

ACADEMY FORUM

Vol. 68, No. 1 - Spring 2023



The American Academy of Psychodynamic Psychiatry and Psychoanalysis

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Cover Photo
by
César A. Alfonso, MD

Water Lilies (Nymphaeaceae) No. 6, New York Botanical Garden
2021.Leica TL2, 136mm, f/4.5,1/2,500

Found in quiet freshwater environments, these majestic flowers preside over tropical habitats and are often collected elsewhere in conservatories and garden ponds.

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. Any pictures embedded in the file must be high quality JPG files of each picture used.
2. Articles should be 1,000 to 2,500 words in length although the editor may make exceptions. Book reviews should usually be approximately 1,500 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.

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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: Ahron Friedberg, MD, at ahronfriedberg@gmail.com.

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Email: info@AAPDP.org

Website: www.AAPDP.org

MESSAGE FROM THE EDITOR

Ahron Friedberg, MD



We are pleased to bring you the Spring 2023 issue of our Academy Forum. It begins with a Message from Joe Silvio, MD, our Academy President. He notes the transitions we face as we emerge from our pandemic isolation and reconnect as professionals and a community. Dr. Silvio's vision offers

us hope as we recalibrate ourselves as psychodynamic psychiatrists while holding true to our principles and beliefs.

In Letters, Announcements and Reports, Carlos Velez, MD shares of his experience as a Teichner Scholar. He serves as the Associate Program Director for Psychotherapy Training at University of Texas Health San Antonio (UTHSA), and expresses his appreciation to the Academy and especially the founder and director of the Teicher Scholar Program in helping to develop psychodynamic psychiatry in their General Psychiatry residency. In his Report from the APA Assembly to AAPDPP, Barry Fisher, MD reminds us of the valuable work the APA is accomplishing in support of diversity, mental health parity, advocacy, telemedicine, and safe prescribing. The next APA meeting will take place May 19-21 in San Francisco at the time of our Academy meeting there.

Original Articles begins with a personal piece by our former AAPDPP President Gerald Perman, MD and shares of his experience not only of his decade tenure as Editor of the Academy Forum but also currently Editor of Capital Psychiatry (www.dcpsych.org). I am grateful to Jerry for the privilege of now serving as Editor of our

Forum, and he has been a mentor to me in this role and other professional ways. Next David Forrest, MD gives us a fascinating and sui generis contribution about our motor unconscious with implications to a Freudian model of the mind. It extended my own thinking about unconscious mental life and compromise formation.

Next we excerpt a chapter from Arnold Richards, MD's forthcoming memoir *Unorthodox: My life in and Outside of Psychoanalysis* (IPBooks 2023). The piece tells of his training experience at the Menninger School of Psychiatry under Carl Menninger, MD. It is a unique and personal window into psychiatry residency training at that place and time, and highlights the contributions of David Rappaport, MD, Merton Gill, MD, Roy Schaffer, MD and other luminaries. In his article "What is an Analyst Doin' in a Place Like This" Nathan Szjanberg, MD describes his remarkable work in an innovative community-based program for traumatized, impoverished minority children and their families within the legal system. Jennifer Harper, MDiv, offers us a beautiful and original case study about a person's resilience and personal growth in overcoming childhood trauma. It illustrates how there is more to unconscious mental life than what is apparent in our daily lives. It is a testimony to the healing power of psychodynamic work.

In "Exposer and the Exposed", Peter Olsson, MD delves into Julian Assange as a shadowy, world celebrity through a psychoanalytic lens. It gives us an insightful viewpoint into his psychology and life experience, which led to choices that have come to public attention.

Finally, Jeffrey Rubin, MD offers us an eloquent book review essay on the analysis of Marie Cardinal from her own perspective. *The Words to Say It* is an affirmation of the idea that as psychodynamic clinicians we merely facilitate a person's healing, the patient does the real work. We hope you enjoy this issue.

MESSAGE FROM THE PRESIDENT

Joseph R. Silvio, MD



This is a year of transition in which we are faced with the task of reorienting ourselves from the days of isolation and Zoom connectivity to a world like pre-covid, but decidedly different. Zoom is here to stay, altering how and where we work, how we stay in touch, and how we share

important life events when we're far apart—remember the impact of hearing about funerals, then weddings, then birthday parties, family reunions, and graduations conducted over Zoom, at first out of necessity, but now out of convenience. This transition to a familiar but different world is like what an astronaut faces when returning from the moon or the space station back to earth. Everything looks the same, but the pull of gravity makes everything different. I imagine simple everyday tasks feel disorienting, and it takes time to adjust. What do we need to adjust to in our post-covid world?

We have not met in person for almost three years. When we finally greet each other in San Francisco, will we seem the same or somehow different in a disquieting way? Or will we be like old friends who take up where they left off when meeting after years apart? And how are we adjusting to psychiatric practice over the internet? During the covid lockdown, it was essential and surprisingly effective. But in this transition period

where we have a choice of returning to seeing patients in person in our offices or continuing to see many or all of them virtually, what adjustments will we have to make to recalibrate our psychodynamic therapeutic instrument.

If we turn our attention to the external world for a moment, we see societies unbalanced and tottering towards chaos, as if the certainty of what we assumed were the rules of reasonable behavior have eroded away. Recently there were 3 mass shooting in one week and over 600 this year, Europe has seen the rise to power of right extremist political parties, and home grown terrorists shot up two electrical substations in North Carolina, casting thousands of people into darkness and cold for days. Our recent midterm elections saw many candidates for Congress proudly asserting their belief that the 2020 Presidential election was fraudulent, despite no evidence supporting that accusation coming from multiple investigations. And we see Russia waging war on Ukrainian civilians with rockets targeting utilities and non-military buildings, while the West seems paralyzed to interrupt it. In addition, science is no longer held in esteem, so warnings about the impending disasters of climate change, the public health risks of vaccination refusal, and the medical risks to women stripped of the right to abortion are brushed aside.

As psychodynamic psychiatrists and psychoanalysts, we each must find a way to hold to the principles of our therapeutic beliefs while staying ourselves in the world at large.

Reprinted from AAPDPP Newsletter

LETTERS, ANNOUNCEMENTS AND REPORTS

Letter on the Teichner Scholar Program

Carlos Velez, MD

Last year, I stepped into the newly created position of associate program director of psychotherapy training, of the General Psychiatry residency at the University of Texas Health San Antonio (UTHSA). I had been medical director of a busy subacute community clinic for several years and enjoyed it tremendously. But as the only psychiatrist on faculty whose patient panel was dedicated to weekly or biweekly sessions of 45-minute psychotherapy plus medication management, the switch made sense. This past July, I started my second year. And, although I am still getting to know the role, I can say one thing with certainty: I have been fortunate to have the help of the AAPDP. Its programs aimed at promoting psychodynamic principles in psychiatric

training have been invaluable as I begin my work to understand the state of our curriculum and where to intervene.

The general psychiatry residency program here at UTHSA is, by all accounts, big and complex. It is one of two combined military-civilian programs in the country and, with close to 80 residents, it is also one of the largest. Residents here cover three busy hospitals—University Hospital, Audie Murphy VA Hospital, and San Antonio Military Medical Center, which is the largest hospital in the Department of Defense. The distinct patient populations at these sites are in a city whose own diversity includes Latinx, African-American, Asian and Middle-Eastern populations. Graduates

thus emerge uniquely prepared to practice biological psychiatry in any number of settings.

But over the past decade, program leadership has also responded to resident calls for equally robust psychotherapy training. The result: didactic, electives many of the basics in place for psychotherapy training that is equally varied as its biological training. As Teichner founder and director Sherry Katz-Bearnot put it, there is “fertile soil” for enhancement of psychodynamic training. Helping us “plant the seeds” of this endeavor has been Academy fellow, Allan Tasman. Through our program’s award of the 2021-22 AAPDP Distance Learning Program, and then the 2022-23 AAPDP Teichner Scholar Program, Allan has been able to share the breadth of his experience in building

psychotherapy curricula. Current plans include ways of listening, the importance of the therapeutic alliance, phase-appropriate application of psychodynamic principles from beginning to advanced levels of training.

Ultimately, my hope is that these efforts result in more well-rounded training, where residents are easily able to move beyond the symptom-diagnosis-treatment paradigm of the biological model. As others in Academy have written, there is evidence is that this shift will benefit not just patients, but practitioners as well.

Carlos E. Velez, MD is Assistant Professor, Department of Psychiatry and Associate Program Director for Psychotherapy Training, UT Health San Antonio

APA Assembly Meeting November 2022

Barry Fisher, MD

Report from the APA Assembly to The American Academy of Psychodynamic Psychiatry and Psychoanalysis Executive Council on the Outcomes from the November 2022 APA Assembly Meeting



The meeting was conducted online on November 5 and November 6, 2022.

Reports were heard from the APA Treasurer, the APA CEO/CMO, and the APA President, The Executive Director of the APA Foundation, and the Chair of the APAPAC in addition to reports from officers of the Assembly.

The APA Treasurer reported that the APA has had additional income above what was expected in the budget largely due to sales of the DSM5-TR. This has compensated for investment portfolio loss, although investments are still performing well in light of the current global economic circumstances.

The APA CEO/CMO highlighted the ongoing media and legislative efforts by the APA in various areas such as advocating for mental health parity, advocating for services for trans and gender-diverse youths in areas where those services are threatened, and addressing expansion of scope of practice in various states. The APA has launched a mental health information in Spanish; LaSaludMental.org. The APA also continues to address Structural Racism and Diversity, Equity, Inclusion and Belonging.

The APA President detailed work that has been done in support of Diversity, Equity, Inclusion and Antiracism; recent advocacy efforts by the APA in mental health parity, training psychiatrists in state level

advocacy, telemedicine, and safe prescribing. She also provided an update on the work on her Presidential Theme – Roadmap for the Future; what we need to do now to prepare for where the APA needs to be in 10 years.

The Executive Director of the APA Foundation reviewed their work for the third quarter of 2022 and announced the hiring of Dr. Vedrana Hodzic, MD as the first Director of Fellowship, Mentorship and Medical Education. The APA Foundation is leading a National Mental Health Campaign aimed at normalizing mental illness in the public and emphasizing the treatability of common mental illnesses.

The Chair of the APAPAC highlighted contributions received this year and how these funds have been used to support pro-psychiatry candidates in 245 electoral races and committees.

The Assembly approved twenty position statements and three action papers by consent. Four action papers were approved by vote after discussion and two action papers were approved by a vote by strength. Three action papers were controversial. The first was an action paper on the APA advocating for raising the minimum age for firearms purchase to 21. This action paper was discussed at length with concerns for reducing access to means at an age when executive functioning is not fully developed on one side, and concerns about limiting firearm purchases for individuals for whom it is culturally appropriate or earned (through military or police service) on the other side. This action paper was approved through a vote by strength. The second action paper that required extensive discussion was the APA not holding national meetings in states with restricted

access to reproductive health care and not requiring APA staff members to attend any meetings in states with restricted access to reproductive health care. The discussion centered on ensuring APA staff members and attendees were not placed in medically dangerous positions due to lack of access to reproductive health care in emergency circumstances, with opponents noting that the measure places a burden on psychiatrists who are working in states with these restrictions. This action paper was also approved through a vote by strength. The third action paper that required extended discussion was the proposal to reinstate two in-

person APA Assembly Meetings each year starting in 2023. Most assembly members agreed that in person meetings are more effective than virtual meetings in the quality of discussion and the number of action papers generated. Opponents noted that there is a significant environmental impact to holding two in-person meetings and advocated for one virtual and one in-person meeting. After discussion a change to two in-person meetings was approved by a simple vote.

The next APA Assembly meeting will take place May 19-21 in San Francisco, California. The deadline for action papers in March 23, 2023.

ORIGINAL ARTICLES

On Being Editor

Gerald P. Perman, MD, DLFAPA,
DLFAAPDPP

Adapted from summer 2022 issue of Capital Psychiatry:
the e-Magazine of the Washington Psychiatric Society
(www.dcpsych.org)



When I was a boy our family game was scrabble and we continued to play it into my young adulthood. Neither of my parents went beyond high school but we all loved words through scrabble.

My mother was brought up in an immigrant household in Baltimore where only Yiddish was spoken. My mother's

English was forever-after punctuated with Yiddishisms. She studied and played piano as a girl, a musical language unto itself. My father grew up in Warrenton, North Carolina and spoke Southern. This may have contributed to my later affinity for rockabilly (rock + hillbilly) music. I studied Hebrew at Hebrew School until my Bar Mitzvah.

I had a lacuna in my education when I dropped out of public high school in the 11th grade and attended a non-accredited (hippie) school in upstate NY for 1 ½ years. I had studied French briefly in HS, and Spanish in college. where I got Cs and Ds due to remnants of my early life stuttering. I learned to sing and play guitar at the hippie school, and this helped me with my stuttering (as did two later psychoanalysis).

After failing to get into a U.S. medical school twice, I traveled to France to study French in the summer, and I applied to a dozen French-speaking medical schools in Europe. I was thrilled to have been accepted into the second year at the Free University of Brussels Faculty of Medicine, where I studied for three years before

transferring into third year of medical school at the University of Maryland in Baltimore, where I received my MD. The rest is history, so to speak. Since then, I've familiarized myself with Hungarian, Mandarin, and Italian using Pimsleur CDs. I currently get along in pedestrian fashion in French and Spanish.

My first experience as an editor was when I joined the D.C. Chapter of the American Society of Psychoanalytic Physicians in the early 80's. I took over as Editor of the ASPP Bulletin from Richard D. Chessick, MD, PhD, who lives in Chicago and worked from there. Richard belonged to and introduced me to the American Academy of Psychoanalysis (now the American Academy of Psychodynamic Psychiatry and Psychoanalysis (www.aapdpp.org)). Thus began my long and close relationship in "the Academy" as our members fondly refer to it.

After several years, I gave up my editorship of the ASPP Bulletin and began to assume various positions within the Academy. The Academy had a magazine, The Academy Forum, that was seeking an Assistant Editor. I immediately volunteered for the position and joined Editor Mariam ("Mims") Cohen, MD and, after a year or two, I was handed the full-time job as Editor. The Academy Forum continues to be published online and in hard copy and is mailed to all our members.

This was a labor of love, since being editor allows one to have innumerable contacts with the authors who submit their articles and with artistic members of the organization who share their artwork. My friend, Scott Schwartz, MD of New York, stands out among many as a particularly brilliant, prolific, and articulate writer who contributed many articles and his artwork to the Forum when I was editor. (Scott also brought more medical students into the Academy than anyone else, hands down, as Director of his own Psychoanalytic Institute in New York.) It was also a great pleasure to work "behind the scenes" with Academy Executive Assistant, Ms. Marie Westlake, who helped me "put the Forum together" for many years.

In 2018, I became President of the Academy, a two-year

position, and I ended my 10-year tenure as Editor of the Academy Forum. One of my proudest accomplishments during my presidency was to have Ahron Friedberg, MD agree to take over as next Editor of the Forum. Ahron has continued to do a fantastic job producing a wonderful publication.

In 2013, I was approached by Ms. Patricia Troy, Executive Director of the Washington Psychiatric Society, and asked if I would create an online magazine for the WPS. I immediately agreed, since, by then, I had some experience with this kind of thing, and I was grateful to be able to contribute to the Society in this way. When Ms. Troy left the WPS, I decided to discontinue my role as editor and Washington Psychiatrist came to an end after seven years.

Three years later, Ms. Troy came back as WPS ED, approached me again with the same request, and Capital Psychiatry was born. John Clark, G.W. MS 4 is Associate Editor, William Lawson, MD, PhD is Editor-at-Large, and John Fatollahi, MD is Contributing Editor. Ms. Betsy Early is Director of Publications for Next Wave Group, Ms. Pat Troy's organization, and does a masterful job putting the magazine together.

As much as I do in my professional life, I often want to do even more. In addition to my full-time practice of psychodynamic psychotherapy (at the age of 70+), and volunteer work that I continue to do for the Academy, and the psychodynamic psychotherapy supervision that I do for the George Washington University Department of Psychiatry and the Behavioral Sciences, being an editor for the WPS allows me to be generative in a different way.

It is like being a midwife. I provide an opportunity for members and friends of the psychiatric community to submit articles, essays, poetry, book reviews, photography, and artwork, and we deliver Capital Psychiatry into the email boxes of our WPS members and make it available to all who want to access it at www.dpsych.org. In addition to soliciting contributions from members of the WPS, a robust source of submissions comes from the Psychotherapy Caucus of the APA, where I seek submissions from almost weekly.

