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**Cover Photo by David L. Lopez, M.D.**

“Psychotherapy, Self and Other”

*(2015)*

Illustration of the sequence of what occurs in psychotherapy, in regards to the self and the other. Created with a series of pictures taken by the author from the Egyptian statue “Scribe figures, one in front of the god Thot in the shape of a baboon (1450-1280 BC)”, New Museum, Berlin, Germany. The bottom picture is representative of the induction phase. The self (“patient”) perceives the other (“psychotherapist”) clearly, but does not see himself well. The middle picture shows clear light around the figures but the patient sees both figures in the dark. In mid-phase, illustrated by this middle image, the patient struggles to separate what is coming from him and what is coming from the therapist. In the third and last picture -illustrating termination- the patient sees himself clearly, but the figure of the therapist is now blurry. This means that the patient has used the transference to understand himself, but no longer has a good perception of the therapist. There is an arrow on the left to show the progression from bottom to top.
Editorial Policy for THE ACADEMY FORUM

Articles may be submitted to the editor of this magazine by anyone who wishes to write about topics related to psychoanalytic and psychodynamic psychiatry.

Authors who submit an article to THE ACADEMY FORUM magazine for publication agree to all of the following:

1. the editor may proofread and edit all articles for content, spelling and grammar.
2. the printing of the article in THE ACADEMY FORUM and the printing date and placement are at the discretion of the editor.
3. no exceptions will be made regarding items 1 and 2 above.
4. the author of the article may submit his/her article published in THE ACADEMY FORUM to additional magazines for publication after obtaining permission from THE ACADEMY FORUM.
5. THE ACADEMY FORUM does not normally accept previously published articles but may do so at the discretion of the editor.

Criteria for Submission:

1. All articles must be sent electronically as an attachment in a Word file (or text file) to gpperman@gmail.com. Any pictures embedded in the file must be high quality JPG files of each picture used.
2. Articles should be 1,000 to 2,500 words in length although the editor may make exceptions. Book reviews should usually be between 500 and 1,000 words. Please note that lists and examples take up room and decrease the number of words allowed.
3. Submissions should be of interest to the membership of the American Academy of Psychoanalysis and Dynamic Psychiatry including medical students, psychiatric residents, academic psychiatrists, research psychiatrists, psychiatrists in private practice, and psychiatrists working in the public sector.
4. Articles should be educational, new, informative, controversial, etc. Adequately disguised case vignettes with an informative discussion are welcome.
5. Although we edit and proofread all articles, PLEASE spell-check your document before submitting it for publication. Be especially careful with names and titles.
6. Please use a word processor such as Microsoft Word and do not attempt to do fancy formatting. It does not matter whether you use a PC or a Macintosh computer. Do NOT use old, outdated programs as we may not be able to open the files.
7. Any photographs being submitted for publication must be clear and have excellent contrast. Please include a note with names of people in the photo or a description of what it shows.
8. Electronically created images should be in JPG format at 300dpi. JPG formatted images should be actual size or larger. Small JPG images will distort when enlarged, but larger ones look fine when made smaller.
9. Since editing submissions for publication is time consuming, we ask you to:

A. Never use the space bar more than once in succession. This includes at the end of a sentence after the period.
B. If you want more than one space, use the tab.
C. Space once before or after using a parenthesis.
   For example: (1) Freud or Freud (1)
D. Space once before and after using a quotation mark.
   For example: John said, “Your epigenetic model was spot on.” Then the research ended.
E. Any articles that contain pictures of any kind must include the actual picture file in addition to the article.
F. If something comes up at the last minute, call or email to see if you still have time to submit your article for that issue.

Deadlines for Article and Ad Submission

- THE ACADEMY FORUM is published electronically in September (the fall issue) and in March (the spring issue).
- Confirmation for submissions are due seven weeks prior to the month of publication.
- Copy (articles) is due four weeks before publication

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Dear Friends,

In this issue of the Academy Forum, President David Lopez offers a compelling argument justifying the continued existence of the Academy. His article resonated strongly with me, touching on a number of the many challenges and rewards for those of us who, like myself, maintain an outpatient psychodynamic practice. We provide a protected, inviolable space for our patients who come to us for relief of their painful symptomatic and characterological difficulties. We approach and treat our patients in a kind and humane fashion, respectful of their autonomy, and letting their unconscious communications guide our interventions. The results are often profoundly gratifying and beneficial, to us as clinicians, to our patients, to our patients’ families, and by extension to the larger society. And, in my experience, the results that we achieve for our patients more than justify the challenges that we face as described by Dr. Lopez. Those of us in the Academy do our work from a privileged position: that of a physician with the knowledge and experience that we have obtained through our medical education and training, and with the training we have received in psychoanalytic and psychodynamic psychology that has made us the psychodynamic psychiatrists that we are. Thus we bring to our work and to our patients “the whole package.”

President-Elect Jennifer Downey, who will follow Dr. Lopez’s tenure in May 2016 for the next two years, introduces herself to us, reflects on what the Academy is doing now – its relationship to the APA and its important and deepening Teichner Award initiative – and offers us her vision of the Academy going forward. She encourages members to become involved and to work with the Academy to accomplish its goals. Please take her message to heart to the mutual benefit of yourselves and the Academy.

Sherry Katz-Bearnot gives a brief historical overview of the immensely successful Teichner Award and then makes a convincing and impassioned plea to you, our members, to step forward and volunteer to become a Teichner Scholar. As Sherry notes, you will be richly rewarded by offering a tremendous service to the Award recipients, to our field of psychodynamic psychiatry, and you will have an invaluable and unforgettable experience in the process.

I believe that you will find the articles and book reviews in this issue of the Forum of great interest. James Arieti, Ph.D., son of Silvano Arieti, gives the first of two articles (the next will appear in the fall 2016 issue of the Forum) about life growing up with his father - the author of the seminal *The American Handbook of Psychiatry* - and his father’s abilities as a story-teller. It is a warm, inspiring and humane portrait of one of the giants of psychodynamic psychiatry. Reimer Hinrichs discusses *The Future in Psychoanalysis*, as he highlights an oft-neglected focus of our work. Eugenio Rothe, who has played an increasingly important administrative role in the Academy, writes about *Poetry in Psychoanalysis and Psychoanalysis in Poetry*, giving us a beautifully written and nuanced paper. Author and blogger, Jeffery Smith, reflects on the process of change in psychotherapy from various perspectives, beginning with some of Freud’s earliest work. Next, I came across an unpublished paper written by a friend of mine, Irene Farkas-Conn, Ph.D. that I thought would be of interest to our readers. Dr. Farkas-Conn tells the story of how her family members in WWII Hungary managed to rescue a significant number of Jews who would otherwise have been slaughtered by the Nazis. Finally, Peter Olsson gives a psychological autopsy of a gruesome fictional murder.

The spring 2016 Forum offers its usual complement of well-written book reviews and a list of members new to the Academy. I again extend a hearty welcome to Deputy Editor, Angela Hegarty, who will be taking over as Editor after the spring 2017 issue of the Forum. Sarah Noble continues to do a superb job as book and film editor and Marie Westlake provides tremendous staff support in working with me to get the Forum produced and out to our members.

Please continue to submit your articles and book and movie reviews. We rely on you to keep the Forum going!

Thank you.

Cordial best regards,

Jerry Perman
Editor of the Academy Forum
From the President
Why do we need this Academy?

By David L. Lopez, M.D.

As I was preparing to become President of the Academy, consulting with many thoughtful individuals in various areas of expertise, a lawyer posed me a question that often repeated in my mind throughout these past two years: “In this era of massive social communication and digital information, why do you need a professional association of subspecialized psychiatrists?”

We are living in a time of a lot of fear for psychodynamic psychiatrists. I am not referring to terrorism, global warming, or geopolitical instability. Rather, I am referring to our community being faced with: 1) the threat of bureaucratic policies that limit our ability to practice as out-of-network psychiatrists, 2) the threat of insurance guidelines placing psychiatrists in the role of psychopharmacologists, 3) the threat of having our fees regulated, 4) the threat of being subjected to penalties if our documentation does not follow a specified format, and 5) the threat of our practice being restricted if we do not have electronic medical records. I am sure you can think of other threats, but to me these are already profound.

As we know from our work, threats produce more distress than actual insults since they maintain us in a state of dread for long periods of time. When one is faced with so many possible hazards the risk seems constant and, even those fully psychoanalyzed, can at times feel apprehensive (unless they are about to retire, of course). We used to have a better way of explaining this phenomenon when the word “neurotic” was fashionable, but now we are left struggling with it as with many other once better understood processes, by ill-fitting fashion we have found colleagues we feel similar to. Paulina Kernberg (1994), following Vaillant’s hierarchy, described “affiliation” as a mature defense mechanism. This means the self-mediated need to belong to a group by sharing activities, attributes, or a common goal. She described this in children and adolescents, but this same mechanism is observed in adults as a mature way to cope with anxiety and uncertainty.

The Internet and social media might provide us with different levels of information and a sense of emotional connection. What it does not do, and what we at the Academy provide, is a high level of professional and personal affiliation with colleagues who are both psychiatrists and psychodynamic psychotherapists. Not only can we discuss our fears and our needs by being part of a group of similar professionals, but we can also present a joint front that seeks our best interests.

During my presidency, we had representatives within the government organizations that are determining the guidelines for reimbursement for the psychotherapy provided by psychiatrists. The onerous negotiations, which allowed us to be involved in the their development, entailed getting the American Psychiatric Association (APA) to intervene on behalf of the Academy. In addition, the Academy now also has representatives in the committee that is studying certification at a national level for psychoanalysts. Nevertheless, the most constant advocacy function of the Academy has come from Eric Plakun, our representative to the Assembly of the APA. He worked arduously these past two years to bring initiatives to the APA governance that are in line with our interests.

The Academy has been in existence for sixty years. Our professional environment has changed radically in these past six decades, and our Academy has transformed in accordance with the needs of the time. Few professional societies that were founded so long ago can claim the vibrancy and involvement that I have witnessed from our membership. The Annual Meetings have engaging programs with topics that are at the forefront of our discipline. Our publications are top level in professionalism and sophistication. Our committees are engaged in the needs of the membership, and our staff works harder than any other I have been involved with.

We should be very proud of this Academy, but we must also all continue to use our vision and hard work to maintain our privileged reputation. We must continue to adapt, since we know that those societies that survive are the ones that, like ours, have the flexibility to adjust to what the future presents. I am now confident that we have the determination and capabilities to keep up with any challenge that the next
decades present. It has been an honor and pleasure to be your president for the last two years.

References

Letter to the Membership from the President-Elect

By Jennifer Downey, M.D.

Dear Academy Members,

In May of this year I will become President of the Academy for the next two years, assuming the role from Dr. David Lopez. David has done an outstanding job and he leaves office with the Academy in a very good place - with growing membership, solid finances, exciting meetings, an esteemed journal, and a fine administrative team. David will be Past-President for 2 years, an active role in the Academy, so we’ll be able to access his experience and wisdom going forward.

For those of you who don’t know me, a brief introduction: I grew up in California, went to medical school and did an internal medicine residency in the Midwest (Case-Western Reserve), and moved to New York for psychiatric residency at Columbia-Presbyterian Hospital/New York State Psychiatric Institute. I have become a proud New Yorker, but an adopted one, as are so many New Yorkers.

In 1990 Dr. Rick Friedman, now Editor-in-Chief of the Academy’s journal, Psychodynamic Psychiatry, paid a visit to my home. Over glasses of lemonade in the backyard, he urged me to become a member of the Academy so that I could join him on the Research Committee. At the time, I was a research psychiatrist with a demanding consultation-liaison position on the Ob/Gyn service at Columbia. I was a wife and mother. I had graduated from analytic training at the Columbia Center and was a not-very-active member of the American Psychoanalytic Association. The last thing I needed was but one more thing to do and another organization to which I had to pay dues.

But Rick and I were both sex researchers. We saw eye to eye on psychoanalytic theory. Because of his urging, I joined the Academy. We were both interested in research that could be done with private patients in psychodynamic or analytic treatment, and members of the Academy have participated in such research through the years. Rick and I both still believe that knowledge we get from our psychodynamic patients is unique, profound, valuable, and should be accessed much more for research.

Over the years, I organized an Academy meeting in NYC, served as a Trustee, served 2 terms as Treasurer of the Academy between 2004 and 2010, and became a Deputy Editor of Psychodynamic Psychiatry. I came to appreciate the sense of affiliation that Dr. Paulina Kernberg wrote about and that David Lopez referred to in these Forum pages.

Affiliation with our colleagues is the reason that professionally we are not alone. Rather, even in these times when what we do as psychoanalysts and psychodynamic psychiatrists is threatened by insurance companies, pharmaceutical firms, and cultural assumptions that there should be a quick fix for every mental health problem and life trouble, we have the Academy, a small society, where we share information, insights, and pass on the developmental knowledge that we have as psychodynamic psychiatrists.

Through our relationship with the American Psychiatric Association and with the leadership of Academy member Dr. Eric Plakun, who is our liaison to the Committee on Psychotherapy there, we advocate for the preservation of this body of knowledge for our profession.

Dr. Cesar Alfonso, one of our former Presidents, suggested I think about goals for my term in office. One of those goals is to provide leadership for the Academy to reach out beyond our own organization and to advance and support teaching of psychodynamic psychiatry in psychiatric residency programs throughout the US.

