The American Academy of Psychoanalysis and Dynamic Psychiatry
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**New Members**  

**Front Cover**  
The artwork entitled “The Mother’s Look,” shows loving care in breast nurturing. It has been painted in a realistic style in order to stress the value of “real life events” according to Bowlby’s concept of “love and attachment” and the Frommian theme of “emotional bond to others as a primary human need.” That moment, indeed, goes beyond the biological needs. Costanza Palmitessa, Ph.D.
As I write my President’s Message, I have not yet seen this issue of the Forum but, if it is anything like previous editions, it will be filled with fascinating articles that show the depth and far reaching effects of psychoanalytic thinking. It will discuss books, movies, art or even music as well as clinical issues. It will show how these ideas continue to be relevant. These pieces will be written by smart, vibrant, creative members of the American Academy of Psychoanalysis and Dynamic Psychiatry. The Forum, edited by Dr. Gerald Perman, complements our outstanding journal, Psychoanalytic Psychiatry, under the new editorship of Drs. Richard Friedman and Jennifer Downey and that highlights the scientific side of our organization.

The American Academy of Psychoanalysis and Dynamic Psychiatry was founded more than 50 years ago. We are an organization of psychiatrists dedicated to the application of psychoanalytic principles to clinical practice and to the understanding of emotional aspects of culture, art and history. We are an Allied Organization of the American Psychiatric Association.

In these times of changing systems of health care delivery there are many pressures and demands in the day-to-day work of modern psychiatrists. In many settings there often is not sufficient time for in-depth case discussions of psychodynamics and how it applies to all aspects of psychiatry. This is especially true where there is an emphasis on using various modes of short-term treatment, supportive psychotherapy and psychopharmacology. Psychiatrists who have training and interest in the study and applications of these principles need a home. The Academy of Psychoanalysis and Dynamic Psychiatry is that home.

This magazine, our outstanding journal, and our annual meetings are essential components of that home. At our next Annual Meeting in May 2013 in San Francisco, the theme will be Psychodynamics: Essential to the Issue of Suicide and other Challenges to Modern Day Psychiatry. By coincidence, as I write this, Time magazine has a cover story about suicide in the military where there is one suicide per day. This number is more than that of the deaths by hostile fire.

Our Annual Meeting will provide great presentations, workshops and panels related to suicide and other important topics but will also allow an opportunity to interact with colleagues who share similar interests. In addition, our organization has a mentorship program where our junior members can connect with experienced clinicians with similar areas of interest. We have a Grand Rounds Speaker Program where medical schools and hospitals can select our members to give talks in their areas of expertise. Our very well received Teichner Scholar Program provides the opportunity for residency programs to select an outstanding expert to visit with them and work in a teaching atmosphere with trainees.

We are just rolling out our SIG (Special Interest Group) Program, where we have list serves for groups of our members who will stay in touch and hold online discussions on topics of mutual interest throughout the year with the possibility of meeting in person at our Annual Meeting. We anticipate that we will have what we now call our Academy Salons. These are groups of members in various geographic locations who will get together during the year to socialize, discuss referrals or various academic topics with periodic guest speakers, etc.

We are expanding our international membership activities. Not only are we inviting our colleagues from other countries, who share our interests, to join AAPDP, but we are participating in various meetings and having study tours throughout the world. Our membership is expanding and we will all benefit if we can grow even faster. I would like to see all our members invite at least one new colleague to join AAPDP each year. We find that our junior colleagues, medical students, residents, early career psychiatrists, as well as our more seasoned colleagues, are receptive to join the Academy when a member cordially invites them. So I challenge all of you to invite a new member to participate in our growth and our collegiality.
57th Annual Meeting Update

Psychodynamics: Essentials to the Issue of Suicide and Other Challenges to Modern Day Psychiatry

San Francisco, CA, May 16-18, 2013

by Mary Ann Cohen, M.D., FAAPDP, FAPM, FACP, DLFAPA
Chair, 2013 Annual Meeting Program Committee

We invite you to join us for the 2013 AAPDP Annual Meeting, that will take place in the beautiful city of San Francisco from May 16-18, 2013 just before the APA Annual Meeting. Our meeting program is exciting and will be highly relevant to your practice of psychodynamic psychotherapy. Suicide and other self-destructive behaviors are among the greatest challenges we face. Our program presents topics that include the psychodynamics of suicide, suicide from the perspective of analytic psychology, the effects of suicide on the treating psychotherapist, physician-assisted suicide, and combat-related trauma that all too often results in suicide. We will explore these issues from biopsychosocial and cultural perspectives consistent with the mission of the Academy.

Modern day psychiatry and medicine are under siege from disturbing pressures for productivity, efficiency, and cost containment. Clinical challenges are magnified and care of patients is compromised as productivity pressures mount. Some of these pressures result in less time for patients, defensive medicine, fragmentation of care, and dissatisfaction on the part of both physician and patient. Psychiatrists and their patients may be the most exquisitely vulnerable to these pressures. Suicide can be the unfortunate outcome.

Our goal is to demonstrate the salience of psychodynamic psychiatry in the evaluation and care of patients, in maximizing life potentials, and in the prevention of suicide and other self-destructive behaviors. We will explore the impact of pressures for productivity on countertransference and clinician satisfaction, as well as on patient satisfaction and clinical outcomes. Through film, symposia, workshops, and an emphasis on the interactive participation of attendees, we will provide a reference frame for understanding psychodynamics as an essential component of modern day education and practice of psychiatry and medicine.

This year, thanks to the work of our 2013 Annual Meeting Program Committee, and in conjunction with AAPDP President, Dr. Michael Blumenfield, CME Committee Chair, Dr. Silvia Olarte, and Scientific Program Committee Chair, Dr. Eugenio Rothe, our topic is innovative, and our three plenary speakers are internationally known, award-winning psychiatrists.

Opening Night Speaker on Thursday night is Mardi Horowitz, M.D., Distinguished Professor of Psychiatry at the University of California San Francisco. Dr. Horowitz has written 20 professional books and over 280 scientific articles in the fields of PTSD, stress, personality, and psychodynamic psychotherapy.

Dilip Jeste, M.D., President of the American Psychiatric Association, will give the Keynote Address on Friday night. Dr. Jeste is the Estelle and Edgar Levi Chair in Aging, Director of the Sam and Rose Stein Institute for Research on Aging, and Distinguished Professor of Psychiatry and Neurosciences at the University of California, San Diego, and at the Department of Veterans Affairs San Diego Healthcare System.

The Presidential Address on Saturday will be presented by Herbert Pardes, M.D., former President of the American Psychiatric Association. Dr. Pardes is Executive Vice Chairman of the Board of New York-Presbyterian Hospital and New York-Presbyterian Healthcare System. He served as Director of the National Institute of Mental Health (NIMH) and U.S. Assistant Surgeon General during the Carter and Reagan administrations. Dr. Pardes was also appointed to serve on commissions related to health policy by Presidents George W. Bush and Bill Clinton, including the Presidential Advisory Commission on Consumer Protection and Quality in the Healthcare Industry and the Commission on Systemic Interoperability.

The meeting theme and preliminary program are consistent with the mission of the Academy “to provide a forum for the expression of ideas, concepts, and research in psychodynamic psychiatry and psychoanalysis” and “to constitute a forum for expression of and inquiry into the phenomena of individual motivation and social behavior.” The meeting will provide a wonderful opportunity to network and collaborate with colleagues, to reunite with old friends, and to make new friends. To that end, we are bringing back the traditions of a cocktail party on Thursday night, a welcome reception on Friday night, and providing other opportunities to get together in the warm and welcoming atmosphere of the Academy. We will also continue the tradition of inviting each of you to register for the Award Dinner on Saturday night.

Our 2013 Annual Meeting promises to be a wonderful educational experience and a chance to share your ideas and to network with colleagues in a beautiful setting. You may view the preliminary program and register online this fall at www.aapdp.org. We hope to see you in San Francisco in May!
The American Academy of Psychoanalysis and Dynamic Psychiatry held its 56th Annual Meeting May 3-5, 2012 at the Loews Hotel in Philadelphia. There has been an increased interest in psychodynamic psychiatry and our leadership has worked hard to position our organization to play a prominent role in this resurgence. This was the most highly attended Annual Meeting in recent years, with 181 registrants, and we hope this is a trend that will continue. The feedback on the program was extremely positive and most attendees found the program to be informative and enjoyable. The financial success of this program may lead to an increase in the size and number of future programs.

Our Opening Session featured John Oldham, M.D., President of the American Psychiatric Association, who spoke on personality disorders and his work with the DSM-5 Task Force. Henri Parens, M.D. gave a plenary session the next day about his experiences as a child in a concentration camp during the Holocaust. His journey after his escape, and his struggle to heal, was a self-study in resilience. His presentation brought tears to the eyes of many. Later that day, Salman Akhtar, M.D. lectured on “Human Goodness.” He spoke without notes or slides, was highly informative, and he fully lived up to his reputation as an outstanding speaker.

Over the course of the meeting we had five panel discussions. The first was organized by Eugenio Rothe, M.D., and chaired by Andres Pumariega, M.D. This panel expressed ideas on how effective psychotherapy could be utilized with underprivileged and culturally diverse youth. Raul Condemarin, M.D. was the discussant. Gerald P. Perman, M.D. chaired and was the discussant for the next panel that presented papers on creativity and death, politics in psychotherapy, hoarding, and the neuropsychiatric basis of cognition and emotions. The third panel, Chaired by Joan Tolchin, M.D., presented problems with foster care, adoption, precursors of personality disorders and attachment with cultural change. David Lopez, M.D. was the discussant. The next panel, chaired by Ann Price, M.D., discussed the interface between psychodynamics and biologic psychiatry in which psychopharmacology and medical laboratory data were presented and discussed by Matthew Tolchin, M.D.

The last panel was brought together by Mary Ann Cohen, M.D. who, together with a group of invited experts, presented on AIDS and HIV psychiatry. Dr. Cohen also served as discussant. To honor the suggestions made at previous programs for more interaction of the audience with the speakers, seven workshops were scheduled. These included presentations on topics as diverse as the psychodynamic psychiatrist as internist of the mind, theoretical models of psychodynamic psychotherapy, initial and final manifest dream reports, how psychodynamics and neurodynamics of narrative interact with each other, controversies at the clinical interface of psychodynamic psychotherapy, psychoanalysis and transcultural psychiatry, narratives and brain processing, interfacing with the Academy journal (now “Psychodynamic Psychiatry”), and clinical dilemmas that we face in our work with patients.

Paper sessions included Ermina Scarcella, M.D. on The Red Book of C.G. Jung, Samuel Slipp, M.D. on how Freud’s fight against anti-Semitism split the psychoanalytic movement, Greg Mahr, M.D. on the Overdiagnosis of Bipolar Affective Disorder: Countertransference Aspects, and Drs. Peter Collori and Faisal Shafi Shaikh on using experiential techniques in a training group to teach residents to appreciate group dynamics, psychodynamics and organizational dynamics.

Residents met for a complimentary luncheon on Saturday where Dr. Heather Forouhar Graff presented on “The Nocebo Effect” that won the first annual Scott Schwartz AAPDP Award for best unpublished paper by a resident. Dr. Debra Katz delivered the Presidential Address in which she shared her research studies showing that psychiatric residents seek to know their patients in deeper ways and are motivated to practice psychotherapy. Outgoing Academy President Dr. Cesar Alfonso presented Dr. Katz with a Presidential Award for her work. He also gave a Presidential Award to Dr. Sylvia Olarte after reviewing her rich and productive personal and professional life with the aid of photographs projected onto a large screen.

The evening ended with dinner at R2L, which at 37 floors up, provides one of the most scenic views of the city of Philadelphia. Life Fellows were honored and awards were given to distinguished members. Good food and interesting conversation combined for a memorable evening. One of the hallmarks of the Academy has been the close bond between its members and this seemed to be in evidence throughout this meeting.

We thank Drs. Eugenio Rothe and César Alfonso for their guidance throughout the planning stages for this program. Their participation and support in all phases of the program was appreciated. We also thank Jacquilyn Davis and other members of the Academy staff for a tremendous job in helping us put together this conference.
An Unexpected Call
Teichner Scholar Visit to the University of Indiana School of Medicine Department of Psychiatry

by Richard Brockman, M.D.

There was a message on my voice mail from Sherry Katz-Beamot. “I have some good news. I’ll call you tomorrow.” I hate that. When “good news” is going to happen, I like to know right away. Delayed gratification is not one of my strengths. As Sherry and I had often talked of going to the theater, I thought maybe she had gotten tickets to “Uncle Vanya” at BAM - that would be very good news. The next morning on my way to the gym, I got another call from Sherry who told me that I had been selected as the next Teichner Scholar, and that I was going to Indianapolis. Better than Vanya! I was thrilled. Really, really thrilled. I went to the gym, added weight, added reps – I was after all a Teichner Scholar and felt unusually strong. My ego has since recovered. My hamstrings have not. I really was (and am) so grateful – for the opportunity that was about to unfold.

Dr. Joanna Chambers is the residency director at the University of Indiana, School of Medicine, in Indianapolis - the home of the 2011 Super Bowl as anyone with a pulse in Indiana will tell you - many did. I also found out that Indianapolis is the home of the country's largest medical school - and I was to be their Department of Psychiatry’s Visiting Scholar. I had never been a visiting scholar before. I wasn’t exactly sure what that entailed but I imagined that I should wear soft colors and tweed – a figure cut out of Cheever but better behaved. I emailed Dr. Chambers. We spoke a few times on the phone. I seemed to be getting the knack of this visiting scholar thing - so far it was a breeze, but then it was still 10 months away. And so I had time to prepare, time to decide what topics to discuss, time to find just the right tie.

I spoke with Jennifer Downey who had been the first Teichner Scholar in 2008. She reviewed her experience at the University of Kentucky School of Medicine. I wondered if her visit had coincided with the Derby; I wondered if mine would coincide with the 500 (it did not). I also spoke with Deborah Cabaniss who had been the Teichner Scholar in 2009 and 2010. She told me that psychodynamic education got a lot more basic once one crossed 11th Avenue. I began to realize that there were a lot of basics that somehow I had absorbed under the watchful gaze of Sandor Rado (the founder of Columbia Psychoanalytic). It also occurred to me that a lot of those basics would have to be taught. I bought Dr. Cabaniss’ book.

I spoke once more with Dr. Chambers - she now Joanna, I now Richard; we discussed my visit. She sent me the schedule. It seemed pretty straightforward, pretty compact - lots of meetings with lots of faculty, but what I noted especially was the number of times I was to meet with residents. I assumed that each time I met with a resident group, I would be teaching. I counted, one meeting with each of the four years, two meetings with all the residents together, one case conference, one grand rounds. Eight sessions - on different topics, at different levels - all in three days. I started to panic. And then I started to prepare. I organized lectures - eight lectures on different aspects of transference, countertransference, attachment, resistance - I rounded up the usual suspects (Freud, Bowlby, Kernberg, Kohut…Ferenczi - what the heck), adding a bit of neurobiology as I am want to do. After a while I felt ready to lecture. Ready to go. I felt prepared.

Before I knew it, I was on the plane. It’s a relatively short flight in a relatively small plane to Indianapolis and when you land the first thing you notice while taxiing to the gate is that FedEx has staked a huge claim - 100’s and 100’s of FedEx planes waiting to be loaded with packages for somewhere, anywhere on time. Dr. Chambers - Joann - was waiting for me as I walked past security. Somehow we recognized each other right away. She’d trained at Yale. I’d trained at Columbia. You can spot an Ivy Leaguer in the Indianapolis airport lobby without much difficulty.

As we chatted on the way to her car, I realized I had misunderstood a core reason for my visit. I had thought I was supposed to lecture about psychodynamics - 8 lectures actually - and basically give the residents a sense of psychodynamic therapy and how it works. I had it half right. I was expected to give a sense of psychodynamic therapy and how it works but I was also expected to meet with as many of the faculty and residents as possible - thus all the meetings - and then help Joanna rethink the basic psychodynamic education of the residency curriculum. That became clear on the way to her car. Once in the car, I learned another core fact. It was May, and since the previous July the program had been without a chairman - and that psychiatry at “UI” (as the University of Indiana is called by those in the know) was chronically and seriously under funded. So there was no chairman, little money, and my job was to help chart a new course. I felt a bit like De Tocqueville in Democracy in America (I know, but hey…) coming to a new land and needing to come away with an overall plan:

I am aware that, notwithstanding my care, nothing will be easier than to criticize this book should anyone care to do so.

Those readers who may examine it closely will discover, I think, in the whole work a dominant thought that binds, so to speak, its several parts together. But the diversity of the subjects I have had to treat is exceedingly great, and it will not be difficult to oppose an isolated fact to the body of facts which I cite, or an isolated idea to the body of ideas I put forth. I hope to be read in the spirit which has guided my labors, and that my book may be judged by the general impression it leaves, as I have formed my own judgment not on any single consideration, but upon the mass of evidence.
As I stepped from Joanna’s car to meet her two children, her husband, the cat and the dog, I had a new sense of my mission - I would visit the program, examine as many of its “parts” as I could, make an assessment of its strengths, its weaknesses, come up with “impressions,” and then make specific recommendations pertaining to the teaching and practice of psychodynamic psychotherapy. It was Tuesday. This was to be done by Friday. My sense of my purpose had radically changed. I was offered a drink. I thought of asking for scotch - neat, but Joanna was serving wine - red. I had two classes. I was ready. Or a little buzzed - much the same thing. Soon the residents began to arrive. I introduced myself to each one and tried to offer more than small talk about who I was, why I was there (not all that easy as I was in the process of redefining that very idea), what we would be doing together over the next several days. And so with my new sense of purpose, another glass of wine, and now a rather large circle of residents all gathered around me (seated I might add in the only chair with serious arms), we began to discuss what it was we were expecting, the one from the other.

Before I had time to take a deep breath, it was Friday and I was meeting with Joanna to sum up my stay. I’m not going to go over all of the “parts” I observed. What I will say is that the greatest strength I discovered was the residents themselves. I had not anticipated such a smart, sophisticated, medically/psychiatrically well trained group of young men and women. They were open, curious and eager to learn. What they lacked in psychodynamic sophistication, they made up with a focused desire to learn. The major weakness was the fact that there really are very few psychodynamic educators in Indianapolis. The psychoanalytic institutes in Chicago and Cincinnati are the closest and both are quite far. So when Joanna and I met, and in the overall write-up that I sent her, my suggestions had to do with finding ways to use the resources that she had to offset the deficits that were not going to be remedied anytime soon. And in addition to distance, there were problems of funding, insurance, and time. There were even problems with Skype (liability if you were licensed out of state). Needless to say there are serious challenges; Joanna and I have been emailing each other since May. The goal is to develop a psychodynamic curriculum/program based on the particular strengths and weaknesses of the program.

Barry Levenson, the writer/director once said, “If there are no surprises, you’re not writing deep enough.” Obviously he was not talking about psychodynamic education. Or maybe in some way he was. Looking back on my Teichner experience, there was surprise - from beginning to end, surprise - and improvisation, learning, teaching, growth. Having talked to Drs. Cabaniss and Downey, one thing that we three seem to share is a deep attachment to the programs we visited. I feel a deep connection and commitment to the University of Indiana School of Medicine’s Department of Psychiatry, to the residents there, to Dr. Joanna Chambers. I trust that she and I will continue to work together as she builds a new psychodynamic curriculum for her residents. It is a huge challenge. She is a terrific leader and educator. She is up to that task. I am thrilled and privileged that the Teichner Scholar program put me in the position to participate and potentially to be of some help to her as she reworks the psychodynamic aspects of her program. Somehow like De Tocqueville, who obviously had nothing to do with the invention of democracy, I feel like the privileged outsider who precisely because of his position as an outsider, is better able to understand what is there. I believe (and hope) that is the case. I hope that the ongoing dialogue between Joanna Chambers and myself will help her as she develops a psychodynamic curriculum for the psychiatric residency program that she leads at the largest medical school in America.

I had anticipated going to Indianapolis to deliver several lectures about psychodynamics. I came away committed to working with the program’s director as she builds a new curriculum. The Teichner Scholar experience is rich in learning and teaching - and full of surprise.

