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Cover Photo by Ronald N. Turco, M.D.

“Apologies to Andrew Wyeth”

“Apologies to Andrew Wyeth” was inspired by his painting “Ground Hog Day.” My painting mimics
Andrew Wyeth’s work and my admiration of him as a human being and as an artist. His painting
“Groundhog Day” illustrates that Winter is not over but there is hope and optimism. I have met him
twice, once as a physician caring for his close friend and once socially. My ties to his work relate to my
personal and happy experiences in both Bucks County Pennsylvania and Maine, where I spent a substantial
part of my adolescence. His artistic work, as well as his father’s, has been an inspiration to me for most of
my life.
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 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, and the printing date and placement are at the discretion of the editor.
5. Although we edit and proofread all articles, PLEASE spellcheck 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.
   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 October (the fall issue) and in April (the spring issue).
- Confirmation for submissions are due seven weeks prior to the month of publication.
- Copy (articles) is due four weeks before publication.

ADVERTISING

Advertising is accepted for all ACADEMY FORUM issues that is directly of interest to psychoanalytic and psychodynamic psychiatrists. Contact the Editor for advertising requests. See above for deadlines for ad submissions.
Dear Friends,

In this issue of the Academy Forum, Academy President Jennifer Downey, M.D. writes about the importance of psychodynamic understanding in ALL of our clinical encounters. If we want the cooperation of our patients to take their psychotropic medication, for example, we must listen to them carefully and identify their desires as well as our own.

Anticipating the 61st annual Academy meeting in San Diego, CA in May 2017, Co-chairs Eugene Della Badia, D.O. and Angela Hegarty, MB BCh, provide us with a preview of the meeting on the theme: “Psychodynamic Psychiatry and the ‘Difficult’ Patient.” Distinguished speakers will include Eric Plakun, M.D., Mardi Horowitz, M.D. and Glen Gabbard, M.D.

Kimberly Best, M.D. and Autumn Ning, M.D. then look back on the 60th Annual Meeting that took place this past May in Atlanta on the theme of “Let’s Play: The Role of Play in Treatment and Across the Lifespan.”

Academy Past President Joan Tolchin, M.D. invites us to the 16th Joint Meeting of the Academy with OPIFER (Organizzazione di Psicoanalisti Italiani-Federazione e Registro (OPIFER) to take place in Pistoia in Tuscany on October 22 - 23, 2016. The theme will be “Neuroscience and Psychoanalysis” and will feature presenters Joanna Chambers, M.D., Richard Brockman, M.D. and Dr. Daniela Polese.

Charles Gati, Ph.D. and John Kafka, M.D. give us the timely psycho-political essay “It’s Not Just ‘Them,’ It’s ‘Us’ Too,” that I came across in the newsletter of the Washington Center for Psychoanalysis. I thought that this would be of interest to Academy members, not break the Goldwater Rule, and I am re-printing it with permission of the WCP and the authors.

The first of our regular articles remembers “Silvano Arieti as a Storytelling Psychoanalyst” by his son, James A. Arieti, Ph.D. This warm and moving encomium follows Professor Arieti’s article in the previous issue of the Academy Forum: “The Literary Ambitions of and Storytelling Art of Silvano Arieti.” Next, prolific German member of the Academy, Reimer Hinrichs, M.D., writes on “The Limbic System and Freud’s Chemistry of the Unconscious.” This is another addition to burgeoning literature in an effort to further what Freud hinted at with his “Project for a Scientific Psychology.” Following a highly educational presentation by Leon Wurmser, M.D. about a year ago in Baltimore, I asked him for original contributions to the Forum, and we now have “Negative Therapeutic Reaction and Tragic Circularity.” This is the detailed case history and psychoanalytic treatment of “Sonia” that ties her traumatic childhood to her painfully poly-symptomatic adulthood. Past Academy President, Ronald Turco, M.D., presents “Remembrances of Things Past: Not So Subtle Racial Prejudice,” a biographical essay on an important topic that needs to be repeatedly addressed. Marco Bacciagaluppi, M.D., author of numerous contributions to the Forum over the years, offers us “Percy Bysshe Shelley: A Case Study,” a brief pearl of a contribution to this issue.

In the book and film review section, Diane Schrier, M.D. reviews “The Presence of the Absent: Therapies with Families and Their Ghosts” by Carlos E. Sluzki, M.D. I heard Dr. Sluzki present the work that led to this book and I was thrilled that it could be reviewed here for our Academy members. Deputy Forum Editor, Angela Hegarty, MB BCh, writes an extraordinarily literate review of Daniel Brody’s “Entering Night Country: Psychoanalytic Reflections on Loss and Resilience.” The Academy is fortunate indeed to have Dr. Hegarty taking over as Editor of the Forum beginning with the fall 2017 issue! I enjoyed reading Yael Baldwin, Ph.D.’s “Let’s Keep Talking: Lacanian tales of Love, Sex and other Catastrophes,” and hope that my review will encourage our members to enjoy some of the pleasures I have had in delving into the ideas of Jacques Lacan. This section of the Forum ends with two always-excellent reviews by Harvey Roy Greenberg, M.D., the first of the Netflix series “Making a Murderer” and the second on the biopic of singer Amy Winehouse, “Amy: The Frenzy of Reknown.”

Cordially yours,
Gerald P. Perman, M.D.
The Psychology of Psychopharmacology:
The Extreme Case of the Homeless Mentally Ill
By Jennifer Downey, M.D., AAPDP President

Do you know how sometimes a chance event casts new light on a familiar idea? That happened to me a couple of weeks ago. I ran into the woman who shares my office at the research unit at NY State Psychiatric Institute where we both work. She is an epidemiologist, who is about to publish the definitive text on the homeless mentally ill. I was telling her about how psychiatric training has changed and how programs more and more are limiting psychotherapy teaching to manualized therapies, investing the majority of clinical teaching time in the use of psychotropic medications. This seasoned scholar’s eyes grew wide, then worried. She said, “But the homeless mentally ill don’t want to take medicines! She added that the best opportunity to get them to accept treatment is a relationship with someone who wants to help them. I thought about this. We are talking about the persistently, severely ill, people so ill that they have lost even a place to live. Most of them are poor. They will be seen in public clinics and emergency rooms. Compared to the population of the psychiatrically ill as a whole, they disproportionately suffer from paranoid psychoses and/or substance abuse. Their life spans are dramatically shortened (by an average of 30 years according to one expert) by poverty, untreated physical and mental illness and living on the street.

Are they suitable for the manualized psychotherapies currently available? Will they willingly take a medication offered to them by a resident they meet once in the ER? Or from a case manager with a patient-load of 100 patients?

Isn’t our only chance to help people like this to make treatment available and then stick with it? Be there when they show up? Become hesitantly, slightly trusted? Enough so that eventually they will come to the clinic even though medication is expected to be part of the treatment?

How hard is it to persuade a paranoid individual to try medication? For that matter, how hard is it to persuade a deeply obsessional person to take medication? Isn’t our best opportunity to understand something about who the person is? And then patiently offer them the least frightening medication options in the most acceptable doses in the hopes that they then become willing to take enough to lessen the symptoms that bother them?

Of course, psychodynamically trained psychiatrists will not treat every one of the severely and persistently mentally ill. But psychiatrists are the leaders of the mental health team. If the psychiatrists’ idea of treatment is forcing patients to take medication and nothing more, how will the case managers and psychiatric nurses learn anything different? Don’t we have a responsibility to help our colleagues understand a compassionate, sophisticated approach to (for instance) the paranoid individual? Doesn’t that take psychodynamic understanding? It isn’t psychoanalysis. It isn’t exploratory therapy. But it is practical, individualized, psychodynamically informed treatment.

The severely, persistently mentally ill - homeless or not - need access to care from teams led by clinically sophisticated psychiatrists, physicians who know psycho-pharmacology but who also understand psychiatric diagnosis and psychodynamic assessment, people who know how to deal with individuals who are very afraid and sometimes, very angry.

The task of setting up treatment for such individuals here in the United States has fallen to governmental agencies, non-profit groups, and public psychiatrists. These entities support our public psychiatry system. Yet, as Mallo and Mintz (Mallo CJ, Mintz DL Teaching All the Evidence Bases: Reintegrating Psychodynamic Aspects of Prescribing into Psychopharmacology Training in Psychodynamic Psychiatry. 41(1): 13-37, 2013) point out, “The best treatment for the patient is often the one the patient wants.” They add that in order to learn what treatment the patient wants, one must elicit and listen to the patient’s preference. Kocsis et al noted in 2009 (Kocsis JH, Leon AC, Markowitz JC et al. Patient Preference as a Moderator of Outcome for Chronic Forms of Major Depressive Disorder Treated with Nefazodone, Cognitive Behavioral Analysis System of Psychotherapy, or Their Combination. J of Clinical Psychiatry 70: 354-61) that in studies of depressed individuals, when patients were required to accept non-preferred treatments, they were much less likely to achieve remission. As psychiatrists, if all we can do is push pills, only the most willing and malleable individuals will try the medications we offer and even fewer will continue to take them.

Knowledge of the psychodynamics of medication prescription - what medication means to people with different illnesses, genders, ages, and life trajectories - must be part of every graduating psychiatry resident’s armamentarium. The understanding of why psychological factors influence medication-taking behavior so profoundly requires neuroscience studies that have not yet been done, but need to be. In 2016 Gorman (Gorman JM. Combining Psychodynamic Psychotherapy and Pharmacotherapy. Psychodynamic Psychiatry, 44(2): 183-209, 2016) laid out the areas for study in our journal, Psychodynamic Psychiatry.

In the meantime, psychodynamic understanding to enhance individuals’ willingness to take psychotropic medication remains an essential element of psychiatric practice. As psychodynamic psychiatrists we must do all we can to make sure this training does not drop out of psychiatric residency programs in our states and across our land.
Psychodynamic Psychiatry and the “Difficult” Patient

By Eugene Della Badia, D.O. and Angela Hegarty, MB BCh, Meeting Co-Chairs

The theme of 61st annual meeting of the Academy in San Diego will speak to a common experience in our profession. As psychodynamic psychiatrists it is common to find some patients “easy” and others “difficult.” The term “difficult” can be distorted and its meaning can shift to a term that stigmatizes an individual and or a class of patients and shames the clinician. However, we can look at “difficult” as a challenge that can illuminate what is hidden in ourselves, in the patient, or in the clinical situation.

Since Freud there has been an implicit understanding that the challenge lies not in our patient but in the therapeutic relationship. In modern psychiatry we have found that problems can also lie in the setting. Working in hospitals, prisons, crisis centers or emergency departments under managed care has caused many difficulties. We must remember that from difficulty comes learning and innovation. We intend to explore many of these issues to see what our difficult patients can teach us.

Our opening night speaker will be Eric Plakun, MD who will share the many years of experience he has had at Austin Riggs with extremely “difficult” patients. Eric is also our liaison to the APA and the Leader of the Psychotherapy Caucus within the APA. He will talk on enactments arising from immature defenses as well as transference and countertransference problems.

We intend to have a plenary session with Mardi Horowitz, MD, Distinguished Professor of Psychiatry at University of California San Francisco who has published several books and multiple scientific articles on psychodynamic psychiatry. Dr Horowitz will focus on the psychodynamics of “difficult” patients in the psychotherapy setting. He will look at the interplay between identity and self-organization.

Glen Gabbard, MD has accepted our invitation to be the Keynote speaker. He is well known to the Academy. He is presently Clinical Professor of Psychiatry at Baylor College of Medicine in Huston, Texas and Training and Supervising Analyst at the Center for Psychoanalytic Studies in Huston. He will discuss the importance of psychodynamic thinking with patients in different settings. He will share a story about a psychiatric resident who was told by his supervisor that hospital patients had no psychodynamics. In addition to talking about the issues raised by this statement, he will also share insights into dealing with “difficult” patients.

We invite you to join us in San Diego a city known for its beaches, parks, art galleries and warm climate. We are still in the early stages of planning and we are looking forward to the submission of many informative presentations on this theme. This meeting will be an educational and enjoyable experience with a chance to reunite with colleagues and friends in a beautiful setting.

We hope to see each of you in San Diego!
Members and friends of AAPDP from across the United States and several nations met in Atlanta in May to share ideas about psychodynamic psychiatry and celebrate the 60th anniversary of AAPDP. The theme this year, “Let’s Play: The Role of Play in Treatment and Across the Lifespan,” drew many creative and exceptional submissions. The Program Committee members, 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), were hard pressed to create the schedule. Executive Director Jacquelyn Coleman and Executive Assistant Marie Westlake handled the details of organizing the meeting with finesse and grace, including adapting to a number of changes and alterations.

The program began with a warm welcome by President David Lopez, MD and Chair of the Scientific Program Committee, Dr. Joanna Chambers. Next Dr. Gerald Perman set the tone (literally and figuratively) with his presentation, “Song and Psychoanalysis: Live!” Dr. Perman performed on guitar and voice a selection of popular songs from the 50’s, highlighting the way they resonated with audiences of the time and expressed universal dynamic truths. Then we all relaxed as we renewed old friendships and developed new ones at the opening reception.

On Friday morning Dr. Richard Friedman presented “Psychobiology of Childhood Play” and Dr. Clarice Kestenbaum led an interactive workshop discussing innovative therapy techniques used to elicit dynamic developmental history from resistant adult patients. Later in the morning a workshop on Improvisational Theater, led by Dr. Jeffrey Katzman, provided opportunities for us to try our skills in improvisational techniques-skills that came in handy later in the conference when one of our workshops was delayed due to an audiovisual breakdown.

Drs. Jennifer Downey, Cesar Alfonso, and Timothy Sullivan led a workshop centered on the Teichner Scholars Program. The Victor J. Teichner Award was created by a grateful former patient to honor Victor Teichner, respected psychiatrist/psychoanalyst and former President of AAPDP. The Teichner Scholars Program has been very successful in supporting resident education in psychodynamic psychiatry for programs that do not have easy access to local psychodynamic teaching. Learn more about the Victor J. Teichner Award at this link http://aapdp.org/index.php/education/teichner/).

At mid-day on Friday we celebrated our 60th anniversary as an organization by gathering together and holding a special event. We reflected on our origins and those within the organization who had influenced us. Dr. Scott Schwartz chaired a panel of members, including Dr. Sylvia Olarte, Dr. Eugenio Rothe, and early career member, Brianna Locicero. They shared stories about how the organization influenced their careers, and then the audience joined in with stories and reminiscences. We felt a sense of pride and gratitude for our past, and a number of younger and newer members in the audience remarked on the optimism they felt as they looked forward to continued participation in the organization.

The afternoon was packed with paper sessions and panels. Paper Session One, “Practice in a Changing World,” looked outward at current and potential future developments, as Dr. Clay Whitehead discussed “The Theoretical and Technical Future of Psychodynamic Psychotherapy,” and Abe Rychik, Esq. and Ann McNary, JD discussed “Changing Healthcare Models: You are Right to be Paranoid.” Panel One included Drs. Elizabeth Haase, David Lopez, and Christopher Vaughn, who looked closely at clinical material as they discussed “The Role of Play in Social Cueing and Mitigation of Adult Violence.”

Paper Session Two, “Evaluation and Treatment Considerations,” with presentations by Drs. Hae Kim, and Silvia Olarte, gave members a chance to discuss treatment strategies. Paper Session Three, “Ways People Play”, looked at play as a human activity, as Dr. Helen Ullrich looked at childhood mischief in a South Indian Village, Dr. Scott Schwartz described the effect on treatment conversations of the ongoing construction of miniature cityscapes within the consulting room, and Dr. Mark Novick discussed the meaning of the game of Poker.

As the capstone of our Friday events, the Keynote Speaker, Karen Kernberg Bardenstein, PhD, in a presentation honoring her mother Dr. Paulina Kernberg, discussed “The Serious Business of the Playful Therapist: The Role of Playfulness as continued on page 8
Remembering the 60th Annual Academy Meeting in Atlanta

(continued from page 7)

Technique in Child and Adult Treatment.” Her presentation was an excellent blend of scholarship and practicality. This presentation was sponsored by the Alexandra and Martin Symonds Foundation.

Following a busy day of learning, member Dr. Sheldon Cohen generously invited attendees to a reception at his Atlanta home, where we enjoyed his art collection and his warm hospitality. Saturday’s sessions began bright and early. Dr. Debra Katz offered a workshop on the uses of Psychodynamic Developmental Thinking, while Dr. Faisel Shafi Shaikh from the United Kingdom led an experiential workshop that demonstrated Balint methodology. Dr. Ricardo Vela presented a workshop discussing the effects of early neglect on development, attachment and emotions. Drs. Kramer and Glucksman deepened our understanding of dreams in their workshop, “The Clinical and Therapeutic Use of Dreams.”

Some of the Saturday offerings were designed to be of special interest to residents, many of whom were arriving in Atlanta to attend the APA. Dr. Scott Schwartz led the annual Resident Workshop on Therapeutic Relations, and at the annual Resident Luncheon, Dr. Debra Katz led the residents in a discussion of “Thinking Dynamically About our Patients.” Support for one another and our colleagues was another theme that linked several of Saturday’s presentations.

Drs. Douglas Ingram and John Stine discussed their findings in a study of retirement patterns among dynamic psychiatrists, Drs. Joseph Rasimus and Ali Samikoglu discussed the provision of consultation to medical colleagues, and Drs. Joseph Silvio and Raul Condemarin led the Psychodynamic Psychopharmacology Peer Supervision workshop.

Paper Session Four considered the impact of changing technology, as Dr. Angela Hegarty discussed the meaning and influence of virtual space as opposed to transitional space, and Dr. Damian Kim discussed the impact of smartphones. Dr. Michael Blumenfield chaired a panel on the complex topic of Ethical Issues on Psychodynamic Practice, with Drs. Sharon Batista, Doug Ingram, and Sylvia Olarte. Drs. Wendi Waits and Elizabeth Green described the use and dynamic meaning of play in a technique developed to rapidly treat PTSD due to military trauma. Dr. Myron Glucksman presented important research related to the use of dreams in predicting suicidality.