Psychodynamic psychotherapy is still considered a “core competency” by the Accreditation Council for Graduate Medical Education. This means that every psychiatric residency is responsible for ensuring that residents know how to conduct psychodynamic psychotherapy.

For over 10 years the Academy has created and supported an innovative program titled the Teichner Award and led by Drs. Sherry Katz-Bearnot and Gene Beresin. The award was funded by a grateful patient of Dr. Victor Teichner, a Past President of the Academy and late husband of our member, Dr. Gail Berry. Each year psychiatric residency training directors compete for the opportunity to receive a “Teichner Scholar,” picked by them from the membership of the Academy with an interest in psychodynamic teaching. This Scholar travels to the program and works with residents and faculty for 2-3 days. Often there is extensive preparation on the part of the program, and the Scholar may remain in contact with the Training Director for months or years after the visit.

This year the Academy received six outstanding applications for this award. To a person, the training directors reported the same need: help in building faculty to teach and supervise residents in psychodynamic psychotherapy (none of these programs had access to nearby psychoanalytic institutes). They also asked for help in building a curriculum and a reading list for trainees. They asked as well for help in introducing their residents to how psychodynamic understanding enhances care of all patients.
The Teichner Committee members realize that programs such as those submitting applications this year need more sustained help in order to adequately teach trainees psychodynamic principles. Psychoanalytically trained supervisors may never have been available in these geographic locations or have retired. The need is increasing and has become critical. The Teichner Committee (composed of Academy members and members of AADPRT, the American Association of Directors of Psychiatric Residency Training) in concert with the Academy’s Education Committee and the Educational Initiatives Task Force are discussing recommendations that could be made to enhance the Academy’s out-reach to the many psychiatric residencies in this country that need help.

Working to develop the Academy’s response to this problem will be a major goal of my term in office. We are going to need help from Academy members with many different skills. I hope that you will want to join in this important endeavor - preserving psychodynamic knowledge for the next generation of psychiatrists so that they, too, will have the use of this vital tool for their clinical work.

References:

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“Let’s Play” is Theme of 60th Annual AAPDP Meeting
Atlanta, Georgia, May 12-14, 2016
By Kimberly Best, M.D. and Autumn Ning, M.D., Meeting Co-Chairs

If you haven’t already done so, it’s time to make your plans to attend AAPDP’s 60th Annual Meeting that will be held this year in Atlanta, GA from Thursday evening May 12 through Saturday, May 14, 2016. Let’s Play: The Role of Play in Treatment and Across the Lifespan is this year’s theme and we received many creative and exceptional submissions. As usual, the schedule is packed full of superb presentations and you will find it a challenge to choose among those held during the same time slot. Program Committee members Drs. Gene Della Badia, Kim Best (Co-Chair), Joanna Chambers (Chair of Scientific Program Committee), Debra Katz, Autumn Ning (Co-Chair), Sylvia Olarte (CME Committee Chair) and Scott Schwartz (consultant) worked hard to create the excellent program.

Dr. Gerald Perman will give the Thursday evening Opening Night presentation titled Song and Psychoanalysis: Live! Dr. Perman will tap into his rock and roll and country music roots with a performance on guitar and vocals and make the argument in his commentary that these songs from the 50’s resonated with audiences of the time because of their artistic value as well as because of their universal psychoanalytic truths.

On Friday morning Dr. Richard Friedman will speak about The Psychobiology of Childhood Play and Dr. Clarice Kestenbaum will discuss The Inner Child: How Innovative Therapy Techniques Help to Elicit Psychodynamic Developmental History from Resistant Adult Patients. Mid-morning will offer a selection of workshops: At Play in the Field of Words by Dr. Jorge Armentaros, The Clinical and Therapeutic Use of Dreams, Co-Chaired by Drs. Milton Kramer and Myron Glucksman, and Lives Unscripted: Unpacking the Rules of Improvisational Theater to Build Collaborative Capacities in The Psychodynamic Relationship by Dr. Jeffery Katzman. We will have the Victor Teichner Workshop: Innovations in Psychodynamic Psychotherapy Education-A Constructive Dialog that will spotlight the Victor Teichner Award that supports a visiting scholar for a psychiatry residency program with limited access to local psychodynamic educators. Drs. Cesar Alfonso and Timothy Sullivan will present with Dr. Jennifer Downey as Chair and Discussant.

Next we have a very special event. We will celebrate the 60th anniversary of AAPDP, an organization that has meant so much personally and for the careers of many of us. Dr. Scott Schwartz will host a panel of members who will tell short stories of how AAPDP has shaped their growth and then the audience will be invited to participate.
Friday afternoon brings a number of papers. In one set of papers we examine the influence of technologic and pharmacologic developments on play. Dr. Angela Hegarty, new Deputy Editor of the Academy Forum, considers the impact of the internet with Dangerous Games: The Shift from Transitional Space to Virtual Space and the Gratification of Illicit Criminal Desires. Dr. Damian Kim presents Play Smart with Smartphones: Revisiting Character Neurosis and Dr. Carolyn Doyle discusses Sexual Side Effects and Antidepressants: Neurobiology, Medication Options, and Psychodynamic Implications of Treatment.

Another set of papers considers evaluation and treatment issues. Dr. Paul Fine presents Scared and Alone: Relating to Severely Disturbed Children Through Play, Dr. Hae Kim discusses Sequential Systemic Psychotherapy: A New Perspective, and Dr. Sylvia Olarte presents Cognitive Psychoanalysis Revisited.

A third set of papers offers perspectives on ways people play. Dr. Helen Ullrich discusses play in children with The Age of Mischief: Secure Attachment among Children of a South Indian Village. Dr. Scott Schwartz will help us think about miniaturization with Miniaturization: Making the Infinite Finite, and Dr. Mark Novick will consider a favorite card game in The Game of Poker: Fun and Pleasure vs. Heartbreak. Dr. Joanna Chambers will discuss this fascinating group of papers.

Friday afternoon also offers the opportunity to hear a panel of speakers discuss The Role of Play in Social Cuing and the Mitigation of Adult Violence. Dr. Elizabeth Haase will present Rough and Tumble Play and the Sublimation (or not) of Aggression, followed by Dr. David Lopez giving the clinical presentation Mitigation of Aggression through Play Therapy in Sam, Age Six. This will be followed by Dr. Christopher Vaughn considering The Relationship of Play Deprivation on Later Life Violence and Homicidal Behavior.

As the finale of a rich and rewarding day, we will come together to hear our keynote speaker Dr. Karen Bardenstein who will lead us to consider playfulness in the therapist with her talk The Serious Business of the Playful Therapist: Honoring the Memory of Dr. Paulina Kernberg and Examining the Role of Playfulness as Technique in Child and Adult Treatment.

Saturday begins with a group of workshops. Dr. Debra Katz discusses developmental thinking and the impact that video-observation makes, Dr. Faisal Shaikh leads a case-based discussion using Balint methodology, and Dr. Ricardo Vela presents a psycho-anatomical formulation of the effects of early neglect. We also have a paper session on caring for caregivers, with Drs. Douglas Ingram and John Stine discussing retirement among psychodynamic psychiatrists and Dr. Joseph Rasimas presenting a strategy for supporting those who provide crisis mental health care. Later in the morning, we will turn our attention to the practice of dynamic treatment in a changing world, with Dr. Clay Whitehead discussing the future of psychodynamic psychotherapy, and Dr. Eugene Lowenkopf joining attorney Abe Rychik to present the provocatively titled paper, Changing Healthcare Models: You are Right to Be Paranoid.

In the middle of the day we offer some favorite annual workshops. Drs. Joseph Silvio and Juan Raul Condemarin lead psychodynamic psychopharmacology peer supervision. Dr. Scott Schwartz moderates an annual resident workshop that provides an opportunity for residents to present vignettes for discussion by experienced dynamic clinicians. Drs. Amina Ali and Ifeoma Nwugbana will present cases to be discussed by Drs. Silvia Olarte and Douglas Ingram.

The annual Residents’ Luncheon will be led by Dr. Debra Katz. This interactive luncheon is free of cost for residents. Please encourage any residents you know to sign up for the luncheon.

On Saturday afternoon Dr. Michael Blumenfield chairs a panel discussion of ethics with presenters Drs. Elizabeth Auchincloss, Sharon Batista, Sheila Hafter Gray, Douglas Ingram, Sylvia Olarte, and Elise Snyder. This panel may qualify for Patient Safety or Ethics CME credits if your state requires them. Our final paper session again considers evaluation and treatment. Drs. Wendi Waits and Elizabeth Greene discuss healing trauma through play and creativity. Dr. Gregory Mahr discusses factitious illness, and Dr. Myron Glucksman looks at manifest dream content as a predictor of suicidality. Dr. Cesar Alfonso serves as Moderator and Discussant of this set of papers.

Finally we gather together for the Presidential Address. Our President, Dr. David Lopez, has selected analyst and educator Dr. Deborah Cabaniss to speak on Putting Play to Work in Psychotherapy Training.

After more than two days of intense learning, we will relax together at the Awards Dinner that will be held at Nikolai’s Roof. A separate registration is required for this event. We anticipate that you will find this year’s Annual Meeting energizing, exciting and fulfilling!

We hope to see all of you in Atlanta!
Seeking Teichner Scholars!

Since 2006 members of the Academy have been traveling around the USA on three day all-expense-paid trips to psychiatric residency programs underserved in the area of psychodynamic education. These Teichner Scholars are members of the Academy and are self-nominated. Chosen by the winning programs, they have visited Kentucky, Tennessee, California, Indiana, New Mexico, South Dakota, Buffalo NY, and the exotic Island of Staten. Each and every one has given rave reviews to the experience, and each and every program has thanked us profusely for the gift of the visit. I am hoping to encourage more members of the Academy with an interest in education to join the roster of Scholars. If teaching “turns you on,” then this is a job you should apply for! Applications are on our website: www.AAPDP.org. Deborah Cabaniss, our only three-time Scholar and a gifted writer, has generously offered to assist any of the members who would like to apply with their application.

The Teichner program has succeeded beyond our initial expectations. In some of the programs it has indeed been a seed that has produced food and flourished. In some instances, it has brought the Academy new and very active members. Our Education Committee is composed of members who are Training Directors, several of whom are Teichner Award Winners or Scholars.

This year we were pleased to ask Debra Katz, our first Winner, to join the Teichner Committee judging applications. This feels like a full circle to me.

During his Presidency, Michael Blumenfield urged us to expand the Teichner Program and to consider giving more than one award annually. Council gave us the mandate to do so, and this year we had two “winner” applications, both of which were the first choice of the selection committee. Henry Weisman, the TD at Texas Tech is one winner. The second award will go to a trio of faculty at the Mayo Clinic: Cosima Swintak, Residency Program Director, Kristin Somers, Residency Associate Program Director, and Sandy Rackley, the Child and Adolescent Psychiatry Program Director. We welcome all of these wonderful people to the Teichner community and we have extended an invitation to all of them to attend our next meeting in Atlanta. We are sure they will be extended a warm Academy welcome.

Atlanta, the winners from last year, Tim Sullivan, Michael Twist and their Scholar, Past-President Cesar Alfonso, will be presenting a panel on Psychodynamic Education on Friday 11-11:50 AM, with former Scholar and President-Elect Jennifer Downey as Discussant. At the same time, former winner Jeff Katzman will be presenting a paper on unpacking the rules of improvisational theatre to build collaborative capacities in the therapeutic alliance. Debra Katz will be the speaker at the Saturday Resident’s Luncheon and her topic is Thinking Psychodynamically about our Patients. All trainees attend our meetings for free. We only ask for pre-registration at the Luncheon so that we may plan for food.

If you love to teach and enjoy adventure, please consider filling out an application to become a Teichner Scholar. I can promise you that you will find the experience itself to be quite rewarding, the benefits to the trainees with whom you come in contact long-lasting, and you will be keeping the Academy recharged and relevant!

Sherry Katz-Bearnot, M.D.
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For more on the Victor J. Teichner Award, visit the AAPDP website:

http://aapdp.org/index.php/education/teichner/
My father Silvano Arieti, besides being a scientist, was a storyteller, a prose poet. The Muses have given their servants tools, which have technical names like metaphor, rhetorical question, foreshadowing, and rhythm. By means of these, storytellers enchant us, sometimes gladdening us with entertainment, sometimes sharing their discoveries. In the case of the best, they do both. We can learn about the storytellers themselves from the themes and methods they use in their art.

In this article, I would like to discuss, first, my father’s literary ambitions, and then how the stories he told his sons radiated his optimism. In a second article, I shall show how his writings for adults, including his scientific stories - his case studies - radiate an even more lustrous optimism, even as they deal with the sorrow and psychopathology of human life.

Though I have no qualifications to speak about my father in his professional capacities, I can speak with experiential knowledge as a listener of his storytelling from the time I can remember until his death. When I became an adult, I became a reader of his stories, too, some even in manuscript form - and I mean this literally - manuscriptus - for my knowledge as a listener of his storytelling from the time I can

My father’s dream was to be a playwright, and in fact, he did write a few plays. I first became aware of his dream when I was twelve years old. My grammar school held a contest for the children to write a play, really, a skit, of about fifteen minutes on the life of Robert Schumann, the composer who broke his hand trying to invent a machine to make his fourth dramatic art that you have been at …(I wonder what I would say: no, this is not a play, for all the erudition in it, the seriousness, the intelligence, the insights, it is not specifically theatrical.” He explains that he sees little promise in a theatrical career because though my father’s idiom has a goal of high poetry, it lacks the proper language. The style, he avers, sounds foreign. He wonders whether my father, despite his Italian name, might actually be German! Bentley does not believe that the problem with the foreignness can be overcome by editing. In his view, a thinker cannot become a playwright until he has turned his thoughts into action in language, and he quotes Pirandello that drama is “action spoken” (azione parlata). He concludes by refusing to offer advice on whether my father should continue writing plays. Bentley writes: “I could say: no, this is not a play, for all the erudition in it, the seriousness, the intelligence, the insights, it is not specifically dramatic art that you have been at …(I wonder what I would have told Shakespeare had he sent me [a play] in 1590!!).”

