

SELF PSYCHOLOGY NEWS

Notes | Panels | Features | Children | World | Gay | Authors | Bards | Op-ed

Information

02 Masthead

— Printer Version
printer-friendly PDF version
of this newsletter (file size)

Notes

03 Editor's Introduction
by Allen Siegel

03 Notes from the President
by Paul Ornstein

04 Message from the Incoming
President
by James L. Fosshage

Panels

Twenty-sixth Annual
Conference: Creating New
Therapeutic Possibilities

05 PANEL 1 - Deconstruction
of a Clinical Impasse
by Linda Marino

08 PANEL 2 - The Analyst's
Creative Use of the Self
by Ron Bodansky

11 PANEL 3 - The Emergence
of the Self from the Clinical
Experience
by Sandra G. Hershberg

The Gay Community

13 Plea for Papers
by Dennis Shelby

The Children's Corner

14 We Were All Once Children
by Jackie Gotthold and
Rosalind Chaplin-Kindler

Feature Articles

16 Being There
by Anne Yarowsky

20 Interview with Joseph
Lichtenberg, M.D.
by Judy Guss Teicholz

30 Bridging
by Lucyann Carlton

34 ICP Online - Messy Yet
Essential
by Sanford Shapiro

36 Eric Santner and the
Psychotheology of Every-
day Life
by Christine C. Kieffer

Bards of Self Psychology

38 Introduction to the Bards
by Allen Siegel

38 Homage to Emily Dickinson
by George Northrup

40 Untitled
by The Author

Authors' Corner

41 Misunderstanding Freud
Written by Arnold Goldberg
Interviewed by Jeffrey Stern

41 Ethics and the Discovery
of the Unconscious
Written by John Hanwell
Riker, Interviewed by
Eleanor Feinberg

Op-ed

47 The Importance of Philo-
sophical Understanding for
Psychoanalysis: Rejoinder
to Joye Weisel-Barth
by Robert D. Stolorow

48 On Changes in Psycho-
analytic Writing Styles:
An Essay
by Paula B. Fuqua

50 Noontime Musings at the
Farmers' Market in Santa
Monica
by Bernard Brickman

Self Psychology Around the World

54 South African 7th National
Conference on the
Psychology of the Self
by Dennis Shelby

55 Reorganization in the
Anatolia Center for the
Psychoanalytic Psycho-
therapies in Turkey
by Sibel Mercan

Information

Masthead

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Notes

Editor's Introduction by Allen Siegel, M.D.

Dear Readers,

I hope you enjoy this new issue of the *Self Psychology Newsletter*. Please surf through it, find what interests you and, if you prefer to read print on paper, follow the directions that will allow you to print it out.

I have enjoyed editing the Newsletter over the past five years and I want to let you know that after this issue I will no longer be its editor. I will be shifting my energies to developing our new interactive eJournal, Psychology of the Self Online (www.psychologyoftheself.com).

I want to take this opportunity to thank all those who have helped me with the Newsletter over these past five years, especially Joe Lichtenberg, who initially conceived of the Newsletter and had the confidence to ask me to edit it. I have had a terrific staff of regional and section editors with whom to work. I send my thanks and appreciation to Shelly Doctors, Phil Ringstrom, Dori Sorter, Chris Keiffer, Bill Coburn, Judy Pickles, Ros Kindler, Jackie Gotthold, Dennis Shelby, Ron Bodansky, and Renee Siegel. Finally, I thank Hope Dector, our creative and reliable webmanager who has helped us switch to webpublishing in an easy and graceful way.

Allen Siegel

Notes

Notes from the President by Paul Ornstein

This piece will be posted soon – please watch for it.

Notes

Message from the Incoming President of the International Council for Psychoanalytic Self Psychology

by James L. Fosshage, Ph.D.

It is a privilege to be the incoming President of the International Council for Psychoanalytic Self Psychology (Paul Ornstein will hand me the gavel at the beginning of our next meeting in November). I thank the members of the Council, once again, for their trust and confidence. I extend my deep appreciation to Jules Miller, M.D., who served as Chair of the Council for a number of years, to Joseph Lichtenberg, M.D., who was the first elected President, and to Paul Ornstein, M.D., who is the second and outgoing President, each for their commendable efforts and achievements in overseeing and guiding the Council over the years.