As the culmination of two rich days of learning, Dr. Deborah Cabaniss, the Presidential Speaker, impressed and inspired us with her presentation, “Putting Play to Work in Psycho-therapy Training.” She described innovative ways to add playfulness to the teaching of dynamic concepts, providing a number of illustrations and examples, and engaging the audience in the innovative teaching techniques she was describing.

We ended our meeting with an air of celebration at our awards dinner. With a lovely view and fine food, we enjoyed one another’s company and recognized important accomplishments and awardees. The Scott Schwartz Award, given to the best unpublished paper by a resident, was presented to Daniel Knopflmacher, MD for his paper, “OCD with Comorbid NSSI: A Case for Psychodynamically-Informed Treatment.” Nathan Thoma, PhD won the award for the Best Article of the Year in the Journal Psychodynamic Psychiatry. Along with co-authors Drs. Brian Pilecki and Dean McKay, Dr. Thoma published the article, “Contemporary Cognitive Behavior Therapy: A Review of Theory, History, and Evidence” in the 2015 edition of Psychodynamic Psychiatry 43:423-461.


The 16th Joint Meeting of the Academy with the Organizzazione di Psicoanalisti Italiani-Federazione e Registro (OPIFER) will be held October 22 - 23, 2016 in Pistoia in Tuscany. The theme of the conference is “Neuroscience and Psychoanalysis.” The meeting commemorates the 20th anniversary of OPIFER’s founding in 1996. Three years later the Academy held its first Joint meeting with Italian psychiatrists and psychoanalysts who attended Joint Meetings have become Academy members. Additionally, a number of American members joined the Academy after their participation in our international conferences, for example, our current Past President, Dr. David Lopez.

Pistoia, a city of medieval and renaissance beauty, is located thirty minutes by train from Florence. Attendees can stay in a hotel in either city. Pistoia is additionally close to Lucca and Pisa. October is a lovely time to be in Tuscany, the weather is good, the tourists, few.

The meeting is open to all Academy members, as well as non-members. You can register online at the Academy’s website (www.aapdp.org) and obtain hotel information from the Academy Office.
It’s Not Just “Them,” It’s “Us” Too
By Charles Gati, Ph.D. and John Kafka, M.D.

Trying to understand political rage sweeping a turbulent world, it may be time to re-read Sigmund Freud. Highly recommended is his Civilization and Its Discontents.

From the Middle East to Russia to Turkey to Hungary to Austria to France to England, and the United States, too, uninhibited passions are becoming the new normal. The political arena, always a convenient place for nourishing emotional needs, is increasingly devoid of rational debate. Old notions like “economic interests” and “the national interest” no longer offer full explanation for political behavior.

Worse yet, advocates of reason and compromise mistakenly believe that all will be well again once the current crop of incendiary demagogues disappears from the political scene.

Aggressive leaders are, of course, a big part of the problem. They advance unrealistic goals. They offer quick and easy solutions. They put forward visions of national grandeur evoking a golden age that never was. They blame vast conspiracies at home and abroad for real or imagined problems. They appeal to feelings of betrayal and injustice, as well as humiliation and envy.

Leaders of messianic Islam, for example, propel their adherents to voluntarily blow themselves up for a cause that defies rational explanation. Russia’s Vladimir Putin takes the Crimea away from Ukraine knowing that his popularity will go up if he makes Russia appear great again. Recep Tayyip Erdogan of Turkey jails journalists to show authority and strength, and his approval-rating is also up. Hungary’s Viktor Orbán sets up a semi-constitutional order he calls “illiberal democracy,” and his appeal extends not only to his countrymen but to Poles, Slovaks, and others in Europe. In the United States, Donald Trump vows to keep Muslims out and Ted Cruz swore to abolish the IRS, and they attract true believers.

In short, it’s not just “them,” it’s “us,” too. Abandoned and victimized as they assume to be, too many loyal followers feel good telling off the high and the mighty, believing that only “others” - mainly the elites - are at fault. Hate and scapegoating go together. In fact, leaders and followers alike enjoy venting their anger and hostility toward foreign and domestic enemies. With uninhibited expressions of narcissistic impulses in play, their barely-hidden goal is to overcome the restraints that civilized life demands. Even as they wallow in patriotic rhetoric, they crave glory, prestige, as well as power over others.

In the famous 1931-32 correspondence between Albert Einstein and Freud, Einstein stated that “… the very domain of human activity most crucial to the fate of nations is inescapably in the hands of wholly irresponsible political rulers.” Freud responded less by blaming political leaders than by drawing attention to the human condition itself. He expected “no likelihood of our being able to suppress humanity’s aggressive tendencies.” Still, he added: “…what we may try is to divert it [aggressive tendencies] into a channel other than that of warfare.” He did not identify such a channel, but he might have had in mind fierce, dangerous, but largely peaceful competition among and within nations as a way to accommodate destructive urges.

Today’s demagogic leaders and their troubled supporters express what they feel rather than what they think.

What they feel in much of the Middle East is that it’s time to take revenge for colonial rule (that ended decades ago, of course), and that blowing up a hotel or a marketplace will do some good. What the majority feels in England and in parts of Europe now is that integration offends national pride, and so let’s live only among our own kind. What some feel in the United States is that it’s time to return to an era when minorities knew their place - on the other side of the tracks, in the kitchen, or in the closet. Fighting off real or perceived harm or slight and crying out for recognition and validation, they all feel better on the internet or sharing on Facebook whatever is on one’s mind allows man’s worst instincts to surface. Nameless blogs and anonymous comments, in particular, carry no responsibility. Typically vulgar and hostile, they bare once largely suppressed loathing toward “others,” usually minorities but also Western civilization as a whole.

Once the lid is off, the id reigns supreme.

Another answer has to do with the changing structure of international life. Gone is the relatively stable if unjust order that the superpowers had often imposed on their allies and clients. Since then, the old spheres-of-influence has yielded to chaotic, ineffective, and provisional arrangements. More often than not, misbehavior often goes unpunished today.

An extension of this explanation is that unrealistic hopes about peace and prosperity after the Cold War have spawned a deep sense of disappointment and dissatisfaction. In the United States, no peace dividend ever materialized. In Russia, the political elite claims to be humiliated by the loss of prestige following the collapse of the Soviet Union. Elsewhere in the world people, with some reason, complain about democracy’s inability to deliver the goods. Such failed illusions buttress frustration and scapegoating.

In these circumstances, calls for more responsible, indeed rational, leadership are fully justified. At a deeper level, however, we need to acknowledge as well that a global, emotionally-driven tremor has now reached the Western world, including United States. What we are experiencing is the latest chapter in the age-old struggle between reason and frenzied political passions, not a temporary setback that will just go away. What is needed, therefore, is active and especially patient engagement in order to allievate the problem - without assuming that a “solution” is within reach. The time-consuming nature of psychoanalytic treatment suggests that effective treatment of our collective troubles will also defy a quick fix.

Charles Gati, a senior research professor at the Johns Hopkins School of Advanced International Studies in Washington, D.C., is a recent graduate of the Washington Center for Psychoanalytic... continued on page 10
It's Not Just “Them,” It’s “Us” Too (continued from page 9)

siss. John Kafka is a training and supervising psychoanalyst in Bethesda, M.D.

ARTICLES

Silvano Arieti as a Storytelling Psychoanalyst

By James A. Arieti.

In a previous article, “The Literary Ambitions and Storytelling Art of Silvano Arieti,” I dealt with my father Silvano Arieti’s youthful dreams of becoming a playwright and also with his skill in telling stories to my brother and me when we were little. In turning now to his published work when he was writing as a psychoanalyst, I shall begin with two stories that he tells in The Will to Be Human, the manuscript of which I edited for him. The first comes in the chapter “Individuality and Creativity,” where he is putting forth the anti-war position that “to die for a war of aggrandizement, for loyalty to one’s king, or for an imposed ideology is a barbarous imposition” (New York, Quadrangle Books, 1972, 231-232). He defends Galileo for recanting what he believed to be the reality of the solar system in order to continue with his research and so be “true to the sacredness of his life.” The heroic greatness of Galileo, my father argued, lay paradoxically in resisting “the pressure exerted by culture to be heroic,” a pressure that from ancient times on ignored the average person or treated him with contempt. My father planned to correct this tendency by discussing an episode from Homer’s Iliad in which Thersites confronts Agamemnon. He summarizes the scene: Thersites, lame and hunchback, is eager to return to his homeland. In an animated harangue, he not only condemns the greed and vanity of King Agamemnon, the Greek commander-in-chief, but also urges the soldiers to go home. In response, Ulysses reproaches Thersites bitterly and strikes his back and shoulders with a club. My father writes, “We must be thankful that he stopped at that point. Hitler and Stalin would have had poor Thersites executed.” Here is the concluding paragraph on this subject:

There is no doubt that Homer is on the side of the kings and the heroes. The whole Iliad is an exultation of the heroic in man. Thersites does not want to fight or die for those who want to become rich and powerful, and could not care less about recapturing la belle Hélène. He wants to go home. Thersites is described as a horrible-looking, grotesque human being, as if his physical deformity reflects his antiheroic soul. We can say this for Homer, a propos of Thersites, that the majesty of his poetry caused him to maintain sufficient aesthetic distance to permit us, twenty-eight centuries later, to rehabilitate the character that he created. Hurrah for Thersites! Hurrah for the man who was a precursor of freedom three thousand years ago and dared to unmask the kings! Rather than equate his physical ugliness with his alleged wickedness, we contrast it with his fiery and beautiful spirit. And yet, for almost three thousand years, generations of people educated in the classic tradition have learned to despise Thersites. When he was beaten by Odysseus, the soldiers laughed at him. Thersites “sat down and was amazed; and in pain, with helpless look, wiped away the tear.” I am inclined to believe that he did not weep only over his physical pain. He was not a weakling. I revere the tears he shed at seeing his point of view doomed to failure, the truth masked again, the crowd deceived, and the power-crazy heroes continue their mad race.

My father wrote this while the American war in Vietnam was still raging, a war he had begun to oppose in 1965, a war subject to massive protests throughout the United States, some violent. In the figure of Thersites, my father saw a symbol of the protagonist who dared to speak up against authority, and in Odysseus he saw those servants of authority who beat protestors into submission. Always in his mind, I believe, was the private dissent against Fascism, as he remembers it in The Will To Be Human (84–89) and later in The Parnas (The Parnas, Philadelphia, Paul Dry Books, 1999, 6–23, the chapter “A Special Community”). Thersites, a man suffering from a skeletal deformity, a man different from the crowd, was the ugly toad in Victor Hugo’s poem; he was the Parnas Giuseppe Pardo Rocques.

Thersites was also my father. He told me this story about himself. Once, when he was a teenager, he was invited to the home of some wealthy acquaintances in Pisa. He was very pleased, for, being skinny and short, he felt awkward in social situations (Ian Alger, “The Intellect and Humanism of Silvano Arieti,” The Journal of the American Academy of Psychoanalysis 11[1983]: 28–29). He was, in addition, studious, enlivened by his readings, and so uncomfortable in the sort of conversation that teenage boys usually have. On the day of the party, the girl who had invited him approached and told him not to attend because her family, she said, had calculated that with so many people attending, the floor might collapse from all the weight. Perhaps he told me this story in an effort to console me, since I too was awkward with people of my age and was almost never invited to parties. Whatever his motive in telling me, his son, it was clear that he still felt the pain of the rejection. His wound did not embitter him; it made him more sensitive to people like Thersites. Thersites was not for him just a rebel against King Agamemnon at Troy; Thersites was the antithesis of those swaggering, popular, vain, haughty nobles who dominate parties and kingdoms.

I wish to turn to another story from The Will to Be Human, one that appears in the chapter in which my father is discussing men like Pope John XXIII and Francis of Assisi, who were able to break from the cultural norms of their day and reject the customs that had been so engrained as to seem like habits. In the story, my father draws an analogy between
the courage of these men and the brashness of his four-year-old cousin (The Will To Be Human 235-237):

There is indeed a similarity between the bold man, in his confrontation, and the young child who has not yet learned to put on the masks of society and approaches the world with a genuine freshness. When children act in this way, they often elicit laughter; when adults do, they elicit reproach. As an example of this attitude of children I shall always remember a cousin of mine, who was much younger than I, so that when I was in my teens, he was four. Once he and his mother came to visit us for a few days from the city of Bologna, where they lived. On a Sunday afternoon, a lady, a friend of the family, came to visit us and on unexpectedly seeing little Victor, addressed him in an intensely affectionate tone and made the following request:

“Victor, would you give me a little kiss?”
“No,” Victor replied firmly.
“Why?” asked the lady, taken aback.
“Because your mouth is crooked, you are ugly, and I don’t even know you.”

Four-year-old Victor was not only bold; he also happened to be right. The lady was ugly; her mouth was slightly uneven because of a hardly visible facial asymmetry, and it was the first time he had met her.

Victor’s visits remained proverbial in my family. One day he had a cold and had to blow his nose. Without hesitation he went to the curtain of the window and blew his nose on the curtain. The maid was horrified. She screamed, “Victor, don’t use the curtain to blow your nose!”

Victor replied, “Why not? I have a cold and I have no handkerchief.”

It is true that little Victor had not yet been corrupted by society, but he was immature. We do not expect an adult to behave like Victor, who, by the way, has grown up to be a very fine person.

In the context of the courageous men who defied the customs of their day - my father has just presented Pope John XXIII and Francis of Assisi as examples - the story of Vittorio is quite incongruous. There was no need to draw an analogy with the spontaneous comments of children who have just learned to speak. But these stories were part of his mental architecture - in the same way as were the poems, novels, and classical texts he speak. But these stories were part of his mental architecture - in spontaneous comments of children who have just learned to speak. There was no need to draw an analogy with the poems, novels, and classical texts he.

In the context of the courageous men who defied the customs of their day - my father has just presented Pope John XXIII and Francis of Assisi as examples - the story of Vittorio is quite incongruous. There was no need to draw an analogy with the spontaneous comments of children who have just learned to speak. But these stories were part of his mental architecture - in the same way as were the poems, novels, and classical texts he had studied in primary school. He could not resist telling a story. And after he had told the first one, well, he might as well tell a second! Some of the details show that he is telling a family legend as it might be told to children: “they came from Bologna, where they lived.” He gives us a foreshadowing of the unfamiliarity of the individuals, for the story will take place far away.

The visit was on a Sunday afternoon - the day for formal, polite visits. He is setting the scene dramatically. He has the characters speak, and, in his over-cautious dramatic way, perhaps a little heavy-handedly, gives us the stage directions: firmly...taken aback. He cannot help pointing out the obvious, as if his readers were children: Four-year-old Victor was not only bold; he also happened to be right. This heavy-handedness is a characteristic of all his narratives. He never took classes in creative writing; he did not study modern literature. He employs the tropes of the authors he had read in grammar school—Edmondo de Amicis and Victor Hugo. Their writing had become the superstructure of his soul. This is the way he spoke and thought. To moderns or post-moderns his method may seem childlike and naïve, but as the success of Les Misérables today shows, these techniques have stood the test of time.

Let us return to Victor’s motives for not kissing the visitor. My father catalogues them in order to assert that Victor was entirely correct. But note how he elaborates the crookedness of the visitor’s nose: it was slightly crooked because of an imperceptible facial asymmetry. This is a case of my father trying to mitigate the cruelty of his cousin’s remark while at the same time praising Vittorio—an ability to see things invisible to others was for my father a fundamental excellence. One of Father’s discoveries about the schizophrenics concerned their ability to see things that others do not. They are “extremely sensitive to society’s callousness about evil” (Understanding and Helping the Schizophrenic, New York, Basic Books, 1979, 209). Though their insights are not quite logical or sustained by evidence, they are nevertheless accurate (Interpretation of Schizophrenia 2nd ed., New York, Basic Books, 1974, 581). Finally, I think it is worth pointing out the coda to the story, the casual comment that Victor, by the way, has grown up to be a very fine person.

On the one hand, this comment has no counterpart whatsoever to the courage of John XXIII and Francis. But to my father, his readers, like his children, crave knowing what happened after the story is over—what happened after the unity of time required by the laws of literature had been observed. Moreover, he feels a need to give us a happy ending. We do not have to worry that Victor grew up to be a scoundrel. My father assures us that he has grown up to be a very fine person.

We also find this desire to append a happy coda onto a story in Interpretation of Schizophrenia. There, for example, he tells the story of Violet, a woman with a mild case of schizophrenia (Interpretation of Schizophrenia 2nd ed., 580-583). She worked for a firm that gave her a bouquet of yellow flowers for her birthday. Because the roses were as yellow, and because she felt that yellow symbolized jealousy, instead of feeling pleasure, she interpreted the gift as an attempt to announce to the office staff that she was jealous of the boss’s wife. When the boss of her department pounded the water cooler (to get it to function), and others did too, she interpreted the action to signify that her co-workers meant to pound her, to beat her. When her friend Lucy came to visit and brought her dog, this showed that the friend was treating her like a dog. In all these cases, my father explains, there was a grain of truth. For example, her friend actually did want to treat people like dogs. These collaborative insights helped the therapist and the patient develop a relationship. The patient improved and gave birth to a child a year later. The reader need not worry about a relapse: in a footnote at the end of the story, my father writes in a footnote: “At the time of this writing, the child is seven years old. The whole family is well and happy.”

One of the motifs throughout Interpretation of Schizophrenia is how from the maelstrom of mental illness there can arise insights about the condition of the patient and, more broadly, about the human condition. Concerning the dreams of schizophrenics, other psychiatrists may be pessimists, but he demonstrates how a patient’s own interpretations of her dream can be the turning point in her recovery (Interpretation of Schizophrenia 2nd ed., 596–597). The most severe kinds of depression might have a good side: “In these very serious cases the patient feels
or acts as if he had reached an inevitable conclusion that his life is meaningless and worthless. The intense depression that accompanies this apparent conclusion actually betrays the patient’s attachment to and love for life, and his inherent premise that life is meaningful and should be worthwhile” (with Jules Bemporad), Severe and Mild Depression: The Psychotherapeutic Approach, New York, Basic Books, 1978, 9).

