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Front Cover
Elizabeth Frischauf, M.D. is a practicing neuro-psychiatrist in Manhattan. In addition she makes ceramic art, mobiles and writes poetry. She came of age in that great artistic incubator, the Upper West Side of Manhattan, the daughter of refugee parents, influenced by both the cultural explosion that occurred in Vienna over a century ago and New York City sights, sounds and energy. The plaque, “Alan,” was commissioned by the actor and philanthropist Alan Mandell, who recently endowed the ceramics wing of the Toronto Museum of Art. Knowing that he was one of Samuel Beckett’s favorite actors, who has appeared in countless productions of “Waiting for Godot,” she decided to create a jester from the middle ages with banderoles, like in the medieval paintings of saints, who says, “I am not waiting for anything.”
Dear Colleagues:

We just completed our very successful 57th Annual Meeting that was held in San Francisco. The theme was Psychodynamics: Essential to the Issue of Suicide and Other Challenges to Modern Psychiatry and the meeting was chaired by Dr. Mary Ann Cohen and her committee under the auspices of Scientific Program Committee Chair Dr. Eugenio Rothe.

Since we had many simultaneous sessions, I did not get to hear each talk but I touched base with most of them. One of the things that struck me about many of the presentations was the very personal nature of some of the content. We are all aware of the limitations of presenting clinical data and the requirement to use disguised patient material. And as psychiatrists and other mental health clinicians, we are circumspect about self-disclosures that we choose to make to our patients. However, we are not limited in our discussion of self-disclosure with colleagues except by the bounds of comfort and trust. This meeting demonstrated the value of sharing personal information in the spirit of insight and understanding the important clinical issues that are of interest to us all.

Our opening speaker, Dr. Mardi Horowitz, world expert on grief, punctuated his outstanding talk by giving examples from his own grieving experience. In another presentation, a senior colleague spoke about his reaction to the death of his grown son. One of our junior colleagues gave a personal report of the clinical challenge of dealing with the situation in which her own pregnancy resulted in a stillborn baby. An experienced psychiatrist and teacher presented a well-written dramatic report of his experience of the suicide of his mother when he was a young boy. His frank recollection of discovering the suicide in the basement of his home clearly showed the persistent post-traumatic residual emotions when he recollected these events. A psychiatrist who is an expert in EMDR and other similar techniques in the treatment of PTSD then gave a formal presentation about these treatments. The specialist in EMDR was then able to demonstrate the potential value of EMDR by giving a session at the symposium using the psychiatrist who lost his mother to suicide as his subject.

I chaired a session where a filmmaker presented and discussed his full-length documentary movie “Don’t Change the Subject” about suicide and that included discussion about the suicide of his mother when he was 12 years old. I also chaired a panel about suicide and other important factors facing the US Military. That discussion led us to the subject of how military psychiatrists deal with the pressures they feel when suicidal behavior occurs in their areas of responsibility. There is more than 1 suicide per day in the active military. Several other presentations included a discussion of countertransference as the main focus.

Nothing was more personal than the special interview conducted by Dr. Gerald Perman of one our esteemed members, Dr. Leah Davidson. She shared her personal life experiences that included fighting in the Israeli War of Independence, her lengthy and rewarding career in psychiatry, and her position as Past President of the American Academy of Psychoanalysis and Dynamic Psychiatry

Altogether, this added up to a rich, educational and warm meeting and enabled us to share our knowledge and clinical experience. We also shared some of our personal reactions to our work and some of our life events. We are brought together by our appreciation of how psychoanalytic theory continues to give us insight into our work and into our personal lives.

This recent meeting in San Francisco will be featured on Audio Digest. Next year’s meeting will be in New York and will have the theme Psychodynamic Therapy 75 Years After Freud. Program Co-chairs Drs. Scott Schwartz and Gerald Perman are brainstorming about how to make this meeting interesting, exciting, attractive and worthwhile to our members.
President’s Message (continued from page 3)

In addition to meetings such as these, the Academy has created collegial Special Interest Groups (SIGS) and Academy Salons in local geographic areas, and has put together presentations and panels for other meetings including international conferences. The Academy publishes our journal Psychodynamic Psychiatry and the magazine The Forum both of which add value to being a member of the Academy. We are also looking into the possibility of developing a long-distance learning program that would offer additional exciting possibilities for our members.

Our membership has been expanding over the past 10 years and includes many young psychiatrists who are looking for a home for their interest in psychodynamic psychiatry, as well as seasoned psychiatrists who have attended our meetings and have decided to join. We are in the process of updating our membership criteria and application to make it easier to join the Academy. You should invite psychiatrists with an interest in psychodynamic psychiatry to consider joining the Academy. You can be his or her first sponsor. Our membership Chair will provide a second sponsor. I am also on the list to provide that honor.

Please keep in touch with us and let us know what you are doing. We have converted our newsletter from print to electronic format so that we can keep up to date with our younger members. Feel free to contact me with any thoughts about our organization and any ideas on how we can make The Academy even better for you and your colleagues.

Best regards,
Michael Blumenfield, M.D.
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Academy Annual Meeting in New York City
May 1-3, 2014

Scott Schwartz, M.D., Meeting Co-Chair, Gerald P. Perman, M.D., Meeting Co-Chair

2014 is the 75th anniversary of the death of Sigmund Freud. Though many changes in our theoretical framework have evolved, Freud’s contribution to psychiatry lies in the absolute relation between conscious behavior, desires, and feelings with specific churnings deep within the self. In re-examining this pivotal thinker’s contribution, we have decided to place his work within the context of history and creativity.

Every theory and approach to understanding the human mind in some way owes a debt to Freud. The Academy Annual Meeting in New York City from May 1-3, 2014 will attempt to bring together some of the sociological, scientific, literary, and cultural implications that have emanated from the work of Freud. We will have panels on the cultural aspects of South American tribes and other societies, on socio-cultural evolution, on psychodynamic education, on Darwinist thinking as a precursor to libido theory, and on the technical aspects of psychodynamic theory. A Call for Papers can be found on the Academy website (www.aapdp.org) and we welcome your submissions.

Our Keynote Speaker will be the prolific author and eminent psychoanalyst Dr. Richard Chessick who will speak on growth, gains, and losses that have occurred in the evolution of psychodynamic psychiatry. We are putting together a reading of George Bernard Shaw’s “Don Juan in Hell” to show the nature of how another genius viewed the evolution of the psyche. As a special addition, we have arranged a tour of the Morgan Library where a significant document of Freud will be specially placed on view. In addition to this exhibit, we will have a showing of original letters by psychiatric pioneers including Freud, Jung, Horney, Menninger, Reik, and others. It is rare to be able to examine at close distance such original material.

We are planning a Silent Auction similar to the successful event held at last year’s Annual Meeting in San Francisco. Of course, one of the major attractions of this New York meeting will be the opportunity to meet and interact with some of the leading scholars in the field of psychiatric treatment, to reunite with your friends and colleagues in the Academy, and to guide the future leaders in our field by sharing with them the wisdom attained from Freud and his followers.

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American Academy of Psychoanalysis and Dynamic Psychiatry 58th Annual Meeting

Psychodynamic Therapy 75 Years After Freud

May 1 - May 3, 2014 • New York, NY

Watch our website for details: www.AAPDP.org
Modern day psychiatry and medicine are under siege from disturbing internal and external pressures for productivity, efficiency and cost containment. These pressures result in less time spent with patients, defensive medicine, fragmentation of care, and resultant dissatisfaction on the part of both physicians and patients. Psychodynamic psychiatrists and their patients may be some of the most exquisitely vulnerable to these pressures.

Suicide and other self-destructive behaviors are among the greatest challenges that we face. Our goal was to demonstrate the salience of psychodynamic psychiatry in the evaluation and care of patients at risk of suicide and to help clinicians prevent self-destructive behaviors by maximizing life potentials. We explored the impact of pressures for productivity on countertransference and clinician satisfaction as well as on patient satisfaction. Through film, symposia, workshops, and an emphasis on interactive participation, we provided participants with a reference frame for understanding psychodynamics as an essential component of modern day medical and psychiatric education.

Thanks to all of the participants, presenters, and members of the 2013 Annual Meeting Program Committee the 2013 Annual Meeting surpassed all our expectations!

And thanks goes to Dr. Michael Blumenfield, AAPDP President, and Dr. Eugenio Rothe, Scientific Program Committee Chair, for their inspiration and support. By sharing attendance, Drs. Blumenfield, Rothe, and I managed to attend all of the presentations and agreed that the program was exceptional. The meeting ran smoothly as a result of the diligence and careful planning of our executive staff, Jackie Coleman and Marie Westlake. They provided organization and answers from the start of the meeting to its last moments. Many thanks also to former staff member, Jacqui Davis, whose experience, support, hard work and attention to detail over the past two years contributed immeasurably to the outstanding work of our executive staff as we prepared for the 2013 meeting.

This was one of the most highly attended Academy Meetings ever with 167 registrants. Attendees came from as far away as Australia, Canada, Israel, Italy, New Zealand, and the United Kingdom. U.S attendees came from Arizona, California, Connecticut, the District of Columbia, Florida, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Missouri, North Carolina, Nebraska, Nevada, Oregon, Pennsylvania, Oregon, South Carolina, Texas, Virginia and Washington State. The meeting provided a remarkable opportunity to meet new members and enjoy reunions with friends and colleagues. I had a joyful reunion with a colleague from Missouri who was a medical student I mentored when I was a psychiatry resident!

There was a 41% completion rate of meeting evaluation forms and the respondents indicated a very high level of satisfaction based on needs met and speaker quality. This was echoed many times in verbal comments throughout the meeting and in communications that followed. It was clear from both the comments and the ratings that the meeting provided validation of the salience of psychodynamics and offered innovative approaches to some of the most complex challenges in psychiatry today.

Dr. Nancy Lutwak, a surgeon and director of a special emergency room program for women only in the NYU Veterans’ Administration Medical Center gave a presentation on “Military Sexual Trauma, a Form of High Betrayal Trauma, Leads to Depression and Suicidality in Women as well as an Increased Risk of Cardiovascular Disease.” Dr. Lewis Cohen chaired a symposium on “The Psychodynamics of Physician-Assisted Suicide: A Humanistic Approach to Death with Dignity.” Dr. Thomas B. Kirsch chaired a symposium on “Jungian Approaches to Depression and Suicide.” Dr. Mark J. Goldblatt chaired a symposium on “The Psychodynamic Treatment of the Suicidal Adolescent.” From suicide in adolescence to predicting suicide from the manifest content of dreams and the impact of maternal suicide, we explored psychodynamic aspects of prevention, understanding, and treatment.

Keynote Speaker, Dr. Dilip Jeste, Immediate Past President of the American Psychiatric Association and the Estelle and Edgar Levi Chair in Aging, presented his inspiring work on the unique relationship between wisdom and aging in his keynote address on “Wisdom: From Psychology to Neuroscience.” Dr. Herbert Pardes, Former President of the American Psychiatric Association, gave the Academy Presidential Address titled “Psychodynamics in a Turbulent World of Health Reform.”

The meeting theme and program were consistent with the Academy mission “To provide a forum for the expression of ideas, concepts, and research in psychodynamic psychiatry and psychoanalysis” and “To constitute a forum for expression of and inquiry into the phenomena of individual motivation and social behavior.”

It was a pleasure to see so many of you in San Francisco and I look forward to seeing you in New York at our next Annual Meeting in May 2014.
save the Date!

American Academy of Psychoanalysis and Dynamic Psychiatry
58th Annual Meeting
Psychodynamic Therapy 75 Years After Freud
May 1 - May 3, 2014
New York, NY

Watch our website for details: www.AAPDP.org
Developing a Psychic Skin: 20th Annual CPR Conference

by Gerald P. Perman, M.D.

Brian Feldman, Ph.D., Palo Alto Jungian analyst, presented at the 20th Annual Consortium for Psychoanalytic Research, Inc. all-day conference on Sunday, February 3, 2013 at the George Washington University Hospital in Washington D.C. His topic was: Developing a Psychic Skin: Implications of Infant Observation Research for Clinical Care. The conference was hosted by the George Washington University School of Medicine and Health Sciences, Department of Psychiatry and Behavioral Sciences, and was jointly sponsored by the Jungian Analysts of Washington Association, the American Academy of Psychoanalysis and Dynamic Psychiatry, and the American Association for Psychoanalysis in Clinical Social Work.

Dr. Feldman is on the training faculties of the Inter-Regional Society of Jungian Analysts and The C.G. Jung Institute of San Francisco where he is helping develop the infant observation and child-adolescent analytic training programs. He is a visiting professor at the State Academic University in Moscow where he directs infant research and infant observation studies and he has recently begun to teach in China.

Dr. Feldman was accompanied by Nydia Lisman-Pieczanski, M.D., a psychoanalyst in private practice in Washington D.C. trained by Esther Bick and Martha Harris in London. She is the Founding Chair of the Infant and Young Child Observation and Early Intervention Training Program at the Washington School of Psychiatry and is on the faculty of the Washington Center for Psychoanalysis.

Morning Session

Dr. Feldman provided an overview of Jungian thought and the origins of developmental theories with an emphasis on the part played by culture. He referenced Erik Erikson who said that culture is transmitted through bodily interactions in infancy. Dr. Feldman has found that in China up to 80% of babies have skin disorders compared to 20% in America and he attributed this to the early separation of Chinese infants who are often given up by their parents to their grandparents for care.

Feldman asked: “Why skin?” He recalled that in his own analysis he remembered the taste of his own and his nanny’s skin, teething, and other experiences related to skin. He described a South American girl whose bulimia was a defensive effort to protect her “primary psychic skin.” Many clients present with skin difficulties since the skin is a container for psychological distress. These clients have concrete skin and containment issues manifested by cutting, bodily mutilation, extensive piercing and tattoos. He quoted Angieu: “the history of the individual is written on her skin.”

It is important to examine the meaning of the symptoms. Cutting can represent difficulty tolerating feelings. Some patients are psychologically “skinless” and their complaints reflect the absence of a psychic skin. Loud noises seem to go through their body. Others feel as if their skin is leaking. Parental neglect is frequently found.

Dr. Feldman presented a painting by Rafael of Madonna and Child showing extensive skin contact although lacking eye contact. He noted that Jung was an isolated child whose father was a minister and whose mother was severely depressed. She was psychically hospitalized when Jung was three, after which he developed severe eczema. Jung analyzed his infancy at the age of 83.

Freud remarked that “a patient’s first memory reveals the destiny of his life.” Jung’s first memory was of lying in a pram, looking up, seeing the sun and feeling that all was splendid and wonderful. It was an ecstatic experience of the world. At the same time, Jung demonstrated a lack of bonding with people and was more interested in sounds, shapes and smells. After the separation from his depressed mother at the age of three, his confidence in people was eroded. He developed suicidal impulses and a maid saved him from falling into a river. Jung became mistrustful of the word “love.” His mother’s illness and his near-death experience in childhood was a psychic catastrophe that caused eruptions to burst out on his skin. His subsequent theories were based more on internal factors and less on intersubjective relationships. They reflected his belief that one must turn inward to manage life’s problems rather than look to others.

As an artist Jung developed a secret language. In his artwork, this language served as a container or “second skin.” The Red Book reveals fragmentation in his own psyche although the pictures he drew offered progressive containment. Feldman provided multiple illustrations from the Red Book, the early ones terrifying and the later ones more organized and contained. Mandalas allowed Jung to feel integrated and more put together and circles did the same.

Dr. Feldman discussed the Esther Bick Method of infant observation that examines the developing individual and how experiences take place over time. Feldman remarked that Jung’s mother was a poorly educated hausfrau with a penetrating personality and a punctured psychic skin. Jung never wrote about his sister.

Dr. Feldman then turned to the topic of psychic skin. The primary psychic skin provides for the creation of a secure internal space for thought and reflection and emerges out of the infant-mother relationship. It provides the psychic scaffolding of a bounded internal space. Ainsworth’s concept of “secure attachment” can be integrated with the concept of a primary psychic skin. The primary psychic skin has also been called a “primal skin,” a “skin ego,” and a “container function.” The alpha function of the psychic skin helps the baby digest what would otherwise be indigestible psychic experiences.

Infant observation using the Esther Bick Method has shown a primary skin function allowing for reflection, containment and thought. The secondary skin function develops to manage terrors and fear. It uses the musculature to hold the self together as well as through rocking, scratching, making sounds, and clinging to inanimate objects. The somatic skin is involved in the development of the psychic skin. During bathing, the mother’s
language serves as a kind of touch for the infant.

With babies, the focus is on pre-verbal experiences and "imaginative perceptions." Jung referred to this as "intuition." Freud was the first to allude to the importance of skin: "The ego is primarily a bodily ego with projections onto it." Freud stressed the importance of the bodily origins of the ego and the surface of the skin. The ego is a mental projection of the surface of the body. Piaget wrote about the importance of bodily interactions. Donald Meltzer wrote about "adhesive identifications." In his work with autistic children, Meltzer observed that objects are experienced as two dimensional. These children lack a primary skin function and the ability for introjection and projection resulting in shallow relationships. It is hypothesized that these children do not experience their skin as attached to their bodies. They experience bathing as traumatic. Angieu called the skin an envelope for psychological experience and said that the skin ego suggests the entire body.