I enjoy my contact with authors of submissions that I receive, many of whom are medical students and psychiatric residents in addition to seasoned clinicians such as my friend and colleague David Forrest, MD and Psychiatric Times writer Steven Moffic, MD among others. To my younger contributors, on more than one occasion, I have recommended Strunk and White's classic primer *Elements of Style*, now in its fourth edition after the original was published by William Strunk, Jr. in 1918. E. B. White is best known for his book, *Charlotte's Web*.

I am currently hooked on the Wordle word game each night after midnight (if you don't know what it is, Google it) and in recent years I have become enamored of the work of Jacques Lacan, MD, who combined a close

reading of Freud with the linguistics of Ferdinand de Saussure. You can find my introduction to Lacan's work at <https://www.psychiatrictimes.com/view/jacques-lacan-best-and-least-known-psychoanalyst>.

In closing, I hope that each of you reading this summary of my work as an editor will push yourself to write, write, write...for Capital Psychiatry, for The Academy Forum, and wherever else you can share your ideas with your fellow colleagues and peers.

Horse One Rider One: Our Motor Unconscious

David V. Forrest, MD

Incorporating commentary by Seth Pullman, MD



Are we in control of our bodily passions, or are our passions in control of us? Since antiquity, this question has been illustrated by the metaphor of a rider on a horse. Indeed, such a figure appears on the Parthenon from 440 BCE to represent self control. The rider appears to

be struggling. Sigmund Freud kept a terracotta statue of a horse and rider from the Greek archaeological from 550 B.C.E. In 1927, Freud adopted this metaphor in *The Ego and the Id* (Hogarth, London 1949). The horse was his mental construction that he called the id, and the rider was the ego. Freud explained this metaphor further in his later "New Introductory Lectures on Psychoanalysis" (1932):

"One might compare the relation of the ego to the id with that between a rider and his horse. The horse provides the locomotor energy, and the rider has the prerogative of determining the goal and of guiding the movements of his powerful mount towards it. But all too often in the relations between the ego and the id we find a picture of the less ideal situation in which the rider is obliged to guide his horse in the direction in which it itself wants to go."

Hughlings Jackson in the 1850s (York GK and Steinberg DA, 2011) introduced the idea of mental levels--spinal, basal ganglia, cortex--and his ideas influenced Pierre Janet (Reed GF, 1987) who postulated 9 complex organizational levels and spoke of a lowering of mental level in psychopathology ("abaissement du niveau mental"). Freud's rider, while not located neurologically, was presumably located higher (more rostrally) in the neuraxis than his horse.

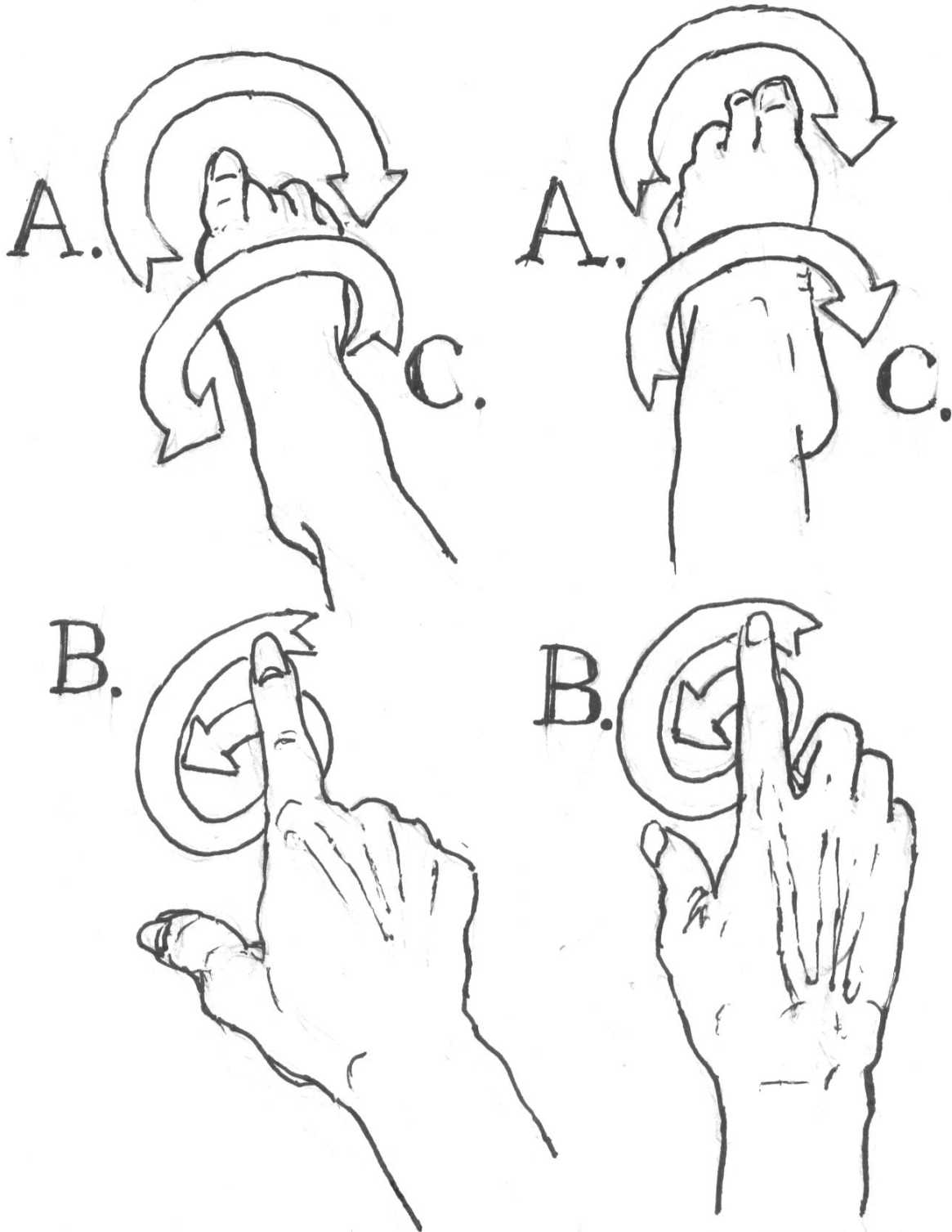
A simple movement task appears to illustrate this classical question.

The movement task involves circling one's right foot in a clockwise circle and then beginning to trace the numeral 6 with one's right forefinger (essentially tracing a clockwise circle). The right foot will involuntarily begin to trace a counter-clockwise circle, and it appears impossible to override this. One can also start with the finger-sixes and the toe will conform. Even more simply, moving one's big toe repeatedly downward is difficult to continue if one simultaneously move one's finger repeatedly upward.

However, if one tries this with contralateral finger and toe, there is no problem moving them in opposite circles. Thus, in the following Figure:

Two cases are illustrated in which A,B,C are sequences. In the first case, the right foot in (A) is tracing clockwise circles in the air.

Then the right (ipsilateral) forefinger and hand begins tracing the number 6 (counterclockwise motion) in (B).



DYF10-20

Then the right foot converts in (C) involuntarily to counterclockwise circling, a slave to the direction of the ipsilateral hand.

In the second case, in (A) the left foot is tracing clockwise circles and in (B) the (contralateral) right hand again begins to make (counterclockwise) sixes. Remarkably the contralateral foot remains in full voluntary control of its direction (C).

Why?

The following is an exchange with Seth Pullman, MD, Director of the Motor Physiology Laboratory of The Neurological Institute of New York at the Columbia Medical Campus:

Seth Pullman, MD (9/15/20):

A physiological explanation might be that pattern generators in the dorsal prefrontal cortex (where plans for movement originate) are made of cell populations that encode for specific vectors (speed and direction) of movement. This has been demonstrated with single unit recordings in non-human primates given different tasks (even drawing spirals!). These cells connect with the primary motor cortex (and lower motor circuits) to make an action happen. So, because the original instructions come from a central source (specific directional cells), our limbs tend to move similarly on the same side of our body. It is hard to split pattern generation between an arm and a leg on the same side.

A “6” is like a piece of a counter-clockwise spiral, so it conflicts with the clockwise foot movement. Opposite (mirror) movements with homologous body parts (same limb each side of the body) are easily accomplished with the same instructions via crossed pathways. It may be possible to overcome ipsilateral motor patterns with a lot of practice.

David V. Forrest, MD (9/15/20):

I also wonder whether the cerebellum could be involved. In normal walking the arm movements are opposite the ipsilateral legs and the trunk is controposto, to borrow a term from the art world to describe statuary in which the hips and the shoulders are opposed in direction.

Seth Pullman, MD (9/15/20):

I am sure the cerebellum is involved in the movements of this motor puzzle, but I doubt it regulates the instructions or forces the will to move in a certain way. The cerebellum mostly checks to see that the movements you make are the ones you want, and helps correct them if they are off. So, the cerebellum may be involved by trying to make sure the movements are what the cortical neurons want, thus impeding the clockwise foot movements because the counterclockwise hand movements came first. However, usually cerebellar

adjustments result in dysmetria, etc, not problems with higher level motor control.

Seth Pullman, MD (9/20/20):

As for your toe/finger conjecture, I suspect the prefrontal cortices play prominent roles for movement here. It boggles the mind the way the neural pathways link and click with each other. The cerebellum probably does not have much a role in these voluntary movements, but the posterior parietal cortex is another region known to control the interface for visually guided and automatic movements. Don't forget there has to be conversion of sensory information into motor command to make any of the linked movements, both going forward and incorporating previous and on-going movements. All has to do with motor sets and plans. D.O. Hebb's “cells that fire together, wire together” is valid today.

David V. Forrest, MD (9/20/20):

Because the contralateral toe and ipsilateral finger are more separate processes, perhaps this allows intention to override separately?

So far as I can tell in this puzzle, it doesn't need visual cueing as it works as well with the eyes closed, i.e., contralateral yes, ipsilateral no. I do think one mentally visualizes (plans) the motions here as one voluntarily does them.

I think it would be interesting to see if some movement disorders, such as Parkinson's, would affect this phenomenon and could be tested by it.

Seth Pullman, MD (9/29/20):

Ah, but you do visualize in the “mind's eye” all the time, and that is key. As you know, musicians gain some useful practice just imagining their performance. And then there's motor memory... It gets very complicated, not sure we can pinpoint to a specific circuit.

David V. Forrest, MD (9/28/20):

Yes, the connections go on and on. And I wonder where motor rehearsal (e.g. downhill ski racers who run the course over and over to rehearse) is stored. The answer is probably largely everywhere!

But the most puzzling thing is why it's easier to make the seemingly more demanding opposite movements when you are using one hemisphere and the opposite hand and the other hemisphere and the opposite foot. At the very least it involves trans-callosal communication--the circles are in synch, and when I try to do them at different Hz the movement of the foot breaks up.

So my hypothesis is that the extra signal transit across the callosum extinguishes or overrides the entrainment/enslavement in the purely ipsilateral situation. It frees the voluntary will to move finger and toe independently. The

reason these maneuvers interest me is that they appear to demonstrate and perhaps locate a point at which there is a change in whether we ride the horse or the horse rides us, to use the metaphor of emotion and the body vs. conscious control favored by Freud and everyone before and after him.

Sensory extinction phenomena emerge when one hemisphere is damaged as by a stroke. Double simultaneous stimulation tests for this by stimulating both sides of the body and thus both hemispheres at the same time. One theory (Kluger BM et al, 2008) is that the healthy hemisphere overrides and thus extinguishes awareness of sensation on the side of the body with impaired sensation. But our task is motor, not sensory, and the effects occur in normals.

Inter-hemispheric transmission has been proposed to account for involuntary mental influences. Psychologist Julian Jaynes (1976) in an influential popular book attributed the generally rational modern mind to a rise in the autonomy of the dominant over the non-dominant hemisphere (“breakdown of the bicameral mind”) In Biblical antiquity, Jaynes wrote, influences from the non-dominant hemisphere transmitted across the corpus callosum and insufficiently controlled by the dominant hemisphere led to the subjective experience of hearing voices, including the voice of God, which is how Jaynes explained Biblical stories of divine voices. Jaynes hypothesized that this phenomenon persists in the auditory hallucinations of schizophrenic persons. This located the unconscious in the non-dominant hemisphere.

In the contralateral maneuver described here, the autonomous will appears to arise in the lag for inter-hemispheric transmission that allows a reassertion of conscious intention, that is, dominant hemispheric independence. Freud suggested that the mind arises in the delay interposed by travel through neurons interposed in an arc between afferent stimulus and efferent action, sort of a slowed-down or diverted reflex arc, to the right in his famous diagram:

Freud sketched this neuronal circuit in 1895 to illustrate his concept of repression. When a memory trace is unpleasant and will be repressed, a stimulus (Q_n) activates an excitation that would be transmitted from neuron “a” to neuron “b”. But if other postulated neurons (the arc α , β , γ , δ) introduce a “repressing” influence, the activation is halted and the memory is prevented from entering consciousness, that is, repressed.

Put simply, our motor task illustrates the efferent motor system being sufficiently diverted by interhemispheric communication that it is given a chance to regain voluntary control of itself.

Seth Pullman, MD (11-7-20):

This is definitely an interesting issue that requires a lot of thought. There are many peculiar, fanciful visuomotor phenomena, almost like “parlor tricks” that defy explanations much less physiological mechanisms. And these include processes not (apparently) directly involved in the neural circuitry studied, ranging from biomechanical oddities of how the arms and legs move, how fingers flex, how/why both sides of the neck turn the head, to the unexplained “geste antagoniste” [sensory tricks] of dystonia [such as stopping the dystonic turning of the head by putting a finger on the chin]. And there are so many others.

Your rotation puzzle may be one of them, and I am convinced it involves pre-motor (as a general term, not a specific anatomic region) control of curve drawing, as in spirals, with the added twist of multi-regional (right-left, upper extremity-lower extremity) coordination. It’s complicated.

David V. Forrest, MD (11-7-20):

It may comprise a testing maneuver in search of a specific physiological process, the intactness of which it demonstrates usefully. I have begun to ask patients to try it. The maneuver is not difficult nor uncomfortable to do. Instead, people are amused at the mysterious ipsilateral lack and contralateral regaining of control. I have also used it in psychotherapy as a demonstration (among others) that there are indeed unconscious processes that may be beyond our ken and yet in control of us at times. Just as Freud (1915) described psychotherapy as making the unconscious conscious, one might ask whether the unconscious and involuntary control on the ipsilateral condition can be trained and overcome, much as one learns with practice to pat one’s own head while circularly rubbing one’s belly (which admittedly is necessarily contralateral). To this date, I have not succeeded.

Here’s another motor demonstration of the unconscious motor system for the less faint of heart: pedal a bicycle on a soft lawn and try to fall off it. You will find you cannot help making the rescuing movements.

From its undiscovered status only a century and a half ago, the unconscious mind grew to be Freud’s stuff of sexual secrets, hidden motivation and ‘functional’ symptom formation, powering stories of its frightening re-emergence such as in the science fiction classic, *Forbidden Planet* (1956), in which a father’s oedipal jealousy, hidden from his awareness, is murderous. But in recent years the unconscious has been successfully expanded by cognitive research to include our mundane management of ourselves. Instead of confinement to a weird dungeon of unacceptable horrors and lusts, the unconscious, like an iceberg, is now seen as our main everyday operating system, atop which consciousness is

a small visible function that is only possible because the unconscious, like a busy building supervisor, is keeping the plant of our body and mind running beneath and supporting it. This goes way beyond walking without thinking about it. But how far?

In Cormac McCarthy's latest two-volume novel, the prequel volume, *Stella Maris* imagines a hospitalized mathematical genius in sessions with her psychiatrist. She is the daughter of a Manhattan Project physicist. McCarthy has long been affiliated with the Santa Fe Institute, a think tank founded by theoretical physicist Murray Gell-Mann and others, where very smart people are devoted to complex adaptive systems. With impressive reference to physicists like Wheeler and such mathematicians as Alexander Grothendieck, his character advances the idea that mathematics, our very foundation of foundations, is also done in the unconscious mind, and (in her schizophrenic mind at least) is connected with an unconstrained demonic horror that is the core of reality (bringing back the fearsome unconscious Id). That math originates in the unconscious is actually not a great reach. But the motor cortex, basal ganglia and cerebellum of a high school basketball player who struggles with his trigonometry course, does all the angular and acceleration math of a layup to a basket (or a dunk). Nature just didn't plan for him to be able consciously to reverse-engineer it-- unless he went on to learn to program robots.