These are exciting times of change for self psychology and psychoanalysis. The dramatic, yet gradual and arduous, paradigm shift from intrapsychic to relational field models continues to be developed and integrated, powerfully affecting psychoanalytic theories and practice. Contemporary self psychological theories, which have become fully relational models, have been in the forefront of these developments. While the Council, of course, is especially interested in furthering the development and dissemination of self psychological ideas, it recognizes - for example, through an emphasis on comparative psychoanalysis in annual conferences - that self psychology is embedded within a psychoanalytic landscape of pluralistic models. Indeed, self psychology with its emphasis on selfhood and the uniqueness of subjective experience provides theoretical underpinnings for the existence of pluralistic models that, in part, are expressions of different subjectivities.

In addition to theoretical change, important developments are in process in the organization and publication of self psychological ideas. With vision, energy and enthusiasm, Allen Siegel, M.D., has expanded our Website (www.psychologyoftheself.com) into an interactive online eJournal to facilitate communication and to enhance dialogue and mutual exploration of ideas. Communication over the web is extensive in scope, international in "reach," and minimal in cost. The editorship of *Progress in Self Psychology* has recently changed. On behalf of the Council I express appreciation and gratitude to Arnold Goldberg, M.D., Volumes 1-18, and Mark Gehrie, Ph.D., Volume 19, for their prodigious editorial work. The editorial mantle has now passed on to William Coburn, Ph.D., with his first book, Volume 20, slated for November. Also with vision, energy and enthusiasm, Bill has pulled together a capable Editorial Board and in a bold first step has negotiated to add *Progress* to the select list of

psychoanalytic journals on the PEP CD-ROM ARCHIVES. To have *Progress* included in the PEP ARCHIVES will significantly enhance awareness and readership of our journal. Moreover, authors will now be assured that their work will be available not only to self psychologists, but to the psychoanalytic community at large. Under his stewardship, Bill will bring a new emphasis on comparative psychoanalysis, comparing self psychological ideas from within self psychology and from other psychoanalytic perspectives.

I am very pleased to announce that the Council has approved the establishment of a new membership organization, the International Association for Psychoanalytic Self Psychology (IAPSP). Membership is open to all professionals interested in self psychological ideas and their advancement. IAPSP will provide valuable avenues for affiliation, participation and networking with colleagues. Because the Council will soon vote on the particulars, I cannot discuss the details at this time except to say that the Council will become the governing executive body of IAPSP and new members to the Council gradually will be democratically elected by the membership. Membership will be listed on the eJournal for purposes of networking and referrals (replacing the Roster).

Much is happening, excitement is in the air, and self psychology is vital. I invite you to become actively involved and I welcome your thoughts and suggestions.

Panels

Twenty-sixth Annual Conference: Creating New Therapeutic Possibilities

Panel I: Deconstruction of a Clinical Impasse

Chair: Jill Gardner, Ph.D.

Presenter: Gianni Nebiosi, Ph.D.

Discussants: Margaret J. Black, CSW

Alan R. Kindler, M.D.

Reported by: Linda Marino, Ph.D.

Gianni Nebiosi's richly evocative clinical presentation, which he dedicated to Emanuel Ghent, describes his analytic work with Tano. This young man comes to analysis because of intense anxiety, and because his love and sex life is a mess. The narrative focuses on an impasse and resolution in the analysis. The analysis gets off to a quick start. Tano was born in a small town in Italy. When he was one, his parents moved to Naples where they worked as university professors. They left him in the care of his grandparents, with the explanation that they couldn't take proper care of him. When he was 11, his parents moved back and he went to live with them.

The beginning of the analysis is collaborative and playful. Following a session that involves a humorous and mutually affectionate interchange, Tano brings in a secret: while doing homework in his father's study, he was terribly upset to find a pornographic magazine. Gianni's sensitive interpretation of Tano's need for intimacy with his distant father spurs Tano's recollections of how sweet small town life had been with his grandmother.