My father’s works are suffused with optimism, perhaps at times, even an excessive optimism, or an excessive desire to see the triumph of good. Nowhere is this more evident than in the historical episode of the child of Abramo Pace, a thematic digression within the novel The Parnas. I think that in this story, which takes up five pages of the book (43-47), my father is imitating the authors he loved, who inserted novellas within the contexts of their main stories.

A Christian woman healer, finding herself unable to heal the Jewish baby of Abramo Pace and his wife, decided that she could save the baby’s soul by baptizing him. She was encouraged to do so by the wives of the leading men of Pisa, including the wife of the Captain of Justice. When the baby died, he was buried in a Jewish cemetery. Grave-robbers, thinking that the baby of so rich a father would be buried with treasure, dug up the grave. When the theft became known the wife of the Captain of Justice, conscience-stricken that the child was buried in the wrong cemetery confided to a priest, who urged her to report the matter to the archbishop of Pisa. He decided that the baby be exhumed and transferred to a Catholic cemetery. The Jews of Pisa, outraged by this action, sent a delegation to the archbishop, but he reaffirmed his decision. The Rabbi declined to fight, thinking a fight useless. Pace appealed to the poem and affirmed himself in a losing battle.

Though the story ends there, the people in the home of the Parnas continue to discuss it. The members of the household, including the Christians, all find fault with everyone in the story except the parents of the Jewish baby. The Parnas, however, has an entirely different view. Everyone, he affirms, everyone, acted out of good motives: the woman healer wanted to save the baby’s soul; the wife of the Captain of Justice, interpreting the crime of the grave-robbers as a divine warning, wanted the baby buried in a Catholic cemetery. The rabbi was passive from a desire to protect the Jewish community of Pisa; the priest, the archbishop, and the Pope all acted according to their beliefs. The baby’s parents did everything they could to reacquire the body. So everyone did the right thing. And in the conclusion of the discussion, when no one is quite happy with his Panglossian view, Pardo declares: “But think again of the little child. Everybody loved him, everybody wanted all of him, body and soul; everybody was willing to accept him, everybody was eager to save him …” The story ends with this unfinished sentence.

My father was like the Parnas. He modified the philosophy of Aristotle. Aristotle had declared that every action and intention aims at some good. My father looked for and actually found the good in every action and intention, and, like the Parnas of his novel, was unwilling to declare definitively which actions were better than others.

As he could see beauty and the birth of modern science in the Leaning Tower, with its freakishness and flawed essence, so he could see the good that might come from mental illness, the insights it might present to the patient, the therapist, and the human race. And he could see too that the stuttering of Moses, the deafness of Beethoven, the lameness and hunched back of Thersites, and the suffering of the donkey along the mountain trail—all this heartache—might have an ennobling and life-affirming power.

There are two traditional types of optimism. One type looks to the intervention of Providence to reduce suffering; a second type, to the power of the human intellect. The optimism of my father was a third, rarer, type: he saw the good that could emerge from the very defects, both physical and mental, that torment us. What made him an optimist more than anything else was his steadfast belief that all human beings, even the most wounded, might reach a moment of insight when the wildness of delusion could be tamed by understanding, when we wayfarers lost in the dark woods might find our way home again.

The Limbic System and Freud’s Chemistry of the Unconscious

By Reimer Hinrichs, MD.

Sigmund Freud never gave up his hope to find the organic equivalents (“Chemism” in his words) of psychic phenomena, especially regarding the Dynamic Unconscious (Freud, 1905: 68; 1916/17: 405+ 452ff.; 1931: 533ff; 1914: 143ff.). In the discussion of phylogenesis, function and connections of the Limbic System with other brain structures, and in the comparison with Freud’s (1900) first metapsychology of systems, the question is investigated whether the Limbic System is the answer to Freud’s mentioned “chemism.” From what we know today, a congruency of the two systems (the Unconscious and the Limbic System) cannot be postulated without speculation. However, there are approaches that can be taken as well as equivalents between the two. The Limbic System and the Unconscious, on a hypothetical basis, are compared in this paper. The preliminary findings are offered for further discussion and research within the promising field of neuro-psychoanalysis.

Introduction and Overview

Neuro-psychoanalysis tries to connect psychological postulates with morphogenetic brain structures. The question is: Can neuro-psychoanalysis explain what psychoanalysis is attempting to understand? If drives have a somatic origin, and if it’s true that the so-called fate of drives...
needs the psychological concept of the Unconscious as a prerequisite, then there is the possibility that we can find connections between the two (somatic and psychologic phenomena).

The methodological approach, according to Turnbull (2004: 206) is the clinical-anatomical testing. Certain lesions of brain structures are connected to certain changes of psychic functions. This is an approach ex negativo that is limited to singular cases (Ramachandran Blakeslee, 1998; Kaplan-Solms, Solms, 2000).

The basic question, though, still remains, as to whether the invisible structure of the Unconscious, that is a psychobiological postulate, can be found to correspond to specific somatic, i.e. morphological, structures of the brain. The Limbic System offers, in my view, a good opportunity to take a closer look.

Phylogensis and Functional Brain Networks

Life is defined by metabolism and autopoiesis (reproduction) and began on earth 4 billion years ago with one-cell organisms. It is not clear whether the origins of earthly life are terrestrial or extra-terrestrial. Then again, earth itself is not of terrestrial origin, because there was nothing terrestrial before earth was formed.

About 500 million years ago, together with the onset of heterosexual propagation, the brain stem developed in the kingdom of amphibias. This was the instinctual motor brain (Wiest, 2009: 27).

Mammalian organisms still have this brain region today. It is the regulating structure of essential vegetative functions and it remains active in human patients with Apallic Syndrome. Another name for it is the “R-System,” because it’s development started with reptiles. It’s contents are the Basal Ganglia and the Striatal area, both building the anatomic pathway from the medulla oblongata to the spinal cord. The R-System coordinates essential vegetative functions.

The Limbic System or the “emotional brain” was defined by Wiest (2009: 41) as the “common denominator of the mammalian brain” and that started developing about 250 million years ago. The Limbic System’s anatomic location is not easy to define. Parts of it belong to the basic mesencephalon whereas other parts, and their functions, are connected with the structures of both the diencephalon and the frontal telencephalon.

Limitation of the Approach

Due to methodologic difficulties, it is necessary to also limit the subject of our investigation. All we can attempt to do is to look at and try to understand mutual influences between analytic metapsychology and corresponding brain morphology of, especially, the Limbic System. The vertical approach tries to focus on intrapsychic phenomena of one human individual (Goedde, Buchholz, 2011) whereas the horizontal approach is conducted in the therapeutic setting (analyst and patient). Psychoanalysis always is the polarization between the intrapsychic and the relational, interpersonal view (Staehle, 2014: 364).

Functional Anatomy

The Limbic System (LS) is a complex double circle structure around the basal ganglia in the mesencephalon, but the LS is not exclusively part of the mesencephalon. The LS, paleomammalian brain, is not a separate system but a collection of structures from the telencephalon, diencephalon, and mesencephalon (http://en.wikipedia.org/wiki/Limbic_system 2014).

Its structures have billions of connections to deeper and higher brain structures. These include the genesis and inhibition of affects, motoric phenomena, and speech with its motoric and sensory functions, memory, and dreams (Wiest, 2009: 99). Neurophysiology (Delank, Gehlen, 2005: 59) describes the LS as neither closed nor systemized, nor functionally congruent. There even are authors who deny the existence of the LS because of its mind-boggling diversity!

The main parts of the Limbic System include:

1. The Hypothalamus that secretes numerous psychoactive peptides and is a crucial headquarters for switching from psychogenetically old and new brain structures. The Californian neuropsychologist Ralhw Johnson (2012: 101; 150; 173) is convinced that the hypothalamus is responsible for what he calls “limbic language,” that in essence “proverbal, prosodic, socio-emotionally sensitive, differentiated and expressive.” The hypothalamus has been defined (by Jockenhövel + Petersenn, 2011: 28) as the highest organ of interaction of vegetative functions and that uses the hypophysis as its hormonal organ of “doing the job.” This is partly due to the unique hypothalamic ability to transform electric signals of the central nervous system into endocrinologic messages (Jockenhövel, Petersenn, 201: 28).

2. On the other hand, Joseph (2012: 242f.) defines the hypothalamus as being closest of all brain regions to the Freudian concept of the ID, since the hypothalamus constitutes the most primitive, archaic, reflexive, and purely biological aspects of the psyche. The Hypothalamus is located in the direct anatomical neighborhood of

3. The Corpora Mammillaria responsible for recollective memory;

4. The Cingulate Gyrus that is part of the mesencephalon and the corpus callosum that connects the two cerebral hemispheres;

5. The Parahippocampal Gyrus responsible for emotional recognition of both visual contents and social connections;

6. The Hippocampus that is important for the transport of short term memory contents to long term memory storage. It may be a source of the psychoanalytic concept of repetition compulsion. Here we have to differentiate extrinsic and intrinsic memory, the latter which is crucial in analytic psychotherapy for the process of interpretations of the patient’s Unconscious that, through working through and affective insight, is brought to consciousness. The psychoanalytic concept of infantile amnesia is probably a result of the slow maturation of hippocampal structures, or the gradual process of hippocampal neurogenesis.

Two Endocrine Axes

The cerebral structure is non-linear (Schiepek, 2003). Especially, the function of the Limbic System, as mentioned before, is, in innumerable ways, connected with old and new parts of the brain through extremely complex paths and mechanisms. We could say that it is connected with every other part of the brain and yet simultaneously maintains its unique functions. This is especially true in many of the axons leading from the LS down to deeper glands located outside the central nervous system, especially from the hypophysis, to deep endocrino-logic
centers of the body, including the corticotropic path to the ad¬
renal glands, and the gonadotropic path to the gonadal glands,
an assumption that leads to the thesis that the LS influences
virtually every part of the endocrine system that is chemically
structured. This influence is probably a mutual process like so
many others in this context.

The Limbic System, in its work, depends on innumerable
circles of mutual functions, excluding however the Free Will of
the individual involved. This, again, is a sign of the LS’s func-
tional closeness to the psychologic postulate of the Unconscious.

Additional Functions: A sketch of psychological and endo-
crinological aspects
The main functions of the Limbic System involve emotion,
memory, endocrinology and vegetative regulation. Some authors
postulate different levels of the Limbic System:
The lower limbic level (Roth, Strueber, 2014a: 238) is repre-
sented by the pre-optic region of the hypothalamus and regulates
elementary vegetative patterns of behavior.
The middle limbic level (with the Amygdala) manages emo-
tional conditions and generates the recognition of emotional
signals of social communication.
The upper limbic level is responsible for somatic sensations,
pain, and the recognition of danger, risks, and anticipation in
general, including rewards.

In addition to this sketch, the Limbic System is packed with
innumerable circles of regulation, endocrinologic inhibitions and
secretions, that can be explained by the anatomical connection
of the hypophysis to the hypothalamus that are both responsible
for the production, inhibition and secretion of many hormones as
well as their stimulating or inhibiting releasing factors. A few ex-
amples include somatotropin, prolactin, gonadotropic hormones
and endorphins from the Adenohypophysis, as well as oxytocin
and antidiuretic hormone (ADH) in the Neurohypophysis. Under
this synopsis, psychopathology can be described as the tip of
the iceberg, i.e. the visible part of phenomena with an endless
number of limbic roots.

Discussion and Comparisons
Psychotherapy might be defined as a process in which the
neocortex learns to influence processes that are old in terms
of evolution or are engaged in the unconscious dead end street
of the repetition compulsion. This look at the Limbic System
is equivalent to “a journey through the Unconscious (Haensel,
2001),” but is still unable to place one part or the other from
the Freudian metapsychology into cerebral morphology in a
precise way.

Perhaps parts of the psychological constructs of repetition
compulsion, repression, and conversion can be traced back to
some of the innumerable abilities for which the Limbic System
is responsible. Freud’s concepts of repression and repetition
compulsion, as well as the symptoms of post-traumatic stress
disorder, are morphologically located on different levels and
in different parts of the Limbic System. The endocrinology of
the Limbic System is an excellent example of phenomena that
were described in connection with affective regulation and is
also an important part of psychoanalytic theory. I wish that I
could demonstrate this through examples of neuronal inhibition,
of morphological lesions within the Limbic System, and their
psychological results and equivalents. The common denominator
of these morphological changes and their subsequent psycho-
pathology is the absence of the individual’s Free Will and this
absence is crucial for any phenomenon that we call Unconscious.

If healthy functions of neocortical inhibitions lead to activa-
tion of very old basal brain structures, the result will be a
mixture of psychic disturbances in adaption, whether in extreme
ego-dystonic inhibitions or in distressing forms of repetition
compulsion that are ego-dystonic in cases of psychological
illness. The headquarters that controls these phenomena is, in
my view, located to a remarkable degree in the Limbic System.

These descriptive parallels are not enough to justify the thesis
that the Limbic System is equivalent with the Unconscious.
However, the functional parallels of both the anatomic mor-
phology and psychic experience allow a partial attempt to do
additional work on investigation of the morphology and function
of the Limbic System from the perspective of psychoanalysis.

Conclusion
We still do not know the morphological location of the
Unconscious nor do we know the anatomic location of psy-
chodynamic processes. It is possible, however, that part of this
phenomenon is due to the fact that we are rambling beyond the
possibilities of verbal expression.

Aspects of the functional side of both psychodynamics and
neurophysiology are also true for research in Quantum Dynam-
ics and can be described as one or more of the following:

- unpredictability,
- the many meanings of the Unique,
- the elusiveness of the phenomena vs. repetition compulsion,
- the replacement of certainty by probability,
- the alteration of the results through the very process of mea-
  surement and investigation (the
  observer changes the observed),
- changing the mnestic availability of the contents under
  investigation,
- the impossibility of verbalizing the patterns under investiga-
  tion as well as their sources.

In my view, the best way to improve our knowledge in this
connection is to study the Limbic System, even though this may be a
never-ending process.

Reimer Hinrichs, MD is in private practice in Berlin in psy-
choanalysis and acupuncture. He also is a teaching and training
psychoanalyst at the German Academy for Psychoanalysis in
Berlin and Munich. Please contact the author for references cited
in his text. Dr. Hinrichs’ website is www.dapberlin.de and his
email is reimer@bln.de.

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Very often when we work with patients with severe neuroses we have to contend with what Freud in 1923 called the “negative therapeutic reaction:” that every progress in the analytic or therapeutic work is paradoxically followed by a clinical deterioration. The entire therapy and their life as a whole seem to be reversed by a sense of negativity, in which “nothing good is allowed to stand” (the title of my book, see below). As we try to find a deeper understanding of such pervasive negativity, it becomes clear that there is not just one major dynamic factor to explain this, and that terms like “destructive or malignant narcissism” or “an innate predominance of the death drive” do not do justice to the deeper structure of the death drive. Rather there are a number of dynamic factors that converge in bringing about the phenomena subsumed under such negativity. They are marked by circularity, in fact a tragic circularity that I shall describe. Foremost among them are: many layers of guilt, as Freud (Freud, S., 1923, The Ego and The Id, Standard Edition 19: 3 66) stressed, but also of shame, the subversive unholy trinity of envy, jealousy, and resentment, attachment to pain, turning trauma from passive to active, conflicts within the superego, fear of gratitude, and the defensive use of the omnipotence of responsibility (Wurmser & Jarass, 2012, “Nothing Good is Allowed to Stand: An Integrative View of the Negative Therapeutic Reaction,” monograph, Psychoanalytic Inquiry, Francis & Taylor).

All this must be understood against the background of profoundly disturbed primary relationships. We can postulate that severe relational traumata with ensuing blocking of empathic relatedness and the building up of an “anti-shame hero” as ego ideal: a figure of steely invulnerability and untouchability. These are coupled with a superficial adaptation to the bourgeois values and claims for duty and loyalty. Yet at the core, there is a sense of massive vulnerability, pain and shame.

We can discern characteristic circular sequences underlying such pervasive negativity, malignant narcissism, and masochism, including the negative therapeutic reaction. The following vignette gives just some hints to the background dynamics of severely ill patients like drug addicts.

“Rape is the metaphor for my whole life”

When Sonya (this patient’s material has been disguised as much as possible without detracting from the authenticity of the case) entered treatment with me many years ago. She was in her late thirties, an unmarried white woman, very slim, finely built and pretty, still almost girlish in appearance and dress. She sought help for a severely self-destructive life pattern, which had entailed about 20 years of compulsive substance abuse (opiates, mostly heroin and, with particular abandon, cocaine, and at times also alcohol), episodically crippling chronic depression and anxiety since early childhood, with suicidal impulses, and, in the last few years, an extreme risk-taking behavior, skipping death, with home-lesn-ess and prostitu-tion. A number of times she was raped, often severely abused, and not paid. About four years ago, she contracted the HIV infection, most likely when she was living with a pimp with whom she was sharing drugs and needles. This was after having lived with another drug addict with whom she had established a masochistic love bondage and who mistreated her severely. He was the father of her girl that was now 4 1/2 years old.

Sonya had been in various treatment programs, for a longer period quite successfully in a therapeutic community where she complied with what she experienced as very degrading and humiliating practices, until she had another of her serious relapses.

It was in the wake of that relapse that she lost her at that time 2 year old child. Her parental rights were being removed, and the child was now being consis-tered for adoption (and this indeed later came to pass).

After having suffered shipwreck in everything she had undertaken, she decided to return home and eventually to get to the bottom of her pathology. She enrolled in a methadone program and stopped taking cocaine and other drugs, but realized that her problems were far deeper than could be dealt with by such symptom removal. She decided, after a particularly life-threatening relapse, to enter psychoanalysis with me, convinced by a friend of hers and patient of mine who had successfully done so (he too was HIV-positive and later died of the disease).