Seth Pullman, MD (2-10-23):

Even the calculus is inherent. Limits and instantaneous rates of change are needed to write in cursive, draw circles and spirals, or just drive a car around curved roads.

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A New Psychiatrist Arnold Richards, MD

Excerpted from Dr. Richard's forthcoming
Unorthodox: My Life In and Outside Psychoanalysis
(IPBooks 2023)

I was hardly a star in medical school, but my special standing was reestablished during my residency at the Menninger School of Psychiatry, in Topeka, Kansas, by the approval of the faculty and my fellow residents. I began there in July 1960.

The way it worked then was, upon finishing med school, a new doctor did a yearlong internship, then went on to a longer residency. After I graduated medical school, in June 1958. I did my internship at the Public Health Service Marine Hospital Psychiatry Service, in Baltimore, with Larry Deutch, an analytic candidate at Downstate, and Steve Firestein, an analytic candidate at Columbia. Larry was in analysis with Melita Sperline and was infected with analytic zeal. Analysis, Larry thought, could cure everything, including ulcerative colitis.

Halfway through my time in Baltimore I needed to make two decisions about my residency: What specialty? And where?

I briefly considered internal medicine but realized I was not serious about that area. What I'd always had my mind set on was to become a psychiatrist and then a psychoanalyst. The obvious choice for my residency was Albert Einstein, on Morris Park Avenue in the Bronx. For one thing, it was local. Second, Einstein ran a well-regarded, psychoanalytically-oriented psychiatry program. And third, some of my friends were going there – Marty Willick from Erasmus, Lester Schwartz from medical school. I was interviewed by José Barchilon and Milton Rosenbaum. I must have made a good impression because I was one of eight applicants accepted. It made a lot of sense to go there, but I decided not to. Arlene and I had two children at the time. We did not want to live in a Bronx basement on a meager salary. Living expenses were much less in Kansas and the salary was greater. During the second and third years I had a Public Health Service stipend. Going to Kansas turned out to make a big difference financially.

I applied to several other psychiatric residencies as well. One was Mass Mental Health, in Boston, where I was interviewed by Sam Bogoch and Elvin Semrad. Mass Mental turned me down – a puzzling decision. Was the rejection due to my not having attended an Ivy League medical school? Was it because I was Jewish? I met Sam several years later when his wife was the only woman in my analytic class. I asked him about his interviewing me and turning me down; he insisted that he had no recollection of the fact. I couldn't get to Semrad for a discussion.

I also briefly considered several second-rate residences, but not for long. Topeka was the one.

I choose the Menninger Foundation sight unseen – well, I did see photographs in Menninger’s brochure, which was impressive, very inviting, and described the scope of the training. Somehow, I was accepted without an interview, even though Menninger not only interviewed most other applicants but also gave them in-depth psychological tests. I don’t know why they decided to skip those steps with me.

Before I let Einstein know my decision to go to Topeka, I got a call from José. “Richards, are you coming?” I had to tell him no. Several years later I met him in Denver. He told me I’d made a mistake by not coming to Einstein.

I hadn’t.

* * *

How did a world-renowned psychiatric study institute, treatment facility, and training institute wind up in Topeka, Kansas of all places? It got there because an Indiana native, Charles F. Menninger, after finishing medical school in Chicago in 1889, moved to Topeka to continue his clinical education, specializing in internal medicine as he worked with doctors associated with the Kansas Medical College. C. F. Menninger had two sons. Envious of Dr. Charlie Mayo, whose sons worked in their father’s Mayo Clinic in Minnesota, Charles Menninger sent his sons to medical school at Harvard, hoping they too would come back to the Midwest to join their father’s medical practice. The Menninger sons did, indeed, team with their father, but together the three doctors turned the family focus toward a different branch of medicine: the study and treatment of mental illness.

Karl Menninger finished training at the Boston Psychopathic Hospital in 1919 then returned to Topeka where he and his father opened the Menninger Clinic. Six years later, William Menninger, a newly minted psychiatrist, joined his brother and father in what the three doctors now called Menninger Sanitarium, reflecting the institution’s new focus on disorders of the mind.

Karl Menninger, starting with the publication in 1930 of his first book, *The Human Mind*, quickly became one of the country’s leading authorities on psychiatry, both with books and articles aimed at specialists and a regular advice column in the *Ladies’ Home Journal*. Will Menninger’s career was no less illustrious: During World War II he was appointed Director of the Psychiatry Consultants Division in the office of the Surgeon General of the United States Army. He chaired the committee that produced a substantial revision of America’s system of classifying psychiatric disorders.

In 1946, with the war over, Karl persuaded the federal government to convert a former army hospital in Topeka

into a Veterans Administration facility that would serve as the clinical heart of the Menningers’ new training program, christened the Menninger School of Psychiatry. MSP quickly became the largest psychiatric training center in the world.

Menninger had a strong psychoanalytic tradition. To teach at the new school, Karl recruited prominent psychoanalysts from across North America and Europe. One great find was David Rappaport, who was working at Osawatomie State Hospital in Kansas. A host of other important analysts came to Topeka, including Robert Knight, Merton Gill, Margaret Brennan Gibson, and Roy Schafer. Robert Holt, George Klein, and, from abroad, Nelly Tibout, Otto Fleischmann, Gertrude and Ernst Ticho, William Tarnower, and Ishak Ramsey. Robert Wallerstein was there, as well as Lois and Gardner Murphy. Paul Pruyser, a clinical psychologist, not a physician, became a key academic influence on Karl, co-authoring one of his books.

* * *

Arlene, the kids, and I packed into our Chevrolet station wagon at the end of June, driving from Baltimore to Topeka. I will never forget that sinking feeling I had when we drove up Kansas Avenue. As I looked around at what seemed to me to be a wasteland, I said to myself, “What are we doing here?” But that anxiety dissipated rapidly when we arrived at our destination and were met by Harvey Bezahler, a third-year resident who had been assigned by the Foundation to meet and greet me. We became good friends with Harvey and his wife, Debbie, and have remained so to this day. Harvey also became a psychoanalyst. He practices in New York City.

The long and short of it is that the residency program was a warm, welcoming, friendly place. The sense of strangeness soon lifted as I realized that all of us in the program felt part of a close community, with good relationships among the residents, among the faculty, and between those two groups. Interpersonal conflicts that existed were between the staff and “Dr. Karl,” as we called the boss. Many on the Foundation hospital staff resented his presence and after several years – after I’d left – asked him to leave the hospital and never return. The story goes that after that request was made Karl turned to his closest colleague, Don Neher and said, “Sigmund Freud was right. The Oedipus conflict triumphs again.” I think Otto Kernberg and Gertrude and Ernst Ticho were the leaders of this palace coup but other staff members participated as well. Otto had graduated and risen to a position of leadership and authority (Otto’s wife, Paulina Kernberg, was a resident at Kansas State Hospital). The Menninger family had put Otto in charge, but after he took over they became unhappy with him. It

was said that the Foundation either had to become the Kernberg Foundation or Otto had to leave. He left. Karl stayed.

MSP boasted an embarrassment of psychoanalytic talent on staff, even though there had been an exodus of some talented people before I arrived: Robert Night Burton, Gail Margaret, Greg Mahon, and Roy Schaffer had left for New Haven. Holt and Klein had decamped to New York. But those who remained were my mentors, supervisors, role models, and ego ideals. I can't think of another psychiatric program in the United States with the caliber of this faculty. Herbert Schlesinger was my thesis adviser for my third-year paper. Additionally, there was the Alfred P. Sloan visiting professors program that invited people both from psychoanalysis and the larger academic world. I remember seeing Max Gittelson, Judge David Bazelon, S. I. Hayakawa, Jean Piaget, Aldous Huxley, Fred Hacker, Peter Kuiper, Konrad Lorenz, and Margaret Mead. They all passed through, they all contributed.

It was a thrilling intellectual environment that broadened the horizons of all MSP's residents, making them aware of the larger academic world outside of the world of psychiatry. When I was there we got a visit from Alexander Lorea, who had started out as a psychoanalyst in Russia, and then, after Stalin banned psychoanalysis the same year he banned the Yiddish theater, became a cognitive psychologist at the Bechtereve Institute in St. Petersburg. Lorea arrived on a Russian jet, which landed at nearby Forbes Air Force Base. He gave two lectures then returned to the Soviet Union.

I think that my three years at the Menninger School of Psychiatry were probably the most important stage of my professional development, perhaps even more important than the five years I spent at the New York Psychoanalytic Institute. MSP broadened my reach and expanded my relationships to include some of the best and brightest thinkers in psychoanalysis from Europe and in the US. The approach to psychoanalysis and psychotherapy in Topeka was intended to broaden our thinking. It was a much better fit for me than Einstein, where the focus was narrow. Psychoanalytically provincial, you might say.

Overall, the clinical experience in the MSP residency program was excellent and the supervision superb. My supervisors were Bill Tarnower, Harold Voth, and Lawrence Stross. The first year of residency at MSP was spent at the Topeka VA Hospital. The patients there were not the best psychotherapy patients (they mostly were chronic patients and not very psychologically minded) nor were the outpatients in the VA clinic, which was a separate entity. I had more interesting patients at the community mental health clinic, which was not part of the VA.

Forbes was a SAC (Strategic Air Command) airbase, "strategic" meaning they flew nuclear bombs around. Every day bombers would fly toward Russia and turn

back before they were told to drop a bomb. Karl told us about one pilot who wanted to continue to Russia – the story may have been apocryphal, but true or not, it was terrifying for us at the time. I'm not sure how the Menninger staff got called into the situation – if, in fact, it did.

The Foundation was famous for treating celebrities. There was one actress who was a patient – she eventually got training and became a psychotherapist. Celebrities paid well for their treatment, and they weren't the only ones who made Menninger a lucrative enterprise. After I left, a number of patients arrived from Saudi Arabia – they could certainly afford high fees. But the Foundation's monetary success did not last. Gradually, Menninger began to lose money and was forced to relocate to Houston, Texas, where they got an offer of sponsorship from Baylor University, and where the Foundation remains to this day. Glen Gabbard (who was my associate editor at JAPA for several years) was in charge for a while, but he left and was followed by another friend of mine, Talaat Mohamed, a colleague in the Chinese program. The benefits of the Menninger program went beyond the professional training to encompass a rich cultural experience.

Topeka, Kansas, by itself, was a cultural desert – quite a change for this New Yorker. But the staff and residents of the Foundation developed culture on their own. A group of people started a Chamber Music Society, which booked concerts by world-class musicians.

At the apex of our cultural life was the Menninger School Film Society, which was run by Leon Levin during my first year and then by me the next two. The Society showed the best foreign films, past and present. I was able to present the first performance in the United States of the movie of *Threepenny Opera*. Other films that I remember were *400 Blows* (and a few others by Truffaut), *Zero for Conduct*, *The Two of us*, *L'Avventura*, *Hiroshima Mon Amour*, and a number of works of Bergman. We did show the occasional American film – *Seven Brides for Seven Brothers* was one, because my classmate Charlie Wellshear loved it. I was especially pleased with the shorts I found to accompany every feature. We showed one movie with a gay theme: *Fireworks*, by Stan Brakhage. Sometime after we showed that one there was an article in *Playboy* about the film which said that it was being shown at the Menninger Foundation as part of diagnostic testing. Of course, that wasn't true; we had just ordered it for the film series (When Karl heard about the film and the article he became upset with the Film Society and with me). We showed the films in the school auditorium, usually to a full house. The Society became an important event in the cultural life of the Menninger community. After I left Topeka, Otto Kernberg took over the Society's reins.

We didn't just exhibit cultural works; we performed them, too. We had a small recorder playing ensemble – it was the only musical instrument I could play. We organized a poetry-reading group. Our play-reading group performed *The World of Sholom Aleichem*. Elisa Shevrin played the mother. Otto Kernberg played Bunche Shweig from the Peretz story included in the play. There was an annual Freudian Follies in which we spoofed the staff. Otto Kernberg, on staff at this time, played himself as a rabbit with a Prussian helmet and a habit of running around the stage shouting, "I'm late, I'm late, for a very important date."

Everyone in the program, in order to graduate, had to write a paper. My mentor for my paper, which I titled, "Attitude and Drug Acceptance," was Herb Schlesinger. Published in the *British Journal of Psychiatry*, the paper had studied medication refusers by giving them the Forest Test (a urine test for tranquilizers) to determine whether they were taking their prescribed drugs. It was a great study but not a great paper – I think Herb deemed it of higher quality than I did. My relationship with Herb has continued since then. He is alive at the age of 100 and living in New York. He was my main proponent for the editorship of *JAPA*, and I am grateful to him for that.

What strikes me to this day is that there was a minimum of rivalry among the residents, reflecting the overall egalitarian atmosphere of the residency. The residents came from a variety of backgrounds and places. I remember many of their names: Donald Newman was also Jewish, as was his cousin Stanley Goodman (who was not a resident), who became chair of the Board of Professional Standards of the American Psychoanalytic Association and had been a member of the American Communist Party. Stanley is still alive at 101. Jim Bremner was from Bellingham, Washington; he became a fine psychiatrist. Arlene and I became friends with him and his wife, Lornelle, who died at a young age. Jim died more recently. Their son, who became a psychiatrist, and our son Stephen were friends in Topeka. Charlie Wellshear was from Wichita, Kansas. Ronald Earkin was from Missouri. I think there was one woman – I've forgotten her name. I think she was from Poland. Noel Williams, Art Larson, and Julian Toski were also in the program.

I'm sad to say that things didn't turn out well for some classmates: Frank Broadshire died of pancreatic cancer several years ago.

I also had important relationships with some of the staff, particularly Elisa and Howard Shevrin, with whom I shared many interests including Yiddish. We all had an ongoing personal relationship with Dr. Karl, who met with us every Saturday morning. Arlene went to Washburn University during our first year and then taught reading and study skills there during the second and third years, which added to our income.

Art Larson was, I think, from Florida – that make sense, since he owned a sailboat (of which some of the residents were part owners because we each contributed \$100 to its purchase), which we sailed on Lake Shawnee. Art once invited a group of us to go pheasant hunting. I remember getting up early in the morning with his hound dogs that were used for hunting. I had never gone hunting before. I shot one pheasant, that is I think I did, but it may have been Art who brought it down. I brought it home. Arlene hung it up in the garage to dry out in order to be plucked. After she performed that task, she removed the bullets from the carcass so we could eat it. Arlene thought it was tough and horrible; I thought it tasted okay. When Dr. Karl found out about our escapade he was horrified. He was an ardent anti-vivisectionist. Everyone who went on the hunting trip was worried he would expel us from the program.

The diversity among the residents provided a real contrast to what my experience would have been at Einstein, where most everyone was a Jewish New Yorker and on track to apply to the New York Psychoanalytic Institute. I think Menninger gave me a wider perspective on psychiatry and on life. When I turned Einstein down, my place was given to Sandy Glassman, who pursued a different professional trajectory from mine. He did research on addiction, particularly cigarette smoking; sadly, he died prematurely, but not from smoking.

That I trained at Menninger in Topeka rather than at Einstein in New York made a big difference in regard to my practice when I returned to New York from Petersburg, Virginia. There were three of us New Yorkers who had trained at Menninger—Harvey Bezahler, Dick Simons, and Stanley Portnow—and we received referrals from the Foundation. I was sent several patients, including one who was seriously disturbed and had been hospitalized in Topeka. She was a self-mutilator and I wrote up the treatment into a paper on self-mutilation and father-daughter incest. I developed a well-deserved reputation among my peers for treating seriously ill patients, but that reputation diminished my reputation as a psychoanalyst because you were supposed to treat only neurotic patients.