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20th Annual CPR Conference

by Gerald P. Perman, M.D., CPRinc Trustee

Jungian Psychoanalyst Brian Feldman, Ph.D., will be the featured speaker at the 20th Annual Consortium for Psychoanalytic Research (CPRinc) Conference on February 3, 2013 from 8:15 AM until 4:30 PM at the George Washington University Hospital Auditorium in Washington, D.C.

Dr. Feldman is a training analyst for the Inter-regional Society of Jungian Analysts and on the training faculties of the C. G. Jung Institute of San Francisco and the Northwest Center for Psychoanalysis. He is also a visiting professor at the State Academic University in Moscow (Russia) where he directs infant research and infant observation studies. His research is primarily in the area of Jungian Developmental Psychology and he will speak about Developing a Psychic Skin: Implications of Infant Observation Research for Clinical Care.

“Psychic skin” is a term that denotes the psychological boundary between inner and outer worlds. It demarcates a mental space in which an individual may place imagination, thought and desire. Developing a psychic skin is a task of early life. Dr. Feldman will share findings from both clinical and infant observation that shed light on the emergence of primary (healthy) and secondary (defensive) functions of the psychic skin, and show how these findings may inform effective clinical interventions. Using multicultural videos as well as artwork from the analysis of a young adult, he will correlate infant development with adult primitive mental states typically experienced in the clinical setting. Nydia Lisman-Piezczanski, M.D., a British-trained psychoanalyst in private practice in Washington, D.C., will be discussing an infant video with Dr. Feldman. She is the founding chair of the Infant and Young Child Observation and Early Intervention Training Program at the Washington School of Psychiatry.
At the conclusion of the conference, the participant should be able to: present examples of the applicability of infant observation for psychotherapy with child, adolescent and adult patients; assess published infant observation studies for inter-rater reliability; relate the theory of primary and secondary functions of the skin to contemporary psychodynamic theories such as attachment theory and object relations approaches; and integrate the concepts of primary and secondary skin into his or her clinical work, particularly with patients who present with somatic disorders.

The CPR conference is jointly-sponsored by the Academy and CPRinc. CPRinc is composed of organizations of psychoanalysts and psychodynamic clinicians from classical to Jungian to relational and is the only U.S. organization of its kind. It offers inexpensive CME credits and a good lunch. The February CPR conference is the de facto winter meeting of the Academy.

The conference is hosted by the George Washington University Medical Center Department of Psychiatry and the Behavioral Sciences. Please go to our website www.cprincdc.org to register. You will also find information about the conference and about cultural events in D.C. during your visit to the National Capital Area.

In Memoriam – Loretta R. Loeb, M.D., Psychoanalyst

by Ronald Turco, M.D.
Past President, American Academy of Psychoanalysis and Dynamic Psychiatry

Loretta R. Loeb, a Portland psychoanalyst for children and adults, died at home on May 11, 2012. Dr. Loeb studied at the University of Illinois and graduated from the University of Pittsburgh medical school, completing her residency and psychoanalytic training at the prestigious Western Psychiatric Institute. She studied the origins of obsessive compulsive disorders in children and, along with her psychoanalyst husband, Felix F. Loeb, pioneered in the use of lithium along with psychoanalysis for patients with bipolar disorder. She founded and raised funds to remove tattoos from former gang members so that they could reenter society. She was also active in music and dance.

Loretta was involved in 33 substantial academic presentations throughout the United States and authored 14 peer reviewed papers, and three unpublished papers, including The Successful Analysis of a Foot Fetish. She served on numerous national and regional professional societies and was a Mentor of The American Psychoanalytic Association. Her professional experience began in 1959 when she served as a GS-11 U.S. Air Force Civilian Physician. An active member of The American Psychoanalytic Association, she was certified in both adult and child psychoanalysis. In addition to being on the faculty of the San Diego psychoanalytic Institute (Senior Instructor- 1977-1980), she was a Clinical Professor of Psychiatry at the Oregon Health Sciences University (1991 to her death).

This very gentle woman who loved animals and people alike possessed an inner strength that was not immediately apparent. Dr. Loeb (Loretta) pioneered in the work of child analysis, especially sexual perversions and utilized her animals - cats and dogs - in the intimate therapeutic process. Thus, her case presentations were not sterile exercises in psychoanalytic technique but vibrant, exciting adventures into the “secret lives” of children and adults. She was direct, concise and clear with her communications and one of those rare people who could be confrontive with patients and friends alike without being acerbic. There were no hidden agendas. Her natural charm and engaging sense of humor disarmed any sense of defensiveness or negativity one might otherwise have had. She was candid and perceptive. In this regard, she was outspoken in her ideas about psychoanalysis and what she perceived as human injustice and ignorance. Thus, when confronted with adversity or controversy she did not retreat, but sought out the best advice about a particular situation, rolled up her sleeves so to speak and did what needed to be done. No shrinking violet.

I experienced her perceptiveness and vast knowledge of psychoanalytic theory on a personal level as she supervised my patient cases and provided interpretative material on many different levels, much like Richard Chessick’s multichannel hypothesis. This allowed me and other students to formulate our own ideas and to test our clinical judgments without fear of embarrassment or failure. Perhaps more important than Dr. Loeb’s technical skill in psychoanalytic therapy and teaching was her possession of that rare ability to inspire creativity in others and her true feeling of “respect for all creation.”

While she will be missed by her husband Felix, her sons, Felix and Jeffrey, her daughter-in-law Marjorie H. Loeb and her twin granddaughters, Hannah and Corena Loeb, her many dogs and cats as well as her many friends and colleagues, we carry with us her values and sensitivity to the human condition and her love and acceptance of people.
Whence It Comes

by Leah Davidson, M.D.

People ask me
“Where do you get your energy?”
It comes to me humbly
Twisting in the night,
It’s metaphor – the double helix
D.N.A. – deoxyribonucleic acid.
It spirals right and left,
Then left and right.
It whispers to me:
“Preserve yourself. You are aging.
Be strong, be useful,
Or face the scrap heap-death!”
“Revere your body,
For it is my home.”
Like trellised string beans
Cucumbers on a fence,
Morning glories,
Maypole ribbon patterning of Europe,
Or sambas twirling in America,
My Kundalini too
Snakes round my spine,
Golden Caduceus,
Sign of the Healer!
I dowse all night.
Her magnetizing Chi vibrations
Make me mistress of my spirals.
I step barefoot by day
On an electric earth
Like Navahos.
No need for me to gather things
Or glories;
My hybrid molecules
Circle on Kundalini vines.
Daily I wait,
Till Thou come to me in the night.
Thou-giant dynamo,
Lord of the light.
Giver of energies.
Grantor of life.

ARTICLES

A Travel Log While Teaching Mental Health in Bangladesh

by Dr. JoAnn Elizabeth Leavey, R.N., R.Psych

I am writing this travel log while in Bangladesh as a volunteer on assignment to teach mental health as a Research Fellow, Visiting Faculty in the College of Nursing at the International University of Business Agriculture and Technology.

Teaching mental health is an interesting challenge in a context where understanding it and acknowledging it is still in its infancy in Bangladesh. However, the students are very aware of mental health issues. They have no problem understanding the macro mental health concepts as we work through the socio-political, socio-economic, socio-environmental and psychosocial aspects of Bangladesh that is largely influenced by culture, religion (dominant religion, Sunni Muslim, other religions include Hinduism and Christianity) and a semi-caste system.

The students are working hard and are interested in social change, the impact of technology and global information and how that introduces notional thinking that may be different than older traditions. Therefore, much of the discussion thus far has been on stress and distress regarding social change and where that might place people on the mental health continuum if they are victims of social pressures, isolation, poverty, lack of opportunity, lack of education, etc.

I have visited many places in Dhaka, Bangladesh. This has included the districts of the slums, dubbed the “ultra poor” in research reports, the communities (which are basically poor working class), the middle class, and the richer district where the parliament buildings and political compounds can be found. The politicians live in walled-off areas that include activity clubs for social gatherings, eating, tennis and the like. These are well built and situated on green spaces. The parliament buildings are impressive to be sure.

I am grateful to my teaching assistant and a first year student who took me under their wings as my guides through all of the communities. They have been invaluable in helping me understand customs, practices, language and interpreting and navigating the city and assisting with transportation in CNG’s, taxis and rickshaws. And thank goodness, since negotiating prices is something else entirely! Especially if you are a foreigner: I am directed out of sight with one of the students, while the other student negotiates the price before we travel! As a foreigner you can be charged outrageous amounts and, if you are not aware, you will inevitably be taken advantage of.

The students and I have agreed that we are learning a lot by
exploring the communities together. The students have shared with me that they have found our trips to be motivating and inspirational because we constantly talk about how they, as nurses, are in a great position to be pioneers in disseminating education in the communities about healthy living and good public health practices, such as vector control, safe garbage management, using boiled water, etc. We discuss strategies and practical low cost interventions that could employ the ultra poor and help manage public health improvements.

When I am in the city with the students, we see the ultra poor, the beggars, and the disabled and the forgotten (women, men and children) in the streets. This is hard to see and walk by, especially when you hear people chanting over and over that barely weigh 50 lbs (grown men) or less for boys or women and girls in this similar situation, as well as those who are profoundly disfigured.

What we observe in the streets provides the students and me with many discussion points in terms of how to address some of these problems, which, of course, are complex. For example, could the ultra-poor be employed to clean up the garbage in the streets? Since at least 45% of the population is ultra-poor, this represents a potentially huge available work force. This could provide an opportunity for redistribution of wealth, for the poor to “pull themselves up,” and for the city to have a way to manage the vast amount of garbage that is scattered about and across the city (including heaps in the rivers and alley ways). Of course questions are never simple, and answers, if they exist, are even more complex.

The Festival of Sacrifice, Eid-ul-Adha, took place on November 7, 2011. This Festival entails a mass sacrificing of animals (cows and goats) in the streets. The intention is to offer neighbors one third of the meat, the poor one third, and one third for your own family for celebration. Blood, carcass, hide, teeth, tales and ears could be seen strewn about the streets on our city and neighborhood tour. One had to be careful where one stepped, and the odor was overwhelming. I chose instead to go out and see the cows and goats on Sunday when they were all decorated for celebration.

The other phenomenon surrounding the Festival that was interesting to witness was the mass exodus from the city of Dhaka for Hajj, the Muslim pilgrimage to Mecca that takes place in the last month of the year. See the following link on YouTube as an example of the exodus. http://www.youtube.com/watch?v=49iERnO26Yc

Then there is the cow market where people buy cows for sacrifice – this is big business as I believe there were 450,000 cows traded for the Eid Festival. I went there with my students via rickshaw. This too can be dangerous as you will see in the following video clip: http://www.youtube.com/watch?v=49iERnO26Yc

**General Summary of the News**

I read everyday in the *Independent* newspaper about different topics such as government improprieties, deforestation, illegal toxic dumping in the water ways, ultra-poor issues such as malnutrition, begging, illiteracy, and the forgotten in the streets.

**Orphans** The *Independent* states that Dhaka has over 160,000 orphans living in the streets. Some children become orphans simply because they get lost from their parents and cannot be found. These children are used for begging, organized crime, organ donation, sex trade and general abuse. This is a problem the government is trying to work on through government committee.

**Malnutrition** Almost 50% of children under five years of age are malnourished and of the approximately 343,000 deaths of children under five, malnutrition accounts for half. On a positive note, the *Independent* reports that cultivation of short-duration rice is on the rise. This rice can grow faster and get to market in a more cost effective way. The government has instituted this to help guard against flash flooding and lack of rainfall. Other types of newly growing rice are late-sowing and stress-tolerant varieties.

**Rape victims** According to the *Independent*, rape victims are having difficulty having the perpetrator brought to justice. Most victims are school girls and their mothers do not want male doctors, located at the limited number of clinics that investigate rapes, to further traumatize their daughters by invading them
in “a similar way the molester did.” The mothers do not want their daughters to have to strip naked in front of male doctors that would “violate their daughters’ modesty.” Therefore, rapes are being underreported.

**Human Development Index (HDI)** Bangladesh is lagging most of its South Asian neighbors in the (HDI) according to a United Nations Development report (UNDP). The country ranked 146th out of 187 countries worldwide. This year Bangladesh scored higher than last by 0.004%.

**Human Rights** As presented in the *Independent*, human rights are also being addressed. According to this newspaper, 50% of people are unaware of human rights and don’t even understand the concept. This information was gathered in a recent survey entitled, “Perceptions, Attitudes and Understanding on Human Rights in Bangladesh.” The survey posed the questions that, with NGO’s working in BD for the last 40 years to raise awareness, how could this result be possible. The issue that most concerns the HR Commission is the increase in the disappearance of people. It is alleged that in many cases the law enforcers, especially plainclothesmen, are behind the disappearances.

**Health Care** Illegal clinics are apparently doing a brisk business in Shariatur, BD. Clinics there ignore government regulations and it is the poor people who suffer. This appears to be a problem across BD. In addition, proper licensing for professionals and standardization is being monitored, as well as clinic licensing in order to protect the public – no small task.

**Population and Per Capita Income** The last piece of news that I will write about is the one I find most interesting, as it provides a basic picture outlining the country’s current and future economic trajectory on every level. An article dated October 30, 2010 is entitled “Population Growth Defeats Per Capita Goals.” It states that there is no one explanation for the poverty situation in Bangladesh. However, economists in all settings seek a standard measure of the national ability to, if you will, pay its citizens. In more simple terms, how do you divide up the economic pie to ensure a basic standard of living?

This formula is simple and straightforward and does not measure any complexities. It simply takes the net national product (NNP), or the total national income minus depreciations and losses in a given year, and divides that number by the total number of the population in a particular country. In theory, this formula yields the individual amount of money available to each member of the population, or in other words, per capita income.

Of course this is only a mathematical exercise, as wealth in any country is never so distributed. However, in basic terms it helps us make comparisons with other countries to help us interpret and understand things such as standard of living and how one might challenge that standard.

Let’s have a look at the numbers: The Bangladesh NNP (rough estimate) was $74.1 billion USD last year. Divide that by its population, 164.4 million and the per capita income is approximately $494 USD. Although these numbers may look dire, Bangladesh is actually doing well on the world stage for economic growth. It is in the 5th position among the top 16 countries in the world in terms of growth. The per capita gains are minimal however, due to the sheer number of people. The growth rate is 1.48 percent and puts the population at 180 million well before the next quarter century. Therefore an increase in per capita income is unlikely no matter how well the population grows.

To compare BD to other countries, the US has an approximate per capita income of $46,716 USD while the Chinese have a $2,912 USD per capita income - not bad considering the population is approximately 1.3 billion, whereas the US has about 307 million and Canada has approximately 34 million people with a per capita income of $41,016 USD.

So you can see that numbers on one level do count when considering income as it empowers people to deal with the basics (or not) and naturally has the potential to deal with struggles such as poverty, nutrition, health care, and I hesitate to say, population growth: a complex issue that many scholars contemplate and argue over, including such theories as the Malthusian Population Trap model.

Given the daily challenges described above, I assign students performance tasks such as taking a current event from the newspaper and writing a brief note that addresses how the issue potentially impacts the population affected with regard to mental health in social, political, environmental and economic contexts. The students then conduct class presentations, imagining they are government chairpersons in charge of the particular issue they chose. They describe their analysis and recommendations to demonstrate their awareness of how to problem-solve complex issues. The rest of the class acts as “the Press,” asking questions that allow me to assess the ability of both the student presenting the issue and the rest of the class in terms of absorbing, processing and integrating information and translating that...
information into appropriate problem/solution strategies.

The overarching idea of course is to get the students to understand the principles I am teaching and reflect on them within their own context and to encourage critical thinking to develop their professional awareness regarding the broader socioeconomic, educational, health status and environmental contexts. This macro understanding will help them understand how to intervene with their patients by increasing their awareness of what issues their patients might be facing on any given day, as well as to consider the macro implications for future hospital, community and governmental policy directions for treatment and funding capacities.

In terms of social, political, environmental and economic stressors, it is obvious the Bangladeshi people have a lot on their plates. However, the students are interested in increasing their understanding of current and future societal issues. Subsequently, they are learning new problem-solving skills in order to tackle the complexity they face as citizens. This attitude coupled with their development of new skills will potentially assist them in becoming positive agents of future change that is grounded in emerging knowledge, awareness and cultural evolution and that is located in and respectful of a Bangladeshi context and perspective.

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**Educational Processes in Psychotherapy: Fantasies and Experiences of a Candidate**

by Branka Stamatovic Gajic, M.D.

In Serbia the process of psychoanalytic education consists of three parts: the theoretical curriculum, the personal experience of training analysis, and supervision. Candidates have all had a primary education in psychiatry or medical psychology. I chose to study psychoanalysis because I was motivated above all by curiosity that was not satisfied by the answers I received from the psychopharmacology lab where I worked at the beginning of my career. If I were to choose a metaphor to describe the process of psychoanalytical psychotherapy education, that metaphor would be that of a puzzle. In a puzzle, different, seemingly disparate parts develop into an entire and complete new picture.

Beginning with the **theoretical curriculum**, Pegeron (Psychoanalytic Inquiry, 2008, 28:344–3601) said “… papers have emphasized the influence of the training process on the candidate’s conflicts and his development as an analyst…” and “the way in which a particular training program approaches the training of its candidates will have an effect on each candidate.” My personal experience confirms this. We started with the theoretical curriculum from a point of very limited knowledge in the field of psychotherapy offered during basic medical studies and that was mostly a biologically oriented residency program. The vast amount of literature seemed as if it would be impossible to master. Compared to the situation before the internet when we had but few books (apart from those that our teachers kindly gave us to read and to copy), we now have many accessible books and journals and it is still a challenging task.

The anxiety about whether I would be able to read, not to mention to learn and to know, this sea of available literature, is alluded to in Otto Kernberg’s *Thirty Methods to Destroy the Creativity of Psychoanalytic Candidates* (Ideology, Conflict, and Leadership in Groups and Organizations. Yale University Press, New Haven, London, 1998, pp 238-249). Two examples follow: “(1) As instructors, insist that candidates read Freud’s works carefully, completely, and exhaustively, in chronological order, making sure that they learn his precise theory at every given point... and (2) Always assign double the number of publications that one could reasonably expect students to absorb from one seminar to the next...The message can be strengthened by not assigning any paper that was published fewer than twenty years ago...” Fortunately, our teachers did not follow this advice too strictly.

Another source of anxiety complicating the process of acquiring this demanding knowledge is the belief that there are the self-proclaimed “chosen ones” who possess inborn exclusive abilities and knowledge, making it impossible to learn if you are just an ordinary person. We were lucky to have a team of educators who gave us authentic knowledge and support, teaching us that psychoanalytical psychotherapy is a science, not a matter of faith. We were given the opportunity to learn “Freud’s process of thinking...that was unavoidably revolutionary...” (ibid.), and to learn from those who are applying their knowledge in everyday praxis. Very often we, candidates, commented that “they know what they are doing” and “know how to do it.”

Within our theoretical program we encountered a spectrum of attitudes. They ranged from exceedingly strict requirements in which complicated methodology and statistics were expected in the preparation of our final papers, to a “dodo bird verdict” regarding the usefulness of psychoanalytic psychotherapy. There was an emphasis on evidenced-based medicine, manuals, guidelines and clinical pathways although the practice of psychotherapy does not always yield to the guidelines espoused in the manuals. In practice one has to reach somewhere in between a “one size fits all” approach and the uniqueness of every encounter with a patient. Or, as Fonagy puts it, “Only a clear, well-specified, fully structured, and coherent framework that guides the therapeutic process can assist the therapist in withstanding the interpersonal pressures inevitably generated in the consulting room. Some talented and well-trained therapists internalize a guiding theoretical framework to a degree that they are able to maintain an appropriate and consistent clinical focus, notwithstanding the pressures of the clinical situation. Sadly, not all of us are like this.” (Psychoanalytic Dialogues, 2001; 11(4):621–632)

So we have to learn to balance between the generalized (in the form of guidelines and theoretical literature) and the unique.
In the course of learning this balance, one is again reminded of Kernberg, who says in his tongue-in-cheek *Thirty Methods*: “Refer all problems involving teachers and students, seminars and supervision, and all conflicts between candidates and the faculty ‘back to the couch’... ” (ibid.)

