1566

Fax: 212-586-1272

Web Site: www.nipinst.org

Email: info@nipinst.org

THE NOONDAY DEMON: AN ATLAS OF DEPRESSION, BY ANDREW SOLOMON. NEW YORK: SCRIBNER, 2002; 576 PP., \$17.00.

HAROLD J. FINE, PhD, ABPP

The media response to this book seems to extend beyond the usual hype. Solomon, a graduate of Yale and Cambridge, is an author, novelist, and contributor to *The New York Times*, *The New Yorker*, and various journals. He is a critic and writer with a penchant for psychological and psychoanalytic themes. In one week his book has leaped from number 14 to number 9 on *The New York Times* best seller list. The reviewers have come from the intellectual, literary, journalist, and mental health communities. Is it Solomon's circle encompassing the New York celebrity/fashion/cultural/entertainment complex that might make or break ideas and enterprises? Perhaps this is true, but only partially so.

This book is an exhaustive report about depression and its treatments. Solomon has presented a potpourri of phenomena that besets all of us whether in denial or consumed by melancholia and depression. His approval of treatments chemical, medical, talking, and so on is also bewildering. Surgical procedures are a pragmatic ally for Solomon and receive his approbation even though there are mild caveats. There is a retinue of case studies with diverse outcomes, be it friends, lovers, or strangers who are afflicted and in the throes of depression or bipolar episodes.

Solomon's faith in the new breed of psychopharmacologists mixing cocktails of medications is surprising. These doctors are always optimistic and cheerful with their uplifting spirit as they mix their formulae like reborn homeopaths or like sophisticated alchemists searching for gold or the philosopher's stone.

A culture's way of dealing with noonday demons is deftly expressed from the genocidal fields of Cambodia by survivors of the Khmer Rouge to the African ritual of N'Deup and the frozen wastes of Greenland. In Greenland, the benign Danish colonialism has provided a universal health care system with a psychiatric delivery system dealing with seasonal depressive epidemics and other support systems. Solomon has traveled to these places and to the former Soviet Union and post communist Russia as a friend of jailed dissidents as well as Russian migrants to the United States and their immersion in America. Some of

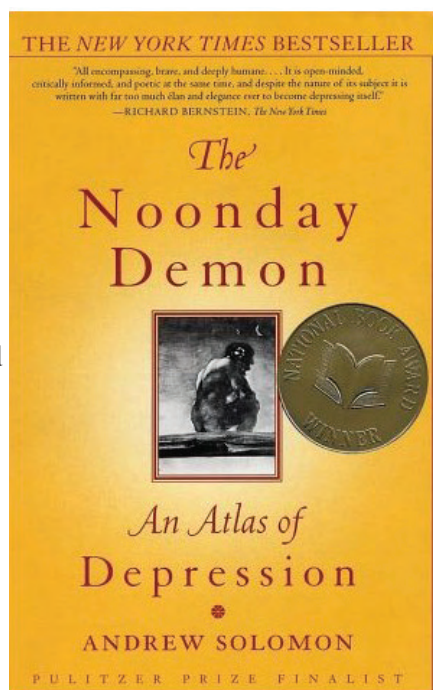
these migrants never adapt and feel compelled to return to a bizarre new Russia as their psyches have left them deeply scarred.

I have come to this volume as a clinician with 40 years' experience of teaching, practicing, and publishing. There is a consistent theme of early experience that "comes back" in later childhood, adolescence, and adulthood at one or all stages of this depressive sequelae. Pervasive feelings of loss and abandonment remind us of a thundercloud ominously hanging over one's head like a character in the L'il Abner comic strip. It is more clearly discerned in the death of a parent, particularly sudden death. This is a deep narcissistic wound that may lead to a fear of abandonment and loss again and again throughout the life span. This could result in neurotic styles of obsessive states that contain or overflow into anxiety states and depression that become a holding environment or make more florid the rage and keen despair of loss all over again. Loss and melancholia are handled in many ways. In Christian theology and its central theme of the crucifixion of Christ, the mourning and grief of His early followers was deep at the level of loss and abandonment. This was not only worked through with the Resurrection but earlier group grief led to imaging the departed and the waxing of imagination to a great story and mimetic rituals.

Another element in our culture that is not mentioned in Solomon's book is denial, which is used extensively by individuals as a massive defense against a reality. The reality can be covered up by a veneer of profound optimism of "don't worry, it will be okay." With an individual profoundly wounded, it is of little use to hear this alien chatter.

Denial is a form of defective or incomplete repression in the selfhood going through the incorporation-introjection-indentification phases of development where denial is a major coping style. Seligman's work about optimism has in effect become a school in psychology in the American grain trying to eliminate dysphoria in the human being via denial.

Solomon mentions only in passing a possible major issue in the understanding of the origins and treatment of the demon:



Traditionally, a fine line has been drawn between the endogenous and reactive models of depression, the endogenous starting at random from within, while the reactive is an extreme response to a sad situation. The same change has happened in the study of depression and affect disorders. The distinction has fallen apart in the last decade . . . (p. 62)

Oh what a truth! It is similar to what has happened in research on schizophrenia. I am referring to the research in the 1950s and 60s where process and reactive schizophrenia distinguished process as a genetic entity and reactive as a developmental one. Some schizophrenias were mixed. Studies suggested that 85% of the reactives would recover while those with process schizophrenia had a significantly lower chance of remission regardless of modality of intervention. The fashions and reality of genetics, DNA, behavioral cognitive treatment, and politics of mental health have suppressed this research and dynamic therapies toward an obscurity and a lack of feasibility by the economics of scale and the re-medicalization of psychiatry.

One feels compelled again to offer yet another view of depression. It is based on a neo-Kleinian view. Klein has written about the schizoid-paranoid and depressive positions. I consider the depressive position of Klein as representing

a moral position and the previous ones as pre-moral. The depressive position is universal and is the engine along with elements of the pre-moral states as fundamental processes of character and personality. It is this later position introjected in a destructive push-pull that changes the energy by various transformations to productive work and the creative process in visual, literary, scientific, and artistic realms. Some of this is present in dream material to protect sleep and also in problem solving. It would follow that the depressed state is necessary for progressive work with the liabilities of its potentials for human harm developmentally and emotionally.

Despite these reactions, this is an important and enlightening book. Part autobiographical, it also has myriad discussions, both psychological and literate. The prose is elegant, yet sullied by the contortions of pain and suffering. Surprisingly, that part of the text enlivens the story. Missing, too, is the story of the author as a boy and his developmental sequelae that contributed to growth and significant pathology. It is overburdened with medical and chemical information hiding how an identity evolved. One wonders how Solomon may have intensely colluded in his own self-destructive drives and impulses. This book elicits a history of our species and our diverse approaches in coping for survival. In spite of its length, it is a good read for any and every one.



12011 San Vicente Blvd., Suite 310 Los Angeles, CA 90049
Phone: (310) 440-0333
Fax: (310) 440-0234
Email: laisps@mindspring.com

A Component Society of the International Psychoanalytical Association

**This logo is derived from a manuscript of Freud's and the method he commonly used to abbreviate psychoanalysis.*

AN INVITATION FROM LAISPS FOR PSYCHOANALYTIC TRAINING

**LAISPS provides for an open-minded and independent exploration of
the rich diversity of psychoanalytic theory and practice.**

**The Institute is currently accepting applications and enrollment for Formal
Training in Psychoanalysis:**

- ❖ **Ph.D. in Psychoanalysis**
- ❖ **Psy.D. in Psychoanalysis**
- ❖ **Certificate in Psychoanalytic Psychotherapy**
- ❖ **Spring & Winter Extension Classes**
- ❖ **Scientific Seminars & Workshops
(CEU Credits Available)**

LAISPS is pleased to offer our **LOW FEE REFERRAL SERVICE** to the community at large

For further information, please call (310) 440-0333 or visit our website at: www.LAISPS.org

PREDATORY PRIESTS, SILENCED VICTIMS, EDITED BY MARY GAIL FRAWLEY-O'DEA AND VIRGINIA GOLDNER, MAHWAH, NJ: THE ANALYTIC PRESS, 2007; 259 PP., \$34.95.

EDWARD J. TEJIRIAN, PhD

This volume consists of seventeen chapters whose authors include psychoanalysts, psychologists, priests, teachers, writers in the field of religion, and novelists. Editor Frawley-O'Dea was the only mental health professional to address the 2002 U.S. Conference of Catholic Bishops on the sexual abuse crisis, and co-editor Virginia Goldner is Clinical Professor in the postdoctoral program in psychotherapy and psychoanalysis at Adelphi. The primary quantitative framework for the volume is the 2004 study sponsored by the John Jay College of Criminal Justice whose focus was the abuse of minors by Catholic clergy in the United States. The salient finding was that, of 45,000 Catholic priests serving in the United States between 1950 and 2004, 4.75% were identified as having abused minors. Of these, 64% abused males, 22.6% abused females, and only 3.6% abused both. Of the boys, 85% were between the ages of eleven and seventeen. In earlier decades, the age at which a boy was first abused was most commonly between ten and fourteen. Interestingly, however, by the 1990's, 55% who were abused for the first time were between fifteen to seventeen years of age. Of the abusers, 67% were pastors or associate pastors, that is to say priests charged with responsibilities in the parishes from which their victims were drawn.

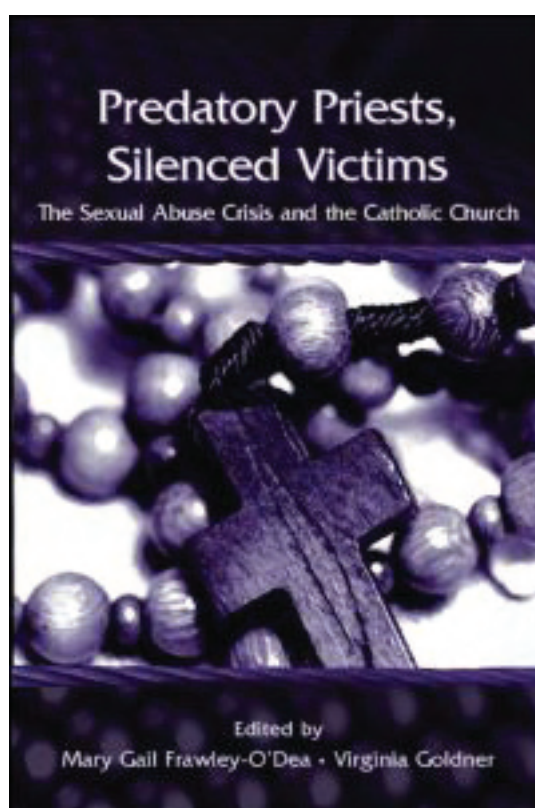
Although the range of backgrounds of the contributors to this volume is impressively and usefully broad, there is one omission. One would have liked to have seen included one or two contributors conversant with cross-cultural and historical aspects of sexuality. The lack of these perspectives is noticeable in the chapter by Gerald Kochansky and Murray Cohen on priests who sexualize minors. To their credit, they make a useful and important distinction between the sexual desire for pre-pubertal boys, to which they apply the term "pedophilia" and attraction to post-pubertal boys, which they call "ephebophilia." (More commonly, the term "pedophilia" is used to refer to sexual behavior with any legally underage boy or girl.)

However, they muddy the waters by referring to both kinds of sexual attraction as a "perversion." We know that in other cultures and in other times, sexual attraction to male adolescents has been seen as a normal aspect of male sexual desire. The best known of such instances is probably Greek culture of the classical period, where the attraction of the adult man to the adolescent boy was accepted and idealized. K.J. Dover (1978) has written what may be the

definitive text on this subject. More recently Khaled al-Rouayher (2005) has written about the erotic attraction of man for youth in the pre-modern (1500-1800) Arab-Islamic world. And apropos, on the Op-Ed page of a recent *New York Times*, Richard A. Schweder (2007) writes about an anthropologist advising American forces in Afghanistan, who warns them not to impose their cultural values on a local Afghan cultural practice in which older men go off with younger boys on "love Thursdays" for what is understood by all to be an erotic interlude. This is not the place to delve into this subject in the detail that it deserves, but to ignore it runs the risk of conflating two disparate issues: on the one hand, an aspect of male sexual feeling that our contemporary culture rejects but that other cultures have accepted; and on the other hand,

the insinuation of sexuality by the more powerful party into a dyadic relationship that is socially and psychologically constructed as one of guidance, teaching, or altruism. My sense is that in cultures where men's attraction to adolescent males has been permissible, it has been felt to be incumbent upon the older party to behave honorably and responsibly toward the younger. Our culture has no such guidelines. Further, men who engage young adolescents in spite of the cultural injunction against such engagement are likely to be immature and lacking in the understanding of the emotional vulnerabilities and needs of a young person.

The chapter by Kochansky and Cohen discusses the backgrounds of priests who abuse, emphasizing the prominence of narcissism in the personalities of many of



them. Unfortunately, however, nowhere in this volume is there an in-depth analytic case study of such a priest, although Kochansky has treated many Roman Catholic priests and seminarians. To be fair, one might raise the question of the susceptibility to analysis of a narcissistic, serial abuser. That description would aptly fit the priest who seduced a patient I had in treatment recently. My patient was twenty-eight when I began to see him; the seduction had been initiated when he was barely twelve years old. By the time my patient was fifteen, his seducer was casting an eye around for a younger boy. This was my patient's parish priest, who was also a friend of his mother's—one of the classic patterns in priestly abuse, as readers of this volume will learn.

In fact, one "case study" is offered by contributor Andrea Celenza, but it is unsatisfactory for two reasons. First, it deals with a priest who had a series of sexual affairs with adult female parishioners, whereas the overwhelmingly typical case is that of sexual engagement of minors, especially an adolescent boy or series of boys. The second reason is the strange decision on the part of the author of this chapter to present a "case study" that was actually a *composite* of a number of priests who had been in therapy with her. This seriously vitiates the utility of the contribution and one wonders why the editors agreed to include it.

On the other hand, a very strong chapter in the book is by editor Frawley-O'Dea, in which she discusses some of the behavioral consequences of abuse that persist into later life, consequences that can also manifest themselves in the therapeutic relationship. She notes, "... the survivor enacts with some frequency some aspects of the perpetrator's lack of respect for others," and she wisely adds, "an empathic understanding of the source of the survivor's sometimes outrageous behavior is essential to remember" (p. 78).

Another excellent chapter is by Thomas P. Doyle, an ordained Dominican priest who has served as an expert witness in several hundred clergy abuse cases. The title of the chapter, "Clericalism and Catholic Clergy Sexual Abuse" refers to the special status of the clerical caste—priests, bishops, and the whole hierarchy of the church with the pope at the pinnacle—as divinely appointed to mediate between God and the Catholic faithful. The ultimate expression of this function is in the Mass, wherein the wafer and wine are transubstantiated into the body and blood of Christ. Only an ordained priest has the power to effect this transubstantiation. Although the Catholic clergy married until the middle of the 12th Century, celibacy came to be seen as an essential prerequisite to the purity required to administer the sacraments, particularly Holy Communion and indeed, was one of the arguments put forward for the

abolition of priestly marriage (Tejirian, 1990, p.173 ff.) Father Doyle points out that, in the recent past, young men, even while still adolescents, were recruited into seminaries where continence in thought, word, and deed was stressed, with no understanding or preparation for what a life of sexual abstinence would mean. In psychological terms, this means that many men charged with the spiritual guidance of others—guidance that can and does include matters of sexuality—were arrested in their own sexual lives at about the age of the adolescent boys they subsequently seduced.