Nydia Lisman-Pieczanski, M.D. summarized the life of Esther Bick, a physician and psychoanalyst who was born in Poland. Bick immigrated to London, worked with Betty Joseph and Michael Balint, was analyzed by Melanie Klein, and studied with John Bowlby. She developed the Esther Bick Method of infant observation from birth to two years old. Two of her seminal publications were The Experience of the Skin in Early Object Relations and The Further Exploration of the Primary Skin Phenomenon. Some of her original concepts include: the mental skin, the primary skin phenomenon, defensive skin, and how the primary skin contains the emotional world and, when this fails, the secondary skin develops. If there are early developmental insults, the personality will not be well bonded together and will have a deficient sense of wholeness.

Infant observation focuses on how these experiences impact the observer. It is important to avoid preconceptions, not to look for anything in particular, to use free-floating attention, and to be open to surprise. In China, grandparents take care of babies with the mother pushed aside to play a secondary role. The environment, rather than the mother, is expected to hold the baby. Bion wrote about bits and pieces of unthinkable objects and "beta elements."

Dr. Feldman presented two infant observations, one through a videotape, and the other through a transcript. The videotape filmed by Feldman was of a South American nanny who had given birth to a little girl. She and her husband welcomed their daughter a bath with abundant shampoo in its eyes.

Nydia Lisman-Pieczanski addressed an attendee's question: When does an infant observer step in and intervene when she feels that a baby is being harmed? Lisman-Pieczanski noted that the observer must be humble and accept that the observed behavior is present all week, not only for the one hour of observation, and little would be accomplished by chastising or attempting to educate the family. In extreme situations, however, the observer may choose to end the observation.

Afternoon Session

Secondary skin functions involve defense of the self and are manifested by musculature and holding onto inanimate objects. They provide "an illusion of containment" in an effort to manage enormous anxiety. Esther Bick referred to "thin skins," "sack of potato skins" (holding on to hard objects), and "hippopotamus skins" (to keep everything out). Computer addictions keep other people out and offer pseudo-interactions with others.

The study of primary skin functions informs us about how children internalize a skin envelope, detoxify feelings, and interact with others' skins. There is a containing function of the maternal skin. The primary skin function is a metaphor for healthy development.

Dr. Feldman quoted the work of Virginia Wolff in A Sketch of the Past from Moments of Being to illustrate primary skin function.

The past only comes back when the present runs so smoothly that it is like the sliding surface of a deep river. Then one sees through the surface to the depths. In those moments I find one of my greatest satisfactions, not that I am thinking of the past; but that it is then that I am living most fully in the present. For the present when backed by the past is a thousand times deeper than the present when it presses so close that you can feel nothing else, when the film on the camera reaches only the eye.

Dr. Feldman presented the case of a bulimic young adult in analysis for several years. This was his most severe case with the looming threat of suicide. She was bulimic up to six hours per day and had several previous psychotherapies. She was gifted artistically and skilled in sailing at an Olympic level. She felt disconnected from her mother and closer to her father even though he was controlling, emotionally intrusive, and did not want her to finish college. Her treatment was increased from three to five times a week. She was often quiet with no words to express her distress. She had to keep her feelings inside herself making it impossible to know her identity and her desires. She wanted to "fit in" and seemed normal from the outside but was tortured inside. A series of her paintings were shown, first illustrating red (bloody), diffuse images with disconnected limbs, and the fantasy of a destructive, hungry worm inside her. The countertransference was one of fear of her greedy hunger with massive projective identification. She brought her symptoms into the consulting room by slamming difficult delivery. At three weeks, the baby was being bathed in a bucket and, when frustrated, showed extensive muscular tension, a secondary skin function. After clenching its mother’s skin, the baby began to relax, and it entered into a reverie lasting five minutes. After burping and feeding, it fell into a deep sleep. The mother was anxious around her baby, did not react to it when the nanny was in the room, and returned to full-time work when the baby was two weeks old. The mother had a depressive tone and showed an anxious attachment to her baby. The father was not very present and the baby tried to engage Feldman.
Public and Mental Health Observations:
A 7-Day Medical Mission to Haiti
by Dr. JoAnn Elizabeth Leavey, RN, EdD, C. Psych.

On our 7-day medical mission to Haiti we saw approximately 700 people with complex health issues that led to my writing this article to underscore the idea that public and mental health education and participation is the responsibility of all of us, locally and globally.

In November 2012 I first met the Rhode Island Perryville 15 member (including me, the only Canadian) Medical Team at the Miami airport. Three of us were medical personnel, including one pharmacist, and the rest were “operations extraordinaire excellentina.” We were on our way to a collective week’s medical mission in Haiti. It was a lesson in trust on many levels. I was recommended for this mission through my American Red Cross Mobile Medical Van partner but at the last minute she was unable to go. Undaunted, I pursued my commitment as this organization has been running Medical Missions to Haiti since 1959. I was assured that the Trip Leader had been to Haiti many times before as a volunteer and was well-trained. Sometimes in life one just has to say “risk it” and I am glad that I did.

Why did I go? I went to help, to share my medical and nursing knowledge and skills, and to learn about diversity, culture, humanity, possibly hope and, inadvertently, myself. These kinds of journeys inevitably teach us more about ourselves than anything we can impart to others. I am grateful to the people we met because of how much I learned through the two-way interactions that allowed us to teach and be taught about our collective experiences, observations, passions and views on their country and the world at large.

One could say that there is a lot wrong with Haiti. However, based on my experience as well as on the experiences of others, there is a lot to be hopeful for too.

One could say that there is a lot wrong with Haiti. However, based on my experience as well as on the experiences of others, there is a lot to be hopeful for too.

Haiti had the second highest number of NGOs per capita in the world. [Daniel Trenton. “Bill Clinton Tells Diaspora: ‘Haiti Needs You Now.’” The Miami Herald, August 10, 2009 in United States Institute of Peace Brief23, Haiti A Republic of NGOs, April 26, 2010]

Having said all of this, what I witnessed were warm, loving and intelligent people striving like the rest of us to make the
world (their world/our world) a better and safer place to be. Many locals worked toward starting and maintaining schools for children - both orphaned and family. Haitian citizens worked together to create food networks, medical networks, clothing networks and building materials networks. What was disheartening, however, was the corrupt system that one needed to navigate to get these goods and services to the people most in need. There were many payoff systems that reached all levels of interactions depending on what it was that one was trying to do.

For example, if you were an NGO trying to import and distribute needed medical supplies for local citizens, you might not even get through airport security personnel if you did not know the payoff system. However, if you had a savvy Trip Leader like the one we had who was also well known to the locals, it was easier and safer to get the job done. We were instructed not to talk to anyone, to look straight ahead and to ensure we were never caught anywhere alone by oneself to ensure for our safety and avoid being kidnapped. This was also to guarantee that our entry into the country was not compromised.

Haiti is one of the poorest countries on the globe and is home to the most violent tent city called “City Soleil” which is run by young men - 20-somethings - that boss the rest and who pirate the roads and the singular highway, Route National #1. We were warned by the locals not to go near this location, as the young men do not stop and ask you to relieve yourself of your supplies and belongings. They shoot to kill and then take what they want. This is their favoured approach, as negotiating is “too much trouble.”

So you might ask, “how can hope be lurking?” First, there is a reason for so many NGOs in Haiti, at least in my estimation. The Haitian people are warm and energetic as a whole. They provide much inspiration by the work they do trying to help their own, and by the partnerships they create with NGOs in helping “outsiders” help their own people.

A huge amount is accomplished on sheer will, determination, concentration and faith. Schools are being built from reclaimed, retooled, and reengineered materials. Health Clinics like the one that we ran, operate in makeshift but effective spaces in churches, orphanages, rural doctor clinics and temporary roadside structures. All of this NGO work is done with the aim of assisting the country to get back on its feet and to create a Haitian-built vision that will enable the country to obtain health, education, sanitation and basic safety to improve everyday living. Currently, without adequate roads, access to proper toilets and sanitation, and education, the country needs a hand to help pull up its citizens. You can see the hope in the eyes of each volunteer, of each Haitian citizen leading or participating, from each woman’s group forming in protest of rape and violence, from each man working to rebuild the community with and beside the women and children.

Some background facts to understand the context in which we were working:

- Haiti, officially the Republic of Haiti, is a Caribbean country. It occupies the western, smaller portion of the island of Hispaniola, in the Greater Antillean archipelago, which it shares with the Dominican Republic. (Source: Wikipedia).
- The capital is Port-au-Prince and is the largest city of Haiti.
- The city’s population was 704,776 as of the 2003 census, and was officially estimated to have reached 897,859 in 2009 (Source: Wikipedia).
- The currency is the Haitian gourde.
- The Total Population is 10,123,787 (2011) (Source: World Bank)
- Government system is semi-presidential system, Unitary state, Republic
- The official languages are Haitian Creole and French

So what did we actually “do” and “treat”? We were in Port-au-Prince and the surrounding area for seven days and, once you take away the organizing time of setting up a pharmacy station, a formulary and operations approach, we had five days to work directly with patients. There were three of us who were health care clinicians responsible for diagnosing problems and recommending treatment alongside two local medical doctors to consult with, one pharmacist, and ten team members. One team leader was responsible for all operational and organizational issues. The three of us who were clinicians responsible for seeing patients along with the help of the local doctors and our excellent operations team and team leader saw about 700 patients in five clinic days. The clinics were run in churches, rural village medical halls, orphanages and at the gate of our compound.

We saw many kinds of illness and trauma including leprosy, acute meningitis, and arthritis. Women and children were living on the floor of tents sleeping on tarps or less and had to tolerate dampness and being wet when it rained. Beds and mattresses are either unavailable or too expensive. Rotator cuff injuries in almost all of the women and some of the men were caused by carrying heavy loads on top of their heads. This also caused vertebrae deterioration in some of the older patients. The average life expectancy is 61.8 years (2010, Source: The World Bank). We saw tuberculosis, malaria, pneumonia especially in infants, scabies, impetigo, lice, fungal infections, chlamydia, conjunctivitis, cataracts, upper respiratory infections (there was no environmental pollution control, living conditions in tent cities and a dry dusty landscape were all contributing factors), pinworms, dermatitis, dehydration, dental caries, bowel obstruction, malnutrition, loss of limbs from the earthquake,
PTSD from the earthquake and re-traumatization from the most recent hurricane season, anxiety, depression and anorexia in the male population due to loss of identity, meaningful work, feeling of helplessness, and inability to protect their families or contribute as a “breadwinner.”

Women seemed to fare better in this regard as they continued to look after the household. Children were more able to adapt to creating work in micro economies than their male counterparts. Often, these particular men (usually over 30 years of age) were psychologically, emotionally and hence physically unable to work – they reported a complete listlessness and seemed almost vacant in spirit. Men younger than 30 seemed to cope with their situations by either working with the women and creating micro-economies, or they turned to crime or violence to cope with unemployment and lack of opportunity. These comments are based on the 700 patient sample our team saw and by speaking qualitatively with some of the local population we served.

It is interesting to note that none of the health issues we saw were surprising when you consider the environment in which the population must cope. The disease burden that we encountered seemed to be in direct relation to the lack of access to any public health, mental health or community sanitation. There was very limited clean water available for drinking or bathing, a lack of a coordinated public health or mental health system available and not surprisingly, little public/mental health education. This underscores the idea that public/mental health is imperative in any community and without it, the health and mental health of its citizens appears dismal. It is the responsibility of all of us to participate in “actioning” access to public health and mental health knowledge around our local and global communities so that each citizen is empowered to seize the potential to participate in public and mental health practices, therefore improve the local conditions.

What did I learn working with my Team that worked and breathed together in its goal, vision and mission? We were asked to serve, and were able to see and treat approximately 700 Haitian people with complex health needs. We supported one another for a solid week of total commitment. “We” were fortunate. “I” was blessed.

My personal take away and personal mantra from this mission was: Mind = Thinking; Body = Doing; Spirit = Choosing. With particular attention to Spirit and Choosing, we all have the innate freedom to choose how we see/experience things, no matter how dire; and choosing gives us the freedom to change our course, regardless of how micro or macro. No matter where we are in the world, it seems that attitude, willingness, and determination are key ingredients to enabling a person or people to set a course and to create and follow a shared and co-created vision.

Contrasting Views of Suicide, Sin or Heartbreak
by Scott C. Schwartz, M.D.

Since the beginning of measured time, the concept of suicide has been central to human thought and to the worlds of mental health and religious belief, including chauvinistic devotion to the power of an idea or a ruler. On one hand it has been considered one of the most heinous of crimes against God, yet on the other, one of the most powerful testaments of real faith. On one hand it has been viewed as an act of escapist cowardice, and on the other, the ultimate statement of patriotic commitment. In some societies, it was considered the only appropriate heroic response to potential loss of honor, as in Japanese warriors committing Hara-kiri, the sure-death charge of the Light Brigade, or the former practice of Suttee in India. Despite being closely tied in with preserving traditional societal acceptability, it was viewed by every Western religion as a repudiation of the Divine gift of life.

In looking at the early history of suicide in world society, we are struck by the power of Holy Passion, literally a passing from the earthly to the heavenly realm through self-sacrifice. The invitation and stoic acceptance of torture and execution was a central part of the lives of the Saints and of Christ himself, always for the higher cause of edifying faith. Jewish and Islamic heroes also were described as having killed themselves to avoid the humiliation of capture, torture, forced conversion, enslavement or execution. These acts were glorified with the Martyr’s Crown and the eternal glory of God’s sanctification. At the same time, the concept of dying for love, seen in the stories of Cleopatra, Dido, Romeo & Juliet, and others, was viewed as histrionic, immature, and heretical insanity.

As the 17th century began to unfold, acceptance of secular humanism and interest in the emotional constitution of man increased. Much thought was given to human psychology and its relation to the rigid rules of society. The absolute unchallenged divinely-inspired power of the Church and the Monarchy was being gradually modified by the move toward widespread education, strong divergent opinions, multi-culturalism, more powerful parliaments, and scientific exploration of the human microcosm. Secular philosophers wrote about new ways of understanding the psyche, and many works emerged on mental process, character types, good and bad traits, and treatment through rational understanding. Supreme among the many authors, Robert Burton in 1621 wrote the
The 1947 movie “Body and Soul” has a line, brilliant in its simplicity. The mob had set things up with the hero, a champion boxer, that he will intentionally lose a fight to allow them to win a huge bet. After self-examination and soul-searching, he has a change of heart and decides to fight hard and win. As he enters
to the audience. He looks at the gangster and says, “Everybody dies.” He wins the fight. The inevitable rest of the story is left to the audience.

To finish, let me quote from George Bernard Shaw in 1902: “It is not death that matters, but the fear of death. It is not dying that degrades us but base living and accepting the wages of degradation.” As people dedicated to the treatment of psychopathology, our moral and ethical responsibility is never to accept or allow our patients to accept the wages of degradation.

Mere Anarchy
by Harvey Roy Greenberg, M.D.

Nearly a year ago, James Holmes turned an assault rifle on the audience at a showing of The Dark Knight Rises at an Aurora, Colorado multiplex, killing twelve people and wounding seventy others. Psychoanalysts possess a native madness to interpret. But, since then, neither we, nor the media, nor the public have learned enough to suss out a psychological master narrative for his reign of fire. A few more details have emerged, but hardly enough to piece together a master narrative which would embrace a coherent picture of his inner life, and the external circumstances that precipitated his murderous scenario.

It was originally reported that, upon arrest, Holmes proclaimed. “I’m the Joker!!!” The received truth at the time was that his bizarre orange coif linked him to most bizarre member of the Batman universe’s villainous pantheon. But like every other remark attributed to Holmes, the statement has never been verified.

Nevertheless, I’d like to share some free - very free - associations to the Joker and the Aurora slaughterhouse. Intriguingly, the Joker leapt immediately to my mind upon hearing about the movie massacre before Holmes’ capture. I did not summon Caesar Romero’s Joker in the TV series, nor Jack Nicholson’s Joker in the 1989 Batman film, but the Heath Ledger Joker of The Dark Night, the second movie of Christopher Nolan’s Batman trilogy.

Subject to correction, I recall the Joker’s hideous smile was attributed in the 1989 film to his tumble into a vat of chemical waste, which somehow incited a yen for murderous practical jokes. (One assumed his criminality was already well entrenched before his Lucifer-like fall. His evil simply waxed more exuberant.) In the comic strip, then in his screen incarnations, he was always Batman’s arch-nemesis, playing Moriarty to the Caped Crusader’s Holmes.

Heath Ledger’s Joker is one of the most astonishing portrayals of pure, manic malevolence in cinema history. (Anthony Hopkin’s Hannibal Lecter is another.) At one point in The Dark Night the Joker elicits a tincture of pity by describing how, as a child, his sadistic father carved out Joker’s appalling rictus with the same knife he had just used to murder his mother.

Later on, the Joker says he disfigured himself with a razor blade to show his wife, scarred hideously in a fire, that he still loved her - only to incur her disgusted rejection. With a start, one realizes the tale was yet another perverse joke, perpetrated by a character that comprised an ongoing improvisation. Ultimately, one knew nothing about Ledger/Joker’s identity. The central truth, the defining raison d’etre of this huge, grotesque cipher was his appetite for anarchic violence.

In this context, I’m reminded of Coleridge’s famous interpretation of Iago’s character. Coleridge reviewed the reasons for Iago’s evil offered by Iago himself (Othello’s passing him over for promotion; or bedding his wife), as well as the arguments of previous critics. He then coined the term “motiveless malignity” to describe a wickedness so profound as to lie beyond interpretation, unknowing, indeed uncaring about its origins. Iago simply delighted doing awful deeds for the sheer sake of doing them, absolutely sans remorse. His final words before being led away to slow execution speak powerfully to Coleridge’s point:

“Demand me nothing: what you know you know. From this time forth, I never will speak word.”