The experience of **training analysis** is rarely spoken or written about by the analysand. It is more often described from the training analyst’s point of view or as a research subject. It is a complex process consisting both of education and preparation for clinical/therapeutic work. Entering training analysis may have been a bit easier in my case, since I came from a different city and had no previous contact with my analyst. My expectations were then fully based on theoretical information and my fantasies, without contamination from reality.

We all enter analysis with different expectations and in different ways. This quote from Meyer’s paper (J Am Psychoanal Assoc 2007; 55: 1103-1128): “Beyond being sympathetic, however, Freud was realistic about the expectations of any one particular analysis. ‘Our aim will not be to rub off every peculiarity of human character for the sake of a schematic normality...nor yet to demand that the person who has been ‘thoroughly analyzed’ shall feel no passions and develop no internal conflicts.’” (1937, p.250) In this regard we seem to have met Freud’s expectations. In the years of watching my colleagues and myself, and being involved in organized psychoanalysis, I have seen very little occasion to worry about ‘schematic normality,’ loss of peculiarities, avoidance of passions, ‘rubbing off’ of sharp edges, or an absence of turmoil. I think we would all agree with this.

In this paper, Meyer talks about problems and difficulties in training analysis and possible traps for both analysts and candidates. Instead of talking about similar issues and risking having my comments discarded as unresolved idealization, I want to share my impressions with you. For me, the training analysis was an extremely positive experience, the couch a safe place, where, in a “holding” environment, I was able to deal with all of my spaces, internal and external, psychological and real. When discussing training analysis, we should also mention the issue of a reanalysis that may occur with someone other than the training analyst. The reanalysis is often the result of positive experience with the initial training analysis. This seems logical – those who had a negative experience usually don’t return. When thinking about my analysis and the possibility of reanalysis, I remembered a famous line by Humphrey Bogart in Casablanca and I changed it to fit my view: “I think this is a beginning of one endless analysis.” In a way it really is, if we consider the process of introjection and continuous self-analysis.

One distinctive feature of training analysis, as compared to therapeutic analysis, is the post-termination period, influenced by an analyst, a candidate and the educational institution. In this period, the issue of mourning becomes complicated, because some contacts between analyst and candidate continue. My opinion is that those contacts are different and usually do not interfere with the termination process. I did find some support in the literature for this as well as some opposing views (Levine HB, Yanof JA. J Am Psychoanal Assoc 2004; 52; 873). Craigie (J Am Psychoanal Assoc, 2002; 50; 507 -550) gives us yet another way of looking at this: “But perhaps the post-termination phase never ends, particularly for mental health professionals, whose ongoing work with patients, analytic reading, and contact with the analytic community may stir unconscious reactions and keep the post-termination process alive. Orgel (2000) reminds us that the analytic relationship can never be entirely replaced by internal processes. Further, as no relationship can ever fulfill the basic childhood wish for narcissistic wholeness, mourning the unrealized hopes for analysis may never be ‘complete’.”

**Supervision** is the third part of the big puzzle. It may be burdened by mystification as implied by the prefix “super” in the words “SUPERvisor and SUPERvision” suggesting that supervisors are “supernatural,” having extraordinary abilities. There may also be the “professional narcissism” of independent clinicians, who may be simultaneously “pupils,” doubting themselves and their competencies. Candidates may feel uneasy and ashamed in front of the group (in group supervision) and/or supervisor. Too much effort can endanger therapeutic work, yet group supervision can also be seen as helpful, offering the possibility to observe various phenomena (e.g. countertransference); that is why group therapy is suggested with difficult personality-disordered patients. (Buechler S., Psychoanalytic Inquiry, 2008; 28:361–372)

Group supervision, as a part of the required supervisory process, includes certain dynamics, e.g. sibling rivalry. However it can be an authentic and useful experience especially if the supervisor, as in our case, is also a group analyst, capable of observing and using group processes and leading the group safely through the process of supervision. Group supervision was a good way to start the supervision process, to dissolve some frightening expectations, but it was also an excellent addition to the individual supervision. The group gave us a chance to compare experiences related to supervision, increase the feeling of freedom and decrease our anxiety.

Since the process of supervision carries the likelihood of imitation, supervision with more than one supervisor is a good way to provide more than one role model and help in the development and strengthening of the candidate’s personal identity. The class of candidates that I belonged to had an experience of group supervision with another supervisor and with candidates from another class. After the supervision we asked ourselves if we were doing the same kind of psychotherapy. Compared to our previous experience of supervision as cooperative and supportive, this other supervisory process was more aggressive, sometimes destructive. Yet, this different approach helped us clarify some issues that were not otherwise addressed and helped underscore the need for diversity.

In the process of individual supervision, a candidate alternates between the roles of “omniscient therapist” for his patient and “ignorant supervisEE” for his supervisor. According to Gill, “many personal issues can, but don’t have to be, part of the supervisory process, and yet they influence the therapy and the patient.” (Int Forum Psychoanal 1999; 8:227-233) Gabbard speaks of “the supervisory alliance” that provides a secure space, safe for the vulnerability of a candidate, with strictly set rules and setting.” (Long-Term Psychodynamic Psychotherapy: A Basic Text, American Psychiatric Publishing, Inc, Washington DC, London, England, 2004)

The risk of falsification of material, censorship and lying does exist, but the reason and the essence of the supervision - learning - is achieved only if we openly bring contents for supervision. (Hantoot MS, Academic Psychiatry 2000; 24: 179–187) On occasion, when tempted to omit something from therapy, to skip a part of the session, I asked myself what then
Romano Biancoli (1940-2009) was an Italian psychoanalyst and a great admirer of Erich Fromm. He founded the “Istituto Erich Fromm di Psicoanalisi Neofreudiana” in Bologna, Italy. His admiration for Fromm led him to take part in many American meetings and to publish in American journals. He took part in all the AAPDP/OPIFER Joint Meetings until the ninth. In addition to these, I shared with him four American events.

1. We presented a joint paper in San Antonio, Texas, in 1990, at a meeting of the American Academy, in the Erich Fromm Anniversary Program which Saul Tuttman and I organized together to mark the tenth anniversary of Fromm’s death. The title of our paper is Frommian Themes in a Case of Narcissistic Personality Disorder (Contemporary Psychoanalysis 29, 1993, 441-452).


3. In 1998 I was Guest Editor of a Special Section of the Journal of the American Academy, to which I invited Romano to participate. The title of his paper is The Idologic View of Transference (Journal of the American Academy of Psychoanalysis 26 (1) (Spring 1998), 15-28).

4. Finally, we were again together in Brooklyn in 2000 for the IPPS Forum in memory of Fromm on the centenary of his birth. The title of Romano’s paper is On Impediments in the Process of Individuation (International Forum of Psychoanalysis 9, 3-4 (April 2000), 227-238).

One year after his death a commemorative meeting was held in Ravenna, Italy (his birthplace) on June 5-6, 2010, co-organized by OPIFER, IEFS (International Erich Fromm Society) and AAPDP. From the AAPDP Joan Tolchin and Carlo Filiaci took part. I gave the following paper at this meeting.

The Last Case of Romano Biancoli

by Marco Bacciagaluppi, M.D.

Romano Biancoli presented this case at the Ninth AAPDP/OPIFER Joint Meeting, that took place in Sestri Levante, Italy, on October 6-7, 2007 (Biancoli, R., 2007, Adriana. Analisi ‘del’ e analisi ‘nel’ qui e ora in seduta. In: P. Andujar, (Ed.): Strategie della psicoterapia dinamica. Firenze: Florence Art Edizioni). I believe this is the last case which he presented, because the following year he was already ill and did not take part in the next Joint Meeting. The title of his presentation is: “Analysis ‘of’ and analysis ‘in’ the here and now in the case of a hysterical patient.” After a summary of the case, I shall report Romano’s comments, and then make my own meta-comments. Following on his title, on my part I shall focus on the “here and now” of the interaction between Romano and his patient.

The Case

The patient, Adriana, is 27 years old at the beginning of treatment. The presenting problem is ambivalence towards her partner, who is 11 years older than she. She also has various physical complaints, chiefly localized in her intestines. Her mother is harsh towards her and prefers her younger sister. Adriana hates her mother. She speaks of her father in idealized terms and describes him as highly well-read.

The heart of the case, in Romano’s presentation, is the first dream, which Adriana only reported in the 41st session. I reproduce it literally.

The howl of a middle-aged woman. She looks like a gypsy, a handkerchief around her head. She is standing on the edge of a cliff. There is a look of horror in her face, at an event which in the dream has already happened other times: she has thrown her little girl down the cliff. The child is rolling down the steep rock, and on hitting the edges of the rock her body falls to pieces. However, it should magically be put together again before it reaches the bottom.

“Adriana was very alarmed by this dream, which was totally unexpected. She crouched in her chair, frightened.” A mythological parallel occurs to Romano. “Demeter, according

is the purpose of supervision because this is where I learn, and how am I going to do it if I don’t show things that I might have done wrong. Otherwise, the risk of missing important learning could be too great.

For the experience of education and training in psychoanalytic psychotherapy in Serbia we need to understand in what circumstances it is practiced. Some of the questions that require further thinking include:

- How many licensed psychotherapists are there in Serbia?
- Where do these licensed psychotherapists work?
- What roles do those psychotherapists fill in their institutions?

In conclusion I return to the puzzle metaphor, because by entering the process of education and training, we not only discover a new profession, we create our own new identity (Slavin JH, Psychoanalytic Dialogues, 2007; 17 (4): 595-609), and in the process “In spite of the daunting isolation of our work, we never go unaccompanied into the consulting room.” (Smith H., J Am Psychoanal Assoc, 2001; 49: 729-1102) We have with us, in every moment, so many people and so much information we have introjected and with whom we have identified.

Writing about pluralism in psychoanalytical psychotherapy, Frosch (E Uno Plurus: Psychoanalytic Psychotherapy in the Age of Pluralism, Harv Rev Psychiatry 2007; 15:270–277) answers a patient’s hypothetical question regarding to which school he should belong: “In this day and age I can’t imagine utilizing the contributions of only one psychoanalytic school. Human behavior is so complex and multiply determined that I need all the help I can get from wherever I can get it.”

To these words of Smith and Frosch, I just want to add “Thank you, to all our teachers, for helping us in this great and difficult work.”

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to Kerényi, as an old woman who has suffered an offence, goes to King Celeus and Queen Metaneira, who receive her in their house and entrust their son to her for care and education. Every night she holds him over the fire and makes him burn like a log of wood, in order to make him immortal.” Romano then goes on to say: “I tell her the myth, in order to contribute to the faith there is in the dream, a faith – even if magical – in reconstruction and salvation.”

“Adriana then tells me that her maternal grandfather died suddenly one month before she was born. The mother, who was very attached to her father, is in such despair that she has to be hospitalized. The pregnancy is endangered. When Adriana is born, the mother is in such distress that she is unable to look after the baby. Adriana is entrusted to the grandmother, who however is also grieving.”

In the ensuing analytic work self-aggrandizing, but especially aggressive, fantasies emerge. “She attacks me and accuses me of ruining her life. I couldn’t care less about her (…). But when she fears I could reject her, her anxiety at being abandoned emerges.” With her partner “it’s hell. She attacks him, then, becoming compliant, she clings to him because he is the only person who can prevent a much-feared breakdown”.

“So it goes on for eight years.” At the end, Adriana has left her partner, has found a good job, and two years later she is attached to a peer. “There are still scenes, but they are less violent, and there are also long spells of harmony.”

**Romano’s comments**

In the theoretical introduction Romano views the “here and now” in the session as an expression of Fromm’s being mode (Fromm, E., 1976, *To Have or to Be?* New York: Harper and Row).

Of the mother’s unavailability at Adriana’s birth, Romano says: “It may be a case of the D type of attachment in the *Strange Situation*, the disorganized type, based on a “fear with no way out:” the child should approach the mother to receive comfort and tenderness, but if it does so it gets frightened (…). According to the researchers in this field, the outcome of the D type of attachment is psychic dissociation.” Romano therefore describes the patient in terms of a series of dissociations.

In considering the diagnosis Romano modifies the initial description of the patient as hysterical. “What emerges is the picture of a borderline personality.”


**My own comments**

The reference to disorganized attachment is very relevant and shows that Romano was well acquainted with Bowlby’s attachment theory. Disorganized attachment was first described by Mary Main in 1986 and is the antecedent of borderline pathology. Romano’s reference is to: Parkes et al. (Parkes, C. M., Stevenson-Hinde, J. and Marris, P. (1991), *Attachment Across the Life Cycle*. London: Routledge). Evolution did not foresee an unavailable mother at birth. The newborn has no means of coping with this situation and can only react with disorganization and fragmentation, as in Adriana’s dream. In describing Adriana’s dissociations due to the severity of the trauma, Romano also shows he has assimilated the trauma

literature.

However, in addition to commenting on Romano’s theoretical views, I especially wish to stress his interaction with Adriana when she reported her first dream, and especially his quotation of Kerényi’s book on Greek mythology (Kerényi, K., 1951, *Die Mythologie der Griechen. Die Goetter- und Menschheitsgeschichten*. Zuerich: Rhein-Verlag).

In considering this quotation, according to an axiom of human communication (Watzlawick, P., Beavin, J.H. and Jackson, D. D., 1967, *Pragmatics of Human Communication*. New York: Norton, pp. 54 and 64) we may distinguish between the conscious and digital; content on the one hand – mediated by the left cerebral hemisphere, and the relational, and analogic, aspect (much older, both in phylogeny and in ontogeny) – mediated by the right hemisphere, on the other. Consciousness, Romano meant to reassure Adriana as regards the prospect of reconstruction. The relational aspect consists in Romano’s unconscious identification with Adriana’s well-read father.

Because of the circularity of communication (Watzlawick , op. cit., p. 46), the unconscious relational aspect of Romano’s intervention was in response to an equally unconscious request on Adriana’s part that he should identify with the well-read father. Romano complied with this request with his scholarly quotation. In this he responded to Adriana’s urgent need to find an alternative to her rejecting mother. In the tradition of Melanie Klein this is called projective identification: Romano agrees to identify with a projection of Adriana’s. But “projective identification” is a term of psychoanalytic “technique.” I put the latter term in quotation marks, as Fromm did (Fromm, E. 1978, Psychoanalytic “technique” – or the art of listening. Unpublished notes. Posthumous American edition: *The Art of Listening*. New York: Continuum, 1994, 192-193).

We can describe what happened in terms closer to actual experience. Adriana’s infantile part, terrified by the mother’s rejection, turns to her father as an alternative. Romano, impelled by the terrifying image of the child’s fragmentation, is predisposed to comply with this request. He already does so with the conscious content of his communication, but even more so with the unconscious relational aspect of the scholarly quotation. A further comment is that Romano was basically predisposed to comply with the request of adopting the role of the good father because he himself, presumably, had this experience. One last comment on this “projective identification:” in addition to being familiar with the parental role, Romano was obviously also predisposed to complying with the request by the fact of actually being a well-read person.

There is a further level in my comments. Applying Bowlby’s ethological frame of reference, we may view Romano’s behavior as the activation of an innate pattern of caregiving, complementary to a child’s attachment behavior.

Finally, Romano’s behavior corresponds to Fromm’s description of motherly love: “Motherly love (…) is unconditional, based only upon the child’s request and the mother’s response” (Fromm, E., 1947, *Man for Himself*. New York: Fawcett, 1965, p. 106).

We may try to integrate fatherly love into this frame of reference. The prototype of parental caregiving is motherly love. The father’s parental caregiving is primarily addressed to the mother-child couple, as in the depictions of the Flight into Egypt. But in the case of maternal unavailability, the father – as
in Adriana’s original experience with her father and that was reactivated in the relationship with Romano – may replace the mother by addressing parental caregiving directly to the child.

I go back to Adriana’s initial trauma in order to make more explicit Romano’s reference to Winnicott (op. cit., 173-182). In this short paper, Winnicott discusses the fear of breakdown. Here are some relevant quotations. “Fear of breakdown is related to the individual’s past experience.” This experience is universal. “We all know about it.” “Not all patients who have this fear complain of it at the outset of a treatment.” The term may indicate “a failure of a defense organization.” “But (...) a defense against what?” Underlying this defense is an “unthinkable state of affairs.” Here Winnicott is describing the disorganization of a child in the preverbal phase rejected by the mother. In this phase the trauma is not encoded verbally, it is unthinkable, it can only be felt as terror.


There is another aspect in Adriana’s case which was not discussed explicitly by Romano but which was implicit in his description of her behavior. Her seductiveness leads one to think that, after his first lifesaving intervention, the father may later have been disappointing through a seductive attitude, which was reproduced by Adriana to master the trauma and seek a compensation. Although Romano does not discuss this explicitly, he shows implicitly that he did not identify with this negative aspect of the father and did not respond to Adriana’s reactive seductiveness. If the assumption of a seduction is correct, a picture of multiple successive traumas emerges, typical of borderline pathology. Romano then would have provided a corrective experience not only for the initial trauma with the mother but also for a later trauma experienced with the father.

Conclusion

With the Kerényi quotation Romano reveals his culture and his humanity. With the other authors he quotes, he also reveals his scientific culture and his affinities. In his references, Bowlby (through Parkes et al.), Fromm and Winnicott are three authors who have in common a caregiving attitude towards the child.

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**The Evolution and Application of Psychodynamic Models: Three Recent Workshops**

*by Crittenden E. Brookes, M.D., Ph.D.*

At each of the past three Academy meetings, an informal workshop/discussion was held on evolutionary changes in psychodynamic concepts, together with their applications to psychotherapy. This is a report on what happened.

Preliminary Orientation and Introductory Ideas

Psychodynamic models are ways of identifying and understanding the parts and functions of the psyche that bring awareness and meaning (whether by client, therapist or theoretician/scientist) to personal, subjective experience and its associated behaviors, both internal and external. The total of such parts and functions comprise the human psyche, as our understanding of it evolves. (*Brookes, C.E. [2004], Some Comments on the Nature and Use of the Concept of Psyche in Psychoanalysis and Psychodynamic Psychotherapy. J. Amer. Amer. Acad. Psychoanal, 32 : 259-25*, and subsequent articles).

The psyche includes such traditional (Freudian, neo-Freudian and non-Freudian) concepts as the unconscious, the ego, internal objects, the self (both true and false), the experience of attachment and other internal representations of experiences both relational and non-relational, and the historical layering of developmental experiences. Many theoreticians, including those from non-western traditions, have contributed such concepts as a theory of archetypes and the Self as a part of the ego-Self axis (Jung), and the higher Self (Assigioi). Both concepts differ markedly from the self as associated with ego in the traditional Freudian sense. Other uses of the term include self as both transcendent (Sartre) and transcendental (Heidegger and Kant). The illusory ego of Buddhism or the mandala of Tibetan Buddhism (a kind of map of the psyche in symbolic terms) may also be included. Such models are applied selectively and in varying degrees by psychological therapists in their work of helping unique and idiosyncratic people come to terms with their problems, and are part of a therapeutic armamentarium that also includes *relational theories*, both dyadic and sociological, historical and cultural, and so on.

The dynamics of the psyche are stated or implied in the concepts of traditional as well as current psychoanalysis such as unconscious conflict, distortion, internal object relations, ego defenses, the development of psychopathology from early childhood experiences, reality testing, mastery, projective identification, the depressive position, the “good enough mother,” separation-individuation, and the “basic fault.” Others have contributed such concepts as self-actualization, individuation, conflicts as relational configurations, and attachment styles. Meditation together with its descriptions of associated internal experience, as well the description of the shamanistic experience, can be seen as an exercise in psychodynamics. Buddhism claims to be a science of the mind, causing consternation to some western scientists.

Psychodynamic models are used in several ways. They are used as scientific explanatory and predictive psychological constructs to render subjective (phenomenological) experience and associated behavior meaningful, and again as ways to introduce the patient/client to new and functional ways of
understanding his/her own experience and behavior, i.e. an exercise in increased awareness and meaning. Psychodynamic models can also be used interpretively (i.e. educationally) for both members of the therapeutic dyad.