Kochansky and Cohen point out—as my own limited research in a treatment center for sex offenders has suggested—that the seduction can be an enactment in erotic terms of the need for love and attention on the part of the man while he was still a boy himself. His adolescent self is projected onto the younger partner while he takes the role of the adult from whom he wanted love. To some degree, this can be an aspect of non-erotic mentoring of adolescent youth by older men—one that is both psychologically meaningful to both sides while also having constructive social value. But when acted out by a sexually immature, narcissistic adult who is incapable of genuine, mature empathy for the young, the result can be catastrophic for the young person.

In her chapter on misconduct by male priests in the Episcopal Church, Ann Richards, herself an Episcopal priest, notes that the great majority of instances involved married heterosexual priests who had relationships with adult women in their parishes. The problem in such instances would be analogous to a therapist having a sexual relationship with an adult woman being seen in treatment. Richards brings an interesting perspective to the discussion when she proposes that spiritual and sexual energy are fundamentally the same and that the priest is therefore a sexual icon. In this sense the model for a relationship between a priest and an adult woman is the transgression of a taboo—in the sense of something that is both sacred and forbidden—rather than sexual abuse, as would be the case in the sexual engagement of an adolescent boy or girl.

The last contributor that I will cite is novelist Mary Gordon. She writes, "The particular kind of access that priests are given is a product of their institutional identity; the kind of safety that their roles suggest comes to them from the authority of the institution. Therefore, the institution must examine itself to see what its structure and history has contributed to the problem. And this is precisely what the Catholic Church refuses to do" (p. 210). Right. Institutions, however, are not naturally self-reflective. The automatic tendency is to go with the "few bad apples" theory favored after the Abu Ghraib scandal broke. One of the "fixes" that have been mentioned by the Catholic hierarchy is to reduce the number of homosexually oriented men who are accepted into seminaries.

In this tendency to externalize the problem rather than to examine how its own institutional structure has generated it, the Church is not very different from American society at large, which continues to be in the throes of a decades-long identity crisis about sexuality. Its ambivalence about how to treat, and indeed even to recognize the reality of adolescent sexuality reflects a national reluctance to “grow up”—to integrate sexuality into its national self-representation. It is as if, as a nation, we were a conflicted adolescent, trying on the one hand to repress his sexuality through religious fervor and other forms of repression and denial, and on the other hand acting out through a series of sexual sub-personalities. (How else to explain a television program in which the Internet is used to draw a man into e-mail correspondence with a middle-aged man pretending to be a fifteen-year-old girl in order to arrest him on television him when he shows up for the phony assignation?)

In its inability to come to grips with the realities of human sexual need, both for the clergy and laity, the Catholic Church is merely an exaggerated expression of a national problem. Nationally, young people are left to negotiate the hazards of adolescence, to “figure out” the “rules” on their own and in the process, as unwanted pregnancies and HIV infections among the young attest, many suffer another form of victimization. In a sense, the priests who have victimized young people were themselves victims—not in the sense of having been seduced themselves, but of a system that denied the reality of their own sexuality.

If there is one thing about this volume that might leave the psychoanalytically inclined reader dissatisfied, it is that the empathy with the pain of the victim is not matched by an in-depth analytic understanding of the full range of his emotional and sexual responses. In spite of our culture’s conflicts and denials about it, an adolescent is a sexual being, and I think that, in order to help the patient in therapy, we must not replicate the cultural denial of the reality and normality of his sexual feelings in such a situation. My patient responded with excitement and desire to the powerful forces of sexual pleasure released by the seduction. Initially, however, and before sex was introduced (along with alcohol) he felt valued and special because of the attention of his parish priest. Sex, when it was introduced, operated to keep him in thrall to the older man, even as the sense that the surrounding culture regarded what was occurring as wrong exponentially increased his sense of guilt and shame about his sexual responses and desires. But it was not the sex in and of itself, but rather the realization that he was not so much an object of love as a temporary instrument (one in a long line)—for the fulfillment of the needs of the older man—that contributed to the disillusionment, rage, and damaging self-hatred that

followed his abandonment by the man.

A further observation with respect to an understanding of the nature of the dyadic relationship with which this book is concerned: I think that there are bound to be significant differences that are related to the age at which the young person is sexually engaged, for example, the difference between age eleven and age sixteen, that remain unexplored in this book, as do experiences of boys who develop along gay versus heterosexual paths, and the differential experiences of girls in contrast to boys. But to be fair, no single volume could be expected to do justice to the breadth and complexity of this subject. The few reservations that I have noted aside, this remains a worthwhile compilation on an important and difficult subject and would be worth reading by any therapist working with a victim of clerical abuse or who might contemplate doing so.

REFERENCES

- Dover, K. J. (1978). *Greek homosexuality*. Cambridge: Harvard University Press.
- El-Rouayher, K. (2005). *Before homosexuality in the Arab-Islamic world, 1500-1800*. Chicago, IL: The University of Chicago Press.
- Schweder, R. A. (2007, October 27). A True Culture War. *The New York Times*, p. A17.
- Tejirian, E. J. (1990). *Sexuality and the devil: Symbols of love, power, and fear in male psychology*. New York: Routledge.

THE AMERICAN INSTITUTE FOR PSYCHOANALYSIS

Of the Karen Horney Psychoanalytic Center
329 East 62nd Street, New York, NY 10065
The second oldest Psychoanalytic Institute in New York
Established in 1941

Most graduate students wish to be clinicians. How do they start a clinical practice and develop the resources to keep it going? How do they become part of a nurturing professional network?

The training programs at AIP have been serving the complex needs of clinicians for over sixty years.

CERTIFICATE PROGRAM IN PSYCHOANALYSIS

CERTIFICATE TWO YEAR PROGRAM IN PSYCHODYNAMIC PSYCHOTHERAPY

Training at the American Institute for Psychoanalysis offers:

- A broad-based contemporary curriculum with practical relevance to everyday clinical practice
- Inclusion of Karen Horney's ground-breaking and experience-near theory of split and conflicted self
- Participation with a welcoming group of professional colleagues and being mentored by senior clinicians
- Intensive supervision by outstanding psychoanalysts
- Stimulating Scientific Meetings and professional workshops
- Private practice development for candidates
- Fee for service clinical work opportunities and training in a variety of specialty programs of the Karen Horney Clinic

Many of our members are now doing what they envisioned 3-5 years ago.
Are you making your plans?

For more information please contact:
Donna Lieberman, Psy.D. 1-212-489-1701

RADICAL HOPE: ETHICS IN THE FACE OF CULTURAL DEVASTATION, BY JONATHAN LEAR. CAMBRIDGE, MA: HARVARD UNIVERSITY PRESS, 2006; 208 PP., \$22.95.

RYAN LAMOTHE, PhD

Concepts such as neuroses, psychopathology, and transference provide therapists with language that signifies the reality of vulnerability and resiliency in human life. When listening to a patient's dreams and stories, we are ushered into the presence of vulnerability, we witness their memories of psychological devastation, and we espy their unconscious hope to be alive and real with others. Beyond the language of the consulting room, we are, in the 20th and 21st centuries, keenly aware of violence, oppression, and marginalization that strip a people of their rituals, stories, and ideals, devastating their shared psychic landscape. We see how fear and anxiety can twist psyches into believing the illusion that redemptive violence will shield them from the reality of human vulnerability. How an individual or a community navigates the shoals of crippling losses and fears without succumbing to despair or violence is a question therapists and others attempt to understand and answer. In a beautifully written, poignant, and wise book, psychoanalyst and philosopher Jonathan Lear depicts and analyzes the vulnerability, devastation, and the creative courage of Plenty Coups and his people as they faced violence, terror, and the loss of their cherished cultural traditions.

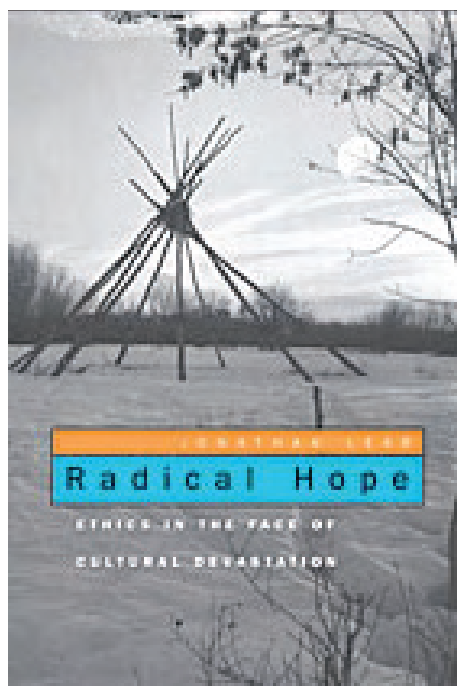
In writing a review of this book, I must start with a confession. *Radical Hope* is a very rich and complicated repast that a reader can savor over and over again, discovering new insights with each reading. My review, in short, cannot do Lear's book justice. My aim is to whet the reader's appetite by providing a brief overview of the chapters as well as a few intriguing and compassionate perspectives that Lear offers.

In the first chapter, Lear introduces us to Plenty Coups, a Crow chief, and his story of cultural devastation. Speaking to Frank Linderman, Plenty Coups said, "But when the buffalo went away the hearts of my people fell to the ground, and they could not lift them up again. After this nothing happened" (p. 2). Lear focuses on the phrase "After this nothing happened," wondering "what it could mean for history to exhaust itself" (p. 3)? Relying on historians, anthropologists, and philosophers, Lear makes his way

toward an answer. All human beings, he notes, inherit vulnerability, yet he suggests that Plenty Coups' narrative reveals a particular form of vulnerability. Threatened by the Sioux with "utter devastation," the Crow people aligned with the white man. Crow narratives and rituals had previously provided the meaning for facing war, as well as the possibilities of victory or defeat with other tribes. In making a treaty with the U.S. government, the Crow could not have foreseen that much of their lands would be taken from them, their resources depleted, their rituals forcibly denied, or the humiliation and suffering they would endure by being herded into reservations.

This history of the suffering of the Crow people (and other First Nations people) is not unfamiliar to many of us. Yet, Lear argues that the Crow suffered a particular type of devastation, which is manifested in Plenty Coups' comment. He notes that when the U.S. government forcibly forbid intertribal warfare, "counting coups" lost meaning and consequently there could be no rituals celebrating Crow victories. "The issue," Lear declares, "is that the Crow have lost the concepts with which they could construct a narrative. This is a *real loss*, not just one that is described from a certain point of view. It is a *real loss of a point of view*" (p. 10). Driving home this point, Lear indicates that prior to cultural devastation, Crow narratives and rituals reflected their "insistence"

in the face of routine vulnerability. Lear explains that Crow's traditional ideas and virtues were embedded in their narratives and rituals, and they derived meaning from them because the symbols and rituals were being lived. Life happened, history took place precisely because Crow narratives and rituals provided meaning, even in the case of defeat by the Sioux. Yet, the forcible denial of counting coups by the U.S. government, for instance, rendered their traditional ways of expressing "insistence" unintelligible. Thus, the phrase, "after this nothing happened," meant that there would be no Sun Dances or counting coups because "it is no longer possible to do so" (p. 37). No longer rooted in lived life, these rituals are drained of meaningfulness and without lived meaning nothing happens. Plenty Coups'



remark gives witness “to a loss that is not itself a happening but is the breakdown of that in terms of which happenings occur” (p. 38). History exhausts itself. In brief, what happens is meaningful by virtue of our stories and rituals and nothing happens when the Crow are deprived of the actions and stories that formed their daily lives and future horizons.

This vulnerability in the face of cultural devastation, this real threat of the meaninglessness of traditional narratives and rituals, and imminence of the death of the Crow subject would appear to lead anyone to suicidal despair or to ingest the opiate of indifference. In this deep chasm of darkness, though, Lear portrays the spark of radical hope present within the life of Plenty Coups and his people. Plenty Coups witnessed “the death of the Crow subject” and he did “so in order to clear the ground for a rebirth. For if the death is not acknowledged there will most likely be all sorts of empty ways of going on ‘as Crow’” (p. 51). Mourning and clearing the ground reveal the radical spark of hope, rather than sentimental stasis of nostalgia or the seductive futility of vengeance.

In the second chapter, Lear sets out to depict how Plenty Coups faced the devastation with a creative and moral imagination that made a path for the rebirth of the Crow subject. Lear begins by pointing out the immense challenges of trying to survive in the midst of a cultural collapse. How

can a person be psychologically equipped to handle this devastation? How can one reason morally when one’s telos is ripped from the fabric of one’s life? What does virtue mean, when one’s ideals lay shattered? Lear argues that the Crow tradition carried the tools that enabled Plenty Coups to transform, over time, his understanding of courage. For example, when Plenty Coups was a child he, like other Crow children, was encouraged to “go off into nature and dream” (p. 66). In this liminal space, ambiguity and mystery were the soil of transformation. Plenty Coups, as a nine-year old, had a dream he took to the council of elders, one of whom recognized the prescient nature of the dream and the possibility of escaping the implied death of his people. Lear argues that Plenty Coups’ dream was not only a “radical act of anticipation,” it also “gave the tribe tools with which to endure a conceptual onslaught” (pp. 78-79). As a psychoanalyst, Lear does not confine himself to the ideas of wish fulfillment, collective unconscious, or Oedipal issues in attempting to understand the dream or divine its function. Lear recognizes that the dream was and continued to be for Plenty Coups and his people a way of facing and living through the painful events of cultural devastation with courage—a courage and virtue redefined.

It gave him and his people hope that in time the rituals and stories would be meaningful, though not in the way they could have imagined. Lear, with a sense of awe and respect, recognizes Plenty Coups’ “daunting form of commitment to a goodness in the world that transcends one’s current ability to grasp it” (p. 100).

In the last chapter, Lear continues his analysis of radical hope, assessing its justification by juxtaposing Plenty Coups’ stance with Sitting Bull’s (a Sioux chief) response to cultural devastation, as well as making use of the Aristotelian notion of the virtue of courage. Sitting Bull’s courage was rooted in the ideals and values of his tradition. In clinging to the past, Sitting Bull viewed Plenty Coups’ actions as cowardly and his hope as foolish. By Sioux standards, Sitting Bull’s courage was derived from traditional notions of courage and, thus, we would say that he embodied this type of courage. What, then, are we to make of Plenty Coups’ stance—a cowardly or passive assimilation to whites? In what way was Plenty Coups courageous, given that Crow traditional understanding of this term no longer seemed to make sense? In what was his hope based, if the future was uncertain? Turning to Aristotle’s five criteria for the virtue of courage, Lear

concludes that Plenty Coups’ radical hope was not mere optimism, which would be a turning away from the bleak reality his people confronted.

Instead, Plenty Coups’ actions signified a radical and courageous stance of hope in the face of anxiety and uncertainty. Plenty Coups’ courage and hope were redefined, primarily in terms of the Chickadee who appeared in the dream. “In that tree (the sole tree standing after a terrible storm) is the lodge of the Chickadee. He is willing to work for wisdom. The Chickadee is a good listener . . . He gains successes and avoids failure by learning how others succeeded or failed, and without great trouble to himself . . . The lodges of countless Bird-people were in the forest when the Four Winds charged it. Only one person is left unharmed, the lodge of the Chickadee person” (pp. 70-71). The dream and the Chickadee became a way of redefining the virtue of courage—a courage that is rooted in listening instead of war, wisdom instead of self-certain action. The hope was that the lodge—the Crow people—would be able to survive the devastation of the Four Winds of white expansionism and to retain their Crow identity despite loss and uncertainty.