The referrals were helpful to me, but a more important benefit from my Topeka training was its impact on my psychiatric thinking. What was central to Topeka and Karl Menninger's thinking was his anti-nosological approach. Nosology is defined as the branch of medicine dealing with classification of diseases. Karl argued that people are people, not confined to their classification in the *Diagnostic and Statistical Manual of Mental Disorders*. This outlook was very much in sympathy with Thomas Szasz and his statements about "the myth of mental illness." Karl was a big influence on such thinking, as he stressed the interconnections between biology,

psychology, and social and environmental factors. While I was in Topeka he was writing *The Vital Balance: The Life Process in Mental Health and Illness*, his principal anti-nosological tome. To Karl, diagnosis was not as important as the evolution of each human being. He opposed name-calling, and would go ballistic if you referred to a patient as schizophrenic. He took a highly dynamic view of psychopathology; this focus could be characterized as a biopsychosocial attitude and approach. The training was very much psychoanalytically oriented, but Karl's approach to psychoanalysis was not dogmatic, rigid, or rule-bound.

Key to the residency program in Topeka was context – social, cultural, historical – and a distinct openness to other points of view, including other treatment modalities. What was central was Karl himself; his attitude toward psychotherapy, psychoanalysis, and psychopathology; and his broad range of interests, which included religion, morality, and criminality. One of the high points of the residency was the Saturday morning colloquium with Karl. He shared the chapters of his book-in-progress with the residents, giving us a unique opportunity to be engaged with his mind at work. The richness of my training in Topeka set me off from my peers in New York, particularly my peers at the New York Psychoanalytic Institute.

Dr. Karl was deeply involved in studying criminality. He would consult at the largest prison in Missouri, and the Foundation was involved in evaluation of the murderers of the Clutter family – the Kansas case Truman Capote wrote about it in *In Cold Blood*. Dr. Karl's interest in prison reform became important for me because, with Jim Bennett, the head of the US Prison Service, he set up a program that enlisted psychiatrists in the United States Public Health Service. And so MSP turned out to be a serendipitous financial choice for me and Arlene because I was able to obtain a commission in the USPHS with the salary, rank, and uniform of a lieutenant commander in the Navy by agreeing to serve for two years as a resident in Topeka. The Public Health Service had money but a shortage of psychiatrists to work in prisons, so the deal, which included the perk of membership in the officers' club at Forbes Air Force Base, fulfilled my military obligation, thus keeping me far away from Vietnam. Several of the Menninger faculty were interested in criminality and prison reform. Joe Satten is one who comes to mind.

After a year and a half at the Winter Veterans Administration Hospital, I spent the last six months of my residency at the Boys Industrial School working with adolescent juvenile offenders. The Boys Industrial School was one of the best adolescent treatment centers in the country, with the lowest recidivism rate of any place I knew of. What made it wonderful was the staff. The

treatment mode was group therapy. I ran several groups, including one centered on reading books – I called the method “bibliotherapy.”

That work led to my next job, in Petersburg, Virginia.

* * *

My clinical experience began at the Petersburg Federal Reformatory, where from 1962 to 1964 I was the chief medical officer and chief psychiatrist. I am not sure how qualified I was to be the chief medical officer, but it was understood that I could call on physicians in town for backup. My job included conducting post-conviction psychiatric evaluation of the inmates. While my preference would have been to avoid definitive diagnoses, in accord with the position Dr. Karl had advocated, the courts demanded such evaluations on which to base the disposition of the cases. The diagnoses ranged from cognitively impaired to psychopathic to psychotic. All patients were male, age 18 to 25; they were sent to us for pre-sentencing evaluation. We would interview them and write a report. This was the time of the Durham rule, created in 1954 by Judge David L. Bazelon in the case *Durham v. United States*, stating that “an accused is not criminally responsible if his unlawful act was the product of mental disease.” Since then the rule has fallen into disrepute with the judicial system. People felt it was used to help defendants avoid responsibility and punishment. After my evaluation, a court would make its decision as to the inmate's fate. Some were released, some remained, sentenced to as long as five year's confinement.

I did not treat the inmates one on one but rather helped the staff with disciplinary problems on the job, particularly in dealing with the more difficult offenders. The main approach for an offender that made trouble was punitive. Such inmates were put in what was called whole isolation—more bluntly known as solitary confinement or “the hole.” I discouraged this practice.

I considered working with the staff the most important part of my job.

When I arrived at this southern reformatory in 1962 it was segregated by race, but at the beginning of my second year it was integrated. Robert F. Kennedy, in charge of the Federal Bureau of Prisons as US Attorney General, decreed that all federal prisons be integrated. I met with the staff members in small groups to help them deal with the change. This was during a time of high tension in America, and not just because of the civil rights struggle. The Cuban missile crisis happened while we were in Petersburg; what I remember is the sound of army trucks going by. So what was remarkable to me was how smoothly integration occurred. We accomplished the transition in a single day, even though the move was not popular with the staff or, especially, the inmates, both of which groups included many redneck southerners. I

was at Petersburg on November 22, 1963, when John F. Kennedy was assassinated. I was horrified that both inmates and staff expressed approval of the murder. The inmate who worked in my office openly celebrated. These people hated both Jack and Bobby because of their push for integration.

During this tour of duty, I was approached by someone from Virginia Union University, a local Black institution, as to whether I would be interested in seeing some of its students. These young people were experiencing problems both in school performance and in relationships, particularly with their families, who expected too much of them. In the segregated south, many of these students carried a massive burden, representing their entire family's hope that they would succeed and help everyone advance. We saw the students at our home, which was on prison grounds.

This was the time of SNCC (the Student Nonviolent Coordinating Committee) and CORE (the Congress of Racial Equality), a time of sit-ins and demonstrations as Black Americans fought for their civil rights. When Arlene and I first got to Petersburg we, along with Ebba and Bill Kossick, organized at the local teachers college an art show in which the paintings of White artists and Black artists hung side-by-side. We tried to invite Harry Golden, the editor of the *Carolina Israelite* and well known as an anti-segregationist, to give a talk at our local synagogue. But the rabbi and members of the congregation nixed the idea, fearing that local White gentiles would boycott Jewish-owned stores.

We belonged to the Southern Christian Leadership Conference (SCLC) and met Ralph Abernathy, Martin Luther King Jr.'s right-hand man. Arlene attended the March on Washington, hearing King's famous speech in person. I couldn't go because members of uniformed services aren't allowed to participate in political gatherings.

That's what those two years were about. The fight against segregation. The assassination of John F. Kennedy. The desegregation of the prisons by Robert F. Kennedy. A lot of change.

Arlene worked at Richard Bland College, a local school, teaching reading and study skills. She also had one private pupil, a boy named Jobo Wittle whom Arlene was able to help with his trouble learning and reading. The son of a physician, Jobo belonged to a family listed in what were called the First Families of Virginia, the White Virginia social elite. Grateful for the job Arlene had done, Jobo's grandmother invited her over for tea. In the Deep South that was a big deal. Arlene apologized, telling the woman that she had to march on Washington that day. The grandmother, without skipping a beat said, "Okay, you can come the next day."

The morning of August 28, 1963, Arlene got up early and went to the Gillfield Baptist Church, whose pastor, Wyatt Tee Walker, was a founder of SCLC and MLK's chief of staff. Arlene and Sheldon Elster, the Fort Lee Virginia Jewish chaplain, were the only white people on the bus to Washington. The other riders were curious about why white people were going to this demonstration. Arlene explained that they were Jewish and that, considering what had happened to their people in Europe, they she had to stand up for people suffering here in America. And so she was on the Mall and heard Martin Luther King. I wish I could have been there.

In Petersburg we connected with members of the Jewish community, such as the Kossicks, our partners in the integrated art exhibit. Ebba was a student, Bill was in the army at Ft. Lee. Ebba learned to weave; they later left Petersburg and moved to Maine, opening the Weave Shop in the town of North Deer Isle. We would visit them in Maine and buy a house nearby. We met many community physicians in Petersburg. These doctors were anxious that we stay in Petersburg so that I could practice psychiatry there. The medical community in general was concerned that segregation discouraged competent physicians from moving to Petersburg.

While we were in Petersburg, the public schools had been shut down before because of integration. In response, a group of residents, professional people, started a private school which they called the Bolingbroke Country Day School. With no place else to send our son Stephen and daughter Rebecca, we sent them to Bolingbroke, where they were the only Jewish children in their classes – third grade for Stephen, first for Rebecca, who was born in Baltimore in 1958. I was elected the chair of the Parent Teachers Association for the entire school and chaired the meetings. Why I was chosen for this honor was a mystery, given that the school was formed in part to isolate children from integration, which Arlene and I so deeply believed in. I suppose they selected me because I was a physician.

So, in numerous ways I did become involved in the Petersburg community and did briefly consider remaining there. But I decided that my professional career path needed to be pursued elsewhere. Meanwhile Arlene decided to apply for graduate school at Teachers College, part of Columbia University. After she missed the bus to New York, I drove us overnight so she could get to her interview. When she was admitted I was sure I was going back to New York. Arlene and I would always be like Crick's DNA, two strands of a double helix. My aim was that she would always belong in everything I did,

What's an Analyst like you Doin' in a Place Like This?

Nathan Szjanberg, MD

"I am human; ...nothing human is alien to me."

Publius Terentius, Former Slave
Roman Playwright

Abstract

I describe working as a psychoanalyst — born in a German Displaced Persons Camp — in an innovative community-based program for traumatized, impoverished minority children: two hundred disenfranchised, physically abused, emotionally disturbed, institutionalized minority children and their families. Clinical vignettes describe the interaction between forensic and psychoanalytic thinking. Psychoanalytic understanding of "institutions" for youth and the staff's support of the psychoanalyst facilitated avoiding pitfalls associated with countertransference and community corruption.

This is written in a style that rapidly immerses the reader into the jail setting. I use the argot of the speakers to capture their tone and to respect their pride in their culture's variations on English.

"What's an analyst like you doing in a place like this?" demanded my shocked, new psychiatric resident on his first day in "Juvy." He rolled his eyeballs around our faded rose-pink youth jail, "Juvy," on a San Francisco hill. He'd read my psychoanalytic papers.

We're surrounded by the pink-peeling paint on cinder blocks inside, staining the walls with a dour, tear-streaked look. The furniture was steel round tables with backless stools, connected via mushrooms-like mycelia, underneath, fixed to the floor so that furniture could not be hoisted to attack. In barren hallways, shuffled orange-suited teens with manacles attached to shackled legs; some held up shackles to prevent scraping; others schlepped along. Two Atlas-sized guys, bulging biceps revealed, guarded each teen.

San Francisco had eight percent Blacks; over 90% of Juvy was Black kids. The rest, were Suomo-sized Samoans, occasional Hispanics and rarely white. Never Asians in four years.

"What's an analyst like you doing in a place like this?" I didn't answer my bright UCLA-graduated Asian resident that I sprint in Aichhorn's or Redl's footsteps, running with delinquents. I didn't cite forensic therapy literature (Wellton (2015); Steiner (2017)) and covered in our discussion. I didn't answer that my supervisors—Ekstein, Bloss, or Bettelheim—taught me about following where delinquent teens led us.

When a mentor at Bettelheim's School was told by a teen that he was going to run away the next morning, the

mentor showed up at 7 AM with his running shoes and said "Let's go!" They ran along Chicago's frozen Lake front. Finally, the teen said, "I'm hungry. Let's go back."

Instead, I said wanly, "This is where we'll find the toughest kids, the greatest challenges and needs."

Here's also what I didn't say. What I've never, until now, revealed. This echoed within revealed via my personal analysis, as I worked with tough delinquents...

I was born in a German D.P. Camp, immigrating as an infant. My father "served" in Auschwitz and my mother shifted among Soviet labor camps as a refugee. Few fragments remained of my family, like an archeologist's find, mosaic pieces that once made up something artful, cohesive and left to piece together, with memory, tales, one's imagination. So too I thought of these jailed teens: mosaic fragments, from fractured families, fractured within. Our task: reconstruct their history and reassemble, fill in pieces to build a fuller life. I was not articulate enough to say this then. Now, I tell you, the reader, here.

Jail's physical setting in idyllic San Francisco, this forty-nine square mile isthmus.

Juvy's rose pink rectangular block building is perched at the foot of a hill, facing south east towards Noe Valley, Glen Park and Mt. Davidson. On Juvy's backside clings Laguna Honda Rehab, a hospital for chronically ill; patients leave on gurneys, faces covered. Nearest neighborhoods are Edenic in name and suburban in feel: Sherwood Forest, West Portal, Forest Hall.

Incarcerated teens couldn't see this. Like Alcatraz, barred windows are above eyesight; only, shredded clouds, foggy skies were visible.

Juvy jail — 123 beds. Its charge: custody pending investigation, custody pending court, custody pending placement. Custody, from Latin, custodia, guardian. Guardian, from Old French, "a defender, protector, or keeper ... superior of a convent." A guard has three overlapping, conflicting objectives: to protect a person, to prevent escape, to protect others. Over whom were we custodians; teens, fractious families, society?

Our Family Mosaic (FMP) task: get kids out, keep them out of jail, improve their lives. Our kids: marginalized, indigent, severely emotionally disturbed in jail or other total facility. The Blacks lived in blighted Bayview or Western Addition. Central American Hispanics lived in the Mission, recent arrivals. Of our Blacks, many mothers were hookers supporting crack habits; almost all fathers were in Pelican Bay Penitentiary, the only supermax California prison. To get admitted, you had to have murdered someone in a jail.

Getting kids out meant finding a reliable family member or, a foster family and building a support system. Our staff: twenty-four street-wise minority case workers, mentors, a probation officer, and judges willing to listen... once we showed results.

What's Family Mosaic Project (FMP)

The Robert Wood Johnson Foundation funded Family Mosaic for innovative interventions with severely emotionally disturbed, institutionalized kids, to return them to the community and improve mental health.

FMP staff reflected our population: half Black and half Hispanic. Demographically, the Blacks and Hispanics matched. Sociologically and historically, these ethnicities differed: the Blacks (8% of the City) arrived during WWII to build warships. Many settled in Double Rock or the Western Addition.

Hispanics (30% of San Francisco) arrived more recently, were supported by the well-organized community La Raza. While many were single mothers, the fathers were involved.

I, the FMP medical director, was their first (and only) psychoanalyst.

Case One: An Arsonist Goes Home

My introduction to Family Mosaic, my first day, our lesson: getting out of jail too soon failed the teen and family. Late evening, our Executive Director "Lilly," a dear-hearted Latina, Ivy League PhD, burst into my office in tears. One family had been burned out of their home, one child dead. Two days earlier, FMP had gotten the fifteen year-old, Pablo, quickly discharged from Juvy, after jailing for arson. Prior to my arrival, FMP saw Juvy adversarially; we got kids out quickly; kept them out. With time, we learned to work collaboratively.

Not Pablo's first stay in Juvy; he was a regular fire setter. Now, he'd burnt down his home. Pablo's six year old brother, Francisco, died. Would I please come with her to visit them? She feared alone, she'd dissolve into tears. "You're a physician. You've dealt with death."

Lily navigated me through the Mission—once Italian, before that Irish, now an Hispanic neighborhood—even in late evening was bathed in light. Diego Rivera-like bold color murals decorated bodega walls. We descended into Bayview, then further into Double Rock. "Descent" captured not only our southward direction, but also the progressive dilapidation.

Here was danger: treacherous for nonblacks, but also black-on-black homicide. These neglected Bayview homes wore faded pastel San Francisco hues. This family's home no longer wore pastel. We smelled it before we saw the scorched to a smoky gray charcoal, black charred tentacles licking through shattered windows. The family, in tears, greeted us with hugs, showed us the incinerated niche where the firemen found Francisco crouched, withdrawn desperately from smoky death. His mother pointed to the tiled corner of the bathroom: we saw the grey, ghostly, huddled shadow outlined by blacked smoke-smudged walls, where his too-small body had been. His pregnant oldest sister had already found refuge elsewhere in Geneva Towers, a housing project

near the Cow Palace. Pablo? Pablo had hit the streets, not to be found for months.

Next eve, Lily handed me the pregnant sister's address. Would I please drive donated boxes of food and clothes? I loaded the boxes into my battered, thirteen year-old, diesel-belching Mercedes and headed down Third Street into Double Rock towards 49ers stadium then veered right on Geneva. The Towers: slated for demolition since it harbored internecine destroyers, its own residents preying on their neighbors. The towers loomed over liquor stores, auto repair shops and retread tire stores. One store, its facade shielded with hubcaps for sale, looked like some Medieval knight armored for battle.

I was met by a bare-chested young man with inflated, unlaced Nikes. He firmly shook my hand, his pregnant girlfriend nearby. In this high-crime area, I was made to feel if not at home, at least safe.