**The First Workshop (San Francisco 2009)**

This workshop was introduced by a broad review of previous psychological descriptions of the underpinnings of human experience and behavior, together with a sampling of current views on the topic. The three individuals below undertook these tasks.

**Joseph Silvio, M.D.**

(This summary will be brief, to keep within space demands.) Dr. Silvio contributed a thorough outline of traditional psychodynamic models, focused on “the centrality of intra-psyche and unconscious conflicts, and their relation to development.” This included Freud’s thinking, e.g. the abandoned neurobiological project, the topographic model, structural theory, infantile sexuality, the dynamics of defense and resistance, and life and death instincts. Dr. Silvio then moved to ego psychology, the development of object relations theory and the integration of ego psychology and object relations. This expanded the psychodynamic model to focus not just on regressive events but also on development and adaptive functions of the ego, the internalization of the therapist during therapy, and striving for self-actualization. Self-psychology through self-object experiences, and the concept of empathic attunement in the therapy process was outlined.

Dr. Silvio then described how modernism, postmodernism and two-person psychology move the development of the models above into the two-person model of intersubjectivity, into constructivism involving the inclusion of the therapist as a real person, and to the view of conflicts as relational configurations rather than as strictly intrapsychic agencies. The evolution of developmental psychology, and especially attachment theory, allows for the beginnings of integration with neuroscience research and continues the evolution of these models from the intra- to the relational dimension.

**Additional contributions not specified by Dr. Silvio**

At least a brief mention of these additional ideas is in order. The location, source and function of the observer in self-observation and self-awareness, traditionally conceived as a sub-set of ego-function, has been somewhat neglected recently by psychodynamic theory, creating an opportunity for the introduction of such eastern psychological concepts as attention and mindfulness.

Sullivan’s emphasis on social interactions in personality development should also be mentioned, as should Karen Horney’s corrective to Freud’s ideas on male-female sexual differences, as well as her focus on neurosis as developing out of the context of social interaction. The entire humanistic psychology movement, including existential systems, should be mentioned. They include among others the works of such writers as Maslow, Rogers, Heidegger, Sartre, Frankl, May, and Jaspers – all phenomenological models -- that is, operating from experience itself rather than from a “neurological substrate.” Much such development has been in the relational direction, as further descriptions of the discussions themselves will amplify.

As a counterpoint to the movement toward relation - both in development and in psychotherapy - I might reference the book *Solitude* (Anthony Storr, The Free Press: 1988), which reaffirms the legitimacy of the internal experiential world of the individual, sometimes in contradiction to relational events and concerns. Such a view underlines the work of Jung on the dynamics of internal experience together with the concepts of individuation, archetype, and Jung’s special use of Self (often capitalized to differentiate it from “self”), together with the Self of the often-forgotten Roberto Assigioni, whose *psychosynthesis* was contemporary with the development of both Freud’s and Jung’s thinking.

**Scott Schwartz, M.D.**

Dr. Schwartz described how power structures in our contemporary society have either inadvertently or inadvertently contributed to the abdication of individual responsibility for one’s sense of personal being. Individuals are “gaslighted” by this state of affairs. An example might be the marketing of drugs by the pharmaceutical industry, in which advertisements impart a false sense of the possibility of a magical change in one’s inner state, with no personal responsibility in the matter. Such a situation involves replacement of the search for meaning with the search for external blame for whatever individual symptoms or problems one experiences. Such a replacement would necessarily involve elimination of the psychodynamic viewpoint in dealing with the human condition.

However, Dr. Schwartz held hope for the continuing need of individuals to be loved and validated, which together with relational models in psychotherapy, backed by such ideas as “the corrective emotional experience” of Alexander, attachment theory, maternal-child interactions, self psychology and so on, continue to provide much psychological material and attitude upon which the psychotherapist can draw.

**Clay Whitehead, M.D.**

For Dr. Whitehead, the traditional psychodynamic model is now “theoretically obsolescent.” He outlines how Freud’s work marked the first psychodynamic revolution or “singularity,” the post-Freudian work the second, and elaborates the present situation as the development of a third, marked by a return to the “hard problem” – the relationship and interaction between mind and brain - and the introduction of an evolutionary paradigm emphasizing the symbiotic relationship between organic and cultural evolution. He emphasizes the concept of *downward causation* i.e. the influence of the higher organization of the mind over the body. The idea of a creative potential marking the evolving universe is central to his thinking. All of this, according to Whitehead, impinges on the development and evolution of psychodynamic models and their application to the consulting room (Whitehead, C. C., *Mirror Neurons, the Self, and Culture: an Essay in Neo-Psychoanalysis*. Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, Vol. 37, No. 4, 2009. pps. 701-711. Whitehead, C. C. *On Emergence: A Neo-psychoanalytic Essay on Change and Science*. In press: Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, Fall, 2011).

**Discussion**

The first discussion in San Francisco took off from the initial contributions just described and immediately addressed quite contemporary issues. Topics spontaneously arising in this discussion included the following, often named rather than elaborated: (1) Psychodynamic models have evolved consonant with the evolution of culture itself, to increasingly add relationship to the matrix of development, and to place
the human individual directly in the mainstream of his or her culture, as to the individual identity achieved. (2) The mystery of the relationship between mind and matter continues, though thinking in this area is adding new directions for its resolution. (3) Other mysteries remain: the relationship between the inner and outer worlds, and the experience of the individual in solitude as well as in relationship.

**The Second Workshop (New Orleans 2010)**

In subsequent workshops following the first one, discussions began to “take on a life of their own.” This appears to have been a function of each particular mix of participants as well as the spontaneous direction of the discussion.

Questions of mind, matter and the relationship between the two dominated the second workshop. (1) Mind was characterized as “a different layer of reality” with “no mass.” It is the subjective register of what goes on in the brain. It has both individual and shared qualities, as in “group mind.” This appears to imply that the ontological value of “intangible mind” is as great as it is of material substance. Discussion rather quickly seized upon the implication of this idea for the consulting room and associated meanings. Clinical examples were given. (2) The idea that the “forcefulness of biology” characterizes matter was put forth, i.e. matter marks another layer of reality with no judgment favoring either layer. (3) Psyche itself is a vector or force of its own, is autonomous, and is a process rather than an entity. This also gives psyche an ontological reality, which allows it to be given meaning in therapeutic discourse and relationship.

When considering mind and matter together, the influences of each over the other are clear. Experience changes the brain, and the brain changes experience. Emotions may affect DNA changes, and so on. Mirror neurons provide a physical connection to the experience of empathy. Rather than a mind-brain split, the interaction between the two is best viewed from the perspective of cultural/historical process, which obviates the duality that has plagued working with the two as equal aspects of the same thing when talking about them, in or out of therapy.

The discussion included the idea that, in the consulting room, psychodynamics is a language - a way of speaking in which understanding the neurobiological components of one’s subjective experiences can meaningfully elaborate those experiences. Neurological events or at least the explanation of them can then become psychodynamic models. Also, mind can also affect matter: dysfunctional brain circuits can be modified through relational transactions and through new insights. This is a startling but very current idea.

**The Third Workshop (Honolulu 2011)**

The third workshop was marked by lively discussion. When the idea of mindfulness in psychotherapy was casually mentioned during the opening moments of the workshop, the discussion immediately turned in that direction, and the idea of mindfulness remained central, as the discussants tried to understand what the idea means, especially in its application to the dyad of therapist/client.

It became immediately apparent that the definition of mindfulness is not well established in our psychotherapeutic tradition, although it has recently become a very popular topic in western psychotherapy. It quite clearly springs from roots in eastern psychology, especially Buddhism, and is often equated with the meditation tradition. Certain questions as to its definition arose in our interaction. Is it similar to Cognitive Behavioral Therapy? To self-observation? To hypnosis? To Freud’s “evenly suspended attention?” Is it a cult? Are psychological/neurological elaborations of it by such as Daniel Segal M.D. (*The Mindful Brain*, W.W. Norton and Co. 2007 and other works) helpful to us, or are we more likely to be helped by direct and simple applications from Buddhism, such as by Tich Nhat Hanh, (*The Miracle of Mindfulness*, Beacon Press 1976 and other works), or by both - in our attempt to apply the idea to the consulting room?

Is mindfulness a “technique,” a decision, or an ability? It appears to involve training in and the practice of bringing attention to the moment, without being “captured” by the depression of the past and the anxiety of anticipating the future. Newer material regarding neurological changes that are beginning to be identified with meditation was brought into the discussion. It seems already established that meditation can be anxiety-reducing. The neurobiological and psychodynamic underpinning of attention itself was not addressed during the workshop, nor was library research on the topic (which is available and needs to be reviewed).

However, recent information that new words and new ways of looking at things (i.e. new attitudes) can lead to new neurological networks was included in the discussion, that again brings up the idea of the interactivity of mind and body. Mindfulness as a “technique” for maintaining awareness despite the neural flooding that accompanies previously established conflictual material (i.e. “complexes”) was acknowledged. Does the therapeutic use of mindfulness vary with diagnostic categories? Does it use somehow “bypass” therapeutic “analysis” and cognitive/emotional understanding? (A brief review of the literature appears to establish that it indeed does not bypass or replace the “analytic” attention already established in psychoanalysis, but rather is adjunctive to it.) One participant likened mindfulness to “learning how to land the plane,” whereas psychotherapy has to do with “where the plane is landed.”

The use of mindfulness on both sides of the therapeutic dyad was acknowledged in our discussion. It was pointed out that mindfulness is not just an individual idea - it is also practiced in the “sangha”, i.e. in the Buddhist community.

Discussion of the therapeutic dyad led to elaboration of the function of mirror neurons in empathy, and in empathic resonance, which can be seen as a mindful quality. The apparent paradox involving empathy on the one hand with its decreased boundaries, and boundary-based self-definition or ego-strength might be resolvable through mindfulness. Both therapist and client must be mindful, and awareness of transference/counter-transference events can be sharpened by mindfulness.

The workshop ended with a full and energy-charged interaction. Participants agreed that this discussion provided a needed balance to long presentation of papers, which often leaves little or no room for discussion.

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The Crying Patient: The Clinical Approach of Analytic Psychology of Carl Gustav Jung

by Erminia Scarcella, M.D.

The Analytic Psychology of C.G. Jung is based primarily on the following concepts: (1) the analysis of the patient’s emotional inner world; (2) Archetypes such as the Self, Shadow, Anima, Animus, Persona; (3) Typology and Ego functions; (4) the Collective Unconscious; (5) Individuation; (6) the theory of the Opposites and (7) Complexes.

The Archetype can be conceived as a mnemonic deposit, an imprint or an engram, that has arisen through the condensation of countless processes of a similar kind by human beings over the millennia. As a mythological motif, it is a recurrent expression that reawakens certain psychic experiences of a physiological and anatomical disposition and formulates them in an appropriate way. The Archetype is the product of equal and universal influences from without and acts like a natural law. It has the capacity to initiate, influence and mediate behavioral sequences and typical experiences of all human beings. The common Archetypes are: Self, Anima, Animus, Shadow, Persona, Great Mother, Wise Old Man, Hero and more.

The Shadow is the unwanted and unacceptable side of our personality that is hidden from the self and other. In the Shadow we leave behind what is unwanted and it becomes the unknown.

The Persona is the mask or shield placed between the self and other people. According to Jung, the Persona makes a definite impression upon others and conceals the true nature of the individual. It is the social face the individual presents to the world and is formed between 6 and 12 years old. It is the part of us most distant from the collective unconscious.

The Anima and Animus. The man has in his Unconscious the Anima, which is the counter-sexual, thus feminine, collective unconscious. The woman has in her unconscious the counter, thus masculine, sexual collective unconscious. The man’s world is ruled by the Logos, which is the masculine principle of rationality and the woman is ruled by Eros, the feminine psychic relatedness. Male and female are the opposite: the Animus compensates the Eros while the Anima compensates the Logos.

The Collective Unconscious is inherited by all human beings and from which the Archetype derives. It is present at birth and from it the Personal Unconscious develops. Adopting the body as an analogy, we may say that the Collective Unconscious is the bodily configuration with its functioning organs and external configuration as the face and limbs, while the Personal Unconscious is the way in which these organs in one person are different from the organs of another person.

This is a brief and simplistic way to explain some of the complicated concepts of the Analytic Psychology of C.G. Jung. From this paper the reader will become familiar with the Jungian approach to the wholeness of the patient’s inner and outer world.

Case Presentation

This case has been selected to illustrate various traumatic experiences the patient suffered during childhood as well as by previous generations. This double trauma generates complexity in the recovery and healing process. My emphasis will be on the Jungian approach that followed the pharmacologic approach that alone was ineffective. While medications helped her obtain some symptoms relief, her understanding of the roots and meaning of her suffering helped her to master and resolve her symptoms.

Clara is a young professional woman, in her late 30’s, married to a professional man. She had no children at the time of her first visit. Her maternal grandparents were WWII Holocaust survivors and whose influence shaped the emotional lives of the following generations. Multiple serious experiences of terror conditioned them for life. Their overall Ego propensity was to expect malevolence instead of benevolence from humanity. Consequent to their WWII experiences, the belief that family members are the only ones to be trusted became a predominant message in Clara’s life. Their anger remained unconscious and became directed toward the family. This was primarily expressed by demanding submission and showing obedience to hierarchical orders.

Clara’s professional work was with traumatized individuals but she found their pain and anger too difficult to tolerate. She suffered along with their suffering. As a result she changed to an administrative job but still dealing with victims that allowed her to avoid the direct exposure to the emotional pain of her clients.

Clara was referred to me over four years ago for a medical intervention because her panic attacks resulted in frequent visits to an ER. She had been treated with an SSRI and a benzodiazepine for five years but she was unproductive at work and had panic attacks several times a day manifested by choking, tachycardia, difficulty breathing, a fear that something terrible was going to happen, tremulousness, sweating, feeling hot and cold, dizziness, elevated blood pressure and a strange sensation in her upper abdomen. Clara also suffered from insomnia, mild depression, fatigue, decreased concentration, hypochondriasis, difficulty making decisions and avoidance behavior. Her medical history was significant for URIs and sinusitis in childhood, mild hypothyroidism, long-standing painful cervical radiculopathy and an allergy to milk. She had questionable restless leg syndrome and sleep apnea. DSM IV diagnosis at the end of the initial psychiatric evaluation included: (1) Panic Disorder; (2) Generalized Anxiety Disorder; (3) Dysthymic Disorder and (4) Social Phobia.

From the first session, Clara told her story while crying continuously, except when her narrative did not involve her family or personal history. Her capacity for self-reflection was preserved and she was able to form an effective therapeutic alliance. She acknowledged that she felt at ease in the sessions because she was being listened to and her emotional needs were being met. She cried and cried in every session for months. As the tears flowed, the drama of her life unfolded.

Clara came twice a week and never missed an appointment. For several months she talked about having been emotionally neglected by her mother and fearing telling her mother about her inner pain. Clara repeatedly described fearful episodes in her childhood during which she suffered in silence. She spoke about how her father was unable to defend her from her aggressive and uncaring mother as well as from the aggressive imposition.
of her mother's extended family. However, he silently understood her as he too was afraid of his wife and his in-laws.

Clara's sister Emily expressed anger about being upset for the same episodes that had affected Clara. Clara, observing how her parents reacted to Emily's outburst, quickly learned not to express her own resentment.

Clara's conscious mind was filled with suffocating pain while she lingered unconsciously in anger. There was a growing feeling of emotional impotency such that Clara learned to be accommodating and docile, "a good girl." In Jungian terminology, this behavior characterized her Persona.

In summary, Clara had developed terror from a young age in response to an angry and dominating environment. This terror was constantly present and was internalized in her little body and eventually caused anxiety, panic attacks, depression and some degree of social avoidance in an effort to avoid exposure to frightening experiences. These strong emotions also resulted in physical and psychosomatic problems such as her sudden abdominal pain. She was terrified of her family and her panic attacks were the byproduct of her suffocated anger. She attempted to manage her debilitating panic attacks by turning to alternative medicine and through her many visits to the ER. SSRIs offered some positive effects years earlier.

Clara's panic attacks diminished partially but her frustration for her continuous suffering increased. After one year she made the unilateral decision to quit treatment. She returned two or three months later after her symptoms became worse. This hiatus from treatment allowed her to experience a sense of freedom through asserting herself.

In this second phase of her treatment, she established greater trust and recalled for the first time the memory of having been sexually abused by an uncle when she was four or five years old. She remembered her sense of impotency and terror. Shortly after the episode, she remained silent when her parents arrived to pick her up. She felt terrified and knew that she could never tell them. Clara finally began to face her forgotten experiences in her therapy and her symptoms slowly diminished as the details of her story unfolded.

In the midst of this, Clara became pregnant and delivered a baby. She avoided seeing her uncle although her entire family did not understand why and pushed her to see him. She was accused of being a "bad girl" because she was causing her family to suffer. After months of reflection, she made the decision to partially confront her uncle. She told him that she remembered being "mistrusted" by him and she asked him clearly not to be in the same room at family reunions. She also asked that he not tell others about what happened. Contrary to her desire, her uncle told to her parents that Clara was suffering from a "false memory syndrome."

Her mother reacted by not contacting her for a long time, reinforcing the idea that she was a "bad girl." As typically happens in such cases, events take a twisted direction and facts are turned upside down. Nevertheless Clara managed not to fall into the trap of believing that she had been a 'bad girl' and was no longer overwhelmed by guilt and the fear of being unloved and abandoned. Clara concluded that her mother's behavior was a confirmation that mother was not capable of caring for her, and that she played her typical role [as did her grandmother] of the offended Queen requiring others to serve her while making them feel guilty. As Clara developed the courage to think with her own mind, and not with her mother's mind, her panic and anxiety further subsided and her depression lifted.

She now cries much less than she used to and she comes to the sessions with her baby. The Archetype of Hero was activated. She finally has the courage to finally feel her rage as well as the strength to not act it out self-destructively.

In this case we can see:

1. The Archetype of the Hero, rescuing her at difficult moments in her life
2. The Negative Mother Complex, aggressive, tragic and unable to care
3. The projection into the analyst of an important positive maternal figure. The Archetype of a powerless child stimulated the formation of the "good girl" persona
4. The impact of the overwhelming, powerful grandparents, who dictated and demanded without concession
5. Her mother shifted from aggressive and dominating to submissive and fearful. This confirmed for Clara the aggressive power of previous generations in her family. The opposite faces of mother is a common theme in mythology perhaps reflecting a dissociative dynamic.
6. The never-ending, confusing and puzzling family message: "We love you only if you sacrifice yourself to us; if your desire is different from ours, we will abandon you." This message is the foundation of her terror. Indeed, her panic attacks occurred when the need of her growing Ego was developing in contrast to the needs of her family.
7. The terror generated by the narrative of the Holocaust and that inhibited her social life with the message that only her Jewish family and community could be trusted. She fought to marry her non-Jewish husband. This was the other occasion when the Archetype of the Hero took over.
8. The inability to accept both the good and evil in her family. It was difficult for her to deal with the opposites since her terror of the evil is the main impediment for balance and transcendence of the Opposites.
9. Hostility and anger toward family members was buried in her unconscious as well as her fear of her own surfaced rage, her unacknowledged Shadow.
10. The "good girl"Persona was an obedient, silent, submissive professional woman.
11. Clara's crying was a combination of her long-lasting pain and an indirect acting out of anger that was irritating and an attack on others. In this case it too was her Shadow.
12. Clara's Consciousness was filled with anguish, powerlessness, hopelessness, impotency, terror and guilt.

The differences between Personas, Shadow, Conscious, and Unconscious are great and were causing a lot of suffering because emotion and thinking were not in harmony, i.e. "I need and want this or that, but it is against 'their' order and value; it means that I am a bad girl." The psychoanalytic intervention allowed her to establish a trusting relationship and that was tested by her early interruption of treatment, and to feel fully accepted upon her return without withdrawing care and making her feel guilty. An early experience with a special Nanny also activated the good Archetypal Mother in her, helped to develop a positive transference in the session and allowed her to grow her capacity for courage against her inner terror, guilt, anger and hostility. This also helped her accept her ambivalence toward her parents, the need for her Jewish family and community, and the
reconciliation with important figures from childhood.