During the first three years, the main topic of the analysis is Tano's impossible love life. He pursues girls who he is sure have a crush on him, and is repeatedly rejected. The impasse begins when Gianni suggests they explore why Tano feels the girls are in love with him. Tano reacts angrily and the analytic atmosphere gradually changes. He becomes openly hostile, and feels that Gianni is trying to push him to "kill his childhood." Gianni, feeling frustrated and paralyzed, asks why Tano is so angry whenever he tries to help him in his relationships with women. Tano's furious reply is that he wants to keep his desperate feelings, and "you instead want to repair my desperation, which is the only thing I have that is truly mine." Tano's angry insistence on his desperate feelings catches Gianni completely off-guard. He finds it hard to understand Tano's need to cling to his desperation. It becomes harder to feel close to Tano, and Gianni begins to feel that they are drifting farther and farther apart.

Gianni explained his approach to resolving an impasse: the analyst can benefit from deconstructing the part of his own subjectivity that is at odds with the patient's subjectivity. Gianni searches his own history and recalls a memory from his childhood, when his family seemed unaffected by the death of his beloved dog, and he held onto his upset in order to have the emotional importance of the pet recognized. From his altered emotional perspective, Gianni can become available to Tano, and he facilitates Tano's exploration of his painful memories and their traumatic meanings. Mutual empathic understanding is restored, and this becomes the turning point in the analysis.

In his discussion of Gianni Nebiosi's paper, Alan Kindler describes the beginning of Tano's analysis, when Gianni and Tano interacted imaginatively and confidently. Kindler sees Tano's description of the psychoanalytic experience, "Psychoanalysis sure is strange. Memories hurt, but then your memory is better," as the emergence of an expanded self-awareness and self-narrative in the presence of another who understands and articulates his experience. The impasse begins when Gianni attempts to explore the reasons why he feels so sure that those girls are in love with him. Kindler, using a classical Self Psychological perspective, believes that Tano experiences Gianni's comments as shaming criticisms of his relationships with women. The mirroring selfobject transference is disrupted by this intervention. They are now enacting the traumatic past in which Tano's parents were oblivious to the pain they caused him in their pursuit of their own careers. Tano is in a state of fragmentation, with his sense of self organized around his anger. Kindler reviews this impasse from

various modern Self Psychological viewpoints. He cites Atwood and Stolorow, who propose that impasses evolve because the discordant organizing principles of each participant remain invariant. They are not able to understand each other and unable to think about why this is so; the analyst loses his capacity for self-reflection. Kindler recounts Gianni's moving description of his efforts to recover his empathic understanding of Tano, and identifies the resolution of this impasse as an example of Atwood and Stolorow's principle that impasses can be a "royal road" to psychoanalytic understanding when the analyst becomes free to reflect on his own organizing principles rather than just be them. Kindler summarizes the lessons to be learned from Gianni's sensitive illustration of an impasse and resolution: the importance of the analyst's analysis in strengthening his self-reflective powers (Doctors), the ongoing importance of idealizable teachers and colleagues, the essential value of empathic understanding in creating the possibility of psychoanalytic change, and most notably the requirement that the analyst be prepared to undergo personal change in the course of each analysis.

Margaret Black privileges the centrality and complexity of communications between patient and analyst as the core of psychoanalysis. She emphasizes that the shared experience between patient and analyst can function as a crucible within which undeveloped aspects of the patient's self become available. Within this context, she defines impasse as the subjective experience of the analyst when she/he is no longer able to process the communication within the analytic dyad. The analyst's awareness of shifting identifications with the patient's cast of internal characters vanishes, replaced by the sense of being caught in a role that feels all too real. She examines Gianni's clinical material through this lens.

Black differentiates her thinking from Gianni's idea that when faced with an impasse, the analyst needs to deconstruct the part of his subjectivity which is at odds with the patient. Black does not view impasse as having a single explanation. Her perception is that an impasse often reveals itself as an enactment, a complex analytic communication in which patient and analyst unwittingly participate in representing some aspect of the patient's inner experience in the interaction. Representations of problematic experience from the past are often confusingly entangled with potentially healing experience embedded within the present analytic relationship. Black approaches an impasse by trying to determine what role she is unconsciously playing with her patient.