In the two years she was in analysis, she had one serious relapse with cocaine, lasting 48 hours and two brief ones of a few hours duration. She was very deeply involved in her psychoanalytic work although with increasing ambivalence. She came regularly and on time and was, in spite of her history, astonish-ing-ingly articulate and intro-spective. After two years, she broke off treatment, ostensibly under pressure from her parents and the insurance, but certainly also her own ambivalen-ce. She increasingly relapsed and saw me a few times while being involved in a number of programs and diverse treatment efforts. When I responded, after several weeks of severe setbacks to her request to see me just once a week, that such low level treatment had proven ineffective in the past with her and that I was unwilling to go along with it, she shouted that millions of people do not see any value in the psychoanalytic approach and stormed out of the session. I have not seen or heard from her since.

The patient came from a quite dysfunctional background: an explosive, despotic father, a submissive mother operating with much denial, a family life oriented towards showing a good façade, a lot of fighting and screaming at home. To the outside, her father was a successful factory owner, one who had built up the enterprise on his own, from modest beginnings.

“Yet when he came home he would make himself a Scotch and begin screaming every night.” He had been a war hero in WW II, saving people from a burning airplane.

There was a radical conflict in her between the two images of her father: cold, furious, and cruel on the one hand, and love-ly, warm, the one to whom she jumped every morning into bed, on whose lap she sat and with whom she was bathing, on the other hand. The image of him is double, it is split, and so
Negative Therapeutic Reaction and Tragic Circularity (continued from page 15)

...is her self-image.

The mother was a housewife, socially very shy. “She was cold, could not express herself... There are always these mixed messages with her. She says everything is alright, but you know it isn’t.” I tell her: “You say one thing, I feel something else. She is comfortable with her fake smile, pretending what one should. And I pull the curtain away. I have a thing about honesty: that people say what they mean. The family gave me a lot of double messages.”

The family was entirely oriented toward becoming socially accepted, “making it” with the golf and country club set, showing the proper façade, catching up with “the Joneses.” Yet, Sonya’s identity was that of “the loser.”

She was the youngest of 4 children. The oldest brother, about 15 years her senior, was a very unruly, explosive child, suffering from diabetes, and causing his parents a lot of worries. He became an unstable, drug abusing and self-destructive man. Eventually he was murdered by another addict whom he had sheltered.

The next older brother, about 8 years her senior, forced the patient a couple of times to have oral sex with him in front of his friends when she was 7 or 8, after repeatedly having had sex with Sonya’s sister. “He knew I would do everything for him. He knew he could talk me into ‘giving him head’ and make me the laughing stock of his friends.” Now he was said to be a successful teacher and happily married.

Maggie, her sister, is about 5 years older than the patient. At first, in childhood, she was Sonya’s protector, much beloved and admired by her. Later on she became an alcoholic. Since childhood there was a mighty stream of jealousy, envy, and resentment flowing in both directions between Sonya and her older sister, leading to violent outbursts on both sides. It focused at times on the much greater attractiveness of Sonya, the ease she had in establishing sexual relations with men, and later on Sonya’s pregnancy: “She smacked me across the face that I had the nerve of having a child. She freaked out on me. She wanted me toabort it. She tried to kill me in the car, by driving it into a tree, after hitting about 15 cars. She was in a blackout from vodka and pills. I was sick and wanted to go to a hospital, but she refused to let me out of the car, locked all the doors, crashing in all those cars, driving without a wind-shield. It was a death ride. Finally we hit and flipped. The door flew open, and I ran away, into the pouring rain. I thought I would never see her again alive. She tried to kill herself and to take me with her. I was the object of her hatred. It was when I fled barefoot from her that I got infected with AIDS. An old black junkie took her. I was the object of her hatred. It was when I fled barefoot, liking it at the same time. It is in this context that she speaks of how her feelings, once roused, very rapidly become global (“dedifferentiated”), beyond symbolization (“deverbalyzed”), and experienced, as if they were physical (“resomatized”): affect-regression (Krystal, I.e.): “I feel overwhelmed by emotions in the dreams. It’s like waves, an overwhelming dark stuff. These feelings overpower me and make me different from the others. I do not feel grounded, swept off by my feelings, my fears.”

Sonya describes herself as having always been a very shy and frightened child, constantly trying to be very good and kind, to be the mediator and savior of her family, attempting to pacify father’s rage and heal mother’s unhappiness, to please her brothers and to look up to her sister - the “innocence of responsibility.” Yet she also remembers from the beginning of therapy how she was in early childhood, frightened that her mother would kill her at night or in the car.

In adolescence another side of her broke through: the desire to burst out from the confines of her overly strict conscience and compliance and escape from the sense of despair, loneliness and worthlessness. Ever since, she has oscillated between these two identities - almost to the extent of a multiple personality, certainly a broken self and fractured reality: that of a conscientious and honest self, trying to please and to rescue her family, basically quite anxious and shy, compliant, yet fearful of social contact - and the other self that wants to break all limits, burst out of the chronic sense of guilt, shame, and anxiety by defying convention and daring death and humiliation, have fun with the wild kids and excitement regardless of the consequence: “going from caring so much about every smallest thing to not caring about anything at all.”

How can we understand these radical switches?

1. A kind of starting point is a much exaggerated expectation, especially in form of her own grandiosity, her “perfection,” her capability to heal the unhappiness of her family and to reconcile adversaries as well as opposite values. Reality can never come close to this grandiose expectation.

2. This means an abrupt collapse of her very brittle self-esteem. This phase of the process we may call the “narcissistic crisis.” It reflects and repeats the original, lifelong traumatization, consisting in the severe conflicts at home between pretended righteousness and piety and the real atmosphere of rage, hate and disdain, exaggerated demand and humiliation. Moreover, we find the massive and unpredictable back and forth of severe overstimulation and frustration, of sexual seductiveness and cruelty. Yet, the crucial traumata are those of “soul blindness” and “soul murder,” of invisibility of the personal needs and emotions of the child, and the alternation of overstimulation in form of seductiveness, even incest, and verbal violence and abuse; the “house of fear,” the “house of shame.” “Nobody saw me, nobody could see who I was. Nobody cared whether I was hurt. Nobody felt how I was hurt. They could do no wrong, and I could do no right.”

3. The next step consists in the breakdown of the affect defense, in the form of what Krystal described as affect-regression, affect-defense by sexualization. It is reflected in the following archaic equation: sexuality and sexual excitement = violence, cruelty, explosive bursting = painful, intolerable tension = overwhelming, unbearable feelings.

“I dealt with the humiliation in a sexual way, all the anxiety continued on page 17
and frustration. I wanted to get it off sexually, to relieve myself of the anxiety. The thought of humiliation made me climax, e.g., seeing the guy with somebody else or just feeling the humiliation. That was a central theme in my sexuality. The frustration becomes like sexual energy. I want to crawl out of my skin, being angry, but unable to say it. This aggression became something physical with me. I used to masturbate to get rid of the frustration. I cannot put it in words. Also when I hated myself, when I was jealous or irritat-ed, I wanted to get rid of the energy. It’s all bottled up in me.”

5. There is a reversal of the traumatic helplessness in a fantasy of omnipotence, and double self. This is on the one side a turning of passive into active (she speaks of turning the tables), ego-psychoanalytically speaking an identification with the aggressor or with the trauma. She relates a persistent quest for the energy. It’s all bottled up in me. Also when I hated myself, when I was jealous or irritat-ed, I wanted to get rid of the frustration. I cannot put it in words. Also when I hated myself, when I was jealous or irritat-ed, I wanted to get rid of the energy. It’s all bottled up in me.”


6. It is decisive that this means a doubling of the self. It is a magical transformation, in the hope that she would feel protected and transcend anxiety and particularly shame if the “true self” is split off from its masks, when it could be removed to some other, strange place, eventually to reemerge in powerful disguise (Wurmser, 2007: Torment Me, But Don’t Abandon Me. Psychoanalysis of the Severe Neuroses in a New Key.” Rowman & Littlefield, New York).

This splitting or doubling requires a massive denial of inner reality, mostly a blocking of those overwhelming affects. Such denial is supported by an invalidating fantasy set up to make the perception of reality “inoperative.”

7. The next station or layer is the internalization of the trauma: The cruelty of trauma and abuse becomes part of the superego - parallel to the turning of the rage, the envy, and the contempt against the self.

Crucially important in this is the intrinsical-ly contradictory, split nature of obligations, commitments, and ideals vested in this inner judge. It is as if “he” were following opposite laws, opposite values which still command though absolute adherence - the conflict in the superego.

Sonya faces an irreconcilable value conflict: “With my sister and my mother: when I am doing too well, they resent me. With my brother and my father, it is the reverse: when I’m not good enough, they resent me. Mother and sister are jealous and resentful of my independence and success, and my brother and my father are disgusted when I’m not successful enough.”

On the one side, there is the envy of her success with mother and sister, on the other the contempt for her failure with brother and father. “For my father I should be totally powerful, and for my mother totally self-disciplined, without drive, pure.”

These two value systems, one based on power, the other based on purity, are irreconcilable, but both converge in the one point that their respective antitheses of weakness and dirtiness are prime causes for shame. She feels herself to be the scapegoat of her parents: for her father, who wants to be an aristocrat, and for her mother, who wants to be a saint. Life becomes a walk on a very narrow ridge: abyss to the left, abyss to the right.

8. This entails the characteristic absolute-ness of inner life, the narcissistic stigma. With the globality and absoluteness of the previous stations, responsibility and self-ideal assume similar totality. Thus we find a grandiose ego-ideal as pendant to the cruel conscience-judge-superego. It is a totalitarian superego, often with opposite demands of irreconcilable totality - the prototypical archaic superego.

Speaking generally, the narcissistic fantasies serve in traumatic situations as protection against helplessness (Novick, J. & Novick, K. K., 1996 a: Fearful Symmetry. The Development and Treatment of Sadomasochism. Northvale, NJ: Jason Aronson; Novick, J. & Novick, K.K., (1996 b): A Developmental Perspective on Omnipotence. In: Journal of Clinical Psychoanalysis. 5:131-175). There exists a particularly important version of such protective omnipotence, a fantasy, almost a delusion: “the omnipotence of responsibility:” “if I only would be strong and good enough, all these awful things would not happen. Whenever abuse occurs, it is all my fault.” At the price of enormous guilt, the patient protects himself against the even more frightening helplessness.

And Sonya: “I thought: ‘When I’ll be older, I’ll be a perfect child and never cause problems; and they will be so proud of me’….I’m the scapegoat, her daughter the drug addict, and she is the saint. She has to be the rescuer. Her self-image depends on it.” Sonya’s own ego ideal is that of the Savior: “When I was 5 year old I was dreaming: to be an angel, in a spiritual world, to help mother, to be the perfect daughter, to rectify this house full of commotion. It was a heavy responsibility for a little child to take on!”

9. And then there is the re-externalization of the cruel conscience. Others are being treated with the same scorn and are punished with the same pitiless harshness, as the “inner judge” deals with everything she does and feels. Thus she becomes the cruel judge of others: sadism disguised as morality, yet in its core sexualized revenge. Simultaneously with this turning of the archaic superego’s aggression against the outside world, we encounter the narcissistic attitude of arrogance and entitle-

10. Finally, the manifest clinical picture is marked by provoked victimization and magical transformation. The patient

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ends up, again and again, in the position of the victim. This is the masochistic side dominating the surface appearance and marking the symptomatology. The masochistic core fantasies relive traumatic experiences in staged scenarios of managed suffering and shame, with the emphasis not so much on perverse sexuality, but on fantasy equations of sexualization of violence, centrally repeated in the submission to the tormenting, rigidly judgmental, anal-sadistic superego. Most poignantly, the patient tries to magically and omnipotently alter reality and bring about a series of massive denials and reversals: “By the suffering provoked, brought about, reenacted by me I transform passively endured pain into pleasure, anxiety into sexual excitement, hatred into love, separation into fusion, helplessness into power and revenge, guilt into forgiveness, shame into triumph and most of all passivity into activity,” in the words of another patient; “the alchemist’s dream” (Wurmser, L., 1993: Das Rätsel des Masochismus. Springer, Heidelberg). The masochism is understandable on the basis of the premise of power through suffering (Novick & Novick, 1996, a&b). Yet this aim stays unconsciously and remains self-defeating. The end is suffering and often catastrophe. The vicious circle is closed.

Yet what is the likely nature of the trauma that lies behind these vicious circles?

One answer imposes itself: it is humiliation, above all in the form of dehumanization, of objectification, that we can recognize as the central trauma lurking behind everything I have been talking about in this study: not to be seen and treated as a human being, not to given the dignity as a singular individual, to be dealt with “as a man and not as a piano key” in the words of Dostoyesky’s “Notes from the Underground.”

I conclude with a little passage from Talmud Tractate Megilla (I am grateful to Mr. Ron Mitnick and the Talmud class that I am privileged to attend) that reflects metaphorically on the life sustaining power of being seen: “Rabbi Yose said ‘All my days I was troubled over the meaning of this verse [Deut. 28.29]: ‘And you will grope at noonday as the blind man gropes in darkness.’ Now, I wondered, what difference is there between darkness and light to a blind man? [Why does he grope more in darkness, as Scripture implies, than in daylight?] Until I witnessed the following incident [which illuminated the verse for me]: One time I was walking in the darkness of nighttime, and I saw a blind person who was walking on the road, and he had a torch in his hand. I said to him: My son, why do you need this torch? He answered me: As long as a torch is in my hand, people see me and save me from harming myself in ditches, thorns, and briars” (quoted from the Schottenstein edition of the Talmud, Art Scroll Series).

Being seen by the other gives to life protection and meaning; this is the real meaning of the light. It protects from those abysses of primal shame, tragic circularity, and radical evil.

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Remembrances of Things Past: Not So Subtle Racial Prejudice

By Ronald Turco, M.D., AAPDP Past President

How many of us in medicine are familiar with the name of Daniel Hale Williams or even know what he did?

Dr. Daniel Hale Williams (January 18, 1865-August 4, 1931) was an African American surgeon and, in fact, was one of the most skilled surgeons of his era. He performed the first fully successful open heart surgery on July 10, 1893, including the repair of the knife wound on the pericardium, at Provident Hospital that he founded in Chicago.

Dr. Williams was born in Hollidaysburg, Pennsylvania in 1865, the fifth of seven children (some say eight). His father was a barber and a leader who wanted better conditions for African American people and he started a group called the Equal Rights League. He believed in the value of a good education. He died of complications of tuberculosis when Daniel was 11 and the family was split apart. His mother moved the children to Baltimore, Maryland to stay with relatives where Dan was apprenticed to a shoemaker. He worked at this for three years while still a young child but did not like it. His mother was unable to care for the children and likely abandoned him.

Daniel moved to Wisconsin when he was 16 and lived and worked with a family who owned a barbershop in Janesville, Wisconsin. He had the good fortune to have the owner, Charles Henry Anderson, as a mentor who took him into his home, became a second father to him, and encouraged him to finish school. Daniel learned to cut hair, became a barber and had his own shop at age 17. Eventually he finished Jefferson High School in Wisconsin in 1877 and was accepted to the Janesville Academy that was similar to a two year college. Mr. Anderson encouraged Daniel’s musical abilities and Daniel played in a band as a bass violinist.

He wanted to make people “feel good.” however, and have a “noble profession” and so in 1878 he apprenticed himself to Dr. Henry Palmer, a local physician. Dr. Palmer was a leading surgeon who became the Surgeon General of Wisconsin. He had two other apprentices who were also accepted to Chicago Medical School, all beginning their studies in 1880. Daniel began his work with Dr. Palmer by sweeping the floor but before long he was mixing medicine. This apprenticeship had been incredibly inspirational and he loved the work. After two

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years of apprenticeship he needed formal medical training but had no money. His mother refused to help him financially so he borrowed money from Mr. Anderson for the first two years of medical school and his brother, by this time a practicing attorney, paid for his third year. He lived in a rented room with a friend of his father’s, a Mrs. Jones, and during the summers he went home to the Anderson’s and worked at the barbershop. He received his M.D. degree from Chicago Medical College, affiliated with Northwestern University, in 1883 at the age of 27.

Because of his race, Dr. Williams (no longer “Daniel”) could not work in a hospital and so had his first office in Chicago while volunteering in an orphanage. He worked in patients’ homes and once had to sterilize a patient’s dining room so she could have surgery. He occasionally conducted surgeries on kitchen tables, yet utilized the up-to-date sterilization procedures of his day thereby gaining a reputation for professionalism and competence.

Dr. Williams began to practice medicine and surgery at the South Side Dispensary and, at the same time, held a position as an instructor of anatomy at Northwestern University. At the South Side Dispensary one of his jobs was to demonstrate surgery for medical students and one of his students was Charles Mayo who later started the famous Mayo Clinic. Dr. Williams also worked for a time as a medical doctor for the City Railway Company and as a volunteer physician for the Protestant Orphan Asylum, working with many children.

His reputation as a skilled surgeon, his practice began to grow and he paid off his debts to Mr. Anderson. In 1883 he was only one of four African American doctors in the Chicago area and six years later in 1889 he was appointed by the governor to the Illinois Board of Health. While there he recommended vaccinations for typhoid, scarlet fever and smallpox, fully understanding sanitation problems.

Dr. Williams moved to Washington D.C., thinking it a good place for a Negro doctor, but soon moved back to Chicago where he continued to work at the South Side Dispensary and started a new hospital – The Provident Hospital and Training School for Nurses, founded especially to help Negros. He had observed that African-American patients were routinely subject to second-class medical care and that opportunities for most black physicians were extremely limited. It was difficult for African-Americans to gain admission to medical and nursing schools because of institutionalized racism.