The use of drawings and of active imagination helped her to identify emotional images of her inner world in which the unwanted, disturbing emotions were deposited. These emotions could then be recognized and put into a secure and accepting place. Previously, she denied her anger by pushing it in the Shadow and by activating the Archetype of the Innocent Sacrificed Child. This Archetype was acted out within the session by her non-stop crying and outside the session by playing the role of the weak and sick woman, with panic, anxiety, fear of novelty and suffering. She was unaware of her rage and the fact that she vicariously lived her rage through her sister’s angry behavior. She relegated her rage to the Shadow.

The panic attacks were the external expression of the unconscious fight she experienced in her attempt to suppress the rage against her suffocating guilt and that was related to her wanting to do things her own way that caused emotional pain to her parents and relatives. The terror of potential retaliation was inevitable, experienced since her infancy as withdrawal of love and the perpetual fear of abandonment.

The terror from the sexual abuse was exacerbated by her terror of telling her parents. She established at a young age that she would be punished for it! This was aggravated by the fact that, in the family system, her uncle was the untouchable such that she could not say that he was bad: no one would believe her and she would have been doomed to punishment.

Over the course of treatment, her symptoms slowly and consistently subsided. At the time of writing this paper, Clara is no longer crying, no longer has panic attacks and is able to recognize the incoming emotions that precipitate the panic. She is not depressed, is still anxious about her family’s reaction to the information about her uncle’s past behavior, but the Archetype of Hero has promoted the courage that has now taken the leading role in her own life. Clara has accepted the idea of staying home and postponing her professional life for the benefit of her loving baby. She brings her baby to the sessions offering the element of infant observation. During the sessions, she realizes that her baby has capacity for volition too!!! When her baby gets fussy, it means the baby WANTS something, not that the baby is in pain! The notion that the “baby wants” is a foreign idea! It contrasts markedly from her position of the obedient, quiet child, whose inner suffocated scream was “I too have the right to want and to want something different from mother! How difficult it is to separate without retaliation!"

The sessions are decreasing in frequency as Clara has developed the capacity to be visible to herself and to the other members of her entire family. She now has a healthy and free curiosity about her inner world.

When Death Meets Life – Sleeping Beauties

by Ronald Turco, M.D.

Presented at the 56th Annual AAPDP Meeting in Philadelphia, May 2012

Symbolism is an early adaptation to reality and the creative process cannot be separated from the theory of object relations. The primary process transforms symbols in accordance with instinctive and defensive needs, accepting the fundamental need to minimize the danger of separation and loss. As Modell has noted, “...the creative process is a creative illusion that contains an element of illusory connectedness between subject and object...the secondary process entails an acknowledgement of “otherness”...and the needs of others to comprehend...an awareness of the fact that others exist separate from the self.” There is then “...the interpenetration of the private vision with the public.” (Modell, A., 1968, Object Love and Reality, International Universities Press, New York).

In the novel Descent Into Darkness, by Dr. Richard Chessick, the protagonist, Martin, describes his awe and astonishment in viewing the depiction of The Last Supper, and the transcendental transformation of his life. Standing away from the painting at the back of the long hall he describes how the figures actually come to life. “As Jesus sits close to His earthly death, so do we all.” (2011, Chessick, R. Descent into Darkness, Am. Journal of Psychotherapy-publication pending).


Junichiro Tanizaki explores the issues of sexuality and aging in a somewhat humorous book: Diary of a Mad Old Man. (1967, Tanizaki, J. Diary of a Mad Old Man, Charles Tuttle Co., Tokyo). However, most Asian writing on this subject is quite serious. Soseki Natsume (Light and Darkness) deals with the subject somewhat differently, focusing on a “living death” - the poison of egoism. (Natsume, 1971, Soseki, Light and Darkness, Charles Tuttle Co., Tokyo). As early as 1969, Kenzaburo Oe approached the subject of death from the perspective of multiple universes. (A Personal Matter, 1969, Charles Tuttle Co., Tokyo).

In Yasunari Kawabata’s esoteric masterpiece, House of the Sleeping Beauties, we find an exploration of the specter of death as one ages. (House of the Sleeping Beauties,1969, Kodansha, International, Tokyo). A man pays a series of visits to a “secret place,” where he can spend the night with a naked young woman who is guaranteed to remain in a drugged sleep. Each time there is a different woman and he fantasizes about the present as he reminisces with his past and prior sexual and erotic experiences. His life is beautifully portrayed in the most human manner. This exploration is very different from the treatment...
Kaoru’s work draws on a long tradition of romantic themes, tragic endings and “beautiful deaths” as depicted in Japanese art, literature and theatre. As Ms. Doran has noted, Izima’s subjects have left this world in style, have prepared themselves for death and are heroines. In one respect, Izima has placed an artificial and constructed death into a contemporary landscape representing the callousness and cruelty of fashion, but his work is far more complex than this. Fashion does serve as a vehicle for the unconscious, and desire and clothing and makeup signify a symbolic severance of the body - fragmentation of the body. A doll if the unconscious, and desire and clothing and makeup signify a symbolic severance of the body - fragmentation of the body. A doll if
a spiritualized, internalized pleasure of the senses leading to a refinement of our perceptions of the images and their inherent meaning to us as individuals.

As with the Tea Ceremony Izima invests the whole of life and death in the present moment - a self-awareness attributed to Zen Buddhism. There is only an eternal present in which the past and future are comprehended and not continuous. It is as if everything is decided in an instant - the instant of death. There is not a repeat performance. Life occurs only once and everything - the human condition itself is decided in the moment. In the Tea Ceremony, life and art become one - the ultimate meaning of the transformation of life into art.

In the Obon ceremony, the spirits return from the dead, inviting a causal acceptance that the world of the living and the world of the dead are close - existing side by side - horizontally. In Izima’s work we find a unique sensuality - the Eros that incorporates reality into the work. Roy Exley (Exley, R., 2001, *Izima Kaoru*, p.4, Hantje Cantz, New York, Friedrichshafen) has noted that Izima utilizes the separation in time from pseudo events as an instrument and employs his tableaux as tantalizing narrative bytes whose emotional pull is improved by their degree of credibility. Thus he has turned time’s tyrant into an accomplice for the illusion of his images imbued with a seamless plausibility. Beauty is triumphing over death and the image survives long after death at the hands of the artist. The transient beauty of womanhood is preserved. Thus we have a destruction of the terror of death as well as the paradoxical association between death and sex - an intimacy that is preserved.

Finally we note that in Japan there is a unique predilection for dolls. The doll represents an object with which the owner can do whatever he wants - a manipulated non-human, a shell in which the ghost has been suspended. This brings us back to Kawabata’s *House of the Sleeping Beauties* in which the man lies down beside the naked doll like woman and through this contact remembers his past. Perhaps this represents the propensity of some Japanese men or many men to fall in love with figures, thus reflecting an immaturity making it difficult to establish an equal relationship with a mature woman. (Some men fall in love with faces.)

In Izima’s images, the women have their eyes open and their arms and legs bent and as a result they can be interpreted as broken - a beautiful and strange doll that offers no resistance. The eyes of a mannequin are transparent, not responding to gaze and looking at everyone. Between an object and a body they are, in some respects, fetish objects. The women’s bodies are frozen and they are part of the landscape, fleshing it out and contributing to it. These images are not merely dark entertainment. Izima is asking the viewer to re-examine his/her attitude to death and gives us many “outs” and visionary diversionary elements to skirt around the question. Death is not an art - art is the means to an end and death is always the end that pre-empts and transcends pretension – the yawning void of infinity. The line that divides life and death is thin just as beauty is only skin deep. Every death is special and Izima’s images serve to remind us of that.

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**Medieval Chronicles II**

*by Richard D. Chessick, M.D., Ph.D.*

One of the great disappointments in my life is that I never found a financial angel or organization that would sponsor me to travel both to Bayeaux in Normandy to the west of Paris, and Colmar in Alsace to the east of Paris. Each of these locations requires at least an overnight stay because of the distance from Paris. In Bayeaux, I am told, in the tapestry museum at the Centre Guillaume-le-Conquérant, hangs the magnificent Bayeaux tapestry, illustrating the battle of Hastings which was fought in 1066 C.E. when William the Conqueror crossed the English Channel to claim the throne of England upon the death of King Edward the Confessor. I am sure this is one of the great masterpieces of western art but I have only detailed reproductions of it. In the other direction from Paris is the Isenheim altar painted by Grünewald, around 1510 for the monastery church of the order of St. Anthony in Isenheim not far from the Unterlinden Museum that now houses it in the city of Colmar, Alsace, near Isenheim.

While I was fretting about having missed these internationally famous masterpieces, I came across a third site that would have been easier to visit and only because of my ignorance did I not go there. The cathedral of Laon, somewhat to the north of Paris, was begun just before 1160 C.E. This cathedral is often illustrated, like the other two masterpieces mentioned above, in books on the history of art and it was through sheer lack of knowledge that I missed the chance to visit it in spite of numerous trips to Paris, my spiritual home. It is one of the first truly Gothic cathedrals, built in the Picardy region in the mid 12th century. I would historically place the cathedral at Laon as built in the middle of the Middle Ages, the Bayeaux tapestry as stitched close to the early Middle Ages, and the Isenheim altar as painted near the end of the Middle Ages and the beginning of the German renaissance.

Laon is a small city of no importance today but in the Middle Ages it was a popular site for the kings of the West Franks and in those days, it was an important business center. There is not space here to discuss its famous cathedral but for those interested, one of the best lecture series on cathedrals is by Professor William Cook of the State University of New York at Geneseo and recorded on DVD’s titled *The Cathedral* (published by The Teaching Company, Chantilly, VA.) Repeated listening and viewing this set of lectures aroused my psychoanalytic curiosity when Cook mentioned that the left portal of the façade of the Laon cathedral shows the Adoration of the Magi, surrounded by an image of the *Psychomachia*, an allegorical battle between Virtues and Vices.

The term “psyche” in classical Greek represents the spirit or inner soul of humans which was thought to leave them with their last expiration. “Machia” means a battle, and so the term *Psychomachia* could represent a battle in the soul or in the mind of humans. It was coined by Prudentius, a poet in the early Middle Ages (an era beginning at about 300 C.E.), who appears to have mostly lived and worked in Spain, his native
land. Scholars seem to know that he was born in the year 348 C.E. He was raised in a Christian household and became an industrious public servant who was also a man of letters. He was not a theologian but rather a Roman who was enthusiastic for the recently accepted Christian faith.

The Psychomachia, written in Virgilian verse, is really a very violent story. It resembles in that sense the Iliad, because it describes in an epic account the single combats between the leader of each of the seven Virtues and the leader of each of their corresponding Vices. It essentially relates a series of very bloody battles with each Virtue leader triumphantly overcoming the leader of each of its corresponding Vices. It was the most popular of his works during his lifetime and is often thought to be the first allegorical work ever written. It inspired a great deal of later Christian and ecclesiastical art. It is available both in the original Latin and in the English translation by H. Thompson in Volume I of the Loeb Classical Library titled Prudentius, (published [year not given] by the Harvard University Press.)

Prudentius insists that “every part of our body which is in captivity and enslaved to foul desire must be set free by gathering our forces at home” (p.279), and the reader can imagine that just as in the John Wayne westerns, the good guys in his poem overcome the bad guys every time. One of the most interesting sections describes how Anger, conceived as a major vice, actually destroys herself during her attack on Patience, a remarkable insight in the 4th century C.E. I will spare the reader the blood and gore of these battles when, for example, Chastity is assaulted by Lust but cuts down her enemy with her mighty sword. A great deal of attention is paid to Greed, which certainly is assaulted by Lust but cuts down her enemy with her mighty sword. A great deal of attention is paid to Greed, which certainly brings this poem into the current era, although we have learned today that the good guys do not always win and the seven virtues do not always defeat the seven vices.

From this very popular poem one can observe that the ancient world already was trying to establish a harmony in the classical struggle of man with fate or with the gods, but now, as the Christian era began to take hold, understood as mirroring the struggle raging within the human mind, an inner battle or classical struggle of man with fate or with the gods, but now, as the Christian era began to take hold, understood as mirroring the struggle raging within the human mind, an inner battle or Psychomachia. As mentioned above, a very early sculptural presentation of the conflict of Virtues and Vices based on the Psychomachia of Prudentius appears around the arch of one of the portals of the cathedral at Laon, the west front, the left portal. But already the sculptor, whoever he may be, had to bow to the demands of architectural symmetry on that site and add another to the seven pairs of combatants described by the poet. He also makes some changes in replacing one Virtue or Vice by another, but he stays with the basic model from Prudentius. He also adds some charming details; for example Libido holds a flaming torch with which she threatens Castitas, (chastity). Or notice the way in which Avaritia (greed) clutches her purse to her bosom.

It is agreed that this Laon sculpture dates from the very early years of the 13th century, the end of the “Early Gothic” period. By the time we get to the representation of Psychomachia on the north porch of Chartres, the first “High Gothic” cathedral, the battle has been transformed and there is no conflict because the enemy, at whom the Virtues do not even deign to look, lies prone beneath their feet. The battle has ended, and as a result the idea of a battle has become attenuated and the poem of Prudentius loses its creative force. Many changes in representing the poem take place as cathedrals are built later. For example, in a state of transition between Laon and Chartres, “In the doorway of Strasburg cathedral the Virtues, charming youthful figures of the late thirteenth century, dispatch with their lances the Vices beneath their feet, and a fourteenth century window in the church [near the entrance] is devoted to the symbolic conflict of twelve Virtues and twelve Vices.” (The Gothic Image: Religious Art in France of the Thirteenth Century, by E. Male, translated by D. Nussey, Harper Torch Books, New York, 1958, p. 105). How interesting it is that some 13th century writers and sculptors have the habit of attributing to Despair what Prudentius had said of Anger, dealing her own death blow.

The influence of Prudentius’ poem was throughout the art of the Middle Ages a preoccupation with the inner life of the soul. There are many variations on his poem in the literature of the Middle Ages. For example, in one of the most famous thirteenth century books, Somme le Roi, written for King Philip the Bold by his Dominican confessor Brother Laurent, all the vices spring from love of self and all the virtues from forgetfulness of self. At this point in his career Brother Laurent could be called the Kohut of the Middle Ages, but later he elaborated the virtues and vices in highly symbolic and flowery images.

While all this is interesting but primarily of a theological cast, I thought no more of it until, while poking around in the Northwestern University library one day I came across what is known as a palimpsest. A palimpsest, from the Greek words “palin” (again) and “psestos” (rubbed smooth), is a manuscript written on parchment or some other surface that has another text written over it, leaving two (or more) layers of visible writing. Often it is a text written over a previous text which has been scratched out to make the surface or parchment amenable to some new writing. The superficial text of this one was on astrology and it was filled with astrological predictions and formulas for occult practices of various kinds which are probably correctly attributed to Paracelsus.

Auroulesophilus Theosistratus Bombastus von Hohenheim, who later on took the Latin name of Paracelsus meaning “greater than Celsus” (a famous Roman encyclopedist [25B.C.E.-50C.E.], best known for his encyclopedia of medicine), was born in 1493, the son of a well known physician. He was instructed in medicine, entering the University of Basle at the age of 16. There he received a humanistic education of the time and further medical training. He has been called the father of pharmacology and therapeutics and the most original medical thinker of the 16th century. This is probably true, but Paracelsus was also very interested in magic and had some extremely fantastic astrological theories about the stars and how they influence the body and so on which I will not bore the reader with here.

In addition he did not have a well-rounded political personality and, as a result, he got into repeated arguments with authorities. In his lectures he denounced as antiquated the revered systems of Galen and his school, whose teachings were held to be unalterable and inviolable by the authorities. Deviation from these teachings was considered almost a form of heresy and it made Paracelsus countless enemies. As a result he continually had to move his place of residence. But he was extremely creative and productive even though, like Newton, he spent a lot of time on the secret art of alchemy, while wandering from place to place and finally dying in 1541. The story of Paracelsus’ battles and constant irritating behavior and arrogance in the face of the stupidity and obstinacy of the authorities in
the field of medicine has a similarity to the struggles of Freud and his psychoanalytic followers with those same authorities, which is still going on today. However, Paracelsus was not so well integrated or socially civilized as Freud, and as a result he became more or less of a wandering hermit, trailing by a small group of devoted followers.

I noticed that under this astrological treatise there were some evidences of previous writing in the same hand and, with the help of Northwestern University experts, it became possible to read this writing and decipher it. Similarly, some of the significant works of Archimedes have recently come to our attention when discovered overwritten in a Christian prayer book (see review of the exhibit “Secrets of Archimedes” at the Walters Art Museum in Baltimore, by E. Rothstein, New York Times, Oct. 16, 2011).

In reading the underlying writing as translated and deciphered for me by my colleagues, I realized that it was Paracelsus who was the genius that wrenched the Psychomachia from theology to psychoanalytic psychology and founded the notion of the unconscious and its effect on human beliefs and behavior. At the same time, he managed by his impetuosity and stress on experience and experimentation instead of classical “knowledge” to undermine the authority and prestige of the medical faculty. His irritation and arrogance in the face of their frightened closed-mindedness and ignorance is understandable, although very politically incorrect, and it led to their antagonism and enmity.

Here is what Paracelsus had to say in the hidden layer of writing, his Apologia pro vita sua:

I can’t stand the stupidity and imbecility of these swinish professors who do not pay any attention to my discoveries. I held the chair of medicine at the University of Basle for less than a year because my colleagues became angered by the fact that I publicly burned traditional medical books. Finally I was forced out of the city on a trumped up legal dispute and by planted rumors that I was an alcoholic. I endured a constant battle to find publishers for my writings and I could not find reviewers of my work nor colleagues at all interested in debating the issues because most of the professional literature consisted of arbitrary declarations by each authority in each school about just how things were, which left no room for opponents and simply invited disciples to be worshipful followers. Many statements by ancient physicians gained authority only by the fact that they were ancient; I especially collided with the obvious mistakes of Galen. It was considered a horrifying point of view if it conflicted with the words of Galen but I in myself believe I have discovered things in which Galen was totally wrong and I have not hesitated to say so. For example, Hippocrates and then Galen insisted that illness was caused by the imbalance of four humors, a chemical imbalance, but I insist that illness is the result of the mind or the body being attacked by outside agents, by whatever is toxic in the environment.

This toxicity can be psychological as well as biological and it is totally ignored by the famous professors. For example, I insist in my work Von Den Krankheiten that diseases like hysteria are caused by mere opinions and ideas assumed by the imagination and affecting those who believe in such things. Unconsciously the victims have fantasies about what they have seen or heard and are enacting these fantasies in their strange behavior. So mental illness is a real illness and has its roots in psychological and interpersonal conflicts and problems. I regard many illnesses as having their roots in psychological problems and that what we call mental illness is really an illness caused by external toxic atmospheres in the culture in which the individual seeks to find his or her own way, as well as by internal conflicts, a “psychomachia” involving both the inner life and the outer life of the person.

I burned Avicenna’s and Galen’s renowned medical writings in a public square. I delivered my lectures in German, not Latin, to stress the importance of common sense and common language. I attacked the greed of the pharmaceutical industry, the apothecaries. I observed all things with zeal and busied myself with the composition of various writings. I believe I am a genius unrecognized and I brazenly and with youthful energy sought to overturn the old order of things but managed only to arouse bitter antagonists. I tried to substitute something better for what seemed to me obviously antiquated and erroneous therapeutics. It was my personality that destroyed me, not my thinking. My opponents accused me of drunkenness but I had the noblest ideals for the medical profession and love for the poor and underprivileged. This brought me only envy and abomination. As a last resort I leave this manifesto in the hope that in the future I will be recognized for the seeker of the truth that I really am.

This is the end of the narcissistic and rather despairing writing that we could decipher in the palimpsest. Paracelsus is the first in the history of humanity to have used the concept of the unconscious. He must have been a difficult and unpleasant person, but Freud was no pushover either. I propose there is a significant line between the work of Prudentius and the writings of Paracelsus which finally exploded in the rediscoveries of their ideas by Sigmund Freud.