She observes that in the beginning of the analysis, Tano is stuck in his pattern of attaching himself to "independent" women. He gives little expression of initiative or male assertiveness. Black focuses on the change in Gianni's approach three years into the analysis. Frustrated that his repeated attempts at affective resonance produce no change, he begins to challenge Tano, suggesting they explore why Tano was so sure that those girls were in love with him. Black observes that Gianni's abrupt shift from an approach of emotional resonance to one that is authoritative and interpretive seems uncharacteristic of his work. When a treatment that initially goes well grinds down into a stalemate, Black

suspects that the kind of involvement offered has taken on new meaning for the patient. She speculates that Gianni's warm emotional resonance tapped into Tano's relationship with his warm and caring grandmother. But the warm in-tuneness of the analytic relationship might also be seen as a signal to inhibit his own assertiveness, a price he may have paid to keep his relationship with his grandmother feeling secure. She hypothesizes that Gianni's challenging intervention may have surfaced as an enactment related to Tano's difficulty engaging and experiencing his own energy. Black's premise is that this intervention signals to Tano that Gianni could take off the gloves with him, and serves as an invitation to Tano's own assertive, aggressive aspects. In this analytic process, much of the communication is not explicit. She contends that sometimes our patients push us into roles and experiences that have been missing in their lives. Perhaps Tano felt that it was his parents' lack of worry - their self-justifying conclusion that their problem was fixed once he was living with his grandparents - that made their emotional disconnection from him possible. Where Gianni describes the resolution of the impasse as a renewal of their affective connection, Black sees him as doing much more - creating a new relational experience that allows Tano to grow in his presence.

Panels

Twenty-sixth Annual Conference: Creating New Therapeutic Possibilities

Panel II: The Analyst's Creative Use of the Self

Chair: Philip A Ringstrom, Ph.D., Psy.D.

Presenter: Bruce Herzog, M.D.

Discussants: Kenneth M. Newman, M.D.

Kati Breckenridge, Ph.D.

Reported by Ron Bodansky, M.D.

I am afraid that I have to apologize to Dr. Herzog in advance since I will be quite critical of his presentation. I hope to do this respectfully, however, because I understand and appreciate the difficulty of presenting a case before such a large and well read audience. My distress with Dr. Herzog stems from my sense that his presentation represented very little of what I hold to be important in self psychology i.e. empathic immersion in the patient's vantage point, use of intersubjectivity theory and the important research and evolving theories in development conducted by infant researchers and theoreticians like Beatrice Beebe, Frank Lachmann and Joseph Lichtenberg. Instead, Dr. Herzog presented a case where the analyst and not the patient was in the foreground of the

treatment. I was additionally distressed because I felt that his presentation lent support to the many critics of self psychology who maintain that we simply appease our patients, confuse empathy with sympathy, and that self psychologists similar to Franz Alexander, use a manipulative form of "corrective emotional experience" in our work. This said, I also realise how difficult Dr. Herzog's patient was to treat and that sometimes it is difficult to maintain an analytic stance with such people.

The patient, Rachel, had a history of failed psychotherapies. Her initial reason for coming to analysis was that she was having problems with her son's distracted behavior in school. She had an alcoholic husband and she grew up as an "army brat," continually sent to different boarding schools by parents who only touched her when they hit her. Her mother wanted to abort her and her father, who loved art, never took an interest in Rachel, although she tried to reach out to him by not only taking an intellectual interest in art but also by being a artist with outstanding talent herself.

Dr. Herzog presented what he considered to be three major moments of creativity within the treatment: 1. calling the patient an abortion; 2. letting Rachel give him art lessons; and 3. commissioning a painting of Rachel's for his "bathroom".

I found the two discussions by Dr. Breckenridge and Dr. Newman excellent. In her remarks about this case, Dr. Breckenridge made a very important point, which she took from the principles of Complexity Theory, or Nonlinear Dynamic Systems Theory. Her point was "that in living systems input is not necessarily proportional to output as it is in linear systems; that is, small perturbation, or input, can result in a huge result, or output. One just can't predict." In Dr. Breckenridge's opinion, which I share, Dr. Herzog's commissioning the painting from his patient was a risk that should not have been taken in this analysis. While it seems to have worked out, I question the degree to which its meaning and experience were explored. I believe that it never should have occurred in the first place. It was too risky. At this point I am reminded of my supervisions with Dr. Evelyne Schwaber who frequently said, "Always listen to what comes after the but!" When Dr. Herzog was unsure of whether to buy the painting or not, it would have made sense for him to have sought consultation about this problem. It seems to me that Dr. Herzog was unable to withstand his patient's negative feelings and sense of rejection and felt a need to act as he did in an effort to prove to her that he was a "good guy."