An old friend, the Rev. Louis H. Relognolds, had a sister who wanted to become a nurse but was denied because of her race so Dr. Williams came up with a plan for the first racially integrated hospital in Chicago. Many African Americans were moving to Chicago and an old building big enough for 12 beds was found. Volunteers cleaned the building, painted it and some brought bedding and food. There were dances and chicken supers to raise money. This became the first hospital with black doctors and nurses and the first black-owned hospital in the country operated and managed by African Americans, and the first U.S. hospital to admit blacks to its staff. It was also the first racially integrated hospital in the city as well as the first hospital for black women in the United States.

Williams opened the first nursing school for African-Americans and seven women started training as nurses. He employed African-American and white doctors at the Provident Hospital and emphasized the need to provide the best available care for everyone and he required doctors at the hospital to keep abreast of the latest advances in medicine. The hospital had an 87% success rate that was phenomenal especially considering the financial and health conditions of most patients and the primitive conditions of most hospitals.

It was here in July of 1898 that a man was brought in with a stab wound to the chest. Dr. Williams operated on the man, stitching up the heart itself and he thus became the first person to ever perform open heart surgery. This was almost unheard of at the time, as entrance into the chest or abdomen of a patient would almost surely result in infection and death.

Not only was Dr. Williams the first surgeon to perform open heart surgery but he was the first to open the chest cavity successfully without the patient dying of infection. If he failed, his reputation as a doctor could have been ruined. He was not looking for fame or trying to do something new and special, he just did what he could to save the man’s life. He was assisted by five other surgeons whom he invited to watch.

The patient, a 24 year old worker at the Union Stock Yards in Chicago, had a knife wound it an artery a fraction away from his heart to the left of his sternum. The patient went into shock and was near death and a decision had to be made. Dr. Williams made that decision. The surgery was tedious and dangerous. Multiple incisions were made, ribs were separated and the internal mammary vessels were found to be bleeding profusely, in addition to a puncture wound of the heart, close to the right coronary artery. The wound in the pericardium was 1 ¼ inches thick and closed with silk worm gut. A month later the patient was opened up again to remove fluid from the pleural space with an intercostal incision. Fifty one days later, he recovered and went home to live for another fifty years (!).

Similar procedures had been performed in the early 19th century by Francesco Romero, a Spanish surgeon and by Napoleon’s physician, Dominique-Jean Larrey, but Dr. Williams is credited with the first fully successful open heart surgery, as other patients did survived only briefly if at all. Dr. Williams continued as instructor in anatomy at the Northwestern University. Newspaper headlines reported: “Sewed Up His Heart! Remarkable Surgical Operation on a Colored Man.”

Possibly for reasons of his own health, he moved from Chicago to Washington D.C. in 1894, during the administration of President Grover Cleveland. At President Cleveland’s request, Williams became Surgeon-in-Chief at the Freedmen’s Hospital in Washington D.C. where he organized different departments to treat a variety of illnesses, including seven medical and surgical departments such as gynecological, dermatological, surgical etc., as well as setting up pathological and bacteriological units and establishing an internship program with doctors from all over the country who visited to observe the advances in procedure and organization. By this time, he had completed two operations similar to the first one in 1893.

In 1913 Dr. Williams was the only African-American in a group of charter members of the American College of Surgeons. The American Medical Association refused to accept black members and so, in 1995, he helped to develop his own organization and became the first vice-president of the National...
Medical Association, the only medical organization open to African-Americans. While in Washington, he started a new group called the Medico-Chirurgical Society of the District of Columbia and he also helped found the National Negro Medical Association. He also started the Freedman’s Nursing School with 37 students, referring to each of them as “daughter.” While at Freedman’s he delivered a baby by Caesarian section, a relatively new procedure in the United States.

An interesting sidelight is that Dr. Williams was honored in the Stevie Wonder song “Black Man” from the album “Songs in the Key of Life,” one of the greatest albums in popular music history and voted the best album of the year in The Village Voice’s annual critics poll 1976.

Dr. Williams married Alice Johnson, a schoolteacher, in 1898 and once again moved to Chicago, where he received a huge welcome and resumed his position as Chief Surgeon at Provident Hospital, as well as at two hospitals for wealthy white patients. He encouraged African-American leaders to open hospitals in cities where African-Americans would receive first rate care. He received numerous honors and was the first Black physician named as a Fellow in the American College of Surgeons. He visited Meharry Medical College in Nashville, Tennessee and, as African American doctors were not allowed into the city’s hospitals, he suggested they start their own hospital and he helped raise money for a twelve bed hospital. He often took no pay for his help with difficult surgeries and consultations. In 1908 he had been a physician for 25 years. His wife, Alice, suffered from Parkinson’s disease and died in 1924. Williams had diabetes and he suffered a stroke in 1926 and retired. He died on August 4, 1931.

I first learned about Dr. Williams in high school and this made me think about my black childhood chum, Remus, whom I last saw working in a cobbler’s shop. Later, when I was 26, I was first assistant to a heart surgeon who opened a boy’s heart in an emergency circumstance. As I held the moving heart in my hands, a memory and kinesthetic experience that will never leave me once again rekindled my thoughts of Dr. Williams.

After publishing two articles on Shakespeare in the Academy Forum (Madness, Real and Feigned, and More on Shakespeare), I now turn to English Romantic poets, and in particular to Shelley. The first generation of English Romantic poets, Wordsworth and Coleridge, mainly lived in England. The second generation, Byron, Keats and Shelley, went abroad, and Shelley, in particular, roamed widely. Wordsworth and Coleridge cooperated on the Lyrical Ballads, which included Coleridge’s masterpiece, The Rime of the Ancient Mariner, then they parted.

Shelley’s wealthy grandfather, Bysshe, went to England from New Jersey. Percy received a classical education, then developed an interest in science. He was expelled from Oxford for writing a pamphlet on atheism. While still in England, Shelley had “nervous attacks” that he countered with laudanum. He married Harriet Westbrook, then left her for Mary Godwin, the daughter of William Godwin and the feminist Mary Wollstonecraft. Harriet reacted by committing suicide through drowning. On Lake Geneva Shelley met Byron, and Mary wrote Frankenstein. Shelley then moved to various parts of Italy.

Keats, who met Shelley in 1817, developed tuberculosis and, needing a change of climate, went to Rome and died there in 1821, at N. 26, Piazza di Spagna. Shelley wrote Adonais for his friend’s death. Keats’s story is depicted in a beautiful movie by Jane Campion, Bright Star (the title is the beginning of a sonnet by Keats). Academy members, when in Rome for the Thirteenth AAPDP/OPIFER Joint Meeting in November, 2011, may have visited the Keats-Shelley House, at the foot of the flight of steps leading up to the church of “Trinità dei Monti.”

One theme in common to all these Romantic poets is nature (Ode to a Nightingale, by Keats, and Ode to the West Wind, The Cloud, To a Skylark, by Shelley) and our estrangement from it: the killing of the albatross, in Coleridge’s Rime, or these lines by Wordsworth, from The world is too much with us:

“Little we see in Nature that is ours;
We have given our hearts away …”

In the summer of 2014 I went on vacation to Bonassola, on the Ligurian sea, also well known to Academy members because of the Second AAPDP/OPIFER Joint Meeting, which took place in Sestri Levante in June 2000, and the Ninth Joint Meeting, also in Sestre Levante, in October 2007. Since I knew that Shelley had lived on that sea, in the Casa Magni at San Terenzo, in the Bay of Lerici, I took his poems to read. Some years before, my wife and I had been on vacation in Lerici itself, from where we used to go on foot to San Terenzo, passing in front of Casa Magni.

While in Lerici, Shelley had a boat built, to which he gave the name of Ariel, after the spirit in Shakespeare’s Tempest. He also fell in love with Jane, the wife of a friend of his, Edward Williams. In 1822 Shelley dedicated several poems to her. On July 1, Shelley, Williams and a sailor went with the Ariel to Leghorn to meet Byron. On July 8 Shelley set sail to return to Lerici with two sailors, although the port authorities had warned him of an oncoming storm. The Ariel was caught in the storm and sank. Five days later, Shelley’s body was washed ashore. By law, his body had to be burned. This took place in Byron’s presence. Shelley was buried in the English Cemetery in Rome.

Also his last, unfinished poem, Lines written in the Bay of Lerici, was dedicated to Jane Williams. Here are some excerpts:

“She left me …”

Percy Bysshe Shelley: A Case Study

By Marco Bacciagaluppi, M.D.
... She left me, and I stayed alone.
...
But soon, the guardian angel gone,
The daemon reassumed his throne
In my faint heart.”

Here are the last lines:

“Too happy they, whose pleasure sought
Extinguishes all sense and thought
Of the regret that pleasure leaves,
Destroying life alone, not peace!”

As I read these lines, it struck me that, when Shelley set sail on the Ariel in the face of an oncoming storm, he was bent on committing suicide, possibly because he had been left by Jane Williams.

In the recent psychoanalytic literature, here is a relevant comment by John Bowlby (Loss, New York: Basic Books, 1980, p. 68): “Anger is redirected away from an attachment figure who aroused it and aimed instead at the self.” In this case, redirection may have been caused by guilt over Harriet’s suicide by drowning: what Shelley had caused in Harriet he inflicted onto himself, when he himself was caught in the same situation of being left. The “daemon” is what Bowlby calls the anger of despair (Separation, New York: Basic Books, 1973, p. 247), that possibly first arose in some childhood situation, about which we do not know. This is a common occurrence. This is what Alice Miller says in the Preface of The Untouched Key (London, Virago Press, 1990): “Whenever I leaf through a biography of a creative person, I find information on the first pages of the book that is especially helpful in my work. The information has to do with one or more childhood events whose traces are always apparent in the person’s creative work, usually running through it like a continuous thread. In spite of this, the individual childhood events usually are not given any prominence by the biographer.”

What we do know is that Shelley loved water, but never learnt to swim, notwithstanding the efforts of Byron, who was an expert swimmer, to teach him.

Also in German Romanticism there is the theme of pain over loss. For example, Schumann set to music Heine’s Dichterliebe. This is a beautiful synthesis of poetry and music, but without the tragic real-life outcome of Shelley.

To end with a citation from a modern American poet, Shelley’s death was a “Death by Water” (T. S. Eliot, The Waste Land, Part IV).

BOOK AND FILM REVIEWS

The Presence of the Absent: Therapy With Families And Their Ghosts
By Carlos E. Sluzki, M.D.
Reviewed by Diane K. Schrier, M.D.

Carlos Sluzki, MD is a member of the Washington Psychiatric Society community, Clinical Professor of Psychiatry and Behavioral Sciences at George Washington University School of Medicine, and a Professor Emeritus of Global and Community Health and of Conflict Analysis and Resolution at George Mason University. He has a private practice in Washington DC focused on couples and family therapy and consultations (with a systemic-narrative slant), lectures internationally, and is a prolific writer.

This brief book is comprised of a series of family consultations he conducted with five different families from different cultures and in different countries and contexts, some as brief key interventions while a visiting consultant and some as full therapies. They all have in common the “presence of an absence,” the unusual materiality of shadows of ambiguous losses embedded in their daily reality, and how he creatively managed those scenarios.

The book, with a glowing prologue by Salvador Minuchin, one of the icons of the field of family therapy, consists of eight chapters including notes plus references.

Chapter 1, “Ethereal Presences,” sets out Dr. Sluzki’s thesis for the book of the frequent presence - problematic or helpful - of those who are no longer materially alive and how they may impinge on the living and on family dynamics. He discusses

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in it ambiguous losses and family myths, cultural beliefs and tightly held narratives, and therapeutic ways of transforming - sometimes simply detoxifying - the oppressive nature of those “presences.”

Chapter 2, “Forbidden Words, Forbidden Thoughts: Semantic and Somatic Effects of Political Repression in a Family with a Hole in its Center” describes a family consultation in Argentina as that country was beginning to come out of seven years of state terrorism in which people were abducted, tortured, and often killed by the military while the state denied knowledge of these actions. The presenting reason for this consultation was a 7-year old who appeared depressed and was misbehaving, and is quickly and skillfully shifted to some of the multiple relational effects on the family of an oppressive political climate that fostered silence, denial and social isolation. The remarkable effects of this shift of frame on the entire family is detailed in a series of follow-up consultations.

Chapter 3, “Rekindling the Experience of Freedom: Ghosts of a Dictatorship and Reverberations in a Liberating Process” focused on a choice Dr. Sluzki made to present the entire video to family therapy that until that consultation bore little fruit. Dr. Sluzki then describes a series of family therapy sessions with a nuclear family of three loosely connected adults: a middle-aged man living the marginal life of a chronic psychiatric patient followed by a local community mental health center; his retired father, circumstantially in the same area; and his sister, pulled into the temporary but highly contentious relationship between father and son. The fourth member of this family, “Madame,” dead already for a number of years, continued to make her presence felt both in sessions, where the family behaved as if she would literally occupy a space, and in many of their collective choices and decisions. A well-intentioned, but either premature or simply unrequested proposal, by Dr. Sluzki to “exorcize the ghost” of Madame led to a very intense and quite coherent rebuff by the son that reoriented the therapy toward what each member of the family had, in fact, explicitly requested during the first consultation. Dr. Sluzki defines this chapter as a lesson in humility, highlighting the need to remain attuned to the family’s goals, wishes and timing, as well as to “befriend ghosts respectfully” before any attempt at altering the family composition that includes them.

Chapter 6, “The Naming: The Awakening of Two Ghost Children” occurred in the context of a consultation for the staff of a family therapy-oriented clinic in Chile. Dr. Sluzki conducted an initial evaluation of a couple referred by the wife’s psychiatrist due to her increasingly immobilizing post-partum depression that followed the birth of a daughter two years earlier. Exploration of a shared past traumatic event glossed over by the couple shook the husband’s composure and, tying that event to his insomnia and recurrent recent nightmares, transformed that interview from one centered on the wife to one centered on the husband’s pain and their mutual frozen grief. Dr. Sluzki’s gentle and supportive inquiries allowed the wife to become the caretaker and the husband the one suffering, and to mourn conjoinly for past losses, with a remarkable resolution of the wife’s depression and the husband’s insomnia and nightmares as well.

Chapter 7 is titled “Saudades at the Edge of the Self and Merits of ‘Portable Families’.” Citing Dr. Sluzki’s bilingualism and multi-cultural expertise, a colleague referred him a 70 year old Mexican-American woman, originally from the province of Sonora, in Mexico (the land of Carlos Castaneda’s Yaqui teacher “Don Juan”). She was carrying a diagnosis of atypical schizophrenia and had been treated with neuroleptics, without too much success in terms of abating her recurrent hallucinations. In the first consultation, she told the story of her rough life, culminating in her current modest retirement. She maintained close contact with her two supportive daughters who lived nearby and enjoyed as well the almost nightly visitations of her two sons, both deceased for a number of years, one from gang violence and the other from AIDS.

Dr. Sluzki, operating with the assumption that those were culturally congruent hypnagogic hallucinations, discontinued her neuroleptic medications and worked to counter the potentially negative social effects of her prior psychiatric label. In a series of sessions that occasionally included one or the other daughter, and also at times her deceased sons (via the patient!) in some decisions, Dr. Sluzki guided her tenderly toward an expansion of her meager social network and other quality of life issues while leaving undisturbed her pleasant connection with her four offspring.

The book is beautifully written, at times reading like poetry. It is densely packed with clinical gems and examples of ways to
The Presence of the Absent (continued from page 22)

Death, where is your literature?
Entering Night Country: Psychoanalytic Reflections on Loss and Resilience
By Stephanie Brody. Donnel Stern Series Editor:
“Psychoanalysis in a New Key,”
Routledge, London New York 2016, 166 pages $44.95
Reviewed by Angela Hegarty

Entering Night Country: Psychoanalytic Reflections on Loss and Resilience by Boston psychoanalyst Stephanie Brody is a wonderful book but it is not for the faint of heart. Night Country is about death and loss, both issues of universal clinical and theoretical importance.

It may be easier to write about death using the third person, singular or plural. To write in the first or second person, as Dr. Brody does, brings death closer. It is easier to write about death in the abstract and remove all traces of any one individual’s personal dilemma. Abstractions are less likely to evoke those powerful feelings that disrupt what we like to call “objectivity” and “reason.” These powerful and disruptive feelings elicited by encounters with death constitute an important part of the work for Dr. Brody. Impersonal facts disconnected from experience yield information, not knowledge. At the level of information, absent severe cognitive impairments, everyone knows we are all going to die and that there are no exceptions. Psychological defenses are not triggered by information but by knowledge too unbearable to be allowed into conscious awareness. This is the knowledge of interest in Night Country. It is very hard to write about but Dr. Brody does it very well.

Were we to search our libraries for works that address the clinical and theoretical implications of death and loss in psychodynamic psychiatry we would find few if any volumes published since Dr. Irving Yalom published his textbook Existential Psychotherapy in 1980. Night Country is no textbook, weighing in at only one hundred and sixty six pages but Dr. Brody picks up important themes from Yalom’s work and brings them up to date. This lack of attention to a subject of such importance as the work of analysis, the role of the analyst and the relationship between analyst and patient. She familiarizes her readers with notions like liminality and the timelessness of the unconscious and then dramatizes these ideas in clinical and personal vignettes that will help beginners understand these important concepts in a useable manner.

Though expressly written by a psychoanalyst about patients working in an analytic treatment, Night Country begins and ends with the clinical situation and is a book that will be helpful for psychodynamic psychiatrists regardless of theoretical orientation or practice model.

At the heart of each chapter lies what literary theorists might call a marked moment of being - a term made famous not least by its appearance as a title for a posthumous collection of personal essays by Virginia Woolf. In such moments something happens and the meaning of our lives is illuminated and our life narratives re-made. When Rilke’s poet encounters the Archaic Torso of Apollo, his experience of the piece leads to one conclusion: “You must change your life.” Dr. Brody recognizes the power of psychoanalysis and psychodynamic psychiatry to foster such realizations.