In America, my father created three noms de plume for his English plays that I know of, and he carefully thought out their rationales. The first, which I found when I was going
through the box in the attic, was “Renato Sivilia.” In his brief letter to Ms. Mayorga, the editor of Best One-acts, he devotes one sentence to asking that she take note of his pseudonym. This was the one pseudonym that he had not later spoken with me about, but it is consistent with the two I did know of. Sivilia I take to be a variant of Seville, in Spain, one of the oldest Jewish communities in Spain. Renato means “reborn,” and so the name suggests that the venerable Jewish community will be reborn. I think the name was a sign of his optimism, as the near destruction of European Jewry had just occurred. Because he discussed his later pseudonyms with me, I know why he picked them. One was “Joseph Etruscan”: Joseph, because like Joseph in the Bible he believed himself a skilled interpreter of dreams, and Etruscan, because he came from Pisa, a town where the Etruscans once lived. Perhaps he believed that he had Etruscan blood in him, partly because his grandparents had lived in the Etruscan town of Volterra and partly because the Etruscans were an artistic and creative people. Another nom de plume was Abramo Tuscany, Abramo, because, like Abraham, he understood the leap from concrete to abstract thinking, from carved gods to a spiritual, incorporeal God, and Tuscany for the same reason as he had chosen Etruscan.

In the last ten years of his life, still yielding to his dramatic urges, he wrote a final drama, Swiss Oasis, which I also found in the attic; as far as I know, he never sent it to anyone for an evaluation.

So my father never had a play staged, and his only actual theatrical success was a ghostwritten love-scene in a play about Robert Schumann performed at the Riverside School in 1961.

Yet, I would like to claim that in a sense my father did become a playwright, not the way he had first wanted - but, of course, things don’t usually turn out as we plan. The Greek philosopher Plato, the tradition reports, also started out aspiring to be a playwright. He did not realize this dream; he sublimated it. It is unlikely that Plato would have equaled Aeschylus and Sophocles in drama. Instead, he produced the most stimulating and beloved works of philosophy ever written. So too my father, Silvano Arieti, who, when his literary ambitions over and over again met rejection, applied his creative powers to psychiatry. This was his magic synthesis.

From the time my brother David and I were little, Father told us stories. He was a master at telling them and seemed to have an endless supply. We had our favorites, and these he retold us stories. He was a master at telling them and seemed to vary ambitions over and over again met rejection, applied his written. So too my father, Silvano Arieti, who, when his literary ambitions over and over again met rejection, applied his creative powers to psychiatry. This was his magic synthesis.

My father insisted that he told us a million stories - this was his poetic tally. Still, I do remember listening to stories while in the back seat of our car, as I was going to bed, while we were waiting in a restaurant for the food, or while we were walking to or from the park. I especially remember demanding stories on dull Sunday afternoons, when my father was in the dining room at work on his books. I would complain that I was bored and beg him to tell me a story. His first response to my plaintive question “What can I do?” was invariably “Scratch your knee.” When I complained a little longer, he promised a story if I returned in an hour - which I did. When I was about seven years old, he gave me an old Olivetti typewriter that he had never used and offered to pay me five cents for every story I wrote on it. So I learned to type on this machine using the index finger from each hand, my technique even now.

The stories he told David and me came from the sources he knew best. Some were from the Bible or Talmud, some from Italian folktales, some from favorite novels and poems that he had read in his youth, some inspired by the experiences of his patients, and some simply invented out of his imagination for us his children. When I was in my early twenties, over four decades ago, I wrote down about a dozen of these as closely as I could remember them in a collection I called, “Stories my Father Told Me.” I pretty much forgot about them until I began to prepare these remarks. I should like to discuss two, one that he adapted from a poem by Victor Hugo and one that he made up. Both were favorites of us boys, and we heard them many times.

Let me start with “Le Crapaud” (“The Toad”), a poem from Victor Hugo’s collection, La Légende des Siècles, that appeared in 1859. Victor Hugo was a writer my father was very fond of - he had a fine recall of Les Misérables and Notre-Dame de Paris, stories he also adapted for us.

The story opens at the end of a rainy day. A toad is sitting in the middle of a hillside road looking at the sun, the sky aflame with pink and yellow. The toad is looking at the beautiful sunset. Perhaps this unhappy creature thinks he is happy. He is wondering why toads are covered with warts. Are they covered with warts the way a meadow is covered with flowers and the evening sky with stars?

While the toad is engaged in these thoughts, a priest, intent on his book, is walking up the road and does not notice the toad. What dangers there are in life! The heel of the priest’s shoe is about to step on the toad’s head when a woman’s voice calls him. “Father Raymond,” she calls, and he turns towards her.

Four children are on their way home from school. What frenzy possesses them this day? They see the toad as it squats on the road. “Let us take this ugly little animal and kill it!” Each boy grabs a branch and pokes the toad with it. The toad shakes and quivers. Things are bad for this animal, whose only crime is to be ugly. One of the children says, “Until now we have only wounded the toad. Why don’t we deal the final blow?” They look for a stone large enough to crush the animal. It struggles to hide in the bushes. It does not want to die; it wants to live, to wake up every morning and to see the sun. One boy finds the toad and places him in the middle of the path. The toad looks at them with soft eyes. It seems to be praying for life, to be left alone.

When one of the boys is about to throw a heavy stone, suddenly they hear a loud squeaky sound. An old lame donkey is pulling a heavy wagon up the mountain path. The poor beast, limping and pitiful, is returning to the stable after a hard day pulling the wagon to town. On his back are baskets full of dried beans, increasing his burden still more. His master, muttering angrily to himself, showers him with blows. “Go faster, faster!” he cries to the donkey, and the animal tries a little harder but cannot pull him any faster. “Faster!” cries the
master, lashing him with more blows.

The children say, “Stop! Do not throw the rock at the toad. We can put the toad in the path of the wagon and let him be run over. It will be more amusing to watch the toad die in this way.” They agree to do this. They all look. The wagon comes closer and closer. “Faster, faster,” cries the master.

Then, as the toad awaits its final torture, the donkey sees the toad - the sad, clumsy, wounded toad. This overworked, poor, beaten donkey notices the toad! He gathers together all his remaining strength and, stiffening his chain and halter on his muscles that are sore and covered with blood, he resists his master who is still shouting, “Faster!” Fighting his weariness, he lifts himself on his hind feet, lifts the baskets weighing down his back, and turns the rolling wheels. Thus he leaves the pitiful toad behind him. The little creature, amazed to be still alive, hops away.

The boy who is holding the rock lets it fall from his hand. Although the boys could easily catch the toad again, they stand in their places. Under the wide arch of the blue and black sky, they hear a voice telling them, “Be good!”

How could this animal, which has no sense and never goes to school, teach such a lesson to the children? How could a donkey, so ignorant in the eyes of the world, be so wise, so full of pity and kindness?

The cruel donkey master and the group of boys who want to kill a harmless toad that they find on a mountain path convey a major theme of Victor Hugo - that cruel injustice often oppresses the innocent. The children and the donkey master are images of Inspector Javert; the toad, of Jean Valjean; the donkey and the same toad, images of Quasimodo. The change in the weather is a reflection of the story: a beautiful sunset is an image of the son of Quasimodo; a thunderstorm of Javert's rain - an image of the black rain of evil.

The cruel donkey master and the group of boys who want to kill a harmless toad that they find on a mountain path convey a major theme of Victor Hugo - that cruel injustice often oppresses the innocent. The children and the donkey master are images of Inspector Javert; the toad, of Jean Valjean; the donkey and the same toad, images of Quasimodo. The change in the weather is a reflection of the story: a beautiful sunset follows a cold rain - just enough of a blessing to salvage the day; it also anticipates the human decency of the donkey that saves the toad and inspires the boys to seek goodness and charity. The poem expresses the theme that even through an insane, perhaps psychopathological act there can be a breath of hope, redemption, and understanding.

Here’s an example of a story my father made up for David and me:

Things were bad for the Mancasoldi family during the Great Depression. Robert was out of work for a long time, and the family was down to its last few cents. “You must find work today!” cried his wife. “Our children are hungry, and grandfather does nothing but look at the empty envelopes that used to hold his coin collection.”

“These are hard times,” replied Robert, “and there are few jobs.”

“I saw a ‘waiter wanted’ sign in the window of a restaurant yesterday,” said his wife. “Go now. The restaurant opens soon. You can be the first to apply.”

It was cold outside as Robert waited for the store to open. Happily, he was interviewed and hired. But the manager warned, “We shall see how you do today. If you break dishes, spill food, or do anything to cost us money, it will be deducted from your pay. You will be paid two dollars before you go home and the next shift begins.”

Eager for work, Robert tried to put on a black jacket that all the waiters had to wear. He was so eager that he was not scrupulous in picking one that would fit, and he put it on with a loud tearing sound.

“What is that noise?” cried the manager, who saw what had happened - the shoulders were ripped from the jacket. “You have ripped one of our fine jackets. The cost of repair … let me see … yes, and he wrote something down in a little book. “Now get to work!”

For the first two hours everything went well. Then a woman arrived with an energetic little boy. She ordered coffee for herself and a banana for the boy. Robert brought them their orders. Well what could you expect? A naughty boy with a banana is going to throw the peel on the floor. And that is just what happened.

Someone slipped, and the coffee splattered all over Robert’s pants and dishes broke. The manager carefully noted everything in his little book. “Now back to work!” he cried.

A big man with thick glasses sat down at table meant for four. “Bring me a steak,” he ordered Robert. “Make it thick! And bring me a large bowl of soup, and a salad, and a big plate of spaghetti!”

The man ate the soup and spaghetti and then said, “This steak is not cooked enough. Cook it some more!” So Robert took the steak into the kitchen. When he brought it out, the man said, “Cook it some more!” And when he came back with it, the man said, “Do you expect me to eat charcoal? Bring me a steak I can eat.”

In the end, the man devoured the steak and left the table. Robert thought he had gone to wash his hands, but when he did not return, Robert went to the manager.

“Why did you let him leave without paying?” shouted the manager as he whipped out his little book and wrote furiously.

At the end of the day, the manager said, “You ought to pay me!” He took out his little book and added up all the money that would be deducted from Robert’s pay. “Fixing the jacket … $.45; two broken dishes, $.50; one big meal and one burnt steak $1.00.” Take your five cents and go! And don’t come back tomorrow!” Robert took the nickel and went home with a heavy heart.

His wife and three children ran to greet him, but they saw how forlorn he looked. “It was a terrible day. So many things went wrong - and I was charged for all of them. In the end, I earned only five cents,” and he gave the nickel to his wife. She took it and walked over to her father. “Look, Father, at what poor Robert has received for his work. What shall we do?’

He put his arm on his daughter’s shoulder. Then he saw the coin in her hand. He held it up to the light, rolling it this way and that. “What is it, Father?” asked Robert’s wife.

“Where did you find this coin?” the old man asked.

“This was my salary for the day’s work.”

“Ha! Ha! We’re saved! You’ve done it, Robert. You’ve saved us all!”

“What have I done?” asked Robert.

“This nickel. Do you know what it is? It is a 1913 nickel! I’ve waited my whole life for a coin like this! This nickel is worth a fortune! We’re rich!”

And indeed they were, a 1913 nickel was worth several thousand dollars. They sold it the next day and bought a small shop and lived happily from then on.

Because we also collected coins, we enjoyed hearing this story over and over again. And as for that 1913 nickel? It is
The Future in Psychoanalytic Psychotherapy

By Reimer Hinrichs, M.D., Berlin, Germany

The purpose of this brief paper is to focus on the patient’s personal future after therapy rather than the future of the science of psychoanalytic therapy. It is a heuristic, hermeneutic, and individual approach. The past, more than the present or the future, is currently the main focus of therapeutic aspects of analytic therapy. This phenomenon is asymmetric according to the patient’s needs and expectations. Freud is responsible for this gap. One of the many aspects of this situation is the neglect of the relevance of adaption as described by Hartmann (1937) and Erich Fromm (1980). The question of free will on the patient’s side also went downhill in this connection. We have to accept the fact that Freud was not interested in this question and that most of his fellow pioneers followed his path. We will try to postulate a revision.

The narrative errors of patients concerning their memory of childhood patterns have not been connected to or revised in favor of their learning processes for the future. Some authors have tried to correct this pattern, but did not succeed (Alfred Adler, 1912; Wilhelm Stekel, 1938; Sandor Ferenczi, 1926; Erich Fromm, 1941; Franz Alexander, 1946; Carl Rogers, 1951; Sascha Nacht, 1963).

The result was that the method of analytic therapy mainly lies in observation and listening and not so much in understanding and explanation. The focus of attention was the psychogenesis of the patient’s symptoms and, thus, the personal future of the patient received little or no attention. Here we find a fundamental lack of empathy. It has been proven that anticipatory capabilities of the human brain are presented as presentiments. (Biermann, Radin, 1997). Therefore, one crucial task of analytic therapy is to take into consideration the anticipatory qualities of patients apart from of dream interpretation.

