

# ACADEMY FORUM

Vol. 63, No. 1 - Spring 2018



The American Academy of Psychodynamic Psychiatry and Psychoanalysis



## Table of Contents

### Volume 63, Number 1 – Spring 2018

Message from the Editor.....	5
<b>Angela M Hegarty MB BCh BAO (NUI)</b>	
From the President.....	7
<b>Jennifer I. Downey, MD</b>	
Message to the Academy from the President Elect.....	8
<b>Gerald P. Perman, MD</b>	
Pain and Distress: Psychodynamic Aspects and Collaborative Models of Care	
62ND Annual Meeting in New York May 3-6, 2018.....	8
<b>Xavier F. Jimenez, MD, MA</b>	
 <b>ARTICLES</b>	
Perman in China: The CAPA Tour of 2017 .....	10
<b>Gerald P. Perman, MD</b>	
Psychodynamic Psychiatry: Training Challenges in Underserved areas of the world- a need for international collaborative educational models .....	11
<b>César A. Alfonso, MD</b>	
Loneliness a Reflection .....	13
<b>Douglas H. Ingram, MD</b>	
How do we talk about the Experience of Awe: A Conversation with Lise VanSustern .....	14
<b>Lise C. Van Sustern, MD and Angela M Hegarty, MB BCh BAO (NUI)</b>	
Samuel Slipp, a Remembrance, Part One: The Contribution of	
Dr. Samuel Slipp to Psychodynamic Psychiatry .....	16
<b>César A. Alfonso, MD and Marco C. Michael, MD</b>	
Clinical Vignettes: The Use of Dreams .....	19
<b>Gerald P. Perman, MD</b>	
 <b>BOOK REVIEWS</b>	
<i>On the Body: A Psychoanalytic Exploration of the Body in Today's World</i>	
Vaia Tsolas and Christine Anzieu-Premmereur Editors .....	20
<b>Reviewed by Angela M Hegarty, MB BCh</b>	
<i>Handbook of Psychodynamic Approaches to Psychopathology</i>	
Patrick Luyten, Linda C. Mayes, Peter Fonagy, Mary Target and Sidney J. Blatt .....	22
<b>Reviewed by Jo-Ann Elizabeth Leavey, NP EdD</b>	
<i>Brain on Music</i>	
Daniel J. Levitin .....	23
<b>Reviewed by Astrid Rusquellas, MD</b>	
<i>Contemporary Psychoanalysis and Modern Jewish Philosophers</i>	
Michael Oppenheim .....	25
<b>Reviewed by Ronald N. Turco, MD</b>	
Welcome New Members.....	27

---

**Cover Photo by Angela M Hegarty, MB BCh**

Harbingers

Thinking about a spring garden.

---

## **Editorial Policy for THE ACADEMY FORUM**

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

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

1. the editor may proofread and edit all articles for content, spelling and grammar.
2. the printing of the article in THE ACADEMY FORUM and the printing date and placement are at the discretion of the editor.
3. the author of the article may submit his/her article published in THE ACADEMY FORUM to additional magazines for publication after obtaining permission from THE ACADEMY FORUM.
4. THE ACADEMY FORUM does not normally accept previously published articles but may do so at the discretion of the editor.

Criteria for Submission:

1. All articles must be sent electronically as an attachment in a Word file (or text file) to [articlesforforumeditor@gmail.com](mailto:articlesforforumeditor@gmail.com). Any pictures embedded in the file must be high quality JPG files of each picture used.
2. Articles should be 1,000 to 2,500 words in length although the editor may make exceptions. Book reviews should usually approximately 1500 words. Please note that lists and examples take up room and decrease the number of words allowed.
3. Submissions should be of interest to the membership of the American Academy of Psychodynamic Psychiatry and Psychoanalysis including medical students, psychiatric residents, academic psychiatrists, research psychiatrists, psychiatrists in private practice, and psychiatrists working in the public sector.
4. Articles should be educational, new, informative, controversial, etc. Adequately disguised case vignettes with an informative discussion are welcome.
5. Although we edit and proofread all articles, PLEASE spellcheck your document before submitting it for publication. Be especially careful with names and titles.
6. Please use a word processor such as Microsoft Word and do not attempt to do fancy formatting. It does not matter whether you use a PC or a Macintosh computer. Do NOT use old, outdated programs as we may not be able to open the files.
7. Any photographs being submitted for publication must be clear and have excellent contrast. Please include a note with names of people in the photo or a description of what it shows.
8. Electronically created images should be in JPG format at 300dpi. JPG formatted images should be actual size or larger. Small JPG images will distort when enlarged, but larger ones look fine when made smaller.
9. Since editing submissions for publication is time consuming, we ask you to:
  - a. Never use the space bar more than once in succession. This includes at the end of a sentence after the period.

- b. If you want more than one space, use the tab.
- c. Space once before or after using a parenthesis. For example: (1) Freud or Freud (1)
- d. Space once before and after using a quotation mark. For example:  
John said, "Your epigenetic model was spot on."  
Then the research ended.
- e. Any articles that contain pictures of any kind must include the actual picture file in addition to the article.
- f. If something comes up at the last minute, call or email to see if you still have time to submit your article for that issue.

### **Deadlines for Article and Ad Submission**

- THE ACADEMY FORUM is published electronically in October (the Fall issue) and in April (the Spring issue).
- Confirmation for submissions are due seven weeks prior to the month of publication.
- Copy (articles) is due four weeks before publication

### **ADVERTISING**

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

## **ACADEMY FORUM**

**Editor:** Angela M. Hegarty, MB BCh

**Deputy Editor:** David L. Lopez, MD

**Past Editors:** Gerald P. Perman, MD and Mariam Cohen, MD, PsyD, PhD

**Editor Emerita:** Ann Ruth Turkel, MD

**Book and Film Review Editor:** Sarah C. Noble, DO

**Associate Editors:** Abby I. Altman, MD; David V. Forrest, MD; Harvey R. Greenberg, MD; Jeffrey M. Koffler, MD; Peter J. Stein, MD; Edward M. Stephens, MD

**Corresponding Editors:** Roman Anshin, MD

### **The American Academy of Psychodynamic Psychiatry and Psychoanalysis**

**Officers:** Jennifer I. Downey, MD, President, Gerald P. Perman MD, President-Elect, Immediate Past President, David L. Lopez, MD, Scott C. Schwartz, MD, Secretary; Abby I. Altman, MD, Treasurer

**Trustees:** Luis Angel Garza, MD, Angela M. Hegarty, MB BCh, Debra A. Katz, MD, Alicia D. McGill, MD, David L. Mintz, MD, Autumn Ning, MD, Sarah C. Noble, DO, Jeffery S. Smith MD

**Executive Director:** Jacquelyn T. Coleman, CAE

**Executive Assistant:** Marie L. Westlake

*The Academy Forum is a journal of news and opinion published by the American Academy of Psychodynamic Psychiatry and Psychoanalysis. Opinions expressed in the Academy Forum are not necessarily those of the Executive Council and do not represent the official policy of the Academy.*

The *Academy Forum* welcomes contributions from readers. All manuscripts must be submitted in computer-readable format. All manuscripts are subject to editing for style, clarity, and length. All communications, including manuscripts, queries, letters to the Editor and changes of address should be addressed to: Angela M. Hegarty, MB BCh at [ahegarty@me.com](mailto:ahegarty@me.com).

Subscriptions: \$20.00 per year (U.S. and Canada only). Order from the Academy.

Email: [info@aapdp.org](mailto:info@aapdp.org)

Website: [www.aapdp.org](http://www.aapdp.org)

## MESSAGE FROM THE EDITOR

### *A Time of Change, Growth and Possibility*



At the Academy this is a time of change: we are changing our name, our logo and our President. Dr. Downey has sent us her final message as President and Dr. Perman his first.

Dr. Downey's Last Message as President: New Initiatives: is worth reading closely. The first thing one

notices is that there is a series of important initiatives that are timely and important. These initiatives are important for our discipline and deserve our support. For example, in this issue we have a travel piece by Dr. Perman dealing with his tour of China and Tibet as part of the CAPA - a distance learning program developed by the American Psychoanalytic Association. We have another article by Dr. Alfonso about a similar initiative for underserved regions in Southeast Asia. What strikes me reading Dr. Downey's message is that here in the United States many residency programs in psychiatry are underserved from the educational standpoint. Too many programs are struggling to teach psychodynamic psychiatry to residents. There is a new educational initiative to take the Academy's commitment to teaching to the next level. We already have the Teichner program. We are in the process of developing a distance learning program as well. Other programs of interest discussed in the message includes news of two committees focused on advocacy: a committee for the advancement of psychoanalysis and an advocacy task force.

Psychoanalysis and Psychodynamic Psychiatry in Asia: After Dr. Perman's message to the Academy we had an exciting preview of the coming attractions at our meeting in May. Drs. César Alfonso and Xavier Jimenez and the Program Committee have outdone themselves this year. We have an international panel of speakers from all over the globe - as well as from the United States - exploring the different ways the body enters the conversation either at the level of theory or clinical practice.

Our Articles take us far and wide. As I mentioned above, we begin with Dr. Perman's travel piece on his trip to China and Tibet as part of CAPA - with pictures. Dr. Perman takes great pictures. As Editor it was my pleasure to pick just three. I chose one image to remind us that when Europeans were painting on cave walls, the Chinese were already writing on paper, a second - an amazing shot that captures the energy of Shanghai at night and finally a photograph of a bird - so gorgeous I had to check with Dr. Perman to confirm he had not taken a picture of a plush toy but a bird he saw in a cage outside a restaurant on his travels with CAPA.

Dr. César Alfonso has been working to develop a program

along similar lines in Southeast Asia. His article about the program was recently published in the British Journal of Psychiatry. His article in Forum is about the people: the faces of the psychodynamic psychiatry today. From the beginnings Freud saw to it that psychoanalysis reached beyond the cultural nursery in German speaking Vienna. He reached beyond the German speaking world east to Hungary and west to both France and Britain and eventually the Americas: from Canada to the Rio de La Plata and beyond. That psychodynamic psychiatry and psychoanalysis is being taught in Asia would no doubt feel natural to Freud. The man was never known for his modesty. It is good to see that Freud was right about some things in this case his vision that psychoanalysis and psychodynamic psychiatry would be useful beyond the European nursery where our fledgling discipline took its first steps.

Burnout: The problem of clinician burnout has always been a concern but these days many indicators suggest that the issue has developed new urgency. The American Psychiatric Association had a town meeting last May on the topic that was standing room only. There is a new committee dedicated to clinician burnout at the APA. On the APA website there are tools - for both self-assessment and management tools that encourage psychiatrists to take charge of this problem. Loneliness is a contributor to burnout. Loneliness is also emerging as a public health crisis. As outlined in a January 17, 2018 article in the New York Times the English Prime Minister has appointed a minister for loneliness to her cabinet.

In this issue Dr. Doug Ingram offers us a reflection on Loneliness an increasingly common problem even in an age when we can have thousands of followers on Facebook, text anyone at any time and even speak face to face though separated by vast distances.

Next, we have a Conversation about the Experience of Awe. The experience of awe is universal. It stops us in our tracks and takes us outside ourselves. On the SAT's I do not know whether awe would qualify as an antonym of burnout, but such moments of self-transcendence may, on a more experiential level explain why spiritual and religious practice is associated with resilience in the face of chronic adversity. The article in this issue flowed entirely from an extended conversation I had with Dr. Lise Van Sustern. As we spoke we knew we were on to something that we wanted to share. It was such a good conversation we decided to share it with you.

Finally, one of the most important things we can do about burnout is to seek inspiration. Catholics and Buddhists - indeed all great spiritual traditions know that remembering the great ones - be they Bodhisattvas or saints lifts the spirit in surprising ways. One does not have to be a member of any

tradition to benefit from wisdom gained across the millennia. Dr. Alfonso's remembrance of Dr. Sam Slipp - a writer, teacher, mentor, clinician and past president of our Academy is inspiring to read. Remembering those role models and mentors we most admire is something we should do more.

Coming back to our work as clinicians, the work we love, we close with an article in our occasional series Clinical Vignettes, dealing with the use of dreams in psychotherapy by Dr. Perman.

**Book Reviews:** In our Book Review four volumes for psychodynamic psychiatrists and psychoanalysts that look at our field from the general to the specific, from e theoretical to a clinical focus.

First to anticipate the themes of our upcoming meeting in May, I review a book that we all should be reading right now. *On the Body* edited by Drs. Vaia Tsolas and Christine Anzieu-Premmereur is a timely in depth look at the impact of technology on everything from the structure of the family, notions of gender, the disconnect between sex and reproduction, the impact of constant texting and engagement in social media on human relatedness and on and on. The book offers a starting point from which to begin to frame the kinds of problems our patients are presenting to us - problems that are different in important ways from those even of the 1990s.

Second, Dr. Leavey reviews *Handbook of Psychodynamic Approaches to Psychopathology* - her review does the one thing all reviews must - she helps us make a decision as to whether we should buy this book. It is one of those beginners' books that is useful for all levels. Reading her review, it is clear to me that this one belongs on every bookshelf. Dr. Leavey's review is more than an excellent summary; it works well as an introduction to the text itself.

Third, we have a special treat for readers interested in music and the brain and a wonderful overture to the topic for the rest of us. Dr. Astrid Rusquellas review of *This Is Your Brain on Music* by Daniel J. Levitin. I enjoyed this review too - it stands alone as an inviting reflection as well as an introduction to this topic and this text.