Each chapter references and deploys the metaphors and analogies drawn from works of epic literature. Her experience with these texts deepens her reflections and enriches the work not only with her patients but with her readers. Clinical vignettes from her work with patients invite the reader to experience these moments in the course of the story. The interplay between reflection and experience, between the general and the personal exemplified in both the literary metaphors and the clinical vignettes ground the work in a way that clinicians will appreciate.

At the end of each chapter, Dr. Brody provides a list of references. These lists can be used as a guide to further reading. In addition a review of the works Dr. Brody references gives us some idea of where she is coming from so to speak as a writer and analyst. Dr. Brody uses the analogies and metaphors encountered in literary texts like theories, as if they were lenses through which we view the clinical material, illuminating what has previously abided in shadow and privileging what has been passed over. To paraphrase Freud’s comment in The Interpreta-
tion of Dreams wherever she goes, she finds the writers of epic literature have been there before her.

When the subject is death, a desire to put as much psychological distance between oneself and the subject matter is not limited to philosophers and theorists. Writing in the abstract from a distance the author assumes a posture of invulnerability, the defensive purpose of which speaks for itself. Clinicians can write one size fits all manuals replete with diagnostic algorithms that purport to automate the treatment and presumably the relationship between therapist and patient upon which the treatment depends as though either is nothing more than a replaceable component.

Dr. Brody does write about patients in the abstract, from a distance or in general. She also listens to each patient’s individual narration of his or her specific dilemma. Her own emotions are as much part of the work as the narratives of the patient. Not everything is shared of course but an important aspect of Dr. Brody’s work with patients involves self-disclosure, a complex and at times contested issue in psychodynamic psychiatry. The analyst or therapist the author envisions is not the product of a perfect analysis capable of maintaining neutrality, abstinence and anonymity no matter what is happening in the room, nor is the analyst someone who knows the answers ahead of time. In that clinical situation, the neediness and suffering of the patient signifies dependency and vulnerability and serves as a foil for the impassability of the analyst who remains silent, aloof, detached and untouched, like some mystical being even by death.

Though the myth of the perfect or complete analysis has failed the test of time, the idea of clinician as expert, as the one with the answers and a capacity for objectivity has not. For Dr. Brody, self-disclosure is not just another tool to deepen the process and help the patient along the way, it says something about how she understands the role of the analyst with respect to the patient. Instead of being an expert, Dr. Brody’s analyst is a fellow traveler. Her concept of the analyst is more like Virgil who accompanies Dante’s Pilgrim in Inferno as he makes his journey through hell. Virgil is neither an angelic being nor a saint, but is as imperfect as his charge. Virgil, like a good psychodynamic psychiatrist, accompanies the patient on a journey he could never take by himself, offering guidance and understanding and above all the benefit of his own experience disclosing even his limitations when necessary.

Consistent with the relational approach, Dr. Brody shares her experiences generously in a manner that deepens our understanding of the material and opens up possibilities not previously considered, eliciting reflection not only in the patient but in the reader as well. The manner of her sharing brings the text alive in unexpected ways. Her experiences as an adult, her childhood memories and her own marked moments of being both in and outside the office inform her understanding of and her approach to each patient. Though the topic weighs heavily, Dr. Brody’s writing is vivid and engaging. For example chapter six opens with an account of the author’s experience climbing to the top of Brunelleschi’s dome in Florence. Written in the present tense in the first person singular, she puts us right there in medias res walking in her shoes up a steep narrow stair into the dark in the heat of summer. She finds herself in a close dark space and we are right there. When she draws the distinction between her knowledge of the place and the experience of it, the distinction is palpable.

Close to the top it is dark and the stairs gets even narrower and more steep. As she ascends further the pitch of the stair leans her forward. She cannot see the end. There is no turning back. The text evokes in the reader something of the experience where the only option is to keep going. This is what it feels like to be in limine, (Latin: in the liminal space) beyond the point of no return, where the starting place is lost and the end is not in sight. We pause to catch our breath. Then in the last line of the paragraph a volta: “Here the hard work begins” (page 74).

We shift modes and follow our author to the next section: a childhood memory in which she first recalls the shock of hearing about death. Once again we are with her: this time age four, in a rarely used formal sitting room, wearing her red dress, the one with the four pockets in front, at Thanksgiving, hovering, one might say evenly-hovering, between the conversations of the adults on her favorite holiday. Out of this gentle reverie without warning come the words “He has a brain tumor and is going to die,” words that hit her “like bullets.” (page 74). Next she reflects on the childhood experience from her perspective as an adult and as a psychoanalyst and thus situates the power of death for us in a deeply personal way. Now we are prepared for the lesson of Lucretius’ didactic poem, The Nature of Things, and a quote from a teacher that articulates the experience succinctly:

“…..We know that it will end, we just do not know how. Awareness of death gives us the power to alter our lives to live as if there is no tomorrow”

The quote resonates with the notion of Heidegger’s that the only way to live an authentic life is by embracing and accepting the reality of death. I was surprised when I searched the index and references that I found not a single mention of Heidegger whose Being and Time develops not only a philosophy but a psychology of death that has informed and continues to inform the entire western discourse on death since its publication, a major influence not only in 20th and 21st century philosophy, but on theology and psychoanalysis as well.

But Night Country is neither a philosophical treatise, a literature review, nor even a clinical manual, but instead a collection of profound reflections. Dr. Brody writes about experiences and encounters, texts and patients that light the way along the road through Night Country for her and for the reader and brings us to the same place to which Heidegger might have led us, save by a different path. To paraphrase Heidegger’s understanding of the dilemma posed by death, in Being and Time and elsewhere, it comes down to this: the human mind imagines a lasting existence along an unbroken temporal continuum, a future in which he or she is present. The human capacity to imagine such a future gives us a sense of what we can or might expect going forward. This image may be adjusted as we learn from the vicissitudes of life but there is a problem. As Heidegger reminds us, we tend to forget that the future is a product of our imagination.

When faced with death, the apocalyptic insight that awaits us is that it is the future itself that is the illusion. This realization, that it is the future that is the illusion, that, as the Buddhists would remind us only the present moment is real, brings us back to Lucretius and allows us to live as if there is no tomorrow, because at some level all tomorrows are illusionary.

Using literature to open the doorways of clinical and theoretical reflection is fraught with dangers. In a real way, each reader
re-writes the text anew. It takes a good writer to make sure that readers unfamiliar with the cited literary texts are not left in the dark. For a writer like Dr. Brody this is not a problem.

But what if a reader, unlike the author actually detests Homer? Truth is I have never liked Homer either. For me, in Night Country though, Homer is the least of my problems. To make matters worse, Dr. Brody’s favorite writer and his most often cited work put my teeth on edge. But the book was too good a read and the author’s voice too steady a guide to put down. Was I irritated from time to time? Deeply! But in the case of Dr. Brody’s book I can testify without hesitation that it did not matter. Some of the metaphors struck me as slightly awkward but her point was never lost. Were I to re-write this book, I would chose entirely different works but then that is precisely the point in a personal reflection, and the book I would write would be a different text entirely.

The good news is that in the hands of this writer, even if one doesn’t care for Homer or the writings of Robert Pullman, it doesn’t matter. Dr. Brody handles the material in a way that

Let’s Keep Talking
Lacanian Tales of Love, Sex and Other Catastrophes
By Yael Baldwin
Reviewed by Gerald P. Perman, M.D.

A South American patient of mine recently emailed me a link to an article in the online magazine “Quartz” (http://qz.com/734450/almost-everyone-in-buenos-aires-is-in-therapy/) “Lie back: Almost everyone in Buenos Aires is in therapy.” Author Olivia Goldhill described how prevalent psychotherapy and psychoanalysis are in Argentina and then writes: “If you talk about psychoanalysis in Buenos Aires today, you’re really talking about Lacan French psycho-analysis.” …“Indeed, many Argentina universities today have huge psychology departments, nearly exclusively devoted to the study of various aspects of Lacanian psychoanalysis.”

I first became attracted to the Lacanian approach to psychoanalysis after reviewing two books by Bruce Fink for Psychodynamic Psychiatry and I have since attempted to read translations of Lacan’s Ecrits and other writings, albeit with mixed success. I have found, however, that Lacan’s ideas as expressed and explained by Fink, and now Yael Baldwin, offer a new and refreshing way to listen to what our patients are telling us, along with easily applicable Lacanian techniques to use with our patients. Since Lacan himself bases much if not most of his own thinking on the work of Freud (Lacan’s “Return to Freud”), many of his ideas, especially when described and explained by English speaking clinicians, will be sufficiently familiar to American psychotherapists such that you too will find them applicable to your work with your patients.

Yael Baldwin wrote Let’s Keep Talking: Tales of Love, Sex and Other Catastrophes during her doctoral work at Mars Hill University in North Carolina. Her book is built around five case studies of clients she treated while working in the student counseling center. She met with most of these clients in weekly psychotherapy - some Lacanians would still consider this weekly treatment doing “analysis” - with terminations sometimes dictated either by students or by her ending their time at the university. This makes it easy to relate to Baldwin’s work since most of our own practices probably consist of once-a-week psychodynamic psychotherapy (as has been shown in surveys of graduates of analytic institutes). Even the well-known Lacanian technique of “cut sessions” or la scancion is used in a modified form by Baldwin to conform to the constraints of her work at the counseling center. With my own patients, I now pay more attention to the last few minutes of each session, and consider how I might “punctuate” the last expressed idea by the patient or myself when I bring the session to an end.

In her introduction, Talking as the best medicine, Dr. Baldwin notes how talk therapy is becoming a rarity in today’s world that seeks quick pharmacological and other biologic fixes. She reviews the achievement of Freud’s “talking cure” and remarks on its relevance and necessity, today perhaps more than ever. She writes: “Part of my overarching ambition for this book is to emphasize the usefulness of open-ended (vs. manual-based), person-centered (vs. problem-centered) talk therapy in fostering positive psychological change…I have found the Lacanian orientation to be an approach that provides a rigorous avenue into the workings of the unconscious by highlighting the importance of the role of speech and language to our very beings. Ultimately for Lacan, a truly psychoanalytic approach is one that stays true to the importance of the signifier (signifiers being a linguistic term, following Ferdinand de Saussure, for the sounds we produce and hear during speech) in the formations of the unconscious.” (p.xv)

In the introduction, Baldwin attempts to desensitize the reader to Lacan’s obtuseness and philosophical erudition and

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points out what makes his work relevant to psychotherapists today. She makes the case that today’s “hysterics” and “obsessional” patients are psychologically similar to the classic cases that Freud treated and wrote about, and her focus is on these two categories of patients. The third subsection of neurosis for Lacan (as for Freud) is “phobia,” and these patients as well as those with “psychosis” and “perversions,” are not addressed.

In opposition to today’s symptom-focused treatments, Baldwin writes that: “The ethics of Lacanian treatment revolves around enlarging a person’s realm of autonomy and possibilities – rather than curing a particular symptom. Analysis works towards subjective responsibility, and it is through speech that subjects achieve these goals. Lacanian clinicians do not have preconceived goals for the work, but rather hold open the position of what Lacan calls the analyst’s desire, that appellation for analysands or clients to speak more fully, procure full speech, and explore the subject-specific unconscious meanings of their symptoms. These cases will serve to show what that looks like in practice.” (p. xviii) Baldwin concludes the introduction by describing similarities and differences between the treatments she conducted and “typical” Lacanian analyses, Lacan’s rational for using “scansions” – ending a session earlier or later than expected – and a preview of the cases to be described. Each chapter in the book concludes with 20–30 notes (really footnotes collected at the end of each chapter) that were routinely informative and can be read as a stand-alone section.

In Chapter One, Needling the virgin: navigating the pathways of hysterical desire Baldwin empathizes “the role of speech in recognizing a person’s (Lacan would say the subject’s) desire.” She writes “...both (obsessinals and hysterics) are concerned with the question of their being. However, obsessinals are more concerned with the question of existence, “What am I as a living being?” or “To be or not to be?” Whereas the hysteric’s question concerns her sexual being, “What is it to be a woman”... and “Who am I? A man or a woman?”... “One asks his or her question via symptoms, parapraxes, and relationships to others and the world. Lacan deciphered and distilled these questions from Freud’s texts and clinical phenomena.” (p.3)

The case itself begins with a brief explanation about why she has chosen to give her clients a particular (disguised) name. Lacan made the fascinating point that parents usually come up with a name for us before we are born and we enter into the world with a moniker that shapes our feelings about ourselves and that was chosen for us without our consent. I recall a patient who nicknamed her unplanned baby “boo-boo” and that made me cringe when I thought about how this child would equate itself with being a mistake, a boo-boo. Another patient’s father was expecting a boy who the parents were going to name Alan, and when a girl was born, she was tagged with the name Alberta.

Baldwin makes the point that hysterics tend to fill up analytic sessions talking about their relationships with other people (“the other”) whereas obsessinals avoid talking about relationships, and instead speak about theories, the world or themselves. Hysterics also often present with somatic or conversion symptoms and this is repeatedly apparent with her first patient, Mona. The terms “symbolic chain” and “signifying chain” are defined and Baldwin infuses her book with nicely worded explanations of many of Lacan’s major ideas such as “the unconscious is fundamentally structured, woven, chained, and meshed by language. (1993, p. 135/119)”

Some of Mona’s phrases that Baldwin emphasizes include “fallen for” and “broke it off” and that were tied to how Mona viewed herself as a “fallen woman” and unconsciously wanted to castrate the men she serially became involved with. After exploring several of Mona’s relationships from a Lacanian perspective, and convincingly tying these to Mona’s earlier relationships with her parents, Baldwin reviews Freud’s case of Dora to clarify “the hysteric’s question” (am I a man or a woman?). She notes that Mona was repeatedly interested in another woman in the lives of each of the men with whom she was involved. Baldwin takes up the Lacanian concept of “the phallus” that I found to be obtuse here but gets elaborated in Chapter four. Issues of transference, countertransference and changes that Mona made as a result of the therapy are then discussed.

Chapter Two: The male in the coffin: a case study of an obsessional takes up the case of Max and how his obsessive character was fixated on questions of time, guilt and anal eroticism and expressed unconsciously by the question “Am I dead or alive.” Again, Baldwin focuses on her patient’s speech heard through the lens of Lacanian theory. Max’s symptoms unfolded in the course of the therapy and involved conflicts around withholding (manifested both in his relationships and by severe intestinal problems), fear and anger, and a feeling that he was out of sync with where he should have been in life. Baldwin states the Lacanian task as follows: “We are to decipher the rules of the symbolic matrix. For these are the rules the client is following, usually unbeknownst to himself.” (p. 45) Each of these case reports reads like a short story, with considerable spoken dialogue between author and client, and gives the reader a flavor of how a Lacanian therapist conducts therapy. Often, the main thrust of the therapy is to have the patient continue to unpack his discourse, hence the title of Baldwin’s book, Let’s Keep Talking.

Referring to the obsessional’s question To be or not to be, Baldwin quotes Max that “Death is the most important thing to me.” Max wastes time on video games and similar activities as if he had all the time in the world. Baldwin quotes Lacan: “What is the obsessional waiting for? The death of the master. What use does this waiting have for him? It is interposed between him and death. When the master is dead, everything will begin. You re-encounter this structure in all its guises. (1988a, p. 286)” Max had a dead brother and his identification with him is discussed. A dream as a parting gift is described in which a drama about a gun and money is played out with associations tied to death and power and that expressed the main themes of his conflicts when he entered into therapy. Max left treatment prematurely and Baldwin speculates about the dynamics involved.

In Chapter three, Speaking of throwing up the id: symbolically situating symptoms,

Dr. Baldwin discusses the case of a young woman with symptoms of Major Depressive Disorder but who also was “deathly afraid of throw up.” The patient, Lisa, endured the tormented breakup of her parents’ marriage and struggled with the losses she experienced from both parents. Here, Baldwin introduces the Lacanian term jouissance or gratification (there are multiple definitions of this important word in the Lacanian lexicon) that Lisa received from her unhappiness. I have found this idea, taking pleasure in pain and perhaps another way to think about “secondary gain,” important in my work with my patients and
it has seemed to resolve many a riddle. Patients often seem to “get it” when I interpret that their painful symptoms must be serving some purpose in their lives. It’s a paradoxical idea and yet the logic of it is often inescapable to them.

The focus of this chapter is how unexpressed (and unconscious) ideas find their expression through the patient’s body in somatic symptoms. Conflicts around morning sickness, pregnancy, sibling rivalry, repressed memories, symptoms as metaphor (and desire as metonymy) all find their way into the formulation of Lisa’s problems. Just as condensation works in dreams, Baldwin writes “This one symptom inscribed Lisa’s complicated, multi-staved relationship to the Other. It knotted it all together, the desire to be made sick or impregnated and the reproach.” (p. 74) Through working in this Lacanian register, paying attention to the speech of the patient, and her signifiers, not only did Lisa’s fear of vomiting give way, but her depressive symptoms were alleviated and she was freed up to complete her dissertation.

Chapter four: The case of the poisoned salami: doubts, dreams, guilt and love describes an obsessional young man, Edon, who was “plagued with doubts and indecision,” beginning with whether to break up with his girlfriend. Baldwin gives us an excellent review of Freud’s writings on obsessive neurosis in this chapter. She notes that “The obsessional’s tendency to ruminate about the important and great existential issues in life such as love and death…often prevent the person from actually enjoying the everyday pleasures in life.” Noting again the paradoxical nature of the unconscious and the tendency to derive unconscious pleasure from neurotic symptoms, “Edon’s words gave every indication that (his girlfriend) Mindy’s troubled and promiscuous history was a precondition for him to love her,” (p. 83) even as he vehemently protested to the contrary. Aggression, guilt, and the reaction formation of altruism were noted to be a common cycle with both Edon and with obsessives in general.