A final test for assessing Plenty Coups’ response lies, in part, in how the tribe fared as compared to the Sioux. Plenty Coups and other Crow leaders were respected by U.S. leaders and as a result they were, for the most part, able to protect their people. They were not assimilated,

“Mourning and clearing the ground reveal the radical spark of hope, rather than sentimental stasis of nostalgia or the seductive futility of vengeance.”

though they learned the ways of the whites. They remained Crow in the face of the abyss of cultural devastation and they did so with the leadership of wise men and women.

There are any of a number of reasons why I would highly commend this book for therapists. First, it is a sensitive and compassionate description and analysis of a people who faced massive losses, yet who were able to avoid the Charbydis of violence and Scylla of despair. Second, Lear expands our horizons, inviting therapists to understand trauma and responses to trauma from the perspective of a community and its traditions. Third, Lear offers a deeper appreciation of the complexities of courage and virtue: how they are tied to the web of a tradition's narratives and rituals and how ideas and virtues of courage can be transformed in the face of loss. Fourth, Lear's discussion of Plenty Coups' dreams demonstrates how the dreams of a leader can serve as a northern star to guide a people who were facing the darkness of cultural devastation. That is, Lear has shown how dreams are not always signifiers of unconscious wishes, past traumas, but rather enigmatic signifiers of the future, which, in this case, served as a vision for a leader as he helped his people mourn, clearing a way into the future.

Finally, Lear's book, whether intended or not, is timely, because there are people who, consciously or unconsciously, sense their own cultural devastation—real or imagined. There are many Americans, for instance, who were and are confronted with vulnerability in the wake of 9/11 and, in general, our responses, guided by our leaders, have been forged out of the expansionist and imperialistic aims and methods embedded in our history and our traditions. Our virtues of courage and hope are locked into warrior ideals and victory, which are rigidly held because of collective anxiety and fear. Compassion, empathy, and the willingness to seek understanding are viewed as weaknesses or naiveté. Our intransigence signifies a refusal to mourn and, thus, there is no clearing for transformation of the American subject. As Plenty Coups said, "With all his wonderful powers, the white man is not wise. He is smart, but not wise." Lear's book, it seems to me, may serve as an opportunity to reflect on the possibility of radical hope and courage in the face of our current losses, anxieties, and fears.

CONTINUED FROM PAGE 37

skilled at bringing alive the impact Khan had on others. I found that I could not put down her biography and the more I read it, the more sympathetically I felt for Khan. I felt quite mesmerized by Khan. When I realized that 711 out of 1294 footnotes were from Khan's workbooks and letters, I felt even more that I had been in the presence of Khan.

But being in Khan's presence made it hard for me to think. Willoughby's biography provided an approach and a space that allowed me to think about Khan and bring Khan's own writing to bear on his actions. While both Hopkins and Willoughby make rich use of Khan's clinical writing, Willoughby holds to a more chronological approach that allows the reader to see how the facts of Khan's life inform his writing. In reviewing Phyllis Grosskurth's biography of Havelock Ellis, Khan (p. 358) noted, "to make human living fabric from such self-creations takes both generosity and a shrewd sense of the *real*, as against the *true*. Roger Willoughby has succeeded in doing just that.

REFERENCES

- Cooper, Judy (1993). *Speak of me as I am: The life and work of Masud Khan*. London: Karnac Books.
- Goldman, D. (2003). The outrageous prince: Winnicott's uncure of Masud Khan. *British Journal of Psychotherapy*, 19, 486-501.
- Hopkins, L. B. (1998a). Masud Kahn's application of Winnicott's "play" techniques to consultation and treatment of adults. *Contemporary Psychoanalysis*, 36, 639-663.
- Hopkins, L. B. (1998b). D.W. Winnicott's analysis of Masud Khan: A preliminary study of failures of object usage. *Contemporary Psychoanalysis*, 34, 5-47.
- Hopkins, L. B. (2004). How Masud Khan fell into psychoanalysis. *American Imago*, 61, 483. Retrieved September 19, 2007, from the ProQuest database.
- Hopkins, L. (2006). *False self: The life of Masud Khan*. New York: Other Press.
- Khan, M.M.R. (1965). Foreskin fetishism and its relation to ego-pathology in a male homosexual. *International Journal of Psychoanalysis*, 46, 64-80.
- Khan, M.M.R. (1979). *Alienation in perversion*. Madison WI: International Universities Press.
- Khan, M.M.R. (1981). Review of *Havelock Ellis, a biography*, by Phyllis Grosskurth. *International Review of Psychoanalysis*, 8, 358-360.
- Limentani, A. (1992). M. Masud Khan (1924-1989). *International Journal of Psychoanalysis*, 73, 155-159.
- Scott, J. (1994). *Various antidotes*. New York: Henry Holt and Company.

WOUNDED BY REALITY: UNDERSTANDING AND TREATING ADULT ONSET TRAUMA, BY GHISLAINE BOULANGER. MAHWAH, NJ: THE ANALYTIC PRESS, 2007; 202 PP., \$39.95.

ELIZABETH HEGEMAN PhD

W*ounded by Reality* starts by asking a simple question—"whether psychoanalysis can effectively treat those who have suffered massive psychic trauma in adulthood" (p. 3). Ghislaine Boulanger replies that "we have the tools but not the theory"—because developmental theory, and ambivalence toward real trauma, have so pervaded psychoanalytic epistemology that it is almost an automatic assumption that trauma must be understood in terms of childhood experience, and in terms of explanatory schema that are anchored in childhood within the self. She points out that this assumption is contradicted by research findings that show the profound and enduring impact of adult onset trauma, whatever the developmental history, and misleads us into looking for a history of psychopathology when we treat adult survivors of serious trauma. The book that follows "considers the uneasy relationship that has existed between psychoanalysis and catastrophic trauma" (p. 4), showing through gripping clinical examples and masterful explication of psychoanalytic theory, just how uneasy that relationship is, and what clinicians and theorists can do about it.

In the second chapter, Boulanger distinguishes the impact of adult onset catastrophic dissociation from the impact of childhood trauma: though dissociated self-states in childhood can serve to protect the development of the self by allowing a form of development to continue, the adult survivor in contrast must live "between two deaths" (p. 38). The first death occurs as annihilation terror leads to the collapse of the self, leaving the survivor feeling as if she is living outside the human community. The second death is biological death that may come many years later. Chapter 3 establishes the factors behind the inadequacy of psychoanalytic epistemology that stem from our history. Chapters 4-7 reexamine the actual process by which the adult self is destroyed. Drawing on what Boulanger considers the greater flexibility of relational theory, and on recent findings in cognitive, neurological, and developmental

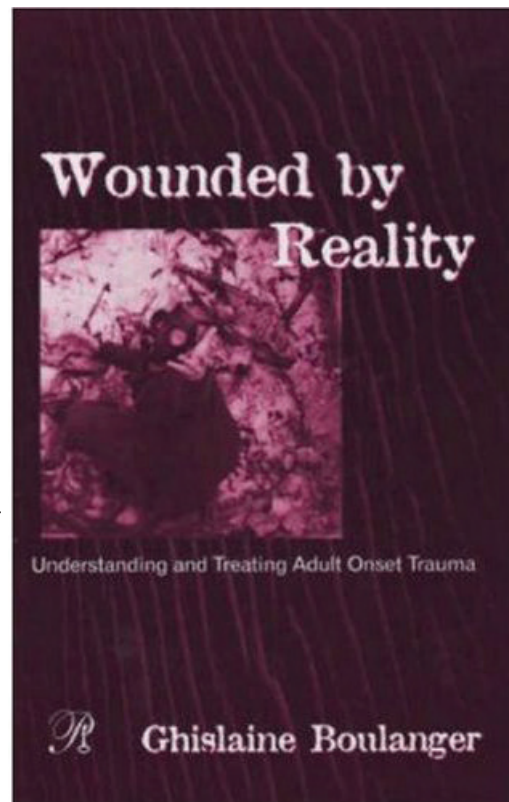
psychology, she brings alive the actual experience, or failure of experience, brought about by specific forms of annihilation anxiety. Relying on the concept of the core self, the self that recognizes itself and integrates symbolic and subsymbolic biological aspects, Boulanger addresses the loss and the process of recovery of the experience of self-cohesion. Heeding Stern's (2000) call, Boulanger has brought into relational theory "the more arbitrary, random, traumatic and unintelligible parts of life" (2000, p. 768). This development opens up the relationship to enactments of unformulated experience within the analytic

relationship, and thus to the healing and integration, of the unreal, the unthinkable parts of the self and of reality that have never before been imagined.

Valuable and comprehensive as the theoretical richness of this book is, the most precious and spiritually moving part is Boulanger's ability to share her clinical self. In chapter 8, "The Ancient Mariner's Dilemma: Constructing a Trauma Narrative," she describes in simple detail her painstaking journey with a survivor of the World Trade Center. The movement from a frozen narrative to a living one can only happen in the relationship with an analyst who can give up the need to protect the patient and herself, and "encourage the patient to cast her verbal and associational net more and more widely" (p. 150) and who "must give up any pretense of innocence" (p. 168)

so she can form a personal understanding of the fragments of self that have become symptoms and that keep the survivor from being able to rejoin her life.

The final two chapters address the individual and collective resistance of survivors, professionals, and society to doing what is needed. Resistance to treatment here is reformulated in this context as all the rationalizations we employ in order not to know about the subjective experience of terrifying and uncontrollable events: among them, the fear of professional censure, the narrator's fear of spreading contamination and toxicity, the problem of vicarious



traumatization, and the analyst's fear of retraumatizing the survivor in the telling of the story. And finally, in a new and more political sense, she points out that the institutional forces of government, the military, insurance companies, and organizations all have a stake in minimizing and undermining the expression of painful affects, even negating and denying the existence of the wounding circumstances that bring them about. Perhaps the bias in psychoanalysis that maintains the focus on trauma as a childhood experience is itself an example of these forces.

For the purposes of teaching about trauma to psychology students, *Wounded by Reality* is a perfect example of the theoretical masterwork that does not lose its touch with clinical reality. In addition to correcting the course of development of the theoretical understanding of trauma in every chapter, it fleshes out the voices of the subjects, both the patient and the author/analyst who discover meaning together. The clear, strong writing make it suitable for all: advanced undergraduates, graduate students, psychoanalytic candidates, and practicing clinicians. In teaching and learning about trauma, there is always the danger of retraumatization; the narrator fears the unwitting inflicting of pain, and/or his or her own sadism in passing on the toxic knowledge. Boulanger manages this problem by letting the reader feel her passionate and compassionate voice; she suggests that it might be necessary to push past and normalize the clinician's "initial incoherence," to recover her own thinking self, so that the survivor can begin to inhabit her own narrative again. When she says in the very beginning of the book "we have the tools," it might be more accurate to say now that she has pushed forward to a new place in clinical stance, we have the tools.

Boulanger has herself followed closely the path of current understanding of adult onset trauma, beginning in 1976 when she began her study of Vietnam Veterans. In recent time she has given the time and energy too few of us have devoted to acting on our principles—she has been one of the leaders of the movement to expose and oppose the American Psychological Association's collusion with military psychology to permit psychologists to continue participating in illegal interrogations. This ongoing struggle is described and documented at the Web sites withholdapadues.com and ethicalapa.com. She has written a book that poses the explicit and implicit question to us as clinicians—where can we find the courage to enter into the world of the shattered adult? And how can we live with ourselves if we don't oppose the forces that make it happen? Boulanger shows the way, for she has been there.

REFERENCE

Stern, D.B. (2000). The limits of social construction. *Psychoanalytic Dialogues*, 10, 757-769.

CCP CHICAGO CENTER FOR PSYCHOANALYSIS

The Chicago Center for Psychoanalysis, a postgraduate training program leading to a Certificate in Psychoanalysis, welcomes applicants who have state licenses in a mental health field (e.g., PhD, PsyD, MD, LCSW, LCPC). Besides state licensure, requirements include malpractice insurance, post-licensure experience practicing psychoanalytic psychotherapy, and two years of either personal psychoanalytic psychotherapy or one year of a personal analysis. Once accepted, candidates who have not begun a personal analysis must do so before taking their first class.

- **WE OFFER A CONTEMPORARY CURRICULUM** that encompasses multiple theoretical perspectives. The Center has no single point of view but is dedicated to teaching all of the major contemporary psychoanalytic narratives, including but not limited to, classical Freudian drive theory, ego psychology, object relations theory, self psychology, interpersonal theory and intersubjective theory.
- **COURSES ARE SCHEDULED ON THE QUARTER SYSTEM**, and take place either downtown weekly in the evenings or in intensive weekend seminars. Training is focused on theories of development, psychopathology, clinical theories and case conferences.
- **THE SUPERVISED TREATMENT OF THREE PSYCHOANALYTIC CASES** is also required. **WE ARE ESPECIALLY PROUD OF OUR CUTTING EDGE FACULTY** which includes many of the best from the Chicago analytic community and also draws internationally famous psychoanalysts, many of whom are authors of contemporary theory. Among those who have served or are serving as instructors are: Mark Berger, Jessica Benjamin, Hedda Butler, Bettina Cahler, Jody Messler Davies, Darlene Ehrenberg, Lawrence Friedman, Glen Gabbard, John Gedo, Merton Gill, Jay Greenberg, Michael Huit, Irwin Hoffman, Frank Lachmann, James Fennell, Kenneth Newman, Donna Orange, Fred Pine, Owen Renik, Roy Schafer, Frank Summers, Johannes Tabin, Arnold Tabin, Marian Tabin, Leon Wurmser and Elisabeth Young-Bruhl.
- **FLEXIBILITY IS THE HALLMARK OF THIS PROGRAM**, one of the first in the nation to have a truly interdisciplinary group of candidates and faculty. Part-time candidacy is optional at the discretion of the Admissions Committee, and the Center accepts applications for admission throughout the year.
- **WE ALSO OFFER ADJUNCTIVE EDUCATION COURSES AND REDUCED FEE PSYCHOANALYSIS FOR THE COMMUNITY AT LARGE.** For further information about the Chicago Center for Psychoanalysis, call (312) 986-1187 or visit our Web site

WWW.CCPsa.ORG

THE AMAZING INFANT BY TIFFANY FIELD. MALDEN, MASSACHUSETTS: BLACKWELL PUBLISHING, 2007; 330 PP., \$29.95.

KAREN ZELAN, PhD

The *Amazing Infant* by Tiffany Field, was written for anyone immersed in infant development: psychology students, clinicians specializing in helping young children and their families, and especially ordinary parents of infants and young children. The word, “infancy,” Field tells us, means “without language.” Happily, the text is based on the author’s personal interactions with her own child as she observed her infant develop in the earliest months.

DEVELOPMENTAL STAGES

Field identifies developmental stages informatively and invites the reader to integrate detail with theory. After explaining how infancy research is conducted, the author leads us stage by stage from “Being a Fetus,” for example, to “Taking Turns with Peers.” She depicts the fascinating changes typically occurring in the young child, including those in the emotional, social, cognitive, and linguistic spheres.

DEVELOPMENT AND EARLY LEARNING

The author recognizes that early infant development depends on learning. With parental care, learning and development are not only intertwined in the early weeks and months, but the two processes are also supportive of one another. In difficult transition stages, when the young child may become anxious or confused—“disequilibrated” to use Piaget’s term—parents ideally respond with empathy and support. To quote a parent I once knew, “My daughter is going through something, I know not what, but we’re with her, full steam ahead, until she resumes her happy, carefree self!”