Aims of Psychoanalytic Therapy

Many targets of analytic therapy seem to merge with our attitude about mental health. And yet Freud failed to connect his conception of mental health (capability to love and work) with the rest of the patient’s life. At the end of his career Freud was even more pessimistic than at the beginning. This is a second gap in analytic theory.

For instance, the actual age of the patient at the beginning of therapy is a central point for differentiating therapeutic goals and for giving consideration to prognostic issues. Short-term and long-term goals should be clearly differentiated. The changing economic situation in the Western hemisphere (since 2000) is another crucial factor that contributes to the likelihood of the patient’s successful future life outcome.

If Nietzsche’s thesis is true, that one action is more relevant than any multitude of talking about action, it is important that preparation for the patient’s future ability to act is taken into consideration within the analytic process. The patient’s expectations of his or her future should be tested against internal structure and external reality with a special effort to differentiate between the patient’s specific (short term) and vague (long term) anticipation about the future. In this connection, it is the analyst’s special task to pay attention to transference/countertransference patterns to keep the patient from unconsciously following the therapist’s expectations and aims instead of his or her own. Dream analysis, in this context, has proven to be helpful and effective.

On Pathophilia and the Avoidance of the Future in Psychoanalytic Psychotherapy

Whereas Freud’s intentions were to make the story of the analytic movement a successful one, he was reluctant and ambivalent to do so in relation to analytic therapy as regards the patient’s personal situation. Additional reasons hidden in Freud’s personality contributed to this pitiful situation.

The Present Status of our Psychoanalytic Science

In theory, neurobiology and psychoanalysis are currently in the process of converging and approaching one another under the rubric of neuro-psychoanalysis. It is sad to say that the conditions of financing analytic therapy outside of Germany are rather poor and that in most countries the patient has to pay for treatment and this opens an even sadder can of worms related to the transference/countertransference dynamics. The above-mentioned approach also includes many opportunities for scientific discussion that hopefully will find their way into the patient’s therapeutic situation.

The Importance of the Future in the Therapeutic Process

The main aim of analytic psychotherapy is usually de-
scribed as structural change of the patient through insight. The first pre-requisite for this is to look backwards into the patient’s past. However, at least as important is an examination of the patient’s current situation and an exploration of his or her future opportunities the latter aspects of which are often neglected.

Typically, the analytic literature gives advice for the termination of psychoanalytic therapy. Unfortunately, this is often influenced by the patient’s financial resources or the number of allowed sessions as dictated by the patient’s health insurance. It must be emphasized that implicit factors for termination are considerably more important: for example as how well the patient, in the process of losing his or her symptoms, is preparing for his or her personal future (life planning). The treatment should help the patient develop a sense of timing (in work and life) that will prepare the patient for the time beyond analysis. In this connection, we emphasize the necessity of an early clarification of the patient’s age as well as his or her endocrinological and cognitive situation in an effort to avoid illusions and later disappointment.

One crucial part on the cognitive side is the establishment and evaluation of ego-functions as defined by Ego Psychology and that include: the tolerance of frustration, identification with the analyst, the capacity for reflection, the ability to synthesize interpretations, the ability to control regression, the capacity to verbalize, the control of motoric activity, the testing of action, the constructive use of defense mechanisms, and the changing of internal ego-functions to facilitate the learning process.

**Future in the Real Course of Life**

The quantity of a person’s future will decrease over one’s lifetime. One of the major tasks of psychotherapy is to respect and to evaluate demographic factor of aging as it exists in the Western hemisphere and to deal with the special modifications and indications of analytic psychotherapy with the elderly, i.e. patients over 50, at the beginning of therapy. Therapy has to differentiate between fantasies about fulfilling one’s desire and what one perceives as real. Although both are part of the planning process in waking life, they have to be connected in therapy with the many aspects of pragmatic action.

**Pragmatic aspects**

The patients’ unconscious motivations for their symptoms, other aspects aside, have a teleological component, which leads to action, at least in imagination or unconsciously. It makes sense to follow Wyss’ (1977) suggestion to develop a hierarchy of targeting goals that leads to the possibility of the realization of a motivational reason to guide systematization of lower aims. Following Nietzsche, as mentioned before, “any action is more than talking about action.” We are dealing here with anticipatory decisions that are the same as systematic planning of and preparation for action. Erich Fromm (1941: 22) even gives the same meaning to the terms of “life” and “action.” In this connection he speaks of “positive freedom” whereas, in his opinion, psychoanalytic therapy quite often releases the patient with nothing except “negative freedom” whereby the patient lacks preparation for life after therapy because life is defined implicitly by the burdens of responsibility and a lack of the freedom of choice.

**Conclusion**

In analytic psychotherapy it is not enough to analyze the patient’s narrative errors about dynamics and the experiences of his or her childhood. We, as therapists, are confronted with the challenge to give new meaning to and for the patient’s future in an early stage of the psychoanalytic process. If “respect,” a concept that has been used for many years as a fashionable or a plastic word, shall regain its original meaning, we, in the interest of the patient’s needs, cannot afford to neglect this crucial challenge.

Reimer Hinrichs, M.D. works for the German Academy for Psychoanalysis, Berlin and Munich, as a teaching and training psychoanalyst. He also has his own Berlin office for neurology, psychiatry, psychotherapy, psychoanalysis, and acupuncture. He has published numerous peer reviewed articles on the theory and practice of psychoanalysis and eight monographs. His main interests include short term psychotherapy and psychoanalytic victimology. His website address is: www.reimer-hinrichs.de. You may contact the author at reimer@bln.de.

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**Poetry as Psychoanalysis and Psychoanalysis as Poetry**

_Eugenio M. Rothe, M.D._

Psychoanalysis is fundamentally a linguistic, interpretative discipline that is primarily concerned with meaning. Poetry, like psychoanalysis, utilizes language to draw a topography of feelings and both disciplines are characterized by incisiveness and ambiguity, and both are limited by certain constraints. Poetry is constrained by metrics and psychoanalysis is constrained by the psychoanalytic hour. Poetry, like psychoanalysis, can cause feelings that are frozen inside of us to break out. Sometimes these are feelings that have been repressed because their intensity increases tension and disturbs our search for harmony (Phillips A., 2012, Poetry as Therapy in The Economist, March 29, London, UK). Most importantly, both poetry and psychoanalysis communicate by metaphor (Holmes J., 2004, _The Language of Psychotherapy: Metaphor, Ambiguity and Wholeness_. British J Psychotherapy 21; 209-226). In order to understand the similarities and differences between these two disciplines, I will present a brief outline of how poetry and psychoanalysis mirror one another.
Freud’s topographical theory described an unconscious mind encoded in primary process thinking and a conscious mind that communicates in secondary process thinking. Pibram and Gill (Pibram K.H., Gill M.M., 1976, Freud’s Project Reassessed. London. Hutchinson) argue that, neurophysiologically, Freud’s topographical model of the mind is quite accurate and that this part of brain functioning is similar to a computer-based model that can be described as encompassing two levels: 1) An Energy-Processing Level that produces and records feelings in the form of crudely formed images, and a second level for 2) Information Processing that describes these crudely formed images and creates a dialogue between the two levels. Secondary process creates a language of metaphors in order to describe the primary process thinking and to describe the dialogue that takes place between the two levels.

Symbol formation and the creation of metaphors to describe human conflict and feelings are the essence of poetry. They are also the essence of psychoanalytic discourse. Lionel Trilling (Trilling L., 1950, Liberal Imagination. London, Secker & Warburg), the famed American literary critic, remarked that psychoanalysis is a science of interpreting metaphor and that Freud saw the mind as a “poetry making organ” that makes poetry indigenous to the very constitution of the mind. So, in essence, poetry and psychoanalysis involve an exercise of pattern recognition and the creation and interpretation of metaphors.

Jeremy Holmes, a British psychoanalyst, has best described the three elements that link poetry and psychoanalysis. In his view these are: 1) the metaphor, 2) ambiguity and 3) the search for wholeness (ibid). Metaphors evoke a multitude of feelings that can be encapsulated in a few words that oftentimes describe an image, such as in these few lines of the great American poet Robert Frost. (1914, The Mending Wall. http://www.poets.org/poetsorg/poem/mending-wall.)

Something there is that doesn’t love a wall,
That wants it down!

Holmes (ibid) reminds us that the word metaphor, which derives from the Greek, has the exact same meaning as the word transference that is a Latin word. They both mean to carry across. Holmes also reminds us about the “mutative interpretation,” a concept that refers to the moment in the analytic hour when the patient and the analyst discover how the feelings in the present relate to an event that occurred in the past and this gives way to a formulation followed by an interpretation. He then goes on to describe how the exact same thing occurs in a poem. The lines of a poem evoke a psychic reality that exists in the reader’s mind and an imaginary dialogue occurs between the reader and the characters or situations that are evoked by the poem in the reader’s psychic reality. An example of this can be found in a fragment of the poem “Marisel,” by the Peruvian poet Juan Gonzalo Rose (my translation from Spanish). (Rose J. G. 1960, Marisel. Una Simple Cancion http://hermespsicopompo.blogspot.com/2008/11/marisel-juan-gonzalo-rose.html.) This is a poem about fading love and passion, an almost universal experience.

You laid in the last sands of the afternoon

Overwhelmed by grace, your body of a Gazelle

And the night arrived upon your breast, exposed
The way the moon boards on the sailing ships

And now, Marisel, our lives go by
Without a moment to bring us joy

Perhaps time died alongside us?
Or did you love me…as much as I did you?

The same way the poet communicates with a very personal set of metaphors, the reader also has a set of very personal metaphors that describe his own psychic reality. So, one may argue that both poetry and psychoanalysis involve an exercise of pattern recognition and the creation and interpretation of metaphors. It can be said that both poetry and psychoanalysis can cause a reawakening of a person’s dead metaphors and the re-discovery of the unconscious assumptions by which he lives.

I will now address the second common point between poetry and psychoanalysis, the existence of ambiguity and contradiction. Representational symbolism or metaphor allows for incompatible elements to co-exist. These elements can be linked to the struggle that takes place between the Id vs. Ego and the Superego. Ambiguous language and metaphors allows us to capture the unconscious meanings that oftentimes slip through logical thought. An example of this can be found in the great American poet Robert Frost’s powerful poem about racism and oppression, “A Dream Deferred” (Hughes L., 1951, A Dream Deferred. http://www.cswnet.com/~menamc/langston.htm):

What happens to a dream deferred?
Does it dry up
like a raisin in the sun?
Or fester like a sore--
And then run?

Does it stink like rotten meat?
Or crust and sugar over
like a syrupy sweet?

Maybe it just says
like a heavy load.
Or does it explode?

This takes us to the last common concept between poetry and psychoanalysis, the search for wholeness. In the psy-
 chooses to achieve a harmonious resolution of the ambigu-
ity and the conflict. This harmonious resolution decreases
psychic tension and leads to a feeling of integration, whole-
ness and timelessness. As in this fragment of a poem by the
great American poet Emily Dickinson titled, “Because I could
not stop for Death” (Dickinson E., 1998, The Poems of Em-
ily Dickinson, R.W. Franklin, ed., Cambridge, Mass.: The

Because I could not stop for Death,
He kindly stopped for me.

1893: Freud Discovers the
Holy Grail of Psychotherapy Integration
By Jeffery Smith M.D.

Psychotherapy Integration is the search for rational and
coherent ways to integrate the wisdom and techniques of
different schools of psychotherapy. This endeavor has been
embodied in the Society for the Exploration of Psychotherapy
Integration (SEPI) for the past 30 years. It is particularly
relevant to dynamic psychiatry today at a time when isolation
threatens us with extinction. Leaders in the field have long
recognized that the gold standard for integration is to find
core “common factors” that provide a theoretical link between
different techniques. As the Society’s name suggests, finding
the true common factor has been a challenging pursuit.

In this brief article, I will argue that the curative process
recognized and described by Freud in his Preliminary Com-
munication of 1893 (Std. Ed. 2:6) was in fact that Holy Grail
of psychotherapy integration. In Breuer and Freud’s account
of the trauma therapy of Anna O, they attempted to define the
core elements responsible for her clinical improvement.

“We found to our great surprise at first, that each individual
hysterical symptom immediately and permanently disappeared
when we had succeeded in bringing clearly to light the mem-
ory of the event by which it was provoked and in arousing its
accompanying affect…”

Current trauma therapy research is confirming Freud’s
findings. It is indeed crucial that the patient consciously
experience emotions associated with the various facets of the
traumatic experience. When this takes place in a context of
safety and empathic connection, a remarkable transformation
occurs in which a distressing fight-flight reaction, formerly
triggered from the amygdala, is inhibited and no longer takes
place. What appears to happen is that new associations are
formed linking the context of safety with the dreaded ex-
perience. Unless disrupted, these new associations lead to
permanent detoxification of emotions associated with the
trauma and whatever symptoms were involved in coping with
the emotions.

Freud called this healing process catharsis. Because it was
first discovered in connection with trauma therapy where the
patient had first to recall the painful events, the element of
remembering was emphasized. Patients could not experience
their emotions as long as the emotions and/or the memory of
the experience were dissociated or repressed and therefore not
conscious. Much of Freud’s early work was devoted to finding
ways, such as free association, that helped patients to gain
recall. As the “unconscious was made conscious” the other
healing elements of catharsis, conscious experiencing of the
emotions in a context of empathic connection took place as a
matter of course, but were no less remarkable and important.