"What's an analyst like you doing in a place like this?" This jail question stuck with me. Still does. I remembered Dr. Townsend, my Harvard-trained pediatrician when I was four years old visiting our immigrant family. His house-call in our slum neighborhood: perhaps he felt as I did, although not fearing attack. He topped six feet, flattop haircut, Marine-style, creased chinos and penny loafers with copper coins, argyle socks with garters. A bowtie or a red plaid flannel shirt buttoned to the throat completed his outfit. He had died of throat cancer, donating his body to the medical school. I attended his funeral, the only Jewish kid in the Episcopalian cathedral. I was nine. There was no casket. This absence magnified the hole that I felt. The last time I saw him, his flannel shirt was buttoned to the top, as if to conceal his laryngeal cancer.

Such memories kept me at it, kept me following these teens. I wear Cordovan Allen-Edmonds penny loafers with copper coins to this day. Wore them to Juvy. The polished Lincoln-head coins got the kids' attention, halted their rowdiness. This identification with Dr. Townsend was conscious, more counteridentification (Cohler, personal communication).

Lesson one: Jail isn't always your enemy; use it to your teen's favor. Don't rush.

Case Two: Sussing out pretenders

That first week, Lily asked me to help coordinate an extended family meeting at Juvy: why had four boys in this family not improved after two years? JC, the eldest, was back in Juvy for his fourth round. Thalia, our caseworker, would be there. I was relieved at first to have Thalia at my side. Very little did I know.

We usually met at the family's home. But, JC, fifteen, had been picked up (again) for possession and dealing heroin, crack. The room was packed: mother, Thalia—in flower-print, flowing caftan and a feather-trimmed hat—four boys, their eleven-year old "play sister" (abandoned by another drug-using mother) and two Black therapists

whom we paid to meet at the home, Dr. Reverend “Shrike,” did family therapy and “Mr. George” did individual therapy with the seven year-old. I entered after Thalia had set up a side table groaning with eats: white bread with crust removed, processed cheese, baloney, candies, sodas. I saw that the twelve year-old, like mother, Ms. T, was morbidly obese. We paid for his gym trainer twice weekly and a nutritionist from UCSF. We rented a piano, as mother demanded. Unused for a year; we returned it, cockroach infested; paying extra for cleaning.

We began—as Thalia slathered mayonnaise, layered cheese and baloney, passed out sodas—reviewing the year. I asked Dr. Shrike about the family therapy.

Dr. Shrike: “Fine, great, very engaged. Very committed.” He spoke with a resonant bass-baritone.

But none of the older boys are attending school.

Dr. Shrike: “Not my problem. I strengthen their black identities as young men. We talk Ebonics.”

Mr. George was more candid, non-confrontational.

“I sometimes go to the home and the children aren’t there. I tell mother that Family Mosaic pays me extra to come to the home. Mother says she can’t control their comings and goings. I’m worried about the bumps in the youngest’s head.”

I turned to JC.: “You’re back in Juvy for another drug charge. What’s up?”

JC: “My uncle’s the neighborhood dealer. Works outta my home. If I do good, I’ll get his territory. Don’t need no fuckin’ school. Dealin’ is good dough. I don’t ‘use’. Dummies use. I should have their dough; they’re too fuckin’ dumb to keep it.”

Mother knew that if the Housing Authority learned that her drug-dealing brother was living in her home, she would lose her housing. She turned sharply to JC.

Mother: “Uncle ain’t no dealer. He do hair. He do braids upstairs in his bedroom.”

JC: “He don’t do no braids. He takes girls upstairs. I hear ‘em. He doin’ ‘em.”

Mother: “You a liar!”

Meantime, the seven year old has crawled under the table, huddled beneath my chair. I see the “knots” on his close-cropped head. I ask:

“How did Jaiwon got these knots?”

Dr. Shrike, indignantly: “What you sayin’! This is a lovin’ momma.”

Dr. Shrike arises, unfolds to over six feet. He’s dressed in a handsome dashiki, a colorful hat crowning his head. He sniffs dramatically, says: “I smell white, honky Jew-shit here!”

He strides to the door, pounds the bullet-proof glass to call the guard to unlock it.

The play sister pipes up softly: “Dr. Shrike, That ain’t kind what you sayin’. My momma teached me it’s Christian to be kind. An’ you a Reverend.”

Shrike stops, turns back and silently folds his frame into the steel chair.

We finish after three hours. Momma reluctantly agreed to get kids to school. Her obese son would attend gym provided we also bought her a membership. Also a trainer for her. We’d meet in six months. Thalia served chocolate sundaes.

Later that year, after Thalia left, we learned that her bachelor’s degree falsified and she was mother’s cousin.

Two years’ later, Dr. Shrike submitted false billing for family therapy session for three months, during which a mother was in coma. His explanation: “You don’t think that sitting with a comatose mother in the hospital is hard, is therapy?”

But, there was no record in the hospital of his visits.

Lesson two’s corollary: know your staff; have faith in an eleven year-old girl’s decent values.

“He fractured the cop’s arm”

That’s how fourteen-year old Rico was introduced to me at Juvy. At first glance, Rico did not strike me as an arm breaker. Latté-colored, he was tall, rail-thin, floppy hair obscuring his eyes. He walked slumped. His handshake was soft and voice softer. He was furious at his Hispanic father for having “caused” all this. Why? Rico was on an acid trip with his buddy Carmello, who lost control, stripped off his pants and underwear on the sidewalk, thinking he was being transported by aliens. Their first acid trip. They usually did weed. Daily. But Rico’s father found out that he was using, “stole the weed,” so Rico scored acid in the Haight-Ashbury district.

People in their building hollered “Shut up!” Rico’s mom, desperate, called his dad, who arrived, tried to calm down Carmello, who attacked his dad. Neighbors called the police. Rico went to his apartment, grabbed his sax — a gift from his father — and slashed at one of the cops. He meant to hit his dad.

If you break a cop’s arm, lots more cops arrive, red and blue lights strobing. Rico got strapped onto a gurney to the hospital. He imagined he was being transported by aliens to his death. He got more psychotic in the hospital, handcuffed and chest-strapped, cops guarding until he came down from acid. Now, he was in Juvy. Quite a tale that only got richer.

Some background. Rico’s father was mom’s fourth or fifth “man,” her first Hispanic one. Mother, Floribel, had grown up in the deep South, married “a rich Cracker.” Legal in her State. Photos of her as a young woman: showed a stunning woman. Now she was obese and “couldn’t get no man, no more.” She had left a trail of children from the South to San Francisco: often abandoned to that father’s family; occasionally with Child Protective Services because of neglect (“no beatin’, no abuse” she insisted, “I cared for ‘em best I could when I was so high.”)

Rico's father she thought would save her. Got her dried out from drugs. Found her this apartment and paid for it; he had a steady job. But, she got tired of him; too "white bread," boring. Still, she had two kids by him and he visited them. She told me that she had been getting by as a chef at various diners.

Our staff learned this was a half truth. For the past two years (shortly before twelve year-old Rico started his marijuana use) mother began taking "chef" jobs away from home, absent for three to four months. Rico's sister (fifteen) cared for him. Mother came home one weekend a month. Rico's dad knew and checked on weekends. But, FMP staff followed up in the far-flung towns she said she'd been allegedly chef-ing. In fact, she was a "pioneer" in the fledgling marijuana warehousing industry. Expecting legalization, she was paid well to get local growers to work as a cooperative, "Sort of like Land-o-Lakes milk producers but for weed," she explained. She insisted that Rico did not know about this and shouldn't be told. With Court's insistence, mom unhappily left the weed business.

Dad came from an upper middle class Hispanic family. He'd grown up with social awareness and taking responsibility for society's cast-aways. Several generations back his Caribbean family had owned slaves. He married this woman to rectify his family's past sins. But, she wanted money. She gambled and dad quietly took care of her debts when tough guys came by to collect (previously, she'd work off the debt by doing "tricks"). He'd not known about her marijuana junkets.

What they didn't know was that the sister's boyfriend was a well-known drug supplier at various schools and also Rico's first supplier. "Never charged me," Rico said with ambivalent gratitude.

How did we help?

We used the usual safeguards. Before discharge from Juvy, the Court wanted an FMP plan safeguarding Rico's treatment; he'd committed a felony. This merited jail time as the DA insisted. If the family followed the Court's/FMP's treatment, Rico would be discharged, be on probation until eighteen, and have his record sealed.

Our solid probation officer knew and trusted us. She did random drug tests in school, at home; reviewed his school attendance; and seven PM curfew. He was prohibited from being on Haight Street (where his old suppliers worked); the family had to be in family counseling (Henggler and Sheidow, 2012).

We offered a list of individual therapists. Mother wanted the Reverend, Dr. Shriker: she argued that her son needed a black man with whom to identify, given that "his (Hispanic) father is a honky." Because of the Reverend's shenanigans, he was delisted.

Father asked me to treat his son. He knew that I was an analyst and wanted the best possible treatment. I

supervised the overall treatment plans and did not treat any of our two hundred children. But, after almost four years, I planned on leaving. The FMP administrator approved.

We met four sessions weekly and father brought his son. Later, the boy came on his own.

We can only sketch the treatment's dynamics and vicissitudes. Vicissitudes? As Rico improved — perfect school attendance, almost a 4.0 average, adding school extracurricular activities, clean drug tests, even haircuts — mother wanted treatment terminated. She complained Rico was getting "too white"; wasn't showing respect to her; she had told him that he was expected to support her after high school and he resisted, and so forth. Because of Court supervision, mother could not interfere. (She did denigrate the analyst and father as a "boring wusses working in cubicles.") Rico revealed that mother insisted he sleep with her and massage her shoulders so that she could relax; our case worker insisted this wasn't acceptable. His sister chuffed marijuana smoke under his bedroom door, even as she insisted she wasn't using.

The relationship with the father deepened, even ambivalently. The boy held the father responsible for his ordeal: if dad hadn't taken his pot, he wouldn't have used LSD; if dad hadn't forced his friend to pull up his pants and stop screaming, the cops wouldn't have come, Rico wouldn't have broken the cop's arm. Nevertheless, he started visiting his father's parents, who adored Rico; gave him landscaping work with father's guidance. Rico learned father's skills at carpentry, plumbing. He became interested in father's Caribbean background.

Treatment was like Aichhorn's running with delinquents. Rico wanted to walk as we talked. We toured my neighborhood, sampling various cafés, Pho joints, ice cream parlors. At one breakthrough session, while he consumed a massive bagel concoction, Rico played with some of the toy figures. A skate boarder himself, he had one skate boarding figure repeatedly fly over a woman, finally, gleefully decapitating her. I transformed play into words including his ambivalence towards momma. For a school anthropology project, he did a comparative ethnography of neighborhood foods. Showing me with pride his worn skate boarding sneakers, he remembered a tricycle accident when he was three — he had caught his leg in the wheel: his mother said "Stop whining." Later, after swelling, father brought him to the ER; he'd fractured his femur.

His sister's boyfriend was his first supplier; once, Rico had found his sister unconscious in her own vomit; worried she might die, revived her. He thought it unfair that she smoked dope in her room, and his mother claimed not to know. Father gave both children lunch money: mother and sister demanded "loans" from Rico, "forgetting" to repay. The household was a hoarder's

heaven: newspapers piled from years ago; one bathroom flooded unrepaired for two years; sister slept in the kitchen. Meals were never together. The “chef” mother ordered out most nights. The FMP staff stepped in with cleaning agencies to remove the clutter. Rico had been embarrassed to have friends visit.

His sax was confiscated as evidence of his attack. He never had had lessons, but wanted to play. FMP leased a sax and arranged lessons. In return, the FMP case worker wanted a “private” concert each month to make sure Rico was practicing.

Rico recalled how close he’d been with his father before mother objected. (With no marriage, there was no visitation agreement.) Rico missed the smell of his father’s hair when he would fall asleep on his father’s couch. He missed the feel of his father’s beard; missed father’s sloppy joe’s & pizzas for dinner. He feared his mother’s hot anger; learned to not respond.

He described the profound lonely/emptiness that he had felt before marijuana, that it help alleviate. He had hoped to smoke weed daily until “time passed.” But, he couldn’t articulate to pass to what. (He also described flash backs to the acid trips; he was worried he’d harmed his brain permanently.) He disliked his appearance. (In fact, he was handsome). His skin color wasn’t black enough; nor white; his cheek bones too sharp, his voice too soft, his nose too “Michael Jackson,” his smile constricted. He felt people judged him for these shortcomings.

With time, we related his dissatisfactions with his physical appearances to dissatisfactions with himself and ambivalence about having a black mother and light-skinned Hispanic father. His paternal grandparents’ graciousness made him feel guilty about his mother whose had died.

This treatment could take place only in the protective milieu provided by the Court, school counselor, Family Mosaic staff and family therapist. Rico complained that it took his getting arrested for his dad to send him to treatment. I reminded him that his stay in Juvy protected his treatment. I expressed my gratitude to them, even Juvy.

Denouement

The literature review of psychoanalysis and forensic institutions will be limited to work with youth: even a summary of adult work would exceed the space limits.

Other than the exceptions of British Welldon (2015) and Viennese/American Steiner (2017), recent psychoanalytic youth literature is wanting. Welldon emphasized that a psychoanalytic contribution to forensic work aids the perpetrator to take responsibility for his or her actions (1994).

The “institutions” in this paper are overlapping: jail, the Hispanic and, two Black communities, the drug-dealers

who recruited children and young adolescents, because they were less-likely to be arrested, the schools and so forth. Other than Juvy, none of these “institutions” sat within the same walls.

But, even briefly, adult psychoanalytic work in institutions might begin with Simmel (1921) introducing psychoanalytic thinking into the WWI; Grinker extended that work, establishing the first successful treatment for Acute Stress Disorder.

In Hospitals, Menninger (1964) and earlier Main (1956) addressed specific dilemmas that impaired treatment (Author, 1985). Maxwell Jones introduced the concept of a therapeutic community. The Mental Hospital (Stanton and Schwartz, 1954) articulated basic principles for adult work. Kernberg (1973) cast these principles for adult hospital work in a psychoanalytic framework applying concepts of small and large group dynamics.

But historically, for children and adolescents, Chicago was birthplace for the first juvenile justice system (1899), Hull House and the Juvenile Protective Association (Steiner, 2017). These programs provided accountability, remediation and rehabilitation for juvenile delinquents. But, Aichhorn in Vienna added the rich clinical components of psychoanalysis and societal adversities to both explain and treat teen delinquents in the 1920’s. His “institution” was the streets of Vienna. Beginning in the 1950’s, the University of Chicago’s Orthogenic School, under Bettelheim, integrated the institutional concerns of Addams with the psychodynamic principles from Aichhorn, Anna Freud, Redl, Wineman and others. We have the confluence of Chicago and Vienna pioneering the treatment of incarcerated/institutionalized youth. Redl and Weinman introduced concepts such as the “field interview” and safe restraint for their Detroit residential center. Ekstein (1977) described work with predominately psychotic children and focused more on the individual therapy. In general, Institutionalized children are likely to find their most significant models for identification within ... both in the institution as a whole and its sub-systems and in individual staff members and children. This leads to the concept of the institution as a therapeutic milieu...” The transference/countertransference axis is a significant consideration in such settings. (Menzies-Lyth, 1995)

Child psychiatrists fill in the child psychoanalytic void (Steiner, et al. 2017).

One century later, how do our jailed teens and our society stand?

Steiner et. al. (2017) answers with their masterful comprehensive review of the shifts in both diagnoses and treatment approaches with incarcerated teens. This is from a child psychiatric perspective (albeit psychoanalytically influenced by Aichhorn and others), but to my knowledge there is no recent psychoanalytic summary of work

with incarcerated youth. And as they point out, non-psychoanalytic work has its short-comings. Not until 1980 did DSM classify antisocial and aggressive youths diagnostically. Not until 2011 were distinctions made between aggression that was planned versus reactive (Steiner, 2011). DSM-5 still doesn't distinguish antisocial acts of youths who are reactive versus predatory. Steiner's diagnostic distinctions appear to have predictive value for jailed teens (Padhy, et. al. 2011, Steiner, op. cit.).