Field reports that the prenatal infant learns to recognize the mother’s voice, enabling the infant to locate parental voices after birth. The infant’s early orientation to the mother’s and presumably the father’s face encourages the parents to continue relating to the child. The parents are likely to respond by cuddling, cooing, and talking to the infant. “Baby talk” is replaced by regular speech as the baby becomes ever more responsive to mature language.

AUDITORY SENSITIVITY

In addition to responding to language early on, the infant also reacts to music even before birth. Field (and probably countless other mothers, including the author of this review) notes the connection between the prenatal infant’s kicking and listening to music. The minute Field turned on the radio, she felt her baby’s feet going. While pregnant, I experienced something similar with my first-born as I sat at the piano. Once I had to stop playing because his kicking was so vigorous.

Field writes that newborns have musical preferences; some prefer the singing voice, and others prefer instrumental music. I have found that they can be lulled to sleep by a mother’s soft humming, by a father’s gentle, lilting “baby talk,” or by a symphony’s slow movement.

MOTHERS AND FATHERS

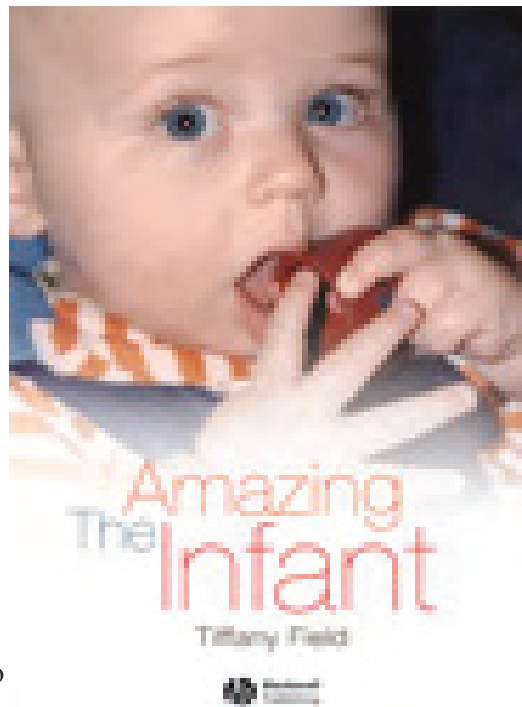
The mother’s effects on the unborn and the newborn are not always felicitous. A mother’s anxiety tends to increase fetal stress, not to mention the accompanying anxiety in the newborn. Although the author writes more about mothers than fathers, she does allow that fathers are helpful in moderating maternal depression. It is often the father who comes to an anxious mother’s—and the infant’s—rescue as the father takes

over, walking the baby and cuddling him or her in his warm embrace.

The Amazing Infant informs parents of what to expect during pregnancy and early infancy by describing developmental milestones, often illustrated by photographs of babies engaging in typical exploratory, often lovable behaviors. Tiffany Field’s readable book is a valuable addition to any parent’s child development library.

References

- Piaget, J., & Inhelder, B. (1969). *The psychology of the child*. New York: Basic Books.
- Mussen, P. H., Langer, J., & Covington, M. (Eds.). (1969). *Trends and issues in developmental psychology*. New York: Holt, Rinehart, and Winston.



**Free Volume
Special Offer!**

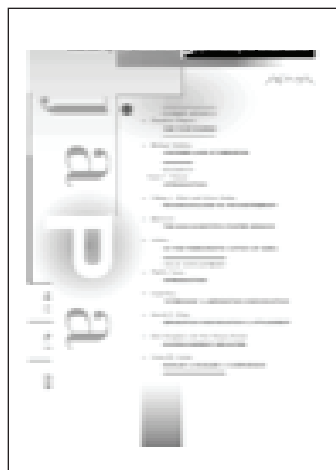


including the JAPA Review of Books

JOURNAL OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Special Offer for APA Members!

Subscribe to *JAPA* for 2007 (Volume 55) at the regular individual rate (\$135/year, \$175/year foreign) and receive Volume 53 (*JAPA* 2005) free! Or, subscribe for both 2007 and 2008 (\$270 for two years; \$350 foreign) and receive both Volume 53 (*JAPA* 2005) and Volume 54 (*JAPA* 2006) free!



Volume 53 JAPA 2005

- 53.1 Hypocrisy, Intuition, Child Development
- 53.2 Love, Shame, Revenge, and Forgiveness
- 53.3 Clinical Theory
- 53.4 Gender

Volume 54 JAPA 2006

- 54.1 Interdisciplinary Studies, Theory, Education
- 54.2 Pluralism
- 54.3 Clinical Innovations
- 54.4 Gender: Masculinity

Order Form

☐ Enter my subscription for *JAPA* 2007 with the free bonus volume 53 for \$135 (\$175 foreign).

☐ Enter my subscription for *JAPA* 2007 & *JAPA* 2008 with free bonus volumes 53 & 54 for \$270 (\$350 foreign).

☐ Charge my credit card: ☐ VISA ☐ MasterCard ☐ AMEX

Acct.#: _____ Exp. Date: _____ Signature: _____

☐ Check enclosed for: ☐ \$135 ☐ \$270 (Make checks payable to Mental Health Resources.)

Name: _____ Address: _____

City _____ State _____ Zip _____

Email: _____ Phone/Fax: _____

Please send payment to: JAPA c/o Mental Health Resources, 44 Bridge St., Catskill, NY 12414

Email: japa.dennis@verizon.net • Toll Free: 877-647-0202 • Fax: 518-943-7793

COMMITTEE AND LIAISON REPORTS

APA BUSINESS OF PRACTICE

STEVEN AXELROD, PhD

Do you have concerns about the business side of psychoanalytic practice? Would you like to know more about how your colleagues are surviving or thriving in an environment that seems unfriendly to psychoanalytic treatment? Have you found, or would you like to find, innovative solutions to the building and marketing of your practice? Our Division would like to offer a forum for discussion and action on these issues.

As your representative to the APA's Business of Practice Network for the past three years, my main focus, like the BOPN's overall, has been on the Psychologically Healthy Workplace Awards Program. The PHWA is run on a state level to raise awareness of the principles of psychological health in organizations and businesses as well as to more closely link psychologist practitioners to businesses. Currently, the PHWA program is active in 51 states and provinces. State award programs bring businesses, communities, and psychologists together to highlight the importance of creating psychologically healthy workplaces. An increasingly sophisticated national APA PHWA program has led to a high profile national awards program in early March and a recently launched newsletter. (More information is available at www.phwa.org.)

As valuable as the PHWA program is and as much as I encourage you to get involved in it, I believe there is more we can do to serve the Division's members with respect to the business of practice. The following are some possible areas of focus:

- Developing a survey of Division 39 members on their practices and professional satisfaction
- Providing workshops and tools to help members better market their services
- Identifying areas of opportunity for expanding and applying the practice of psychoanalytic psychology
- Promoting more dialogue about business of practice issues at the Spring Meeting

First, I need to hear from you about your needs and interests. Please contact me at sdaxel@aol.com with your suggestions, and let me know if you are interested in joining a working group on business of practice issues. I look forward to your help in putting these issues on the Division's agenda.

FELLOWS: CALL FOR NOMINATIONS

DAVID RAMIREZ, PhD

The Division 39 Fellows Committee is accepting nominations of members as candidates for Fellow status. Fellow status is an honor bestowed on persons who have made an "unusual and outstanding contribution of performance in the field of Psychology" as well as to the aims of the Division. The individual must have at least five years of post-doctoral experience. APA policy forbids self-nominations, but other Fellows of Division 39 may nominate Division 39 members who they feel could meet the high standards necessary to qualify. There are two types of Fellows: Initial Fellows, who are not yet Fellows of any other division, and Current Fellows, who have already achieved Fellow status in another division.

For Initial Fellow applicants, the nomination/application process is somewhat involved, since qualifications are reviewed for fulfillment of both divisional and APA criteria. An informational packet of materials needs to be completed. This includes a self-statement on contributions to the field, copies of vita, any relevant materials, and three letters of reference from present Fellows of the Division. These materials are reviewed by the Fellows Committee of the Division and sent on to the Division's Executive Committee. From there, the applications are sent for review and passage to the Membership Committee of the APA, the APA's Board of Directors and, finally, the Council of Representatives of APA. While this seems a lengthy process, the Fellows Committee is here to help nominees through it.

For Current APA Fellows who are seeking Fellow status in this Division, the process is less involved. The application includes a self-statement, copies of vita, and three letters of endorsement from present Fellows of the Division. This packet is reviewed in the same sequence as Initial Fellows, but APA Fellow status has already been established.

The application materials are available from me. Nominations and supporting materials should be directed to:

David Ramirez, PhD, ABPP
Past President; co-chair of the Fellows Committee
Division of Psychoanalysis (39)

TREASURER'S REPORT

MARSHA D. McCARY, PhD

This is my first report to the full membership as treasurer of Division 39. The monies of the Division are a very important resource to be used to further the objectives and goals of the Division and need to be allotted with care and consideration. So I hope you will persevere through this report. Struggling with numbers and dollar amounts is not usually the highlight of someone's day. Division sources of income and expenses vary quite naturally from year to year, but it is within the current year that we have to make budget choices that take into account the present situation. Thus, I would like us to look at finances from a global five-year perspective, and then look as best as we can at the more specific financial status for 2007.

FIVE-YEAR PERSPECTIVE

Division 39's main sources of income are membership dues, spring meeting profit, and more recently revenue from electronic publishing. The income data from the last five years are as follows:

	2002	2003	2004	2005	2006
Dues	\$192,185.73	\$197,869.00	\$195,865.00	\$206,367.00	\$206,150.70
Spring Meeting	38,236.82	4,212.96	13,025.66	70,672.96	42,369.72
Electronic Publishing				17,343.30	25,247.00
Other	15,528.97	10,410.09	29,719.21	21,308.76	17,628.09
Total	\$245,951.52	\$212,492.05	\$238,609.87	\$315,692.02	\$291,395.51

As you can see, income from dues has remained fairly constant, income from spring meetings, highly variable, and income from electronic publication, continually increasing. Our electronic publishing income, which we began to receive in 2005, comes from journal and publication royalties generated by electronic search engines.

The Division's major expenses, looking at very broad categories, are board and central office expenses, and publication expenses. We have also funded a very rich array of projects. The data from the broad categories, over the past five years are as follows:

	2002	2003	2004	2005	2006
Board, Central Office	\$81,213.20	\$83,250.11	\$93,627.18	\$95,733.91	\$106,999.23
Publications	108,657.27	169,972.47	99,693.03	98,108.88	134,692.91
Projects, Committees, Contributions, etc.	111,767.70	46,002.05	38,068.95	58,873.41	68,661.84
Total	\$301,638.17	\$299,224.63	\$231,389.16	\$252,716.20	\$310,353.98

The increasing costs of the board and central office are primarily a result of inflation in the cost of hotel facilities, travel, and so on. Publication expenditures have varied widely. We have funded the digitization of our journal for Psychoanalytic Electronic Publishing, and we have developed our Internet Web site. Additionally, we have increased the number of pages published in the journal. The amount of funds available for projects, committees, contributions, etc has varied widely.

The Division needs to keep a certain fund of reserves. Ideally the reserves should be the amount that would permit the division to operate for one year without revenue. This would mean we should have between \$200,000 and \$300,000 in reserves. The reserves for the last five years are as follows:

	2002	2003	2004	2005	2006
Reserves	\$165,112.98	\$78,380.41	\$85,601.12	\$161,303.20	\$134,796.75

Note that in 2002, 2003, 2006, expenses exceeded income, which necessitated us using some of our reserves.

CURRENT YEAR: 2007

The most up-to-date income data for 2007 are as follows:

Dues:	\$203,651.98
Spring Meeting:	(\$4,369.54)
Electronic Publishing:	\$44,137.00
Other:	\$10,000.00
Total:	\$253,419.44

All potential 2007 income has been collected with the exception of some end-of-the-year advertising and dividends, which might bring us in an additional \$10,000. Note that the monies from dues are down slightly. Rather than make the predicted profit on the Toronto meeting of \$27,950, we sustained a loss of over \$4000. The number of paid registrants at the meeting was 509 rather than the predicted 550. This of course meant a large deficit in the potential revenue. On the positive side, we were very gratified to have the large increase in income from electronic publishing. APA is predicting that our income from electronic publishing is likely to continue to increase at a rate of 10% per year. We indeed have a reliable new source of Division income. Overall the income from 2007 is lower than last year but not particularly out of line when looking at the overall five years.

We have committed expenditures in 2007 of \$302,205.00. Though our 2007 budget was reasonable, based on 2006 revenues, we are now predicting a budget deficit of \$48,785.56 for 2007, which of course necessitates using some of our reserves.

The Division currently funds an extensive array of projects. The actual budget and amount committed to every project are available to any of you by just letting me know your desire to have a copy of our current financial statement. But at this time I would at least like you to know every project we fund at \$1000 or more.

These include at the funding level for 2007:

Board and Central Office: \$102,000

Publications

Journal: \$86,500

Newsletter: \$30,000

PEPWeb: \$10,000

Internet: \$8,100,

Psych Abstracts: \$2,500

APA San Francisco Meeting: \$20,000

Committees

Membership: \$2,200

Nominations and Elections: \$8,800,

Continuing Education: \$5,000

Graduate Students: \$5,200,

Early Career Psychologists: \$2,000

Multicultural: \$2,775

PSA Consortium: \$3,000

Outreach: \$1,200

Sexualities: \$1,200

Liaisons

CAPP Integration: \$3,000

Liaison to International Relations: \$1,200,

Liaison to Military Psychology: \$2,400

Contributions

Multicultural Conference: \$5000

Accreditation Council-Psychoanalytic

Education Start up: \$2,000

I refer you to Marilyn Jacobs' recent article in the newsletter about all of the Division's activities. It is wonderfully informative and provides needed details and perspective to these finances.

SUMMARIZING THE CURRENT STATE OF THE DIVISION FINANCES:

Reserves 2006:	\$134,796.75
Income 2007:	\$253,419.44
Expenses 2007:	(\$302,205.00)
Predicted Reserves 2007:	\$86,011.10

CURRENT GOALS

The Board is continuing to make efforts to bring income and expenses back into line and at the same time increase reserves. Partially motivated by the desire to fund the PEPWeb contract, the Board has voted an increase in dues of \$10. Based on continuing membership of 3000, the dues increase should bring in an additional \$30,000. The Board has also voted to discontinue the paper version of Psychoanalytic Abstracts and publish electronically only. This should decrease our outlay by about \$18,000. The Board has also rescheduled the fall Executive Committee meeting as a conference call to reduce board expenditures.

Currently the 2008 Division budget is being developed. Its success depends, of course, on stable sources of income from dues, spring meeting profit, and electronic publishing. The current financial goals of the Division are to increase the financial reserves and at the same time continue to fund the rich array of projects reflective of the Division values and objectives. I welcome any questions, opinions, and discussions about Division finances. I hope every member is an interested and involved participant in how we allot our Division resources.

*Marsha D. McCary, PhD
mdmccary@austin.rr.com*

SECTION REPORTS – SECTION VIII: COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS

ANTONIA HALTON, PhD

Our section hosted two successful Conversation Hours recently, in Toronto at the Division 39 meeting in April, and in San Francisco, at the Annual Meeting of the APA in August. The first, facilitated by Susan Shimmerlik and Shelly Goldklank, focused on cross-cultural and countertransference issues. We had a very lively and somewhat disconcerting discussion as we realized just how pervasive one's cultural biases may be. It was a great learning experience, and we look forward to more self-examination and study of these important cross-cultural pitfalls.