Last but by no means least, we have Dr. Turco's review of *Contemporary Psychoanalysis and Modern Jewish Philosophy*. At first glance one might think this is a book for specialists. Dr. Turco's review is so interesting it is hard to believe that to be the case.



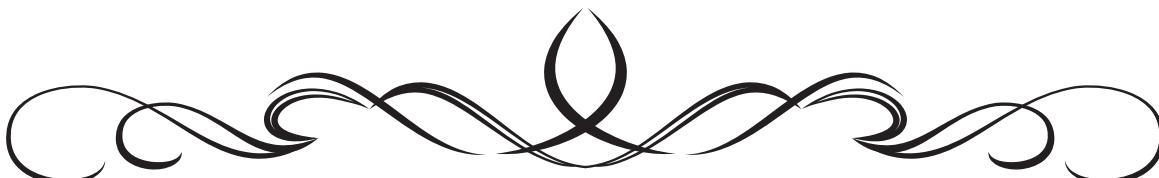
## REMINDER

REGISTER FOR THE 62ND ANNUAL MEETING  
NOW TO TAKE ADVANTAGE OF THE EARLY  
REGISTRATION RATE:

[www.aapdp.org](http://www.aapdp.org)

HOTEL AVAILABILITY CAN BE FOUND ON  
THE APA'S WEBSITE:

[https://www.psychiatry.org/psychiatrists/meetings/  
annual-meeting/hotel-information](https://www.psychiatry.org/psychiatrists/meetings/annual-meeting/hotel-information)



## FROM THE PRESIDENT



Dear Academy Members,

Since becoming President of the Academy in May of 2016, I've made an effort to use these Forum and Newsletter messages to share important developments in our organization. Some of these things were "in the works" the last time I wrote to you.

I'm happy to say that a number of initiatives have been accomplished. Here's what's happened!

First of all, you will remember that we resolved as an organization to change our name. To change the name of a non-profit organization in the state of New York is a surprisingly complicated task. I'm happy to say the legalities of this have been completed. We are now officially The American Academy of Psychodynamic Psychiatry and Psychoanalysis! This required that we adopt a new logo. For several months an artist was working with us and presenting prototypes. Executive Council discussed this in December and recently met to make a decision. By formal vote, we chose a more modern logo, which still incorporates a simplified version of the seal previously represented on our official documents. The logo will be seen soon on our website, our letterhead, and programs. Keep an eye out for it.

Secondly, we have been working on an affiliation with the American College of Psychoanalysts, an honorary group of senior psychoanalysts. Ably led by a negotiating team of Doug Ingram, Richard Friedman, and David Lopez, the Academy negotiated an agreement with the College to join us. It was signed by the Presidents, myself and Mark Unterberg, in December 2017. The name of our larger organization will remain the same—the American Academy of Psychodynamic Psychiatry and Psychoanalysis. All College members have been invited to join the Academy. The College will bring its funds to the Academy. There will be a Committee for the Advancement of Psychoanalysis initially headed by Dr. Unterberg. The Committee will contribute special proposals to the Program Committee for Academy meetings and may engage in other projects. All of us will be invited to participate. I'm excited that the College brings a group of scholarly clinicians devoted to the practice of psychoanalysis and its theories. They will enrich the Academy.

Thirdly, our involvement in psychiatric residency education is growing. The original Teichner program, started eleven years ago when Sherry Katz-Bearnot was President (funded by a grateful patient of Victor Teichner, an Academy member who was voted in as President but was never able to take office because of illness), provided funds to a deserving US psychiatric residency training program to support a

Teichner Scholar's visit of several days to teach trainees and faculty about psychodynamic approaches to psychiatry. The Program chooses a scholar from a roster of Academy member volunteers. This year we had eight applicants for the award and we were able to offer two prizes.

In the course of managing this competition, we became aware that psychiatric training programs in the US are struggling to provide training leading to competency in psychodynamic psychiatry. We know that programs need more than the single scholar's visit, no matter how inspiring. This year, one of our members, Allan Tasman, agreed to lead a project funded by the Academy to provide ongoing teaching via distance-learning technologies to residency training programs in need. Jeff Katzman, our Chair of the Committee on Education, who has already been testing the idea, will work with him. The Distance Learning Project will start out "small" and use as the first groups programs that received the Teichner in the past or applied for the prize. A number of Academy members already have experience with teaching psychodynamic concepts over the internet and others of us could acquire this expertise. If this idea interests you, I hope you will contact Allan Tasman for further information.

Finally, the Academy has had the opportunity this year to join in advocacy for important issues that affect our patients. The political climate in the US right now is hostile to people who need help, whether they are immigrants, people without insurance, people with mental illnesses, or sexual minorities. This year we formed an Advocacy Task Force to advise the President on the issues the Academy is called upon to support. Working quickly, because often there is little time before a decision is needed, members of the Task Force have advised me on several issues this year; and the Academy became a signatory in support of several initiatives coming from the APA. With the approval of the Executive Council, we also gave our support to the Coalition for Psychotherapy Parity, which prepared an outstanding report on discrimination by insurance companies against people who need mental health services. The Coalition is headed by Dr. Susan Lazar, and our own Eric Plakun from the Academy is a founding member. You can find our name and the very compelling report on the group's website—[psychotherapyparity.org](http://psychotherapyparity.org).

This is my last Presidential message in the Forum and the Newsletter before Gerry Perman takes office. I come to the end of my term with the belief that as Academy members there is much we can do for our discipline, our colleagues, and our patients. I hope you will be inspired to join with us in some of the initiatives we have begun and others yet to come.

Warmly,  
Jennifer Downey, MD

# MESSAGE TO THE ACADEMY FROM THE PRESIDENT-ELECT

Gerald P. Perman, MD



Dear Members of the Academy:

Thank you for your confidence in asking me to serve as your President-Elect.

The Academy is in excellent shape with many well-functioning components.

Over the past several years, Dr. Jennifer Downey, and past president, Dr. David Lopez, have guided the Academy along a path of stability, as well as providing creative and flexible responses to the ever-changing needs of our members.

For example, we have changed our name on the one hand, to reflect the reality of the relative positions of psychodynamic psychiatry and psychoanalysis in psychiatric residency training today and in the public's mind.

At the same time, we are in the process of completing a merger with the American College of Psychoanalysts that will add to the richness and depth of the psychoanalytic tradition out of which our Academy was born.

Our Annual Meetings are well-received by attendees, are of consistently high quality, and reflect the great diversity of interests in our field today. They are organized by our Program Chairs, and are overseen by our Chair of Programs, with care, creativity, unbounded energy and tremendous enthusiasm.

Our publications are top quality, informative and engaging, and the Teichner Scholar, Scott Schwartz Award and other educational initiatives continue to thrive.

When I take over as President next May, some of my interests will be: 1. to find ways to increase the membership of the Academy by more aggressively reaching out to trainees and psychiatrists at all stages of their careers; 2. to find out from our leaders and members how they would like to see the Academy evolve for themselves in the immediate and long-term future; 3. to keep the Academy on a firm financial footing; 4. to support our current educational initiatives mentioned above as well as those in the areas of global psychiatry, integrative-care and distance teaching; 5. to maintain our deepening and evolving relationship with the American Psychiatric Association; and 6. to reinforce the importance of the psychiatrist-patient relationship in the diverse clinical settings in which we work.

Thank you again.

Gerald P. Perman, MD  
President-Elect, American Academy of Psychodynamic Psychiatry and Psychoanalysis

# The American Academy of Psychodynamic Psychiatry and Psychoanalysis

62nd Annual Meeting

May 3 – May 5, 2018

Sheraton New York Times Square Hotel

**Pain and Distress: Psychodynamic Aspects and Collaborative Models of Care**

By Xavier F Jimenez MD, MA

With a world in flux, it is only fitting for psychodynamic clinicians to focus on the affective shifts that change and challenge can generate. Political and cultural wars are blazing, magnifying strains on important questions of ethics, civility, identity, and safety. Polarization is unfortunately becoming the norm, resulting in widespread distress unlike any experienced by this generation. The clinical ramifications are ample, complexifying more customary therapeutic concerns of stress, depression, grief, and loss. Oh, and let's not forget our day jobs as physicians tasked with alleviating the most basic of medical symptoms and complaints: pain.

Patients seek help and healing when they experience pain and suffering. As physicians and healers, we are tasked with assessing, treating, and supporting such symptoms, and yet the predominantly medical model we work within often focuses solely on biophysiological drivers and solutions. However, many a patient will feel only partially addressed by this approach, and refractory pain and distress often persist. We are faced with a strained, ineffective, costly, and even dangerous medical system, leaving patients isolated, disabled, dependent, and at times sicker. Providers are also suffering from burnout and disillusionment while practicing rigidly and defensively. When a dissatisfied, afraid, fixated, or overwhelmed patient with persistent symptoms is in our care, we must explore deeper psychodynamic forces causing, fueling, or maintaining pain and distress. And when strained physicians, colleagues, and trainees are distressed by our care options, we similarly must consider dynamically-creative approaches and solutions.

The questions generated in these dilemmas are many: What is a given patient's core or underlying pain? Does physical pain (or any other "medical" symptom) often or always represent more? What intolerable experience is informing the preferable yet painful current presentation? And how do these surface manifestations change over the lifespan? Beyond physical pain, what is there to be done about the pain of loss, shame, rejection, isolation, disability, and helplessness? And what function does distress serve? In such distress, what is being communicated, in what manner, in what context, and for what reasons? We may argue that the human experience - behaviorally, attitudinally,



**Xavier F. Jimenez,  
MD, MA  
Program Co-Chair**

conference Co-Chairs are two psychoanalytically-trained consultation-liaison psychiatrists and Academy members with backgrounds corresponding to the meeting's themes. Dr. Xavier Jimenez is Medical Director of the Chronic Pain Rehabilitation Program at the Cleveland Clinic, and Dr. Cesar Alfonso is Associate Professor of Psychiatry at Columbia University and Chair of the Psychotherapy Section of the World Psychiatric Association. The program is enriched by a diverse group of speakers and a rich array of topics. In fact, the variety of perspectives to be showcased at this year's conference reflects the very protean nature of hurt and fear, of ache and angst, and of pain and distress.

Pain in its most literal, somatic sense has been manifest in the public consciousness due to the well-publicized opioid crisis, with accompanying latent distress easily discernible amidst many sociological and political changes. But what do psychoanalysis and psychodynamic psychiatry have to say about pain specifically? Plenty traditionally, beginning with Freud's Studies on Hysteria (1895) in which he linked traumatic experiences to pain syndromes. Since those early writings, Breuer, Janet, Reich, Alexander, Bowlby, Stern, Herman, Engel, Taylor, and many others have commented on this relationship. The correlation between childhood adversity and trauma has been corroborated by numerous studies, and it continues to bear out in clinical practices around the world. And trauma, whether it be overt as is often reported versus covert as is often suppressed; whether objectively occurring or subjectively perceived; whether experienced as loss, separation, shame, or fracture; whether proximal or deeply intergenerational; trauma of any sort is always of utmost relevance in our work as psychodynamic clinicians. Pain and distress offer windows into uncovering, interpreting, and processing trauma.

More recently, psychoanalytic approaches to chronic pain have been offered by authors studying certain case examples. The Academy's journal - Psychodynamic Psychiatry – has featured the analyses of numerous examples, ranging from that of a woman with chronic psychogenic pelvic pain by Graeme Taylor (2006) to that of unexplained chest pain by Stuart Perlman (1996). But much more can be done to increase the application of psychodynamics and psychoanalysis to the amelioration of chronic pain. Chronic pain patients are not routinely

cognitively, emotionally - all stems as a tangled reaction and consequence to primordial pains as well as accompanying distress.

This year's American Academy of Psychodynamic Psychiatry and Psychoanalysis conference in New York City, the 62nd of its kind, will dedicate itself to these issues. The Academy's theme, titled "Pain and Distress: Psychodynamic Aspects and Collaborative Models of Care," is well-suited to the task. The

referred for psychodynamic care or approaches and are instead referred more frequently to mental health in general without specific consideration of latent concerns. In an analysis of an adolescent with paralyzing pain, Shapiro (1993) noted the paucity of chronic pain referrals to psychoanalysis is traditionally due to a mind-body dualism as is perceived and defined by most physicians, including psychiatrists. Chronic physical pain is thus seen as different, exceptional, and intrinsically "medical." This is a grave error of our systems, and the management of chronic physical pain has thus fallen within the chasm residing between mental health and medicine, poorly addressed by both psychiatrists and pain providers alike.

In order to restore the role of psychoanalysis and psychodynamics in the care of pain, we need to gather the experts and convene strategically. Hence this year's conference, starting on Thursday May 3rd with introductory remarks by our Academy President and our Chair of Scientific Programs, Drs. Jennifer Downey and Joanna Chambers, respectively. They will set the stage for our invited speakers, Drs. Helen Herrman and Altha Stewart, each speaking on different dimensions on global mental health. The first night concludes with a discussion with Academy members and presenters, followed by an informal reception amongst colleagues.