Our FMP experience, from a psychoanalytic perspective is closer to Winnicott's: there is a developmental progression from reactive aggression to predatory aggression in Winnicott's writing (1949/1964). Most of our teens had histories of stealing from home (usually foster-relative) to stealing from school or neighbors, to stealing (and attacking) strangers. Our jail experience fits Winnicott's theory: theft/sociopathy that spills outside the home when the teen has given up hope of getting good enough stuff from home.

While this paper is based on three case reports, our program's overall three outcome measures demonstrate more objectively our success relative to the other six Robert Wood Johnson-funded deinstitutionalization programs: 1) FMP ranked highest on both outcome measures: highest rating of child functioning (measured at intake and annually, using the Global Assessment of Functioning Scale); 2) highest rate of successful deinstitutionalization; and 3) lowest usage of psychotropic medications. Therefore, these detailed case studies can be nested within the more objective outcome measures and compared to six other national, comparable RWJ programs.

Jails — like other total institutions — remove identity, dehumanize, make uniform in appearance, and behavior (Goffman, 1961). The challenge (Bettelheim, 1955): harness institutional power to facilitate rehabilitation, growth, rebuilding.

Winnicott's aggression paper (1950-5) offers a more subtle view of inner life that fits our experience. Two aspects connect with our observations: First, a developmental progression from pre-ruthless aggression (Pre-integration, purpose without concern), found in infants through ruthlessness (purpose with concern, integration, guilt); Second, Winnicott's ideas on impingements and the countertransference/transference axis.

From Pre-ruth to ruthlessness: We found ruthless aggression in those teens early in their sociopathy; they responded more rapidly to our treatment (such as Rico). In contrast, pre-ruthlessness is exemplified by our first case (and others).

In the first case, Francisco, early in our experience, these children showed no concern for others: we made

better use of Juvy, probation, and case workers who would not collude with the parent. We abandoned therapists or mentors whom we didn't provide treatment.

But, Winnicott's pre-ruthlessness—"innocent aggressive impulses towards frustrating objects." (p. 207) — doesn't hold for our teens. There's no "innocence." Our teens neither ever achieved integration/guilt, (a structural deficit), nor had profound regressions to pre-integration (attenuated superego structure), giving up on the world, despair often hidden behind a wooden-faced, coldness.

Impingements: One further idea from Winnicott's paper, but elaborated more fully in his later "Psychoses and Childcare" (1952) (Flarsheim, 1974) may help clarify our jailed teens. He describes two ways in which the infant discovers the world via motility. In the first, the infant reaches out and then can accept (an appropriate, an accurate) "impingement" from the mother. In the second, the mother initiates an impingement that results in the infant withdrawing. Repeated experiences of the latter can result in development of the True/False Self structures.

With many teens, we learned that they experienced "impingements" more imagined than externally real. For example, watching one of our young teens in Juvy playing basketball, my caseworker (a former football player himself) and I noticed that this teen would often shove other children so hard that they would skid across the asphalt. We asked our child. He insisted that the other boys had pushed him first. We had seen no fouls. But, we learned that this boy experienced someone's "disrespectful" glance, or an adventitious movement as assault. He expected an assaultive world.

Our program's aim was to find emotionally-disturbed teens in jail (or other total institutions) and through "treatment" and to provide a constructive milieu, to return them to their community. A psychoanalytic developmental perspective and reliance on techniques pioneered by Aichhorn, elaborated by Redl, Bettelheim, Ekstein and others permitted us to have significant success reintegrating these teens.

The Juvy staff — many of them African-American males — respected our staff and program. These jail staff had grown up here. They knew these teens' communities; the staff brooked no nonsense from the teens. They were firm without sadism. Staff saw through any fake niceness — reaction formations — in white professionals.

We developed respect for Juvy; they respected our results. As the tragic example of Francisco showed, we learned to make constructive use of a Juvy: put our program into place before Court discharge; make use of probation to hold the teen and family accountable. Rarely, we let the teen get sent back to jail to strengthen the family's commitment.

Winnicott deepens our understanding of the "antisocial tendency" (1971, p. 215). His two types either 1.

stealing (p. 217)); or 2. provoke firm management without... retaliation. Our teens fall in the latter category. But, Winnicott is candid that his seven cases were (single evaluations from “children of one’s friends and colleagues” of “relatively good environment” (p. 215). Our teens fall extremely outside that category.

What are some of the general ingredients — in the child’s words — for recovering within an institution? In *Truants from Life*, Paul, some years after his successful discharge, said that the title for his recovery should be “Little things and time... patience and understanding.” (Bettelheim, 1955, p. 154) Harry, entered the Orthogenic School at seven with a history by then of truancy from school, home, breaking-and-entering, theft, setting his sister’s hair afire, attempting to stab his mother in the chest, and other such activities. Bettelheim emphasized that the Institution could only care for such children if some staff member was “... capable of forming a truly positive relation(ship)...” Impersonal care is soul-deadening. (op. cit. p. 470). Harry’s summary after years of work and alleviation of his delinquency: “I never knew you cared so much.” Our FMP case workers not only cared deeply, but also to recruit a network of dedicated care givers.

“What’s an analyst like you doing in a place like this?” A question I couldn’t answer sufficiently when I was at the frontlines of Juvy work. But as an analyst this paper would not be complete without giving the fuller soul-searching answers earlier in the paper. The answers came in waves, in levels, with years of reflection.

My sense of obligation as a physician trained at the University of Chicago to work with the most difficult, challenging cases.

My personal analysis to understand my own motivations for entering psychiatry, psychoanalysis, work with teens and children, work in total institutions.

Recognizing when experiences in institutions raised (intrusive) thoughts and feelings of my father’s internment at Auschwitz, my teacher, Bettelheim’s Dachau stay and attempt to master that by constructing a total institution that would heal rather than destroy.

One can draw parallels among 1. The resident’s question, “What’s an analyst doing in a place like this?”; 2. The teen’s own question “What am I doing in a place like this?” And even 3. The analyst’s retrospective question about being born in a D.P. camp (or an arduous ocean voyage to the States) “What was I doing in a place like this?” If we handle these along the transference/countertransference axis, we can be more effective with our patients.

The vicarious excitement of running with delinquents, as did Aichhorn, Blos, Ekstein, without becoming delinquent, rather to redeem the teen. identification with my pediatrician, Dr. Townsend, who made house calls

in our dismal inner city neighborhood. My experience as a financially impoverished immigrant able to enter the University of Chicago and flourish intellectually due to the dedication and good will of my community of teachers, invested in my becoming a critical and careful thinker.

More personally, working as an analyst helping jailed teens to more relatively happier lives also helped me strengthen my identity in my chosen profession, attempting to join a long line of psychoanalysts who labored with delinquents, restored them. I felt I could release these teens not only from Juvy jail, but also from their internal confinement. That’s my fuller answer to my resident.

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Clinical Study in Resilience

Jennifer Harper, M Div

‘Theory is good; but it doesn’t prevent things from existing’

Jean Charcot

This case stands for several reasons. Beyond teaching a lot about trauma (and my own), it re-ordered my way of thinking about psyche and trifled my love affair with psychoanalytic theories as comprehensive languages for understanding the sojourns of our souls. My experience with Rina’s dreams delivered me directly to an encounter with deeply dynamic forces of psyche that both engulf and pierce through our ideas of Consciousness and the Unconscious. This force disorients us and reveals remote and vast spaces of psychic (un)awareness. Like epiphanies that penetrate us with jolts of ‘knowing’, these chimeras disappear more quickly than our glimpses of them. We are changed by these experiences. Taken in, they grow us and expand our understandings of things.

These moments always come unexpectedly, and they shift us radically from one place to the next: within ourselves and in the world where we live. We have recently witnessed some surface, manifest examples of this force within and around us during pandemic. Suddenly people moved: to new homes, new cities, to the country, to suburbs, we changed jobs, left relationships, started new ones, lost old friends, and gained new ones. We became more and less religious and political, and more agitated over time. Everywhere we turned, we were asking new questions about ourselves and the world around us... Shift Happens.

Resilience and personal growth are linked with our capacity to receive the great jolts and aggravating disruptions that life brings, from within and outside of ourselves. We absorb these disruptors first by shock, and later we are grown, reformed, and sometimes deformed, as their reparations change us from within. The terror of this process lies at the heart of its demand for both destruction and repair. Resilience grows us from within and comes at the price of our willingness to change.

I am presenting this case to illustrate therapeutic change that resulted from my patient’s encounter with powerful layers of psyche in dynamic relationship with the society that surrounds us. Rina’s personal psyche was reflected in and penetrated by collective images, not yet known, that gained expression through a confluence of catastrophic societal events (collective), revealing images that arose in juxtapose through her psyche, from a realm of psyche’s ‘deep structure’. Theorists from Freud and Jung to Bion and Grotstein have attempted to describe this ‘deep structure’, yet theories fail to comprehend this vastness that embraces us all. These concepts are difficult to grasp since we rarely, if ever, even glimpse of this dimension.

It’s hard to describe, and even harder to speak of it. We may be accused of being a bit ‘touched’, and worse, to speak of it in professional arenas, we risk running afoul of psychological theories and other orthodoxies whose limits are stretched to comprehend this phenomena. The beauty of this vastness is that it is much bigger than we are and it is infinitely more beautiful through our attempts to apprehend it, and to honor its complete and utter awesomeness. It disorients us to reorient us. It expands us, and we are changed.

Now listen to my patient’s dream experience, and let it serve to reorganize our sense of order, through a disordering of things that turns things around, landing them upside and new again.

I. IDENTIFYING INFORMATION:

Rina was 36 years old when we began our work together on September 5, 2000. She is a Caucasian, cis gender, heterosexual woman, divorced and not in a relationship. She had achieved a bachelor’s degree in business administration and finance (having put herself through school), and she worked in the Financial Services industry in lower Manhattan at the World Trade Center.

She grew up on the East Coast in a middle-class family as one of three children (middle child) with brothers on each side in the sibling birth order. Her parents had a troubled marriage but remained together. She described her father in maudlin terms. She felt badly for him for her mother’s treatment of him. “He saved me,” she would often say, “I knew he loved me, but he was afraid of her.” She and he had sided together in mutual sympathy over the mother’s temper as she referred to it. “My mother isn’t a very nice person,” she would say, with a sardonic grimace, “And she favored my brothers...”

II. PRESENTING PROBLEM:

Rina presented that she was seeking therapy for her “depression”. She had been in therapy since her divorce (approximately 5 years earlier, and during college years through a mental health clinic), but she had felt for some time that her current therapy had stalled. She stated that she “needed a new approach”.

She also reported to be taking Celexa under psychiatric supervision. When I asked her if the Celexa helped, she was emphatic with her “Yes!”. I worked with her initially under the diagnostic impression of dysthymia. I experienced her as somewhat Avoidant, in personality style, which I came to understand as her cautionary approach to everyone, manifesting from rather severe PTSD and low self-esteem. Otherwise, she was high functioning on GAF Scale. She held a responsible position at a bank, which she said was very stressful, but she was grateful for her relatively high compensation.

She quizzed me over several of our early sessions about

my ‘technique’ and wondered if I could help her. I felt awkward saying that I would primarily ‘listen’ to her. It felt inadequate in the face of her insistence. She seemed unsure of me. We talked about the possibilities of how I might offer help by saying things from time to time. And if I did so, she would usually shy away, as if I was intrusive, and move on with her reporting of things. While she continued to be skeptical, she also continued to attend our sessions. I kept expecting her not to show up one day, and just be gone. She felt tenuously connected to me for the first year of our work.

I worked at a church sponsored psychotherapy clinic in Manhattan at the time. She had found our service online and decided “to give it a try” as she said, “because you are openly a Christian-centered clinic.” She also talked a lot about her Christian faith and quizzed me about mine. She assumed I was Christian, based on my affiliation with the clinic, and she was very concerned that I not “be one of those therapists who don’t respect my faith.” I felt comfortable exploring that with her, and without discussing my own views, I was reassuring to her of my interest in and curiosity about her own faith.

It was my sense that her quizzing and exploring represented her need to test and question me about whether I could be a good mother for her (what were my techniques?), and whether I would care enough and be capable of ‘attuning’ to her very particular needs (symbolized by the importance of her religion). Her religion offered her safe space and succor from early life trauma; we might say, transitional space, as well. She experienced her church as a loving community that offered her new family bonds for personal healing.

III. TREATMENT:

When she began the therapy, she often looked away as she spoke to me. She wore her dark hair heavily over her eyes and constantly pushed it away as she talked. During the first months of our work together, she canvassed her early life and her marriage in our sessions. She poured over details of all that had gone wrong in her family with her mother, her marriage, and life itself. She ruminated that she would never again have good feelings about herself or her life. She was deeply wounded by it all, but her focus on her marriage was quite sharp and where her affect surfaced, arousing much emotion. She and her husband had found each other in church and had formed a strong bond that she thought would “last forever since we shared the same faith.” But when it became clear that he was not interested in sex (they had abstained from sex until marriage because of the religious teaching of their church), the marriage became very painful for her. One day he came home from work and said they needed to talk. She had hoped he was agreeing to go to therapy. Instead, he told her he was in love with a man and didn’t

want to be married to her anymore. Rina was crushed, and they parted quietly. She said neither of them had wanted it to become a “thing in their church.” She had lost her husband and her church community, simultaneously. She said of the entire event, “I just wanted to disappear.” That was when she started therapy with the prior therapist.

I had not fully appreciated the depth of her trauma and symptoms of PTSD as they related to her long-suffering of verbal and emotional abuse by her mother, who also abused her father. Having no recollection of physical or sexual abuse in her stated history related to these stories of pain and humiliation, I found myself (as a young therapist), confused at times by the depth of pain she recounted. I empathized with her humiliations in relationships with her mother, and similarly as she identified with them, her father, though I wondered if her repetitive recounts of suffering had become a preferred substitute for solace, and defense against moving forward. Perhaps pain was pleasure for her as a perverse ritual (masochism) for nursing her wounds, rather than assuming emotional responsibility to work things through toward feeling better. I felt guilty for my thoughts and wondered if I would be able to help her. I mused over how the earlier therapy had stalled. I sympathized in my frustration fantasies with the earlier therapist over how to get her moving. I sometimes found myself bored and angry as I listened to her carry-ons. My own sadistic feelings (as defenses) scared me – I didn’t want her to know about them... “Just get on with it!” I would hear myself think as she spoke. I was learning to understand my feelings as defenses against her masochistic pleasure and my sadistic thoughts as reversals of self-loathing, defending against my own repressed masochism. My countertransference was getting the better of me. I eventually began to think about her rage (induced in me) over my not helping her! She wanted me to ‘fix’ her, and I wanted her to get better! We were turning in circles.

We were carefully navigating the stalemate of our mutual fear and anger—and dissatisfactions! Perhaps she carried on about these old traumas to provoke me? Was her veiled dependency and wishful wanting for a mother (me) who would love her and relieve her of her suffering? Was she enraged that I would not nurse her pain away? Was her rage projected—baiting me (hopefully) to confront what she feared to do for herself? Perhaps she (and we) needed to deal with her repressed knowing that she had ‘stalled’ her former therapy, in a dependent rage, with her own defense against assuming agency to learn about and care for her suffering, younger self. Efforts that I made to chink my thoughts and questions into our conversations were met with a bulwark of denials.

We carefully circled her pain avoiding the point of our stand-off: her unspoken demand that I ‘fix’ her and my carefully veiled anger over her ‘fixed refusal’ to budge.

Early in our work (February 2001) she presented a dream in which she was “running around a house that seemed to be mine.. but it wasn’t [speaking of her childhood home]. I was trying to get away from something that was chasing me.. it seemed like a person but also a monster. I didn’t know who or what it was.. I couldn’t tell if it was male or female. I was terrified.. and couldn’t breathe. I tried to hide in the bushes. It kept running around (the house) but it didn’t find me. I woke up.”

She reported another dream from later that same night. “I was running out of a building. The air was full of smoke. It was a tall building and nothing else was around. I didn’t know where to run. I could see the smoke but couldn’t feel my body. Then people were everywhere screaming and running. I froze. I woke up again.”

And she reported a final dream from the early morning hours of that same night. “I was running through streets trying to get away from these buildings. Everyone was running .. and walking fast... we were running and covering our faces. I couldn’t see what was happening.. there were clouds of dust everywhere and people were covered... everyone was trying to get to the river [Hudson River]... when I got to the edge of the water people were pushing and shoving to get on the ferry... some people jumped in the water and began swimming toward the boats. Men were jumping in still wearing their suits. Everyone had their clothes on. I didn’t know if I should jump or wait to get on... then someone pointed up and I looked—a building was falling. It fell down, but not over. It fell like a stack of pancakes... I woke up sweating.