In her discussion Dr. Breckenridge mentions the "now moment" of Dr. Herzog saying to his patient "you are an abortion." If this was a "now moment," I would first want to know what tension was felt in the hour that prompted this statement. I also want to know what intersubjectivity was occurring since "now moments" usually occur when the analyst has to act differently than usual with a patient.

What was Dr. Herzog responding to, or was he trying to create a "now moment" himself, and if he was, why was he doing that?

Dr. Breckenridge in her analysis of this case paid attention to Dr. Herzog's statement that verbal interpretations are mere content. She maintains that "verbal interpretations are always - inextricably - delivered along with implicit communications. Her criticism addresses the point that perhaps what was missing in many of the interpretations was not the content but the affect. The words might indicate that Dr. Herzog understood his patient Rachel, but the affects he offered might indicate that he didn't get it! Perhaps Dr. Breckenridge's ideas are answers to her question: "Did they discuss why she assessed him as a 'smug, insensitive, over-privileged hack?'"

Dr. Newman's discussion picked up where Dr. Breckenridges ended, i.e. with the question, "What kind of inner dialogue giuded him, particularly as he lived in and through the negative transferences and found himself at some impasse?" Dr. Newman presented his concept of a "usable selfobject". A usable self object according to him is one that establishes new experiences for the patient thus separating this relationship from older pathological bonds and compromising ties. To be usable indicates a transference that reestablishes narcissistic strivings that have been left behind a barrier of repression.

He asks the same question as Dr. Breckenridge, namely, was the characterizatoin of Dr. Herzog as smug etc., related to breaks in their routine or due to empathic lapses? Dr Newman also felt a need for more microprocess detailing of interaction between patient and analyst. This would have helped in the understanding of the alterations in the patient's self state. As it stands, it seems that Dr. Herzog attributed to the patient what Stolorow et. al call the myth of the isolated mind. The patient is seen as not reacting properly to the analyst but to a false "painting" she has of him. Dr. Newman would have liked to know whether Dr. Herzog considered making use of his own subjectivity in sharing with Rachel his sense of being unimportant and insignificant and through that understanding perhaps provide access to her sense of core uselessness.

Dr. Newman seemed surprised at himself that in writing his discussion he recommended rigourous questioning of the subjective experience of the analyst. It is my poinion that he probably did so because he felt that this was lacking in the treatment, a lesson we all have to learn when we enter into enactments, disclosures and provisions.

Panels

Twenty-sixth Annual Conference: Creating New Therapeutic Possibilities

Panel III: The Emergence of the Self from the Clinical Experience

Chair: Tessa M. Phillips, M.A.

Presenters: Frank M. Lachmann, Ph.D.

Marian Tolpin, M.D.

Discussant: Judith Guss Teicholz, Ed.D.

Reported by Sandra G. Hershberg, M.D.

The final course, the dessert, of the self psychology meeting was one which left me very pleasantly satiated. It was delicious, yet very nourishing, leaving no doubt that the carbohydrate load was transformed into protein when fully digested. I enjoyed the chocolate soufflé, served up by master chef Frank Lachmann. He seems to know just the right music to enhance the lightness of his creation. Marian Tolpin supplied the healthy choice of a mixed berry salad with whipped cream. Just when I thought I couldn't eat one more bite, Judy Teicholz presented a lovely plate of chocolates, which enhanced the flavors of the previous dishes. How could I resist?