The first full day of the conference (Friday May 4th) opens with symposia on biopsychosocial care models, including partnerships between psychoanalysis and psychiatric care. These are followed by discussions on the psychodynamics of chronic pain and the interaction between dissociation and trauma. Paper sessions on various medical contexts will include examinations of pain subtexts, neurobiology of pain and attachment, medical decision-based anxiety, and psychosomatic disorders. The day will also feature skill-based workshops on both legal dimensions and artistic expressions of patient care, as well as interpretation of delirium and management of pain in certain medical conditions. The midday Plenary session will feature Dr. Mary Ann Cohen discussing the broader context of physician, patient, and community. Later symposia will focus on the psychodynamics of psychosomatic medicine as well as child and adolescent psychiatry, and the night concludes with Dr. Mark Sullivan's Keynote Address titled "Between Suffering and Survival: Understanding the Dynamic Links Among Physical Pain, Social Pain, and Addiction." The final day of the conference (Saturday May 5th) features a symposium on training the next generation of psychodynamic psychiatrists, numerous psychodynamic case studies, papers on varied topics such as hypnosis, unexplainable pain, collaborative care, psychopharmacology, countertransference, grief, and humor.



**César A. Alfonso, MD  
Program Co-Chair**

The conference promises to revitalize our sense of purpose in those situations in which patients feel purposeless. We have always offered an incredible amount of perspective and healing when all else fails; untangling chronic pain and distress is in fact our vocational raison d'être. With the shift away from bioreductionistic opioid- and intervention-based approaches to pain management, the paradigm pendulum has swung in favor of comprehensive approaches, and psychodynamic clinicians are well-suited to contribute at clinical, academic, and administrative levels. Through our consideration of the many dimensions of the pain experience, our appreciation of environmental incentives maintaining behaviors, our appreciation for the many defenses at play, our understanding of the centrality of trauma, and our poise in the face of serious emotional and existential distress, we have much to offer.

We hope the conference serves as a fruitful springboard for this renewed relevance, and we look forward to seeing our colleagues in New York in May.

---

## ARTICLES

### The CAPA Tour of China: Not to be Missed!

By Gerald P. Perman, MD,  
President-Elect AAPDPP

On November 11, 2017 I returned from an annual 2 ½ week Chinese American Psychoanalytic Alliance (CAPA) tour of China. My wife, Martha, and I are in agreement: this was unquestionably the best travel experience of our lives.

CAPA is an organization started by psychiatrist Elise Snyder, MD in 2008 that provides long-distance psychoanalytic and psychodynamic training, supervision and treatment to Chinese mental health professionals who have been screened for English proficiency. I taught a class on "Analytic Listening" for three years and I have provided psychodynamic psychotherapy to three CAPA students (serially) for 10 years. Go to the CAPA website ([www.CAPAChina.org](http://www.CAPAChina.org)) to learn about the CAPA two-year and four-year psychodynamic and psychoanalytic training programs, as well as ancillary training programs, e.g. supervision training and infant observation. Teaching and supervision are both provided gratuity and fees charged for treatment are in the \$35 - \$50 per session range, although analysis is sometimes conducted for less. Thus, CAPA members provide their services as a labor of love for psychoanalytic psychotherapy and for the Chinese patients that we teach and treat.



A reminder that when Europeans were painting the walls of caves, the Chinese were writing on paper.

annual tour of China for the past seven years.

Membership in CAPA is not required to take the fall tour although Elise is always soliciting for additional teachers, supervisors and treaters. Spouses, children and friends are also welcome to take the tour. This fall, we were a party of 15 from the NYC, Chicago and the DC Metropolitan areas. The tour featured three graduation ceremonies and banquets in Beijing, Chengdu and Shanghai. It encompassed these cities as well as Xi'an and Lhasa in Tibet. The tour company used was superb with a senior tour guide ("Simon") as well as competent English-speaking local tour guides for each city. The cost of hotels, meals and intra-China transportation (flights and buses) is included in the registration fee. Transportation to and from China is arranged and paid for separately. All hotels are 4/5 stars and all meals and tips are included in the registration fee.

Our plane landed in Beijing that is known as a center of politics, culture and history. After a welcome orientation dinner, the next morning we toured and walked along the Mutianyu Section of the Great Wall of China. Needless to say, we took many photos. All meals were served Chinese style at one or two round tables with entries placed on a rotating (sometimes motorized) lazy Susan. Beer, water, hot tea and sodas accompanied each meal. The vegetable, pork, shrimp, fish, beef, chicken (and yak in Tibet) entries were excellent and by the end of the trip, Martha and I worked to devise strategies to eat less in an effort to regain our appetites. In the afternoon our group visited the Summer Palace built in the Qing Dynasty and that consisted of an ensemble of lakes, gardens and palaces described as "a masterpiece of Chinese landscape design." This was followed by a roast duck dinner. The next day, members of our CAPA group presented to the Chinese students on The Phantom of the Opera and It's Enduring Success (Deborah Hamm), Couples Therapy (Arthur Nielson), Empathic

It is an amazing edifice that Dr. Snyder has constructed. Four hundred 400 U.S. mental health professionals provide long-distance training and treatment to CAPA students who live in or flock to Beijing, Chengdu and Shanghai for their on-line group classes. As one recent CAPA graduate, "Andrew," a hospital-based psychiatrist with an abiding interest in psychosomatic psychiatry, announced at his graduation ceremony in Chengdu two weeks ago: "CAPA has provided me with the best educational experience I have ever had!" In addition to the training that CAPA provides, CAPA has sponsored an

Understanding (Charles Jaffe) and Study of CCRT (Major Shao), followed by a graduation ceremony and banquet. I entertained briefly on guitar and vocals at two of the banquets and at a Chinese elementary school. A city tour included Tiananmen Square, the Forbidden City, a visit to a pearl shop, and an evening acrobatic performance. The next morning we visited a Lama Temple and the 798 Art Galleries before our bus ride to the airport for our next city.

Xi'an is best known for the Terracotta Army built by the First Qin Emperor. Rows of thousands of excavated sculptured warriors – and the excavation continues - to protect the emperor in the afterlife were on display. Not wanting his enemies to know the location of his mausoleum, he had the laborers and architects who sculpted the warriors buried alive after their work was completed! Following a noodle lunch, we visited a Tao Temple, had a dumpling banquet for dinner, and toured the "Muslin Quarter" before leaving for our next destination the next morning.

Chengdu is best known for its Panda Base. This was less interesting than I expected since giant pandas spend most of their waking hours munching on bamboo: munch, munch, munch, sleep, sleep, sleep, munch, munch, munch... We did see, however, three month old baby pandas playing with one another and "red pandas," actually related to the raccoon family. This was followed by a kong pao chicken cooking lesson, eating what we cooked for lunch, and free time in Chengdu until dinner. Then next day was our visit to the primary school. The students were extremely well-behaved and a psychologist conducted a class on identifying and expressing emotions using colored papers and a temperature chart. The Q&A with teachers addressed familiar topics such as the treatment of ADHD, educational philosophies, etc. Later in the afternoon, our U.S. CAPA faculty presented on Organizing Adolescence (Charles Jaffe), Psychoanalytic Work with ASD Patients (Anne Malone), and Introducing Lacan (Gerald P. Perman, MD). All American presenters had a Chinese CAPA member translate every two or three sentences into Mandarin.

The next morning we flew to Tibet for our visit to its capital, Lhasa. The Sangye Monastery, that included an animated weekly debate among pairs of monks, was followed by a visit to a nunnery. The hundreds of colorful Buddhist sculptured deities along with the smells of incense and the excellent histories provided by our local tour guide contributed to the unforgettable nature of the trip. Our last stop was Shanghai, the city of sky scrapers and that we saw colorfully illuminated at night from a river cruise ship. The next morning we visited the art deco Bund, the silk shop where Martha and I purchased hypoallergenic

silk duvets that promise warmth in the winter and coolness in the summer.

The sights I've described were but a part of what we saw, tasted and experienced. Chinese cab drivers gave me best Mandarin language lessons. By the time we flew home, we felt that all of our senses had been amply sated, and we were ready to go back to our lives in the U.S. with thoughts of returning again to the ancient and modern world of China. After one last tour in the Shanghai Jewish ghetto, we walked through a park before embarking to the airport. Groups of couples of all ages were dancing ballroom style to amplified music with others performing tai chi exercises. A man with a hemiplegic stroke walked among the couples. Families allowed us to take photographs of their smiling countenances.

The registration fee for the trip was about \$4,500 and the cost of roundtrip airfare to China was about \$1,000 per person. This was a flawlessly organized tour and I believe that you owe it to yourself to take this once-in-a-lifetime educational, cultural and collegial experience. Log onto [www.CAPACHina.org](http://www.CAPACHina.org) to learn more about CAPA and to register for your own unforgettable tour of China in the spring for the fall 2018 tour!

I thank Drs. Martha Perman and Elise Snyder for their helpful comments on this report.



A bird so gorgeous we had to stop to be sure it was real.



Shanghai at night.

## Psychodynamic Psychiatry Training Challenges in Underserved Areas of the World - A Need for International Collaborative Educational Models

César A. Alfonso, MD

Although psychoanalysis is not commonly practiced in many areas of the world, psychodynamic theory enhances the standard of care of the more widely used supportive and cognitive-behavioral psychotherapies. The multimodal approach of balancing cognitive restructuring, correcting cognitive distortions, along with uncovering, interpretative and supportive interventions helps our patients understand behavior and gain higher levels of functioning.

A panel presentation scheduled for the AAPDPP 62nd Annual Meeting will describe data gathered from an educational initiative of the World Psychiatric Association

(WPA) in collaboration with psychiatrists in Thailand, Indonesia and Malaysia. For more details see the 2017 article in Advances in Psychiatry published by Springer and in the current issue (February 2018) of the British Journal of Psychiatry International.

Presenters from Chulalongkorn University in Bangkok, the University of Indonesia in Jakarta, and National University of Malaysia (UKMMC) and University of Malaya (UMMC) in Kuala Lumpur, designed interventions to improve competency in psychodynamic psychotherapy. A series of live workshops were followed by one semester advanced psychotherapy courses using video conferencing and email moderated discussions, with the objective to train clinicians as expert psychotherapists and develop the supervisory skills of mid career psychiatrists. Faculty development seminars followed to further engage course graduates to develop pedagogical skills.

Presenters in this international symposium at the AAPDPP May meeting will describe their participation in the WPA collaborative program. In addition, Rasmom Kalayasiri will address the challenges of incorporating psychodynamic theory in addiction psychiatry in Thailand, Hazli Zakaria will present his experiences teaching integration of psychotherapies in Malaysia, Aida Syarinaz Adlan will debate the relevance of psychodynamic psychiatry in low and middle-income countries, and Sylvia Detri Elvira and Petrin Redayani Lukman will describe a psychodynamic psychotherapy curriculum tailored for the University of Indonesia. Dr. Marco Christian Michael will offer perspectives as a trainee who completed medical school in Indonesia and Australia and is pursuing psychiatry residency in the USA. The individual presentation abstracts are included below.

#### Is Psychodynamic Psychiatry relevant in culturally diverse Asian countries?

Aida Syarinaz Adlan, a Malaysian psychiatrist who completed a psychodynamic psychotherapy fellowship in Canada, will address the topic of cultural adaptation. Psychiatry in Southeast Asia, as a profession, faces the challenge of serving mental health needs across a great socioeconomic divide of large prosperous cities surrounded by poor rural areas. Like in most places, distribution of psychiatrists in Southeast Asia is heavily weighted in the capital cities and megalopolises. Additionally, the overall number of practicing psychiatrists is quite small when compared to European or American countries. While many international academics propose developing expertise by adhering to preferred theoretical frame-works, clinicians in underserved areas are faced with the challenge of integration and cultural adaptation of standardized psychotherapies. Working in high volume clinics or hospital settings with scarce resources and limited time to evaluate and treat patients with complex multimorbidities compounds the challenge of providing adequate care in a time sensitive fashion. If the task of psychiatrists implementing

psychotherapy treatment algorithms in these settings seems daunting, it is equally challenging to effectively supervise psychiatric trainees who serve the same patients. Psychodynamic psychiatry is relevant in underserved areas, as it helps clinicians design treatment algorithms using a culturally informed biopsychosocial model. While psychoanalysis seems impractical in countries with low and middle-income economies, psychodynamic psychiatry helps to conceptualize cases in more sophisticated ways. The presenter will explore this apparent paradox.

#### Teaching combined Psychotherapy Modalities in Residency Education in Malaysia

Hazli Zakaria, Vice President of the Malaysian Psychiatric Association and member of the WPA Psychotherapy and Psychoanalysis in Psychiatry Sections will share his experiences as a psychiatric leader in Malaysia. Malaysia has fewer than 500 psychiatrists and two psychiatry residency programs across multiple sites. Most trainees have more exposure to CBT compared to psychodynamic psychotherapy in view of availability of standardized manuals for short-term treatments and volume of work. The subjective nature of psychodynamic psychotherapy also makes formal training and supervision more abstract and problematic compared to other forms of psychotherapy. Adequate supervision is essential for trainees to learn psychotherapy theory and technique. The format of one-to-one and face-to-face supervision is currently being substituted by innovative approaches such as supervision using telecommunication technologies. Group supervision with case presentations in tandem is another innovative approach. Supervision frequency in Malaysia can be weekly, fortnightly, or monthly, depending on the schedule of both supervisors and trainees. Case management supervision serves as the best and most ideal opportunity to teach psychodynamic concepts in the inpatient, consultation and liaison, emergency room and out patient settings. In this presentation, examples will be given of psychodynamic psychotherapy supervision processes in Malaysia, and the presenter will discuss the importance of cultural adaptation of technique considering factors such as public health needs, the country's strong religious identity, ethnic differences and the stigma associated with mental disorders and psychiatric treatments.