One of the sections of this chapter, The poisoned phallus, gives the best description I have read of Lacan’s idea of “the phallus.” (p. 95) Baldwin writes that “It (the phallus) characterizes the difference between the sexes, not by men “having” the phallus and women “lacking” it, but by the fact that access to human sexuality, for both a man and a woman, is via lack, loss and castration, and for both, the particular way in which he or she engages in the field of sexual engagement and play is profoundly influenced by the way in which he or she relates to castration and the phallus. For the boy more specifically, the father, as Lacan says, is ‘bearer of the phallus’ and it’s through identification with the father that virility is assumed’ (1998a, p. 173).” The remainder of the chapter is taken up with an examination of Edon’s complicated multi-generational family dynamics, a series of dreams, and what Baldwin refers to as his aim-inhibited drives and doubt. The chapter ends with an examination of the transference, the role that Baldwin herself played in Edon’s mental life.

The penultimate chapter five, Ties that bind: the waitress, lack and loss describes Lily, an unmarried woman in her 30’s who works in her father’s restaurant, and is desperate to leave and move on with her life, but who derives too much unconscious pleasure from her misery and the gratification she gets by staying close to her father.

Baldwin’s book closes with More or less rough around the endings: the diverse ways therapies end. In this chapter Baldwin reviews some of the main themes in her book and writes that “Indeed, the main aim of the book has been to show how engaging the unconscious through speech helps transform people’s lives, their relations to themselves and others, their impact on the world around them and how that world impacts them, and to show specific examples of what that can look like in practice.” (p. 138) She then briefly compares how Freud’s and Lacan’s ideas differ around termination, and she ponders “where ‘happiness’ may or may not fit into such equations.” This final chapter offers a rich and thoughtful discussion on some of the philosophical ideas of Freud and Lacan about the psychoanalytic métier and a fitting end to an engaging book.

Yael Baldwin’s Let’s Keep Talking: Lacanian Tales of Love, Sex and Other Catastrophes may still be something of a stretch for those of you who are mostly unfamiliar with the ideas of Jacques Lacan. And yet I believe that there is more than enough here that will be familiar to you, allowing you to bridge the divide between how you have practiced your psychodynamic psychotherapy over the years and how psychotherapy is practiced by followers of Jacques Lacan. I tremendously enjoyed this book and I can highly recommend it to anyone who sits with their patients hour after hour, listening to their speech as you try to untangle the signifiers that will lead you and them to their unconscious conflicts that result in their painful – but intensely pleasurable – psychopathology.

Making a Murderer: The Punishment is the Process
By Harvey Roy Greenberg, M.D.

“Our laws are unfortunately not widely known... they are the closely guarded secret of the nobles who govern us.”

...from a story by Franz Kafka

In 2003, Steven Avery was released from a Wisconsin penitentiary after serving 18 years for sexual assault and attempted murder, despite his solid alibi. New DNA procedures led to his exoneration. His prison photographs resemble a Hell’s Angel’s gangbanger or an Aryan Brotherhood yahoo. Squat, feral features, with an enormous untrimmed beard - one would think he must be guilty of something. But shaven and suited, he looked like the solid-est of citizens. Soon he would become the poster-child of the Innocence Project that helped win his freedom.

Avery hailed from Manitowoc County, a place of tidy small towns and heartland values. For years he had presided over a dilapidated garage cum auto-part junkyard. Several acres were strewn with hundreds of rusting car carcasses.

Most townspeople viewed the Averys, their relatives and friends with suspicion. Their speech was hillbilly-twanged and ungrammatical. Altogether they were rated a vaguely unsavory clan. Some had been arrested for petty crimes, usually alcohol-
Making a Murderer

related. As a youth, Avery got into trouble by setting a cat on fire - from his perspective no big deal.

Avery’s release outraged the Manitowoc police, judicial authorities, and local public. Police detectives and prosecutors remained absolutely sure of his guilt. In retrospect, the case against him was largely circumstantial - except for the victim’s testimony. She had first identified him from a crude, ambiguous police sketch, and then from a photo the cops showed her.

She was arguably suffering at the time from post-concussion symptomatology, and was further cozened by overeager interrogators to pin her assault on Avery. At his trial, she maintained her story. A disdainful judge guillotined the defense, his alibi was disregarded, and he was sentenced to life imprisonment. Avery’s guilt seemed even more assured several years later, when the local police were informed that an inmate from a different state claimed to have heard Avery boast about the crime.

Avery’s release outraged the Manitowoc police, judicial authorities, and local public. Police detectives and prosecutors remained absolutely sure of his guilt. In retrospect, the case against him was largely circumstantial - except for the victim’s testimony. She had first identified him from a crude, ambiguous police sketch, and then from a photo the cops showed her.

She was arguably suffering at the time from post-concussion symptomatology, and was further cozened by overeager interrogators to pin her assault on Avery. At his trial, she maintained her story. A disdainful judge guillotined the defense, his alibi was disregarded, and he was sentenced to life imprisonment. Avery’s guilt seemed even more assured several years later, when the local police were informed that an inmate from a different state claimed to have heard Avery boast about the crime, although the man was a known jailhouse snitch.

The Manitowoc police would seem to have painted a target on Avery’s back after his release. Two years later, he was arrested for the murder of Teresa Halbach. In the past, she had taken photos at Avery’s garage for an auto sales magazine and she was on her way there again when she disappeared.

From the start, police nominated Avery as their only person of interest. They searched his house and business relentlessly over many days, during which the alleged crime scene became hopelessly compromised. Bits of Halbach’s bones eventually were found in Avery’s fire pit. Her car mysteriously materialized amongst the wrecks, bearing traces of Avery’s blood. Its keys were discovered, hiding in plain sight, by Manitowoc police lieutenant James Lenk, who figured prominently in Avery’s case eighteen years ago.

An unlikely co-conspirator was soon arrested - Brendan Dassey, Avery’s 17 year old nephew. Dassey said that Avery had invited him into his house, convinced him to rape Harbach, and then he participated in slitting her throat. His confession to the grisly crime was quickly obtained: Dassey was mentally challenged, meek, and easily lead.

His lawyer, Len Kachinsky, was unaccountably not present during the first police interview at which Dassey was mirandized in a roundabout way. Kachinsky subsequently requested that one Michael O’Kelley, who allegedly had credentials for polygraphy and other forensic procedures, conduct a polygraph examination. These turned out to be problematic.

In any case, O’Kelley never performed the exam. Instead he cunningly exacted an even more detailed confession from Dassey than the one he had previously. This time around Kachinsky’s absence was deliberate, the better to facilitate O’Kelly’s browbeating. It turned out that Kachinsky had deemed Dassey guilty from the first, and hoped to win him a better sentence by compelling him to admit his participation in Halbach’s death, then rat out Avery in court.

Avery had a multi-million dollar lawsuit pending against Wisconsin for his first imprisonment. Stripped of cash, he was forced to settle for five hundred thousand dollars to hire another defense team. At his second trial, two exceptional lawyers argued persuasively that Avery had been entrapped inter alia by Manitowoc police, some of whom had been involved in the earlier case. It was alleged that although the court mandated their recusal, they planted Halbach’s car on Avery’s lot and spotted it with blood taken from a tube in the first trial’s evidence envelope. Lenk then “discovered” the crucial keys.

Transferring the case to nearby Calumet County influenced the trial’s outcome not a whit. Avery and Dassey were summarily found guilty, sentenced to life imprisonment, and remain incarcerated to this day. Dassey never testified, possibly because tapes of his confessions revealed the questionable techniques used to obtain them from an obviously hapless, mentally challenged naif, who lacked the capacity to understand the charges, or participate in his own defense.

Making a Murderer is a ten episode Netflix documentary written and directed by Laura Ricciardi and Moira Demos. They were first drawn to the Avery case in 2005 and spent the subsequent decade travelling between Wisconsin and New York City. They eventually interviewed most of the case’s dramatis personae. Making a Murderer unexpectedly has drawn more viewers than any “real crime” programming to date. It’s also gone viral over the ‘net, spawning a plethora of websites devoted to ferreting out every micro-detail of the series.

In the style of Frederick Wiseman, Making a Murderer refuses an “omnipotent” narrator. Instead, shots and scenes accumulated over a decade have been artfully stitched together, using the occasional intertitle to move the story along.

Another column I wrote on Amy addressed the mistaken notion that a worthy documentary presents unmediated reality. Ricciardi and Demos repeatedly contend their work is eminently fair and equally balanced between arguments for Avery/Dassey’s guilt or innocence.

But in fact the film is strongly tilted against the authorities. Their cinematic choices of shot, scene, and sequence are admirable, but those choices should not be taken as received truth. The very title of Making a Murderer deconstructs around the premise of its creators’ neutrality.

A bit of backstory about the “real crime” genre’s evolution will be followed by speculation on the reasons for the program’s impressive virtual box office: Our appetite for tales of gore and its detection reaches back to days of yore. Sussing out killers pervades poetry and myth, fairy tales and folklore. Murder most foul comprises the mainspring of much high tragedy - Greek, Roman, Kabuki, Elizabethan (e.g., Hamlet).

Fiction about private and police detection debuts in the 19th century with Wilkie Collins’ The Moonstone. Conan Doyle’s Sherlock Holmes stories - Holmes still remains the most famous gumshoe of all - engendered an avalanche of detective fiction which translated quickly from books to cinema, and TV. Today, detectives of every ethnicity, nationality, age, gender and intergender flourish.

The “true crime” genre goes back as far as ancient China, to written tales of a travelling magistrate who solved tangled murders with Confucian subtlety. Elizabethan broadsheets gloried in grisly crimes and their horrendous retribution (the most sensational being hung, eviscerated, then dismembered). Eighteenth and early 19th century readers relished accounts of savage murders recorded in the Newgate Prison’s Malefactor’s Bloody Register.

Late Victorian tabloids delighted in gruesome killings which
mocked the days’ puritan social norms. As in the past, famous murderers acquired a peculiar luster, e.g. wife-killer Dr. Crippin (caught and executed) and Jack the Ripper (identity still unknown). Popular “True Detective” magazines of 20s-30s sported covers with luscious, often dangerous dames, and served up heavily doctored stories of sordid real killings.

Police and private detective movies have been lucrative industry staples since the silent era. Real crime films are few, compared to pictures “based on” actual homicides and their detection. The small screen would become the perfect métier compared to pictures “based on” actual homicides and their murderers acquired a peculiar luster, e.g. wife-killer Dr. Crippin (caught and executed) and Jack the Ripper (identity still unknown). Real crime programming.

Shows like Cops and America’s Most Wanted still attract large audiences, but didn’t and don’t begin to generate the avid suspense of the best courtroom TV coverage, particularly of the rich and in/famous murderers such as O.J. Simpson. The format of reality true crime shows would seem to be ideal in this respect: betokened by the high ratings of NBC’s Dateline, CBS’ 48 hours, and the ever increasing plethora of series on the Investigative Discovery channel, with tasty titles like Wives with Knives, Evil in the House, Highway of Death, so forth.

The programs provide a dramatic moment or two. But one expecting more eventually grows weary of repetitive accounts of pillars of the community with a “dark side” - usually addiction to pornography, lap dancing, and adulterous whoopee in sleazy motels (clergy and doctors are notable secret sleazebags). Real crime series devoted to the technology of detection may be fascinated by gizmo-obsessed fans, but are short on chills compared to the fictive CSI series.

The ennui of increasingly standardized reality crime programming is further stoked by using unknown actor “stand-ins” for murderers, murderesses, and cops. Lines spoken by these clumsy simulacra are sodden, often improvised on the spot. By comparison, in over ten episodes of Making a Murderer the diamond-bright reality of all concerned makes for strong watching. In particular, the Averys and their group emerge not as the dirt ignorant, vagrant hillbillies the town misperceived, but as fully-fleshed people, most with upstanding social values. Their language may be terse and ungrammatical, but their fundamental decency and dignity is impressive. This is especially true of Avery’s rough-hewn parents, whose suffering over the injustices wrought upon their son is achingly palpable. Avery, however, comes through as often opaque, not so easily read.

Psychoanalytic literature on crime fiction and film is slim and often ludicrously wide of the mark, e.g. Peterson-Krag’s argument that the detective symbolizes the child who seeks to “solve” the misperceived violence of the primal scene. Leo Bellak, like myself a serious reader of the genre, theorized that a successful detective story (and by implication, the real crime story) gratifies an inherent pleasure in having tension skillfully manipulated. The suspense escalates gradually as the detective pursues a tangled trail of clues, repeatedly encountering dead-ends - and dead people - along the way.

In the end, the intense accumulated tension is released with the mystery’s elucidation and the criminal’s capture. Amidst an uncertain life, brimming with unpredictable trauma, the reader of viewer has identified by proxy with the deadly dangers faced by the sleuth along the way. One has viewed the carnage not unpredictably but by deliberate choice and, after all, it’s someone else who is imperiled.

We are innately problem solving creatures, crime fans arguing more so by nature or nature. Bellak argues that readers experience an immensely pleasurable “closure satisfaction” when the case is finally solved and order is restored to a chaotic universe. Making a Murderer skillfully satisfies all of these requirements, except one - its creators clearly believe that the fat lady hasn’t sung and the show isn’t over.

Lack of or undoing of closure satisfaction is not common in the crime genre. But in the right hands it generates its own counterintuitive power - let’s call the result “unclosure satisfaction.” It’s evoked by the author cunningly bringing us to the brink of closure, and then leaving us suspended there, with a conflation of puzzlement, impotent despair, and heightened sympathy for both sleuth and victim, even obscure anger at somehow having been cheated. I think Ricciardi/Demos’ talents, and the final closure of Avery’s case with rejection of his last appeal, evokes intense closure dissatisfaction.

Avery was released after new DNA technology exonerated him, only to be arrested again, two years later, plunged into in the same brutal abyss, where he must toil through a labyrinth of Kafkaesque bureaucracy and engrained prejudice yet again, this time sans topflight legal representation, sans Innocence Project. His reconfinement comprises the stuff of Aristotelian tragedy, but here, the viewer’s pity, awe, catharsis attendant upon Avery’s fall have been caused by implacable, perfidious authority, not by his own misdeeds. (Unless Avery isn’t innocent, in which case, there is no catharsis.) The denouement underscores that a happy ending is more often the province of fiction, rather than the unfair reality show of real life. (“Go home, Jake, it’s Chinatown....”)

But then along comes Making a Murderer.

I asked several criminal defense attorneys if they thought Avery, with or without Dassey’s help, had murdered Halbach. Their opinion was divided. But all believed hands down that the evidence of errors committed within the prosecutorial chain was overwhelmingly sufficient to aver that the case against Avery, and with him Dassey (whose trial is not shown), was definitively unestablished beyond a reasonable doubt.

One critic remarked that Making a Murderer has birthed an army of amateur sleuths. The troops haven’t gathered merely because of the film’s considerable narrative force. Whether Avery is guilty or not of Halbach’s murder, it’s indisputable that he spent 18 years in prison for a crime he didn’t commit, growing more tangled and tortured in the coils of an utterly broken criminal justice system at every level.

This happened and, if he is innocent, is happening to him again such that he has become a stand-in for countless others. For Making a Murderer powerfully intimates that Avery’s fate could happen to any of us, even when written small. Anyone who has been jailed for even one day will tell you that 24 hours will painfully reveal the savage grinding down of the fractured system’s infernal machine. For a harrowing example, read the arrest and arraignment of the anti-hero of Tom Wolfe’s Bonfire of the Vanities.

George Orwell says in 1984 that “if you want to imagine the future, imagine a boot stamping on a human face...forever.” String hundreds, thousands of imprisoned days together, and Orwell’s future has been made present.

Another attorney once told me, apparently a common saying amongst criminal lawyers and their clients: THE PROCESS IS THE PUNISHMENT

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Amy: The Frenzy of Reknown
By Harvey Roy Greenberg, M.D.

The earliest films were primitive documentaries, seconds-long slices of point-and-shoot reality such as the Lumière brothers' Arrival of a Train at a Station (1895). (Contrary to the myth, it didn't send spectators screaming into the street.) For decades thereafter, makers, viewers and critics alike maintained that the documentary format sui generis presented unmediated, pristine reality. A film like Robert Flaherty's Nanook of the North (1922) was deemed particularly worthy because nothing appeared to intervene between subject and viewer but the camera's eye, one was enabled to see "the thing itself, not the idea of the thing..." (Wallace Stevens).

Sophisticated film scholarship has long critiqued the wrongheadedness of this notion. A human being, not a robot, crafts a documentary. It will always reflect the maker's aesthetic or ideological concerns. In fact, Flaherty and other early documentarians often staged their "real" scenes of tribal life.

A documentarian's manipulation of brute reality may be glaringly obvious, as in World War II propaganda films on both sides of the conflict. The stentorian narration of an Orsen Welles-like "omnipotent narrator" often was used to reinforce the "reality effect." Conversely, the directorial viewpoint can be expressed with exceptional subtlety, so that the camera seems to be projecting effortlessly in the back of one's cranium. Frederick Weissman's documentaries often expose the dysfunctionality of American milieus, ranging from a prison for the criminally insane to a suburban high school, sans narration. Weissman lets the images alone speak for him, masterfully suturing them into memorable "declarations of camera."

Like Weissman, Asif Karpadia eschews narration in his compelling documentary on the spectacular rise and catastrophic fall of British star-singer, Amy Winehouse. Stylistically as well as thematically, Amy echoes Karpadia's earlier documentary on the auto racer Ayrton Senna (Senna, 2014), another charismatic and doomed celebrity. Karpadia sutures accounts of those who knew Winehouse, loved or grossly exploited her, with sequences from inter alia practice sessions, concerts, TV news footage.

On several viewings Amy remains attractive in cinematic terms. But I am troubled by the director's "declarations." Although artfully wrought, Karpadia has produced a simplistic depiction of Winehouse's complex personality. The singer's character, like her life, was fraught with ambiguities and contradictions. She was astonishingly talented, irreverently funny, by turns immensely generous and unpleasantly narcissistic. Afflicted with grievous psychiatric illnesses including substance addiction and anorexia, possibly conflated with bipolar disorder, she ever was deeply unknowing of herself.