Coleridge’s Iago and Ledger/Nolan’s Joker embody the essence of eldritch misrule, Biblical tohobohu. Both have committed the most sinister, repellant acts, dare us to contemplate their motives, and mock us for doing so.

Against the background of our persistent and intense ignorance about Holmes’ background, I have to wonder - again, the purest speculation - if Ledger’s Joker lurked somewhere in his fantasy world: Joker the anarchist; Joker the rank enemy of puny law and order; defier and defiler of the social contract; Joker who, no matter how you tried to constrain or label him, always eluded definition; always escaped your clutches literally and figuratively; always left you guessing, with the world murderously exploding around you.

One has learned - this isn’t “alleged” - that Holmes had protected himself with full body armor (including throat and groin armor), so it seems a reasonable assumption that, unlike the Columbine duo, he did not want to be killed. According to one theory, he planned to escape by blending in with the SWAT team after the shootings. At any rate, he gave himself up without a struggle. He certainly has a darkly riveting story to tell; has enabled the possibility of telling it, to police, psychiatrists, a courtroom, future biographers, et cetera.

A year later, one still wonders whether he wants to narrate it himself, or have others narrate and interpret it, de juris or de facto. Will he, in effect, surrender his voice to the police, lawyers, psychiatrists, and other assorted “experts” who have predictably descended upon the “case”? It would be the ultimate malignant provocation to only offer Iago’s silence (“From this time forth I never will speak word.”) while the world dances madly around his actions and motives.

Holmes story will be unfolded, but whether Holmes himself will ever speak his truth; or indeed what constitutes the truth behind the apocalyptic devastation he wrought, quien sabe? One contemplates the disconcerting possibility that there may be both a great deal we will learn about him, yet still know very little in the end.

Other free associations. I wonder if it’s only the Batman
narrative - notably its retelling by Nolan, inspired by Frank Miller’s great comic-book iteration - that has informed Holmes’ actions. His booby-trapped apartment seems to come straight from the film “Speed” - and that’s only the most famous booby-trapped apartment in action cinema.

Holmes’ macabre “performance” contains plentiful referents to other action pictures - inter alia the swat-team uniform; a gas grenade rolled onto the floor to foment pandemonium; shots fired into the ceiling, followed by serial, willy-nilly mowing down of the innocent. This stuff is native to classic action films, e.g., to the “Die Hard” and “Matrix” franchises.

One theorizes that the action genre, replete with comic book - or comic book-ish super-heroes and super-villains, may be deeply embedded in Holmes’ imagination. David Fincher’s “Fight Club” also comes to mind, in which an angry army of disenfranchised young men are recruited to demolish the society that has trashed them. Furthermore add “V For Vendetta,” both the comic novel and the less successful film version, to this yeasty mix.

All is still so much surmise. A year after the fact, I doubt whether we’ ll find the answers soon, as the apparatus of the criminal justice system has closed in around Holmes, and the engine of forensic psychiatry has begun to hum. It’s known he was involved with a University of Colorado psychiatrist, but the nature of his treatment, if indeed treatment occurred, is a vexed question. As per usual, experts - many with dubious expertise - are rushing to diagnose him, ignoring the “Goldwater” directive of the American Psychiatric Association not to pass nosological judgments on those one doesn’t know at first hand (and if one did, in therapy, consent would have to be given except under very special circumstances. Tarasoff, anyone?)

I recur to the issue of anarchic violence. Advocating violence has been central to the regime of some anarchist movements; others pointedly have eschewed violence. But there’s also a species of intense personal anarchy, that at base advances no real explanation about its motives beyond contemplating, lago-like, the world’s utter ruination for its own sweet sake. A connection to anarchist philosophy may be tenuous in such spirits, or may not exist at all. Whether Holmes acted in this vein can only be rated a vexed question at present.

Finally, I submit that there’s a different anarchic spirit which has been gathering force in America for decades in the setting of our nation’s long bellicose history. How the Aurora massacre or the Sandy Hook catastrophe relates to it I cannot begin to fathom. It’s light years away from radical anarchist agendas; embodied in the gradual, relentless breakdown of the American social contract, manifested by a diminishing concern for, and withering away of social, governmental, communal structure which traditionally comforted us through the toughest of times.

I sense the deterioration has been evolving at least since the Reagan era, with its recommendation of trickle-down, hands-off social/economic policies. I will not address this far more subtle anarchistic thrust here. Its causes are complex, its’ enablers eminently sane, inhabiting radio and TV programs, boardrooms, war-rooms, and the highest reaches of government. I tremble for its consequences for my children and grandchildren and the entire wide world.

The great Irish poet, William Butler Yeats, surely had this massive social breakdown in mind, when he wrote The Second Coming in 1919, amidst the catastrophic European aftermath of World War I:

“Things fall apart, the center cannot hold
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed and everywhere
The ceremony of innocence is drowned...
The best lack all conviction, while the worst
Are filled with passionate intensity...
And what rough beast, it hour come round at last
Slouches towards Jerusalem, waiting to be born.”

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**ARTICLES**

**A Self-Study in Resilience — After the Holocaust**

*by Henri Parents, M.D.*

While in this study I focus on resilience following on trauma experienced during the Holocaust, the resilience manifested in this context resulted from the same basic adaptive processes and character factors that contribute to resilience in coping with trauma in general.

**Major Anglophile Thinking about Resilience**


In response to the question: “What is resilience?” I have proposed that resilience goes beyond coping, because it relies in large measure on sublimation and creativity and transforms having been traumatized into one’s generating constructive productivity, in some, to admirable levels.
Hauser et al. (Hauser, S., Allen, J. and Golden, E. [2006]. *Out of the Woods: Tales of Resilient Teens.* Cambridge, MA: Harvard University Press; p. 39) studying interview materials of their former hospitalized conduct disordered teenage patients, tried to understand “how” resilience arose in those who 10 years later had succeeded favorably in society. Hauser et al. found that 3 processes seemed determining: the quality of the youth’s relatedness to others; their agency (i.e., taking responsibility for their actions); and their reflectiveness (what are my feelings and motives?).

Emphasizing the interplay of endowment and experience in determining vulnerability and resilience to stress, Southwick et al. (Southwick, S. M., Vythilingam, M., and Charney, D. S. [2005]. The Psychobiology of Depression and Resilience to Stress: Implications for Prevention and Treatment. *Annual Review of Clinical Psychology* 1:255-291; pp. 268-279) review the wide range of psychosocial factors that play a role in or are evidence of resilience. They note the constructive role of experiencing positive emotions, optimism, humor; cognitive flexibility; acceptance of reality rather than resignation or resistance to it, altruism, spirituality, and the capacity to recover from negative events.

In 1999, I proposed *A Temporal Model of Determinants of Resilience* (Parens, H., “Some Influences of the Holocaust on Development - One Man’s Experience.” Address to the Annual Meeting of the American College of Psychoanalysts, May 15, 1999, Washington, DC.). I did so because we know that it matters that trauma, whether acute or chronic, acts upon the individual at a given point in time. The effects of trauma are determined by: what conditions prevailed before, during, and after the trauma and all of these co-determine its impact on the individual. Note that my model corresponds with the Garmezy criteria of vulnerability and resilience.

Para-Trauma Parameters
1. **Self:** age; ability to adapt, state of conscience functioning, of intrapsychic conflict, of characterologic defenses, load of hostile destructiveness, and past traumatization.
2. **Family relationships:** quality of object relatedness.
3. **Community support systems** including school and community.

Post-Trauma Parameters
1. **Self:** (same parameters as above); degree of physical injury; stress reactivity.
2. **Family relationships:** (as above). In addition: losses, behaviors of those in support network; behaviors of trauma-inflicting persons.
3. **Community support systems** during the traumatizing period.

MY STORY

I followed the text of my 3-part memoirs: In Part I, I speak of my experiences during the Holocaust; in Part II, I reflect on the scars this trauma left over the years; and in Part III, I detail my life’s principal work which I learned in the course of writing my memoirs was significantly determined by my Holocaust experiences.

Regarding my “pre-trauma parameters,” my early years were good, despite the fact that my parents divorced when I was about 3 years old. My mother left Lodz where we were all born in order to get to Bruxelles where part of my family had already established itself. She took me with her. But she left my brother, older than I by three years, with my father and our large family in Lodz. Life in Bruxelles was warm; while economically not easy, it was good; we had good family ties, good health. We lived in a well-structured Jewish community adapting perpetually in a moderate anti-Semitic universe. I was a good student, due to go into 5th grade, when the Third Reich tore our world apart.

Regarding my “trans-trauma parameters”, I turn to Part I of my memoirs.

**PART I: WHAT HAPPENED TO MY WORLD**

10 May 1940 - The Germans attack Belgium - I was 11. We left Bruxelles in chaos. The summer of 1940 we stayed in a French Village in the environs of Toulouse, Unoccupied France.

**The Camps**
In early October 1940, the government of Vichy France rounded us up. Within several days we were sent to *Recebedou: Our First Concentration Camp* – We began our descent into hell. Incarcerated; starvation set in, there was no school, just idleness; unprepared for it dress-wise, the cold set in. Time dragged. Fantasy eased my lot some. Kids were not becoming friends; we must’ve been too shocked. Three months later we were trans-located again.

**Rivesaltes:** Further descent into the 2nd Circle of hell. Miserable barracks, sac-cloth-covered straw mattress and wool blanket. No heat, abysmal toileting facilities, starvation diet of a piece of bread in the morning, warm water with a hint of vegetable at noon, another piece of bread and turnips or rutabaga in evening.

Despite the abysmal and health endangering conditions, and no school, we made ourselves useful by gathering wood for small outdoor fires; 3 of us kids became friends, played at being *Three Musketeers*; we even danced some evenings – to my singing. We were no longer shocked.

**The Question of Escaping from Rivesaltes**

“As I think of it now, my mother knew something very bad about our fate. I was not looking ahead; she was. As if out of the blue, she said she wanted me to escape from Rivesaltes! She conveyed its seriousness and risk. She was telling me and she was asking me if I would escape without her…Without her, that was the big part. I saw her wish on her face. “Yoh, Ma, ch’vet tun vus du zugst” (“Yes, Ma, I’ll do what you say”) [I probably] said to her in Yiddish (Parens 2004, p 53).

Our life together had made me fairly self-reliant, within limits of my age. She knew me. I trusted her; and she could count on me to do what she wanted me to do. That was our history, my mother and me.
Escape from Rivesaltes – Looking back, it was the first major test of my resilience.

“May 1, 1941, Labor Day in Europe….I do not remember our good-byes. I probably…rejected its imprinting in my memory. Knowing my mother; we no doubt hugged and held one another somewhat longer than usual. I felt odd and uncomfortable, with double layers of underclothes, socks, shirts and pants. I left, armed with the potato sac I had used to collect wood for our still needed source of heat.

I detailed my escape: frightened, determined, using my wits as best as I could, I got to Perpignan (the small city some 10 miles from Rivesaltes), got my ticket and hid in a toilet cubicle until 11:00 pm; then, I got on the train to Marseilles. On the train my fear exploded into panic when a stranger approached me, told me he knew where I was coming from. I thought this was the end. It was not. He saw my fear; told me to not be afraid. He bought me my first regular meal in 9 months. Just an average-enough man who was going skiing; while we were starving and dying in camps, they went skiing. We arrived in Marseilles the following morning.

Safety – The OSE Homes

Le Bureau d’Oeuvre de Secours aux Enfants (OSE), Marseilles - As soon as I got in, I felt safe. The same day I was sent to one of their safe-homes. I was there for one year. I was just as hungry as in Rivesaltes; but what a difference! One year passed. The Directrice told me that my mother had put me on a list to go to America: but I would have to go without her! I was 13.

Going to America

Before we left, the OSE managed to get our parents to visit us. I remember nothing of our visit; even though I did not know then that this would be the last time I would see her; I did not want to make it real. I was distracted from that separation by my reunion with my co-musketeer, Savic. He too had been put on the list to come to America. We came, 50 children without families. From Marseilles to Casablanca, across the Atlantic, to New York.

The Start of My New Life

Pittsburgh, America: Savic and I decided to stay together. We “were placed with the Wagner family….At 13 I was not aware then as I have been now for a long time, how enormously generous, how deeply decent, Faye and Harry Wagner were; and how lovely and accepting their 3 young daughters were, Phyllis, 8, Sandy, 5, and Evie, 2….in accepting two 13 year-old strangers into their home….Families throughout America opened their homes to us” (p 91).

Faye was a remarkable woman….I came to really love her, to love all of them. Who wouldn’t? Faye and Harry made it possible for Savic and me to pick up living our life which had been so brutally [torn apart by “the final solution”].

No, we did not pick up living our life; it was not that…. This life, as of June 1942, was not the life I was living before the war….It was the start of my new life; my old life had been violated, fragmented; and it is taking me the rest of this life in America to bring some closure to what happened to my life of origin. But as it did in Rivesaltes, life went on; and from the fragments, with the help of many on the way, it evolved into this very different, new and eventually very good life” (p 92).

Regarding my “post-trauma parameters,” healing from the Holocaust has left painful scars; but it also has led to much good. Both, scars and the “good” give evidence of resilience.

PART II – REFLECTIONS 60 YEARS LATER

“For Andre Malraux, “La Condition Humaine”….is that man who has only one life, is willing to lose it for an idea….I am borrowing [Malraux’s phrase] to carry another meaning. I am speaking of the fact, not just that we suffer, but as my own past and….work have taught me, that we humans create much of that suffering ourselves….We are all well exercised in causing others suffering. We all know pain; it’s part of life. …Kids cannot escape it. Something much too painful always seems to happen to them. [This, in large part, drove me to become a healer of children, a healer of their emotional pain.]” (p. 107).

Looking Back – 3 dates stand out for me:

On May 1, 1941, at 12, I escaped from Rivesaltes;
In Early May 1942, I left Marseilles for America on Convoy #3 – I arrived in New York on June 25, 1942;
On August 14, 1942, My Mother was sent to Auschwitz. I learned this about 4 years after the Allies’ victory in Europe. I have repeated “August 14, 1942” in an effort to inscribe it in my brain. My brain resists its inscription. I learned that convoy #19, carrying 1,015 persons left Drancy, destination Auschwitz. My mother was on that train. According to Klarsfeld, only one person from convoy 19 survived.

In the aftermath among my travels, I have returned to Bruxelles many times; I have lectured in Israel, in Germany, France, Italy and Russia; I revisited Rivesaltes and visited Drancy. With parts of my family, we “visited” Auschwitz; we also “visited” Rivesaltes; both were wrenching.

Of Burdens That Follow from What Befell Jews in Europe

Problems for my family: “….the largest torment I continue to experience following from what happened to me is the pain and the burden this past has caused my wife and our three sons. No survivor has escaped this; we can’t prevent it; wives and kids cannot not be burdened by it” (p 166). “….It makes me weep….And, I am hung in a paradox: I want my sons and my wife to put it all to rest; but I want us all to remember it, and I want to remind others of it” (p 170).

My Problem with God and with Liturgy: “Why did God let this happen to us?” God too was a victim of the Holocaust….I still don’t know about God. I am not anti-God….I see God more as…Spinoza’s God….God is in everything….God cannot prevent Holocausts” (p 172).

Guilt….of Survivors: “….guilt. Mind-boggling. You suffered; but [others were murdered and somehow] it’s your fault….Now and then a most distressing feeling gets hold of me invariably attached to a thought that is difficult to dismiss. [Did] my escape from Rivesaltes label my mother as an “undesirable, recalcitrant guest of the Rivesaltes Concentration Camp” and contributed to her being selected for…descent into…the dead-bodies-gas chambers…and then sanctification by burning in hell. Did my escape contribute to that?

Where does one draw the line? When does one say, “I will stay and suffer with the others”?…Should I have refused to escape from Rivesaltes?…Should I have refused to go to America? Should I have gone with her to Auschwitz?” (p. 184).

But also much good followed from what happened to me. Foremost, I gratefully acknowledge my large debt to my wife Rachel and what she and I achieved: the regeneration of my murdered family. And I want to give evidence of resilience in what I have done, in my work - a finding not unique to me; quite
a number of survivors have demonstrated resilience.

PART III: “AYEIKA?” “WHAT HAVE YOU DONE WITH YOUR LIFE?”

An accounting is due: What work have I done in my life?

How have I come to where I am? “La condition humaine: that we suffer, and that we humans create much of that suffering ourselves, has pre-occupied me from the time of my youth. I have searched in my field for ways to explain why we make others suffer and to find ways to get us to stop causing avoidable suffering to others. How did I come to that?” (p. 199).

My studies in early childhood development opened my eyes to avenues to Prevention of Emotional and Social Ills.

Our studies in child rearing laid out the many pitfalls and opportunities to optimize a child’s development. Our work with parents showed how eagerly they become students of child rearing and it showed us the way.

Toward the prevention of emotional disorders [in children] via parenting education: We developed educational materials that aim at Preparing Children – for Their Future as Parents.

Our studies also, by presenting us with crucial unexpected findings, drove me to study aggression and how it develops and is shaped in each of us. It is in this study that I found that Excessive Unpleasure → Hostile Destructiveness. Then, our aggression studies opened the door toward the prevention of malignant prejudice and violence.

In studying the development of prejudice - benign and malignant, I detailed the normal psychological developments that make each of us prejudiced: the role of identification in forming one’s own identity; and stranger anxiety, that attachment specification factor, the root of Xenophobia.