#### Teaching psychodynamic psychiatry in Indonesia, Challenges and Oppor-tunities

Dr. Sylvia Detri Elvira, a longstanding AAPDPP member, and Petrin Redayani Lukman, will present a detailed curriculum designed for teaching psychodynamic psychotherapy skills to psychiatric residents at the University of Indonesia in Jakarta. The curriculum they designed includes classroom teaching, group clinical supervision, and written assignments and oral presentations of case protocols. Bachtiar Lubis, who trained in Indonesia and Canada,

introduced psychoanalytic theory in Indonesia in the mid to late Twentieth Century. Among his supervisees were Petrin Redayani Lukman and Sylvia Detri Elvira, now members of the World Psychiatric Association Psychoanalysis in Psychiatry and Psychotherapy Sections, and of the American Academy of Psychodynamic Psychiatry and Psychoanalysis. Lukman and Elvira are presently training and educating the next generation of psychodynamic psychiatrists in Indonesia, a vast country with a population similar to that of the United States. The presenters will summarize their experiences as educators and leaders in the field, and discuss the need for coordinated international mentorship in order to cement the practice of psychodynamic psychiatry in Southeast Asia.

#### Integration of Psychodynamic constructs in Addiction Psychiatry settings in Thailand

Rasmon Kalayasiri, a member of the WPA Psychoanalysis in Psychiatry Section, will review how psychodynamic understanding informs the practice of addiction psychiatry in Thailand. She will describe how multimodal treatments for complex co-morbid conditions benefit from a psychodynamic understanding. She will review classic psychodynamic formulations in the treatment of addictions as well as psychodynamic constructs such as the self-medication hypothesis. Psychodynamic factors such as attending to affective dysregulation, identifying insecure attachments, and creating opportunities for reparative emotional experiences and earned attachments inform the practice of addiction psychiatry. Awareness of intense and negative concordant and complementary countertransferences and their interpretation facilitates the treatment of addictions in diverse settings. Psychodynamic psychiatry serves as a purposeful substrate for integrating and combining psychotherapy modalities such as CBT, supportive, psychodynamic and motivational interviewing in the complex care of persons who engage in the harmful use of psychoactive substances.

## The Idea of Loneliness

By Douglas H. Ingram, MD

The essential points of this article are:

- > The words lonely and loneliness only gained their current meaning of distressing aloneness in the early 1800s.
- > Increasingly, through the 19th and 20th century, loneliness was perceived as having a societal genesis, culminating with demographic and medical findings that now appear to justify its status as a public health matter.
- > Loneliness is best regarded as serving a somatosensory function that like hunger and thirst is a signal that a need must be met; in the case of loneliness, the need is to join with others.

- > As a signal of need, loneliness mobilizes action unlike depression which tends to be immobilizing; the view that loneliness implies depression is a frequent clinical error.
- > Chronic loneliness can become a way of life that may engender shame, depression, anxiety, and psychosis; the incapacity to experience loneliness, or defenses mounted against feeling lonely, may constitute character pathology.
- > Treatment of loneliness in dynamic therapy may focus on encouragement to socialize, to engage in behaviors that reach toward a social event (e.g., reading for a book club), to engage in activities that serve as transitional objects (e.g., meaningful waiting, rituals, painting, music, finance, contemporary history).
- > In sum, loneliness refers to a dysphoria signaling object hunger in one or more contextualized role relations and may vary from the barely perceptible to the existentially catastrophic.

During my candidate days, I treated a woman who sat patiently at the phone day after day waiting for her lover to call. Unable to tolerate my frustration (identifying with hers), I suggested in determinedly professional tones, “Why don’t you stop waiting?! Why don’t you go out and do something?!” Enraged, she cried, “Because then I’d be horribly alone.”

*Alone* is a derivation from an Old English, *all one*. We find *alone* through the centuries, in Shakespeare (Sonnet 29), the King James Bible, and Richard Burton’s magisterial *Anatomy of Melancholy*, but *loneliness* or *lonely* as we know it finally is found in a poem by Lord Byron in 1811. *Lonely-hearts* appears later in the century. With Marx and Durkheim, social alienation and loneliness enters more frequent usage. In America, the western migration spawned an ambivalence about loneliness. The lonesome cowboy (e.g., the Lone Ranger) was both heroic and tragic in his loneliness. With David Reisman’s 1950 *The Lonely Crowd*, loneliness became sociologic. In the 1960s, reflecting that same ambivalence, the Beatles’ *Eleanor Rigby* asks where all the lonely people come from, while at about the same time the glory of aloneness is touted in the popular *King of the Road*.

As longevity and family dispersion increased, living alone especially among the elderly also increased. Loneliness, or aloneness (studies have difficulty in distinguishing them) was found to be associated with increased corticosteroid production, increased blood pressure, lowered white count, and a level of mortality similar to that found with obesity. Neuroscientists found dopamine surges in mice reunited with litter mates. Genetic and epigenetic studies endorsed the biologic implications of loneliness. Of special note, it is worth considering that if loneliness is a public health matter, the consequence for policy are substantial. Significantly,

hearing loss, a major contributor to loneliness in the elderly, might be Medicare reimbursable.

The view of loneliness within the psychoanalytic world was somewhat hidebound. For Winnicott, the ability to be alone is a sign of emotional maturity. This view of loneliness is reflected in Rollo May's comment, "In order to be open to creativity, . . . one must overcome the fear of being alone." But in her classic paper on loneliness, Frieda Fromm-Reichmann helped matters. She sharply chastised her psychiatric colleagues for too readily conflating loneliness and depression. She distinguished "real loneliness" from self-imposed aloneness, compulsory solitude, and temporary loneliness following loss. But in defining loneliness, with Sullivan, as "the want of intimacy," she simply kicked the can down the road, leaving the reader to decipher what constitutes intimacy.

Still, in insisting that loneliness is not depression, she moves us forward, preparing us for the later insights of John Cacioppo. Regarding loneliness from a Darwinian perspective, Cacioppo asks if loneliness might serve a survival benefit. He claims that mammals and especially primates owe survival success to their social bonding. Perhaps, he says, the distressing experience of loneliness should be regarded as a trigger to join others. It is from this point of view that the experience of loneliness can be regarded as having survival value. From this point of view, the stoical positions, "I should be able to tolerate being alone," or "If I am mentally mature I should be able to live alone and like it," are unfortunate and misguided.

As with somatic pain, finding relief from the psychic pain of loneliness may not come easily. Loneliness can become refractory. The gradual integration of defensive psychic maneuvers may defend against distress while at the same time promoting a cycle of progressive isolation. For example, the shame of finding oneself excluded can lead to the refusal to participate when an invitation does arrive. Often, simple encouragement from a therapist endowed with positive transference can be immensely valuable.

The lonely patient may be encouraged to engage in activities that, while solitary, conjure the group to which one belongs. Reading for a book club, oil painting for a studio lesson, studying for classes or a current events group, practicing a musical instrument for a chamber group, and so forth—all serve to invoke even in solitude the experience of belonging and thereby neutralizes loneliness.

As with my patient waiting at the phone for her lover to call, the act of waiting becomes a transitional object and serves to link her with a meaningful other. A multitude of behaviors that engage transitional objects can create a meaningful attachment that defeat loneliness. A lonely man attends daily Mass and finds peace. He finds connection with a spiritual being, with coreligionists across time and space, and, crucially, with his observant parents. A woman living alone prepares dinners for her ill neighbor invoking the neighbor as she cooks, but more meaningfully, her beloved grandmother is conjured unconsciously and joins her as a presence in the kitchen.

Loneliness is often role-specific. Patients may acknowledge, "I don't have friends," or, in the case of a lonely, elderly man, "I want a woman to live with." The experience of loneliness can readily overflow the need for the fulfillment of a specific role. The experience of object hunger is contextualized in the sense that circumstances can increase or decrease the sense of loneliness. The winter holidays are an example of context likely to amplify loneliness. Birthdays are another. In the following example, we witness how shame contributes to loneliness: "I had no one to celebrate my birthday with. When Joe called and asked randomly if I wanted to get some dinner, I had to decline. I couldn't admit it was my birthday and that I had no one to be with. I certainly couldn't tell him. I only know him from work. I told him I was busy."

Importantly, the distress of loneliness may not be alleviated by social engagements. If object hunger is not relieved, no degree of socialization will help. To the extent that the analyst can serve that function, she or he may face a therapeutic challenge. Frequent sessions or between-session contacts may be necessary. If the analyst is unavailable, or if the quality of transference is lacking, the patient may cycle downward, as Fromm-Reichmann writes, to depression and psychosis.

Because of the conflation between loneliness and depression, it can be easy for the clinician to overlook loneliness as a stand-alone symptom. Once identified, however, loneliness can be regarded as a portal of entry, an opportunity, for successful therapeutic work. From this point of view, to treat loneliness unaccompanied by depression or anxiety with medication misses the point and risks setting the ailing patient adrift untethered from a world of supportive internal objects.

## **The Experience of Awe: A Conversation with Dr. Lise Van Sustern**

*Lise C. Van Sustern, MD and Angela M Hegarty, MB BCh*

One morning last December Dr. Lise Van Sustern and I made an appointment to speak on the telephone. She had an interesting idea for an article. She told me of her recent travels to the Vatican and Antarctica. She was not sure how to write about what she had experienced and learned. At first glance the link was unclear to me. As she recalled the staggering beauty of Antarctica her story took a turn and we found ourselves talking about the experience of awe. The connection between the Antarctica and the Vatican became clear: the experience of awe creates a special kind of space - a space sometimes referred to as sacred.

I asked her what interested her about awe. Dr. Van Sustern did not want to go in the new age direction she said. On the other hand, she pointed out that what we might call god-talk would turn people away. As Dr. Van Sustern pointed out, not

everyone appreciates what is at stake when we talk about the experience of awe or of the sacred these days. In our postmodern neo-liberal world we measure and we quantify ourselves, our activities, our organizations and our lives. What room is there for a concept like awe grounded firmly in subjective experience that is difficult to articulate and convey and impossible to quantify or measure?

I commented that today's push for quantification started in the 18th century the move towards so called objectivity. That push has accelerated to such an extent that in medicine the so-called objective has come to imply validity - that which is somehow real. When we describe a patient's complaints as subjective is there not often the inference that the claims are spurious perhaps even fabricated?

Dr. Van Sustern agreed and wondered whether the imprecision of the subjective might explain why the human capacity for imagination has received so little attention. If, as we agreed, our positivistic world accepts only what it can measure as real the idea of the objective study of imaginative capacities feels like an oxymoron: how after all can one study objectively what (cannot be measured and therefore) is not real? The link between the imaginary and the subjective suggests that experiences we cannot measure are less real, even made up. We realized this may be true in medicine and the helping professions. By way of contrast we considered the 9/11 Commission Report which attributed the failure of the United States to detect, avert and even respond effectively in real time during the attacks to a "failure of imagination." We need to remember that what we can count is not necessarily always important and what is important may not always be quantifiable: such as the experience of love or beauty and awe.

Though imaginary in the formal sense, the experience of awe, like the experience of beauty or love is entirely subjective - yet nonetheless universal. Almost everyone has a story of a special moment when they were stopped in their tracks and silenced in awe. Dr. Van Sustern commented that nobody seems to know what to do about such experiences or how they help us. The problem, Dr. Van Sustern noted, is that awe can only be fully known and appreciated through experience. If one has never had such an experience, there is no way to know what awe is like any more than someone born blind can appreciate the brightness of yellow or someone born without a sense of taste could appreciate the taste of lemons.

I was reminded of what Roy Schafer said in *The Analytic Attitude* about learning about psychoanalysis. His point was that most of what an analyst needs to know can only be learned from experience. Hence analysts in training learn most from their own analysis and after that from working with their patients and least of all from didactic teaching or reading. We can only fully know awe through experience. Like love, awe is ultimately grounded on subjective experience.

Dr. Van Sustern pointed out that when she asks people about the experience of awe almost immediately an account of a particular experience comes to mind. When someone

cannot recall a moment of awe Dr. Van Sustern wondered if that should not be a cardinal symptom of burnout?

I asked Dr. Van Sustern to describe in more specific terms what she meant. She thought aloud about the writings of poets and of holy men and women through the ages and hit on recurring themes: in a moment of awe, we are stopped in our tracks as though grasped by an object that commands all attention. When the moment passes we may realize we have been taken out of ourselves and experienced for a moment perhaps, the vastness beyond our carefully controlled little space. The inner critic is silenced. We are fully present.

Where do we find awe I asked? Some of us find the experience in ritual and faith she said but added that of course, one doesn't need a church to experience awe. I commented that some might say this is one of the adaptive functions of religion - to draw us beyond ourselves into awe, towards an experience of self-transcendence where we encounter in the words of CS Lewis we "know not what." - in other words to the experience of awe.

Dr. Van Sustern experienced both wonder and awe during her travels in Antarctica - she commented that nature is one of the commonest locations where people experience awe. Others experience such moments in response to great art be it a painting, a poem, through dance or music. For others, and these lists are by no means exclusive, it can be a tender moment with a lover, with a child with an animal.

One of the key aspects of such moments is the experience of being taken beyond oneself, she said. To explain such moments, we speak of encounters truth, or love or beauty.

I wondered if part of the difficulty in talking or writing about awe has to do with an aspect that is more intimidating - especially in our culture that privileges individual autonomy at all costs. The experience is not under our control. To clarify as individuals we can close ourselves off and in effect say no to awe. If we have such an experience by accident we can suppress, avoid and deny it. But we cannot, on the other hand, make it happen. We can have all the ingredients and a perfect list of instructions followed to the letter but if there is no fire in the oven we will never have a cake. No matter how carefully we follow the recipe we cannot make an experience of awe for ourselves. We can choose to be open but the moment we try to take control - it vanishes. When we find ourselves in awe we have to just let it happen. America has a take charge kind of culture. Awe, like love, is something that happens to us - if we are lucky and we let it. In our post-modern culture nothing could be more scary.