The second Conversation Hour, "High-Risk Passages: The Influence of Adolescent Development on Families," was jointly sponsored by Sections II and VIII, in San Francisco. Richard Ruth, president of Section II (Childhood and Adolescence), presented a challenging case that led him to a unique arrangement. After some initial family treatment, he saw the patient individually while meeting on a regular basis with the therapists who were treating the parents. Carolyn Maltas, a former president of Section VIII, discussed her treatment of a similar family, using a more traditional family therapy approach. Her innovative contribution was the letter that she wrote to the family, illuminating some of the major issues in the family's dynamics. Everyone in the audience was moved by this sensitive yet forthright statement to the family, which served as a mirror, reflecting back to them their own statements in a way that helped them to understand their contributions to the family patterns. A large group, including a number of students, participated in the discussion that contrasted these techniques and was impressed by the innovative ways of involving the whole family.

Looking forward to spring 2008 in New York, at the Division 39 Annual Meeting, we have planned a Conversation Hour titled "Psychoanalytic Couple Therapy: Recent Ideas and Ongoing Study," led by Justin Newmark and Joyce Lowenstein. The Section VIII Invited Panel, "*The Namesake*: Emerging and Submerging Cultural Identity in the Melting Pot," will feature a brief selection from this film as well as presentations by the following speakers: invited guest Tilottama Tharoor, professor from New York University Faculty of Arts and Sciences, "For the Sake of a Name: Diasporic Family Affiliations and Assimilations"; and section members Mary-Joan Gerson, "What's Love Got to Do With It? The Arranged Marriage Enters the New World"; Roanne Barnett, "Adolescent Girls

Straddling Cultures: Clinical Vignettes"; Shelly Goldklank, "Each Time I Thought I Knew, Each Time It Was Untrue: Beyond Exogamy/Endogamy Issues"; and Marilyn Meyers, "Where in the World? Attachment in a Multicultural Society."

On our listserv, Section VIII members are discussing a new clinical question posted each month. This forum gives us a chance to help one another, to generate new ideas, and to form a community of clinicians interested in couple and family therapy. The feedback we receive is that this is a widely read and much appreciated feature of our section activities.

Our Spring 2007 Newsletter featured articles by Thomas Greenspon, Carolyn Maltas, Justin Newmark, and Fred M. Sander, on the theme "Psychoanalytic Couple Therapy: An Inclusive Paradigm." If any members of the division would like a copy of this issue, or any of our back issues, please e-mail me at tonihaltan@rcn.com.

Our most exciting future venture is the planning of the Third International Conference on Couple Therapy, "Contemporary Couples and Their Inner Worlds," which will be held near Boston in August 2009. The site for this weekend meeting is the Babson Conference Center on the campus of Babson College. Section VIII is co-sponsoring the conference with the Society of Couple Psychoanalytic Psychotherapists (SCPP), from London. They held their first international conference in Oxford, England, and the second in Scotland, each one in conjunction with another psychoanalytic group. You will hear more about this

SECTION V: PSYCHOLOGIST PSYCHOANALYST CLINICIANS

JOHANNA KROUT TABIN, PhD, ABPP

Section V member Sharon Farber, whose participation was highly appreciated in our 2006 Panel on trauma, is being recognized for another of her papers, "Autistic and dissociate features in eating disorders and self-mutilation." She will receive honorable mention when the Second Annual Phyllis Meadow Award for Excellence in Psychoanalytic Writing is given by the Boston Graduate School of Psychoanalysis and the Center for Modern Psychoanalytic Studies. David Lichtenstein is now the editor of the Section V Web site (www.sectionfive.org). Beatrice Beebe will receive the Morton Schillinger Lifetime Achievement Award from Section V at the Spring Meeting of Division 39 in New York next April.

SECTION IX: PSYCHOANALYSIS FOR SOCIAL RESPONSIBILITY

LU STEINBERG, PhD

Section IX continues to be at the forefront of the struggle against the involvement of psychologists in interrogation at Guantanamo Bay. A mini-convention on Ethics and Interrogation, thanks to the efforts of past Divisions for Social Justice chairs Neil Altman and Brad Olsen, was held at the August APA convention in San Francisco. Several section IX members presented to standing room only audiences, including Neil Altman, Frank Summers (President-Elect), Ghislaine Boulanger, Steven Reisner, and Stephen Soldz. In addition, the Section IX sponsored panel, "Psychology in a 'State' of Moral Compromise," included papers by Nancy Hollander and myself on the historical and ethical compromises made by psychologists and psychoanalysts during the authoritarian regimes of the Latin American dictatorship of Argentina's "dirty war" and the Third Reich in Nazi Germany. The contribution of the notion of scientific neutrality, the preservation of the profession at any cost as well as the many rationalized compromises made were all cited as contributing to the professional complicity in these regimes.

Alice Shaw's paper reflected the relevance of compromises made during these historical periods for the present-day ethical compromises required of psychologists who participate in coercive interrogations. Discussant, Nina Thomas commented on the relevance of these papers for the present in terms of the human tendency to not see or name what is going on around us. She asked "How are we participating as complicit 'bystanders' to actions of our government when we hide behind either professional neutrality or dissociate our professional from our political selves?" As a member of the PENS task force, she discussed her own disappointment with the process as well as the APA's inability to address the conflict between ethics and the law, more specifically in terms of the standards of international human rights law. Additionally, she mentioned the inaction with regard to preparing a casebook, which had been specifically recommended by the PENS task force. Unfortunately, despite the attempts of APA Ethics Chair Steve Behnke to be reassuring in his comments and response during the question and answer period, the concerns expressed remained.

In addition, Section IX played a major role in the rally and demonstration to garner support for the moratorium resolution. Frank Summers coordinated a strong volunteer contingent, which passed out flyers and buttons publicizing the effort to demand that the APA Council of Representatives (COR) vote to pass the moratorium resolution. The steering committee for the

event was composed of Section IX members Ghislaine Boulanger, Diane Ehrensaft, Ruth Fallenbaum, Rachael Pelz, Tom Rosbrow, Alice Shaw, Frank Summers, and Jeanne Wolff-Bernstein. The rally at Yerba Buena Park outside the Moscone Convention Center drew several hundred people.

Media coverage of this rally as well as of the APA panels addressing this issue, including Amy Goodman of Democracy Now and local and national news programs and newspapers, played a role in increasing support for an amended resolution that COR passed. This resolution listed specific techniques that were not permissible in the course of interrogating detainees and made clear that under no circumstances, including following orders, can psychologists participate in these practices. However, the Moratorium resolution, authored by Neil Altman, which would have prohibited any involvement by psychologists in interrogations at detention centers, evolved into an amendment to the revised resolution and was rejected by COR. In addition, the wording of "severe pain" was changed to "significant pain."

These changes, while an improvement, continue to leave the door open for psychologists to remain involved in the interrogation process and permit the use of coercive techniques as long as they are not part of the interrogation process itself (as opposed to the period prior to interrogations when detainees are "softened up," for example). Disappointment in the results of the COR meeting has resulted in the decision by an increasing number of APA members, many of whom belong to Section IX, to withhold their APA dues, as a way of voicing protest over APA's unwillingness to take an unequivocal stance against its members' involvement in centers that violate the basic human rights protected by the Geneva Convention and other international agreements. (For more information about withholding dues, please go to withholdapadues.com.)

Section IX is planning several upcoming events, including more programming addressing these issues at the NY Division 39 Spring Meeting. Plans are also underway for another creative event at our reception.

LOCAL CHAPTER REPORTS

AUSTIN SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

NAOMI FREIREICH, LCSW

The 2007-2008 program theme for ASPP is "Psychoanalytic Practice in Today's World." This year under the leadership of Connie Young Benfield, we will explore ways in which psychoanalytic theory deepens our ability to understand and work outside of analysis and in settings that are by necessity unlike traditional analytic psychotherapy. In October, Diana Fosha will be in Austin providing ASPP members an introduction to Accelerated Experiential-Dynamic Psychotherapy (AEDP) in a program "From Trauma to Transcendence: Healing Affects and Healing Interactions in AEDP." In November, Christopher Bollas is returning, via teleconference to lecture on manic-depressive psychosis. During our monthly series this fall Sherry Dickey presented "Treating Bipolar and Manic-Depressive Illness Psychoanalytically." In coming months there will be the following presentations: Stuart Twemlow on "The Role of the Bystander in the Social Architecture of School and Community Violence"; Carol Middelberg on "Transforming Power of Affect," describing her work with couples; and Letha Cole on "The Impact of Psychoanalytically Oriented Psychotherapy on Family Relationships." Along with conferences and lectures ASPP has ongoing courses: AEDP, Attachment in Action, Dreaming and Dissociation and Practical Psychoanalysis: Ideas and Techniques for Responding to the Unusual and Improbable in Daily Practice.

CHICAGO ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGY

BERNADETTE BERARDI-COLETTA, PhD

Recently at our annual fall conference, CAPP invited Steven Knoblauch, author of *The Musical Edge of Therapeutic Dialogue*, to present his ideas on "Body Music and the Unconscious." The presentation featured a jazz improvisation featuring as guest, Matt Ulery, a local, well-known, jazz bass player, followed by a discussion of theory and clinical material. The presentation was unique and creative on several levels. Dr. Knoblauch began with a jazz improvisation featuring himself, playing saxophone, and Matt Ulery, playing bass. As the musicians developed a musical dialogue between themselves, Dr. Knoblauch asked the audience to observe the interaction, and to note

different aspects of the evolving relational dynamics at multiple levels. The two musicians had never met before, which created an uncertainty and implicit tension that is not unlike the first meeting of patient and analyst/therapist whereby "both participants fear that they might not work together." A lively musical conversation ensued that was entertaining, moving, and curious.

We spent some time discussing what we had all just seen, heard, and experienced. The audience reported their experience from the external, observing perspective, while the musicians discussed their experience from the internal, embodied world of the musical space as it emerged. We discussed the ways in which the dialogue came to life through the back and forth movements of the music as well as the physical movements of the musicians, as they moved in closer or separated from each other, the finding and losing of each other as they changed tempo or rhythm or structure of the music, and the coming back together as they articulated a shared theme. A discussion of the ways in which one voice seemed to "lead" while one seemed to "follow" and match the other was particularly isomorphic with the ways in which we tend to conceptualize analysis and analytic therapy.

After a short break, Dr. Knoblauch resumed the presentation with a discussion of some clinical material and theoretical perspectives on nonverbal, unconscious, embodied processes that occur in the therapeutic dialogue. He described a moment in time with one patient in which the rhythm and structure of the established pattern of the relationship abruptly changed and opened the space for something new to happen. Experiences that the patient could not have articulated before this moment now became accessible and available for reflection. This led to deeper changes and structural reshaping within the patient, and perhaps for the therapist as well.

A lively discussion followed in which many issues and controversies regarding verbal versus nonverbal information and processes were brought to light and left everyone with a lot to think about and absorb. Steven Knoblauch's inventive presentation of these ideas was a welcome change of format and brought concepts to life at the level of the body. Dr. Knoblauch's musical demonstration of his ideas, in concert with his clinical material and theoretical eloquence, allowed us to experience, metaphorically, his ideas of "Body Music and the Unconscious" and the ways in which this plays out every day within the therapy hours with our patients.

MICHIGAN SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

BARRY DAUPHIN, PhD

The Michigan Society for Psychoanalytic Psychology (MSPP) celebrates its 27th year as a Local Chapter of Division 39. MSPP sponsors monthly programs on topics and issues of interest for psychoanalysis, maintains a Web site (www.mspp.net) that contains a large number of papers and other educational information for psychoanalysis, publishes a newsletter (the *MSPP News*) three times per year, and has a section, The Academy for the Study of the Psychoanalytic Arts. MSPP is a 501 (C) (3) organization. Our meetings are free and open to the public.

Michigan is one of the few states that does not have Mandatory Continuing Education (MCE) requirements for licensure. MSPP has maintained the position that MCE is counterproductive for professional education. After careful consideration and thorough deliberation, the Board of MSPP voted on May 5, 2002, to take a position *against* the implementation of MCE for psychologists in Michigan. This position is a restatement of MSPP's traditional belief in the efficacy and philosophical importance of self-direction in education, which includes the obligation and right of the professional to the maximum degrees of freedom in designing and choosing his/her education and/or program of study. MSPP dissented from efforts to enact laws that served to limit educational freedom, while offering no appreciable benefit either to the public or to the professional community. The full statement of position against MCE can be found on our Web site.

In the past year representatives from MSPP and from the Academy for the Study of the Psychoanalytic Arts, along with other individuals representing other groups or themselves, met with a representative from the governor's administration to express concerns about proposals for regulation of professional education. We expressed our firm belief in and commitment to continuing professional education but raised objections to government mandated educational credits or activities. To date there have been no changes in regulations concerning educational requirements. We surveyed our members about their educational activities and found that members were engaged in a wide variety of interesting and useful activities that went well beyond the limited range typical of MCE models and activities that fit their individual situations.

MSPP has begun development of an exciting new project aimed at expanding the educational opportunities for our members as well as for any others interested in psychoanalysis. We are developing a Web site for pod casts. We're calling it *MSPP Pod*. For those who are unfamiliar, pod casts are digital audio (or video) files created in a format that can be listened to streaming through a Web site or be downloaded and listened to on one's computer

or mp3 player, such as an iPod. We record many of our presentations and will be able to make a wide variety of them available, free of charge, to any who are interested in furthering their education in psychoanalysis. One of our members, Etta Gluckstein Saxe, has long recorded many MSPP programs on cassette. We will be able to convert many of those into a digital format for availability on *MSPP Pod*. However, this format enables us to do much more than simply record presentations, as valuable as that is.

We also plan to do interviews with various psychoanalytic thinkers about a wide variety of topics of interest in psychoanalysis. Because of the nature of this medium, such offerings do not have to follow a standard length or prescribed educational format. This enables for flexibility in educational format, instead of fostering a "cookie-cutter" mindset. This should bring another form of content to the psychoanalytic community. In contemporary parlance, MSPP has become and is further becoming a psychoanalytic "content provider." Through our Web site, our newsletter and now with MSPP Pod, MSPP makes a great deal of educational information available to any who are interested in psychoanalysis. Feel free to check out our fledgling endeavor by going to <http://web.mac.com/barrydauphin/Site>.

We have a steady attendance at our educational programs and have collaborated with another psychoanalytic organization, the Michigan Psychoanalytic Council, on a few educational programs. We have offered programs with a wide variety of educational formats. This includes more traditional paper presentations with questions and comments, longer panels that allow for extended discussion, audiotape or videotape recordings with extended discussion, and the use of films and other artistic productions as a means of discussing psychoanalysis. MSPP continues to be a financially healthy organization. In addition to our dues, we receive voluntary contributions from members and participate in an organizational program sponsored by a national grocery chain, which gives back to an organization a small portion of what enrollees spend. MSPP has also been very active in Section IV for many years. Barry Dauphin, current MSPP President, has been president of Section IV for 2006-2007, and MSPP members Linda J. Young and Patrick B. Kavanaugh presented at the Section IV panel at the Division 39 Spring Meeting in 2006 and 2007, respectively. Etta Gluckstein Saxe is a former president of Section IV and maintains an active involvement with Section IV as well as having been a moving force for the Graduate Student Initiative of Section IV and the development of the Section IV Speaker's Bureau.

ONTARIO SOCIETY FOR CONTEMPORARY PSYCHOANALYSIS

BRENT WILLOCK, PhD, C.Psych.