The subject of the panel, The Emergence of Self from the Co-Creation of Clinical Experience, takes its lead from the nature of child development. Child development takes the shape of a spiral, looping backwards before turning forward towards further growth. Marian Tolpin incorporates this thinking in her conceptualization of repetitive cycles of health. The inevitable injuries to the self, followed by the importance of the response and recognition of the other promotes repair and recovery. Tolpin calls our attention to the "tendrils of health" which are entwined in the difficult, despairing moments - recognizing both the injuries and the pulls towards further growth. Embedded in the successful negotiations of repetitive cycles is the emergence of a sense of agency, the cohering of a self who can make choices and formulate goals and ambitions.

Teicholz underlined the signature elements of Lachmann's and Tolpin's, analytic work, as described in the examples of Nora and Colleen, each finely tuned to the dynamics, current analytic moment and self-state of the specific patient, and attentive to the importance of the emerging idealizing selfobject transference.

Lachmann's use of humor and spontaneity provides a technique in which the analyst can manage anxiety, reveal hostility which would be more disruptive if stated directly and "achieve an incomparable degree of intimacy that is hard to match through other avenues." In treating a patient whose narcissistic grandiosity

could easily rub against the analyst, this analyst "plays with" Nora's grandiosity, preserving the emerging idealizing selfobject transference. To Nora's, "I am a swan and all those around me are ducks," Lachmann responds with characteristic generosity, poise, and humor, "I now understand why there is no ballet called duck lake," to which they both chuckled. "Playing with" Nora's grandiosity co-constructs an intersubjective field in which the analyst is empathically attuned, rather than shaming, and, as Teicholz indicates, both on his patient's side and responding from his unique subjectivity. Lachmann, as the consummate juggler, sensitive to language and nuance, aware of Nora's reactivity to shame, tempering the one-upsmanship potential of his humor, enlarges the reflective space. Towards that end, the analyst's creative construction of a model scene from his intimate knowing of Nora and her history, provides further illumination of the swan/duck dichotomy. As Lachmann says, "I tried to capture in imagistic and metaphoric form what Nora described with her co-workers and what she recalled about her childhood." By the analyst's evoking the critical, disparaging tone of the imagined mother, in response to 5 year-old Nora's Mother's Day card, the adult Nora recognizes herself in both roles, the little girl yearning for recognition and the mother-like Nora in her contemptuous behavior toward co-workers. Nora's appreciation of her analyst's "enjoyment of her swanness" interactively regulates the potential for fragility and shame, thus enabling further reflection and genuine swan feelings to emerge.

Tolpin speaks about the recovery of the fragmented self by a fitting together of patient and analyst, which restores a healthy self-assertion, focusing on the forward, leading edge. In the analysis of Colleen, a 30 year-old woman whose traumatic history bespeaks severe deprivation and abandonment, the analyst's awareness of Colleen's injured, fragmented self, in a mode of steady exploration, contains Colleen's angry, denigrating feelings. A dream follows, whose transferential meaning may relate to Colleen's feeling cushioned in the reliable calm analytic space. As with Lachmann's case, the importance of preserving the burgeoning, idealizing transference is emphasized. As Colleen and her analyst live through cycles of panic and self-restoration, a sequence begins in which Colleen becomes frantic as she is separating from her analyst, leaving for a European trip. The analyst makes an important interpretation, "You have jumped into the deep end and don't know how to swim yet. I won't let you go under - but it's hard for you to put yourself in my hands." Colleen becomes calmer and in the wake of this new relational experience with the analyst mother who, unlike her real mother, offers her steady presence, Colleen can begin to make cognitive and affective connections. Resonating with the experience of watching a TV interview of a woman who talks about her childhood ending prematurely, Colleen speaks insightfully and with emotion, about feeling that her childhood was cut short, with the recognition of her mother's emotional unavailability. The strain of being depended upon rather than being able to depend on her alcoholic mother marked her interrupted childhood.

The ways in which master clinicians work with challenging patients leading to the emergence of a healthier, more cohesive self is always instructive. Drs. Lachmann, Tolpin and Teicholz engage us in a dialogue about the essence of our daily work - the ways in which we conceptualize and use ourselves to co-create continuing opportunities for transformation and growth.

The Gay Community

Plea for Papers by Dennis Shelby

I know you are out there!

The last issue of the newsletter contained a broad opening statement by myself and an Op-ed piece by Martin Gossman. We want to present the thoughts of more self-psychologists who work in the broad area of self and orientation.