We gingerly picked through the shards of her dreams. The feelings of trauma bled through each snapshot of her dream fragments. They had made a great impression on her. Even as she presented them in our session, her voice was hushed with awe. I cast back and forth between the sequences, looking for pieces that linked her stories, trying to make some sense of things.

In the first she associated “being chased” as her experience of constantly trying to out run her mother’s attacks. Her fear, her somatic feelings of being breathless, feelings of being chased as a sense of repetition of her need to escape a terrible, humanoid monster who sought to capture her ‘ego state’ in the terrors of a young girl trying to flee for her life from these ‘monster’ attacks. I wondered if this dream reflected her parallel feelings about me. Did she experience the anger of my countertransference as a ‘monster’ that was also chasing her? Did she secretly hope I might catch her (find her) in her chase. She was certainly running around the ‘house’, and we were turning in circles! When I asked if she was aware of experiencing fears or feelings about her mother with me, she dismissed me with a blank look, and quipped, ‘No!’

Her association to the second dream recalled her personal experience with the World Trade Center bombing of 1993. She had lived through that terrifying evacuation while at work. She recounted the horrifying day, and we talked about her great sense of vulnerability to trauma in general with the dream reflecting her inner experience of earlier trauma, and here, pictured by and reflecting her real experience of the evacuation. However, we were unable to identify any day-residue ‘trigger’ for this dream.. Her ‘seeing’ yet having ‘no feeling of her body’ suggested her dissociation of ego-affect as long-held, repressed clues to her early trauma and abuse. She suffered conscious knowing of the abuse, and unconscious repression of its affective memory. This split between seeing with her eyes and feeling nothing in her body left her stories hollowed of true affect with her captured (frozen) ego, having no access to real grief and mourning. No wonder I felt ‘boredom’ and sometimes ‘rage’ as I listened to her, held at bay by the ramparts that circled her frozen, younger self. The implications of this chasm between memory and affect took me years to fully appreciate.

With her final dream, we were both at a loss. I felt there was more that her unconscious wished for us to apprehend. We couldn’t see it. We both expressed a sense of ‘what’? She associated nothing to the images. While the scenes unfolded were those of trauma, they seemed monstrously outsized, even to her great sense of personal trauma. The images, analyzed or amplified, called nothing forward of her personal associations. We were stymied. As the session drew to a close, I offered half-heartedly, “When we are confronted with content of the psyche.. and cannot make sense of it, perhaps best to leave it alone.. not to mangle it with our need for meaning, just let it sit. Perhaps it will come alive at another time, and we will know it, if it does.” I remember feeling helpless and reassured at the same time. It was odd. I remember feeling empty, at a complete loss.. Our session ended.

Tuesday, September 11, 2001 (seven months later)

The morning of September 11, 2001 began like a beautiful late summer day with a brilliant blue sky as backdrop to billowy white clouds. By 9:00 AM EDT the skies of New York City were gathering the hazy wisps of a strange aviation accident involving the Twin Towers which gradually belched gray-brown clouds of unmistakable industrial dust and smoke. It was initially reported as a ‘kitchen fire’ from the restaurant Windows on the World.

I recall the day vividly, in the way we all recall a traumatic moment in time. I was at an exercise studio, and women began to take cell phone calls from husbands reporting to them that Tower I had been crashed into by an airplane.. evacuations were beginning. As anxiety rippled through the room, we all began to scatter. Everyone going

to their safe havens to absorb the unthinkable. Something had happened and death felt close. By 10:30 AM bridges and tunnels were closing. Knowing I would not make it to the city that day, I was calling patients to be sure that everyone was safe. I located everyone. I offered phone sessions and otherwise cancelled office hours for the day. I had left the counseling center in lower Manhattan to begin private practice, during the month of August 2001. I reflected on the vision I had followed in executing that move. My former neighborhood was quarantined for upwards of 18 months from that fateful day.

During the week, as the aftermath of the attack unfolded, many thoughts and memories flowed through my mind. One memory stood out. I recalled the dream snippet that Rina had reported some months ago. I was taken aback by the remarkable imagery on the television that matched the images in her dream: dust-covered zombies walking through vacant Manhattan streets, going to the river edge to get ferry rides to New Jersey. Later I would learn from rescuers who operated the ferry service that day that men and women were swimming out to ferry boats to escape the horrors on the island.

I was flooded with waves of recognition: the prescience of her dream. An experience of things happening now, and seen so clearly before through that dream like a video snap suspended in timelessness, defying the natural sequence of unfolding events. Those extraordinary images from the ‘deep structure’ of psyche had penetrated her psyche from within her psyche, blasting into our otherwise quotidian and linear lives. I wondered if Rina would remember her dream..

Wednesday, September 19, 2001 (one week later)

Rina came to our session at her usual time of 1 PM. She was quieter than usual as we settled into our seats. She began tentatively, “Do you remember the dream I had.. [I watched her closely] .. you know, the one where the building fell.. like pancakes?” I felt my breath catch and acknowledged I had recalled it clearly during the past week as scenes of the attacks replayed on television. I spoke to her directly. We were in this together, it was not transference material. We stared at each other in silence. She finally asked, “what is that about?” We sat some more. Rina said she had gone to work that day but realized there was trouble before she got to the Trade Center. She had turned around to go home while trains were still leaving Manhattan. She experienced a lot of anxiety that day and eventually stopped watching television. “When the building fell, [she winced as she spoke] I had to turn it off. I stayed in my apartment all day in bed after that happened. I couldn’t believe I dreamt that! How can that happen?” she implored.

We unfolded a gentle conversation about the dream images, and how they matched what actually happened

that terrible day. I pulled out my notes of her dreams and read them to her. We were both quiet. We sat together like witnesses to something we’d seen that came to us from very far away. We shared our common sense of ‘awe and mystery’, of not knowing how the psyche works. She pressed me to help her understand how a dream could ‘show the future’? I faltered and found myself saying that the dream perhaps offered an example of how our psyche can be penetrated by and also reveal a timeless dimension of psyches’ realm. I grew anxious as I heard myself speaking, thinking of her religiosity and the affront that my words might convey. “You mean like eternity,” she ventured, “like it’s all around us.” “Maybe,” I shrugged, “I’m not sure.”

A conversation grew over time in which she began to consider this new possibility in contrast to her own ideas of ‘heaven’. “I’ve always thought that heaven was eternity and that when we went there, it was a place, where things are perfect,” she said. Her experience of these dreams surfaced and submerged in our sessions, hanging on the fringes of our thoughts and her stories, taking up center space again, from time to time, over the next several years of our work together. As we continued to speak, her personal trauma faded as she considered the horror of others’ lives in her own city. We spoke about (imaginary) boundaries and the spaciousness of eternity—its potential for expansion—for all knowing, for knowing us, for embracing all of our reality, and for holding us in the gentleness of it’s palm.

From this event, our work eased and relaxed. Rina actually smiled when she arrived for her sessions. She changed her hairstyle, her face showed brightly under shorter bangs. She was gradually able to laugh at herself, and she began to refer to her ‘pitty-pot’. She even joked about it getting awkward to carry around everywhere. “When people bring their baggage,” she joked, “they usually don’t bring a port-o-potty!” She even laughed with a sense of shared knowing that I must be wondering if she would ever learn to ‘flush’ it on her own! She eventually began to speak more openly about wanting to remarry and move back to her home state where she enjoyed a peaceful sense of being close to the shore. She seemed to soften and open to ideas of creating a new life for herself.

One day, she announced shyly that a man at her office was showing interest in her. Her old anxieties of attachment and abandonment fears began to surface and take up our sessions. She pored over and panicked in familiar ways about what he might mean when he said this or said that. She wondered whether I thought he ‘really liked her’. I smiled at the tender buds blooming in her heart, bringing new life forward and movement to her life, while I had just been listening.

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The Exposer and the Exposed: A Psychoanalytic Perspective on Julian Assange and “The Cult of Family” Peter A. Olsson MD



Julian Paul Assange through his dramatic WikiLeaks revelations has become a shadowy world celebrity. He is variously admired, feared, and hated. As a hero or anti-hero on the contemporary world stage, Assange's mind and psychology have importance in the world of power politics. His nomadism has fascinating

connections to his family's flight from the clutches of Anne Hamilton Byrne's Cult.

Byrne, was an attractive blonde, blue-eyed, charismatic cult leader. Hamilton-Byrne claimed to be Jesus Christ reborn as a woman. Her mesmerized followers described a common feature found in many malignant pied pipers. As an ultimate tool of enslavement her followers describe Hamilton-Byrne as seductively staring into their souls. Hamilton-Byrne said she was merely expressing divine love.

Hamilton-Byrne mesmerized selected intelligent adults in Melbourne's social elite, (teachers, businessmen, scientists, physicians and psychiatrists). She mesmerized the eminent physicist Doctor Raynor Johnson Master of Queens College at Melbourne University. He was so convinced by her spirituality that he said she was divinely beautiful, wise and had sublime authority. She used mixtures of Christian teaching, eastern mysticism, and exciting apocalyptic prophecy. She convinced followers including Johnson to take LSD to deepen their spiritual experience. Her followers gave her large sums of money for her mission.

Julian Assange was fortunate to have escaped direct enslavement by her cult. To have been on the run from “The Family”, was in one way, fortunate for Julian Assange. Perhaps he feels safe and sagacious at last, in prison.

Julian Paul Assange (Born 3 July 1971) is an Australian computer programmer, publisher and journalist. He is editor-in-chief of the organization WikiLeaks, which he founded in 2006. He has won numerous accolades for journalism, including the Sam Adams Award and Martha Gellhorn Prize for journalism.

Assange founded WikiLeaks in 2006 but came to global prominence in 2010 when WikiLeaks published a series of leaks, provided by Chelsea Manning. These leaks

included the Collateral Murder video (April 2010), the Afghan War Logs (July 2010), the Iraq War Logs (October 2010), and Cable Gate (November 2010). Following the 2010 leaks, the United States Government launched a criminal investigation into WikiLeaks and asked allied nations for assistance. In November 2010, a request was made for Assange's extradition to Sweden, where he had been questioned months earlier over allegations of sexual assault and rape. Assange continued to deny the allegations and expressed concern that he would be extradited from Sweden to the United States due to his perceived role in publishing secret American documents. Assange surrendered himself to UK police on 7 December 2010 and was held for ten days in solitary confinement before being released on bail. Assange sought and was granted asylum by Ecuador in August 2012. Assange has since remained in the embassy of Ecuador in London. He is unable to leave without being arrested for breaching his bail conditions. In 2016, WikiLeaks published the DNC Leaks and the Podesta emails during the United States presidential election 2016. (Wikipedia).

Factors Psychologically Important from Assange's Personal and Family History

Nomadism. ---Julian's biologic parents separated before he was born. His biologic father John Shipton was an antiwar activist and by Julian's description, not an important part of his life until much later in Julian's life. Recently Shipton has defended Julian vigorously and attacked the British and Swedish legal systems. Due to marital separations, divorce, and family problems of his parents, Julian lived in thirty different Australian towns before his mid-teens. Assange seems to have continued nomadism in his adult life after some academic success and awards. Yet, he never completed his degree. He studied programming, mathematics, and physics at Central Queensland University (1994) and the University of Melbourne (2003–2006).

Richard Brett Assange, an actor, and Julian's mother Christine ran a small theatrical company. (Julian can be said to have acted-out against authority and theatrically in his adult life and work.) Richard and Christine divorced around 1979. Christine Assange then became involved with Leif Meynell, also known as Leif Hamilton, a member of the Australian cult, "The Family". Christine and Leif had a son before the couple broke up in 1982. Julian Assange describes the fear and loathing he felt toward Leif Hamilton in his autobiography. The following autobiographical excerpt from an article in *The Independent*, describes Assange's search for father figures and for his father himself. Assange poignantly describes a childhood on the run. Assange is an eloquent, articulate, and elegant writer.

From, *The Unauthorized Biography*, excerpts:

"My own father was missing from my life, and only became part of it again when I was grown up. But it meant that Brett Assange was the male figure I related to, the good father. Brett was one of those cool 1970s people who were into guitars and everything that went with the music scene. I've got his name – Assange – an unusual one which comes from Mr. Sang, or ah-sang in Cantonese: his great-great-great-grandfather was a Taiwanese pirate."

Julian describes his stepfather Leif Meynell as a ghost and threatening mystery. Julian opposed Leif from the start saying, "Eventually, it was a matter of us escaping from him". Then, suddenly, Leif would be back in their lives. Leif had an uncanny ability to insinuate himself. He punched Julian in the face once and Julian's nose bled. Another time, Julian pulled a knife on Leif and told him to keep away. But the relationship with him wasn't only about physical abuse. It was about a certain psychological power Leif sought over Julian, his brother and his mother.

In 1980, Julian's mother became pregnant by Leif. Julian says,

"My mother was in love with Leif. And I was too young to understand what sexual love was all about. I just knew that he wasn't my father and that he was a sinister presence. He had lied to us in a way that I hadn't known adults could lie. I remember he once said all ugly people should be killed. He beat my mother from time to time, and you felt he might be capable of just about anything. And so, we started moving. Nomadism suits some people; it suits some people's situations. We just kept moving because that's what we did: my mother had work in a new town and we would find a house there."

Leif Meynell was a member of an Australian cult called The Family. The Family was founded by a woman called Anne Hamilton-Byrne in the mid-1960s. Hamilton-Byrne's cult started in the mountains north of Melbourne, where they meditated, had meetings and sessions where they used LSD. The basic notion was that Anne was a reincarnation of Jesus Christ. Hamilton Byrne's followers were exposed a charismatic karmic deity who used Christianity mingled with Eastern philosophy. She was obsessed with cleansing their souls. Anne prophesied the end of the world arguing quite comically, that only the people in the Dandenong Ranges of mountains east of Melbourne would survive. She had abused children, taken advantage of mesmerized followers, and travelled around the world on the millions of dollars she was gifted by followers.

"The Family" of Female Malignant Pied Piper Anne Hamilton Byrne."

(Julian Assange was influenced indirectly by “The Family” Cult of Anne Hamilton Byrne. Assange was fortunate to have escaped direct ensnarement by her cult. To have been on the run from “The Family”, was in one way, fortunate for Julian Assange.)

Thanks to the courageous and astute work of documentary film maker Rosie Jones and book of journalist Chris Johnson, the depth, density, and breadth of Anne Hamilton- Byrne’s evil cult will not recede into the shadowy land of evil things forgotten. (Haworth, A. “Growing up with The Family: inside Anne Hamilton-Byrne’s sinister cult” The Observer, May 2, 2017).

Anne Hamilton Byrne led the Australian doomsday cult she founded in the nineteen sixties. The attractive blonde, blue- eyed, charismatic but cruel Hamilton-Byrne claimed to be Jesus Christ reborn as a woman. Her mesmerized followers described a common feature found in many malignant pied pipers. As an ultimate tool of enslavement her followers describe Hamilton-Byrne as seductively staring into their souls. Hamilton-Byrne said she was merely expressing divine love.

Hamilton-Byrne mesmerized selected intelligent adults in Melbourne’s social elite, (teachers, businessmen, scientists, physicians, and psychiatrists). She mesmerized the eminent physicist Doctor Raynor Johnson Master of Queens College at Melbourne University. He was so convinced by her spirituality that he said she was divinely beautiful, wise and had sublime authority. She used mixtures of Christian teaching, eastern mysticism, and exciting apocalyptic prophecy. She convinced followers including Johnson to take LSD to deepen their spiritual experience. Her followers gave her large sums of money for her mission.

Anne Hamilton-Byrne also collected twenty-eight children through phony adoptions of orphans. She dressed the children in identical clothes and bleached their blonde like her own. She and several cult surrogate mothers controlled the children through beatings, starvation and emotional torture. She broke their spirit “for their own good”. Her child victims suffered life-long psychological scars.

Hamilton-Byrne, born Evelyn Edwards in a poor farming community east of Melbourne. Her mother Florence was diagnosed as paranoid schizophrenic after lighting her hair on fire. Florence died in an Australian psychiatric hospital. Anne’s father was an itinerant laborer. Anne spent her childhood in orphanages. She married her first husband when she was twenty soon before he died in a car accident. They had one daughter and she and her husband were arranging to adopt a child.