Even some commentators on Marcel Proust’s work have insisted that the primary center of his great novel is one of deep self-examination along with meticulous description of the milieu around him. His purpose was an investigation in order to throw light on his understanding of himself and the contemporary psychological struggles within and without his contemporaries as well as the interactions between and among these struggling, what Paracelsus called the toxic atmospheres in the culture. So even A la Recherche du Temps Perdu contains Psychomachia and can certainly be read primarily as a Psychomachia. (See “Psychomachia in Art from Prudentius to Proust” by M. Jackson. British Journal of Aesthetics 30:159-165, 1990).

The Bayeux Tapestry represents a transition in an historical narrative from the massed forms of the Greco-Roman era to their replacement by “a new kind of individualism that makes each figure a potential hero, whether by force or by cunning” (Janson’s History of Art, ed. by Davies et.al. New Jersey: Prentice Hall, 2007, p. 379). This proceeds over the centuries to the Isenheim Altarpiece where, bathed in the dawn of the German renaissance, we observe the birth of “spiritual medicine.” The tortured sufferers from ergotism housed in the Gothic chapel of the convent at Isenheim could gaze on this masterpiece that empathizes with their suffering, portraying raw realism and the promise of heaven. This important literary, artistic, and philosophical trend in trying to achieve human self-understanding, self-examination, and self-cure, running from perhaps To Himself by Marcus Aurelius about 250 C.E. and the poems of Prudentius written early in the middle ages all the way to the work of Freud, James Joyce, and Marcel Proust in the 20th
BOOK AND FILM REVIEWS


In the change from the first edition of this textbook to the second edition, Glen Gabbard, M.D., who was the third editor of the first edition, has now become the first editor, and the other two physician editors of the first edition have been replaced by Ph.D.’s. The book is beautifully printed and consists of 620 pages vs. 602 pages for the first edition, that I also reviewed (American Journal of Psychiatry 162: 1767-1768, September 2005). The new edition of this very important textbook is better organized, has many new authors, and offers short chapters with a list of key points at the end of each that makes it an excellent basic study text. Just as there are new main editors for the book, there are new section editors also, and the focus of the second edition is now on “an in-depth view” (p.xvi) of American psychoanalysis as the editors of this book envision it in the second decade of the 21st century. The attempt to cover contemporary psychoanalysis throughout the world offered in the first edition has been discontinued.

The editors have, “Once again attempted to reach a broad audience, one that encompasses a knowledge base from the beginning student to the seasoned analyst or academician” (p. xv). They conclude that modern psychotherapeutic interventions in “this postmodern marketplace” leave psychological needs of patients often “unmet when economic, ideological, or political priorities take precedence over clinical understanding” (p. xvi). Surprisingly, neither in the editors’ introduction nor in the chapter on “Philosophy and Psychoanalysis” is there any allusion to Foucault’s famous prediction in his Discipline and Punish (1979, trans. by A. Sheridan, NY: Vintage), where Foucault outlines how various disciplines in the social sciences and humanities tend to change in response to the economic and political power situation in their society. Certainly no greater example of this has occurred than in the revolutionary change in psychiatry in the United States in which psychoanalysis has been moved from its central position in psychiatry to its current irrelevance in mainstream psychiatry, and also has itself changed.

As I read carefully through this very interesting textbook, I could not shake from my mind the growing sensation that in chapter after chapter I was reading the comments of Karl Marx on the philosophy of Hegel. For example, in Capital (Capital: Afterward to 2nd German edition. Vol One. Moscow, 1970, p.29), Marx points out that the general form of Hegel’s philosophy is standing on its head and it must be turned right side up again if sociological thinkers wish to discover the “rational kernel within the mystical shell.” In the case of this psychoanalytic textbook, which will surely be the standard work for the American Psychiatric Association, almost all the authors in the book remind us in one way or another that psychoanalysis itself has taken a major change of position since the days of Freud; as this textbook presents it, current American psychoanalysis has actually turned Freud’s psychoanalysis upside down. Freud emphasized the analysis of the transference and the investigation of the unconscious through the method of free association and dream analysis, and he put the “unobjectionable positive transference” and the relationship between the analyst and the patient in the background. For most of the authors in this
textbook and certainly for the editors, current psychoanalysis seems to be the other way around. They repeatedly emphasize the importance of the “here and now” relationship between the analyst and the patient as a way of exploring the patient’s difficulties, the so-called two-person model or one of the varieties of so-called relational or intersubjective psychoanalysis, and they regard Freud’s classical analysis of the transference and the investigation of infantile conflicts and fantasies by a relatively neutral benign psychoanalyst, equidistant from the id, ego, and superego, as Anna Freud described it, to be impossible.

I will now briefly review some of the salient chapters in order to give an idea of the scope and orientation of this textbook. Section One begins with a chapter by Colombo on “Freud and his Circle” taken more or less from his discussion of the early years of psychoanalysis in the previous edition and now the opening chapter in this edition. Along with the second chapter by Greenberg it forms a very fine overview of the field as conceived of by these authors and most of the authors in this textbook, and sets the tone of the orientation of the chapters that follow. Greenberg is extremely relational in his orientation. Although he admits the rise of the relational model is controversial and has led to a change in Freud’s creation of a discipline that embraces shared assumptions, what we have now, says Greenberg, is a fragmented community that “shares a common landscape” (p.32) – whatever that metaphor means. He writes in a footnote: “The widespread embrace of pluralism” is certainly linked to the de-medicalization of North American psychoanalysis…Pluralistic thinking is more easily embraced by those trained in the humanities and the social sciences than by analysts whose thinking is shaped by a medical model” (p.32). He gives no evidence for this extraordinary claim. He introduces us to what he calls the drive model and relational model and concludes we are in the era of pluralism. But there is no chapter in this section that is based on the drive model or that serves as a rebuttal to Greenberg’s polemical advocating of pluralism and the relational point of view.

Section Two, titled “Core Concepts,” contains among its new chapters an excellent one by Kris on the development of Freud’s foundational view of unconscious processes – except for the last two sentences giving lip service to the relational “new understanding” (p.62) and which may confuse students. It is followed later in the section by another new and important chapter on countertransference, by Goldberg. In this chapter he begins, “Proust and Freud mean that man is living simultaneously in the realms of present and past, of conscious and unconscious experience” (p.65). He does not mention the contributions of Husserl (The Phenomenology of Internal Time Consciousness. Indiana U. Press, 1973) and of Heidegger (Being and Time, Harper and Row, N.Y. 1962), who added significantly that man also invariably lives in the future. Goldberg nicely reviews the concept of transference and ends with discussing various contributions to the contemporary shift towards the relational model, which he concludes constitutes “new approaches to transference interpretation in clinical work” (p. 76).

Another new chapter in this section, on countertransference, nicely written by Brown, is also heavily slanted toward the relational point of view. It should be read along with Chapter 18 (pp. 255-268) by Harris, curiously placed in the fourth section, which deals with “Transference, Countertransference, and the Real Relationship.” This latter is the same chapter as in the first edition but reworked. In a kind of flowery and interesting prose, Harris works her way from Freud’s early views to contemporary extreme intersubjectivity. Harris writes, “There is, in the interpersonal tradition, a kind of distaste for regression” (p. 262). She does not say whether this might apply to the whole relational approach. Instead, she goes on to claim, “Lacanians, interpersonalists, and ego psychologists working with close process recording can all sound alike in their distaste of regression” (p.265). The evidence for this statement is not given. She does tell us, “I feel personally closest to the relational perspective” and she correctly reports that the “explicit use of countertransference (via disclosure) is perhaps the most hotly debated issue in clinical psychoanalysis at this moment” (p. 264).

Returning to Section Two, in Chapter 7 LaForge attempts to discuss the concepts of defense and resistance first from the perspective of a one person psychology and then from the perspective of a two person psychology. She concedes that “many analysts’ (p.97) work from the one-person psychology perspective and she offers some of the few clinical examples in this textbook of how they work. Her inclusion of these clinical examples as well as those from the two-person psychology perspective makes hers one of the most helpful and illuminating chapters. She concludes by declaring, without discussing the pitfalls and confusion involved in her suggestion, that one can use both perspectives “and the analytic field” (whatever that is) to “bring different aspects of the analytic process into focus and [they] may be used to complement each other” (p. 103).

Chapter 8 in this section is dedicated to intersubjectivity (it was Chapter 5 in the old edition and by a different author) and another new one, Chapter 9 by Gilmore, titled “Childhood Experiences and the Adult World”, best reveals the current chaos in our discipline. The whole column on the left side of page 125 is dedicated to outlining this chaos from the point of view of differing versions of the Oedipus complex, a lynch pin of Freud’s psychoanalysis. This is too long to quote here but I hope the reader will not miss it.

The final chapter in this section, revised from the old edition, by Dimen and Goldner on “Gender and Sexuality,” reveals in its “key points” how far from Freud this textbook has taken us. It is reasonable that the phallocentric description of feminine psychology presented by Freud is overhauled by the authors. But they go much farther. For example, “The oedipal narrative can no longer be uncritically accepted as a veridical account or accurate prediction of psyche, culture, or history” (p. 149). They conclude inconcinnately, “In contemporary view, we return to the classical position that the sexual instinct, albeit innate, lacks an inborn aim and object, rendering aim and object as acquired, pleasure as taking many forms, both aims and objects as multiple and fragmented, and erogenous zones and component instincts as participating in a two person psychology” (ibid).

Section Three is labeled “Schools of Thought.” The first and new excellent chapter by Gottlieb is unfortunately too short and perhaps belongs in the first section. He briefly outlines the contributions of Freud and the early ego psychologists (what he calls “classical psychoanalysis,” a term he considers a misnomer) and moves toward what he considers to be a “rhetoric of competition” (p.161), in which the classical school and the relational/interpersonal schools attack hostile caricatures of
each other. As the chapter proceeds he presents one of the few explanations offered in this book of why this putative change from the ego psychology one person model to relational two person models has occurred. Gottlieb suggests that there are several factors involved, “including the relocation of analysis away from the more hierarchical Germanic Central Europe to the more democratic America; the contemporary revolution in women’s position in American society; the change from the fact that most patients were women and most analysts men” (p.163), and the increased attention to preoedipal development. But although he comes down firmly in favor of the relational/interpersonal school, Gottlieb suggests that “a trend is discernable that reflects the convergent evolution of the ego-psychological and relational/interpersonal models of the mind and models of the psychoanalytic treatment process” (p.166). Nobody reading through this textbook would get that idea! More credible is his final sentence: “Instead of choosing, analysts are selecting from many schools what they find most useful in their clinical work and trying hard to disregard any logical inconsistencies” (ibid). This irrational idiosyncratic selection process seems to invite anarchy in our profession.

The next two chapters discuss object relations and various associated theories. The first of these chapters contains some brief clinical material that I found not convincing as it seems more to contain pronouncements by the analyst rather than the patient’s associations. The rest of the chapter deals with famous American contributors, all of whom are given an accurate but relatively condensed paragraph or two that I doubt will satisfy readers who are not familiar with their work in any depth. A textbook should offer a lot more on these important contributors. The second of the two chapters tries to explicate the work of Klein and Bion in more depth, but is one of the chapters I had trouble understanding. The discussion of Bion’s thought beginning on page 191 is very hard reading indeed and it left me confused, especially on page 192, because the concepts of K and O need better explanation and at one point I thought the author was referring to Bion’s (- K) rather than K, but that may be my misunderstanding. Oddly, two pages later, the author briefly attempts to explain K and O but this does not throw much light on his discussion of Bion, a thinker who is very hard to elucidate indeed.

The next and new chapter on self psychology by Terman is reasonably accurate and clear, although some of the foundational flaws in self psychology are not mentioned (see my Psychology of the Self and the Treatment of Narcissism, Aronson 1985). It is followed by a well organized chapter on relational psychoanalysis, which contains a clinical case vignette that the reader will need to judge for himself or herself. The section closes with a chapter on Lacan and then finally, seeming rather out of place, an intersubjective chapter by Seligman and Harrison titled “Infant Research and Adult Psychotherapy,” which seems to lean on attachment theory (also discussed in Chapter 28) and contains some nicely presented but debatable case vignettes. The chapter on Lacan by Wolff Bernstein is, as one would expect, very difficult reading but is also very condensed, especially the discussion of schema L on p.232. It is probably the best one can expect from a short essay and would have much benefited from a longer exposition. The sections on “Objet d’” and “Jouissance” I found to be murky and this is the fault of Lacan in my opinion because he used these terms in many ways and I think he was rather deliberately mystical about them (and much else). She fails to mention the influence of Heidegger on Lacan, but offers a wonderful sentence in her description of Lacan’s views that would have been approved by Heidegger: “The unconscious finds its roots in the discourse of the first Others, the parents of the child. Before the child is born, it is already symbolized as an entity in their minds, and thus projections, wishes, and desires are already imbued into the child before he is born” (p. 229). Due to brevity, the “key points” at the end of this chapter are oversimplified.

Section Four, titled “Treatment and Technique,” opens with the chapter by Harris that I discussed above. It contains another chapter by Greenberg, who is the only author that has been given two chapters in the book. Greenberg discusses theories of therapeutic action and again is strongly slanted toward the relational point of view. This is one of the crucial chapters in the textbook and deserves careful reading. The chapter that follows it, by Goldberg, reads like an addendum to Greenberg’s chapter, taken perhaps to even a greater extreme. For example, Goldberg writes, “Today we can say that, generally speaking, the aims of analysis no longer pertain exclusively - or even primarily - to uncovering the inner conflicts of patients but pertain now to facilitating or fostering patients’ psychical capacities” (p.285). It is an argument for what the author calls a “post-Freudian paradigm” (p.289), and it certainly is post Freudian, what Goldberg calls “modern” (p.283). Goldberg’s fascinating footnote on the “effects of culture and history on the development of divergent clinical theories” (p.298) deserves an entire chapter.

A chapter brought over unchanged from the first edition, by Bergman on “Termination and Reanalysis,” was nicely written when he was 91 years old and is one of the most readable and least polemical chapters in the book. The next three chapters are also carried over from the first edition, and are also well written, dealing respectively with the combination of psychoanalysis and psychopharmacology, child analysis, and ethics. The indefatigable Dr. Wallerstein contributes the new final chapter of the section, discussing the unresolved debate about the relationship between psychoanalysis and psychodynamic psychiatry. The key points that end both his excellent chapter and this section give a good picture of the extent of the disagreement in the field.

Section Five is dedicated to research. There are chapters on outcome research, process research, and developmental research. This is probably the gloomiest section of the book, as it describes the difficulties involved and the enormous effort that has already been undertaken in trying to do traditional scientific research on psychoanalysis. I don’t feel qualified to comment on such research but I wonder if it is even possible to undertake in trying to provide “evidence based therapy,” all the rage these days. This is a very serious problem and deserves expansion in future editions. What is missing here is a discussion of Gadamer’s contention (Truth and Method, 2nd edition. N.Y.: Crossroads 1991) that there are other methods of searching for truth besides the method of the natural sciences, such as those employed in history, social sciences, art and other humanities. Also there should be explication of the views of the American philosopher Joseph Margolis (Pragmatism without Foundations. N.Y.: Blackwell, 1986), who discards Aristotle’s famous logical notion of bivalence as far as uses of it in the humanistic sciences
are concerned, and a discussion of the ramifications of this for psychoanalytic research.

The final section is titled “Psychoanalysis and Other Disciplines,” containing some chapters that carry a lot of speculation. It begins with Olds’ chapter on “Psychoanalysis and the Neurosciences,” well balanced on a controversial subject. It makes some debatable assumptions about the mind-brain problem (For details see my paper on the topic: Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry 37:315-351, 2009).

Lear’s Chapter 30 on “Psychoanalysis and Philosophy” is taken from the first edition and a very difficult section has been added beginning on page 470. It takes great courage to write a chapter on this subject and I think it is almost impossible for any philosopher to keep from introducing his or her own philosophical orientation and interests into the discussion. The fundamental philosophical question (Grundfrage) this entire textbook raises is whether or not our knowledge derived from Freud’s basic method can be approximately true in spite of our adverbially thick cognitive apparatus. And surely this would have been the place to try to discern what has happened to psychoanalysis in terms of our changing culture and the intense pressure to “fit in” and be “evidence based” so that American psychiatry would not ignore it and insurance companies would have to resume paying for it. Or, should psychoanalysis struggle to remain an independent discipline and be “authentic” in the era of Techné, as Heidegger might put it, and if so does that mean psychoanalysts will starve?

The next chapter reviews nicely the long standing interaction between psychoanalysis and anthropology and is followed by a sociologist discussing psychoanalysis and race from a heavily Kleinian viewpoint. The chapter on “Psychoanalysis and Literature,” by Sprengnether, is not what I expected. I question whether some of it will be intelligible to the audience proposed in the preface to this textbook. Wholly oriented in the relational approach, the latter part of it leans heavily on Derrida. I do not have sufficient sophistication in these erudite matters to be able to follow the author, who calls Derrida, “the most influential philosopher of language and psychoanalysis of the late 20th century” (p.518). On the contrary, I think Derrida’s radical criticism of all logocentric texts just leaves us where we were before, at least in philosophy. I was disappointed that the author did not concentrate on and recommend some of the literary giants of the past and present who were master psychologists, and discuss their influence on current psychoanalytic theory and practice. For example, like psychoanalysis, “Pride and Prejudice proceeds by means of conversation” (Annotated edition, ed. by P.Spacks. Cambridge,MA: Belknap Press, 2010, p. 15), and the whole novel can be read as a treatise on how various mistakes in interpretation - the reading of human beings - are commonly made.

The editors saw fit to include a chapter on psychoanalysis and film but they did not include a chapter on psychoanalysis and the theatre, which I think is a significant omission. The final chapter in the section is by an author who has no credentials given in the list of contributors, but who has published some papers in the field of psychoanalysis and music. Even on this subject he leans heavily on object relations theory. There is not space to discuss it in a book review, but I suggest readers have a look at the case study he offers, pp.560-561, and draw their own conclusions. The textbook ends with a fine glossary of terms, painstakingly accumulated by a group of authors and which constitutes a significant addition to the textbook.

In summary, this book presents the outlook of Gabbard, Litowitz, and Williams, and their section editors, on what constitutes American psychoanalysis today. It is probably impossible for any editors to keep their own orientation out of such a textbook and most of the chapters in the book are highly commendable and worth reading. I found the first three sections of the book to be outstanding and almost mandatory for students of psychoanalysis. Interesting issues were raised frequently in the other sections.

Issued by a very important organization, this textbook deserves expansion. I hope the third edition will come out in two volumes, so the section omitted from the first edition containing an overview of psychoanalysis in other countries can be restored. More clinical examples are needed throughout the textbook. Additional discussion needs to be given to the subject of one person psychology, and the repetitive rhetoric for the relational/ intersubjective approaches that pervades many chapters needs to be edited out. Some of the chapters well deserve to be expanded, such as the one on transference and countertransference, the one on Lacan, and the one on theories of therapeutic action—which is after all central to the whole field. I suggest including a second chapter on the approach to psychoanalysis and the neurosciences introducing and explicating the current debates on the mind brain problem, artificial intelligence, current studies of memory and intelligence and the limits of these. There also needs to be a second chapter on psychoanalysis and philosophy considering in depth the factors involved in the shifting orientation and disintegration of psychoanalysis since the death of Freud, an addendum to the psychoanalysis and film chapter by adding discussion of psychoanalysis and the theatre, a chapter on the current influence on psychoanalysis of pre-psychoanalytic literary and artistic giants, and discussion at length about what has happened to cause a dramatic divorce between the fields of psychoanalysis and psychiatry which, whether we like it or not, is the most salient practical problem facing psychoanalysts today.