Dr. Van Sustern reminded me that that science comes into our understanding of awe too. Like imagination and awe, religious ritual and experience is found in all cultures and is unique to humans. She referred to the work of scientists like Jordan Graham for example of the National Institute of Neurological Disorders and Stroke. Like the experience of awe and imagination, Dr. Graham too noted that there is no animal equivalent for religious belief and experience in humans and how religious practices are found in all cultures. His research - published in 2009 in the Proceedings of the National Academy of Sciences demonstrated that

specific components of religious belief are mediated by well-known brain networks, and they support contemporary psychological theories that ground religious belief within neural networks subserving evolutionary-adaptive cognitive functions. She reminded me that the work of Andrew Newberg at the University of Pennsylvania and others supports these findings. Professor Newberg's functional neuroimaging studies in meditating monks showed that when the monks entered a blissful state a particular region of the parietal lobe lit up consistently.

As Dr. Van Sustern pointed out unlike studies dealing with the brain and religion, the scientific literature that addresses the neuroscience relevant to the experience of awe is not well collated. At first I did not understand why she began to speak about the work on sleep by Professor Tom Wehr. His study is relatively unique. Unfortunately, few have chosen to explore his findings further. He studied human subjects exposed only to natural light. No artificial light was allowed after the setting of the sun each day. The results were astonishing on one level - alarming on another. The results of the study published in the Journal of Sleep Research described how people free to sleep for as little or as long as they wanted while in darkness for fourteen hours a day fell into a pattern of segmented sleep: after sleeping for a few hours, they woke for an hour or two then slept for another segment also about four or five hours. What he found raised alarming questions for us and how we live: the subjects not only reported improved quality of sleep but also an improved sense of well-being and enhanced cognitive function when awake. Subjects said they "never felt so awake" - of "crystal clear consciousness."

As I listened I realized that the pattern of segmented sleep described in Dr. Wehr's subjects was familiar. In the 2007 film *Into Great Silence* that followed the rhythms of life in a Carthusian monastery of the Grande Chartreuse, a monastery high in the French Alps. The monks live in silence. The monks were filmed without artificial light. The monks demonstrate the same pattern of segmented sleep that emerged in Dr. Wehr's subjects. Their rule, like the monastic rules that govern the lives of monks and nuns from Asia to the Americas, prohibits the use of artificial light.

As Dr. Van Sustern pointed out we know how artificial light alters our sleep - but, she asked, do we know what exposure to artificial light does to the quality of our consciousness when we are awake? Perhaps the experience of awe might seem less obscure if we lived our lives if we too enjoyed the "crystal clear consciousness" described by Wehr's subjects.

Dr. Van Sustern's closing comments remained with me. The way we live today not only harms the environment it harms us too. As the environment deteriorates and our cognitive states deteriorate will we as humans lose the capacity for awe?

## The Contributions of Samuel Slipp to Psychodynamic Psychiatry

César A. Alfonso, MD and  
Marco C. Michael, MD

"It is within the best traditions of scientific inquiry that we approach the study of human behavior with modesty but with receptive and critical curiosity. This approach includes the precious right to be wrong"

Janet M. Rioch,  
American Academy of Psychoanalysis Charter Member and President (AAP Presidential Address, 1956)

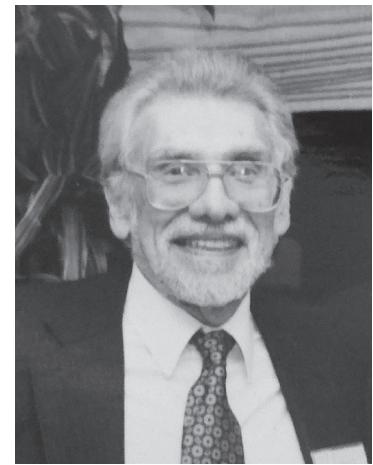
"To develop a comprehensive integrating theory in family therapy is an ambitious undertaking... I shall present suggestions for an integrative theory based on two core concepts: (1) the importance of adaptation and survival as an overall framework for the individual and the family, and (2) integration of the individual's developmental level with the family interaction."

Samuel Slipp (1982) Interface between psychoanalysis and family therapy: The American Journal of Psychoanalysis 16(2): 221-228

"The comfort of having a friend may be taken away, but not that of having had one."

Lucius Annaeus Seneca (65 AD)

Sam Slipp, 44th Academy president (1998-1999), died in April 2017 at the age of 92. A memorial was held in Fort Lee, New Jersey. Academy members Richard Brockman and César Alfonso, also conveying official condolences on behalf of AAPDPP President Jennifer Downey, gave eulogies in the company of community leaders, friends and family members. In January 2018 the authors of this article, Alfonso and Michael, met with Sandra (Rodetsky) Slipp at Sam and Sandy's home in Englewood, New Jersey. We shared remembrances and reviewed meaningful documents, manuscripts and books. Dr. Michael is a medical student member of the Academy who will pursue residency training in psychiatry and psychodynamic psychotherapy training. Dr. Alfonso, Academy President from 2010-2012, had the privilege of sharing private practice office space with Dr. Slipp in New York City for close to three decades. Slipp was a personal friend and an instrumental mentor to Alfonso, as they both served as faculty at the New York Medical College Psychoanalytic Institute and on the Executive Council of



the Academy. In this article we will provide a biographical account of Dr. Samuel Slipp, a pioneering medical psychoanalyst, WWII veteran, accomplished sportsman sailor, and community leader. We will summarize his contributions to psychiatry, psychoanalysis, family therapy, group therapy and involvement as charter member and leader of prominent medical and interdisciplinary organizations.

Samuel Slipp lived in Englewood, New Jersey and Sag Harbor, New York. He was the beloved husband of Sandy (Rodetsky), father of Elena Zweifer, father-in-law of Mark and grandfather of Jake and Jessie. Sam was a scholar, superior clinician and prolific academic with vision, charisma and leadership skills. He was the 44th President of the American Academy of Psychoanalysis and Dynamic Psychiatry. Before assuming presidency of the Academy in 1999, he was President of the Society of Medical Psychoanalysts in 1984 and a Charter member of the American Family Therapy Association (AFTA), founded in 1977, and of the Association of Family Therapists of Northern California (AFTNC), founded in 1960.

#### Personal Development and Academic Background

A detailed biographical profile of Samuel Slipp was published in the Academy Forum in 1999 (Bemporad J (1999) A Profile of the President, Academy Forum 43(1): 4-5). With family roots in Kiev, Ukraine, Sam's parents were fortunate to migrate to the United States. Many other family members died in the Holocaust. Encouraged by a high school Latin teacher, he started university studies at the age of 16 at Rutgers University in New Jersey. While at Rutgers he worked night shifts as a machinist in a wartime factory. At age 18 he was drafted into the US Army infantry and served in World War II for two years. After an honorable discharge, he enrolled at New York University to continue his undergraduate education. Upon completion of premedical requirements with honors, he attended Indiana University School of Medicine, where he was awarded membership in the honorary medical society A.O.A.

One of his mentors in medical school was the academic psychiatrist and psychoanalyst Herbert Gaskill, who chaired departments of psychiatry and psychoanalytic institutes in Indiana and Colorado. A classmate and best friend was Sheldon Selesnick, who also later became a prominent medical psychoanalyst co-authoring with Franz Alexander the History of Psychiatry (1966). Sam completed one year of internship at New York University Bellevue Hospital, followed by an additional year of internal medicine residency at Ohio State University.

Psychiatric education began at the UCSF residency program in the Langley Porter Clinic, where Sam spent formative years from 1952-1957, becoming an ABPN board certified psychiatrist in 1958. His experiences as a resident included personal analysis first with Victor Calef and later with William Bellamy. For the decade to follow residency in California he worked as an attending psychiatrist at Mt. Zion Hospital in San Francisco, served in the faculty at Stanford University School of Medicine, taught psychology students

at San Francisco State College and consulted for their division of Student Health Service.

Recreational and competitive sailing was Sam's passion. He won numerous competitions, trophies and awards racing in the San Francisco Bay. His dexterity as a sailor, balancing the forces of the wind against the resistance of water currents with seemingly effortless navigation at great speeds, generated lift and drag to near perfection, becoming one with his boat and crew in a state of aerodynamic harmony. This mastery navigating sailboats at great speeds over so many years helped to fortify his overall sense of equanimity and composure when faced with tumultuous times in his professional life. He continued sailing until late in life, and enjoyed taking along family and friends when cruising the Pacific and Atlantic oceans.

While in California, Dr. Slipp collaborated with pioneers of the family therapy movement including Don Jackson and Virginia Satir. Sam became one of the charter members of the Association of Family Therapists of Northern California (AFTNC), the oldest association of family therapists in the United States. His interest in group processes and integrating psychoanalytic theory and group therapy and family therapy practice led to a visiting lectureship at the Maudsley Hospital in London in 1965.

Academic experiences in London further reaffirmed Sam's dedication to the expansion of psychoanalytic practice working across disciplines to include psychosocial treatments for diverse populations, including serving people living in poverty and persons with psychoses, incorporating group and family therapies. In London he collaborated with Henry Dicks, Michael Balint and Donald Winnicott, among others. He directly observed Balint's group processes with physicians and medical students, an impactful experience that inspired his own future practice, as Sam decided to relocate to New York after London to continue his career and life trajectory.

A momentous life event a year after relocating to the New York area was his marriage to Sandy (Rodetsky) Slipp in 1966. Sandy is well known to Academy members. Their marriage of over fifty years was co-creative and inspiring. Sandy is a PhD sociologist with expertise in intergroup relations and prolific author. Her books Voices of Diversity (1994) and From the Outside In (2000) were widely acclaimed. As an organizational consultant she facilitated strategies for integration to reduce conflict in diverse work environments. From Sam and Sandy's union Elena was born in 1970. Elena Slipp, now Elena Zweifler, is a graduate of Brandeis where she studied political science and of Brooklyn Law School. She currently practices as a staff attorney for the Connecticut Department of Banking Securities Division.

With work offices in New Jersey and New York, Sam and family needed a weekend haven, and Sag Harbor became their home away from home. Navigating academic circles in New York landed him positions as Director of Group and Family Therapy at New York University. He completed training at the New York Medical College Psychoanalytic Institute, with a training analysis with Alfred Rifkin (AAPDP

President 1969-1970), followed by an appointment to the Institute's Faculty. He became Clinical Professor of Psychiatry at NYU in 1968 at the age of forty-four.

#### Contributions to Psychoanalysis and Psychiatry

Family and group therapy became lifelong interests of Sam. He was one of 20 founding members of AFTA in 1977 and almost two decades before that organized family therapy academics in Northern California as a charter member of AFTNC. He was President of the Association of Medical Group Psychoanalysts in 1974. He developed multiple programs and treatment centers. At the Postgraduate Center for Mental Health in New York he established a Divorce Mediation Center, a Specialized Program for Group Psychotherapy for Dialysis Patients, and a Multiple Family Therapy Program for parents of schizophrenic patients. At Metropolitan Hospital/New York Medical College he was coordinator of the Family Treatment and Study Unit. At Bellevue Hospital/New York University he was the Director of the Division of Family and Group Therapy from 1968-1979.

Having trained as an analyst and having had three personal analyses, in addition to numerous mentors in the US and UK, placed Sam in a unique position to capitalize on his clinical family and group therapy knowledge and skills by operationalizing these organizationally with a strong psychoanalytic backbone. In a period of 6 years (1982-1988) he published four books and dozens of papers that placed him as an eminent figure in the field. He lectured widely throughout the US, Canada, Mexico, UK, Denmark, Germany and China.

In the last three decades of his productive life he developed diverse academic interests in feminism, religion and spirituality, psychiatric care of underserved and disenfranchised populations, and cross fertilization between psychoanalysis and neurosciences, with corresponding publications to affirm his legacy in these areas as well.

#### Selected Bibliography

Dr. Slipp served on editorial boards of psychoanalytic, group therapy and family therapy journals. He was Book Review Editor of the JAAP for many years. He published over one hundred scientific articles and textbook chapters and 8 books. His books titles are: Curative Factors in Dynamic Psychotherapy (1982); A Glossary of Group and Family Therapy (1982); Object Relations: A Dynamic Bridge Between Individual and Family Treatment (1984); The Technique and Practice of Object Relations Family Therapy (1988); The Freudian Mystique: Freud, Women and Feminism (1993); Healing the Gender Wars (1996); The Quest for Power: Religion and Politics (2010); and Anti-Semitism: Its Effect on Freud and the Development of Psychoanalysis (2012).