Hamilton-Byrne told her cult children that she was their birth mother. She faked pregnancies and told all the children they were brothers and sisters who would survive the end of the world to become a master race. When the

children became fourteen they underwent initiation into the cult by being given repeated large doses of LSD. Many children suffered bad trips in addition to the other traumas inflicted by Hamilton-Byrne and her women subordinates.

Psychodynamic formulations about cultist Hamilton-Byrne

Male Malignant Pied Pipers bolster their malignant narcissism by becoming superior father figures for their cult follower children. In Anne-Hamilton-Byrne’s case she grandiosely projected herself as an all loving mother messiah, (reincarnation of Jesus Christ), to her adult cult followers and her fraudulently adopted cult children. This compensated for the neglect, abandonment, separation and loss of her own mother through the tragic world of schizophrenic illness. She probably used the delusion about her own omnipotent-like power to stave-off psychotic depression and deterioration. She also used the financial power conned from her devoted followers to reverse the self-image of poverty pervading her childhood memories. The cruelty and constant control of her cult children likely acted-out a reversal of the experiences she had in orphanages as a girl. She could now identify herself as the omnipotent aggressor and controller. Bill Byrne Anne’s second husband was described as a rich and handsome companion, a sort of supportive safety net and wallet. Bill helped compensate for Anne’s father who abandoned her.

Impact of “The Family” on Assange and his family

Julian Assange and his family were wise to avoid any involvement with Anne Hamilton Berne a true Malignant Pied Piper (Olsson, P. Malignant Pied Pipers, SBPRA Houston, (2017)

Julian Assange’s stepfather Leif Meynell was part of that cult. And everything he did relating to Julian was informed by his association with The Family. Julian describes it as,

“So tiring just moving all the time. Being on the run. The very last time, we got some intelligence that Leif was drawing close; they told us he was near us in the hills outside Melbourne.”

On the run, Assange, his mother and younger brother learned how to get by on very little money and “not enough normality”. Being unsettled became their normality.

Julian’s mother changed her name. They figured out that Leif must have had contacts within the social security administration – that was how The Family is thought to have worked – so it seemed best to change the names that would be held inside the government computer system. But, But, he would always catch up. Julian finally had had it saying,

“It was a private investigator who eventually came and told us about his close relationship with the Anne Hamilton-Byrne cult. We were living in Fern Tree Gully, and I was now 16 years old. We’d come to the end of the road. Also, I was feeling almost a man myself and was ready to front-up to Leif. Masculinity and its discontents could be addressed here, but let’s just say I knew I could waste him and he appeared to know it, too. He was lurking round the bounds of the house and I walked over and told him to fuck- off. It was the first and the last time, and something in the way I said it ensured that we would never see him again.”

Assange, on being locked up: Assange writes about being in jail

“They needed a villain with silver hair, some kind of cat-stroking nutcase, bent on serial seduction and world domination. There was no point opposing it. An impression had been created, and I had neither the skill nor the will to outflank it. But I always knew my lawyers would have to struggle against those who thought they were watching a movie as opposed to trafficking in a person’s life.”

Julian’s Important Childhood Memory

In trouble with authority:

“Two policemen quickly turned up at the door...”

Assange said, “I was probably the kind of child who was shopping for things to take a stand against. I remember one day my folks were making dinner and found they were short of tomatoes. The neighbors had loads of tomatoes, but they wouldn’t give us any. So, the next day I began digging a tunnel from our garden to theirs. I got some of my little gang involved, bringing shovels and candles to get the job done. We got under the fence in secret and came away with two baskets of tomatoes. I handed one of them to my mother and she had this grin. Two policemen quickly turned up at the door and they, too, were grinning. They just stood there rocking on their heels. It was my first run-in with the law. We handed back one basket of tomatoes, and the scandal reverberated. But I was happy that

I still had the second basket of tomatoes hidden.”

Some psychological theories about Julian Assange

Julian Assange can very well feel unconscious distrust, resentment and disrespect for woman based on his mother’s nomadic wanderings in unsuccessful search of love with a man. This dynamic in his mother’s psyche led to many separations and losses with consequences for his sexual identity and interpersonal development. Assange at least had terrible communications with his Swedish women accusers and might possibly have forced himself on them sexually.

Though Richard Assange was a positive paternal figure by Julian’s description, the separation from him might clearly represent the narcissistic injury that occurs secondary to separation. In the recent defense of Julian by Richard Assange in the press there is hint of vicarious rebellious dynamics. “Like father, like son”. And perhaps superego lacunae as described by Johnson and Szurek in 1951.

Assange’s relationship with Leif Hamilton caused phobic and traumatic experiences with a destructive exploitive cult called “The Family”. One could argue that Julian Assange had accurate intuitions and fear about “The Family” cult of which Leif Hamilton was a member. Julian Assange’s traumatic childhood experience with “The Family” likely lead to his identification with the aggressor as a defense. His defense worked well because he avoided the clutches of “The Family”.

Assange however, may well have later established a different kind of cult following among his WikiLeaks colleagues and world-wide fan base. Assange may be attempting to be the affirming, inspiring and effective father figure he lacked in his childhood.

Assange’s grandiose championing of anti- establishment causes suggests he has rescue fantasies about himself as a messiah or champion of truth and ethical political purity. Assange’s lengthy confinement bears some resemblance to religious and political figures who gain inspiration during prison experiences. The Apostle Paul wrote inspiring prose from jail, Hitler wrote Mein Kampf in prison, Martin Luther King Jr. wrote inspiring prose from a Birmingham jail, and, Sayyed Qtub wrote radical Islamic doctrines from an Egyptian prison.

Conclusion:

Assange’s on-going adventures in the domain of narcissistic acting-out, search for identity and efforts at self-repair will be of interest to psychoanalysts and psychohistorians.

BOOK REVIEW

Review Essay: *The Words To Say It* by Marie Cardinal by Jeffrey Rubin, MD



A therapist acquaintance in conversation recommended “The Words To Say It” by Marie Cardinal as an instructive book about psychoanalytically oriented psychotherapy.

Touched and intrigued by the title, I searched for the book, long out of print, and finally was able to obtain a used copy translated from the French, *Les Mots Pour Le Dire*. Originally published in French in 1975,

it became an international bestseller, selling over two million copies, and was awarded many literary prizes, one for the best book on a medical subject for that year. The English translation by Pat Goodheart came out in 1983 with a foreword and afterword by Bruno Bettelheim and laudatory endorsements by luminaries such as Ingmar Bergman and much critical acclaim. A motion picture version was released in France in 1983.

The medical subject here is psychoanalysis. The book is an “autobiographical novel” which describes Marie’s upbringing in Algeria in a well-to-do family, their move to France during the Algerian uprising, her descent into psychosis, and her eventual cure through an apparently austere and formal psychoanalysis. One commentator noted that Cardinal, despite her great popularity in France and her recognition as an influential feminist, never gained acceptance by that country’s intelligentsia because she did not embrace Lacanian post modernism.

For me, the book functioned as both a time capsule and a very moving and very frank description of self-realization achieved through self-exploration and self-acceptance. Words play an important role in this story as she comes to experience the liberation of speaking freely and uttering tabooed words and feelings.

For all of the sense of reminiscence of a lost time, the issues Marie deals with are very contemporary: colonialism, immigration, the second class status of women, a fraught relationship between mother and daughter, a mother who did not want to be one, and a young woman’s struggle to accept her bodily self and desires, all in the context of a strict Catholic upbringing.

While the book is meant to be a homage to the wonders of psychoanalytic treatment, it is striking that relatively little is said about the analyst’s interventions. He is

described as encouraging his patient to say whatever comes to mind. Out of her associations and verbal ramblings he singles out a word for her to focus on. Marie experiences this as almost a magic power as the words he chooses – sometimes over her protests and defensive frustration and even contempt -- inevitably lead to powerful memories and feelings, unlocking dark rooms and shedding light on her current symptoms and struggles. The greater part of the book is the development of a narrative of what her life was about, particularly the parts of her life about which she had repressed and denied – the painful truths she could not face without the support and patience of the analyst as witness. At no point does she mention an interpretation made by the analyst. The interpretations are hers to make. (One might see the initial confrontation between patient and analyst described below as an interpretation, however.)

Marie may have been an extraordinary patient. She flees a mental hospital where she is being medicated for hallucinations and erratic moods. At the beginning she is plagued by vaginal bleeding that will not stop and is attributed to fibroids. Surgery is recommended. Bleeding, exhausted, deeply ashamed and desperate she makes an appointment with her prospective analyst, eloping from the hospital in order to meet with him. She is thirty years old. After hearing her story, he tells her he thinks he can help and will work with her if she agrees to come 3x/week and pay her his fee which payment he is willing to defer on account of her being impoverished. He fully expects her to pay him when she can. She must stop all of her medications. He warns her that the analysis may lead to great upheavals in her life. The potential for upheaval does not frighten her as much as the giving up of medications particularly as it pertains to her bleeding, her most acute and shameful symptom. The analyst dismisses her bleeding as merely a symptom of deeper problems which can only be resolved through psychoanalysis. This is perhaps the most dramatic moment of encounter between Marie and the analyst. It is, I think, the crucial initial engagement in the analytic process. Marie reacts to the analyst’s dismissal of the bleeding with terror and tears. She feels he is taking away the one thing she has that is her very own. The bleeding is who she is. This is the first time she has been able to cry in years and she cannot stop. They make arrangements for their future appointments, and she leaves the office disconsolate and terrified. After that day she never bleeds again, except for her regular periods. (It should be noted that although not consciously aware of it till later in the analysis, Marie’s mother had told her that she had made many attempts to abort her during her pregnancy.)

Trust, limits, structure, a framework, all having been established, the work proceeds. A few sessions are described along the way with the evoked revelations.

The life story that unfolds is the story that develops out of the analytic process. Marie divides the seven years of analysis into two parts. The first four years are uncovering and reframing her experiences growing up – the truths of her traumatic past with accompanying relief of symptoms and increasing functionality. The second part, taking three years, is the discovery and development of who she really is, her strengths and weaknesses, her self-acceptance and the development of her talents and of her relationships with her husband and children. She becomes a prolific and highly regarded author.

What is most striking to me, and why I wonder if Marie is an unusual patient, is her assumption of responsibility for her treatment. This is manifest in two ways. She starts off as a more passive “patient” in the hands of the numerous experts she consults and receives treatment from. In desperation she strikes out on her own. She initiates her contact and engagement with the psychoanalyst. Secondly, once in treatment, she takes full responsibility for the work she must do within the treatment process. While she relies heavily on her sessions and the guidance of her analyst, she does not seem to expect him to wave a magic wand or provide corrective experiences, though they come, crucially, in the form of his implicit, nonjudgmental, committed interest in her particular individual story.

Of necessity, and inevitably, this is Marie’s telling and we can have no idea of how the analyst would tell the story or how we would see it if we had access to process notes as we might expect these days in a professional paper. Marie is the hero of her own story – as is often the case in memoirs like this -- but without the sense of herself as a victim or someone entitled to some sort of restitution. Her ultimate series of confrontations with her mother, come across as necessary to her survival and individuation rather than exercises in vindictiveness.

Once in a while I find myself wondering whether I am a better analyst than my analysts were. Though this may sound like some unresolved transference issue, what I am trying to ask is, with all the “progress” we have made in incorporating various theoretical perspectives and data from other fields such as trauma studies, child

development, narrative theory, attachment theory, mother-infant interactions and microanalyses of psychoanalytic sessions, has this made us better analysts? Or, are all these developments more simply a reflection of the current cultural moment and therefore effective for our patients who are living in the same current cultural moment -- as Marie and her analyst were in the 1960s.

How would Marie be treated today? And what would her memoir of the experience be like? Much would be the same, I think. She probably would have seen one specialist after another, as well as various psychiatrists and therapists using different modalities guided by a multiplicity of diagnoses. At some point someone would have recognized her as being more than her florid symptoms and taken an interest in her life story. Complex PTSD would be the obvious diagnosis but that would not blind the therapist to Marie’s strengths. She would help her make connections between her various dissociative experiences and early relational and other traumas. She would expect setbacks, negative therapeutic reactions, as did occur in her analysis. I am guessing that the analyst would have been much more “active.” This is my fantasy, of course. And I am aware that it suggests a kind of essentialism. I am saying that the Maries of the world have the drive and the luck to continue trying to get help until they find that help. It is not the help of being fixed by another. It is the help of being heard and seen, respected, accepted and made to feel safe in facing both her demons and her inner resources, her life force. It is being guided through the power and magic of words, to the wounds and the healing and the empowerment of the self.

To quote Marie: “Until you learn to name your ghosts and to baptize your hopes, you have not yet been born; you are still the creation of others.”

Or, to paraphrase Billie Holiday, “God bless the child who’s got her own.”

Acknowledgement: Many thanks to Howard Lorber, LCSW and Anthropologist for the thought provoking recommendation and the trip it took me on.



IN MEMORIUM

Roman N. Anshin, MD
Past President 1990-1991
by Myron Glucksman, MD

Roman Anshin, M.D., a former Academy President (1990-1991), died on February 25th, 2023, at age 89, in Los Angeles. Roman was born in Antwerp, Belgium, in 1934. His family escaped the Nazi invasion and came to Los Angeles in 1939. Shortly after their arrival in Los Angeles, Roman's father died. Subsequently, Roman and his mother moved in with his maternal uncle, a prominent ophthalmologist in Los Angeles. His uncle was an avid book collector, whose library was filled with many first editions. He served as an early ego-ideal for Roman, who himself began reading the classics in foreign and American literature at an early age. Roman learned English by reading and playing with other boys in the Hancock Park neighborhood where his uncle lived. He attended public schools and graduated from Fairfax High School, where he participated on the debate team. Following this, he completed his undergraduate college education at UCLA, where he was Phi Beta Kappa. His strong identification with his uncle led him to a career in medicine, and he graduated from the UCLA School of Medicine in 1958. During medical school, Roman spent one summer as an extern at Utica State Hospital, where he became interested in psychiatry. After graduating medical school, he interned at Wadsworth VA Hospital in Los Angeles, and completed a residency in psychiatry at Cedars Sinai Medical Center.

Following residency training, Roman served two years as a Captain in the U.S. Air Force Medical Corps in Alaska. After discharge, he took further training in child psychiatry at Cedars Sinai Medical Center. At the same time, he began psychoanalytic training at the Southern California Psychoanalytic Institute, completing it in 1972. Roman served in a number of capacities in the Department of Psychiatry and Child Psychiatry at Cedars Sinai. He supervised and taught courses for many years in the Department's Child and Family Section. In addition, he served as Program Chairman of the Department, and was Coordinator of the Child Psychiatry Fellows Program. Roman became a Fellow of the

Academy in 1973; he served as a Trustee from 1983-1986, and was Co-Chair of the Annual Meeting in Los Angeles in 1984. He was a presenter at many Academy meetings, and was particularly active in the Academy's publications. In particular, he was an Assistant Editor of the Journal, and a Corresponding Editor of the Academy Forum. In addition to his academic and organizational activities, he maintained a largely psychoanalytic private practice devoted to children, adolescents and adults.

Roman's interests in psychoanalysis were extremely broad. He presented papers and wrote about the English object relations school, particularly the contributions of Winnicott and Bowlby. In addition, he lectured and wrote about systems theory, creativity, modification of psychoanalytic technique, as well as applied psychoanalysis in connection with literature and art. Those who knew and worked with him were uniformly impressed with his intellect, modesty, kindness, and empathy. Moreover, he had a playful sense of humor, a rich imagination, and an enormous knowledge of world literature. In recent years, following his retirement from active practice, he sent reviews of books he had read to friends and colleagues on a regular basis.

Roman was personally familiar with tragedy, including the early loss of his father and the untimely death of his daughter, Kira, from cancer. His wife, Sonia, an accomplished sculptress, professional folk singer and teacher, died twelve years ago. Following her death, Roman found renewed happiness and adventure with his companion, Judy Axonovitz, a Professor of Psychiatric Social Work at USC. However, she died within the past year. He is survived by his attentive and loving son, Aaron, as well as a grandson, Arthur, and granddaughter, Elena. Roman's death is a huge loss for his family, friends, colleagues, former patients, as well as for the psychiatric and psychoanalytic community. However, we are fortunate to be the beneficiaries of his knowledge, compassion, healing, friendship and love.

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

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