I then postulated that child abuse and neglect generate in us rage and hate which facilitate our developing malignant prejudice; and I added how fundamentalist education evokes it. And I insist, we can, and we must act to reduce malignant prejudice and I put forward some strategies toward that end.

I do think that this study of my life-long healing from my Holocaust trauma supports the various sets of processes and factors believed to give rise to resilience. I do want to note though that both residual scars and “good” relationships and work are evidence of resilience. I think we are proving Lois Murphy’s admonition of 50 years ago right, that we’ll serve our patients better if we look to their strengths not just to their pathology. And, most important, I think that we are well on our way to understanding how to foster resilience in children, everywhere.

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**Specific Educational Interventions that Facilitate the Psychoanalytic Process**

by Andrew T. Pickens, M.D.

The role and benefit of educational interventions by psychotherapists in psychoanalytic psychotherapy and psychoanalysis is a neglected topic in the psychoanalytic literature.

Over the last 35 years of my practice of psychoanalytic psychotherapy, I have formulated several specific educational interventions that facilitate the therapeutic alliance with the patient and enhance the “holding” aspect of the therapeutic relationship. In addition, these interventions can have a cathartic effect that contributes to the healing process.

Some of these interventions are made during the evaluation session. The patients’ reactions can aid in the determination of her psychological-mindedness and, in general, whether psychoanalytic psychotherapy is the treatment of choice. These interventions are not made based on a rigid protocol. The timing and choice of an intervention are determined intuitively for each patient.

The vast majority of patients who could benefit from psychoanalytic psychotherapy are not knowledgeable regarding psychoanalytic theory and concepts. This includes most mental health professionals. Misconceptions are prevalent including the assumptions that “psychoanalysis is dead,” that it has been “disproved,” or that it is “all about sex.” In this context, appropriate information communicated selectively and without jargon can be profoundly beneficial for patients. I have witnessed this with almost every patient.

Before delineating some specific interventions, I will cite two examples. The first concerns a young man who came for evaluation several years ago. He had been in a non-psychoanalytic therapy for ten years. He liked the therapist and experienced him as supportive. However, that therapist was no longer a provider for the patients’ insurance and the patient felt the therapy had stagnated. After about thirty minutes into the session with me, he told me about a long-standing sexual practice about which he was conflicted and ashamed. During the past ten years he had not shared that information with his prior therapist. This openness was a direct result of the educational interventions that I made.

The second example is that of a nineteen-year-old woman whom I recently evaluated. She had a multiplicity of symptoms and behavioral and interpersonal problems that fit the diagnosis of Borderline Personality Disorder. Initially her affect was somewhat blunted and her speech was rather monotone. After I shared with her some educational statements, she cried and relaxed. She engaged with me and became emotionally animated, sharing meaningful personal information and feelings. The following day her aunt, with whom she lives, left me a voicemail message that included the following comment: “Susan (pseudonym) definitely wants to continue therapy with you. She already feels helped by some of the things you said. She feels that no one has been able to help until now and that you will be able to help. We are thrilled.”

Many of these interventions are based on two premises: The first is that the psychoanalytic therapist-patient relationship
is most similar to the relationship between parent and child. It is in this context that healing occurs. The legal concept “in loco parentis” refers to such relationships that are not literally parental. The relationship between psychoanalytic psychotherapist and patient is the most intense and consequential version of “in loco parentis.”

The second premise is that therapy cannot be successful unless the patient accurately perceives the therapist as empathically caring for her in a parental way that precludes exploitation or abandonment and that motivates the therapist to want the best for the patient.

The concept of therapist “neutrality” can be misconstrued as indifference. Genuine caring does not interfere with the development, exploration and “working through” of transference. It facilitates that process.

The following is a non-exhaustive listing of educational interventions. Some are represented as verbal exchanges between patient and therapist. The intervention listed last is an educative monograph I have written entitled “Psychoanalytic Psychotherapy.” I give it to every patient for whom I recommend this type of therapy. Subsequently I discuss it with patients and answer their questions. The order of the listed interventions is not significant.

1. The emotional relationship between me and you is most like that between parent and child.

2. Coming to therapy for help triggers feelings of vulnerability and anxiety. This is similar to the normal anxiety of young children who know that they can’t take care of themselves and that there is much they do not know yet. In order to feel secure they need to know from experience that their parents love them and that their parents know how to take care of them.

In therapy you will need me to prove to you that I have these parental qualities, that I genuinely care for you, and that I am capable of helping you. Otherwise, you would not and should not allow the openness and vulnerability that is necessary for therapeutic healing.

3. In some ways, therapy is like surgery. A surgical patient could not be helped unless she allowed her body to be opened. But if the surgeon is uncaring and incompetent she would be damaged further, not healed.

4. This hypothetical situation serves as an example of what you will need from me: A three year-old girl shares her bedtime fear of a storm with her mother with whom she has a good relationship. Her mother could offer the child three options: A. “I have checked with the weatherman and the storm won’t be severe, so just relax and go to sleep.” B. Have a glass of warm milk and take this pill. You will be able to sleep. C. “Sit on my lap and I will rock you to sleep and keep you safe.” Which would the girl choose? Figuratively, you need me to provide the third option when you will feel anxiety at times during the course of therapy.

5. Patient: I pay you to care about me. It’s artificial. Therapist: You pay me for my time and expertise. You need my caring/love to be free. No one can buy caring. One can buy the pretense of caring, but you could tell it was fake. Teachers and foster parents are paid for their services to children. Some of them do not care, some are abusive, but you know that many do love the children in their charge and have a positive impact on the lives of the children. This is especially so in therapy. Payment of my fee neither buys nor precludes genuine caring.

6. Patient: I’m not sure my symptoms are connected to childhood experiences. My parents didn’t abuse me. Therapist: Often emotional damage is caused by multiple experiences, any one of which would not be significant. Examples include rarely receiving physical affection, constant criticism, and chronic permissiveness.

7. Patient: My parents did the best they could. They didn’t mean to hurt me. Therapist: If one is hit in the head with a baseball bat it does the same degree of damage whether the blow was purposeful or accidental.

8. Patient: I’m ashamed that I need help. I should be able to move on and forget the past. Therapist: No one expects any child to never be physically ill. In fact there is a range from those children who have only minor illnesses to those with fatal illness and everything in between. Psychological damage is also variable. A child with a broken leg cannot “move on” effectively without surgical help.

9. The therapeutic process has intellectual and emotional aspects. Both are important. The former is like song lyrics; the latter, the music.

10. Transformative emotional experiences are part of the healing process. For example, each color in the visible spectrum has a specific wavelength. Knowing that is useful for physicists and engineers. However, it tells nothing about the experience of perceiving a given color. As has been said, “Not everything that can be counted, counts; and not everything that counts can be counted.”

11. Much of the pain that brought you to therapy has roots in your childhood. Feelings and conflicts from then persist in you now. Therapy is an alliance between me and the adult part of you with the goal of helping the “child within.” Our separate roles are explained more specifically in the “Psychoanalytic Psychotherapy” monograph I have written.

**Psychoanalytic Psychotherapy (An Educational Monograph for Patients)**

Psychotherapy is a form of counseling in which, through verbal interaction, a therapist attempts to aid a patient who requests help with emotional difficulties. The difficulties may include distressing symptoms such as anxiety, depression or phobias. They may also include various types of problems related to interpersonal functioning in marital, work or social relationships.

Psychoanalytic psychotherapy is based on principles of human psychological functioning discovered and elaborated by Sigmund Freud and other mental health professionals who have expanded and refined his work. The fundamental concept is the recognition of unconscious mental functioning.

In his work with patients, Freud was able to show that wishes, fears, ideas, feelings and emotional conflicts can be unconscious. That is, they can be present but hidden from conscious awareness. If these fears and conflicts are sufficiently intense, they can lead to psychological problems manifested by the symptoms and interpersonal difficulties previously mentioned.

These fears and conflicts originate in childhood. All children, because of their extreme dependency on care-giving adults and because of their limited ability to perceive the world rationally
and logically, are vulnerable to developing emotional trauma. These fears and conflicts are repressed when they threaten to overwhelm the child emotionally. Once repressed, they are not consciously available and, therefore, cannot be mastered appropriately by the adult that the child becomes. They are encapsulated and unchanged. Therefore, a buried part of the adult person, in one sense, remains a frightened and conflicted "child." Relief of these problems can be effected by bringing these hidden, unconscious elements into conscious awareness. This enables the adult patient, with the assistance of the therapist, to consciously master the previously buried fears and conflicts.

However, because the wishes and conflicts were buried originally out of fear, there is an unconscious resistance within the patient. That is, every patient will, in part, resist the goal of uncovering these unconscious fears, feelings and conflicts.

In order to get the needed understanding and emotional support, the child within wants and needs to share thoughts, feelings and wishes that have been repressed. On the other hand, fear of negative outcome (based on childhood experiences) causes the patient to unconsciously erect psychological defenses (resistance) that inhibit self-awareness and self-expression. The therapist provides an environment and relationship in which it is safe for the patient to relinquish defenses.

A second and very important factor in therapy, which is linked to efficacy, is the phenomenon of transference. Transference occurs in the course of therapy when the patient (without being aware of it) focuses feelings on the therapist or has expectations of the therapist that are really about an emotionally important person in the patient’s childhood (such as mother or father).

For example, a patient may disagree with something said by the therapist and suddenly feel convinced that the therapist is angry with him even though the therapist has shown no evidence of anger. Further exploration could reveal that it was actually the patient’s father whom the patient saw as being intolerant of disagreement and who was prone to react with anger when the patient was a child. In therapy, the patient was distorting the situation, transferring her feelings and expectations vis-à-vis her father to the therapist. The insight gained by the patient when the therapist points out transference distortions can help the patient avoid similar distortions in other important relationships.

In order to facilitate insight into transference distortions, therapy is conducted in a specific manner. This leads us to the definition of the respective roles of the patient and therapist.

In therapy, the patient is asked to “think out loud” as much as possible and not to censor what he or she says. Information that, at first, may seem irrelevant may lead to more important self-revelation and understanding. Information that is initially embarrassing, anxiety-provoking, or guilt-provoking, is especially important to discuss so the sources of the unpleasant feelings can be determined. In addition, the discussion of dreams can provide useful insights.

To successfully reduce resistance of the patient and to get to know the patient sufficiently to help her gain insight, the therapist will talk much less than the patient. Direct advice aids resistance and inhibits self-awareness and independence and therefore is rarely given by the therapist. Neither does the therapist pass judgment on what is said by the patient. The therapist strives to promote an environment conducive to free verbal and emotional expression.

However, the therapist does not remain totally silent. He offers interpretations and points out inhibiting defenses and clarifies what is being explored and discussed. In order to facilitate this process, including the development and understanding of the transference phenomena, the therapist must remain relatively anonymous. Therefore, although the therapist will answer questions regarding his professional training and experience, personal questions are rarely answered. The therapist gives personal information only when he decides that it would be beneficial to the patient.

Although personal questions usually will not be answered by the therapist, the patient’s speculative answers to the questions that the patient raises can be a useful avenue to self-understanding. The therapist is a person in his own right and some of the feelings and reactions that a patient has toward the therapist are not transference phenomena.

In order to be fully helpful, therapy must be an intense experience that fosters intellectual and emotional insight and personal psychological growth. To that end, psychoanalytic psychotherapy is conducted on a schedule of one, two or three therapy hours per week as mutually decided by patient and therapist. The number of sessions decided upon is consistently adhered to and usually does not vary much during the course of therapy. The duration of therapy is of necessity indefinite, but not interminable. The goals of the therapy almost always require at least a year of treatment and often longer.

Although, of course, the patient enters therapy voluntarily and may stop whenever she wishes, therapy usually ends by mutual agreement when the goals have been satisfactorily accomplished. When this decision is made, a termination date is agreed upon that is usually two to four months later, in order that time is available for the exploration of feelings about stopping therapy.

Lastly, we come to the question of who might benefit from psychoanalytic psychotherapy. Ultimately, this is determined by both the therapist and the prospective patient. The patient is required to have some curiosity regarding the psychological causes of her problems, general acceptance of the concepts inherent in psychoanalytic psychotherapy, the verbal ability to participate in the therapeutic process, and the willingness and strength to endure the occasional emotional pain that is part of that process. The result is relief from the emotional pain and problematic conflicts that brought the patient to therapy in the first place.

The patient must also be willing to accept the reality that there are no short cuts; that, as stated, this therapy is relatively long and expensive. He or she must also make the judgment that the symptoms and/or interpersonal problems that she has are a sufficient burden to justify, for her, the necessary investment of time, effort and expense. Many patients who opt for psychoanalytic psychotherapy and who can benefit from it are relatively occupationally or socially successful; their friends and acquaintances are unaware of their silent suffering.

The patient needs for the psychotherapist to be well-trained and professionally knowledgeable. In addition, the patient needs the psychotherapist to genuinely care about the patient, to respect the patient and empathize with and understand the patient as a unique individual with a unique life history. The patient needs to be free to question and test the psychotherapist every step of the way, in order to determine that the psychotherapist is capable of providing what is needed.
The psychotherapeutic relationship is unique and complex. It is similar to some other intense life relationships, especially those with parents in childhood, but it is exactly like no other relationship.

Psychoanalytic psychotherapy is an ambitious undertaking and a major commitment for both therapist and patient. The cost in time, effort and expense are high and so are the projected goals and benefits. They include both symptom relief and personality change. This therapy is not for everyone. Although there can be no guarantees that the stated goals of psychoanalytic psychotherapy will be reached for any given patient, the vast majority of patients who have participated in psychoanalytic psychotherapy have received substantial benefit and have considered the enterprise, in retrospect, very worthwhile.

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A Case of “Freezing:” A Contribution Toward and Integration of Bowlby’s Attachment Theory and Fromm’s Analytical Social Psychology

by Costanza Palmitessa, Ph.D.

Introduction

Most of attachment literature concerns empirical research. Bowlby himself dealt specifically with therapy in Lecture 8 of A Secure Base (Bowlby, J., 1988. A Secure Base. London. Routledge. 8). This case presentation is a contribution in the same direction. A case is presented with the aim of showing the fruitful encounter of the complementary viewpoints of Bowlby’s attachment theory, based on ethology and evolutionary theory, and Fromm’s analytic social psychology, based on the study of prehistorical and historical developments. These two viewpoints reflect two different cultural tradition. Bowlby, like Darwin before him, trained in Cambridge natural science. Fromm was trained in the great German classical tradition. He studied philosophy with Jaspers, classical sociology with Alfred Weber, then moved on to the critical sociology of the Frankfurt school. These are two of the paradigms relevant to psychoanalysis recently integrated by Bacciagaluppi (Bacciagaluppi, M., 2012, Paradigms in Psychoanalysis: An Integration. London. Karnac).


The Case

This male patient was an only child, 17 years old at the outset of treatment. Notwithstanding his age, he was dressed as an adult. G. was frail, rigid, unnatural, and displayed contractions of the neck and legs. He reported difficulty in adapting to his peer group. At the age of six he started reading the Bible. The mother considered this a prophetic sign of her son’s vocation, and accordingly foresaw an ecclesiastical career for him. She was a devout Catholic and led an isolated and irreprehensible life. She tended to discourage her son from socializing. The mother was also affected by rupophobia, which gave G. a threatening view of the world. In nursery school the child used to get angry because he felt misunderstood. The father’s role was insubstantial. The maternal grandfather had a loving approach towards the boy, thus mitigating the parents’ coldness. When G. was 14 the grandfather died and the boy had a “breakdown” (he was confused and anxious) and was treated for one year by a psychologist.

At the outset of treatment I arranged for three family interviews, with the patient’s consent. The boy expressed the wish to go out with some schoolmates. The mother suggested he should go to the pub with his friends but abstain from drinking anything, because the glasses could be infectious. The boy stiffened. The father said nothing.

In the fourth session the boy brought his first dream. “I took a cup of warm chocolate from a slot machine, but the chocolate was tasteless.” During the first sessions he told me he had started having problems before supper: before sitting down at table he had to belch for at least half an hour. The father would start eating, while the mother would wait for her son to start. G. appreciated his mother’s devotion. He told me he admired her unique qualities.

After some months he had another meaningful dream: “I was eating the leg of a chicken, but the bones kept sticking in my teeth. I took them out, but there were always some left” (the boy used the Italian feminine noun ossicine). He associated that the mother allowed him to eat chicken only after the media had announced that the risk of avian influenza had ceased. He also added that in the dream he found the chicken tasteless.

He then reported an incident that disturbed him. A painter came into his room and had to shift the furniture. The disorder made him anxious. He said his house was his refuge, and it had been upset. He added: “Like a house of cards: if you pull one out, it all falls down.”

Since the beginning of treatment he was attracted by the Passion of Christ. As the therapeutic relationship developed, the meaning of these symbols was gradually clarified. In the dream of the chicken bones, it was the ossification of his vitality which made him anxious. The Cross embracing the patient symbolized the wooden rigidity with which the mother had ossified the child’s vitality.

As he gradually approached the symbolism of the Resurrection
he found a way of countering the deadly meaning of the Passion as presented to him by the mother. He realized that the Passion leads to the Resurrection, namely to a rebirth. In the course of therapy he started contemplating the possibility of alternative situations. During the sessions he started alternating biblical scenes with scenes from TV serials on adolescents. He started to imagine that he impersonated a victim who feigned death, and then was glad to see his comrades come to the rescue.