He was most proud of two publications, one was a Special Issue on the interface between neurosciences and psychoanalysis he edited in 2000 for the Journal of

the American Academy of Psychoanalysis and Dynamic Psychiatry, and the other his seminal book titled Object Relations: A Dynamic Bridge between Individual and Family Treatment (1984). The Journal Special Issue on Neurosciences included articles by Michael Stone, Bessel van der Kolk, Myron Glucksman, Richard Brockman, Richard Chefetz, Harry Fiss, Joseph Bogen, Jeannette Wasserstein and Gerry Stefanatos. The concept of children acting out specific roles to stabilize family homeostasis was first described by Sam Slipp in his Object Relations 1984 book. This tome, like many of his other books, can be downloaded for free at [www.freepsychotherapybooks.org](http://www.freepsychotherapybooks.org)

#### The PEACE Program and Liaison with Matrimonial Lawyers, Social Services and the Courts

Sam Slipp served as Chairperson of the Parent Education and Custody Effectiveness (PEACE) Program subcommittee of the American Academy of Matrimonial Lawyers. The PEACE multidisciplinary initiative was featured at APA meetings and Hofstra School of Law conferences on child custody disputes. A full article entitled "Cooperation of Legal and Mental Health Professionals in the PEACE Program" was published in the Academy Forum (1995, 39(3): 4-7). Sam's efforts as an activist in this program aimed at including mental health professionals in divorce processes, under the umbrella of the Interdisciplinary Forum of Mental Health and Family Law. Sam helped create a liaison that included disciplines of family therapy, social work, psychology, psychiatry, psychoanalysis, matrimonial lawyers, bar associations, the court systems, and the Society for the Prevention of Cruelty to Children. Other Academy members who were involved in this initiative included Mark Novick and Paul Dince.

#### Contributions to the AAPDP

Sam Slipp joined the Academy in 1971, the year he was certified as a psychoanalyst, and served as Trustee on the Board from 1986-1989. He co-chaired several scientific programs, including a memorable one in Atlanta. One panel on the psychology of Holocaust survivors needed to be relocated to a larger auditorium and filled to capacity. Another on 'Curative Factors in Dynamic Psychotherapy' resulted in the publication of a book with the same title. A recently co-authored (Daniel Nahum, Allan Tasman, César Alfonso and Ekin Somnez) textbook chapter on "Common Factors in Psychotherapy" will appear in the upcoming edition of Advances in Psychiatry in 2018 published by Springer Press. Sam and Academy colleagues were already describing commonalities of psychotherapies and curative factors over three decades before our World Psychiatric Association Psychotherapy Study Group under the leadership of Nahum, Alfonso and Tasman took this on as an "innovative" project.

Sam became AAPDPP President in 1998 at a time of chaos, having to lead the organization's Executive Council to reconfigure the administrative staff after a scandalous embezzlement of funds. To achieve financial and operational

stability of a nonprofit organization in such disarray was an extraordinary task to orchestrate, in view of having to file complaints with the District Attorney, negotiate, fire, hire and train employees. He had an able team of officers and trustees including Joan Tolchin and Jim Bozzutto, and together with Executive Council, attorneys, auditors and forensic accountants they saved the organization from a tremendous crisis. Matthew Tolchin, as Chair of Scientific Programs at the time, provided judicious leadership and support to maintain the integrity and high quality of programs, and Jane Simon and Jules Bemporad continued to edit the Academy Forum and the JAAP, respectively, with dedication and unwavering scholarship.

But even while having to navigate the embezzlement crisis, Sam did not become discouraged or deviate from his creative presidential platform. It was during his presidency that the Academy became an affiliate organization of the American Psychiatric Association, a move that provided a needed cultural shift for organized psychoanalysis. Medical psychoanalysts now felt recognized by a parent organization, affirming medical identity and officially making the Academy the acknowledged home for psychodynamic psychiatrists in the US.

Additionally, Sam was instrumental in supporting the affiliation of the Academy with other organizations that formed the Psychoanalytic Consortium, and orchestrating joint meetings at the APA with the American Psychoanalytic Association, as well as Academy panels at APA's annual meetings and at the Institute of Psychiatric Services meetings.

Sam Slipp was a prominent figure in the history of American psychoanalysis, integrating psychoanalytic thinking into the practice of family and group psychotherapy.

He understood the mind, the intricacies of neurosciences, the cultural context, family systems, and elegantly integrated all of these into his teachings and practice.

Sam helped many of us through political and personal crises, lovingly, and with sound advice. As a skilled group psychotherapist he understood organizational systems well, and his equanimity when faced with adversity always resulted in cohesiveness and harmony. Sam was a role model for mentoring. His mentorship was effective, warm, and unconditional. We shall continue to emulate him in efforts to help patients with mental disorders and families in conflict in all areas of the world, and encourage young psychiatrists to be courageous, studious, hard-working, and culturally competent.

We have lost a friend, family member and mentor, a prominent physician psychoanalyst, en eminent scholar and leader. Loss to death is associated with profound sadness, one that is proportionate to the magnitude of the love we feel. But Samuel Slipp's legacy will persist in bookshelves, e-books, journal articles, and textbook chapters and in our joyful memories. His light will continue to shine upon us to illuminate our way, as we have internalized the essence of his magnificent mind and soul.

## Use of Dreams in Psychodynamic Psychotherapy Today

By Gerald P. Perman, MD, DLFAPA

Psychodynamic psychotherapy applies the tenets of psychoanalysis to less frequent and usually briefer treatments. These tenets include encouraging patients to speak freely about whatever they are thinking while the therapist listens for unconscious conflict expressed in slips of the tongue, bungled actions, transference and dreams. This treatment takes place within the context of a caring and solicitous therapeutic relationship.

In psychotherapy supervision that I provide to psychiatric residents, these physicians rarely ask or hear about their patients' dreams. There are several reasons why this is so. First, psychiatry has moved to a more mechanistic, e.g. CBT, and pharmacological perspective, such that there is a diminished interest in the Freudian unconscious. Second, psychiatric trainees are afraid of asking about and listening to dreams, believing that they can only be understood by psychoanalysts. Third, and to the point of this article, psychiatric residents are probably not being taught how to ask their patients about dreams and how to respond to them.

In my own psychotherapy practice, after I have taken an initial anamnesis, I instruct my patients to talk about whatever they are thinking, reassuring them that I will share my thoughts with them about what they are saying, to start anywhere, and to report any remembered dreams. Most patients immediately say that they can't remember any dreams and they begin to talk about other things. A seed has been planted, however, and in future sessions they know that I am interested in hearing about their dreams and they often report them. During moments of silence in the sessions, I will sometimes ask if there was a remembered dream from the night before. Most remembered dreams are from the previous night. When patients say that they don't recall a dream from that morning, I often comment "yes, dreams do tend to evaporate" to relieve guilty feelings about not having remembered a dream.

I recently began to encourage my patients to keep their cell phones next to their beds at night (this goes against recommendations for good sleep hygiene!) and, when they awake having had a dream, to record it and email it to themselves to bring into therapy. Dreams are deceptive and illusive, and often seem so vivid upon awakening that we tell ourselves: "I'll never forget this dream!" but, alack and alas, we almost always do.

Psychiatric residents and patients often feel that they are under pressure to "interpret" a dream and that they won't know how to do this correctly. I disabuse patients and residents alike of this notion by telling each that I have absolutely no interest in "what the dream means" and, instead, I am only interested in listening to what the dream

makes the dreamer think about. This helps minimize the patient's inhibitions about reporting their dream.

When patients describe their dreams, and their associations to the people, things and actions in the dream, they and I treat it as a kind of rebus that we can then relate to issues in the patient's current life, past familial relationships, and what the dream might be expressing about the transference. Freud's "The Interpretation of Dreams" (1900) is the best reference to learn about how dreams reveal and conceal what is in the unconscious.

In the three case examples that follow, I've disguised the identities of my patients such that each would be unrecognizable to themselves or to others.

A woman patient of mine was in a conflictual relationship with her husband. Although it was not my usual practice to meet separately with the spouse of a patient, my patient's husband insisted that he wanted to meet me alone one time to describe "his side of the story" and to which my patient agreed. During this session with my patient's spouse, her husband revealed that he was sexually involved with a co-worker in his office. I was stunned and troubled upon receiving this information, since he hadn't told his wife and my patient's husband did not give me permission to reveal what I had learned to his wife. After resuming weekly psychotherapy sessions with my patient, she reported what was to her an exceedingly puzzling dream. She had simply dreamt of an enormous wooden ear! My patient unconsciously knew that there was something illicit going on with her husband, but she hadn't let herself "hear" it.

A middle-aged man was referred to me by a neurologist because of anxiety and depression related to symptoms of multiple sclerosis that had resulted in a greatly diminished ability to ambulate. Whereas this man used to work out regularly at a gym, he was now dependent on a motorized wheel-chair to get around. After letting the patient know that I was interested in dreams, he told me that, since the onset of his symptoms, all he dreamt about was of him swimming, walking quickly and running. Freud spoke of dreams as being "wishes fulfilled" and we don't have to look too closely at the transparency of this man's dreams. After describing his recurrent dreams, he cried as he expressed his feelings of loss, powerlessness and the impact of his disability on friendships and on his potential to find a mate.

A narcissistic middle-aged man born with a golden spoon in his mouth, had been fired from his job when it was discovered that he had taken advantage of the company credit card by using it for his own personal activities. He sought treatment because this was but one of many similar situations in his life and he wanted to see if he could change such self-destructive behaviors through psychotherapy. In spite of the many advantages that my patient had been given throughout his life, he felt intensely envious of others whom he felt had more than he did.

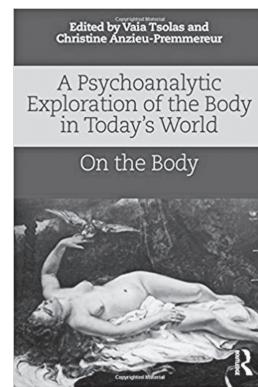
After several months of twice weekly psychotherapy, he reported a dream in which he was at a luxurious resort and was taking a dip in the ocean. He saw a childhood friend of his drowning in the water and towards whom my

patient had felt extremely competitive as a young boy. My patient then stepped on a poisonous bottom-dwelling fish. He felt intense pain in his foot but still managed to pull his drowning friend to safety and he began to perform mouth to mouth resuscitation when the dream ended. The initials of his childhood friend, and of the company from which he had been fired, were identical! A similar theme toward both was expressed in his dream: the pain of his envy toward his childhood friend as well as toward his former employer (from whom he felt compelled to steal). Although my patient was narcissistic, he was not primarily a sociopath, and he experienced empathy toward others expressed in his dream through his desire to save his friend.

In conclusion, asking your patients about their dreams can be a way of connecting with them in a deeply personal and satisfying way. Even if they are not artists in their daily waking lives, our patients all produce and direct the movies that they create each night as they enter into REM sleep in the later hours of the morning. We needn't be psychoanalysts to express an interest in our patients' dreams, only curious and interested co-voyagers in psychotherapy as they tell us about their lives, including their dreams, allowing us to help them become more aware of the unconscious conflicts that are interfering with their ability to live their lives to their fullest and to help them free themselves of the symptoms that brought them to treatment in the first place.

Dr. Gerald Perman is Clinical Professor of Psychiatry in the Department of Psychiatry and the Behavioral Sciences at the George Washington University Medical Center, Washington, D.C. and President-Elect of the American Academy of Psychodynamic Psychotherapy and Psychoanalysis.

## BOOK REVIEWS



*On The Body: A Psychoanalytic Exploration of the Body in Today's World* Vaia Tsolas and Christine Anzieu-Premmereur (Editors)  
Routledge First Edition 2017

Reviewed by Angela Hegarty MB  
BCh BAO (NUI)

Drs. Vaia Tsolas and Anzieu-Premmereur have compiled, edited and contributed to what has already been recognized as an exciting and important work of scholarship. But this is not a book for psychoanalytic theorists alone: this is a book every psychodynamic psychiatrist will want to read - now.

On the Body is a timely work solidly grounded in clinical

experience and examples. Though a multi authored text, one chapter flows seamlessly into the next. It is a pleasure to read. Contributors of almost every theoretical perspective are included. Divided into four parts, each part starts with an introduction and is followed by three or four chapters that focus on specific issues. They say every good writer leaves the general introduction until last. That would be my suggestion for readers too: start with the introductions to one of the four parts and follow your interest from there. These chapters are compelling. You won't stop at just one. By the time I had read the book I was ready to appreciate what the general introduction had to offer.

For clinicians *On the Body* offers us a way to listen, a way to think about and respond to the special problems presented by our patients in our technology driven post modern world. Our patients struggle to deal with identity in an era in which gender is a fluid concept. Our patients struggle with potentially lethal issues around self esteem amidst the vicissitudes of social media streaming live twenty four hours a day. Our patients struggle to manage behavioral addictions grounded in the compulsive gratification available instantly online. Recent developments in science and technology have separated sex from reproduction. *On the Body* listens to patients and seeks to understand the impact of scientific and technological advances on human development and what it means to be a human being in a world where machines are designed to fool us into thinking they are people like ourselves.

As Tsolas reminds us, when Freud began the project that became psychoanalysis and psychodynamic psychiatry the body was at the center of his theorizing. From his patients - especially the hysterics, - he learned about the relationship between body and mind. As the field evolved we noticed and deepened our understanding of the importance of our relationships to human development. We understand the trouble caused by a failure in what Winnicott termed good enough mothering. We also realize that the roots of our post modern patients' suffering cannot be accounted by the failure of good enough mothering. The ancient Greeks had two words for the body: *sark* and *soma*. *Sark* is not unlike the body of an animal that ends up as flesh on the autopsy table. *Soma* is the body of a person, as known by that person. *Soma* could be thought of as a kind of reciprocal interplay between mind and body: body as represented in mind and mind as delimited by the limitations of body. At a clinical level we speak of a person inhabiting their own lives or living an embodied life. It is at this level where much of the trouble lies for many of our post modern patients and it is here where Tsolas and Anzieu-Premmereur come in. Working from the clinical material and other relevant data *On the Body* argues that it is time to return the body to its place at the center of our theorizing and for the sake of our postmodern patients to the center of our clinical understanding as well.