These are particularly volatile days for those of us who work with substantial gay and lesbian populations. Gay/Lesbian marriage, gay priests - adoption of children badly in need of a home is even under fire. We have also had Gay Generals and Admirals coming out - and calling for an end to the ban on gay and lesbian folks in the military - (why did that story "die out" so quickly)? All of this has afforded us the pleasure of being routinely insulted on the ten o'clock news, daily papers and weekly magazines. I doubt I am the only clinician who encounters patients that have been moved to rage, tears, and hope by the current focus in the media and the use of us plain everyday folk as political fodder and fundraising ploys.

These overt social issues contrast with the complexity of our day to day clinical work; our exquisitely human task of helping people reclaim alienated aspects of themselves or helping heal those sectors of their personalities that lacked the selfobject experiences necessary to carry them to fulfill their potential. Many of our patients are so deeply involved in their transference experience that they seem unmoved by external events. This contrast between "outer" and "inner" experience and the periodic clashes between them is one of the issues that makes clinical work so interesting.

Please contribute your thoughts and ideas to this column. The hope is that it will be a forum for dialogue. There is a great deal of good, solid clinical work going on in consulting rooms across the country, and as Martin's piece indicates - the world. I am sure many of you have some creative ideas that you have put to

paper or are in need of a reason to put them in print. Please, let this area of the newsletter be the reason to share your ideas.

The Children's Corner

We Were All Once Children by Jackie Gotthold and Rosalind Chaplin-Kindler

A funny thing happened on the way to the 2003 Annual Psychology of the Self Conference. At a pre-conference workshop - "We Were All Once Children: How Child Analytic Therapy Informs Adult Treatment" a roomful of adult analysts came to listen to a 'child' presentation in order to inform, expand, and broaden their work with their adult patients. How could a case given by Iris Hilke of Germany followed by discussions given by Rosalind Chaplin-Kindler of Toronto and Jackie Gotthold of New York, moderated by Mark Smaller of Chicago enrich, enliven and challenge the clinical and theoretical thinking of both the adult and child therapists in attendance.

As the psychoanalytic field at large struggles with the task of articulating the dimensions of the co-constructed, non-linear, dynamic, dyadic patient-analyst relationship, child therapists can, in fact, be leaders and contributors to this on-going exploration. Developments in non-linear dynamic systems theory, infant research and the understanding of the primacy of mutual regulations in interactions have led us to this sophisticated reexamination of the relational and curative processes. As a panel of child therapists we wonder why, in this line of inquiry, does the field, for the most part skip from infancy to adulthood.

The dynamic, non-sequential treatment process runs in parallel verbally and non verbally with differing degrees of emphasis for adults and children. As analysts working with children we attempted to demonstrate in this workshop how we gain access to our young patients' subjective experiences, how we understand those experiences in a contextual manner, and how we communicate that understanding to them in the service of therapeutic change and developmental unfolding. We demonstrated how we respect and facilitate attachment such that a co-constructed therapeutic relational realm emerges. We illustrated all this within the verbal and non-verbal dimension of the process, **emphasizing the role of communication in the procedural realm**. And, finally, we were able to draw the parallel and highlight the relevance for adult therapists.

Dr. Hilke presented an elegant and moving treatment of a small girl who entered treatment when she was three. In Dr. Hilke's words, the case is an example of how psychotic and/or borderline states develop early in childhood. In the initial meetings with the child, we learn that the child responds to Dr. Hilke's overtures by shrieking 'NICHT', hence the name "Miss Nicht". While the first session consists of pain inducing shrieks of NICHT, the second session evolves into a delicate and cautious finger dance, yielding a sense of hope and possibility for the treatment.

Adult analysts love these stories. Often their responses are wistful - "could I be able to know when to wiggle my fingers in session and call it analysis" or relieved - "glad I don't have to listen to shrieks or wiggle my fingers and understand what that means." However, as our panel presentations and later discussions revealed there is no magic in the child treatment room. Our working spontaneously verbally and non-verbally is as careful and theoretically bound as it is in the adult consultation room. As Rosalind Kindler noted, the treatment presented was replete with examples of subtle cross-modal, non-verbal spontaneously enacted interactions. We might hope that exposure to these techniques and tales of treatments could contribute to an increase in our capacities as analysts, adult, child or both, for spontaneity, an expanded repertoire of responsiveness, and a variety of possible, creative ways of engaging our patients.