Our local chapter, together with our affiliated Institute and Society, have had another productive and rewarding year. Three stimulating weekend events were held. On September 16, 2006, Dr. Jessica Benjamin (New York) commenced our visiting scholar series, delivering our annual Stephen Mitchell Memorial Lecture. In the morning, she shared her thoughts on "Working with the Intersubjective Third." In the afternoon, Dr. Michelle Flax, a member of our faculty, presented moving clinical material involving challenging issues that Dr. Benjamin and the audience discussed.

On January 27, 2007, Dr. Ken Corbett (New York) conducted a stimulating workshop on gender issues. He presented two intriguing papers, "Gender Now" and "Queer Masculinities" and engaged the audience in thought-provoking discussion.

On June 2, 2007, our Third Annual Symposium was titled "From the Cradle to the Grave: Psychoanalytic Implications of Attachment Theory Through the Life Cycle." Prof. Mary Target (London) opened the event with a clear update on developments in attachment theory. One of our faculty members, Dr. Jean Wittenberg, presented "Supporting Security: A Preventive Intervention for Infants and their Caregivers." Another faculty member, Dr. Gary Rodin, presented "Facing the Inevitable: Attachment Theory and the End of Life." In the afternoon, Prof. Target discussed the talks of Drs. Wittenberg and Rodin, then presented a fascinating case study, "Attachment, Developmental Crisis and Transference: the Successful Narcissist Hits Midlife." Lively discussion ensued between panelists and audience.

Regular scientific meetings were coordinated by Dr. Gary Rodin. In October, Dr. Ann Baranowski (TICP) discussed "Psychoanalysis and Mourning." In December, Dr. Dan Merkur (TICP) shared his thoughts on "Interpreting the Sense of Badness." In January, Dr. Scott Bishop (TICP) presented "In Defense of Psychoanalysis in the Age of the Empirically Supported Treatment Movement."

We continue to collaborate with a number of other psychoanalytic groups, both locally and abroad. In September, we cosponsored the Eleventh Annual Day in Applied Psychoanalysis with Trinity College, University of Toronto, the Toronto Psychoanalytic Society, and the Psychotherapy Program, Department of Psychiatry, University of Toronto. This year's topic was "Buddhism and Psychoanalysis: Conceptualizing the Self." The keynote speaker was Dr. Mark Epstein. In February, with the Toronto Psychoanalytic Society, we sponsored a

workshop in connection with the Ontario Psychological Association's Annual Convention. This event, conducted by Don Carveth (TICP) and Klaus Wiederman (TPS), was titled "Beyond Narcissism: Working through Limits and Limitations in Psychotherapy."

Drs. Hazel Ipp and Judi Kobrick worked very hard with their planning committee to host a marvelous Annual Spring Conference for the Division of Psychoanalysis, American Psychological Association (Division 39). The theme was "On Clinical Momentum: Time, Process, and Complexity in the Psychoanalytic Arena." Drs. Irwin Z. Hoffman and Adrienne Harris were outstanding keynote speakers.

Plans are underway for our Fourth Joint International Conference with the psychoanalytic societies of the William Alanson White Institute, New York University's Postdoctoral Program in Psychoanalysis and Psychotherapy, and Adelphi University's Postdoctoral Program in Psychoanalysis and Psychotherapy. After our last two successful symposia in Dublin and Cape Town, our next one returns to Canada where it all began several years ago in Niagara-on-the-Lake. The upcoming conference will take place in Vancouver in summer 2008, co-hosted with colleagues from that region.

A book based on the theme of the Niagara symposium (*Taboo or Not Taboo? Forbidden Thoughts, Forbidden Acts in Psychoanalysis*) is currently in press with International Universities Press. Another volume based on the Dublin symposium (*On Deaths and Endings: Psychoanalysts' Reflections on Finality, Transformation, and New Beginnings*) has already been published (London: Routledge, 2007). These books were edited by Brent Willock (TICP), Lori C. Bohm (William Alanson White Institute) and Rebecca C. Curtis (Adelphi University). A third book based on the 2005 Cape Town conference on *Power and its Discontents* is being co-edited by Glenys Lobban, Michael O'Loughlin, and Cora Smith. Finally, a volume titled *Comparative-Integrative Psychoanalysis*, which reflects much about our Institute, was authored by Brent Willock in June 2007 (New York: The Analytic Press).

Study groups for graduates, faculty, candidates, and guest members continue to provide yet another stimulating mode for continuing education. Monthly meetings were held on: Relational Psychoanalysis (Dr. Hazel Ipp); Winnicott and Post-Winnicott (Dr. Ann Baranowski); Cinema and Psychoanalysis (Dr. Deborah Levine); and Neuropsychanalysis (Dr. Scott Bishop).

For their diligent, creative efforts over the past

twelve months, great thanks are due to the Chairs of all our standing committees: Dr. Hazel Ipp (Admissions), Dr. Judi Kobrick (Candidate Progress), Dr. Sam Izenberg (Ethics), Dr. Gary Rodin (Scientific Program & Scholarly Papers), Dr. Sarah Turnbull (Society Development Committee), Dr. Scott Bishop (Marketing and Outreach), and Dr. Brent Willock (Curriculum). Our finances continue to be in respectable shape thanks to the conscientious labor of our Treasurer, Dr. Gary Taerk. Our Secretary, Dr. Nira Kolers, and Member-at-Large, Dr. Gail White, have performed many valuable services for us over the past year. Drs. Michelle Flax and Kadri-Ann Laar continue to provide a very useful service to the community and candidates by coordinating our Referral Service. Neomi Offman has kept our financial transactions and other matters well ordered, while Allan Ennist has maintained our Web page (www.ticp.on.ca). Donna Woodhouse has worked hard to coordinate the multitudinous administrative tasks involved in sustaining a cohesive institute.

In sum, the past year has witnessed a large number of continuing, meaningful developments for of our Chapter, Society and Institute. Our Board, committees, faculty, graduates, candidates, and others have given generously

RHODE ISLAND ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGIES

LOUIS ROTHSCHILD, PhD

The Rhode Island Association for Psychoanalytic Psychologies (RIAPP) has begun a new year in which we can prominently assert that being a local chapter of the Division affords leadership continuity. Simply, our President-Elect Dr. Sally Mayo is a past recipient of Section IV's Spring Meeting Graduate Student Stipend (a program established in 2000 to support graduate student attendance at Division meetings). As we look forward to Dr. Mayo taking the helm in 2008, we are grateful to the co-chairs of the Philadelphia Spring Conference for making such a lasting impression—may the tradition continue in years to come. Our theme for the 2007-2008 season is "Eclectic Mix or Thoughtful Integration: Questioning Contemporary Practice," and as you'll see below, many members of the Division are helping to keep psychoanalysis alive in the Ocean State. Our Wednesday Night Lecture Series meets the first week of the month for six months out of the year. This fall we are pleased to host Suzi Naiburg ("Metamorphoses in Trauma and Treatment"); Howard Covitz, ("What Happened to Us? Internecine Conflict and Its Causes in Psychoanalysis"); and Joseph Shay ("The Cinematic Identification of Projective Identification"). After a winter's nap, we resume in February with Rhode

Island's own Lowell Rubin ("The Analysis of a 'Perfect Bi' [bisexual]: Freud's Analysis of the American Poet Hilda Doolittle"); and continue with Elsa Ronningstam ("Treating the Narcissistic Personality"), and Dan Buie ("On Dr. Elvin Semrad"); before breaking for summer.

In addition to the Lecture Series we host two conferences. This fall Marilyn Charles presents "Playing with Two Hands: Point and Counterpoint in Culture, Theory, and Application." Spring of 2008 shifts the frame to "Father Hunger," with James Herzog, MD. If you find yourself passing through town on the way to the Cape or the Islands and simply want to see what we are up to or if you're in town long enough to warrant becoming a member but would like more information, feel free to e-mail our current president, Louis Rothschild at LROthschild@verizon.net.

PHILADELPHIA SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

MIRIAM FRANCO, PhD

This fall, PSPP will gather for its annual Fall Meeting with members in a different venue. On Sunday, October 7, some members will meet for brunch first, others will join us later at the Rosenbach Museum in downtown Philadelphia. There we will view the latest exhibit (Parents in the Artwork of Maurice Sendak) and hear a stimulating talk on the intersection of psychoanalysis and art by Janet Sayers. A wine and hors d'oeuvres cocktail hour will ensue at which time this year's PSPP leadership award will be presented to David Ramirez in recognition of his long-standing service to our local chapter and to his ongoing contributions in training graduate students.

CONTINUED FROM PAGE 6

RITA V. FRANKIEL BIBLIOGRAPHY

- Frankiel, R. V. (1985). The stolen child: A fantasy, a wish, a source of countertransference. *International Review of Psycho-Analysis*, 12:417-430.
- Frankiel, R. V. (1991). A note on Freud's inattention to the negative oedipal in Little Hans *International Journal of Psycho-Analysis* 18:181-184.
- Frankiel, R. V. (1992). Analysed and Unanalysed Themes in the Treatment of Little Hans. *International Review of Psycho-Analysis*, 19:323-333.
- Frankiel, Rita V. (1994). *Essential papers on object loss*. New York: New York University Press.

BOARD OF DIRECTORS MEETING MINUTES

FRIDAY, AUGUST 11, 2006

HILTON GARDEN INN, NEW ORLEANS, LA

PRESENT: D. Ramirez, President; J. Darwin, Past President; N. McWilliams, President-Elect; M. Jacobs, Secretary; M. McCary, Treasurer; Council Reps: N. Altman, L. Barbanel, B. Karon, D. Morris, L. Wagner; Members-at-Large: M. Cresci, J. Logue, M. Metzl, L. Zelnick

I. CALL TO ORDER: Dr. Ramirez called the meeting to order at 8:34 a.m. CDT.

II. ATTENDANCE/INTRODUCTIONS/SUBSTITUTIONS: Dr. Ramirez asked each member to introduce themselves and say a few words about themselves.

A. SUBSTITUTIONS:

1. Brian Smothers for Karen Maroda
2. Lisa Pomeroy for Henry Seiden
3. Nina Thomas for Frank Summers

III. APPROVAL OF THE DRAFT MINUTES OF APRIL 21, 2006, BOARD OF DIRECTORS MEETING

MOTION 1: To approve the Draft Minutes of the Board of Directors Meeting of April 21, 2006, as corrected. Action: Passed

IV. UPDATE ON APA PRACTICE DIRECTORATE: Dr. Russ Newman of the APA Practice Directorate updated the Board on the RICO Class Settlement and stated that the second settlement has been accomplished. Other issues the Directorate is working on include obtaining mental health parity, although this is not the best Congress to make much progress, but the Directorate is keeping the lines of communication open. Energy was focused on HIMMA, and the Directorate was successful in protecting the mental health profession and building coalitions that were very helpful toward that success. Other defensive actions are being used to work on the issue of information technology. They are continuing to battle to make certain state preemptions stay intact. They are also working to combat automatic rate cuts to Medicare providers. They were able to stop the first one and were successful in stopping this year's automatic cut, but no increase was realized. They continue to work on this because it is a yearly issue.

V. INTRODUCTION OF SHARON BREHM, APA PRESIDENT-ELECT: Dr. Ramirez introduced Dr. Brehm to the Board.

Dr. Brehm asked for questions, interest, and input. She shared her presidential initiatives as well as other issues she hopes to work on during her presidential year. Her initiatives are as follows:

1. Integrated health care for an aging population
2. Resources for researchers regarding working with Institutional Review Boards
3. Science and math education

VI. ANNOUNCEMENTS

A. RETIREMENTS FROM THE BOARD

1. Joseph Couch
2. Marilyn Jacobs
3. Karen Maroda
4. Marylou Lionnels
5. Jaine Darwin and David Ramirez remain on the Board as Council Representative and Past President, respectively.

B. ELECTION RESULTS

1. Secretary: Dennis Debiak
2. Council Representative: Jaine Darwin
3. Members-at-Large:
 - a. Marilyn Charles
 - b. Christine Kieffer
 - c. Jonathan Slavin

C. APPOINTMENTS

1. TASK FORCE ON ACADEMIC CAREERS: Chair: Sanjay Nath. Dr. Ramirez was pleased that Dr. Nath accepted chair of this task force. Dr. Nath will also participate in the Education Conference of the Education Directorate.

- a. APA's Centering on Mentoring: Dr. Ramirez gave a brief report on APA's task force on mentoring. He has briefed APA that the Division is also working on this issue.

2. 10,000 MINDS PROJECT OF THE APSAA: Dr. Ramirez gave a brief description of this project and how it relates to Division positions. Dr. Ramirez has been appointed to this task force.

D. UPDATES

1. FREUD'S PLACE IN OUR MINDS – 9/14/2006 – in DC: Dr. Ruth gave an outline of the upcoming event and the Division's participation. He referred to his report in the agenda packet. Dr. Ruth will take names of members who wish to attend and make

reservations for them.

2. **NMCS: 1/24-26/2007:** Seattle, WA: Dr. Ramirez reported the presentation is being developed for this summit. Also, Dr. Ramirez will serve on a panel as an invited participant for Division 44.
3. **MEMBERSHIP INVITATION TO NEW ORLEANS AFFILIATES:** Dr. Rothschild reported that our New Orleans psychoanalytic colleagues have been contacted regarding complementary membership as well as a direct invitation to the Division reception during the APA convention.
4. **APF: LEVINSON AWARD:** Dr. Dorothy Cantor and Lisa Strauss joined the board meeting to discuss the participation of Division 39 with the Levinson Award, what the award is, and the work of the American Psychological Foundation.
5. **PSYCHOANALYTIC DIAGNOSTIC MANUAL:** Dr. McWilliams announced that the PDM is completed and orders are being filled. The demand for this manual is quite high. APA declined highlighting this manual in the APA Monitor. Dr. McWilliams explained what had transpired regarding this issue.
6. **SYMPOSIUM ON PREJUDICE/CONFLICT:** Spring 2007: Dr. Jacobs referred to the report in the agenda packet. She gave a brief summary of this symposium.
7. **ADDITION OF DIVISION 39 SOUTHWEST CHAPTER:** Dr. Downing referred to the report in the agenda packet. He gave a brief report on the development of this chapter.

MOTION 2: To accept the recommendation of Section IV to approve the establishment of the Southwest Arizona Center for Psychoanalytic Studies as a local chapter of Division 39. Action: Passed unanimously

8. **APA Interdivisional Grant Program:** Dr. Ramirez briefly summarized what this program is and commented on the types of projects that can receive funding. The deadline to submit a request for funding is September 1.

VII. TREASURER'S REPORT: Dr. McCary referred to her report that she had distributed. She reviewed the report and commented on several items, including the revenue from the Spring Meeting, which was much higher than budgeted. Dr. McCary also provided in her report a graph showing the history of income and expense over the past several years.

VIII. REPORT FROM TASK FORCE ON BASIC HUMAN RIGHTS:

Dr. Jacobs summarized the task force report, which was distributed to the Board. She stated that the task force is meeting with members of Division 19 on Saturday during this convention.

Dr. Altman briefly reported on issues discussed at APA Council meeting. Dr. Altman asked for board endorsement of a resolution written by Division 39 representatives to be presented to the Divisions for Social Justice.

MOTION 3: The Board of Directors of Division 39 endorses the resolution promulgated by the TFBHR to be presented to the Council of Representatives of APA. Action: Passed

IX. INTRODUCTION OF ROSIE PHILIPS BINGHAM, candidate for APA candidate for President-Elect. Dr. Bingham gave a brief presentation to the Board.