As is well known, the subject of trauma was dropped soon
after Freud’s discovery. By the 1930s, Strachey declared that
catharsis might well be part of the psychoanalytic process but
was only of importance in trauma cases, which were mainly
represented by World War I veterans. When I was a resi-
dent in the early 70s, the textbook of psychiatry stated that
“incest is an exceedingly rare phenomenon.” It wasn’t until
the Women’s movement and the return of Viet-Nam veterans
that trauma again became a respectable subject. Even then,
psychoanalysis was slow to integrate lessons from trauma.

The trauma therapy field has been a remarkable incubator
for new thinking about therapeutic action and for psychother-
apy integration. The clinical challenges have been dramatic
enough that necessity has pushed behavioral and dynamic
therapists to collaborate. Unfortunately because psychoanaly-
sis dropped trauma as an interesting subject, contributions
from our field have been slow to be integrated. Instead, the
field has been moving towards independent rediscovery of
Freud’s wisdom.

What Freud did not recognize about catharsis was the
importance of the therapist. Like any good Victorian scien-
tist, he was doing his best to eliminate subjectivity from the
therapeutic equation. In a similar way, Watson, the founder
of behaviorism, also tried to eliminate the importance of the
therapist’s humanness. Vestiges of those turn-of-the-century
attitudes persist today in both dynamic and behavioral therapies. Nonetheless, a strong empathic connection was part of Breuer and Freud’s therapy as it is a part of every talking therapy today, whether the need for empathic connection is recognized or not.

How is this relevant to the general practice of psychotherapy? I have become convinced over the years that the key moments of healing in psychotherapy are those brief times when patients are consciously aware of experiencing painful and uncomfortable affects in a context of safety and empathic connection. Sometimes these moments are of the “aha” variety when an affect is suddenly uncovered by interpretation. At other times, the patient may be quite aware of the feeling, but only intellectually. When the affect comes into the room, then healing takes place. The source of effect doesn’t have to be trauma, nor does it have to be dramatic. It might be the patient’s simply expressing discomfort about speaking to a therapist for the first time. Conscious experiencing of the feeling in a context of safety and empathic connection is enough to detoxify the feeling and allow the patient to continue with a productive session.

These moments of affective connection in which conscious awareness emerges and is shared by both participants are, I believe, the same as those eloquently described as “moments of meeting” by the late Daniel Stern in his book, The Present Moment in Psychotherapy and Everyday Life. “During a shared feeling voyage...two people traverse together a feeling-landscape as it unfolds in real time.” (Norton 2004, p.172)

Fonagy has more recently identified mindfulness as the universal healing element in therapy. He emphasizes the sense of calm and perspective that patients gain in therapy. I contend that this is the end product of catharsis, rather than the cause of healing. When patients share emotions in a context of safety and empathic connection, the immediate distress of the emotion is transformed by sharing with a therapist who is empathically attuned but not overwhelmed. Catharsis takes place and the patient is left with a calm sense of perspective as communicated (often nonverbally) by the attuned therapist.

Emotion Focused Therapy is based on a similar idea, that affectively charged moments are the ones when healing (I see no reason not to call it catharsis) takes place. Experiential therapies have always relied on techniques designed to bring affect into the room where catharsis can do its transformative work.

This healing by catharsis is not unique to psychotherapy. It happens every day in life when we share our feelings. It is so universal and common that it has been trivialized by calling it “venting.” It isn’t trivial at all, but a most profound and important transformative process that is at the core of all therapeutic action. The part that is unique to psychotherapy as opposed to daily life is the hard work we do to help patients become aware of and experience affects previously covered up or intellectualized. When that happens, the final common pathway to long term change is catharsis.

When behaviorists first tackled painful affects, they tried systematic desensitization. Eventually they realized that, for the most painful and traumatic feelings, the technique didn’t work. They found that the reason for the failure was that relaxation after emotion gave patients a way to distance from the full experience of their feelings. The conditions for catharsis were not met. The solution was exposure therapy, in which powerful reminders of the traumatic situation are used to force patients to experience their feelings. As long as the context was one of safety and empathic connection, patients got better. Once again, due to the Victorian heritage of behaviorism, the empathic connection is not talked about, but inevitably happens as a result of the patient’s sharing of the details of his or her experience.

Cognitive-behavioral therapy makes use of catharsis, too. In a quiet and unspoken way, when patients let go of their distorted (and defensive) automatic thoughts and change their dysfunctional behaviors, they inevitably experience emotional discomfort. Those thoughts and behavior patterns were serving a purpose. They were shielding the patient from some painful or uncomfortable affect. Having relinquished the defense, if the patient doesn’t stop therapy or find an excuse for not doing the homework, the result is to experience affect. By now you can guess what happens when affect comes into the room.

Dialectical Behavior Therapy relies on another set of techniques to bring affects down to a size such that patients can safely experience them in a context of empathic connection. As they do this, they experience cathartic healing and feel more confident of being able to handle their difficult emotions.

One change process is qualitatively different from others. Unhealthy values, attitudes, prohibitions and ideals, internalized as part of the superego, are notoriously resistant to change. Examples are the low self-esteem of trauma survivors and the shame experienced by anorexia patients when they eat. Simply accessing the special, superego-based affects of shame or guilt does not heal them because the values on which they are based have not changed. Changing values is beyond the scope of this article (See: “Reexamining Psychotherapeutic Action Through the Lens of Trauma” by this author, Academy Journal 2004 Winter; vol. 32:613-31). However, when the patient is able to identify values as unhealthy, a mainstay of change is to behave in a way that is contrary to the dictates of a defective superego. When this happens, the result is affect and those affects heal by catharsis.

Psychodynamic psychotherapy has gotten a reputation for being “top down” or intellectual in its approach. In fact, seeking insight does more than give knowledge. Freud held that defense is always directed against affect (“Repression,” 1915, Std. Ed. 14:141-158) Insight leads to identifying defenses against affect and relinquishing them. This brings affect to the surface where the final common pathway to change is still the sharing of emotion. To go one step further, transference-based therapy is perhaps the most experiential of all therapies. Transference is not an intellectual exercise, but a powerful, gut-level reenactment of an affect-laden relationship. When the affect can no longer be repressed, it comes to the surface where catharsis is the core element in the resolution that hopefully ensues.

This brief survey is to support the plausibility of my argument that the final common pathway for lasting change in all psychotherapy is the affective transformation that Freud called catharsis. Divergent therapies and therapeutic traditions culminate in the same change process but differ in how they
As we are commemorating World War II and Holocaust anniversaries, I believe it would be of interest to recall a remarkable operation in German-occupied Hungary that saved tens of thousands of Jews from deportation. Some Hungarian historians called it a self-rescue operation because it was conceived, financed and carried out entirely by Jews.

In the 1930’s Hungary became increasingly anti-Semitic, carrying out ever-stricter laws against the Jews. During the war the Germans received all the support they wanted from the country: Hungarian troops were sent to fight in Poland and Russia and Jewish forced labor battalions were sent to support the troops. Therefore, the Germans occupied Hungary only in March 1944 as the Russians were marching toward the Rumanian border.

By then, the Germans, always legalistic, were greatly experienced in drafting Jewish laws and, in cooperation with the Hungarian government, started their fast-paced deportation. In less than three months the countryside was swept clean of Jews. Matters progressed more slowly in Budapest because it had a large Jewish population and it also had to cope with the stream of Hungarian refugees fleeing from the Russians.

While deportations were already being initiated, Jews were concentrated into “Jewish (apartment) houses,” one family to a room. A number of prominent Jews were picked up by the authorities. Other men were forced into labor battalions to support the troops and collected for deportation at the outskirts of the city. Later a ghetto was established in the area of Budapest where the less well to do Jews had been living. The leaders of the official Jewish Community Organization actually cooperated with the Germans, hoping, foolishly, that this would appease them.

My maternal family was international. I had a Belgian and an Austrian aunt and we had numerous relatives in Austria and some in Rumania. Ever since the German occupation of Austria in 1938, my family was in hiding and at the same time helping illegal refugees. They bought protection for these refugees by arranging for them to obtain passports. They also worked with the various Zionist factions to assist people to emigrate to Palestine.

Since Palestine was under British authority at the time, and Switzerland represented British interests during the war, a meeting was arranged with Charles Lutz, the acting Swiss consul, through Miklos Krausz, a member of the board of the Palestine Office in Hungary. When a group of Jewish leaders, together with representatives of Zionist factions, met with Lutz, the Swiss government agreed to establish an Emigration Department of the Swiss Legation that would issue 7,500 protective passes, the Schutzpasse. My grandfather, Julius Weiss, and my eldest uncle, Arthur, had participated in the meeting and offered the Glass House (Uveghaz), the office building of the family firm, for this purpose. My uncle Arthur Weiss became manager of the department. The operations of this office were then carried out by volunteers, Zionists, friends of the family, and some Jewish employees of the firm. I was working with a few teen-age friends in the reception area and handled the telephone service.

The Glass House was the office building of the glass distributorship of my grandfather, Julius Weiss, Jr., that he founded in 1897. After a fire in the mid-1930’s, the firm retained a prominent architect and built the first Bauhaus style building in Budapest. It was sheathed in opaque white glass and showcased the large variety or architectural glass sold by the firm, such as building blocks of wire insert safety glass, ornamental and cathedral glass and heavy cast glass. It even had a staircase of solid glass. Hence people referred to it as the Glass House (Uveghaz). The offices themselves were also furnished in the Bauhaus style with black and white colors and glass partitions giving a very open feeling.

As the deportations became worse, the Swiss permitted 7,500 more passports to be issued. People were desperate. We, on the inside, knew that this protection was uncertain at best. The Swiss protective passes did not have the support of the legation but, if accepted by the authorities, either Hungarian or German, these documents prevented deportation. In contrast to the Swedes who had started a similar program, where Raoul Wallenberg stepped in aggressively to save Jews about to be deported, the Swiss passes lacked validation.

It was under the aegis of the apparent Swiss protection that a remarkable operation evolved. When the Swiss refused to permit further issuance of these passes, the Jewish leadership in the Glass House, with its strong Zionist contingent, took matters into its own hands and continued to issue protective passes. The pressure increased, especially after the Hungarian Arrow-cross party, the most rabidly anti-Semitic group, took work to bring about the conditions for catharsis. Appreciating catharsis as the ultimate common factor in therapeutic action offers a basis for theoretical integration of widely differing techniques and promotes a common interest with therapists from other traditions in further exploring the exact brain mechanisms by which catharsis works. These ideas are presented in more depth in a new book by the author, entitled How We Heal and Grow: The Power of Facing Your Feelings, (Libentia Press, 2014).

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over the government. Crowds lined up in front of the Glass House, mistakenly identified even by the Jewish Museum in Budapest as the Swiss Embassy, hoping to obtain such passes. One of my colleagues later recalled how his father was able to bribe a gendarme to accompany him to the city from the Obuda brick factory where they stood in line for however long it took and returned with 200 protective passports for every man in his labor battalion. When such passports arrived before people were entrained, the men were saved from deportation and could go home.

Home, where their families were, could have been in the “international ghetto,” initiated nominally by the Swiss and without the knowledge of the consul. Several “Swedish” and a couple of “Spanish” buildings followed. Ultimately there were 76 “Swiss” buildings. They became so crowded that people were sleeping in staircases and even in elevator shafts. The inhabitants were under continuous threat. Some of them were marched to the Danube to be shot but most survived.

Meanwhile in the Glass House, passports were typed day and night. After the Arrow-cross takeover in September, people kept seeping into the building that was built for about twenty office workers and included a board/meeting room and some back storage space where a few plate glass crates were kept. At the end, people were sleeping lined up like sardines, even on top of desks, at times in chairs. The building also included a separate apartment originally built for two of my uncles and occasionally used for business entertainment. This is where our family and a few close friends stayed. I felt guilty, because there were “only” 16-18 of us in the 4 rooms. Ultimately, over 3000 people survived in the Glass House and the adjoining small building.

In the midst of deportation, hunger, torture, shootings, and winter cold, the Glass House seemed a safe haven for those who came. Yet it was more like living atop of an ammunition dump that could blow up at any time. There was always a danger that the whole scheme would falter. The Glass House was never truly safe, but people did seep in, believing that it would be so. Information had to be on a need-to-know basis. Hence, people were unaware of Lutz’s daily phone calls insisting that the sign with the Swiss emblem be removed from the building. The non-existence of Swiss support was too dangerous to be revealed to those within the building or to be leaked outside.

In the meantime, the war was going on. The customary air raids became continuous low-level strafing in December. In this city surrounded by Russians, there was no food. Incidentally, organized under my uncle, Vilmos Weiss and Andrew Gedeon, ways were found to obtain food for the inhabitants of the Glass House: even a kosher kitchen was established in the basement for the orthodox under the supervision of the owner of the best kosher restaurant of Budapest. In the small kitchen of the apartment, dietetic food was prepared under the supervision of one of our medical friends. In the basement, printing presses printed forms of birth certificates that several of us filled out with careful calligraphy that allowed people to leave the building and move into the city posing as refugees. All Hungarian men from ages 16-60 were drafted, making it even more dangerous for runners, the young men carrying out the necessary communication in German army or Arrow-cross uniforms outside the building, to move around.