The technological revolution of the past few decades disrupts what had long been the stable interplay between identity and mind, *sark* and *soma* for all of recorded history. *On the Body* addresses the consequences in terms

of human development. It deals with how the scientific and technological changes of the past few decades have succeeded in radically transforming notions of gender, the structure of families, what it means to be a parent, a sibling even what it means to be with someone at a given moment in time and to have a conversation.

As I read this book the trust we have today in science and technology became disturbing. It occurred to me that in our society science and technology occupies a place not unlike the position reserved for the deity in primitive religions. We look to science to cure what ails us, to take away our difficulties, fulfill our deepest desires, make us the people we want to be and lead us to a promised land of freedom.

*On the Body* explores and evaluates what too many of us accept without question or even reflection. For example reproductive technologies began as an effort to treat infertility. Further developments have opened up the possibility of parenthood for everyone who can afford to pay the price - these technologies are very expensive. As a result in our increasingly commodified world fatherhood has arguably been reduced to sperm. Sperm and eggs have become commodities. Sex and reproduction have been uncoupled. In good neoliberal fashion individual differences are meaningless: anybody can replace another. The sense of the particular, of the individual is lost. Citing Kristeva, Tsolas argues that the thrust of these new technologies and scientific developments has indeed been nothing less than the erasure of difference. There is a vast chasm between striving for social justice and equality before the law on the one hand and the eradication of all difference on the other. In our postmodern culture when technology offers us equality we do not seem to realize that it is not offering us social justice merely the eradication of difference.

Reflecting on the erasure of difference documented both in this text and elsewhere particularly in the discourse on disability rights it occurred to me that the good of treating infertility sometimes obscures other serious concerns. A reasonable argument can be made that these technologies have done for the embryo/fetus/child what was done for sperm and eggs: turned them into commodities - expensive commodities. None of us wants a defective commodity. In 2016 *The Atlantic* published an article entitled: "When does Abortion become Eugenics?" The article documented how even relatively simple technologies such as ultrasound have led to gross distortions in gender distribution in entire populations from India and South Asia to China and beyond (because of the selective abortion of female fetuses.) Advocates for the disabled argue that in choosing to abort a fetus on the basis of its gender or genetic endowment we are practicing a form of eugenics that is not so very different from the eugenics practiced in the US in the Jim Crowe era. We have been down this road before - we recognize the destination: the notion that some life is unworthy of life or that some lives are not worth living leads no place good. Put another way hard data validate concerns regarding the erasure of difference raised in this book.

Until now, the principle question we faced was how is

psychodynamic psychiatry and psychoanalysis going to adapt to meet the needs and demands of a world and culture that is ever more disrupted and disrupting? On the Body says not so fast! Freud, as Tsolas reminds us, courageously confronted his society with the effects the repressive social order was having on his patients. The constant bombardment from streaming news, texts, social media, various forms of internet activity make it almost impossible for us to stop for a moment catch our breath and reflect on what is happening. Do we want to face these difficult questions?

On the Body exposes the promises of freedom and equality for what they are: distortions. Science and technology seems to promise freedom. What it delivers is control. What we are dealing with here is nothing less than a new social order. Like any social order in history, if we are to follow Foucault, this social order controls us so that we always serve the interests of power.

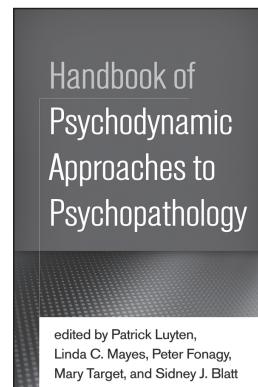
Tsolas has a challenge for us. Instead of wondering whether we can fit in and how we can accommodate and go along with the new order, the question we should be asking is whether, as Freud did in his time, we will have the courage to use our analytic tools to challenge the assumption that technology means freedom when all around us we see something else. Are we going to expose how, to paraphrase the editors, these technologies have been harnessed to control us by fostering the expectation and reality of immediate gratification and a completely frictionless satisfaction leaving people locked into a system of compulsive fulfillment that know no limit? Are we, in our time, going to call out this new social order and expose the impact on human development and relationships as Freud did in his? For Tsolas and Anzieu-Premmereur along with the authors included in this volume, the answer is already in.

On the Body is a book that examines in detail what this technological revolution has wrought in our bodies and in relationships with each other.

Like Freud the editors learn from their patients. Tsolas discusses how we are seeing patients now that present with deficits in symbolization related to the body. We see addictions and psychosomatic complaints - and the familiar problem of like cutting and self-mutilation by various means. Unlike Freud we live in an era where sexuality is un-repressed. Like Freud's patients the body becomes the focus of symptoms. Freud's hysterics used her body to manifest symptoms related to repressed sexuality. Today, in the era of unrepressed sexuality, Tsolas points out that the postmodern patient mutilates the body to manifest symptoms. Like pinching oneself to confirm one is awake, I found myself wondering whether postmodern patients self-mutilate in order to confirm the existence of their bodies?

Ann Turkel, writes a chapter in this book - a chapter worth reading - about the whole question of disembodied experience. She details the impact of the compulsive use of technology on human beings. We interact with disembodied machines as if they have the richness of human experience. Why should we be surprised if we start to interact with each other as if we are disembodied machines? A person can

use virtual reality and experience the sensations he or she might experience on having sex with another person. That other person, the avatar, has no body and in the real world has no body or any other kind of existence either. One of the principle attractions of computer games is that one may design an avatar to represent oneself with a level of control impossible in embodied reality. There is a kind of freedom in that - freedom from the slings and arrows of ordinary embodied existence. People get lost and forget they have bodies. Perhaps this is the wish that technology grants us: the wish to escape the slings and arrows of ordinary existence. The problem with that promise is that without a body in the short run we are all dead.



*Handbook of Psychodynamic Approaches to Psychopathology*  
Patrick Luyten, Linda C. Mayes,  
Peter Fonagy, Mary Target,  
and Sidney J. Blatt.  
The Guilford Press, New York

Reviewed by Jo-Ann Elizabeth Leavey, NP, EdD, C. Psych.

In this highly acclaimed handbook, the editors and authors have done an extensive review and presentation of psychological disorders that may be experienced across the child, adolescent, and adult spectrums. The authors built their presentations on research materials largely based on traditional approaches mixed with some contemporary viewpoints. Interspersed with theory, models, and concepts, the authors provide case examples to illustrate understanding and treating psychopathology from a psychodynamic viewpoint.

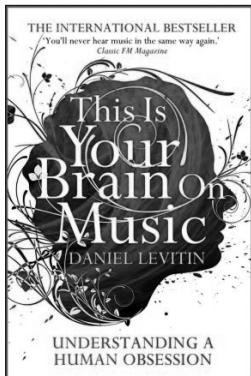
This text is informative on a foundational level for beginning students, whereby the chapters present an overview of psychopathologies, classifications, interventions, and consider possible future directions for children, adolescents, and adults. The chapters attempt to integrate a broader view that incorporates traditional, foundational, and contemporary thinking from neuroscience, social psychology, attachment theory, and cognitive behavioral sciences. The authors should be lauded for their attempt at pulling together vast fields of research in largely un-integrated and diverse fields of thought and approaches.

It is pointed out in chapter 25, Future Perspectives, that diagnostic concepts are increasingly more integrative, transdiagnostic, and developmental. However, we need to be cognizant to not lose touch with the broader scope and orientation of a psychoanalytic/psychodynamic approach, which is informed by culture and beyond. Chapter 25 further illustrates the need to consider more efforts to balance knowledge from diverse fields to pursue an even broader understanding of human function. Chapter 25 identifies the boundaries we now experience between fields may in

fact evolve and emerge into a new transdisciplinary (I would argue we need an epi-disciplinary view/evolution) approach, focusing more on how interventions change functioning in the areas of biology, interpersonal relations, and self-definition.

As a first step, and although not a theoretical aim of this textbook, sex and gender modalities, lived experiences of youth and children, and adults, trauma-informed research and practice could perhaps be identified and incorporated into the 2nd edition, providing a more inclusive look at intervention, change, and recovery; and how dynamic psychoanalysis can perhaps facilitate an epi-disciplinary transformation into self-discovery, recovery, and beyond.

I highly recommend the text for foundational knowledge for beginning students, clinicians, researchers, and theorists of psychodynamic psychoanalysis.



### *This Is Your Brain on Music: The Science of an Human Obsession*

Daniel J. Levitin

Penguin Random House, NY

Book Review by

Astrid Rusquellas, MD

This book was recommended to me by my son Federico who is a musician; he is a composer and plays several instruments. In this book both our avocations merge in a delightful, fascinating and easy to read synthesis.

Because Daniel Levitin, who runs the laboratory for musical perception, cognition, and expertise at Mac Gill University, is both a neuroscientist and was a sound engineer, this book appeals to anybody who is interested in music, the psychology of music appreciation and the neuroscience of music as a primordial human activity.

My experience listening to the audio book version of this work was a totally unique one. I usually listen to audio books while I sculpt or paint in my art studio. By the way, the fact that I customarily do both simultaneously, would confirm Daniel Levitin's criticism of the popular conception about brain activities as predominantly left or right; left brain as exclusively verbal/cognitive and right brain emotional/artistic.

Levitin gives us a detailed description of the functions and participation of both hemispheres when we engage in playing or listening to music. I had the opportunity to go through both the text and the audio book version. In this case the audio experience made more sense, as the author provides ample musical examples. My relation to this book was unique in that for the first time in my entire life, I finished the last chapter and was so enthralled with this work, that I was compelled to start the book again. I actually read/listened to it three times consecutively during one week.

The main axis of the book relates to memory and the

cultural nature of the enjoyment of music. Levitin states that we are connected with the patterns and laws of beauty and music, from the time when we're literally in our mother's womb. The cultural conventions of what is beautiful and "legal" in music differ between cultures. For Pakistanis and Indians it would be a particular set of rules, for the Chinese another, and for what we call Western, yet another one. When Tchaikovsky in the Nutcracker ballet wants to introduce a Chinese dancer, he switches to the cultural patterns of Chinese music to convey this atmosphere.

Children are very open to other cultural forms of compositions, but from an early age, they are already initiated in the conventions of their culture. A 5-year-old can detect somebody singing out of tune and can be calmed and charmed by the "harmony" of the music of his own culture.

The ear and the auditory system is complete by the fifth month of pregnancy and the child is exposed in utero to the music and sounds his mother hears. Even though he could be directed to enjoy Indian music or other cultural patterns, this flexibility stops at an early age. Later in life it would be only with effort that he would be able to enjoy foreign music.

My son told me about placing headphones to his wife's belly throughout her pregnancy, playing a soft melodic Brazilian song by Caetano Veloso. The baby was born February 6, 2017 and when she was two weeks, during an especially loud crying spell, he played Veloso's song near her. She stopped crying at once, turned her little head towards the music source with her eyes wide open and in her face there was something akin to a smile. There was no more crying for a while and the new father was convinced that the little girl had recognized the song.

Levitin says that acquiring headphones during his teenage years completely changed and deepened his experience of music. My musician son also has on several occasions introduced me to the use of headphones and maybe after reading this book I will start trying. My skepticism for this technological advancement comes from the effect of isolating listeners. I worry that in this mode, music becomes rather than a communal experience where everyone participates and moves together in dance, one step forward toward an individualistic autism.

I always remember a patient in whose treatment I participated in medical school during my year of psychiatry at the Lanus Hospital. It was the end of the 1950s and headphones were uncommon among the musical people except, perhaps for a radio broadcasting technician. This patient whom I will call Manuel was a 27-year-old paranoid schizophrenic. It was his first break of a late onset schizophrenia and he was cooperative and still rather organized. After some prompting from the professor, he would show the students his "invention to isolate myself from the world and its stupid voices and distractions" and achieve a connection with "Sublime". The "ingenious device" that he invented, consisted of a flexible wire with two huge cotton balls that he applied to his ears and... voila..., he was in connection with "sublime" words of poetry and "cosmic music" and thus could avoid the connection

with the ordinary prosaic and even, disgusting world.

The first time I saw someone wearing headphones and up until this day, I think of Manuel and it gives me pause. I can see the benefits of this technology and the anecdote of my grandchild listening to her father's music in utero, appears like a very positive way to communicate. Therefore, maybe both Levitin and my son are right about headphones as a new and improved way to experience music.

The role of memory in music is understandable to all of us. The more we listen to a song or when it is played frequently on the radio, we are able to increasingly enjoy it more deeply. In my own life, during my childhood when I had trouble enjoying Prokofiev, for instance, my father insisted that I should listen to his music several times in order to "understand it" and therefore enjoy it. Of course, it worked. I did not need that insistence for Mozart or Bach, probably because I grew up from the cradle listening to the classics. The emotion that music evokes, has to do with connections with happy moments and happy periods of our life. In Levitin's opinion, that is why people can get deeply moved by a forgotten song that is connected with their youth or adolescence. Memory is central for the enjoyment of music. In many occasions it is brought about by repetition and by taking us, as stated before, to previous periods of our life which brings about comfort and joy.

Repetition and expectation are at the core of our enjoyment of music. Violation of expectation and the norm are used to avoid boredom. The author uses the Surprise Symphony by Hayden as an example of an extreme violation of expectation, when the whole orchestra plays an extraordinary loud cord. The previous adagio did not make it predictable. A violation of the expectation then, it is a way to keep music alive and the reason why we don't tire with certain pieces that contain violated expectations. He hints to the fact that the balance between the repetition, expectation and violation of the expectations are that the core of successful musical composition.