X. COMMITTEE REPORTS

A. PROGRAM/SITE SELECTION

Motion 4: Approve the following cities for future Division 39 Spring Meetings: 2011 – New York City; 2012 – Santa Fe, NM; 2013 – Boston, MA; 2014 – New York City Action: Passed

B. PUBLICATIONS COMMITTEE Dr. McWilliams reported that electronic hits for the journal bring in revenue, the newsletter becomes richer and richer, and continues to bring in advertising revenue. She reported that she had made some additional appointments to the committee, due to individuals retiring from this Board. Dr. McWilliams summarized some of the issues regarding the recent controversy surrounding some printed critiques in the journal. She reported that this issue has been resolved. She also announced that Dr. Reppen is resigning his position as journal editor at the end of 2008. Dr. McWilliams and Dr. Ramirez will begin the process of appointing a search committee. This will also be a time to discuss any changes the Division may want to make to the journal. She proposed that the Division may want to consider having two co-editors. Dr. McWilliams told the Board that the journal is very popular and is being read by a very large number of individuals. Additionally, Dr. McWilliams will recommend Henry Seiden to the Board to replace her as the chair of the publications committee, as she begins her term as Division 39 President.

C. ANALYTIC CANDIDATES: Dr. Cresci reported on the activity of this committee. They have accomplished some of the goals they had established, and are working on the other goals. Letters are being crafted and sent to candidates encouraging them to become members of the Division. They will also hold panel discussions at the Spring Meeting. They are looking at holding a reception for candidates at the Toronto Spring Meeting. Dr. Cresci asked the Board to consider allowing candidates to pay a reduced fee for Spring Meeting registration.

D. CONTINUING EDUCATION: Dr. Strasberg referred to her report in the agenda packet. She asked the Board to consider approving additional CE credits for the Spring Meetings.

MOTION 5: The Division Board authorizes the CE committee to expand CE offerings at future Spring Meetings at the committee's discretion.
Action: Passed

E. ETHICS: Dr. Smothers, on behalf of Dr. Maroda and the committee, gave a brief statement regarding the activity of this committee.

F. GRADUATE STUDENTS: Dr. Slavin gave a brief report on the activities of the graduate student committee. He stated that his co-chair, Matthew Whitehead, is very active and enthusiastic. He reported that there was an excellent turnout of graduate students to the 2006 Spring Meeting in Philadelphia. Dr. Slavin and Mr. Whitehead will continue in 2007 as chairs of this committee.

G. INTERNET: Dr. Zelnick gave a brief report on the Web site and the changes and upgrades that have been initiated. The committee is looking at putting the newsletter online article by article.

H. MEMBERSHIP: Dr. Rothschild referred the members to his report in the agenda packet. He commented that our membership numbers are strong.

I. NEWSLETTER: Dr. MacGillivray referred the members to the agenda packet. He encouraged Sections Reps and Committee Chairs to submit reports for the newsletter.

J. OUTREACH: The members were referred to the written report in the agenda packet.

XI. MEMBERSHIP QUALIFICATIONS: Dr. Ramirez distributed a working document for a potential bylaws change to members for review. He asked that this issue be a discussion item only and that it be brought back to the January meeting in the form of a motion.

XII. CAPP REPORT: Dr. Newman covered the important information for this report.

XIII. COUNCIL OF REPRESENTATIVES

XIV. PRESENTATION BY APA EDUCATION DIRECTORATE: Jackie Tyson of the APA Education Directorate discussed several initiatives of the directorate.

XV. BRIEF INTRODUCTION OF STEVE RAGUSEA, Candidate for APA President: Dr. Ragusea gave a brief statement regarding his candidacy for APA President.

XVI. BRIEF INTRODUCTION OF JAMES BRAY, Candidate for APA President: Dr. Bray gave a brief statement regarding his candidacy for APA President.

XVII. MISCELLANEOUS ITEMS

XVIII. ADJOURNMENT: There being no further business to come before the Board at this time, the meeting was adjourned at 3:50 p.m.

SECRETARY: Marilyn S. Jacob

RECORDER: Ruth E. Helein

NEW YORK UNIVERSITY POSTDOCTORAL PROGRAM

ADVANCED SPECIALIZATION IN COUPLE AND FAMILY THERAPY

A one-year, weekly seminar series offering an integrative systemic-psychoanalytic approach for doctoral-level mental-health professionals independent of psychoanalytic training.

OPEN HOUSE

Saturday, February 10, 2007, 12:30-2:30 p.m.

More information at:

<http://www.nyu.edu/fas/program/postdoctoral/>



BOARD OF DIRECTORS MEETING MINUTES

FRIDAY, APRIL 20, 2007

ROYAL YORK HOTEL, TORONTO, ON CANADA

PRESENT: N. McWilliams, President; D. Ramirez, Past President; D. Debiak, Secretary; M. McCary, Treasurer; Council Reps: L. Barbanel, J. Darwin, B. Karon, D. Morris, L. Wagner; Members-at-Large: M. Charles, M. Cresci, C. Kieffer, J. Logue, W. MacGillivray, M. Metzl, H. Seiden, J. Slavin, L. Zelnick; Section Reps: A. Brok, Section I; J. Bellinson, Section II; E. Toronto, Section III; D. Downing, Section IV; R. Prince, Section V; A. Gerber, Section VI; M. Kelly for T. Ungar, Section VII; G. Stechler, Section VIII; F. Summers, Section IX. Guests: L. Crane, Rep. to Student Representative Network; F. Goldberg, Federal Advocacy Liaison; A. Pomponio, Jason Aronson representative; K. Maroda, Ethics Chair; H. Kaley, C. Baum-Baicker, G. Lowder, S. Nath, M. Gellman, and J. Petrucelli, Spring Meeting 2008 Chairs; B. Gottdeiner; S. Pytluk; K. Maguire; P. Strasberg, Continuing Ed Chair

I. CALL TO ORDER: Dr. Mc Williams called the meeting to order at 8:45 a.m. She asked members to introduce themselves.

II. ATTENDANCE: Dr. Debiak

A. SUBSTITUTION: Dr. Kelly for Dr. Ungar (Section VII Representative)

III. APPROVAL OF THE DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING, JANUARY 27, 2007: Dr. Debiak

MOTION 1: To Approve the Draft Minutes of the Board of Directors Meeting of January 27, 2007, as submitted. Action: Passed unanimously

IV. ANNOUNCEMENTS

A. NOMINATION TO APA TASK FORCE ON APPROPRIATE THERAPEUTIC RESPONSES TO SEXUAL ORIENTATION: Dr. McWilliams summarized the charge of this committee and reported that Division 39 has nominated Judith Glassgold to serve on it.

B. ENDORSEMENT OF NOMINATIONS FOR APA PRESIDENT-ELECT: Dr. McWilliams opened a discussion about endorsing a candidate for APA President.

MOTION 2: To endorse Carol Goodheart for APA President-Elect. Action: Passed

C. CHANGE IN DATES: The August 2007 Board Meeting will be held on Saturday during the APA Meeting.

D. BOARD CERTIFICATION IN PSYCHOANALYSIS: Dr. Morris encouraged the members to seek certification. A discussion was held. Information regarding both ABPP certification and Fellow status in Psychoanalysis will appear in the Division newsletter

E. CONFERENCE ON EVIDENCE-BASED PRACTICES FOR ETHNIC MINORITIES: Dr. Tummala-Narra – no report given.

F. CONFERENCE ON VIOLENCE, ABUSE AND TRAUMA: Dr. Jacobs reported that Divisions of Social Justice sent out a notice on their listserv regarding the conference. An interdivisional conference will be held in 2008 on these subjects. She encouraged members to attend. The Executive Committee was invited to hold its meeting in conjunction with this meeting, but it was determined to be too difficult logistically. She asked the members to discuss sending an official representative to this meeting and to look at other ways the Division may want to participate.

MOTION 3: To allocate up to \$1000 as support for the Conference on Violence, Abuse, and Trauma, and to pay the expenses of a representative to the conference. Action: Passed unanimously

G. NOMINATION: Ken Eisold has been nominated for the Organizational Psychology Award

H. WINTER BOARD MEETING: The first board meeting for 2008 will be held on January 26.

I. SPRING BOARD MEETING: There was discussion about the Board meeting date at the 2008 Spring Meeting. It will be held on Thursday.

J. REMINDER: Dr. McWilliams reminded committee chairs that each committee should include a graduate student member.

V. TREASURER'S REPORT: Dr. McCary distributed the financial statement. She referred to the 2006 budget actuals and noted that the Division finished the year in a deficit and that 2007 is predicted to end with a deficit. She gave a summary of line items of expenses and income and reasons for deficits in areas such as dues income and Spring Meeting income.

VI. OLD BUSINESS

A. UPDATE ON FREUD EMBASSY EVENT PUBLICATION:

Dr. Jacobs distributed the proof of the title page and contents for the Board's review. The project is going exceptionally well and the Austrian Embassy is very pleased with the project.

B. LIAISON WITH DIVISION 19:

Drs. Jacobs and Darwin summarized their meetings with Division 19 and referred to their report in the agenda packet.

C. BYLAWS REVISIONS:

Dr. McWilliams and Dr. Wagner explained that the amendments need additional details added to meet the recommendations of the legal department of APA, and therefore will be tabled until the August meeting. To save money, the bylaw vote mailing may be sent with another Division mailing.

1. ARTICLE IV, SECTION 3H (Publications Committee):

Dr. McWilliams

MOTION 4: *To approve the revisions to Article IV, Section 3h of the Bylaws as submitted. Action: Tabled until August 2007 meeting*

2. ARTICLES II AND V (Membership and Elections):

Drs. Ramirez and Rothschild

MOTION 5: *To approve the revisions to Articles II and V of the Bylaws as submitted. Action: Tabled until August 2007 meeting*

3. ARTICLE IV (COMMITTEES):

Dr. Debiak

MOTION 6: *To approve the revisions to Article IV of the Bylaws as submitted. Action: Tabled until August 2007 meeting*

4. ARTICLE VIII (AMENDMENTS):

Dr. Debiak

MOTION 7: *To approve the revisions to Article V of the Bylaws as submitted. Action: Tabled until August 2007 meeting*

D. PSYCHOANALYTIC ELECTRONIC PUBLISHING PROPOSAL:

Dr. Seiden summarized the proposal and referred to his report in the agenda packet.

Motion 8: *To approve the contract presented by PEP for a discounted subscription for Division 39 members to the PEPWEB archive as amended by APA's attorney and as reflecting a signing date of May 1, 2007, and a subscription start date of August 1, 2007. Action: Passed Yes—20 Opposed—2 Abstentions—3*

MOTION 9: *To approve a dues increase in this dues cycle of not more than \$10, if deemed necessary by the Executive Committee in order to make the PEPWEB archive available to Division 39 members. Action: Postponed until discussion on membership dues later in the agenda.*

E. JASON ARONSON PROPOSAL:

Dr. Seiden reviewed the proposal and discussion followed. A. Pomponio from Jason Aronson, Inc., summarized the proposed project. It was the consensus of the Board to approve the concept of the agreement with Jason Aronson, Inc., and have it reviewed by APA General Counsel.

F. PSYCHOANALYTIC PSYCHOLOGY EDITOR SEARCH:

Dr. Seiden and Dr. MacGillivray briefly summarized the search committee activities to date. The committee plans to submit its recommendations in June to the Publication Committee.

VII. COUNCIL OF REPRESENTATIVES REPORT:

Drs. Barbanel, Darwin, Karon, Morris, and Wagner reported on the APA Council meeting. Passed or discussed in Council:

- The document on working with the Military task force was passed.
- The resolution about the lack of scientific status of "Intelligent Design" theory was presented and agreed upon by Council.
- The states now have at least one representative to Council regardless of the size of membership in that state.
- Council voted on not holding meetings in states that have negative "rights" for GLBT individuals.
- Council members heard a report on the sexualization of girls.
- They accepted a revision of the record-keeping standards.
- The Moratorium Resolution is a work in progress. There is a mini-convention being developed by APA regarding interrogation.
- Model license act is being worked on and possible revisions will eventually come to Council.

VIII. NEW BUSINESS

A. DIVISION 39 WISDOM PROJECT:

Dr. McWilliams introduced Dr. Baum-Baicker, who summarized the Division 39 Wisdom Project. Dr. Baum-Baicker plans to interview several seasoned members, with a view toward an eventual book on the clinical wisdom that attends psychoanalytic experience.

B. TASK FORCE ON ACADEMIC MENTORSHIP:

Dr. Nath reported on the activities of this new task force. He summarized the focus of the group and how they plan

to go forward.

C. ETHICS COMMITTEE REPORT: Dr. Summers discussed the report that had been prepared by Dr. Maroda.

D. PROPOSAL TO FORM A COMMITTEE TO EXPLORE MEMBERSHIP QUALIFICATIONS: Dr. Prince recommended forming a task force to develop a recommendation to the Board regarding keeping a connection with those Division 39 members who are currently withholding their APA dues. Dr. McWilliams will consider appointing a task force to explore the issue if a long-term solution is needed. It was the consensus of the Board to offer those members withholding APA dues the opportunity to make a donation to the Division, and as a thank you, the Division will provide these individuals with the Division Journal and newsletter.

E. PROPOSED COLLABORATION WITH THE AMERICAN PSYCHOANALYTIC ASSOCIATION: Dr. A. Gerber distributed a written proposal/report and summarized possible programs for the two-part mini-conference that is being planned in conjunction with the Division Spring Meeting and the American Psychoanalytic Association summer convention in 2008.

F. 2008 SPRING MEETING PLANS: Dr. Gellman discussed the plans for the 2008 Spring Meeting in New York City. She expressed support for a mini-conference on research and the researchers' proposal for a poster session. She reported that the two keynote speakers have been confirmed and that the CE workshops have been set up.

G. EMPIRICAL SUPPORT FOR PSYCHOANALYTIC PSYCHOTHERAPY: Dr. Lowder presented the highlights of a 45-minute PowerPoint presentation developed for the use of any Division members who may be presenting on the empirical evidence for psychoanalytic theories and therapies.

H. LOCAL CHAPTER NAME CHANGE: Dr. Downing presented the following motion:

MOTION 11: To approve the change of the name of the Southwest Arizona Center for Psychoanalytic Studies to the Arizona Center for Psychoanalytic Studies. Action: Passed unanimously

VIII. MEMBERSHIP DUES

MOTION 12: To increase dues \$10 at the next dues cycle. Action: Passed

IX. COMMITTEE REPORTS

A. CONTINUING EDUCATION COMMITTEE: Dr. Strasburg

MOTION 12: To appoint the Co-Chairs of the Division's Continuing Education Committee to serve as ex-officio members of the Spring Meeting Steering Committees. Action: Passed Unanimously

B. NOMINATIONS AND ELECTIONS COMMITTEE: Dr. Ramirez announced the slate of candidates that has been sent to APA.

- President-Elect: M. Cresci;
- Council Reps: L. Barbanel, P. Foelsch, L. Rothschild, L. Wagner
- Member-at-Large: H. Kaley, B. Karon, M. Metzl, N. Thomas, L. Zelnick

C. INTERNET: Dr. Zelnick reported that the PayPal system for online dues payment has been very successful. The committee is looking at "renovating" the look and uses of the Web site.

D. EDUCATION AND TRAINING COMMITTEE: Dr. Downing referred to his report distributed in the agenda packet.

E. MEMBERSHIP COMMITTEE: Dr. Gottdiener: Board members were referred to the written report in the agenda packet.

G. GRADUATE STUDENT COMMITTEE: Dr. McWilliams reported the attendance of 75 to 80 graduate students at this Spring Meeting. Dr. Slavin encouraged members to attend the graduate student program during this meeting. He reported that the committee is very busy and is actively recruiting members and working on a variety of projects.