A protective network of paid-off people was established through whom information was gathered and who also were able to rescue individuals or groups when they were caught. Jews were picked up from their homes and deported or, later, lined up along the Danube and shot. On December 31, a group of Arrow-cross men broke through the door of the Glass House, lined up the inhabitants on the street to be taken to the Danube and be shot. Responding to agitated phone calls, another group of Arrow-cross people who had been paid off by the family, appeared. They took away the men who had forced the people out of the building. The following day, however, the first group returned and took my uncle, Arthur Weiss. He was never heard of again. He was very likely shot after being tortured and then disposed of in the Danube.

The courage of people that all took for granted was remarkable. The “runners” between offices and officials, sometimes wearing German army uniforms or Arrow-cross outfits, were at great risk. Some never returned. Several of the young people, including myself, went out of the Glass House to warn people who were on the list to be collected by the gendarmes. The leaders used the limousines that were left by the departing Rumanian embassy in the Glass House garage. Flying the Swiss flag, they could move about in the city - the only safe way to do it. Still, Simcha Humwald, who had devised and supervised the establishment of the Swiss houses and was responsible for having food thrown over the walls into the ghetto, was shot one day as he was riding to the international ghetto to help the residents.

Since the Swiss did not provide the imprimatur to their passport-sheets of paper the way the Swedes did, we cannot tell how many people had been saved. Since these were easy to duplicate, thousands were also been printed outside the Glass House but we know only of those saved in the building.

Why has this story not been told before? After the war, the focus was on the tragedy of those who had been in concentration camps. Soon, the communist regime followed. Much of the post-Holocaust information about Hungary is an unbelievable mixture of fact and fiction, all masquerading as fact. Sometimes, those of us who were witnesses to the activities in the Glass House have a hard time believing that they were writing about supposedly the same thing that each of us witnessed. Many of the small details written about the events were wrong. Even the scholarly work by Randolph Braham about the Holocaust in Hungary is unreliable in his description of the events and the successful rescue operation that had taken place. The parts that I witnessed and with which I was directly and thoroughly familiar are very poorly represented. Because of the need for secrecy, only few of those who were rescued knew the full story.

A statue of Lutz, as a savior of the Jews, was erected in Israel and also in Budapest. Some time ago I re-read a book by a Hungarian author, a Zionist, who had been an active participant in the Glass House operations, but even she knew only a part of what went on. Details of the operation had to be kept secret if it were to succeed at all. A Swiss book published a few years ago grossly misstated matters in an effort to make the consular official appear in a good light.

And about my family? There was a strong tradition in our family that one does the right thing, privately and quietly. For this reason neither of my two uncles who were instrumental
in the success of this self-rescue operation, nor my mother wrote anything about it. Yet this is a story that should be told: of bravery, of Jews standing up under adversity, and of Jews organizing an operation in a desperate attempt to save their people.

KBAR 1207 and a Boy Who Loved Knives
July 4th 1976
By Peter Olsson, M.D.

The old man lay flat on his back with the KBAR protruding from his left chest close to the sternum and through his chest wall. He had a shaggy gray beard and though a sturdy-boned five feet ten, he had not enjoyed adequate meals for quite some time. He had a fixed stare and had been propped up against a fallen hardwood log near a small now long cold cooking fire. There were no signs of a struggle. He had died quickly at the hands of a killer savvy with a sharp combat knife. A police patrol along Buffalo Bayou had discovered the body. What drew the attention of investigators Detective Mark Lane and forensic psychiatrist, Dr. Tom Tolman, was the fact that the dead old man’s heart had been cut out of his chest. There was evidence that his heart had been cooked over the nearby fire. The feasting killer had even brought paper napkins and plates.

Lane and Tolman heard the constant rushing sounds of traffic on Houston’s West Loop. Nearby, bustling Memorial Drive, seemed odd and paradoxical in light of the quiet muddy stream of the Buffalo Bayou running beneath the busy freeway above. The steamy bayou was like a hidden highway of the city’s shame. Many of Houston’s homeless had endured mosquito-filled nights in this and similar jungle-like bushes under bridges and next to Houston’s bayous. Like the New York sewer and subway systems, these grim enclaves contain people down on their luck or forever without it. They chose to be self-appointed, iconoclastic, human vermin rather than seeking misperceived, corrosive shelters of charity. The Houston police made occasional sweeps to break-up what they labeled the bayou city hobo camps.

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Houston Child Guidance Clinic, July 1, 1956
James Lord, M.D. was anxious. His first year of psychiatry residency had gone well. His second year was about to begin. Now he would be required to evaluate and treat kids. Lord residency had gone well. His second year was about to begin. Seeking misperceived, corrosive shelters of charity. The Houston police made occasional sweeps to break-up what they labeled the bayou city hobo camps.

Presenting Problems
1. School Failure; 2. Sleep Problems; 3 Groin-slapping tic; and 4. Grunting and laughing while slapping.

History of Presenting Problem Situation
Robbie’s mother said his sleep problems and tics started abruptly the day after his 6th birthday. Robbie didn’t fear school and readily attended, but his teachers told his mother that Robbie daydreams frequently. Though an adequate reader, he seemed to resist retaining information and made but an adequate effort at his math assignments. He liked drawing and preferred to draw “knights of the round table,” their armor, their swords and other weapons. Robbie had no personal friends at school although he got along OK with school peers. He got into no fights and, other than his poor grades and daydreaming, his teachers liked him. If a teacher asked Robbie to read out loud in class, he grunted and slapped his groin. The other children laughed at the groin slaps… as did Robbie. His mother had tried to invite other boys at school to attend sleepovers at the Wilson home, but Robbie rejected the idea.

Family History
Robbie’s mother described no major mental illness on either side of the family but Robbie’s paternal grandfather had bouts of mild depression and a drinking problem. He died of a sudden massive heart attack the day before Robbie’s sixth birthday. The grandfather had been babysitting Robbie at the time of his death.

Developmental and Medical History
Robbie’s mother had a normal pregnancy, labor, and delivery with Robbie. An only child, Robbie was described as normal in his developmental milestones with the exception of delayed speech. His mother said their pediatrician told her that Robbie had “Aphrasia.” At two years, the doctor explained that Robbie had the capacity to talk all along, but not on the usual schedule. When he turned five, Robbie suddenly commenced completely normal age appropriate speech. He had the usual mumps, measles and chicken pox but no meningitis or severe infections. His hearing had been tested as normal. Robbie had no somatic complaints except for difficulty falling asleep.

Mental Status Exam
Doctor Lord wrote that Robbie Wilson made shy and furtive eye contact. He seemed distracted by life in general, like an absent-minded little professor. Robbie was alert and well oriented, but not to the specific date. His memory was good but it required patient probing, even prodding, to elicit distant memories or details of events. Robbie did not seem depressed.
but was moderately anxious. After his mother was dismissed to the waiting room, Robbie was guarded when asked about his family. His speech was soft and it took some time to build barely sufficient rapport.

Robbie was without any obvious disturbance in thought process or content, but at that time he was difficult to engage in active areas where insight or symbolic reasoning could be assessed. He could do math at an appropriate fifth-grade level but he had significant anxiety when he utilized his math skills. When the examiner asked Robbie to read from a book, Robbie suddenly slapped himself in the groin and made a supercilious grin. When asked about “what just happened?,” Robbie shrugged his shoulders and grinned.

Preliminary Diagnoses

Treatment Plan
Twice weekly psychotherapy with Dr. James Lord. Supervisor, Dr. Tom Tolman.

Final Progress Note and Discharge Summary, July 1, 1959
Patient: Robbie Wilson

Robbie is now fourteen and doing well in his first year of high school. He has several good friends. He no longer has sleep problems and his groin-slapping tic ceased during his second year of treatment. Robbie has developed his artistic talent to include wood carving and sculpture. His art projects have won awards at his school and at the community center near his home. Robbie problems are considered resolved and he is no longer seems to be in need of psychotherapy. This therapist thinks he would readily seek further psychotherapy if necessary. Case closed. Signed, James Lord, M.D., Senior Resident; Supervisor, Thomas Tolman, M.D.

*Dear Diary: My summary about Robbie Wilson sounds glib, stilted and detached. To me, it was lifeless. Work with Robbie Wilson was far from straight forward and filled with emotion. For months and months, I dreaded each Tuesday and Thursday morning from nine till ten AM. My supervisor, Dr. Tom Tolman, was supportive but at the same time firm with me. Robbie simply wouldn’t talk. Tolman’s supervisory process with me was partially therapy for me. Tolman gradually, painstakingly, helped me establish good communication with Robbie. Once in frustration Tolman said to me: “Jim Lord, relax. You get so up-tight at times that if you farted, it would whistle!”

Then after six months of playing checkers, board games, and throwing a ball back and forth for “rapport-building,” Tolman had me have Robbie draw pictures of what he was thinking and feeling. That was magic, pure magic.

Diary…It was like magic. Robbie started drawing pictures of all kinds of knives, axes, saws, hatchets, and cutlery. He drew pictures of his father, his uncle and himself getting cut in the groin with knives. He slowly began talking about the pictures. Turns out, Robbie loved to watch his uncle and his dad doing their sharpening business. Robbie told me he would rather watch and help them than go to school. Robbie’s dad did tell him that if he didn’t get good grades, especially math, he couldn’t join the Wilson and Son Sharpeners Company.

At night Robbie’s dad and his uncle would do billing and book keeping but no sharpening, because the sharpening machines made too much noise for the neighbors.

Robbie was forbidden to go out to the backyard shop at night because he had to study. Robbie snuck out there anyway and would peer through a window. Many Friday nights his father and uncle took a break from their work, drank beer, and chased each other with knives saying: “I’m go’in to cut your nuts, cut your dick off.” Robbie shut his eyes and ran back inside the house when that stuff went on. Robbie clearly was excited but at the same time scared. How could they laugh about that scary stuff?

At now at eleven years old, Robbie began to realize that his dad and uncle were only “fun-in” “They never really hurt each other as he feared when he was a little five year old kid. After several lively art sessions and puppet play, Robbie seemed much less inhibited and fearful about talking to me.

Diary…At my monthly conference with Robbie’s teacher I learned that he no longer did the groin-slapping tic stuff. He could read in class without any problems by his teacher’s report. He even did a class talk about his father’s knife sharpening business. I was impressed! But still, Robbie had sleep problems. I asked Tolman: “What do I do now coach?” Tolman looked me in the eye and said: “Have Robbie draw pictures of bedtimes and particularly when his grandpa was sitting with him.”

Now Diary…I thought Tolman was out-to-lunch with that suggestion. But, by damn, if the therapy really didn’t take off. The first pictures were of his Mom which he drew as a big smiling cow. When he started to draw grandpa, however, Robbie froze. He said, “I’m scared Dr. Lord. I don’t want to sleep like grandpa did.” Robbie began to sob. Robbie said grandpa had been reading to him in bed. He could remember beer smell on grandpa’s breath and grandpa kept falling asleep. Robbie punched grandpa to keep him awake. Robbie then talked slowly and in a halting voice about how grandpa grabbed his chest saying: “I got bad pain.” Grandpa got real white and sweaty and fell off the bed and didn’t move. I didn’t hit grandpa that hard, Dr. Lord, I promise. I couldn’t wake grandpa. I ran out back to get daddy and uncle. They couldn’t wake up grandpa and neither could the fireman. I was just a little kid Dr. Lord, I guessed that grandpa was asleep but later mom told me that he was in heaven with Jesus.”

Diary…Tolman said I did good work when I told Robbie that it wasn’t his fault. That grandpa had a heart problem that killed him. Not Robbie’s punch. I told Robbie that he didn’t have to worry about going to sleep. Falling asleep wasn’t like dying.

Diary…I’ll be damned that after that therapy work, Robbie started having a normal sleep pattern. CURED Diary…cured. I know it is hard to believe, and I left out some poignant sessions.

Diary…Robbie and Tolman helped me decide to become a child psychiatrist and psychotherapist.

*The reader now is asked to do something unusual. Completely delete the first section of this story about the KBAR knife murder. Reader…those events never happened.
therapy involves many emotional experiences…anxiety, fear, and patients as they recount harrowing histories and instances of dissociation, in the accounts of women research subjects by or who did not respond to her advertisements. Stein makes no relationships, or of abused women who were not reached does not provide the precise wording of the advertisements. There is no control group, either of women in non-abusive or no recourse when they are abused. We need to know the reasons for those cultural beliefs and practices, but they are beyond the scope of this book and perhaps beyond the scope of historians and anthropologists. Once entrenched, these relationships are self-perpetuating; they serve the interests, or at least the obvious interests, of those in power: men.

Clearly the effects of those beliefs and practices permeate the current Western cultural context despite its growing refusal to accept them. Stein points out that the enormously popular romance novels depict female submission as romantic. All the same, despite feminist focus on social factors, society as a whole as well as individual clinicians treating individual patients, not to mention those patients themselves, have a hard time understanding and addressing the psychological factors that trap some women in painful, debilitating, humiliating, and dangerous relationships, or what Abby Stein calls the “massive infiltration of the heart.” In Cupid’s Knife Stein reports from both her clinical experience and from a qualitative research project of interviews with formerly severely abused women.

Stein recruited her research subjects by advertisement. She does not provide the precise wording of the advertisements. There is no control group, either of women in non-abusive or no relationships, or of abused women who were not reached by or who did not respond to her advertisements. Stein makes frequent reference to the connection between abusive experiences in childhood and vulnerability to abusive relationships in adulthood. While there are some data from long-term, prospective observations, most studies rely on retrospective self-reports influenced by current circumstances and participation in the research itself. Stein focuses on “self-states” rather than particulars of history, and notes a striking absence of anger, and evidence of dissociation, in the accounts of women research subjects and patients as they recount harrowing histories and instances of abuse. Placing the blame on the victim is intrinsic to the dynamic between abuser and abused. Stein believes that the absence of anger is associated with a lack of a sense of agency or self-efficacy that results from this dynamic.