Karpadia dwindles down Winehouse into a genre staple - the doomed diva, mercilessly exploited by intimates who should have known better; by professionals of a insensately greedy music industry, and the media's unholy depredations. Karpadia's Amy fatally embraces a celebrity thrust upon her which she never wanted or sought.

Psychoanalyst/film critic Martha Wolfenstein observed that movies may be pervaded by "false appearances." Thus, when a film relentlessly hammers a read on a character or event, dive beneath the slick surface to discover an "unconscious movie" where quite different, even opposite, truths reside. Whether Karpadia's biases are conscious or otherwise, his vision of Amy is often distorted.

The first moments of a film, like those of a psychoanalytic session, often encapsulate some leitmotif of the movie (or patient). Amy's opening credits unfold against the background of her jazz rendition of Moon River. The song expresses yearning for an ineffably unattainable happiness. One submits that it also informed Winehouse's brief life. Her performance is inimitable, simultaneously jaunty and heartbreaking. It's also one of the relatively few jazz standards she recorded, compared with the substantial oeuvre of her own work (of which more presently).

Shot from handheld home movies of early childhood flow into a scene from her 15th year. She's cavorting with pals, some of whom would remain her closest friends, and bulwarks against her later despair. She's sassy and brassy. Not classically beautiful, but one senses a sultry eroticism beneath the pubescent baby-fat. I thought of Cleopatra, by legend also no great beauty, and, paraphrasing Shakespeare, a charmer of infinite variety. As her fame grew, Winehouse's visage mimed the faces of Cleopatra or Nefertiti (the stylized Egyptian make up, big lipstick and big hair were largely drawn from 60's girl bands she admired, especially the Ronettes. More than her appearance, one is dumbfounded by the honey rich vocalism of her bluesy Happy Birthday. Behind the beat, her syllables voluptuously stretched and shaped. As someone said, "It's an old voice in a young body."

Winehouse's gabby narration of her history dances away from early traumatizing circumstances. For example, at nine, she was utterly devastated when dad Mitch abandoned his family for another woman. Winehouse paid no heed to her weak befuddled mom. She moved out in her teens to live with another teen from a similarly disordered family life. She cut school enthusiastically, smoked much tobacco and more weed, and drank heavily - what larks!! Only much later on does the film indicate - en passant - that by her late teens Amy was at least a borderline addict and an actively bulimic to boot.

The legend of the young artistic genius whose gifts blossom seemingly ex nihilo (a peasant boy Raphael is discovered drawing in the farmyard dirt) goes back at least as far as the Renaissance. In a popular bathetic storyline which emerged during the Romantic era, youthful genius is tragically cut down by suicide or disease. One thinks of Thomas Chatterdon, a literary forger with angelic good looks, who took poison at seventeen. Karpadia puts this bromide into play, making it seem that Winehouse's
art descended upon her like divine grace.

Her formal instruction in music and theater goes unmentioned as does the family history of musical performance and a love of jazz. Winehouse was enraptured by music, especially jazz, from the start. In childhood she already loved - and presumably mimed - jazz legends like Sarah Vaughan, Dinah Washington and Ella Fitzgerald. She was also deeply knowledgeable about the works of composers like Thelonious Monk, jazz’ Beethoven, - or Schoenberg, take your pick.

Leo Braudy’s The Frenzy of Reknown elegantly traces the origins of our contemporary obsession with celebrity to the Romans. Two millennia before the internet, there were characters in the eternal city that were famous for being famous. The Latin god Fama’s head sported a long forelock and was bald behind, symbolizing that one had to grab quickly and hold on dearly to celebrity lest it instantly past you by. Enduring fame was hard to come by; and when it did come, more often than not, it was often fleeting - and dangerous.

Winehouse attained early celebrity seemingly effortlessly, even as she declared that she scorned it and was terrified of it. Karpadia highlights frequent statements that fame “…would drive me mad.” However, Winehouse was exuberantly mercurial, caught up in the moment. She may very well have believed what she said about fame the moment she said it. Karpadia typically accepts her claim of incipient insanity at face value. It’s crucial to his project that he do so - and totally disingenuous.

In fact Winehouse was always an incredibly hard, knowledgeable artist who wanted her work to be known. She was as intensely critical of herself as she was demanding of the colleagues, fellow musicians and studio technicians who cherished her. In her late ‘teens she performed at local choruses, concerts, and small clubs with industry scouts in the audience. She was writing accomplished songs in her late ‘teens. Their style, lyrics, and her performances of them lay beyond jazz, embracing girl-band, rock and soul music.

Winehouse’s talents were recognized by an adoring public in her early twenties. Within several short years, her poignant, ironic songs about lost love went viral, as did her idiosyncratic appearances. She was everywhere: in print, gabbing with every TV talking head in the business, and in the inevitable concerts at halls that rivaled gladiatorial arenas in size with thousands of spectators. At 25, the staggering success of several albums and platinum singles such as Love Is a Losing Game had earned her virtually every award in the business, including a Grammy near-sweep. She became a multi-millionaire, lived the lush life, but also gave millions to charities related to child abuse, women’s rights, and other worthy causes (the film never mentions this).

In those same years her shadow side became increasingly public. Winehouse had been smoking, drugging and drinking even more immoderately since mid-adolescence. She was also intermittently promiscuous, occasionally with others’ lovers, and becoming more bulimic. Her substance abuse and eating disorder became staples of the odious London tabloids and similar kvatch worldwide.

She commenced showing up late at her concerts, obviously stoned to the retinas, sometimes profanely refusing to perform. Several important tours were cancelled. Her explosions of temper became physical, leading to several scrapes with the authorities that her publicity machine desperately strove to silence even as the tabloids ate them up.

To be fair, Karpadia does touch upon Winehouse’ considerable responsibility for her self-immolation, albeit faintly and late in the picture. But mostly he joins other blame-gamers in excoriating her intrusive father, Mitch, her disreputable husband, and the TV/tabloid/paparazzi vampires.

Amy infers that Mitch Winehouse’ reappearance was sparked by his daughter’s fame. Perhaps it was. In any case, he figured ever more prominently in her career as her reliance upon him escalated. She was acerbly canny about oedipal inferences and one song mocked pop-Freudianism.

Karpadia’s footnote also suggests that Mitch, abetted by rapacious producers, pushed her deeper into international tours before enormous crowds she had come to detest and fear. Back in the day, he denied her bulimia (as did her mother) and made light of her addiction until it was glaringly spotlighted. In Rehab, which hurled her to the top of the charts and a greater frenzy of renown, she essentially praises Mitch for dismissing the 12-step care which might have saved her life - “If my daddy says so….I won’t go, go, go!”

Throughout her numerous affairs, Winehouse maintained ambivalent, turbulent and sometimes violent relationship with Blake Fielder-Civil, an odious lounge lizard who introduced her to heroin and cocaine, then married her. When their gruesome-twosome ended in divorce, he blew her off. She plunged into major depression, and died alone from alcohol poisoning.

Winehouse’s aberrant behavior in the last years sparked unconscionable derision in the tabloids and on TV. Late night blather hosts like Graham Chapman, who adulated her during her brief prime, now made her the butt of vicious jokes. One has seen this noxious mockery before e.g. in coverage of the disordered lives and untimely deaths of Michael Jackson and Princess Diana. But there the gallows humor was slim, compared to Winehouse’s vituperous defamation.

Why the media schlockmeisters and their snarky fans so relish the debacles of the rich and famous always elicits the standard speculations. It’s theorized that someone who enjoys a vicarious self-inflation through worshiping and identifying with the famous one may suffer profound narcissistic injury and consequent anger when that fame self-destructs. Mutatis mutandis, a contemporary Iago who bitterly envies a celebrity may take perverse delight in his Othello’s ruination.

I wonder if Winehouse’s exceptional emotional and physical vulnerability somehow excited an especially repellent reactive sadism, a shitstorm of Schadenfreude. At the end, she was a pitifully tiny wraith, her anorectic body grotesquely tattooed, her famous beehive hairdo a knotty mare’s nest. Doubtless her scandalous public behavior also made her an all too easy target.

Amy’s most serious fault is Karpadia’s scanting Winehouse’s performance time in favor of highlighting the media circus which attended every move of her descent into darkness. As the end looms she seems to literally dematerialize before the paparazzi’s chirring, flashing cameras. Here one gets the uncanny impression that the director has become what he beheld.

Infinitely more powerful are those few scenes which capture her exquisite ability at sculpting a song. In a studio recording sequence, one watches her repeatedly shaping the last line of Back to Black until she achieves the precisely right nuance. I’m hardly the first to put her up there with Sinatra and Fitzgerald.

Near the film’s conclusion, we see her recording Body and Soul with her lifetime idol, Tony Bennett. When she stumbles Continued on page 32
and nearly trembles with shame, he soothes her, gently tells not to worry, take all the time she needs. She does, and both of them, together, get it wonderfully right. Karpadia intimates that Bennett embodies the warmth she needed from her father, and never got. There’s absolutely nothing bathetic about this declaration of camera.

One reviewer observed that the time has just arrived when serious assessment of Winehouse’s career is due. There was always something unformed about her personality and her music as well (no criticism on either score). The influences that played upon her in the last decade of her short life were consonant with that decades’ amazing succession of developments in popular music.

Throughout her all too short career, she tried her hand, for the most part impressively, at every new musical format that came and went or stayed. But, returning to her stunning rendition of Moon River as the film began, one is convinced that her true vocation was jazz. Bennett has said that no one with such a formidable gift should be forced to sing before multitudes. That incredible voice should have been entrancing the audience of the small smoky jazz clubs of my youth.

We have precious few of her recordings in that vein, but I am happy for what she did leave us. In poet Stephen Spender’s words:

I think continually of those who were truly great
Born of the sun, they travelled a short while towards the sun
And left the vivid air signed with their honor.

Tributes to Drs. Ann Ruth Turkel
and Crittenden E. Brookes

Ann Ruth Turkel, M.D.
1928-2015

I am pleased to write this tribute to Dr. Ann Ruth Turkel, who served as President of the Academy in 2004 and Editor of the Academy Forum from 1976 through 1996. She was later named Editor Emerita.

Ann made major contributions to this Academy, and, in her role as a leader for women’s rights, to our larger society. Beyond her many years as Editor of the Forum, a publication she elevated in stature and importance for the Academy, she wrote and presented about twenty peer-reviewed articles appearing in the Academy Journal and elsewhere. In her leadership style, always direct and engaging, she illustrated many of the issues facing women. These included such matters as self-esteem, pregnancy, money and marriage, power, bullying, motherhood, and psychoanalytic theories in their relation to women. In her later years, she was unable to continue her work at the same level as earlier.

Her contributions have enhanced the Academy and our society.

Douglas H. Ingram, M.D.

Crittenden E. Brookes, M. D.
1931-2016

Lisa’s voice on my answering machine sounded drawn and I knew intuitively that there was bad news. This was confirmed the next morning when I learned from her that her father, Crit, had passed away suddenly in his sleep on February 27, 2016. I had been working with him only two days before, planning our yearly workshop for the Atlanta Academy meeting. As always he was creative, genial, and supportive. The loss is great, and it is abrupt. It led me to reflect on my lost friend and colleague, and to learn a little more about him from some of his family members. We all have our dramas, but for interested colleagues here are a few details of Crit’s journey.

Crit was born and spent his early years in Berkeley, California. His father, the son of a physician, was a wanderer and was self-educated. He supported his itinerant identity as a traveling salesman and raconteur. This lifestyle occasioned long separations from his wife who was born in the Midwest and was a professional musician.
During adolescent years Crit’s father built an adobe style house out in the foothills and frequently was joined by Crit and sister, Pat, on long camping expeditions and hikes. These expeditions occasioned a deep and lifelong love of nature.

Showing early talent, Crit obtained a bachelor’s degree from Cal State University at age 20, and in the following year acquired his master’s degree. A PhD in counseling followed in 1956 which Crit augmented in 1960 with an M.D. from Stanford University. By this time Crit had identified psychiatry as his calling and much of the 1960s were devoted to training in psychiatry at Langley Porter and in psychoanalysis at the Jung Institute in San Francisco.

Also during this period Crit and his wife, Sheila, welcomed two children, Lisa, now the gifted psychotherapist who had left me the unhappy phone message, and her brother, Aaron. Jedidiah, a son from a brief later marriage died in a tragic automobile accident in 2004. In the late 1980s Mauna, now Crit’s widow after thirty-six years of marriage, gave birth to their son, Jesse.

Following his extensive training experiences, Crit went on to distinguish himself in virtually all areas of his profession. To name a few of his engagements: he taught at the Department of Psychiatry in San Francisco, served as the Chairman of the Curriculum Committee of the Jung Institute, was Chairman of the Ethics Committee, and a Training Analyst in the Jung Institute in San Francisco for many years. He was also active in local and national level psychiatric organizational activities. Most of us had the opportunity of getting to know him through his participation in the American Academy as a trustee, author, discussant, and editor.

Crit’s professional publications not surprisingly reflected his wide-ranging and curious intellect. Not content with learning the basics of psychiatry and Freudian analysis, Crit sought to integrate the traditional scientific and more philosophical elements of these interests. Consider for a moment his first published paper: On the Relevance of the Social Sciences to Psychoanalysis, 1981. Here Crit emphasizes the importance of a broad vision in psychoanalytic thought and the value of linking the social and psychodynamic perspectives. Many seem to forget Erickson’s masterpiece which was entitled Childhood and Society. They also forget to link the social with Engle’s bio/psycho dimensions. Continuing in this integrating theme in 2004 Crit produced a paper in which he coined the term psychodynamic science. Because this conceptualization is so subtle in its presentation, many forget that it was a fairly successful attempt to overcome the problems caused by Freud’s metapsychological splitting. In his last days Crit was working on a book aimed at the mind-body problem.

These wonderful intellectual contributions bring us integrating ideas and scientific progress, but they are relatively small ripples in the nurturant field that Crit carried with him. Almost without exception, people trying to describe Crit emphasize his warmth, his candor, his wisdom, his wit, and his genial nature. Particularly in both these dimensions of scientific breath and emotional resonance Crit stands almost by himself as a colleague, friend and man. Shocked and saddened, we join with his wife, Mauna, in celebrating Crits’ many benedictions, and we share with her and others the tears which flow from our abrupt loss.

Clay C. Whitehead, MD
Sponsors: Drs. Kim Best and Eugene Della Badia

Dr. Ali received didactic teaching in psychodynamic therapy and psychoanalysis in adult psychiatry at Loyola University Medical Center, and completed a fellowship in child and adolescent psychiatry fellowship at the University of Chicago Medical Center. In addition, she completed a one-year personal development program called The Year of Transformation at the Wright Foundation in Chicago. This program included didactic learning on many psychodynamic concepts. Dr. Ali is currently at home raising her children but will be interviewing for a position over the Spring of Summer of this year. She hopes to establish a Parent-Child Interaction Therapy Clinic to teach parents specific skills to enhance their relationships with their children. She hopes that, by joining the Academy, she will learn more about dynamic theories and techniques to enhance her work with children and families.

Mariela Padro, M.D. (Miami, FL)
Sponsors: Drs. Gerald Perman and Eugenio Rothe

Dr. Padro is a Board Certified Adult Psychiatrist who was raised in a family of behavioral health professionals of two generations with extensive experience in psychiatric care for patients from multicultural backgrounds. She is a graduate with a Fifth Pathway degree from the University of Guadalajara, Mexico. She completed general psychiatry training at Mount Sinai Hospital in New York and a Fellowship in Psychoanalysis at New York University. She is currently in private practice in association with Dr. Edgar Patino, an analyst who also provides her with supervision. Dr. Padro comes highly recommended by Drs. Perman and Rothe.

Seema M. Thekdi, M.D. (Houston, TX)
Sponsors: Drs. Autumn Ning and Gerald Perman

Dr. Thekdi completed her residency training in psychiatry at the University of Pittsburgh in 2003 and received Board Certification in 2007. Dr. Thekdi is currently in private practice in Houston where she sees patients for psychodynamic psychotherapy. She has enrolled in a two-year Psychoanalytic Psychotherapy Certification training program, to begin in the Fall of 2016. Dr. Thekdi also serves as an Assistant Professor in the Department of Psychiatry at the University of Texas Medical School.

Member in Training

Abdelrahman Abdelaziz, M.D. (Wilmington, DE)
Sponsors: Drs. Eugene Della Badia and Autumn Ning

Dr. Abdelaziz did his medical training at the University of Cairo and is presently in his PGY 1 year at the Delaware Psychiatric Center. He is very interested in psychodynamic psychiatry and was referred to the academy by Dr. Kim Best who assisted him with a paper he is writing on countertransference and chronic pain patients. He hopes to attend the meeting in San Diego and contribute to the Academy in the future.

Caroline C. Clark, M.D. (Alexandria, VA)
Sponsors: Drs. Elizabeth Greene and Scott Schwartz

Dr. Clark is a Captain in the United States Army Medical Corps and is in her PGY 3 with Walter Reed National Military Medical Center. She is committed to learning psychodynamic psychiatry and is currently participating in the Institute of Contemporary Psychotherapies and Psychoanalysis with an anticipated completion this year. Dr. Clark has extensive teaching and research experience with multiple publications. She is very interested in the Academy and looks forward to membership and participating in AAPDP events.

Medical Student

Gregory Gabrellas, M.A. (Philadelphia, PA)
Sponsors: Drs. Kim Best and Eugene Della Badia

Mr. Gabrellas is currently a third-year medical student at Drexel University College of Medicine and will receive his medical degree in May of 2017. He became interested in psychoanalysis as a student of anthropology and history at the University of Chicago. He is interested in human creativity and self-expression and hopes to explore these through exposure to further dynamic thought. He has served as the APA’s Mid-Atlantic Regional Chair of the Psychiatric Student Interest Group. Mr. Gabrellas plans to attend the AAPDP 60th Annual Meeting and looks forward to being an active member of the Academy. He comes highly recommended by Drs. Best and Della Badia.