After two years of treatment he slowly started to rebel against his mother. At first he started to express his rebellion at an intellectual level. He read some novels in which Jesus got married and had children. He then realized that identification with Christ was a sign of megalomania. I realized that he could not yet do without these intellectual defenses. However, they led to heterosexual phantasies. He started to take an interest in a girl at school.

In the third year anxiety and psychosomatic symptoms appeared. The doctor treated him for a genital infection. The boy reported that his mother used to accompany him and would be present at the medical examination.

As the patient approached graduation his mother reminded him of his plans to enter the seminary. The boy succeeded in opposing this plan and enrolled for University. He took the train every day in the company of his friends. He realized to what extent his vocation had been inauthentic.

Comments

In this case, judging from the child’s anger in nursery school, the main attachment figure seems to have been not only insensitive but also actively rejecting, thus leading to avoidant attachment behaviour in the child. According to Ainsworth’s original description (Ainsworth, M. D. S., Blehar, M. C., Waters, E. & Wall, S. (1978). Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, NJ: Erlbaum), the avoidant child shows no anger at the mother but may show it in other situations. The first dream may depict this relationship symbolically: feeding was conducted in a mechanical way (the slot machine), and the food was tasteless, as the leg of chicken in the later dream.

In his early work Bowlby spoke of “real-life events” in infancy, to differentiate his position from Klein’s emphasis on phantasy, but in his 1983 paper, reprinted as Lecture 5 in A Secure Base (Bowlby, 1988), he explicitly spoke of “Violence in the Family,” thus joining the vast literature on trauma that had grown up in those years, following on Ferenczi’s rediscovery of trauma in his later years (Ferenczi, S., 1933, Confusion of Tongues Between Adults and the Child. In: S. Ferenczi, 1955, Final Contributions to the Problems and Methods of Psycho-analysis. London. Maresfield Reprints, 1980). This patient did indeed endure multiple relational traumas in his childhood, which may be unified by the concept of multiple binding mechanisms in the service of role reversal (Bacciagaluppi, 2012): anxious attachment discouraged exploration, and the mother’s depiction of a hostile world added to this discouragement; the Catholic culture provided a perspective discouraging a heterosexual involvement outside the family, thus interfering with a powerful incentive to leave the family. The father failed to provide an alternative attachment figure, and the patient suffered greatly from the premature loss of the grandfather, who instead did represent such an alternative.

I believe my treatment gradually succeeded in providing an alternative experience, although, when he started to develop an interest in a girl, he was checked by a psychosomatic symptom. The total control exerted by the mother allowed only the body to protest, according to the title of one of Alice Miller’s books, The Body Never Lies (Miller, A., 2006, The Body Never Lies. New York: Norton). The total absence of vitality demanded by
the mother is well expressed by the boy’s concern for the Cross. In this connection, Fromm’s term of “necrophilia,” referred to the mother, (Fromm, 1964) is very relevant. The fact that the psychosomatic symptom affected the genitals and that the mother was present at the examination may well be expressed from Fromm’s term of “symbiotic-incestuous” (Fromm, 1973).

This sort of family atmosphere is an example of an extreme deviation from the EEA, namely from the optimal environment required for healthy development. How this state of affairs came about, namely the remote causation of psychopathology, requires an investigation at a prehistoric level such as Fromm carried out in his 1934 essay, *The Theory of Mother Right and Its Relevance for Social Psychology*, reprinted in Fromm (Fromm, E. (1970). The Crisis of Psychoanalysis. *Essays on Freud, Marx and Social Psychology*. New York: Holt, Rinehart & Winston). This essay concerns the transition from matriarchy to patriarchy described by the Swiss author Bachofen in 1861. The matriarchal culture, characterized by the worship of the Mother Goddess and by egalitarianism and sharing, was prevalent in the Upper Paleolithic and in the Early Neolithic, in the beginning stage of agriculture. Fromm later (1973) reported on archaeological excavations carried out by James Mellaart in Turkey, which revealed that these early human settlements were peaceful. They were not surrounded by defensive walls and were not built on hilltops for safety. Similar results were obtained by Marija Gimbutas (1987) in the Danube region. Things changed radically only 4-5 thousand years ago, with the invasion from the East of a warlike patriarchal culture, which easily got the better of the peaceful Neolithic settlements. This culture gave rise to advanced agriculture, characterized by an ‘r’ reproductive strategy with many children, which gave rise to the food-production spiral by which we are still afflicted. Peasants require many children to set them to work in the fields, but this initial economic motivation was soon superseded by affective motivations. When a child who is kept bound by anxious attachment and fear of violence becomes an adult and gives rise to a new family, it will keep its own children bound not only for economic reasons but also to satisfy frustrated attachment needs through role reversal, thus perpetuating the transgenerational transmission of trauma.

Through the family, society gives rise to appropriate character structures that tend to perpetuate it. This is what Fromm called the “social character” in *Escape from Freedom* (Fromm, E. (1941). *Escape from Freedom*. New York: Farrar & Rinehart). The patriarchal culture is characterized by the authoritarian personality, which was the subject of a famous study of the Frankfurt school by Adorno and his co-workers (Adorno, T. W., Frenkel-Brunswik, F., Levinson. D. J. & Sanford, R. N., 1950. *The Authoritarian Personality*. New York: Harper & Row). In that study, three types of families were described: father-dominated, dominated by an authoritarian threatening father; mother-oriented, characterized by love-nurturance and egalitarianism; and mother-dominated, in which the mother had taken over the threatening function from the father. I suggest that this last was the unnatural family structure that gave rise to my patient’s problems.

**Conclusion**

It could be maintained that, in the phantasy of being Christ on the Cross, the patient had sought an extreme ethological solution. In front of a predator, the victim has the choice of three options: fight, flight or freezing. If the first two active options are impossible, the victim feigns death by freezing. My patient submitted to his mother’s necrophilia and feigned death because predators generally avoid eating carrion for fear of infected flesh. Treatment (an alternative to the predator) brought out the germs of vitality concealed in this situation and led to the free development of the patient’s potentialities.

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**Narrative and Healing Processes during Psychotherapy: The Reloading and Implicit Relegation Hypothesis**

*by Andrei Novac, M.D.*

**Introduction**

In this paper I will present an overview of narratives as they participate in the building and shaping of the self. I will first review evidence from recent research of the link between narratives of personal experiences; development and attachment; and the impact on memory and neurobiological underpinnings. I will conclude with the relegation hypothesis, a proposal of how psychotherapy promotes change by redefining personal narratives and their influence on implicit memory.

Narratives are essential to awareness of our everyday existence. They create a meaning, coherence, and continuity about life. In society, narratives first appear as history, which starts with the telling of stories. In some languages the words designated for “story” and for the discipline of “history” are identical (“Geschichte” in German and “histoire” in French). Besides the “big” stories, there are smaller personal stories told by mothers to children. Fairytales are stories by which a child’s self “uploads” logic, the ways of life, and values. There are stories told in families (“our stories”) that create a particular sub-culture for each family.

In society the entire field of entertainment provides narratives in the form of cinematography, plays, novels, and short stories, which also maintain a certain set of values and cohesion among members of society (Cohen, D., 1991, (Ed.) *The Circle of Life: Rituals from the Human Family Album*, San Francisco: HarperCollins). Then there are stories, made up in smaller groups, like gossip and rumors (Baker J. S., & Jones M. A., 1996, *The poison grapevine: How destructive are gossip and rumor in the workplace? Human Resource Development Quarterly*, 7, 75–86). Gossip and rumors are expressions of the human need for coherence and meaning when groups or individuals do not have all the facts. They create a new reality when real facts are unknown (Mullen, P. B., 1972, Modern legend and rumor theory, *Journal of Folklore Institute*, 9, 95-105).

Narratives not only exist in historical events and personal stories, but through artistic endeavors. In fact, they all shape the human mind through new perceptions and insights, manifesting in new narratives. For example, music creates the form and the
rhythm by which dialogue and stories are told. Rhythm, as it appears in music and poetry, favors reinforcement of logical thinking. For instance, it has been inferred that the “Mozart effect” enhances logical thinking and spatial temporal reasoning (Bodner, M., Mufuter, T. L., Nacioglu, O., & Gordon, S., 2001, fMRI study relevant to the Mozart effect: Brain areas involved in spatial–temporal reasoning, Neurological Research, 23(7), 683-690(8)). Young children exposed daily to the logical and coherent phrasing of Mozart’s music demonstrate enhanced academic performance, another example of the shaping effect of new narratives. I will now cover four separate areas in which narratives are of particular relevance regarding psychological healing.

Narratives and Memory

Narratives exist thanks to memory formation of sequences of events. Events are registered and later may be recalled in a sequence similar to the original experience. Both explicit and implicit memories can maintain sequences. Explicit memories, with autobiographic or episodic varieties, include the recording of environmental events one is exposed to, in the form of an internalized story (Tubridy, S., & Davachi, L., 2011, Medial temporal lobe contributions to episodic sequence encoding, Cerebral Cortex, 21(2), 272-280). Explicit and implicit memories, while most of the time relatively partitioned, do exchange content (Berry, C. J., Shanks, D. R., Speekenbrink, M., & Henson, R. N., 2012, Models of recognition, repetition priming, and fluency: Exploring a new framework, Psychological Review, 119(1), 40-79). Some explicit or aware memories, when practiced at length, can become new skills (Lotze, M., Scheler, G., Tan H-R, M., Braun, C., & Birbaumer, N., 2003, The musician’s brain: functional imaging of amateur and professionals during performance and imagery, NeuroImage, 20, 1817-1829).

Conversely, older well-established implicit components of memories can guide and bias explicit episodic memories and influence decisions (Cradd, B., & Dark, V., 2003, Perceptual implicit memory relies on intentional, load sensitive processing and encoding, Memory & Cognition, 31, 997-1008).

A sudden flash of a new conscious thought or information that comes from “nowhere” has at its base one or numerous implicit contents. In this case the explicit memory is similar to a tip of an iceberg for implicit automatic mental content. Neurobiologically, explicit memories are known to be coded and recoded (modified) according to new experiences and their recollection in new contexts. Explicit long-term memories, which are mediated by the hippocampus, undergo a process of reconsolidation each time they are recalled (Nader, K., Schafe, G. E., & Le Doux, J. E., 2000, Fear memories require protein synthesis in the amygdala for reconsolidation after retrieval, Nature, 406(6797), 722-726). Through reconsolidation, when memories are retrieved, they are also reworked according to the environment exposed to at the time of recall. New memory formation is the storing of information of new memories, which requires protein synthesis (Alberini, C. M., 2005, Mechanisms of memory stabilization: Are consolidation and reconsolidation similar or distinct processes? [review], Trends Neuroscience, 28, 51-56; Alberini, C. M., 2009, Transcription factors in long-term memory and synaptic plasticity, Physiological Reviews, 89, 121-145).

Narrative and the Self

Narratives can be considered the building blocks of the autobiographical self. According to their origins, different narratives have different roles and valences of priority in the recollection process. The contrasts and discrepancies between different narratives closely mirror conflicts and idiosyncrasies in each personality as they come to light during psychotherapy. Most individuals have to reconcile conflicts and idiosyncrasies in everyday life. Discordant narratives may create conflict. Conflict, too, has a memory base and is related to mechanisms of consolidation and reconsolidation. Damasio described the self as three levels of organization (Self Comes to Mind: Constituting the Conscious Brain, Pantheon, 2010) (A) The neurological aspects of mental life, brain stem (embodiment), or the so-called “drives.” Here the drive concept overlaps with the “proto-emotions” as described by Panksepp (1998, Affective Neuroscience: The foundation of animal and human emotions, New York, Oxford University Press; Panksepp, J., 1998, The periconscious substrate of consciousness: affective states and the evolutionary origins of the self, Journal of Consciousness Studies, 5, 566-582): Seeking, fear, lust, play, rage, panic, and care. (B) The core self, the second level of organization, refers to a level of object relations or primordial feelings that engage with the environment. (C) The autobiographical self, the highest integrated level of self, is built by recalled events in one’s own life that stem from one’s chronological history. Regarding development of the self, two areas have gained particular attention over the last decade: attachment and play as practice for life.

1. Attachment is the first process of narrative uploading in life. By interacting with a mother’s nonverbal cues, an infant is able to upload smells, images, and sounds that, by association with satisfaction of internal needs, create new narratives. These are the first associations that are consolidated. An example is the association of hunger, mother’s presence, first smile, smell of milk, and satiety. Repeatedly connecting these initial states create the first nonverbal narratives of satisfaction and symbiosis. As time progresses, more such narratives are created. After the acquisition of language, first brief and then longer narratives of “meaning” and “stories” emerge. Finally, play takes over the entire process of narrative uploading in preparation for life.

There are further demonstrated relationships between the phrasing of narratives (the coherence of a recalled personal story) and the type and degree of security in attachment to caretakers. It has been demonstrated that narratives and their coherence are correlated with secure attachment of a child: different degrees of coherence in discourse by means of the Adult Attachment Interview (AAI) have been correlated with attachment scores in infants. For instance, the “slippage” in discourse in adults with U/D (Unresolved/Disorganized) type of attachment on the AAI predicted “D” (Disorganized) babies as tested on Ainsworth’s strange situation procedure (van Ijzendoorn, M.H., 1995 Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. Psychological Bulletin 117:387-403). At age six, these same children continue to exhibit “D” – fearful behavior. At age 19, the same children, like their parents, exhibited non-secure type of attachment on the AAI (Hesse, E., & Main, M., 2000, Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies, Journal of the American Psychoanalytic Association, 48(4), 1097-1127). Otherwise stated, when faced with the temporary
stress of recalling personal trauma on the AAI, lapses in the coherence of narrative and discourse occur, a measure of vulnerability to traumatic stress. These are also correlated with degree of attachments.

2. Play is one mechanism by which young animals and humans “upload” the environment they are exposed to by practicing and experimenting with different states of mind, activities, and roles during development. In this way, after the initial phase of attachment, narratives related to the negotiation of life outside the mother-child dyad are uploaded into the autobiographical self. Play is a form of practice for life. It transcends across species (Panksepp, J., 1998, The periconscious substrate of consciousness: Affective states and the evolutionary origins of the self, *Journal of Consciousness Studies*, 5, 566-582; Brown, S., & Vaughan, C., 2009, Play, Avery).

**Language and Healing**

Narratives are acquired via language function. This does not refer to speech, per se. Language function is broader and includes the participation of the entire language brain. The language brain extends over both hemispheres (Anderson, S. E., Chiu, E., Huette, S., & Spivey, M. J., 2011, On the temporal dynamics of language-mediated vision and vision-mediated language, *Acta Psychologica*, 137(2), 181-189). It can be concluded that narratives include an integration of an entire array of verbal and non-verbal exchanges and perception (Hickok, G., & Poppel, D., 2004, Dorsal and ventral streams: A framework for understanding aspects of the functional anatomy of language, *Cognition*, 92, 67-99). In this process, the entire brain is activated. Conversely, at rest and during unstructured, free flowing thoughts, the external areas of the hemispheres (related to speech) become deactivated while the medial brain structures, the “default system”, are active (Raichle, M. E., MacLeod, A. M., Snyder, A. Z., Powers, W. J., Gusnard, D. A., & Shulman, G. L., 2001, Inaugural Article: A default mode of brain function, *Proceedings of the National Academy of Sciences*, 98(2), 676–82). During psychotherapy, an interspersing between contemplation, quiet relaxation, and free flowing thoughts and verbal expression of thought content takes place. Thus, during psychotherapy an intermittence of activation in the midline brain default system and lateral bilateral activation of the extended language brain takes place. By interspersing activation of the medial structures with activation of lateral structures of the brain, in time new pathways and new brain connectivity are being established and consolidated. As it is known when new pathways are repeatedly activated, such pathways are consolidated by further protein synthesis, which participates in long-term memory (Lynch, G., Rex, C. S., & Gall, C. M., 2007, LTP consolidation: Substrates, explanatory power, and functional significance, *Neuropharmacology*, 52(1), 12-23).

**Implications for Psychotherapy**

All forms of psychotherapy (“talk therapy”) include a review and eventually revision of personal narratives and autobiographical self. Some personal narratives refer to encoding of our own history. Other narratives reflect our way of reacting to outside events. How we react (though dependent on multiple biological factors) is a form of narrative. Ultimately, narratives contribute as a set of operating systems of a self. It includes object relations, the “what” we are, and “how” we are in relation to others.


**Discussion**

In the narrative reloading and implicit relegation hypothesis I am proposing, psychotherapy employs the formation of new narratives with a reparative function on the autobiographical self in a continuous process of narrative reloading and partial relegation to implicit memory. This is accomplished through a variety of steps. (1) Concomitant new narratives are developed during psychotherapy. (2) Acquisition of narratives uses memory mechanisms that include, but are not limited to, consolidation and reconsolidation. (3) A number of new narratives are practiced to become implicit memories or implicitly grounded, hence the name “implicit relegation.” (4) New narratives are repopulated and are competing with multiple preexisting narratives to create further coherence of the self. And (5), some of the newly formed narratives, which are implicitly grounded, become a “default” response during external and internal stimulation. Narrative memories must be anchored in implicit memories because, unlike volitionally recalled “events,” they are often triggered “implicitly” and “subconsciously”. These implicit memories become the underpinning of new motivation related to a newly emerged self following psychotherapy.

**Conclusions**

Narratives are essential ingredients of the human mind. They participate in development of the self, autobiographical memory and identity, speech and communication, maintenance of social coexistence, and psychotherapy. Narratives are both encoded in and interdependent with brain circuitry and memory formation. Modifying narrative during psychotherapy requires an elaborate, at length, reworking of implicit and explicit memories. In this preliminary exploration, I have reviewed some of the concepts that link coherence, discourse, language, attachment, and the development of the self. In the future, neurobiological research will have to expand on different aspects of semantic, autobiographical, and implicit memory exchanges in the process of psychological healing.