One remarkable aspect of this book is the description of the function of the cerebellum in music. Levitin reminds us that the cerebellum is involved in emotions and the planning of movement. Of course, it is the oldest part of our brain which is present even in reptiles that lack the higher regions of the cortex. Indeed, when we listen to music, it starts with the subcortical structures, the cochlear nuclei, the brain stem, the cerebellum and then moves up to the auditory cortices. When we tap along with music either with our foot or just in our minds, the cerebellum timing circuits are involved. When we perform music no matter what instrument we play or whether we sing, our conduct involves the frontal lobes for the planning of our behavior. It becomes clear that music coordinates more disparate parts of the brain than any other experience, especially if you play music in which case the connections are over encompassing.

Levitin states that statistically musicians have a bigger than normal hippocampus and not surprisingly a bigger than normal corpus callosum as the connection between the hemispheres are more abundant, because of frequent

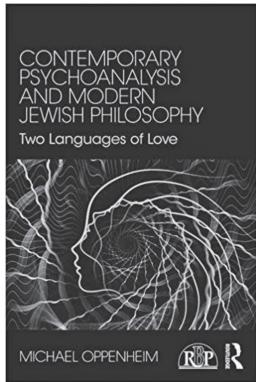
lateralizations that occur during their life. I was reviewing the writings of Oliver Sacks about music and the mind and was reminded that he says that the brain of a painter or engineer or architect have no particular distinctive features; however, the brain of a musician is instantly recognizable by the modern technology of fMRI, Positron Emission Tomography, etc.

A particularly interesting section is Chapter Nine, on the evolutionary aspect of music for humans and for animals. The author reminds us that Darwin thought that music developed through natural selection as part of human or paleo human mating rituals. He discusses the fact that some scientists such as Steven Pinker disagreed with Darwin's concept of the evolutionary purpose of music. Pinker states that music is just a bi-product of the development of language without evolutionary meaning. Others like psychologist Dan Sperber and John Barrow have said that music has no role in the survival of the species and is an evolutionary parasite. Daniel Levitin passionately argues that these scientists are wrong. He reminds us that Darwin recognized the implication of his theory of Natural Selection and came up with the idea of sexual selection because an organism must reproduce to pass its genes on. Thus qualities that would attract a mate should eventually become encoded in the genome. Darwin wrote, "I conclude that musical notes and rhythm were first acquired by the male and female progenitors of mankind for the sake of charming the opposite sex. Thus musical tone became firmly associated with some of the strongest passions that an animal is capable of feeling and are consequently used instinctively." In summary, Darwin believed that music preceded speech as a mean of courtship, equating music with the peacock's tail. He posited that the emergence of a feature that served no direct survival purpose other than to make oneself attractive was evolutionary useful "to enhance one's genes". In the same vein the author argues that if music is just a pleasure-seeking behavior, we would expect it to not last very long in evolutionary time which contradicts the fact that music "has been there forever".

When I started reading this book I had to confront my life long reluctance to learn/know how music is made and where it comes from. When I was four years old, I created my first and last musical composition, which consisted in a scale from lows to highs: do re mi fa sol la si do-- do si la sol fa mi re do" ending in the cord "domisol" repeatedly. I created the lyrics as well, that in Spanish went "un tremendo verdulero, sale a comprar la fruta, ta, taa." (a tremendous green grocer goes to buy fruit, fruit, fruit). I was marveled at my own talent and played this song on the piano to my parents when they came from work. They laughed until tears were running down their cheeks and then I was immediately engulfed in an unbearable shame. Since that time, I have refused to relate to the subject of what makes music good or even magical. I didn't want to hear how a musician composed or about Bach using syncopation or anything that could be analytical of music because I felt it would completely destroy the magic.

Also at the age of four I read my first book cover to cover on my own. It was a biography of Mozart for children, with lots of pictures and a few musical staffs with Mozart's easier passages, so that the little readers could play them on a keyboard. At that time, I thought that Mozart and his music were supernatural and so was Johan Sebastian Bach and later Beethoven and Schumann. In those years I was a very mediocre piano, harmonica, and xylophone player and now, I am just a devoted listener. However, Levitin's book helps to understand the science behind music's magic without destroying the magic.

In summary, this is a fairly easy to read, delightfully written book, which synthesizes the author's two fields of expertise. His knowledge of classical music, blues and jazz, and his understanding of the functions of the brain, places him in a unique position to tackle the subject of what is music and how does it exert its power. It conveys a great amount of information while summarizing the answers to centuries old questions.



*Contemporary Psychoanalysis  
and Modern Jewish Philosophers:  
Two Languages of Love*  
Michael Oppenheim  
Routledge, London  
Reviewed by Ronald N. Turco,  
MD

This book discusses the dynamics of human relationships in multiple dimensions focusing primarily on the Jewish

philosophers Franz Rosenzweig, Martin Buber and Emanuel Levinas who envision love as having both a human and divine dimension. The dual commandments are to love God and neighbor. The contemporary psychoanalysts in this discussion are Hans Loewald, Stephen Mitchell and Jessica Benjamin who view love as a key to motivation, a fundamental life force consistent with Freud's "talking cure." In this book we have a condensation of philosophy, religion and psychology that speaks to the emotions as well as the intellect. The language of "love" is the central discourse in the dynamics of authentic human relationships. There are six chapters and a conclusion section. I was so emotionally overwhelmed with the conclusion that I regard it as chapter seven, as it resonated with my personal as well as professional experiences.

In the introduction we are introduced to the issue of transference as a love event no longer situated in the analytic encounter, but pertinent to the entire history of an individual's life from infancy to mature object relations. For Loewald, it is through loving that one is constituted as self. Mitchell departs from the classical Freudian model arguing that drives are built up in responses to relationships and shaped by family and culture. Jessica Benjamin's analysis is based on the idea that two desires, self-assertion and

recognition, punctuate human relationships. She emphasizes that the beginning of recognition in the mother-infant relation is the dual pleasure of being recognized by the other and recognizing the other in return – the dynamics of dual recognition and the gender polarity that pervades modern society and its effacing of the mother's subjectivity.

In the discourse of the Jewish philosophers love is not just a human phenomenon, its origin and continuing source are divine. This is the position of all three Jewish philosophers under consideration. Love is equated with paramount concern for one's absolute responsibility for the other. Love exists without concern for being loved. For the Jewish philosophers love's transformative power can only be unraveled through the dual recognition of the human and divine, and love is almost synonymous with responsibility and coextensive with speech or language. It concerns what is authentic and truly human.

The six chapters and conclusion focus on self-love and love of the other, intersubjectivity, transformation, language meaning and in the conclusion section death. The first three chapters examine what the psychoanalysts describe as intersubjectivity and the philosophers as interhuman. The last three chapters and conclusion examine aspects of previously described dynamics.

Significantly what is distinctive to understanding both the post-Freudians and the Jewish philosophers is the presence of the other as key to personal transformation, a major departure from Freud's view of the analyst. The relational psychoanalysts offer a model of "two person" psychoanalysis with a more open exchange between patient and analyst thus affording a model for authentic human relations in the future. For Buber, Rosenzweig and Levinas the symptoms of illness are meaninglessness, purposelessness and lack of clarity in direction. All three Jewish philosophers share the view that it is encounters with the divine that illuminate an individual's unique direction. They also share the view that Holy Scripture is the prototype for understanding the world. They acknowledge that death is inescapable but not stronger than love and in the conclusion section discuss the ultimate testament to love is being with the other when they are facing death. Being a witness to death creates a love that lingers beyond death.

Chapter one opens with a discussion of Leviticus and the commandment to love thy neighbor and the task of Rabbi's to teach this. It explores the departure by the modern Jewish philosophers that love of the other and not self-love grounds the authentic self. The similarities and differences among these philosophers are discussed in descriptive detail, including the confirmation of the self in reality through interactions with others. This encompasses the metaphysical desire for what is beyond the self.

Importantly in the discourse of psychoanalysis there are deep elements of disagreement between the Rabbis and the three modern Jewish philosophers in terms of self-love and relationships with others. Sigmund Freud mirrors the position of the Rabbis, while post-Freudian psychoanalysis takes the position of the modern philosophers. There are

many references to contemporary psychoanalysts such as Klein, Fairbairn, Winnicott, Flax etc. as well as descriptive discussions of Kierkegaard, Heschel, Heidegger, Hegel etc. and their respective contributions and concepts of the authentic self and the establishment of satisfactory object relationships. For example, Fairbairn insisted that the central motivation for humans was to relate to other persons. He substitutes Freud's three stage libidinal model with the relationships that dominate: infantile dependence, transitional and mature dependence. One corollary to this is the strong reaction to injury or illness being caused by the subject's identification of his or her body with an internalized other. The views expressed in detail are a substantial departure from the Freudian notion of instincts. Relationality supersedes biological drives. Stephen Mitchell's work crystallizes the post-Freudian narrative as he highlights the impact of the other on the self in terms of the dialectic between the interpersonal and the intrapsychic. His work represents an attempt to bring together ideas and insights from a number of post-Freudian relational systems such as self-psychology, object relations theory, interpersonal psychoanalysis and relational psychoanalysis.

All of this work coincides with the examination of two models of the meaning of the biblical commandments to love thy neighbor/stranger as the self with the notion of the viability of primary narcissism. One view in agreement with the Rabbis and Freud holds that love of self is basic for human motivation, self-love being the driving force behind human behavior. The other position offered by the three Jewish philosophers and some post-Freudian psychoanalysts suggest that we are always in a relationship with other persons and are motivated, first and foremost, to seek out and interact with others. In this perspective our orientation to the world as well as ourselves comes through experiences of attachment, relationship and love of the other. The Jewish philosophers find that the authentic self requires connections with both other humans and with God, the inauthentic life portrayed as the fear of death. The post-Freudian psychoanalytic discourse is usually framed in terms of a narrative of development over time. There is a convergence of both perspectives. For both sets of thinkers trust, integrity, responsibility and meaning emerge out of and are reconfirmed through relationships with the other.

Chapter two deals with the work of the contemporary relational psychoanalyst Jessica Benjamin and missing references to the insights of the twentieth-century Jewish philosopher Martin Buber. Here we see the disagreement about whether the mother-infant dyad or the divine is decisive in the genesis of intersubjectivity. These two thinkers are both well known for their view that people develop and mature through substantial relationships with other persons along with similarities and major differences in appreciating this view. The author appears to favor Benjamin's presentation of the relationship to the mother, the first object of identificatory love as well as object love, as the initiation and foundation for intersubjectivity, while Buber attributes many aspects of this role to the divine. The

author finds Benjamin's narrative of both intersubjectivity and subjectivity in decisive moments within the mother-infant dyad much more convincing and consistent. Buber's understanding of mature religiosity is in direct opposition to Benjamin's ideas.

Chapter three, *The Presence of the Other*, deals with transformation in the context of the presence of the other. There is an extensive discourse dealing also with the important concept of cycles of transference and counter-transference rather than a static analytic situation. This includes seeing the pivotal role of the analyst in terms of an interactive process. A discussion of four contemporary psychoanalysts and their views of being in the world is included in this section.

Chapter four discusses the significance of language and the main figures participating in this dialogue are the American psychoanalysts Hans Loewald, Stephen Mitchell and Thomas Ogden, and the German Jewish philosophers Franz Rosenzweig and Martin Buber as well as the French Jewish philosopher Emmanuel Levinas.

Chapter five revisits the important "illusion" of religion with emphasis on the work of the post-Freudian psychoanalyst Hans Loewald. Chapter six *Beyond "Betrayal"* begins with a concise account of Heidegger's relation to Nazism focusing on the view of responsibility in human relations and Loewald's life work being a Heideggerian reworking of Freud's basic concepts, despite Heidegger's most hateful betrayal and permanent alienation from his student Loewald.

The section on conclusion was the most meaningful to me on both an academic as well as an emotional level. While possibly not intended by the author this book expresses to me a dialectic between the secular and divine relationship with God. It summarizes the position of the Jewish philosophers who regard trust as the basis for the possibility of love and authentic human relationships. There is also a discussion of marriage as a time enduring experience, not destroyed through the loss of one partner. After reading this book, I came away with not only a better understanding of Jewish philosophy and post-modern Freudian thought but an appreciation of the beauty and depth of these thinkers that speaks to my heart.

# Welcome New Members !

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

## Psychiatric Member

**David A. Doyle, DO**  
Center Valley, Pennsylvania  
Sponsor: Dr. Eugene Della Badia

**Leslie Hartley Gise, MD**  
Kula, Hawaii  
Sponsor: Dr. Michael Blumenfield

**Naoma A. Levy, MD**  
Oak Park, Illinois  
Sponsor: Dr. Geraldine Fox

**Ronald Paolini, DO**  
Aiden, South Carolina  
Sponsor: Dr. Eugene Della Badia

## Member-in-Training

**Stephanie Jarvie, MD**  
New York, New York  
Sponsor: Dr. Scott Schwartz

**Houssam Raai, MD**  
New York, New York  
Sponsor: Dr. Scott Schwartz

**Seema Sannesy, MD**  
Goshen, New York  
Sponsor: Dr. Scott Schwartz

- and -

## CONGRATULATIONS

**Jeffrey Deitz, MD**, of Fairfield, Connecticut  
Upgrade from Psychiatric Member to Psychoanalytic Fellow!

**The American Academy of Psychodynamic Psychiatry and Psychoanalysis**  
One Regency Drive, P.O. Box 30  
Bloomfield, CT 06002