H. SEXUALITIES & GENDER IDENTITIES COMMITTEE: Drs. Pytluk and Maguire reported on the activities of their committee. They reminded the Board about the reception they are co-sponsoring at this Spring Meeting.

I. FEDERAL ADVOCACY COORDINATOR'S REPORT, STATE LEADERSHIP CONFERENCE REPORT, AND LIAISON TO 39/42 INTERDIVISIONAL TASK FORCE REPORT: Dr. Goldberg reported on the activities he has been involved in. He also referred to the written report that he distributed to the Board.

XI. ADJOURNMENT: There being no further business to come before the Board at this time, the meeting was adjourned at 4:10 p.m.

SECRETARY: Dennis Debiak

RECORDER: Ruth Helein

ANNOUNCEMENTS AND CONGRATULATIONS

CURRENT RESEARCH ON BETWEEN-SESSION COMMUNICATIONS: HOW DO YOU HANDLE E-MAIL FROM PATIENTS?

I seek the assistance of Division 39 members with a research project that explores existing and potential clinical uses of computer-mediated communications (CMC) such as e-mail between sessions. Specifically, I am requesting that licensed clinicians spend 10-15 minutes to complete an anonymous online survey about their clinical practice. To take the survey, type the following into the address box of your Internet browser: <http://snipr.com/PBSurvey>. If you have any trouble accessing the survey in this way, please contact me as specified below. I will send you an e-mail with a clickable link to the survey, or can mail/fax a printed copy of the survey for you to return to me.

In a study titled, "Exploring Clinical Uses and Implications of Computer-Mediated Communication in Psychoanalytic and Psychodynamic Practice," I will combine the results of this nationwide survey with qualitative data from interviews with clinicians who currently use e-mail or other Internet-based technologies with patients. The aim of this project is to explore whether, how, and why forms of CMC have a place in psychodynamic/analytic treatment. The primary goal of the survey is to assess the prevalence of e-mail use within current practice.

A related, secondary objective of the study is to look at the meanings and uses of all communication exchanges between therapist/analyst and patient/client that occur outside of the shared physical surround of the consulting room. What are the precedents and differences between CMC and other forms of adjunctive exchange such as the telephone? How does the easy online availability of personal and professional information about clinicians and clients/patients affect the work?

For additional information, contact: Priscilla Butler, MA, pbutler@myway.com, (312) 498-2128

RESOURCES IN PSYCHOANALYSIS AVAILABLE

Prudy Gourguechon, president-elect of the American Psychoanalytic Association sends along the following announcement: The first resource is a compendium of syllabi and other materials collected by Andrew Gerber and is available at <http://www.apsa.org/research/empiricalstudiesinpsychoanalysis/tabid/449/Default.aspx>

The second, quite remarkable resource was a joint project of APSA's 10,000 Minds Project, which is our outreach to undergraduates, and Division 39. Greg Lowder created a downloadable 45 minute PowerPoint presentation, which any presenter or teacher can use and adapt to present the empirical underpinnings of psychoanalytic

treatment and concepts to classes and other groups. <http://www.teachpsychoanalysis.com/recommendedresources/enduringsignificanceofpsatheoryandpractice/tabid/480/Default.aspx>

Finally, www.teachpsychoanalysis.com is another project of our 10,000 Minds Project. It is designed as a resource for anyone wishing to teach psychoanalytic concepts to undergraduates, and includes successful techniques, reading lists, film lists, and all sorts of other material. Please browse and contribute!

GRADIVA AWARD

The 13th Annual Gradiva Awards for the best published work advancing psychoanalysis was presented to Linda Hopkins by the National Association for the Advancement of Psychoanalysis at a special awards ceremony during the annual scientific conference held October 13, 2007, in New York City. Her biographic book, *False Self, The Life of Masud Khan*, was published in 2006 by Other Press of New York. Formerly an associate professor in the Department of Psychiatry at Temple University Medical School, she is now in full-time private practice at Clinical Associates Main Line in Wayne, Pennsylvania.

GOETHE AWARD

Canadian Psychological Association Section on Psychoanalytic and Psychodynamic Psychology announced this year's Goethe Awards for Psychoanalytic Scholarship:

- 2006 Recipient: Linda Hopkins, *False Self: The Life of Masud Khan* (Other Press, 2006)

The following authors were also honored as Finalists for the Goethe Award for 2006:

- Marcia Cavell, *Becoming a Subject* (Oxford UP, 2006)
- Wilfried Ver Eecke, *Denial, Negation, and the Forces of the Negative* (SUNY Press, 2006)
- Walter A. Davis, *Death's Dream Kingdom* (Pluto Press, 2006)
- Danielle Knafo and Kenneth Feiner, *Unconscious Fantasies and the Relational World* (The Analytic Press, 2006)
- Lester Luborsky and Ellen Luborsky, *Research and Psychotherapy* (Aronson/Rowman & Littlefield, 2006)
- Richard Raubolt (Ed.), *Power Games: Influence, Persuasion, and Indoctrination in Psychotherapy Training* (Other Press, 2006).
- Owen Renik, *Practical Psychoanalysis for Therapists and Patients* (Other Press, 2006)

2007 BOARD OF DIRECTORS, OFFICERS AND COMMITTEE CHAIRS

PRESIDENT

Nancy McWilliams, PhD
9 Mine Street
Flemington, NJ
Phone: 908-782-9766
Fax: 908-788-5527
Email: NancyMcW@aol.com

PAST-PRESIDENT

David Ramirez, PhD
Swarthmore College
500 College Ave.
Swarthmore, PA 19081
Phone: 610-328-8059
Fax: 610-690-5724
Email: dramirel@swarthmore.edu

SECRETARY 2004-2006

Dennis Debiak, PsyD
300 South Chester Road, Suite 106
Swarthmore, PA 19081
Phone: 610-690-2442
Fax: 610-499-4625
Email: DDebiak@aol.com

TREASURER 2006-2008

Marsha D. McCary, PhD
4131 Spicewood Springs Rd., Ste. C-3
Austin, TX 78759
Phone: 512-338-0708
Fax: 512-338-4752
Email: MDMcCary@austin.rr.com

DIVISION 39 OFFICE

Ruth Helein-Director
2615 Amesbury Road
Winston Salem, NC 27103
Phone: 336-768-1113
Fax: 336-768-4445
Email: div39@namgmt.com

WEB SITE ADDRESS

www.division39.org

APA COUNCIL REPRESENTATIVES

Jaine Darwin, PsyD - JDarwin@aol.com	2007-2009
Laura Barbanel, PhD - lbarbanel@earthlink.net	2005-2007
Bertram Karon, PhD - karon@msu.edu	2005-2007
Dolores Morris, PhD - domorris@worldnet.att.net	2006-2008
Laurel Bass Wagner, PhD - lbwagner@tx.rr.com	2005-2007

MEMBERS - AT - LARGE

Marilyn Charles, PhD - mcharles@msu.edu	2007-2009
Mary Beth Cresci, PhD - mbcresci@aol.com	2005-2007
Cristine Keiffer, PhD - CCKPhd@aol.com	2007-2009
Judith Logue, PhD - judith@judithlogue.com	2006-2008
Marilyn Newman Metzl, PhD - marilynmetzl@sbcglobal.net	2005-2007
William A. MacGillivray, PhD - drmacg@bellsouth.net	2006-2008
Henry Seiden, PhD - hmseiden@verizon.net	2006-2008
Jonathan Slavin, PhD, ABPP - JHSlavin@aol.com	2007-2009
Lawrence Zelnick, PhD - lzel@psychoanalysis.net	2005-2007

SECTION REPRESENTATIVES TO BOARD

<i>Section I</i> - Albert J. Brok, PhD - ABRiver@aol.com	2006-2008
<i>Section II</i> - Jill Bellinson, PhD - bellinsonj@nyc.rr.com	2007-2009
<i>Section III</i> - Ellen Toronto, PhD - etoronto@umich.edu	2007-2009
<i>Section IV</i> - David Downing, PsyD - ddwoning@uindy.edu	2006-2008
<i>Section V</i> - Robert Prince, PhD - rprincephd@optonline.net	2007-2009
<i>Section VI</i> - Andrew J. Gerber, MD, PhD - agerber@aya.yale.edu	2006-2008
<i>Section VII</i> - Tracey Ungar - Trungar@hotmail.com	2006-2008
<i>Section VIII</i> - Gerald Stechler, PhD - stechler@bu.edu	2006-2008
<i>Section IX</i> - Frank Summers, PhD - Franksumphd@hotmail.com	2007-2009

COMMITTEE CHAIRS, LIAISONS, & APPOINTED OFFICERS

Awards - Maureen Murphy, PhD - Pinc93@earthlink.net
Candidates Subcommittee - Mary Beth Cresci, PhD - mbcresci@aol.com; Nancy McWilliams, PhD - NancyMcW@aol.com and Johanna Krout Tabin, PhD - jktabin@juno.com
Continuing Education - Patricia Strasberg, EdD, ABPP - pstras@cox.net; Laura Porter, PhD - lp39ce@gmail.com
Education & Training - David Downing, PsyD - ddowning@uindy.edu and Martha Hadley, PhD - marthahadley@earthlink.net
Ethics & Professional Issues - Karen Maroda, PhD - kmaroda@yahoo.com
Executive - David Ramirez, PhD - dramirel@swarthmore.edu
Federal Advocacy Coordinator - Frank Goldberg, PhD - lfhgphd@optonline.net
Fellows Subcommittee - Open
Finance - Marsha D. McCary, PhD - MDMcCary@austin.rr.com
Graduate Student - Jonathan Slavin, PhD - JHSlavin@aol.com and Matthew Whitehead - mlw0302@mail.widener.edu
Infant Mental Health - Stephen Seligman, DMH - seligmn@itsa.ucsf.edu
Internet - Lawrence Zelnick, PsyD - lzel@psychoanalysis.net
Liaison to CAPP and IG - Martin Manosevitz, PhD - mmanosev@earthlink.net
Liaison to the Board & Committees of APA, Interdivisional Task Force on Managed Care, & Federal Advocacy Coordinator - Frank Goldberg, PhD
Membership - Louis Rothschild, PhD - L_Rothschild@msn.com
Multicultural - Pratyusha Tummala-Narra, PhD - utummala@umich.edu
Nominations & Elections - Jaine Darwin, PsyD - jldarwin@aol.com
Outreach - Marylou Lionells, PhD - mlionells@psychoanalysis.net
Parliamentarian - Laurel Bass Wagner, PhD - lbwagner@tx.rr.com
Program Committee - Elaine Martin, PhD - esmart@psychoanalysis.net
Psychoanalytic Consortium - Laurel Bass Wagner, PhD - lbwagner@flash.net
Publications - Henry Seiden, PhD - hmseiden@verizon.net
Sexual Identity and LGBT Issues - Dennis Debiak, PhD - ddebiak@aol.com
Specialization and Accreditation - George Goldman, PhD - drgdgoldman@aol.com & Nat Stockhamer, PhD - nstockhamer@earthlink.net

VOLUME XXVII, No. 4 FALL 2007 TABLE OF CONTENTS

FROM THE PRESIDENT

PSYCHOLOGISTS AND INTERROGATION

NANCY McWILLIAMS 1

IN MEMORIAM

RITA FRANKIEL 1933-2007..... 6

LETTERS TO THE EDITOR

FRANK SUMMERS..... 7

LAUREL BASS WAGNER 8

STEPHEN BEHNKE 9

APA AND INTERROGATION: A COUNCIL

REPRESENTATIVE'S PERSPECTIVE

LAUREL BASS WAGNER 12

A PSYCHOLOGIST'S PATIENT PONDER

TORTURE

ALIX SABIN.....15

TENDING, ATTENDING, AND HEALING: ALL

TOGETHER, ONE BY ONE

JOSEPH BOBROW16

PSYCHOANALYTIC RESEARCH

UTILITY OF THERAPIST AFFECT FOCUS

MARC J. DIENER 19

ARTICLES

THE ORGANIZING TRANSFERENCE AND

PSYCHOTIC SIGNIFIERS

LAWRENCE HEDGES21

I'M NOT IN KANSAS ANYMORE

SANJAY NATH28

ENDURING SIGNIFICANCE OF PSYCHOANALYTIC

THEORY AND PRACTICE:

GREG LOWDER & NANCY McWILLIAMS ... 29

COMBATING RACE ERASURE

LELANI CRANE 31

SPEAKING OF PAIN

HENRY SEIDEN 32

NATIONAL COALITION WHITE PAPER

MICHAEL DUNLAP 33

PSYCHOANALYTIC BOOKS

ROGER WILLOUGHBY'S *MASUD KHAN: THE*

MYTH AND THE REALITY

SUSAN DeMATTOS 36

NORMAN DOIDGE'S *THE BRAIN THAT*

CHANGES ITSELF

JANE HALL..... 38

SHEILA FEIG BROWN'S *WHAT DO*

MOTHERS WANT? DEVELOPMENTAL

PERSPECTIVES, CLINICAL CHALLENGES

JOHANNA TABIN 41

STEPHEN FROSH'S *FOR AND AGAINST*

PSYCHOANALYSIS

BRUCE REIS43

GEORGE SILBERSCHATZ'S *TRANSFORMATIVE*

RELATIONSHIPS

MARY PHARIS 45

ANDREW SOLOMON'S *THE NOONDAY*

DEMON: AN ATLAS OF DEPRESSION

HAROLD J. FINE..... 47

MARY GAIL FRAWLEY-O'DEA AND

VIRGINIA GOLDNER'S *PREDATORY PRIESTS,*

SILENCED VICTIMS

EDWARD TEJIRIAN 49

JONATHAN LEAR'S *RADICAL HOPE: ETHICS*

IN THE FACE OF CULTURAL DEVASTATION

RYAN LaMothe 52

GHISLAINE BOULANGER'S *WOUNDED BY*

REALITY

ELIZABETH HEGEMAN 56

TIFFANY FIELD'S *THE AMAZING INFANT*

KAREN ZELAN57

COMMITTEE REPORTS

APA BUSINESS OF PRACTICE

STEVEN AXELROD 59

FELLOWS: CALL FOR NOMINATIONS

DAVID RAMIREZ 59

TREASURER

MARSHA McCARY 60

SECTION REPORTS

SECTION V

JOHANNA TABIN 62

SECTION VIII

TONI HALTON 62

SECTION IX

LU STEINBERG 63

LOCAL CHAPTER REPORTS

AUSTIN SOCIETY

NAOMI FRIERIECH64

CHICAGO ASSOCIATION

BERNADETTE BERARDI-COLETTA 64

MICHIGAN SOCIETY

BARRY DAUPHIN.....65

ONTARIO SOCIETY

BRENT WILLOCK 66

PHILADELPHIA SOCIETY

MIRIAM FRANCO67

RHODE ISLAND ASSOCIATION

LOUIS ROTHSCHILD67

DIVISION BOARD MEETINGS

AUGUST 2006.....68

APRIL 2007.....71

ANNOUNCEMENTS

DIRECTORY

Division of Psychoanalysis
American Psychological Association
 750 First Street, NE
 Washington, DC 20002-4242

NON-PROFIT ORG.
 U.S. POSTAGE
 PAID
 Washington, DC
 Permit No. 6348

KNOWING, NOT-KNOWING AND SORT-OF-KNOWING:
PSYCHOANALYSIS AND THE EXPERIENCE OF UNCERTAINTY
APRIL 9-13, 2008 - THE WALDORF ASTORIA, NEW YORK CITY
REGISTRATION AND OTHER INFORMATION AVAILABLE ON OUR WEB SITE:
WWW.DIVISION39.ORG