In my “Returning to Freud” (Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry 38:413-440.2010) I suggested leaning more heavily on the one person model of Freud in order to redress the current imbalance that the current fashion of relational/intersubjectivity has produced. I hope to illustrate this in a forthcoming second edition of my book, Freud Teaches Psychotherapy, to be published as an ebook in 2012. Perhaps by now the reader can understand why the famous determination of Marx to turn Hegel upside down kept occurring to me and why I think Freud would be very surprised if he had a chance to read this book. But this is a textbook about current American psychoanalysis, written a long long way from the culture of fin de siècle Vienna!
Recent years have witnessed a stunning resurgence in the humanistic psychotherapy movement. Closely related to the humanistic psychoanalysis of Fromm and Horney, humanistic psychotherapy is best known as the orientation of figures like Carl Rogers, Rollo May, and Abraham Maslow, who in the 1950’s and 60’s championed the personhood of the patient and the need for self-actualization. Rogers, in particular, underscored the importance of the human relationship in psychotherapy, completing massive psychotherapy research projects demonstrating that psychotherapy outcomes have little to do with technique, but rather with the perceived warmth, genuineness, and empathy of the therapist. Furthermore, humanistic psychotherapy fought the dehumanizing trends in the mental health professions of that era. It depicted psychotherapy as a means of personal growth, rather than an exclusively clinical treatment for pathology. It also enriched the intellectuality of the field by introducing therapists to aspects of Continental philosophy relevant to their work. Despite these contributions, in the late 20th century the influence of humanistic psychotherapy waned. For years, humanistic therapists were viewed as historical curiosities and their achievements were minimized. Undergraduate students might encounter a snippet about Rogers and Maslow in a college textbook, but that was all.

However, in a blast from the past, humanistic themes have returned to the center stage of the field, and a new generation of humanistic voices has begun to make itself heard. Rogers’ concept of person-centered counseling found its way into the patient-driven recovery movement and now, in revised forms, receives growing institutional support. Person-centered treatment approaches such as Motivational Interviewing have achieved wide acclaim. In academia, the fashionable positive psychology movement has reformulated humanistic themes in a mainstream research framework. In contemporary psychoanalysis, relational and intersubjective schools draw heavily on humanistic influences. Of recent note is the public opposition of the Society of Humanistic Psychology to the forthcoming DSM-5’s pathologizing of ordinary human suffering. The Society of Humanistic Psychology’s open letter and petition to the American Psychiatric Association, authored by Society President David Elkins along with rising humanistic stars Brent Robbins and Sarah Kamens, continues to receive media attention and has functioned as a rallying cry for clinicians concerned about dehumanizing forces at work within the mental health system.

David Elkins’ 2009 book is of interest to both sympathizers and opponents of the humanistic movement, as it spells out the position of contemporary humanistic psychotherapy in an accessible and coherent way. Elkins is vocal and his argument is clear. Reading Elkins’ *Manifesto*, you will know whether or not you agree with him. As the book’s title indicates, Elkins assertively engages with the politics of the field. He argues that humanistic psychotherapy is closely related to progressive politics, and that it was marginalized by politically conservative methods. Elkins points out that Rogers’ approach to therapy was threatening to conservatives because it undermines the traditional authority of doctors, while positioning patients as authorities on their own care. Disease-centered treatment, for Elkins, is inherently conservative in that it upholds the role of doctor as a patriarchal authority figure who knows what is best for the patient. For conservative clinicians, the humanistic approach hands the lunatic the keys to the madhouse: it is dangerous and irresponsible.

From his person-centered position, Elkins takes on manualized short-term treatment techniques. He contends that these methods are based on a false belief that human beings change most profoundly by establishing clear goals and pursuing them in a linear manner. In essence, manualized approaches treat therapy as a technology and persons as machines. Elkins marshals substantial empirical evidence showing that short-term therapies are ineffective compared to long-term therapies. Even when they do work, short-term therapies owe more to the therapeutic relationship than to specific techniques. Moreover, Elkins notes that recidivism rates following short-term therapy are frequently unexamined. Most importantly, findings that are claimed to support short term therapies are presented deceptively. Given these considerations, Elkins argues that our field’s push toward short-term therapy techniques is not driven by empirical research, but by economic and political interests masquerading as science. As a therapist who has earnestly tried to implement empirically validated therapies and found them lacking in many cases, I found this chapter to be a breath of fresh air.

Perhaps the most provocative chapter of Elkins’ *Manifesto* is a critique of the so-called medical model in psychotherapy. Elkins defines the medical model as a “descriptive schema borrowed from medicine and superimposed on psychotherapy.” Elkins does not intend to drive a wedge between psychology and psychiatry here: in his eyes, contemporary psychology is as beholden to the medical model as psychiatry. Elkins associates the medical model with an authoritarian attitude and conflicts of interest that occur because of ties to the health insurance business. Elkins believes that in the medical model, a medical scheme of treatment is inaccurately transposed onto the therapeutic relationship. Therapy, to Elkins, is an interpersonal process of growth, not a treatment procedure to alleviate a disease entity. As in the rest of the book, Elkins’ position is unequivocal. He does not believe that the medical model works some of the time but not others, or in some respects but not others. In Elkins’ view, it is just plain wrong. Furthermore, its power is maintained by economic and political forces, not by scientific findings.

Although Elkins’ directness is refreshing, I suspect he does not push his critique far enough. The existential psychiatrist-psychoanalyst Medard Boss, a philosophical cousin of Elkins, contends in his *Existential Foundations of Medicine and Psychology* (1979, NY, Jason Aronson) that medicine should not reduce the body to a dehumanized physical object to be operated upon by medical experts, but should understand illness and treatment in the meaningful context of a human being’s relationship to his or her world. From a broad perspective, then, the authoritarian model Elkins critiques may be nearly as problematic in medicine as it is in psychotherapy. Medical professionals who advocate a collaborative model of care may feel that the term “medical model” is a misnomer for the approach Elkins criticizes. Moreover, Elkins says little about the role of medication in a humanistic approach to mental health care. He acknowledges that medication is indicated for some conditions, but elects not to grapple with the question of how medication may be used outside of the traditional medical model.
Elkins suggests that an accurate description of therapy must make room for the ineffable quality of human experience that exceeds our efforts to objectify and define it. He denounces the Wall Street view of the ideal therapist as a psychological technician who provides quick fixes to get the patience back into the “corporate assembly line” as soon as possible. Instead, Elkins proposes, therapy should be seen as a creative and unpredictable interpersonal process of growth. Elkins writes that poetic symbols and connotations are truer to human experience than linear and denotative language. If so, Elkins reasons, therapists had better be attuned to the poetry of the mind if we are to facilitate the emergence of such experience in the consulting room. Along these lines, Elkins argues that therapists must access creativity in session. Like art, Elkins says, therapy involves a creative flow of experience out of which new forms emerge. Accordingly, the humanistic therapist must attend to the patient’s phenomenonological experience of the emergence of the new in sessions, much as the poet must attend to the emergence of new language. Elkins’ humanistic sensibility is close kin to contemporary psychodynamic thought, and brings to mind Jacques Lacan’s famous dictum that to be a psychoanalyst one must be a poet. Readers might find the work of the Interpersonal analyst Donnel Stern on unformulated experience relevant in this context (Stern, D., 1997, *Unformulated Experience*, Hillsdale, NJ: Analytic Press).

Elkins’ opponents could make the obvious argument that therapy must be more practical than poetry, for human beings in pain deserve treatments that are proven to work. From this angle, the duty of the ethical therapist is not to enlist the patient in an artistic endeavor, but provide treatments that deliver. Elkins might reply that it is precisely the poetic aspects of therapy that are the most proven, and that it is better to rely on true poetry than on fake science. You do not mend a broken heart with a scalpel or with a screwdriver, and to do so is both unscientific and inhumane. For Elkins, the most practical therapy is a therapy that accesses the creative processes required for change. Nothing less, he implies, will do justice to the patient’s suffering. However, even therapists sympathetic to Elkins’ opinions might object that economic and social conditions do not permit the creative therapy he describes. Insurance won’t pay for it, our culture doesn’t value it, and people can’t afford it. Cynical readers might complain that they hardly have the luxury of providing a brand of psychotherapy for which there is little demand, no matter how fulfilling it may be. Elkins could reply that this objection simply highlights the large scale of the problem, and if anything, indicates that humanistic therapists must aim for something more ambitious than a change in the mental health field alone. Indeed, a major theme of Elkins’ book is that humanistic therapists must assert themselves in a more politically astute and aggressive manner than they had in the past. Ten or twenty years ago, his position would have seemed fanciful. Today, in the era of Occupy Wall Street, health care reform, and massive economic flux, humanistic therapists perceive a glimmer of hope.

Elkins is at his best when he unmasks the hypocrisy of political manipulations that pose as science. I found his most persuasive point to be that the mainstream model of mental health care does not represent a data-driven evolution in treatment that must be accepted, but an artifact of political and economic interests. The book’s perspective, to be sure, may appear somewhat narrow: this is entailed by its genre. A manifesto, by definition, is not designed for nuance or to show openness to alternative viewpoints. Still, these features of Elkins’ book may prevent it from winning over audiences who might otherwise be sympathetic to his views. The Open Letter to the DSM-5 task force that Elkins coauthored was a success partly because its wording was inclusive enough for many camps to comfortably endorse it. Freudian psychiatrists, behavioral neuroscientists, family therapists, geriatric psychologists, and humanistic counselors all felt united in expressing the concerns voiced in the Open Letter. Not all of those groups would sign off on Elkins’ *Manifesto*. Nevertheless, for those troubled by the dehumanizing direction in which mental health care continues to lurch, Elkins’ book is an invigorating call to arms. It will be interesting to observe the growth and impact of the renewed humanistic movement in the years to come.

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*Individualizing Gender and Sexuality: Theory and Practice*  

Nancy Chodorow, in *Individualizing Gender and Sexuality*, provides us with a generous retrospective on a collection of her own and other authors’ essays.

In Part One, the author begins by reflecting on Freud’s *Three Essays on the Theory of Sexuality*, followed by an examination of works created by Melanie Klein and Stephen Mitchell. In addition, she reconsiders her own works including *The Reproduction of Mothering*, in the face of postmodern foci found in psychoanalytic and gender theory. Subsequent chapters explore present-day clinical and cultural considerations on themes such as women and work, women and motherhood, and men and violence.

Part Two and Chodorow’s concluding chapters, expand on the multi-layered complexities that make up our personal, unique and individualized sexualities and gender experiences as they relate to the “multi-layers” of the concept of what we understand as culture. For example, on pages 155-6, Chodorow states, “our bodies, and masculinity and femininity, are named linguistically...our identities, fantasies and desires are filtered through our parents...fantasies, through cultural stories and through institutions like marriage, parenthood, religion and politics.” In her ending chapter, *Homosexualities as Compromise Formations*, Chodorow purports that in order to understand fully the "homosexualities," one must understand and explore on whole, the “sexualities” themselves.

Throughout the book, Chodorow explains her thoughts on clinical individuality and sex-gender transference-countertransference. Further, Chodorow roots her readers back to Freud and to the multiple iterations of the definitions of sex and gender that historically followed and evolved. Chodorow maintains herself as an intellectual guide, creating a clear path for the reader during which she presents her particular analysis and integration on the themes of sexuality, gender, theory, and practice.

This reviewer appreciates the complexities that Chodorow...
takes on in Individualizing Gender and Sexuality. It is with finesse that she examines the roots and the uniqueness of each individual’s personal creation of sexuality and gender and the ways that these interrelate and interact with other aspects of emotional and cultural life.

However, one aspect kept surfacing throughout the book when considering Chodorow’s analyses, reconsiderations, and retrospective ruminations and current thoughts on gender and sexuality in relation to culture and the emotional psyche. There seemed to be lack of inclusion of the cultural aspects of social media and its effects on the globalization of culture, rapid change, social unrest in developing countries, the deconstruction of traditional societies and the changes in modern liberalism and conservatism and their potential effects on culture and therefore on the broad range of behavioral scripts in relation to sexuality and gender.

I raise these points as there seems to be rapid change afoot among young women and men around the globe with regard to Chodorow’s themes, and how they are more or less able to, in practical ways, individualize their sexualities and gender experiences as well as to continue to redefine them and apply them with their ever evolving behaviors.

I am hopeful that Chodorow will continue with her willingness to tackle complex future phenomena while weaving our historical and current understandings of the subject(s) at hand.

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Movie Review of The Best Exotic Marigold Hotel (for the elderly and beautiful).
Screenplay by Ol Parker based on Deborah Moggach’s These Foolish Things.
Directed by John Madden and starring Judi Dench, Maggie Smith, Bill Nighy and their Indian hotelier Dev Patel and introducing Tena Desae.

Reviewed by Cassandra M. Klyman, M.D.

As I was reading Richard Davidson’s The Emotional Life of the Brain, a friend recommended I go see the Best Exotic Marigold Hotel - “it’s a travelogue, a romance, you’ll laugh.” This sounded good to me and so I went, sooner rather than later. I found a stunning parallel to Davidson’s thesis - that there is a neuroplasticity to our brains that allows us to move on the emotional wheel of Resilience, Outlook, Social-Intuition, Self-Awareness, Sense of Context and Attention.

Attention or Consciousness is primary for humans to change. Focused by financial constraints and a desperate sense of mortality, seven Brits take advantage of an airfare + hotel package that takes them to the teeming technicolor streets of Jaipur and to the exotic Marigold Hotel. The married retired couple’s opposite outlook on life becomes even more polarized. The recently widowed, divorced and jilted look once again for love - in work, in bars, on the Internet and through a detective agency. East meets West in the film, as it does in Davidson’s book, where his relationship with the Dalai Lama shows up in research with monks and nuns as he uses EEG and fMRI technology to show the effects of Mindfulness and Meditation on shifts in emotional style.

Both film and movie ask us to survey our own emotional life, and Professor Davidson suggests methods of modification through mental exercises and tactics if we wish, or if we might want to help our patients with specific CBT techniques. He brings out many of the classic situations in the history of neuroscience - those based on accidents such as happened to Phineas Gage, stroke researchers like Edward Taub of the Silverbrook Monkey cause celebre, and work with the deaf and blind who can learn to “hear” and “see” with different brain real estate than the classic temporal and visual cortex. He discusses epigenetic studies that demonstrate the effects of the experience of maternal nurture, childhood abuse and different life experiences for monozygotic twins. Then there are the prospective studies of the stability and plasticity of the emotional styles of children followed from ages three to nine.

His group at Wisconsin chose asthma as the chronic disease to study and humans’ immunological response to the flu vaccine to measure the connection between health and positive outlook. A study I found particularly fascinating was the use of cosmetic Botox customers who lost their frown and in the process some of their readiness to anger. “Fake it ‘til you make it” also worked for those holding a pencil between their lips creating a “smile.”

The British film characters who were sensitive to social context and had social-intuition (however recently acquired) ended up happier. Full self-awareness prepared one for death. Some neo-colonialism remained, but ironically was trumped by the non-complicated and rejuvenating hip-surgery that was out-sourced and by the assertion of hedonistic love by the young Indian couple. In all, the prejudice, bigotry about color, caste, homosexuality and age infirmity are dealt with deftly and sympathetically.

This comedic drama took $10 million to make and has become wildly commercially successful - showing that older audiences are ready for their own kind of reality show. Do go and see the movie and better understand why, prior to psychotropics, and when analysis is not affordable, good physicians may encourage their patients to take a vacation. A trip or a spa is not a bad prescription for a mental change!

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A Dangerous Method: The Movie
(Reprinted and edited with permission from Dr. Blumenfield’s blogs, FilmRap.net and PsychiatryTalk.com)
Reviewed by Michael Blumenfield, M.D. and Susan Blumenfield, D.S.W.
Followed by Questions and Answers with Thomas Kirsch, M.D.

A recently released movie is all about Carl Gustav Jung, his life, his theories and his various interactions including one with Sigmund Freud.
As people who have some some acquaintance with psychoanalytic theory and its history, we were drawn to want to see this movie. The psychiatrist among the two of us found it a more enjoyable experience although we both found many deficiencies in the movie. This movie,
directed by David Cronenberg, with a screenplay by Christopher Hampton which came from a book by John Kerr, of course is based on real people and highlights the break between Sigmund Freud and Carl Gustav Jung who at one time Freud had thought would be his heir apparent to the psychoanalytic movement.

The movie starts off in the early 1900s as a young woman, Sabina Spielrein (Keira Knightley) is involuntarily brought to the Burgholzi, a psychiatric hospital in Zurich, Switzerland, run by the famed Eugen Bleuler. Her exaggerated mannerisms and dramatic presentation suggests the type of “hysterical” patients who were known to be hospitalized in those days. Jung (Michael Fassbender) becomes her psychiatrist at the hospital and begins to use the new psychoanalytic method which Sigmund Freud (Viggo Mortensen) in Vienna has advocated. He ultimately is shown becoming drawn into a sadomasochistic sexual romantic affair with her. Jung travels to Vienna and meets with Freud several times in which they discuss theoretical issues as well as this patient.

Over time, Freud is depicted as becoming disenchanted with his previously highly regarded younger colleague. The reasons for this rift would appear to be Jung’s willingness to go beyond Freud’s concept of sexuality and psychic determinism and bring in such ideas as the supernatural, premonitions, telepathy, religion and many others that were not explained in much detail in the movie. In fact, the more well-known ideas of Jung about their attraction to each other is really a key part of this movie, views attraction to his patient to be on the “dark side” and that with his wife on the “loving” side. Yet he declares his undying love for Spielrein and is bereft by her leaving him. We are not provided with real insight into this relationship nor any significant understanding of Jung’s conflict. The film also does not do enough to explicate Jung’s ideas and their influence on Spielrein. While we more often proclaim that a movie should have been tightened up and shortened, we believe this film needed a clearer illustration of the ideas that this story was supposed to be about. The acting in the film was very strong. The atmosphere of Freud’s office, the streets, people’s dress, horse drawn vehicles and early motor cars made it a wonderful period piece. But alas, as much as we were interested to learn about these people, we felt we came up short in our understanding as well as in caring about them.

Blumenfield - Can you comment on the relationship between Freud and Jung as depicted in this movie?

Kirsch - I thought that David Cronenberg’s portrayal of the relationship between Freud and Jung was fair, showing the strengths and weaknesses of both characters. Jung’s initial enthusiasm for Freud and his theories, as well as his reservations about ubiquity of the sexual origin of neurosis, are well portrayed. Freud is seen as sympathetic to Jung’s countertransference to Sabina Spielrein - a highly probable response, given what we know of their early relationship. The movie shows the historical beginning of the study of the countertransference dimension of psychoanalysis as seen through the relationships between Freud, Jung and Sabina Spielrein. The scene on the boat going from Bremen to New York was an especially good rendition of the spirit of Jung’s account of the incident, if not the details. In the movie Jung tells his dreams to Freud, but Freud does not reciprocate. Actually, according to Jung in Memories, Dreams, Reflections, Freud did tell a dream, but refused to offer his associations. Jung asked why, “He said, ‘But I cannot risk my authority!’ At that moment he lost it altogether.”

Blumenfield - Jung is shown to believe in premonitions, telepathy and perhaps other non-scientific unprovable ideas. In what way is this a fair or unfair representation of his theories?

Kirsch - I find this question biased towards a misinterpretation of Jung’s openness to investigating all psychological phenomena as his belief in them, rather than seeing it as a representation of his forward-thinking attitude toward of the scientific method; the latter is the way it was accurately set forth in the movie. Famous physicists like Nobel prize-winning physicist Wolfgang Pauli and other equally prestigious scientists have shown a great interest in these parapsychological phenomena. The areas of parapsychology, synchronicity, chaos theory, and subjects related to these fields have received an increasing amount of attention by scientists from a number of fields, including psychoanalysis in recent years. A recent issue of Psychiatric Annals (Vol 41, #12, December, 2011) is entirely devoted to the subject of meaningful coincidences and Jung’s concept of synchronicity, a central part of his study of the archetypal layer of the psyche. In a late scene in the movie, the meeting in Freud’s study when the loud crack resounded was an apt portrayal of Jung’s interest in what he saw as the exteriorization of psychic tension. Freud refused to find any psychological meaning in the phenomenon. My understanding is that, historically, Freud was not interested in such phenomena. Furthermore, Jung’s interest in parapsychology has been used by psychoanalysis to cast suspicion upon Jung’s credibility, thus demonstrating that Jung was “unscientific” and truly a “mystic.” I think the movie portrayed the differences between Freud and Jung on that subject accurately and sympathetically.

Blumenfield - Do you believe that Jung had a sexual affair with his patient Sabina Spielrein and if so, should this influence the judgment of Jung’s contributions to psychoanalysis?