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The Personal Ideology of Erich Fromm
by Marco Bacciagaluppi

The term “ideology” is generally associated with Karl Marx. A more recent discussion of the subject is that by Karl Mannheim (Ideology and Utopia, Routledge, London 1960). Following Mannheim, I consider ideology to be a mental fiction designed to veil the true nature of a social or psychological situation in order to stabilize it. In this article I examine what I believe to be the personal ideology of Erich Fromm. In psychoanalytic circles Fromm is either ignored or unconditionally supported by a circle of staunch admirers. I myself am a great admirer of Fromm, but this is all the more reason for examining certain limitations of his, in order to avoid his thinking becoming immobilized in an orthodoxy.

An Overview

Erich Fromm was born in Frankfurt in 1900 of Jewish parents. His roots were orthodox Jewish. His paternal grandfather and great-grandfather were rabbis. He later assimilated the great German cultural tradition. His teachers were Karl Jaspers and Alfred Weber, the brother of Max Weber. He later passed from classical sociology to the Frankfurt school of critical sociology of Horkheimer and Adorno. Finally, he moved to the United States where, together with Sullivan, he gave rise to the interpersonal-cultural approach in psychoanalysis. His most important contribution was psychoanalytic social psychology, according to which every society tries to perpetuate itself by creating the suitable character structures in individuals. This is the social character, made up of traits common to the majority. In creating the social character society avails itself of the family. In this field he carried out important empirical research.

At a socio-cultural level, therefore, Fromm came from an outstanding background and gave brilliant contributions. Although he was a careful reader of Marx and had a clear view of ideology, at a personal level he unwittingly made up a personal ideology in order to prevent himself from seeing certain painful childhood experiences. By “seeing,” of course, I do not mean only an intellectual grasp but also and above all the reliving of experiences in all their emotional impact.

A biographical sketch

In what follows I shall select those traits which led me to my theory, with special regard for Fromm’s somatic disorders. Fromm was an only child. In an interview towards the end of his life (cited in: Funk, R., Erich Fromm, Rowohlt, Reinbek 1983; my translation from the original German) he says: “My father was very neurotic…anxious about anything which concerned me. …He wanted me to remain a child of three.” He describes his mother as “very depressed.” “She was always crying…I felt that I had to defend her from my father.” On the other hand, his father “loved the orthodox/traditional Jewish world….The religious world of the father exerted more influence on the young boy…and freed him somewhat from his mother.” Fromm soon showed he wished to move away from both parents. He wanted to go and study the Talmud in Lithuania but his parents objected.

Fromm had three wives but no children of his own. His first wife, Frieda Reichmann, was ten years older than he. Before becoming his wife, she was his first psychoanalyst. They married in 1926 and separated four years later. In 1931-32 and again in 1938 Fromm developed tuberculosis and stayed in Davos. Georg Groddeck was outspoken in regarding Fromm’s illness as psychosomatic. He said “he had to cure his tuberculosis because he couldn’t admit the failure of his marriage with Frieda.” (Funk, op. cit.)

After World War II Fromm developed even more serious health problems. He suffered a first myocardial infarction in 1966 when still in the United States, a second one in 1977 when he was back in Locarno in Europe, a third in 1978, and a fourth and fatal one in 1980.

Psychodynamics

A depressed mother is unable to give to the infant but instead wants to receive. Instead of giving care to the infant and defending it from predators she herself becomes a predator. The infant who is predisposed to develop stronger attachment in the presence of predators paradoxically clings to the very person who threatens it. Later, the parent may use other mechanisms to keep the child bound, such as various types of seduction. In Fromm’s case, one such mechanism was the implicit request to defend the mother from the father.

The anxious father also kept Erich bound although through Judaism he provided a means for him to separate from the mother. Fromm later made use of Judaism to separate from both parents. He turned at first to rabbis he admired and later to other Jewish figures such as Marx and Freud. According to Funk (op. cit.), Fromm drew his orientation from these Jewish roots towards the spiritual sources of man. Fromm himself defined this orientation as “pre-modern.” In these traditional Jewish roots we may see a refuge from a predatory modern society and a turning back to the primordial matriarchal culture. Fromm later found this source described by Bachofen.

By separating from his parents Fromm satisfied his second basic inborn need, his need for autonomy. However, he lost touch with the suffering infantile part of his personality that was tied to his mother in an anxious attachment and which he never really saw and overcame. The adult side of his personality knew well that his anxious father and depressed mother were trying to detain him and he wanted to separate from them. This side of his personality, so full of stimulating theories, left the infantile part in the clutches of his predators. Fromm had an intellectual understanding of his relationship with his mother and he described it in the interview but he refrained from fully re-experiencing that relationship.

Frieda Reichmann, ten years older than himself and his first analyst, was obviously a mother figure. If Frieda was the mother, then Fromm experienced an incestuous symbiosis with her. This was one of his concepts but he did not apply it to himself. Separation from her was very painful, but Fromm, completely taken by his autonomous interests, had lost touch with his infantile self and the pain was only expressed through the body by developing tuberculosis. This of course refers to the psychological component of Fromm’s illness, mediated by the effects of stress on the immune system. It in no way detracts from the crucial importance of Koch’s bacillus. To quote the title of the English translation of one of Alice Miller’s books, “the body never lies.” (A. Miller, The Body Never Lies, Norton,
New York & London 2005) Groddeck was right in his diagnosis, but Fromm did not succeed in taking him seriously. His marital separation was definitive in 1940 and, perhaps in anticipation of his divorce, he had relapsed in 1938.

His myocardial infarctions began after the war. These were increasingly dramatic and dangerous somatic symptoms. I suggest that they expressed the unrecognized suffering due to the failure of a complete fulfillment of autonomy. Fromm had reached this fulfillment at the level of his thinking but had not succeeded in achieving a full marital relationship which would have separated him definitely from his mother. Again, as in the case of Fromm’s tuberculosis, the psychological component was presumably mediated by the effects of stress but also required other factors in order to arrive at the final outcome. A recent discussion of the relationship between psychological factors and heart disease was given by Charles Nemerooff, M.D., Ph.D., as the Opening Night Speaker at the 2009 annual meeting of the American Academy of Psychoanalysis and Dynamic Psychiatry (“Heartache & Heartbreak: The Remarkable Relationship Between Depression and Cardiovascular Disease”). Fromm never had children of his own and his second wife was a widow with a son. He felt he was not allowed to father a child because his mother, in an inverted relationship, was his child. The denial of a vital possibility leads to despair.

Again, Fromm did not pay heed to the messages from his body. In the last years of his life he consistently practiced self-analysis and Buddhist meditation, but he neglected to analyze the psychological aspect of his infarctions. Had he paid heed to the messages from his body, his infantile part would have felt understood and would have emerged from solitude and despair.

Towards the end of his life he felt threatened by someone who was supposed to look after him (Rainer Funk, personal communication). He needed that person and could not break away. A threatening caregiver is a parent who, instead of being caregiving, becomes a predator. The last infarction was so severe that the hospital in Locarno advised transfer to Zurich. Fromm was taken by ambulance and died there. The traumatized infantile part of his personality at first displayed the symptomatic behavior of trusting a threatening caregiver. The consequent despair then showed up in the psychological component of the infarction. The infarction may be viewed as a desperate and vain attempt to leave Locarno and escape the predator, but in the end the predator killed him.

To synthesize Fromm’s somatic symptoms as regards the psychological component, the tuberculosis may be regarded as a reaction to separation from a good aspect of the ambivalent mother, the first myocardial infarctions as a sign of the subjection to the predatory mother who prevented full autonomy, and the final infarction as a complete submission to the predator re-experienced with the caregiver.

These vicissitudes may also be interpreted at a biological level, which is necessarily reductive. Fromm’s intellectual hyperactivity may be viewed as a form of chronic hypomania, the expression of a gene for bipolar disorder transmitted by the mother, who thus provided both the genotype and the chronically traumatic environment with which the genotype interacted to give the phenotype. A severe trauma was superimposed onto the customary expression of the gene when separation from Frieda occurred. Instead of a manic or depressive episode, Fromm reacted with the somatic symptom of tuberculosis. Later, the lack of children was a long-lasting traumatic situation which led to the infarctions. The final infarction was due to the most severe trauma of all, the explicit presence of the predator.

The personal ideology

Fromm never wanted to set up a school with an attendant ideology, as Freud did. However, without realizing it, he built up a private ideology of his own, in order not to look at his too painful remote past.

Fromm’s personal ideology consists in a set of concepts aimed at preventing himself from looking too closely at his relationship with his mother. In his posthumous book The Revision of Psychoanalysis (Westview Press, Boulder etc, 1992), Fromm states that “the infant for biological reasons passes through a phase of intense ‘mother fixation.’” (p. 40) Fixation, of course, is a Freudian concept. It implies that this is a normal phase. Actually, according to John Bowlby (his views are summarized in A Secure Base, Basic Books, New York 1988), what is normal is an infant’s attachment behavior. If the mother responds with the complementary caregiving behavior, secure attachment then leads to exploration and finally to increased autonomy. If the mother’s response is not appropriate, insecure attachment follows. The mother’s most inappropriate response is role reversal, described above in relation to Fromm’s mother.

However skewed, “fixation” is Fromm’s psychogenetic view. In any case, this view is subordinated to “existential” considerations. Fromm states (op. cit., ibid.): “This tie to the mother…is one of the ‘spiritual’ answers to human existence…we would be thinking too much in genetic terms if we were to focus on the attachment to mother, rather than on the function of this experience.”

Fromm displays the same disregard for the real relationship with the mother when referring to transference. In another section of the book he discusses fixation on idols. “The average person…carries within himself a deep longing to believe in an all-powerful, all-wise, and all-caring figure.” (p. 42) “I suggest that we call all of these figures by the generic name “idols.” An idol is the figure to which a person has transferred his own strength and powers.” (ibid.) All this description is quite to the point at a socio-cultural level. Then Fromm goes on to say: “The most frequently observable example of the mobilization of the ‘idolatic passion’ is the phenomenon of “transference” (op. cit., p. 45). “The crucial problem is how one interprets the transference - as a repetition of childhood experience or as the mobilization of the ubiquitous desire for an idol?…this longing is not necessarily...a repetition of childhood experience but, rather, is part of the ‘human condition’.” (p. 51)

This is where I suggest that Fromm’s personal ideology comes in. His discussion of “idols,” to which he brings his sophisticated culture, ranging from the Old Testament proscription of idols to the hegelian-marxian concept of alienation, is used to downplay the importance of the early real relationship with the mother.

At the cultural level Fromm had an infallible instinct for the most vital trends. After his passionate defence of Ferenczi in 1935 he integrated Sullivan’s interpersonal orientation, which was a continuation of Ferenczi, with his own cultural orientation. Unfortunately, he was unable to address this vitality to his suffering infantile self and therefore subjected it to the antivital internal predator. His Jewish roots taught him to despise predatory culture, based on profit, but he was unable to look at predation in his own childhood.
We could say that Ferenczi and Fromm both died of ideology. But in Ferenczi’s case ideology came from outside (the Freudian orthodoxy which condemned him). In Fromm’s case he created his own ideology in order not to look at the internal predator. Not having looked at the internal predator, he submitted to an external one who killed him.

The Wolf
by Leah Davidson, M.D.

Introduction: This story was written at the same time as The Tin of Snuff (Academy Forum, Vol. 57 #1, spring 2013) and is a metaphoric mirror image of the crippling effects of segregation on the white man’s psyche. People in the story are either shallow and unknowing or crippled by what they understand of their life situations. The Wolf in Paul Syke’s dream, which appears against the background of a magnificent house, is a symbol of the darkness and the dangers of apartheid, which was always lurking underneath the good life of the white man in South Africa.

Sheila and Jerry, coming down the grey steps of the hotel, agreed that it was a perfect day. To what purpose they would put the afternoon had not yet been decided, but it was certain that a combination of windless sky and sunshine would bless the undertaking.

“If only we had a car!” wished Jerry. “It’s an ideal day to take the kids for a drive.”

Ahead of them the “kids,” two in number, crossed the street with their “nanny.” And tumbled buckets and laughter into the sand.

“Oh, Jeanette!” Sheila reproved catching up with them, “Mind the gentleman’s book. Look! You’ve kicked sand all over it!”

“I’m so sorry,” she glittered impersonally at the man beside her, then catching sight of the unpadded calves stretched like eel, wriggling. He reached the blue spot of towel and dropped on it face down heaving. Warmth waxed through him, sand-given, till his blood ceased its canter, ebbing and flowing like the tide in rhythmic regularity.

A dog-eared book fluttered in the breeze beside him, the pages seared, before that chilly spring, he might have…

He’d be ashamed to come down here like that.”

“Some treatment!” he grunted, satisfied with his achievement.

“Can’t you see?”

“Shush!” whispered Paul. “It’s a secret! I come from Mars. In Mars the ice-creams are as big as footballs…” he continued as he led them with weighty thrusts along the pavement.

“Absolutely!” commented Jerry, watching him out of reach.

“Shush!”

“Really definition – out of the mouths of babes,” he thought, recalling the morning. The mother had been embarrassed by his irons. Queer how they couldn’t bear to look straight at you, as though it might hurt! The doctors did, but then they also only saw the robot man. It was a game of see-what-we-can-do. Before the branch had seared, before that chilly spring, he might have…

“Please let me,” Paul intervened. “It’s a pleasure. I don’t often get a chance to treat a pretty girl to an ice-cream.”

“One really shouldn’t spoil them you know, but it’s very kind of you, and just this once…” she relented, disarmed by the secret pride of one whose children are admired.

“Come on, you two,” Paul called, strapping thick walking irons to his legs. Saucer-eyed, Jeanette watched him struggle to his feet.

“What are those?” she asked.

“He’s a robot-man, you silly!” explained six-year old Dennis.

“Can’t you see?”

“Shush!” whispered Paul. “It’s a secret! I come from Mars. In Mars the ice-creams are as big as footballs…” he continued as he led them with weighty thrusts along the pavement.

“Amazing man!” commented Jerry, watching him out of reach.

“I’d be ashamed to come down here like that.”

“Why?” said Sheila. “He’s not a leper. He’s got a right to swim if he wants to.”

“Yes, of course. But a man is not a man if he can be like that and not mind. People staring at him, I mean. Look at Annie here.”

Amazed amusement openly registered on the child-face of the servant, formalized to pity at the mention of her name. “Hau, poor master, shame,” she politely offered.

“Holiday resorts are all alike,” Paul reflected, for the sea at noon had turned the color of a shaded leaf, the color of reflection. “The same crowds, the same children, the same mothers, fat and old, or young and natty in their bathing costumes. Birth, copulation. Death. Death. Birth. Copulation. Death. That’s T.S. Eliot.”

The surf thundered the words behind him on the quiet noon-day beach, on the golden crescent of sand where he lay flat as an eel, wriggling. He reached the blue spot of towel and dropped on it face down heaving. Warmth waxed through him, sand-given, sun-given, till his blood ceased its canter, ebbing and flowing like the tide in rhythmic regularity.

“Some treatment!” he grunted, satisfied with his achievement. A dog-eared book fluttered in the breeze beside him, the pages white as bones in a shadowless desert. From the red trunks up, sturdy knots of brown muscle rippled to a thick dark tangle of hair, wet-black and glistening. The tides of other summers sang in that stubborn head, eyes grey and laughing, the mouth and chin firm. The rest was robot.

“Apt definition – out of the mouths of babes,” he thought, recalling the morning. The mother had been embarrassed by his irons. Queer how they couldn’t bear to look straight at you, as though it might hurt! The doctors did, but then they also only saw the robot man. It was a game of see-what-we-can-do. Before the branch had seared, before that chilly spring, he might have…
He was asleep. The sun shone, the sirens sang…

There was a house, tall, stately brick with fluted balconies and lights and music. It stood back across the lawn in the dusk, peaceful and inviting. He reached the lawn and then the wolf began to snuff his feet and howl. Anubis…with such a human voice, devil-tormented.

“What?” he jolted upright. The sun shone, the sirens sunbathed, scattering like foam the image of a dream.

“Sorry!” he mumbled to a startled massive man beside him, and dragged himself on all fours to the bathing box and the irons.

Sheila and Jerry were getting dressed for dinner when they had the fight. About money, as usual.

“Why did you have to go shopping without asking how much you could spend?” Jerry choked. “Can’t you ever remember you’re not married to a millionaire?”

“Don’t get so acid. I’ll wire daddy for a loan tomorrow,” she begged, powdering her nose.

“You did that last month when we were fifty short. And the month before when the budget was twenty out. You can’t do it again. He’ll think I can’t support you.”

“And so you can’t…in the style I’m accustomed to,” she flounced back at him over a bare shoulder.

“Nor could anyone else. Money runs like water through YOUR fingers. Better if that father of yours had taught you housekeeping instead of dress-modeling.”

“Then you wouldn’t have looked at me twice!” she sang out, secure in her knowledge of his tastes.

At his window Paul listened, attracted by the coarse, vibrant sounds of their anger, until they went a pair of ruffled bantams with feathers to stroke and smooth in place again. To ruffle, stroke and smooth… If it was money they needed, he could settle that. Tomorrow when the children came to play he would begin to talk, get friendly, ask them for a drink and then explain tactfully… what? That he was crippled and therefore limited in his desires? “Who’s ever heard of useless money?”