The therapist seeking to uncover anger and thereby increase an abused woman’s sense of agency encounters the following challenge: “One thing I have discovered about women who remain in abusive relationships is that they are even more terrified of their own anger than their companion’s. This is expressed in twin mantras: keep things friendly at all cost and stay unconscious.” [italics in original]. Stein reports from her own experience, as well as accounts from friends and colleagues, about this dynamic. She opines that a therapist’s demand, or expectation, that a woman end an abusive relationship may be the inverse of social expectations that she tolerate it, but just as undermining to her sense of agency. Perhaps it is more respectful and practical, though difficult for the therapist, to encourage incremental changes away from total submission.

Stein addresses other important considerations for the therapist. One is the risk that, in undergoing diagnosis and psycho-therapeutic treatment, an abused woman labeled as mentally ill risks losing custody of her children. She cites terrifying statistics: in one jurisdiction, 37% of abuse offenders received sole custody. She offers suggestions for specific diagnostic questions to be put to patients. She discusses the specific denigrating names a woman is called by her abuser. She enumerates household rules about decisions involving things such as food choices, television shows. She describes the views towards abuse and male-female relationships in the individual woman’s individual cultural/family context. She suggests that abusive households are dominated by rules, some internally contradictory, and that are no-win situations for the woman. Lastly, she agrees with Sullivan that insight alone does not guarantee changes in feelings and behaviors. Instead the therapist must actively assist the patient in making the changes the patient desires.

In sum, this book, despite various flaws, is a valuable addition to the literature on this most distressing and frustrating clinical challenge.

**Dr. Tom Tolman’s supervisory notes:**

Robbie’s story is about the possibilities and profound difficulties in changing destructive destinies. Unlike many melodramatic Hollywood movie scenarios, such changes occurring in psychotherapy are deceptively quiet…often muted. Psychodramatic Hollywood movie scenarios, such changes occurring are dominated by rules, some internally contradictory, and that are no-win situations for the woman. Lastly, she agrees with Sullivan that insight alone does not guarantee changes in feelings and behaviors. Instead the therapist must actively assist the patient in making the changes the patient desires.

In sum, this book, despite various flaws, is a valuable addition to the literature on this most distressing and frustrating clinical challenge.
Editor’s Note: Dr. Stein passed away soon after the publication of this text, so sadly, this was her last work.


In the third edition of his book The Body Bears the Burden, neurologist Robert Scaer shares his keen insights on somatic responses to trauma, impressively marrying his own clinical observations with those of others in the field, including both theoretical opinions and evidence-based research findings. In addition to revising this edition to make it read better, Scaer rewrote the trauma therapy chapter to cover a much broader range of therapy options, ranging from conventional approaches to less well-studied mind-body and energy therapies. Finally, he added a chapter on “negative neuroplasticity,” a term he uses to refer to the seemingly permanent changes in brain structure, physiology, and personality that significant trauma has been shown to induce.

Scaer has over thirty-six years of clinical experience and he uses whiplash as a model for psychological trauma. He demonstrates with examples from thousands of his own whiplash patients how the body retains somatic (i.e. procedural) memories from physical traumas, particularly those involving complete helplessness such as occurs with some motor vehicle accidents, in childhood sexual abuse, and with awareness during anesthesia. His underlying premise is that stretch receptors in muscle fibers distinctly recall their position at the proverbial “moment of impact” during a trauma. When muscles and their associated receptors later end up in similar configurations, such as during a relatively minor fender-bender in the case of whiplash, this procedural memory is activated, initiating the same flood of hormones and neurotransmitters that were present at the time of the initial trauma. Another example included that of a woman with persistent neck and arm contractions on one side where she was impacted during a serious car accident, as well as that of a young man physically abused as a child who experienced full-blown PTSD after a relatively lightweight box fell on his shoulder in a supermarket.

The following quote encapsulates the author’s basic theory: I believe that the proprioceptive memory of the specific protective movement patterns of the body in the [motor vehicle] accident generated by stretch receptors are immediately and indelibly stored in motor centers as part of survival-based procedural memory. Thereafter, they will be resurrected time and again in situations of perceived life threat or exposure to cues of the accident experience.

Scaer also postulates that individuals who have experienced these particular types of traumas, frequently associated with a freeze response (as opposed to fight or flight), may exist in a perpetual dissociative state for years or even decades after the event. Scaer refers to this dissociative state as a “dissociative capsule” and describes it as a parasympathetic condition characterized by high levels of endorphins that contributes to multiple physical, emotional, and even cognitive symptoms in afflicted individuals. Individuals at one end of the trauma spectrum (e.g. after a classic conversion reaction or with dissociative amnesia), are completely protected by this dissociative state. Those in the middle (i.e. somatization disorder, chronic myofascial pain syndromes) are partially protected. And those at the other end of the spectrum (e.g. suffering from panic disorder, classic hypervigilant post-traumatic stress disorder) have limited dissociative protection, and live in a constant state of sympathetic overload.

The book’s chapter on therapy discusses in moderate detail how various treatment interventions, including some mind-body treatments still considered experimental in western medicine, endeavor to rewire the distorted connections induced by trauma to decrease conditioned responses and to enhance patients’ resilience in the face of future trauma triggers. Scaer postulates that reframing our understanding of “psychosomatic symptoms” as bona fide neurophysiological sequelae of previous traumatic experiences will help inform our approach to assessment and result in superior treatment outcomes. He encourages medical providers to maintain an informed and open mind about clinical interventions with which they are not familiar and he challenges medical researchers to expand their efforts to critically evaluate these nontraditional approaches to patient care.

Overall, this book was informative and a pleasure to read. I was impressed by this courageous neurologist, bold enough to propose a scientific explanation for medicine’s most challenging “psychosomatic” conditions despite the criticism of his colleagues. Dr. Scaer’s compassion, humility, and tenacity are palpable throughout. His use of the whiplash syndrome as a prototypical example of complex, dissociation-related trauma provides a relatable model for explaining challenging neuropsychiatric concepts, including dissociation, declarative vs. procedural memory, trauma re-enactment, and somatic kindling.

However, Scaer appears to be overly reliant on his own clinical experiences to draw conclusions that seem unnecessarily absolute and may be met by considerable resistance in the field of psychiatry. For example, he opines that the vast majority of somatic, dissociative, and factitious disorder diagnoses, including malingering, are based on altered brain physiology secondary to trauma. Additionally, he characterizes all cases of delayed PTSD as manifestations of the parasympathetic freeze response. He also states that self-mutilation is more common in men than women. And finally, he fails to reference the Diagnostic and Statistical Manual, Fifth Edition (DSM-5, released in May 2013) in a book published in 2014, an egregious omission since he devoted several pages of the book to refute criteria that are no longer part of the official definition of PTSD.

In conclusion however, it is still likely that most students of physical and emotional trauma will find this book to be well worth the time they invest in reading it. The Body Bears the Burden is bound to become one of several foundational texts in the growing body of literature addressing neurological and physiological origins of syndromes traditionally believed to be purely psychiatric. On the whole, Scaer’s third edition is a well-organized and well-articulated explanation of how traumatic events affect us at the cellular level. It should be required reading for every neurology and psychiatry resident.
Freud and the Buddha: the Couch and the Cushion
Reviewed by Meredith Naidorf, M.D.

This is a book of eight sophisticated essays on the topics of psychoanalysis, Buddhism, and the cross-current between the two fields. In the acknowledgement section we learn that in 2013 Dr. Hoffer co-directed a symposium on the topic of what psychoanalysis and Buddhism can learn from each other. After reading this book, it is easy to see why he was moved to make the panelist-cum-authors' contributions available to a wider audience. In addition to essays from the five original panelists (Axel Hoffer, MD; Mark Epstein, MD; Delia Kostner, PhD; Sara Weber, PhD; and Andrew Olendzki, PhD), he added three additional essays (by Nina Savelle-Rocklin, PsyD; Nina Coltart, MD; and Gerald I. Fogel, MD) to round out this cross-disciplinary tour de force. It is an erudite presentation of the basics of psychoanalysis and Buddhist psychology as well as a nuanced discussion of the convergence and divergence of the two ways of thinking. This book is a suitable read for anyone interested in the human mind because the language is accessible and the technical terms are explained, however, it will likely be most enjoyed by the growing field of practitioners of both psychoanalysis and Buddhism.

Chapter one is the essay The Origins and Fundamentals of Psychoanalysis by Nina Savelle-Rocklin, PsyD. It does not mention a word about Buddhism but instead discusses what it means to be a modern psychoanalyst. The perspective is at once fresh and familiar as she succinctly brings us from Freud to present day practice, along the way citing case examples and answering questions about technique.

Chapter two is the essay It’s Not Just about the Mindfulness: Foundations of Buddhist Thought and Why It Matters for Psychoanalysis by Delia Kostner, PhD. It argues that the idea of mindfulness has become “denatured” since its debut and rising popularity in Western approaches to mental and physical health and asks that we return to the greater context of Buddhist thought in order to understand mindfulness as the Buddha offered it for achieving freedom from suffering. She contrasts Buddhist and Western psychotherapeutic approaches and offers this cogent explanation for her thesis: “To the Western mind [elimination of suffering altogether] may seem impossible and perhaps a little deluded, but the systematic examination of the ways the mind constructs internal psychological reality, moment to moment, can lead to a de-automatization of our habitual, unconscious responses to phenomena, and thus create the possibility of changing deeply embedded beliefs and achieve freedom from the general unsatisfactoriness which taints all experience” (26-27). She skillfully uses the rest of the chapter to introduce some foundational aspects of Buddhism to elucidate the broader context of mindfulness.

Chapter three, The Practice of Psychoanalysis and Buddhism by Nina Coltart, MD starts as a personal essay on the experience of being a practicing Buddhist meditator and a practicing psychoanalyst. It ends with an outline of the four noble truths and how they can be understood in the consulting room. This essay is helpful in thinking about the question of how can a personal meditation practice enhance clinical work.

Chapter four, Buddhist Psychology: a Work in Progress by Andrew Olendzki, PhD is the only essay in the collection written by a Buddhist scholar who is not a psychotherapist. It is entirely dedicated to explicating the Buddhist model of the human psyche. He delineates the five aspects of mind - material form, consciousness, feeling, perception, and emotional states - and then expertly describes each, perhaps subtly shifting our view of our own mind in the process.

Chapter five, On the Seashore of Endless Worlds: Buddha and Winnicott by Mark Epstein, MD is a treat for those of us who follow Epstein, or a great introduction to his thinking for those who have not yet discovered him. By using psychoanalytic thinking to explain Buddhist ideas and Buddhist ideas to clarify psychoanalytic thinking, he enlarges and enriches both perspectives. In this essay, he concentrates specifically on the similarities between Winnicott’s and Buddha’s ideas. Chapter six, Faust, Mephistopheles, and Attachment: Discussion of Mark Epstein’s Chapter - “On the Seashore of Endless Worlds - Buddha and Winnicott” by Axel Hoffer, MD is a thoughtful response to the preceding chapter. It is the only essay in the collection that does not stand alone.

Chapter seven, A Clinical Encounter: Mind Without Walls by Sara L. Weber starts with a discussion of the experience of being alive and ends with a fictionalized clinical encounter. Many different psychoanalytic thinkers and Buddhist scholars are sited. It ends with a discussion of listening and attention.

Chapter eight, My Lives in Psychoanalysis and Buddhism by Gerald I. Fogel, MD is a personal essay. He talks about the development of his meditation practice over twenty years and tells stories, many of which take place on meditation retreat, to illustrate how psychoanalytic thinking helps him work with his mind in meditation. He also discusses the work of several psychoanalysts and how they’ve influenced his evolving perspective.

The eight essays can each stand alone (with the one noted exception), although they complement each other nicely. This is a satisfying read that left me hungry for even more. In fact, as soon as I finished this book, I went in search of more writing by its contributors.

Reviewed by William Moore, M.D.

Our authors chose “Primordial” as the penultimate learning of violence for the human race. Corporal-punishment, spanking is usually a child’s initial exposure to violence. The authors state that “the central theme of this book is that spanking is a fundamental cause of violence in the family and in society” and they graphed that relationship in detail.

The authors are social scientists whose work covers the past fifty years using their own and others’ relevant research. Their
The reader will learn a lot about the work of social scientists and statistics. For example, one needs to grasp the concept of “risk factor” to help make the data understandable. For example, smoking is a “risk factor” for lung cancer, cardio-respiratory disease and other dreadful things. Medicine knows that only about one third of smokers get cancer. In the other two thirds of smokers are some heavy smokers or heavy users who never get cancer. The analogy with spanking is useful. For example, readers know, perhaps from personal experience, that he or she did not have a poor outcome. And the book illustrates the same for two thirds of children who are spanked.

The United States has a view unique in the world as to spanking toddlers. About 90% of Americans believe that spanking toddlers (ages 2-6) is sometimes necessary; even among those who oppose spanking. Our textbooks in child development fail to set a limit of “never.” The front cover of our book depicts a toddler about to whack their dolly on the buttocks with dolly’s diaper down. Just as it makes no sense to spank a doll, the book’s authors persist that it makes no sense to whack toddlers. It makes no sense to whack infants either, yet too often infants are assaulted, brutalized, and killed. Too often well-meaning parents are teaching the opposite of what they consciously intend.