Kirsch - I have no idea whether Jung had a sexual affair with Sabina Spielrein. This is a subject which has been written about extensively. Zvi Lothane, a psychoanalyst and historian, wrote of...
his conviction that they had a sexual affair in his earlier papers. In a later paper, he reversed his opinion. Let me give a personal vignette from my experiences around this subject. In 1983 I attended a public lecture by Bruno Bettelheim at the Stanford University Medical School. His subject was the *Mistranslation Of Freud*, but instead he spoke, to an audience who had no access to documented facts, about the still unpublished correspondence between Sabina Spielrein, Freud and Jung. A Secret Symmetry by Aldo Carotenuto (published the following year), Bettelheim was emphatic that Jung and Sabina Spielrein had had a sexual affair. In the discussion, I asked him how he could be so sure, and he became characteristically offensive toward my challenge of his view of the truth. In fact, I was familiar with the researches of Carotenuto and knew about the correspondence he had been offered from the basement of the Psychological Institute where Sabina Spielrein had been working prior to returning to Russia. It is interesting that Spielrein had left all of her papers behind when she returned to Russia in 1919.

Whatever the truth, it is unfair that we should judge Jung’s contributions on the basis of his relationship to Sabina Spielrein. Jung was only 29 years old in 1904, just at the start of a long career in a still unformed field of study, depth psychology. To the movie’s credit, it treats Jung sympathetically in this respect. If the full truth is admitted, in the early days of psychoanalysis there were many such sexual liaisons. Ernst Falzaeder, a psychoanalytic historian, has mapped out the various sexual liaisons between early psychoanalysts and their patients. It is a remarkably long list. Many of those patients themselves became psychoanalysts. If Jung did have a sexual relationship with Spielrein, his was one among many.

Furthermore, Jung knew about the close relationship between Freud and his sister-in-law, Minna Bernays. I myself have seen the signature of Freud where he signed himself and Minna into the guestbook of the Hotel Schweizerhof in Majola, Switzerland as husband and wife. This is highly suggestive, yet Freud loyalists have long protested that this proves nothing about the nature of their relationship. Jung, in an interview with Kurt Eissler for the Library of Congress to be released in 2013, does not expressly say that they had an affair, but he does report that both he and his wife Emma had observed, when they visited Freud for the first time in Vienna in 1907, that Minna was *au courant* with Freud’s ideas (in contrast to her sister Martha) and that she looked at Freud adoringly.

There is no question that Jung and Sabina Spielrein had a mutually erotic transference/countetransference relationship. From this distance in time it is going to be very difficult if not impossible to ascertain to what extent it was acted upon. But is that the most important question to ask? This was the beginning of psychoanalysis, and we know that Breuer had left the field because of this issue. The fact is that Sabina Spielrein was helped by Jung’s psychoanalytic treatment of her and that Jung encouraged her aspirations, demonstrating his respect for her. That she became a physician, a psychiatrist, and an early member of Freud’s psychoanalytic group in Vienna surely demonstrates that his good influence was not misplaced. The movie also highlights her role in broadening Freud’s libido theory. Her influence on Freud’s theory of the death instinct is documented in a seldom cited footnote in Freud’s *Beyond the Pleasure Principle*.

**Blumenfield** - How will a movie such as this one or the play by Christopher Hampton, upon which it is based, influence the legacy of Jung?

**Kirsch** - I have heard from some of my colleagues that they are disappointed by the portrayal of Jung in the movie. On the basis of this, as well as its sensational trailers, I was prepared to not like the portrayal of Jung. Certainly the spanking episode is over the top. The role of Otto Gross, and the fact that Jung and Gross were engaged in a mutual analysis, was one of the strongest historical, as well as dramatically pivotal, aspects of the film. Gottfried Heuer, a Jungian analyst in London and the president of the Otto Gross society, believes that Otto Gross influenced Jung deeply in 1908 toward greater sexual freedom.

Unfortunately, there is a glaring error at the end of the movie. When Sabina asks if Jung is involved with another patient, Jung says yes, and furthermore tells her that Toni Wolff is half-Jewish. That is a complete fabrication! Toni Wolff comes from one of the oldest Christian families in Switzerland. Her family tree can be traced back to the beginnings of the Swiss Confederation in the twelfth and thirteenth century. Christopher Hampton was told of his error before his play *The Talking Cure* opened in London, but he chose to leave Toni Wolff as half Jewish, and to perpetuate the error in his film version. Furthermore, many prominent psychoanalytic historians have taken Hampton’s drama as a statement of fact! Diedre Bair has documented Toni Wolff’s genealogy on page 713, note 27, in her biographical work, *Jung*.

I was especially taken by their rendition of Jung’s plea to Spielrein for a reciprocation of the caring patience he had shown toward her in her own state of terrible inner conflict. This is a faithful rendering of his state of confusion, as documented in their published correspondence, as well as alluded to by Jung in *MDR* and demonstrated in his *Red Book*, although this is generally regarded in part as his emotional reaction to the ending of his relationship with Freud.

**Blumenfield** - Did you enjoy this movie and would you recommend it to others?

**Kirsch** - I did enjoy the movie. I thought that both Jung and Freud were well represented and I especially found myself liking the Jung of Michael Fassbender. The role of Sabina Spielrien was superbly played in all its dramatic potential by Keira Knightly. The one person who was not well represented was Emma Jung. She was a much more earthy and powerful person than the haughty, frail creature seen in the movie. That was a real disappointment, because nothing I have heard about Emma Jung was represented, either by the role or by the actor Sarah Gadon.

I certainly would recommend others to see this movie with the caveats I have raised. Overall, I found myself admiring and empathizing with David Cronenberg’s portrayal of Sabina Spielrien and both Freud and Jung. I hope that mine is a more widespread reaction. If so, it may mark a shift in public awareness of Jung’s value as a pioneer and major contributor to our knowledge of the psyche.

The misrepresentation of Toni Wolff, though, poses a major problem, especially because of the later accusations against Jung for his alleged anti-Semitism. When portrayed as having begun yet one more intimate relationship with a (half) Jewish woman, when he is already widely seen as anti-Semitic, Jung the man comes across as a character lacking integrity. As the repetition of Hampton’s error by prominent psychoanalytic historians proves, drama can wield a powerful influence over even the most scholarly of minds.
New Member Profiles – Accepted

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

Psychiatric Associate Members

Elena F. García-Aracena, M.D. Brooklyn, NY
Sponsors: Scott C. Schwartz, M.D., Joseph P. Merlino, M.D.

Dr. Aracena is a PGY-3 psychiatric resident at SUNY Downstate Medical Center in Brooklyn, NY. She graduated from the Universidad Católica School of Medicine in Santiago, Chile. She has been a co-investigator in four research projects relating to infant neurology, obesity and schizophrenia. She won a research award for work she participated in on childhood seizures, graduated medical school First Class with Distinction and in 2011 won a Minority Fellowship from the APA. She has done committee work with her residency training program and was on the APA Council for Advocacy and Government Relations. She has co-authored three papers and been on nine workshops or posters.

Said Ibrahim, M.D. Hawthorne, NY
Sponsors: Scott C. Schwartz, M.D., César Alfonso, M.D.

Dr. Ibrahim received his BS from George Mason U in Fairfax, VA in 2000, his MD from Ross U in the Dominican Republic in 2005, did his internship in internal medicine at Albany Medical Center in Albany, NY, did a six month residency in neurology at Albany Medical Center, a one-year fellowship in brain collection at NIMH in Bethesda, MD 5/2008-6/2009, and he has been in a Residency in Adult Psychiatry with Albert Einstein and Mount Sinai Schools of Medicine through 2011. He is currently in a Child and Adolescent Fellowship Program at Westchester Medical Center, in a Psychodynamic Certification Course at NYMC, and an attending psychiatrist in a private practice clinic in Albany, NY. He is a member of multiple psychiatric professional societies.

Shervin Shadianloo, M.D. Valhalla, NY
Sponsors: Michael Blumenfield, M.D., Clay Whitehead, M.D.

Dr. Shadianloo received his MD from the Tehran University of Medical Science in Tehran, Iran in 2004. He is a PGY-1 psychiatric resident at New York Medical College in July 2011. He has worked as a GP and OB/GYN and had psychiatric training experience in Australia. In conversation with Dr. Blumenfield, one of his sponsors, he expressed great interest in psychodynamic psychiatry and is planning to begin a personal psychoanalysis in the near future.

Sheldon N. Siegel, M.D. Rochester Hills, MI
Sponsors: Cassandra N. Klyman, M.D., Philip M. Margolis, M.D.

Dr. Siegel received his undergraduate degree from Wayne State U in Detroit, MI in 1954, his MD from Wayne State in 1958, completed residency training at Detroit Receiving Hospital in 1962 and his psychoanalytic training at MI Psychoanalytic Institute in 1975. He has been in private practice since 1967. He has been involved in utilization review activities and was president of a company that developed and marketed computer software from 1984-2000. He was Chairman of the Department of Psychiatry at William Beaumont Hospital in Troy, MI from 1981-2006. He has been active in the Michigan Psychiatric Society for many years and was President from 1989-90.

Meredith Kelly, M.D. New York, NY
Sponsors: Deborah Cabinass, M.D. and Eve Leeman, M.D.

Dr. Kelly is completing her psychiatric residency training at Columbia/New York State Psychiatric Institute. She attended Goucher College in Baltimore, MD for her undergraduate education and graduated from Albert Einstein College of Medicine in 2008. She will be beginning a fellowship in Addiction Psychiatry also at Columbia. She has presented three times at the APA, has been a co-author on five peer-reviewed papers on schizophrenia or psychosis, and has been on several committees in medical school and residency.

Alla Taller, M.D. Potomac, MD
Sponsors: Gerald P. Perman, M.D. and Michael Blumenfield, M.D.

Dr. Taller graduated from medical school in Russia, had an internship there in 1978 and completed a residency in neurology in 1987. She came to the US and completed a psychiatry residency at U MD in 2000 and passed her boards in 2003. She has worked at the VA in Baltimore since 2000 and now works part-time as she increases her private practice. She has had her own therapy and is interested in psychodynamic psychiatry.

Eugene West, M.D. New York, NY
Sponsors: Joseph Merlino, M.D. and Leah Davidson, M.D.

Dr. West received his BA from Bowdoin College, Brookline, ME and his MD from U of Rochester School of Medicine. He trained in psychiatry at NYU Medical Center and completed a Fellowship in Academic and Administrative Psychiatry in 1995 also at NYU. He is a Clinical Associate Professor in Psychiatry at NYU and an attending psychiatrist at Lennox Hill Hospital in NY. He has had extensive teaching and administrative experience and is published.

Javier Santos Cubiñá, M.D. San Juan, PR
Sponsors: César Alfonso, M.D. and Kimberly Best, M.D.

Dr. Santos Cubiñá is a PGY-4 resident in the Ponce School of Medicine, Department of Psychiatry program in Puerto Rico. He is also an internally acclaimed musician and music producer. At the conclusion of his residency training in the summer of 2013, he will pursue fellowship training in psychosomatic medicine in the US as well as psychodynamic psychotherapy training. He wishes to join the Academy as a way to advance and achieve his career goals. He is already a member of the American Psychiatric Association and of the Academy of Psychosomatic Medicine.
Maureen Aniakudo, M.D.    San Antonio, TX
Sponsors: Gerald P. Perman, M.D. and Michael Blumenfield, M.D.

Dr. Maureen Aniakudo is a fourth year psychiatry resident at the U of TX, San Antonio who will be graduating in June 2012. She worked for the City of Milwaukee Fire Department from 1986-2000, attended the Milwaukee Area Technical College from 1996-2000, and attended and graduated medical school at the U of Wisconsin, Madison 2000-2006. She was a family medicine resident at U Wisconsin 2007-2009 after which she began her psychiatry residency. She would like to find a fellowship in Addiction Medicine or another subspecialty after residency. She is interested in and enjoys doing psychotherapy and wants to join the Academy to make professional contacts and to meet like minded colleagues.

Jesus Manuel Gil Gutierrez, M.D.    New York, NY
Sponsors: César Alfonso, M.D. and Scott Schwartz, M.D.

Dr. Jesus Manuel Gil Gutierrez is a PGY-III in the NYMC Metropolitan Hospital Center Psychiatry Residency training program. He graduated summa cum laude from Escuela de Medicina San Juan Bautista-Caguas Puerto Rico in June 2008 and from the U of Puerto Rico-Rio Piedras, PR in July 1998. He is enrolled in the New York Medical College Psychoanalytic Institute two-year certification course in Psychodynamic Psychotherapy.

Basant K. Pradhan, M.D.    Philadelphia, PA
Sponsors: Kimberly Best, M.D. and César Alfonso, M.D.

Dr. Pradhan completed his undergraduate education at Stewart Science College in India in 1993 and his medical education at SCB Medical College in India in 2000. He completed psychiatric residency training at Albert Einstein Medical Center in Philadelphia, PA in June 2010. He will complete a fellowship in Child and Adolescent Psychiatry at Thomas Jefferson in Philadelphia in June 2012. He is taking a two-year course in psychodynamic psychotherapy at the Psychoanalytic Center of Philadelphia. Prior to coming to the U.S. he studied several other treatment modalities in India. He has published and presented on general and psychodynamic psychiatry and been the recipient of several awards during his training. He has been socially active within his profession in several capacities.

ZhengJia Ren, M.D.    Sichuan, China
Sponsors: César Alfonso, M.D. and Elise Snyder, M.D.

Dr. Ren is a distinguished physician who graduated from Zun Yi Medical School in Guizhou, followed by psychiatric residency at the West China Hospital in Chengdu, Sichuan. While a resident he completed the CAPA two-year certification course in psychodynamic psychotherapy. Dr. Ren is currently completing an MPH at the Chinese University in Hong Kong. He remains an enthusiastic proponent of psychodynamic theory and is quite original in his thinking, attempting to integrate Eastern traditions based on Buddhism, Confucianism and Taoism into the practice of psychodynamically-informed supportive psychotherapy. In addition to his interest in religion and psychotherapy, Dr. Ren has vast experience working as a clinician with survivors of natural disasters and he has lectured and published in this area.

Psychiatric Member

David F. Lifschutz, M.D.    New York, NY
Sponsors: Sheila Hafter Gray, M.D., Jack Drescher, M.D.

Dr. Lifschutz attended Yeshiva College, NYC from 1960-63 and graduated from U WI in Madison, WI in 1964. He received his MD from U WI Medical School in 1968. He was in residency training at LAC-USC Medical Center from 1969-72 where he was also a child fellow from 1972-73. He has been a candidate at the NYU Post-Doctoral Program for Psychoanalysis since 2008. He has had clinical faculty appointments at USC School of Medicine in LA and Mt. Sinai School of Medicine in NY in the past and, since 1996, has had an appointment at Albert Einstein College of Medicine since 1996. He has been on the staff of several hospitals over the years and has been an Associate Attending at Beth Israel Medical Center in NY since 1987. He has been active on many committees and has had multiple consulting experiences over the years. He is on several pharmacologic speakers bureaus.

Michael E. Swain, M.D.    Chicago, IL
Sponsors: Juan R. Condemarin, M.D, Arash Javanbakht, M.D.

Dr. Swain graduated college from the U. Chicago in 1973, received a Master's Degree from Chicago State U in 1979, graduated U IL Medical School in 1985, completed residency training in psychiatry at Loyola Medical Center, Maywood IL in 1989 and had psychoanalytic training at the Institute for Psychoanalysis in Chicago from 1988 until 1998. He is in the private practice of psychiatry and psychodynamic psychotherapy. He is an instructor in psychiatry at the Northwestern Memorial Hospital in Chicago, IL.

Julia Wellin, M.D.    Garrison, NJ
Sponsors: Sigray Sanger, M.D. and Joan Tolchin, M.D.

Dr. Wellin graduated Barnard College in 1969 with post-graduate work in philosophy cum laude in 1979. She received her M.D. from Albert Einstein College of Medicine in 1974 and completed her psychiatric residency at Jacobi Hospital in 1977. She finished a Child Psychiatry Fellowship at St. Luke’s Hospital in NY in 1984. Dr. Wellin was a psychoanalytic candidate at the Psychoanalytic Institute at NYU Medical Center from 1981-1992 and has been trained in EMDR and hypnosis. She has been in private practice since 1977 with several other positions with social service agencies and training programs.

Warren Tanenbaum, M.D.    New York, NY
Sponsors: Michael Blumenfield, M.D. and Gerald P. Perman, M.D.

Dr. Tanenbaum has had a long-standing interest in psychoanalytic and psychodynamic psychiatry. He took two years of psychoanalytic classes at the Downstate Medical Center. For much of his career he was an Associate Professor of Psychiatry where he taught medical students and residents and provided extensive clinical supervision. In addition to being the Director
or Acting Director at Kings County Hospital, he maintained a substantial private practice that he continues half-time. He is a theatre, museum and professional sports lover.

Psychiatric Fellow

Alan S. Barasch, M.D.  New York, NY
Sponsor: Elizabeth Anchinclos, M.D., Erminia Scarcella, M.D.

Dr. Alan S. Barasch has taught Brief Psychodynamic Psychotherapy for 20 years in the Department of Psychiatry at Columbia University College of Physicians and Surgeons in a unique fashion using role play. He is also a member of the Research Faculty at the Columbia University Center for Psychoanalytic Training and Research where he teaches candidates “Psychotherapy for Analysts.” Dr. Barasch also teaches in the Psychoanalytic Psychotherapy training program at the Columbia Center. He has won multiple prestigious teaching awards over the years. He has also published several recognized papers on psychodynamic psychotherapy in peer-reviewed journals. He has maintained a busy private practice since 1983.

Psychoanalytic Fellow

Flavia Robotti, M.D.  New York, NY
Sponsors: Carlo Filiaci, M.D., Edward Stephens, M.D.

Dr. Flavia Robotti received her medical degree from the University of Bologna, Italy in 1976, completed residency from Cabrini Medical Center, NY in 1981, her Diploma in Psychoanalysis from NY Medical College Psychoanalytic Institute in 1984, and has been in private practice since 1981. She has also worked as a psychiatrist with Pathways to Housing, Catholic Charities, Gallup Indian Medical Center in NM, and currently with the Rikers Island Psychiatry Department.

Caroline Sehon, M.D.  Bethesda, MD
Sponsors: Gerald P. Perman, M.D. and Sheila Hafter Gray, M.D.

Dr. Sehon received her MD from the Faculty of Medicine, University of Manitoba in Winnipeg, Canada in 1998. She completed residency training in psychiatry at the same institution in 1993. She completed a two-year fellowship in Child and Adolescent Psychiatry in 2000 at the George Washington University School of Medicine and National Children’s Hospital in Washington, D.C. She completed four years of psychoanalytic training in 2011 at the International Institute for Psychoanalytic Training (IPI) in Washington, D.C. She has completed additional training in couples therapy through the IPI and the Tavistock Clinic. She has been in private practice since 2000 in Chevy Chase, MD and has held multiple academic positions including Director of the Child and Adolescent Psychiatry Program in the Department of Psychiatry at Georgetown University Hospital in Washington, D.C. She is a member of nine psychiatric and psychoanalytic organizations, has held many positions of leadership, and she been an active teacher in multiple settings.

Tomislav Gajic, M.D., Ph.D.  Valjevo, Serbia
Sponsors: Michael Blumenfield, M.D., Gerald P. Perman, M.D.

Dr. Gajic is a 48 year old Serbian psychiatrist who currently does psychodynamic psychotherapy in private practice. He is Vice President of the Serbian Psychoanalytic Psychotherapy Association and is the Serbian delegate to the European Federation of Psychoanalytic Psychotherapy Association. Dr. Gajic completed medical school in Belgrade in 1997 and then did a master’s thesis titled Biosocial Role of Personality in Depressive Episodes. He also received a PhD and has served as a psychiatry resident. He studied for 6 years in the School for Psychoanalytic Psychotherapy and has had 300 hours of personal analysis, 150 hours of supervision with two different supervisors and 400 hours of lectures over a three year period. Dr. Gajic served several years as Head of the Department of Psychiatry at the Health Center in Valjevo, Serbia before entering private practice, which had been a long time ambition of his. He has made over 50 presentations at psychiatric meetings and has published 16 psychiatric papers. He appears very dedicated to psychodynamic psychotherapy.
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