Before the illness there had been friends, women, parties. Others had helped in the consumption of the lavish things his inherited fortune had provided. A robot’s life is regulated by mechanics. Quiet, rest, exercise. Do or die. He wanted to do, to struggle, to blaspheme…and so to die.

“And so, dear lady, if you will relieve me of the excess of filthy lucre, which is even now polluting the family bank-vault, I shall be eternally grateful.”

The irony of charity! He grinned as he knotted his tie before his mirror and thumped down the stairs to the dining-room. His movements of the bare white shoulders, the slim curved thighs.

“So that was it! He was to be her bait. And the poor stuffed fish across the way was snapping at it with impotent fury.

“I’m sorry, Sheila, but I don’t think that’s fair to Jerry,” he answered, ignoring the appeal of her eyes and the half-veiled promise.

“Oh, go on!” suddenly blustered Jerry. “Take her out! I couldn’t care less!”

“Thank you, darling,” was her instinctive reply as she quickly gathered up her wrap.

The Cadillac waited outside. He handed her into it and slid behind the custom-built controls. The night purred about the big sleek machine, pale, golden, kitten-soft.

“Where shall we go?” he asked her.

“Anywhere. Where we can talk.”

He headed for the beach. “All right,” he thought. “This is what he wants. Different. Daring.” It was a challenge.

When he stopped the car she kissed him, the moist clinging kiss of a woman eager for adventure. He lapsed and let the summers of the past sing fast and heady, moving in quick instinctive response while the sea thundered.

“Paul?” she breathed against his ear.

“Sorry, Sheila,” he muttered pale and sweating. “Didn’t Dennis tell you I was a robot-man?”

Outside against the golden sand the wolf howled, devil-tormented, and the house crumbled washed by the darkling tide.

But there was no stopping her now. With the dignity of a stalking cat she rose slender and scarlet from her place, daring him to a public scandal.

“Good evening, Mr. …oh, I don’t even know your name… but, it doesn’t matter, does it? Because you were so nice to the children this morning and we wanted to ask you to come and join us for dinner at our table.”

“My name is Syke. Paul Syke. Delighted to accept your invitation.” He thumped behind her to the table, watching the movements of the bare white shoulders, the slim curved thighs.

“Jerry, this is Mr. Syke. My husband, Mr. Goldtread – Jerry to his friends. And I’m Sheila. May I call you Paul? I hate surnames.”

“Hello,” growled Jerry. “And thanks for the ice-creams this morning.”

“Your children are charming. It was a pleasure,” Paul parried.

With the meat course it became apparent that Sheila was restless, bored, defiant. She ordered an expensive white wine despite a frown from Jerry and, emboldened by its warmth, delivered a speech on stodgy husbands and dull holidays.

“Now what I like to do,” she finished, “is something a little different, a little daring!”

“Like what?” asked the exasperated Jerry. “You know we can’t go out. It’s Annie’s night off. Besides, we haven’t a car.”

“Can’t go,” she crooned, “but Paul and I can. And he has a car. I’ve seen it. A beautiful big Cadillac.”

So that was it! He was to be her bait. And the poor stuffed fish across the way was snapping at it with impotent fury.

“I’m sorry, Sheila, but I don’t think that’s fair to Jerry,” he answered, ignoring the appeal of her eyes and the half-veiled promise.

“Thank you, darling,” was her instinctive reply as she quickly gathered up her wrap.

Leah Davidson is a Life Fellow of The American Academy and a distinguished Life Fellow of the American Psychiatric Association. She is an assistant associate professor at St. Luke’s Roosevelt Hospital and is in private practice in Manhattan and Riverdale (Bronx), New York. She can be reached at leahzd@gmail.com.
BOOK AND FILM REVIEWS

Reading Anna Freud
by Nick Midgley
Published by Routledge Press, October 1, 2012, 236 pages
Reviewed by William Moore, M.D.

Anna Freud, a shy little woman with a famous last name, became a giant in advocating for children and adolescents in the 20th century. She had great influences on parenting, medicine, nursing, education, law and family court, social work and family therapy. Psychoanalysis is indebted to her, particularly for juveniles, but for adults too. She was called “conservative” and “traditionalist” for her father’s theories. Still she was innovative for and creative for children when it was really indicated. She changed psychological developmental theory and child therapy.

Nick Midgley trained as a child and adolescent psychotherapist at the Anna Freud Centre in London. Currently he is Program Director of the MSc in Developmental Psychology and Clinical Practice for that center. He gives the reader a scholarly and even affectionate view of Anna Freud’s work, influence, and relevance today. In the section On The Layout of This Book he states, “The primary aim of this book is to introduce the interested reader to the main aspects of Anna Freud’s writing and her key ideas in a number of fields.” “Each chapter ends with a section that draws out some of the influences of her work on more recent thinking and the final chapter of the book addresses the legacy of Anna Freud’s work more generally.”

Reading Anna Freud is not a history although it begins with a helpful chronology. It is not a biography although the introduction is a succinct biography. Both history and biography are woven into the text. The 13 chapters each begin with a short relevant bibliography and readers will see that each chapter might be developed into a book itself.

In 1910 Anna had completed her schooling, and between 1914 and 1920 she was a school teacher. In 1917 she began analysis with Sigmund Freud and she qualified in 1922 as a psychoanalyst at 27. In the mid 1920’s formalization of child analysis was beginning. She was in regular attendance at the “Wednesday Meetings” which included Jung, Ferenzi, Rank and other luminaries in analysis. In 1925 Dorothy Burlingham came to Vienna to get analysis for her eldest son. That began a lifelong friendship until Burlingham’s death at 79. Melanie Klein in Berlin was developing her ideas quite differently. Anna Freud’s debates with Melanie Klein began in Europe and continued in London with hostility and bitterness. Eventually Anna Freud’s influence became greater in America and Melanie Klein’s was greater in the UK.

Siegfried Benfield and August Aichhorn were pioneers in forming schools based on psychoanalytic principles. Anna Freud knew them and their work when the Freuds formed the “Matchbox School.” Their school was begun for children in analysis and for children whose parents were in analysis. Peter Blos was the Principal and first teacher. His friend Erik Erikson became the second. Anna Freud’s view of the importance of teachers never diminished. In 1926 she helped establish the Journal for Psychoanalytic Education. Years later it was resurrected as the Psychoanalytic Study of the Child.

The first child analytic patient was Sigmund Freud’s (1909) “Little Hans.” Anna Freud’s first child patient was in 1923. She stressed the development of a working alliance with the child. Because of immaturity, a child has no insight into their abnormalities and no wish to get well, thus they need a period of education before the analysis can begin. This was one point of disagreement with Melanie Klein. Anna Freud had an extraordinary capacity to engage children.

The approach of WWII and Hitler’s annexation of Austria led the Freuds and their entourage to escape to London. The Hampstead War Nurseries were a vast learning experience for Anna Freud. The separation of young children from their mothers was more traumatic than the bombs. She encouraged mothers to work part time at the Nurseries. She recreated a family setting for the children. 6 young men were employed to give male input into the Nurseries.

In 1936 Anna Freud’s Ego and Mechanisms of Defense was published. For 40 years it was one of two foundational books for Ego Psychology. Heinz Hartmann’s Ego Psychology and the Problem of Adaptation is the other. She intended her book to be her thoughts on puberty and adolescence. She presented 2 new defenses ‘identification with the aggressor’ and ‘a form of altruism.’

The Hampstead Child Therapy Clinic, now The Anna Freud Center, is an outgrowth of the Nurseries. After WWII there was considerable tension between the psychoanalytic method and the scientific method. Anna had no academic background for research but at the Hampstead Clinic she studied the interplay of dynamic, historical and genetic influence on psychology. Here “the involuntary and accidental experiments of life were studied.” She had a fourfold approach of training, therapy, research and prevention. The Hampstead Index was developed. She used a developmental perspective, The Diagnostic Profile, to understand the child. This is at odds with the symptom approach of DSM and ICD. She used developmental lines to assay progress in the complex interaction between innate maturational processes, endowment and experience. She found that developmental damage cannot be repaired by analysis. Recent advances in mentalization-based therapy may reflect Anna Freud’s developmental therapy.

Pediatric practice and hospital care have been greatly influenced by her studies. Small children were forced uncomprehendingly to submit to separation and the internal effect of disease. She met weekly with a group of pediatric practitioners for 25 years. As such, practices such as mothers sleeping in rooms with hospitalized children and accommodating visiting hours are common. She told Benjamin Spock that spreading knowledge to mothers was more important than teaching benevolence.

In 1961 the Dean of Yale Law School invited Anna Freud to begin periodic lectures and seminars which continued to a few months before her death. She taught that the psychological parent was more important than the biological parent. She discussed the difficult determination of what is in “the best interest of the child.” It has now been modified to “the least detrimental available alternative for safe guarding the child’s
growth and development.”

The concluding chapter helps to underline her contributions and relevancy for today as well as acknowledge some of her less far-sighted ideas. She was at least a little suspicious of new ideas in psychoanalysis, and for example thought Bowlby’s Attachment Theories were not psychological enough. She did realize that her father’s concept of psychosexual development told only part of the story and that new ideas were coming from other fields which needed to be added.

Bothered By Alligators
by Marion Milner
Introduction by Margaret Walters
Published February 24, 2012
by Routledge Press, 296 pages
Reviewed by William Moore, M.D.

How did the book, Bothered by Alligators, begin? At 90 years of age Marion Milner (MM), a distinguished British psychoanalyst, published author, educationalist, autobiographer, diarist and artist, realized that her death was imminent. She decided that a somewhat chaotic office needed organization before she died and as she tidied up she found a diary she had written of her son, John (J) from 2 to 9 years of age and The Book, by J, “published” by J at age 7. Both had been forgotten for 50 plus years. J was in his 60’s when MM discovered the diary and The Book. MM tells us in the introduction that her aim in writing Bothered by Alligators was “an attempt to see if I could use J’s images to make up for what had gone wrong in my own experience of being a patient in psychoanalysis, and to see how far this could be done without the help of the analyst and the psychoanalytic couch.” She (MM) is referring to her experience with her second (of 3) training analysts, D.W. Winnicott. That mystery will provide a thread to follow through Bothered by Alligators as it provides occasional deviations.

The title MM chose from a puzzling statement by J. She heard him softly say to himself, “Poor Sara, are the alligators bothering you?” We can only accept that what small children say makes sense to them as they are in a struggle to find a wholeness for themselves as are adults. J’s material occupies the core of Alligators. MM underlines the poetic nature of children’s words, drawings, and play.

Religion has a significant role in Alligators. J, as a wee lad often refers to God. For example in the Diary at about 4 1/2, he says it’s, “God that makes me grow.” The Milners were not church goers, so MM tended to discount J’s talk of God as activism. At 96 MM begins to have doubts that she can finish this book before death overtakes her. She has a realization that she had been “dim-witted” in her actions with the people close to her. J’s drawings lead her to associations involving Christianity. She notes the poetic quality of J’s diary and The Book. Bothered by Alligators has poetic metaphors, sometimes moetic and even mystical. She writes, “I do love the Bible and if it wasn’t for the church we would never have had this so beautiful English translation of all that Middle Eastern expression of its own poetic genius.” She quotes Scriptures and often her associations are to Scripture.

Bothered by Alligators is divided into 9 parts with subsections. Part 1 The diary is reproduced as it happened without modification. At the time it was written MM had some knowledge of early Freud. She was familiar with Jean Piaget’s Language and Thought of the Children from studies at Harvard Business School in 1928. She had never heard of D.W. Winnicott or Melanie Klein. Bowlby’s work on attachment was still far in the future. Here is the beginning of the rich material of words and sketches by J which will be enchanting for child therapists, child analysts, art therapists and family therapists. Her trained analyst eye and candor give the reader deep insights into MM’s life experiences, usually quite intimately. Readers may often be drawn into making their own interpretations of MM’s material and therefore deeper insight into themselves.

Part 2 The Book complete and reproduced in color. It is 40 pages written by J at age 7 years of age and “published” by him in March 1939. The text and drawing are poetic expressions of J’s inner world as he expresses himself before her which achieves fluent discursive language.

Part 3 Thinking about the story book.

This is left for the reader to ponder The Book.

Part 4 Towards a change of aim.

In this section a young J tries to analyze his mother by helping MM find out what had been left out of her couch analysis. So she could better understand her dreams and find a new solution for herself she looked back at her writings, art and dreams. Analyzing J’s book was also self analysis.

Part 5 Using my own pictures.

MM made collages of pieces of her failed art pieces. She did not realize it was free association from her unconscious until later. Those collages are published here.

One of the associations that is discovered as she explores these works is her memory of the prayer her mother taught her when 6 years old, “Keep the door of my lips that I offend not with my tongue.” Much later in life an osteopath treating her shoulder/ backache commented, “Do you realize that you are always protecting your mother?” At the time she found it puzzling that the prayer was still having effect. “I still had difficulty expressing anger and anxiety about having given offence with my tongue.” Now at 93 years old, she reflects on her Freudian psychoanalysis 50 years earlier and is able to see a matricidal self, she looks upon a drawing and asks, “could it be my own alligator?”

Part 6 Different Kinds of Order

At 96 MM begins to have doubts that she can finish this book before death overtakes her. She has a realization that she had been “dim-witted” in her actions with the people close to her. J’s drawings lead her to associations involving Christianity. She notes that Jesus Christ chose a cannibalistic meal by which to be remembered and associates to nursing at her mother’s breast. MM remembers that her mother had to wear a nipple shield because of the pain from her sucking. MM wonders, “Could I have seen in her eyes the pain I was causing?” Later in life she realizes that the pain in mother’s eyes was also the pain of an unhappy marriage. She wonders if J saw that same pain in MM’s eyes as he nursed?

Part 7 The Family Setting

MM provides autobiographical context for the reader.

MM was born in 1900. MM’s paternal grandfather was an Anglican priest. MM’s father worked at the Stock Exchange, and in 1911 he sustained a serious head injury in a fall which she called a “breakdown.” Afterward he was particularly irritable toward her mother. MM was angry at him; she felt her mother did not deserve it.
At puberty MM was quite ill with influenza and missed a term of school. During this time she read the German story of the wild girl, Undined by Friedrich de la Motte Fouqué which would influence her tremendously.

MM was the youngest of 3 siblings. Her brother was a Nobel Laureate in Atomic Physics. Her sister was an architect.

Part 8 D.W. Winnicott and me

MM had training analysis which she felt was lacking. She contacted D.W. Winnicott for a recommendation for another training analyst. He recommended himself. Her third training analyst, Clifford Scott, later called the DWW episode a psychoanalytic travesty. What “went wrong” in her second training analysis with DWW remains a mystery, but at the time MM had just divorced and Winnicott was separating. Perhaps this destabilization provides a clue. A doodle drawing by D.W. Winnicott is included.

Part 9 Toward Wholeness

MM includes more sketches/doodles and a photo of an engraving, as well as a sudden insight in seeing two sides of herself; a smiling villain and a fear that a rebellious, angry bit of herself would emerge with disastrous results. She felt a compulsive need to comply with people to avoid disagreement.

She notes that the Gospels were not intended as a literal description of a historical sequence of events, but to tell a story of wholeness. She feels that J’s drawings of religious symbols suggest that he might be struggling with sacredness and God. She talks about the in-between space, where between high and low tides the meeting of opposites occurs. She says this is the playground of children and an inner source of goodness.

Conclusion Usable Dreams

The walk to Jericho. I find my way forward blocked by fallen masonry, wobbly footing, I have to give up a defense and also be careful not to fall. I did.

Note on Appendix: Last pages

The last pages in the manuscript are left to Mathew Hale, who worked with her on “Alligators” for 8 years. When Hale returned home from a week’s absence, he found a phone message from MM that she had left the night before. She was excited and urged him not to be late because she had important things to tell him and to get down on paper. When he arrived she had been dead for about an hour. This was not the definitive conclusion which she had in mind but it does contain all the material to make that ending an unfinished state. Not everything has resolution.

We have come to the realization that in many respects, different theories complement each other in the understanding of the psyche. We frequently talk about the same dynamics but with different nomenclature. When I saw the title of this book I wondered about the possibility of these two systems, attachment theory and psychoanalysis, being brought together in some form. After all, attachment theory was developed by Bowlby, a reputed psychoanalyst. In this book, the author, Morris Eagle, also a reputed psychoanalyst, scholar, researcher and practitioner of attachment theory, I thought, could bring the two theories together. However, as I progressed into the reading and toward the end of the book, I concluded that these two different theories complement each other in a complex manner with areas of merging and of intertwining together. Their similarities and differences are well explained and made easy to understand by the expertise of the author.

This is a practical book and truly abides to the subtitle: “Theory, Research and Clinical Implications,” in reference to attachment theory. This book is part of a series titled “Intersections: Psychoanalysis and Psychological Science” edited by psychology scholar Elliot L. Jurist. This book is comprehensive and rich in content. Each sentence flows one into the other and each sentence must be read carefully. As the book develops, the author makes the point of noticing the differences, similarities or blending of the two theories.

The early chapters concentrate mostly on the description of attachment theory beginning with its history. Bowlby is the father figure of attachment theory. The roots of his thinking are identified in his early work with disturbed children and in his studies in ethology, evolutionary theory (or Darwinism) and cybernetics. As a psychoanalyst, he agreed that the early experiences of the infant were important for later development. On the other hand, he felt the need to set a corrective action for a number of psychoanalytic principles. He disagreed with the Freudian idea of a behavioral system of the infant based solely on instinctual drives. He believed this system was goal directed and driven by the desire for a physical proximity to the mother.