Historically, the black community has had a different view of the importance of obedience in that obedience to parents became a microcosm of obedience to larger authority figures, thus providing safer passage through the dangers of growing up a minority. Hispanics, on the other hand, show the same statistics as whites.

Do parents want obedience or a sense of conscience in children? With a sense of conscience, the child does the right thing instead of simply showing blind obedience to authority. The data shows that with increased spanking, the less stable the conscience will develop.

It is by consistency and persistence that children learn. Parents who talk to their children when they misbehave, instead of paddling, are inadvertently also teaching executive functioning skills such as planning, problem solving, verbal reasoning and mental flexibility. Here is a partial list of negative outcomes associated with spanking in childhood: slower mental ability, lower IQ, poorer academic advancement and college graduation, lower vocational attainment, lower incomes, weaker bonds with parents, increased physical aggression, antisocial behavior and delinquency, impulsivity, risky sex, masochistic sex, approval of partner violence and injury to partners, crime, drug use, and depression.

The item “risky sex” bears some elaboration. Statistically, spanking increased the risk of childhood physical and sexual abuse. Spanking increased violence against later marital and non-marital partners. In one study, by high school, a history of being spanked was a risk factor for risky sex for 440 students. There was increased sexual intercourse by the spanked group, and sexual intercourse was earlier and more frequent. In addition, the more spanking that had occurred the greater the number who insisted on sex without a condom for men and for women. There was also greater coerced sex for men and for women.

There remains a loud vocal approval for spanking. Parents who withhold spanking worry that their children will be wild and disobedient. Compare this to what happened in Sweden in 1979. In that year, the Swedish government declared spanking a violent and unacceptable method of discipline by parents. Their children did not run wild and although later crime did not cease, it became less violent. Other Scandinavian countries soon followed Sweden. Germany joined this group in 2000. By 2011 a total of 29 nations had banned spanking. The United Methodist Church banned spanking in 2004. In 2005, a Brookline, Massachusetts town meeting passed a ban on spanking, the only U.S. jurisdiction to do so at the time of this publication. One absence in the book was a discussion of the resistance of fundamentalist Christians to a ban on spanking. Chapter 21 concludes with a list of 15 reasons other countries should also ban corporal punishment.
the end of the 19th century before his focus on and invention of psychoanalysis.) Catharsis (purging) is a process by which raw, unprocessed feelings lose their power when expressed and shared with a trusted individual in the context of connection and safety. Sharing painful memories, events, and feelings with an empathic other is the road to healing. The process is best applied repetitively in order to understand and work through the problematic behavior.

Dr. Smith describes five broad developmental stages aligned with five groups of patterns responsible for immature behavior and traceable to the ages of:

- 0-3: giving rise to schemas in implicitly stored memory
- 2-4: creating inborn strategies of regulation
- 3-4: giving rise to hidden agendas
- 4-6: responsible for quests and goals related to a future “someday”
- 22+: to the formation of addictions. (Although current addiction statistics about age and chemical dependencies might show younger numbers.).

The author offers a clear and thorough discussion about conscience and superego, the former, our inner sense of right and wrong brought about through awareness and self-knowledge, the latter referring to internalized standards and morality derived from one’s learning from parents, teachers and other revered significant persons.

Additionally, Dr. Smith introduces the abstract concept of a “Black Box Motivator” (BBM) to depict a part of one’s mind that acts in concert with conscious free will. As this reviewer grasps it, conscience, superego and the BBM together, motivated by the pain/pleasure principle and the presence or absence of guilt and/or shame, regulate values, ideas, attitudes and prohibitions that influence behavioral priorities, self-control and free will. He turns our attention to the work of Freud, Mahler, Kernberg and others as well as to mindfulness, yoga, and Buddhism, etc. There is ample reference to defense mechanisms, brain anatomy, insight, schemas, strategies of anxiety, panic attacks, obsessions, compulsions, dissociation, depression, acceptance, forgiveness, addictions, narcissism, as well as a brief review of selected schools of therapy.

Having realized the need for change and reaching said goals, one can then read about sustained growth and the practice of behavior change through a range of suggestions including: the mental practice of recognizing old triggers and patterns; using the undo and do-over methods after an apology for using old responses; giving oneself credit for change, perhaps by a rewarding system or journaling.

Other areas of interest address the planning of life in general, the patient-therapist relationship, an outline of emotional development, impulse control and the discovery of one’s real purpose in life.

There is further embellishment upon other topics covered earlier in the book including emotional development, separation and individuation, principles of attachment, adolescent development, impulse control and even how to handle a relationship with a narcissist.

In keeping with his aim to cover the cause and effect of mental health problems and provide a general background of the therapeutic process, Dr. Smith does just that! His novel approach to the subject displays considerable knowledge that is apparent by the depth with which he describes a topic. However, I found that his style often takes the reader off on tangential paths which distract from his focus. The book contains an abundance of rich clinical material.

I enjoyed reading the book. It discusses concepts of healing and growth but would have benefited from a tighter outline and organization. It is best targeted to the casual reader, those unfamiliar with the world of mental health, for patients just beginning psychotherapy, and for anyone interested in a fresh and novel approach to healing and growth.

As an interest in my medical work as a First Medical Responder for the State of Oregon, I purchased the book “Erasing Death” by Sam Parnia, M.D., an expert on cardiac arrest and resuscitation and the study of the mind-brain relationship and near death experiences. My concern was with the discovery of post-resuscitation disease described by Negovsky in 1972 that, while not understood or utilized in cardiac CPR, found acceptance in the medical community as a new field of resuscitation in 1960 although without an understanding of the post-cardiac resuscitation syndrome.

Even with the administration of CPR the heart is “stunned” and often too weak to pump blood strongly enough. The clinical situation is further complicated by the phenomena of “breath stacking” which essentially is “death by hyperventilation.” This is all startling and new material.

Associated with the clinical care of such patients is the issue of the need for hypothermia treatment that is often not practiced in medical facilities and not fully appreciated as a major life-saving technique. This volume by Parnia deals with the deficiencies in the practice of CPR and the techniques of reversing death and what it is like to die. It is disturbing in discussing our deficiencies in the care of cardiac patients with near death and actual death experiences. I was intrigued by the main sections of this book that deal with the scientific and philosophical aspects of death and consciousness. This is my reason for calling attention of this book for mental health workers.

I have chosen not to do a formal book review of this book but instead to call attention to discussions about the self, the soul and the processes of the brain. The author discusses the various perspectives of death experiences comparing Aristotle and
Plato’s views with the views of Francis Crick, co-discover of DNA, and Nobel Prize-winning neuroscientist Sir John Eccles, as these ideas relate to the psyche or soul as a separate entity from the brain, or a continuation of the psyche as a different form of matter much like an electromagnetic wave.

There are eleven chapters in this volume, many of which deal with the definition of consciousness and the soul, or the self (what makes us who we are) that does not cease to exist at the time of death. Parnia is a noted and respected clinician and scientist with much to say about these issues. He notes: “Finally, if the mind-consciousness (or soul) can continue to exist and function when the brain does not function after death, then this raises the possibility that it may be a separate, undiscovered, scientific entity that is not produced through the brain’s usual electrical or chemical processes as we understand them based on today’s understanding of neuroscience.”

This calls for a new paradigm in neuroscience for an objective and scientific understanding of the nature of human consciousness or soul that has implications for greater tolerance and understanding among humans. The author concludes: “If the human consciousness or soul does indeed continue to exist well past the traditional marker that defines death, does it ever really die as an entity?” I highly recommend this book to anyone interested in the scientific exploration of consciousness during and after death.

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IN MEMORIAM

Ruth Ann Turkel, M.D.
11/28/1928—11/24/15

Crittenden E. Brookes, M.D., Ph.D.
5/08/31—2/27/16

Essays remembering our dear Academy colleagues,
Drs. Turkel and Brookes, will appear in the next issue of the Forum.
WELCOME NEW MEMBERS!

We are pleased to welcome the following new members to the Academy:

**Psychiatric Member**

**Ester di Giacomo, M.D.**
Milano, Italy
Sponsors: Drs. Joan and Matthew Tolchin

Dr. di Giacomo is currently on the faculty of the University of Milan, Bicocca. She is fluent in English and dis part of her psychiatric training at Johns Hopkins. She completed her psychiatric training in June of 2014 had has many publications and has done many presentations at international conferences. Her interests include trauma, child abuse and woman and children’s mental health.

**Erin Seery M.D.**
Stockbridge, Massachusetts
Sponsors: Drs. Habl and Mintz

Dr. Seery is currently in post graduate training as a psychiatric fellow at the Austen Riggs Center in Stockbridge, Massachusetts. She would like to become more involved in research and advocate for the advancement of psychodynamic thinking in the practice of psychiatry. We have received strong letters in support of Dr. Seery’s Academy membership from Drs. Habl and Mintz.

**Ezra Ebenezer Soleman M.D.**
South Sumatra, Indonesia
Sponsors: Drs. Alfonso and Perman

Dr. Soleman completed four years psychiatry residency training in Jakarta. He is now working at the Catholic Rome Hospital in Palembang, South Sumatra, Indonesia, as Chief of the Forensic Psychiatric Unit and Chief of the Volunteer Counseling Unit for patients with HIV. He also serves as consultant to the Therapeutic Community of Opiate Addiction. He has taken several courses in psychodynamic psychiatry and is interested in the psychosomatic aspects of physical illness. His long term goal is to “decrease the stigma of mental illness in Indonesian Society.”

**Member-in-Training**

**Chima Asikaiwe, M.D.**
Mesquite, Texas
Sponsors: Drs. Edwards and Schwartz

Dr. Asikaiwe is currently participating in a geriatric Fellowship at Columbia University. He completed his residency at Bronx Lebanon where he was supervised on intensive therapy for two years, on a weekly basis, by Dr. Scott Schwartz. Dr. Schwartz states that he “shows great empathy and has made huge strides in moving forward with a deeper understanding of his patients” and both sponsors enthusiastically recommend Dr. Asikaiwe for membership.

**Viral Goradia MBBS**
Bronx, New York
Sponsors: Drs. Edwards and Schwartz

Dr. Goradia indicates that he has “spent his elective time during residency trying to learn psychodynamic psychotherapy and have performed over 750 hours of psychotherapy working in a psychodynamic/psychoanalytic-oriented framework.” He was born and raised in Mumbai, India, where he lived until the age of 27 when he moved to the US to pursue his psychiatric residency. He is very interested in becoming a member of the Academy and has sponsorship of Drs. Edwards and Schwartz.

**Mariana Schmajuk M.D.**
New York, New York
Sponsors: Drs. Alfonso and Mary Ann Cohen

Dr. Schmajuk is very interested in psychosomatic medicine and plans to complete a fellowship in this area. She states that “within psychosomatic medicine, I would like to explore patients coping with chronic illness.” She is currently Chief Resident in Psychiatry at Mount Sinai Hospital and plans to pursue an additional year of specialty training. She comes highly recommended by Drs. Alfonso and Cohen.

**Rizky Aniza Winanda, M.D.**
Bekasi, Indonesia
Sponsors: Drs. Alfonso and Elvira

Dr. Winanda is currently a third year psychiatric resident at the Department of Psychiatry, Cipto Mangunkusumo/University of Indonesia in Jakarta, Indonesia. Dr. Winanda is considering working in psychosomatic medicine upon completion of her residency. Because of diplomatic privilege, she has been able to travel outside of Indonesia and speaks English fluently. Dr. Alfonso states that “there are only a handful of psychodynamically trained psychiatrists in Indonesia” and both he and Dr. Elvira believe that welcoming Dr. Winanda to the AAPDP would secure the next generation of psychiatric residents in Indonesia to have the opportunity to learn and practice psychodynamic psychiatry.

**Medical Student Member**

**Juan Rodriguez-Guzman**
New Haven, Connecticut
Sponsors: Drs. Mintz and Plakun

Juan Rodriguez-Guzman is currently a fourth-year medical student at Yale University School of Medicine. He is active in the Psychiatry Student Interest Group Network (PsychSIGN) and attended their Annual Meeting this year. He is interested in psychodynamic work and research, and presented at the AAPDP 59th Annual Meeting in Toronto. He is very interested in becoming an active member of the Academy.
Daniel Roberts
Grand Rapids, Michigan
Sponsors: Drs. Della Badia and Mintz

Daniel Roberts completed his first year at Michigan State University School of Medicine in June of 2015. He had been working as a LMSW prior to medical school and had been exposed to psychodynamic psychotherapy in his work with patients. He attended the Annual Meeting of the Psychiatry Student Interest Group Network (PsychSIGN) and plans to attend the AAPDP 60th Annual Meeting in Atlanta. He feels the Academy can help him get a better understanding of psychodynamic psychiatry as he looks forward to eventually attending a psychiatric residency program that will teach psychodynamics and later a child psychiatry fellowship.

Robert Rymowicz
Torrance, California
Sponsors: Drs. Mintz and Plakun

Robert Rymowicz is a fourth year medical student at Western University of Health Sciences in Poona, California. He is very active in the Psychiatry Student Interest Group Network (PsychSIGN) and has served as their National Medical Student Chair. He has repeatedly invited psychodynamic speakers to their meetings because it is a strong area of interest for him. He has also joined and attended the APA Psychotherapy Caucus. He recently spent a month at Austen Riggs for a medical student elective rotation and completed the rotation successfully. He is very interested in become an active and involved member of the Academy.