Bowlby believed that intimate attachments were important throughout one’s entire emotional life. The author summarizes the primary and secondary core tenets of attachment theory and the key research findings supportive of this theory. The research tools used in measuring adult attachment patterns, mostly the Adult Attachment Interview (AAI) and Self-Report (SR), are discussed in some detail. Understanding the measures established by these tools is emphasized and the author’s comments are highly valuable for those practitioners that utilize them in clinical practice. Other measuring tools such as the Strange Situation (SS), Experience in Close Relationships (ECR), Romantic Relationship Interview (RRI), and Friendship Interview (FI), are also mentioned but in less detail. The lack of a “gold standard” tool for measuring attachment patterns is obvious throughout the discussions and it is clearly noted by the author.

The following two chapters titled “Divergences Between Attachment Theory and Early [and Late] Psychoanalytic Theories,” deal not only with the divergences but also with the similarities and blending of the two theories. These two chapters are valuable to the core understanding of the book. The author points out that attachment theory, like Freudian drive theory, provides a model of instinctive behavior. That attachment theory...
is partially derived from “object relations” theory, except for the instinctual component, is amply discussed. In addition, these chapters discuss Freud’s emphasis on “fantasy” over actual events in the development of inner representations, claiming that it was primarily based on the reduction of hunger.

Attachment theory emphasizes the experiences of tactile stimulation and contact comfort leading to feelings of safety and security. Bowlby states that the infant’s attachment to its caregiver, in agreement with Freud, is based on an inner world of fantasy. It is noted that Freud emphasizes a “psychic reality,” one not based on the events themselves but on the meanings of these events. Attachment theory de-emphasizes the idea of psychic reality.

These chapters show that when both theories are subjected to the rigor of research tools, they both appear to fail. On one hand no definitive evidence exists to support Freud’s ideas of the fantasies he describes, since they are based only in speculative reconstructions from adult patients. Research also shows that the relationship between infantile attachment pattern and maternal responsiveness is a modest one suggesting that other factors may be at work. Bowlby hypothesizes that “multiple working models,” based on different types of experiences that the infant may have with several attachment figures, accounts for this “dynamic unconscious.” Alternatively, Freud defines the “dynamic unconscious” as composed of repressed wishes and fantasies linked to sexual and aggressive drives. Further discussion in these two chapters notes the compatibility of attachment theory and self psychology, both emphasizing the importance of maternal sensitivity and responsiveness as essential components for healthy psychological development.

The book then deals with the depths of infantile and adult sexuality. The differences, similarities, and merging of the two theories are explored. The author points out that Freud’s idea of infant-mother attachment based on infantile sexuality parallels the hunger drive of attachment theory, leading to pleasurable experiences, the erogenous stimulation and the hunger reduction, respectively. However, it is noted that even Freud’s own ideas conflict with Anna Freud’s assertion that there is an inborn readiness to become attached. Freud’s ideas are also in conflict with contemporary psychoanalyst Widlocker who proposes that infantile attachment and sexuality, while interacting with each other, are functionally separate systems. This latter view is also shared by the attachment theorists, a proposal based in experimental research and evidenced by physiologic measurements. They ultimately believe that the integration of attachment and sexuality leads to adult, long-term relationships. For this integration to occur, a shift from one’s primary attachment figure to a current adult partner must take place. Inability for this shift is seen in individuals with insecure attachments in whom unconscious equating of parental figures with the partner interferes with the integration of attachment and sexuality.

The primary adaptive functions of anger and aggression are also explored from the points of view of the two theories. The psychoanalytic view is that these functions have as a goal the destruction of the source of frustration while the attachment theorist views them as a means to preserve the attachment bond. Based on rigorous research, the author believes that there is little empirical data to support the psychoanalytic view, but a great deal to support the attachment theory view. The same can be said about the existent research in the area of psychopathologies of the individual and the two theories.

Can these two theories, psychoanalytic and the attachment, become integrated? This question was explored in 2001 by Fonagy in his book, Attachment and Psychoanalysis, and now by M. Eagle, in this book. Both believe these are two different theories but with some possible convergences and integration. Here, the author, M. Eagle, expands and complements Fonagy’s topics of convergence. In the final chapter, Eagle points out the convergences already discussed throughout the book and he distills them in a clearer and more systematic way. He points out the innate need for contact with the mother as a common theme expressed by numerous psychoanalysts and by the different psychoanalytic schools from Freud to more modern times. Parental responsiveness, mirroring, ego development, self-cohesiveness and secure attachments are all common ground for these theories. Mentalization and reflection, discussed under different terminologies, exist at the base of attachment theory but are also discussed by Freud as well as by contemporary psychoanalysts, all calling for the enhancement of these capacities. Persistence of early modes of relating, whether adaptive or maladaptive, and ego development and defenses, are included in the attachment patterns of behavior.

Additional empirical data is needed for the validation of these theories. Attachment theory is only in part validated by research, and its methodology serves as a possible model to be applied to the continuous study and development of the psychoanalytic theory.

This book makes a remarkable contribution, not only to psychoanalysts and attachment theorists, but to any dynamic psychotherapist interested in furthering his or her understanding of the psyche. “Attachment and Psychoanalysis: Theory, Research and Clinical Implications” belongs in the library of every mental health caregiver.

Psychotherapy Without the Self, a Buddhist Perspective.
By Mark Epstein, MD
Reviewed by Jack Castro, MD
Montefiore Medical Center/Albert Einstein College of Medicine

With additional contributions by Florencio Quintero, MD
Attending Psychiatrist and Lacanian Psychoanalyst, Jesus Mata Gregorio, Psychiatric Hospital, Caracas, Venezuela

“...a sober and quiet mind is one in which the ego does not obstruct the fluency of things that come in through our senses and up through our dreams” John Cage

“Could Western psychologies be compatible with a Buddhist psychology that questioned the very reality of the Self?” (pg 1) The search for this problem's answer has been the central quest of Epstein’s work: to synthesize the Buddhist theoretical concepts and Psychotherapy, bringing together East and West through a slow process that ultimately allows the reader to realize that these concepts converge in many ways.

Psychotherapy Without the Self, a Buddhist Perspective covers
20 years-worth of arduous academic work compiling several papers dating from 1986 through 2006, many of which had been previously published in various journals. The author presents these works in his book more or less in a chronological fashion.

The first section is titled *Buddha* and gathers articles from 1986-1990. Here, Epstein’s objective is to explain in an organized and systematic way his personal and vital experiences as a meditator using his knowledge in psychoanalytic theory.

In the second section titled *Freud*, the compiled articles date from 1988-1996. He bridges basic Freudian concepts such as *free floating attention* with Buddhism homologues such as *bare attention*, although he also points out the divergent aspects between these. Roughly, he attributes such divergence to Freud’s limited fluency in Buddhist psychology which can be grossly pinned down to a series of mystical practices to foster self-knowledge and insight beyond the mere calming of the mind. In this regard, in chapter 6 titled *Beyond the Oceanic Feeling: Psychoanalytic Study of Buddhist Meditation*, the author uses his sharp wit to counter the Freudian assertion that equates the mystical or religious experience to the sense of satori that a baby feels when he or she feeds from the mother’s breast.

Meditation is certainly a useful tool for soothing and quieting of the mind, and Freud understood this. But on the other hand he didn’t gain access to meditation’s other main aspect which deals with the nature of self (at least in the Buddhist tradition). In Epstein’s own words: “Anatta, or no-self, does not mean what I had initially assumed it to mean. The Buddha did not dispute the relative reality of the conventionally appearing self. But he did insist that we tend to give this relational self an obsolete status that it does not possess. We think that it is more real than it is, and we expend an extraordinary amount of energy propping it up and protecting it, reinforcing the certainty of our own separateness. Both psychotherapy and Buddhist meditation have the potential to undo this tendency, relieving us of our defensive loads. In these chapters I insist that they can work together to sharpen our understanding.” (pg 1)

The third section takes on Winnicott and his concepts as a common denominator shared by the Buddhist theories and Freud. The articles compiled in this section date from 2004-2006 and address the concepts of *unintegration* and *unknowing* to deepen further into the Buddhist premise of no-self which can be rather difficult to digest from our Western protective perspective of the *me, myself and I.*

Epstein also studies in depth the value of the creative process in the spurring of spontaneity and lightness. Such spontaneity and lightness may be achieved once the meditator grasps the intangible aspect of the self: “In both Winnicott’s psychology and that of the Buddha we find the discovery that the less sure we are about the self, the greater is our mental health. Both meditation and Winnicottian psychoanalysis open up uncertainty, not to provoke anxiety but to evoke tolerance, humility and compassion.” (pg 219) Or to put in other words, “egolessness is the discovery of the non-absoluteness of that which once seemed completely real. This becomes the crucial task for the path of insight.” (pg 87)

Paradoxically, although my experience is in reverse order to that of Epstein’s (he was introduced to meditation long before becoming a psychiatrist and psychotherapist; I, on the other hand, learned about meditation after I had started my psychiatric residency), I must admit that his book seemed to me intermittently dense and at times difficult to digest. It demands from the reader a rather robust background on psychoanalytic notions in order to be fully appreciated, and this is understandable as Epstein clarifies that “(articles)…were written for psychoanalytic audiences and were designed to introduce Buddhist psychology to those clinicians who were drawn to, but perhaps wary of, the spiritual psychology of the Buddha.”

However, I would encourage the prospective reader of *Psychotherapy Without the Self* not to discard his work for not having mastered psychoanalytic theory yet. Its sole reading evokes a particular experience: at least in me it generated progressive sensation of lightness, as if the very act of reading it evolved into a meditation itself.

“Buddhism is less about digging and more about opening,” but it’s also worth keeping in mind that digging and opening are not mutually exclusive. One can dig open and open up by digging at the same time. This is clearly what Mark Epstein has depicted in *Psychotherapy Without the Self, a Buddhist Perspective* by capturing the essence of combining meditation and psychotherapy.

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*Dreamland: Adventures in the Strange Science of Sleep*  
Reviewed by Gerald P. Perman, M.D.

*Dreamland: Adventures in the Strange Science of Sleep* is written for the lay public by David K. Randall, a Reuter senior reporter, and examines many different aspects of sleep. Randall’s reason for writing the book was based on his curiosity about his own life-long pattern of sleepwalking. He felt tricked when a sleep study couldn’t identify the reason for his parasomnia and the neurologist vaguely told him: “try to cut down on your stress and see what happens.” Randall summarizes the state of our knowledge about sleep by noting that “most of us will spend a full third of our lives asleep, and yet we don’t have the finest idea of what it does for our bodies and our brains.” (p. 17-18)

Randall begins with an ethological survey describing the wide variations that exists throughout the animal kingdom. Dolphins and birds sleep with half their brains awake and observant, and the other half asleep. Tigers and squirrels sleep 13 hours a day while giraffes make do with 1 ½ hours a night. When people are deprived of sleep for extended periods of time they become paranoid and lose the ability to think clearly, whereas rats die because they can no longer regulate their body temperature. (p. 21) After reviewing the stages of sleep, Randall gives a quick historical overview from the ancient Greeks to the present and the world of modern business that never sleeps. He discusses the enormous stress of shift work. When the 7 AM high school start time is pushed back a few hours, adolescents obtain significantly higher SAT scores. (p. 27) A recent article in The Washington Post reported “Sleepless in Montgomery (County): Schools will study later start,” citing studies that have shown improved academic performance, better attendance, and fewer car crashes and mental health problems. (December 12, 2012)

Roger Ekirch, a researcher at Virginia Tech quotes Thomas Middleton, a friend of Shakespeare, who tells us that before artificial light, nighttime activity was reduced to "no occupation
but sleep, feed and fart.” (p. 31) People barricaded themselves in their shelters, terrified of beasts, ghosts and human predators that lurked in the dark. Many disparate sources reported that people went to sleep soon after the sun set until midnight for their “first sleep,” woke for an hour or two, and then fell into their “second sleep” until morning. How common is this for those of you who are reading this book review? It is for me. The interval between the two “sleeps” was spent “praying, reading, contemplating dreams, urinating, or having sex.” A 16th century French physician concluded that “laborers were able to conceive several children because they waited until after the first sleep, when their energy was replenished, to make love. Their wives liked it more, too.” (p. 33)

Randall examines whether couples sleep and get along better in the same or separate beds, or if the mattress is soft or hard. From the ’30’s to the ’60’s, Hollywood operated under the “Hays Code” of Presbyterian elder Will H. Hays that dictated that a couple occupying the same bed had to have at least one foot on the floor to guard against “horizontal.” Randall provides a fine literature review of whether it is better to take an infant into the couple’s bed when she cries, or train her to sleep in her own crib. Both positions, it turns out, are a little right and a little wrong, as long as the infant isn’t accidently smothered to death by the parent.

Other chapters cover dreams and dreaming including the evolution of Freudian theory and the neurobiology of dreaming, sleep and creativity (e.g. Paul McCartney hummed and wrote “Yesterday” immediately upon waking), and sleep deprivation during war and how the sleep-deprived prefrontal cortex loses its ability to make self-assessments. A disastrous allied battle during WWII in the Pacific is detailed as an example. The chapter on sleepwalking points out that that this is usually a harmless aberration, although murderers have repeatedly tried to use this sleep disturbance as a defense: “the killer was asleep at the time and therefore should not be held criminally responsible.” In “Game Time,” Randall describes the effects of jet lag, circadian rhythm disturbance and fatigue on professional sports teams. Statistically, West Coast teams will ALWAYS win more games than East Coast teams because of these factors.

The discovery of sleep apnea and its various treatments – dental devices, soft palate surgery and continuous positive airway pressure (CPAP) machines – are described. This subject is close to my heart as I have sworn by my CPAP machine for years and I have referred many patients for sleep studies. The penultimate chapter, “Counting Sheep,” takes up insomnia, its relation to depression, how bad it has to be to be considered a disorder, and various treatments for it. Randall describes the history of hypnotics, from barbiturates through Halcion, Lunesta and Ambien. A number of studies have shown that these medications don’t help us sleep better, but cause anterograde amnesia so that we forget how poorly we have slept! (p.238)

In conclusion, I found Dreamland: Adventures in the Strange Science of Sleep to be a tour-de-force on the fascinating topic of sleep. It was well-written and researched: the only mistakes I found were when Randall put the adrenal gland in the brain and made reference to the Freudian subconscious instead of the unconscious. This book definitely did not put me to sleep and I have recommended it to a half dozen patients who have either complained about or expressed an interest in their sleep.

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New Member Profiles – Accepted

The Membership Committee is pleased to welcome the following who are new members to the Academy.

**PSYCHOANALYTIC FELLOW**

**Joseph M. Jeral, M.D.**

Takoma Park, MD

Sponsors: Drs. Barry Fisher and Gerald Perman

Dr. Jeral received his BA degree in 1990 from Reed College, received his MA in 1994 from the University of Colorado Boulder, and received his MD in 2000 from St. Louis University. He completed his residency at George Washington University in 2004. Dr. Jeral became ABPN certified in 2007. He is currently in private practice in Washington DC and is an Instructor in Psychiatry at George Washington University. We have received strong letters of support from his two sponsors.

**PSYCHIATRIC MEMBER**

**Frank Douglas (Doug) Massey, M.D.**

Denver, CO

Sponsors: Drs. Michael Blumenfield and Gerald Perman

Dr. Massey received his BA degree in 1994 from the University of Colorado Boulder and received his MD in 1998 from Eastern Virginia Medical School. He completed a Family Medicine Internship and Residency at Rose Family Medicine Residency Program in Denver in 2001, and completed a Psychiatric Residency at the University of Colorado in 2009. Dr. Massey is Board Certified in Family Medicine (since 2001) and Psychiatry (since 2010) and is currently in private practice in Denver. We have received strong letters of support from his two sponsors who recommend he be considered as an Early Career Psychiatrist and accepted as a Psychiatric Member of the Academy.

**PSYCHIATRIC ASSOCIATE MEMBER**

**Jennifer L. Traxler, D.O.**

Dobbs Ferry, NY

Sponsors: Drs. Cesar Alfonso and Scott Schwartz

Dr. Traxler received her BS degree in Visual Arts, Cum Laude, from the State University of New York College at New Paltz in 2005 and her DO from New York College of Osteopathic Medicine in 2010. She is currently Chief Resident at New York Medicine College. We have received two strong letters of support from her sponsors.
Dear Friends,

Giuseppe left us on August 30, 2013. To honor him and his life, we will be holding a memorial Saturday, November 2nd, 2013 at 11:00 am at:

The Church of Annunciation
3810 Massachusetts Ave., NW,
Washington, DC 20016
(202) 362-3323

A Reception will follow in the room adjacent to the Church, catered by Luigi Donadio, owner of ‘ALTIRAMI SU’

Giuseppe had a very good life and needs to be celebrated and remembered by his smile and his witty and spicy sentences. Alexis and I will welcome you all at Church and will be happy to embrace your love for Giuseppe while attending the Mass in his honor and eating food from his favorite restaurant. Giuseppe left this world in the way he really wanted: with his privacy, with his dignity and with the love from his family. We hope to see you all then.

Erminia and Alexis

In lieu of flowers, please make a donation to:
The Dr. Cyrus & Myrtle Katzen Cancer Research Center
2150 Pennsylvania Ave., NW, Suite 1-204
Washington, DC 20037
(202) 741-2250

Or online at: http://www.katzencancer.org/index.php/donate/