Dr. Gotthold went on to note, child therapists have always worked with these principles. The ongoing struggle to explicate these principles, the integration of explicit and implicit processing of relational and inner experiences, will enable all of us to further illuminate the treatment process for both adult and child patients in a more sophisticated manner.

Kids teaching grown ups is scary and intimidating. It is hoped that the adult analysts who attended the panel left with an enhanced repertoire of tools with which to find meaning in their patients' communications.

Feature Articles

Being There

by Anne Yarowsky, CSW

Anne Yarowsky is a candidate at the Institute for the Psychoanalytic Study of Subjectivity.

On a recent afternoon in the Mt. Sinai Hospital World Trade Center Worker and Volunteer Mental Health Intervention Program, a screening and treatment program for the rescue and recovery workers at Ground Zero, a 47-year-old Spanish-speaking electrician, describing his experiences through a translator, told me in a low, soft voice but in chilling, emphatic clarity, "9/11 has marked my mind." He was referring to his "tragic nightmares," the repeated images of the towers collapsing, his inability to sleep for more than two hours at a time without waking up, "afraid I'm dying, choking for air." He was referring to his grief and guilt for the many friends he lost in the towers, his increasing sense of isolation, his thrice-weekly headaches, his avoidance of Manhattan (which, as a contract worker, offered him less opportunities for work), and his disregard for his grooming ("I once cared to have nice clothes that matched," he remarked, pointing to his tattered jeans and sweater). As his head dropped lower he said he was feeling hopeless, and although he would like to be in a relationship (he is divorced), he was finding it hard to be with people. He cried when describing a previous trauma, the death of a newborn son shortly after birth, and he cried for his remaining son whom he missed and who still lived in his native land of Ecuador.

As screenings go, this one, like so many hundreds before it, was difficult in content and deeply disturbing in its details (the majority of the screenings include gruesome, unimaginable descriptions of carnage), but as screenings go, the emotional tone, though grim, was calm. Not at all like the session with the 45-year-old ironworker from New Jersey, who worked for seven days at Ground Zero cutting out bodies from the twisted steel, who, terrified of being back in Manhattan for the first time since 9/11, insisted, pleaded, that I open all the windows and door of the room during our talk (this was a cold March day), so that if he needed to flee there would be nothing in his way to stop him. I pushed up the windows looking out on New York's Central Park, opened the door to my office, put on my coat, and for the rest of the session tried to contain a tall, once-strapping male who had lost 50 pounds since 9/11 and who, after going hunting a few months back had begun the traditional rite of deer carving when the image of the deer's open, bloodied carcass sent him into a state of unmitigated panic and intensely activated post-traumatic suffering. Since his "reliving" with the sight of the carcass, right up until the time of our screening, the once-daredevil ironworker had not been able to leave his house and had completely stopped

working. For the rescue and recovery workers at Ground Zero, this scenario is not unusual.

More than two years out from 9/11, the intense suffering of the rescue and recovery workers witnessed by the 3 psychiatrists, 9 clinical social workers, and dedicated supporting administrative staff of the screening and treatment program is widespread, and in many if not most of the new cases that come in our doors, it is worsening. It is the human face of post-disaster psychic trauma in men and women ranging in ages from 18 to 65, who come from places such as Brooklyn, Staten Island, the Bronx, New Jersey, Indian reservations near the Canadian border, El Salvador, Kenya, Russia, Poland, and Cambodia to tell us their story of 9/11, their *ongoing* story. The NYPD come to us, active and retired firefighters, technicians and engineers from the MTA, Port Authority police, morgue workers and workers from the medical examiners' office, ironworkers, Con Ed workers, telephone technicians, operating engineers, and Spanish- and Polish-speaking asbestos workers, as well as one of the clergymen who blessed the body parts at the temporary morgue. They come and tell us of their panic, their difficulty leaving the house, or they tell us about the opposite, their compulsive activity to dull their emotional and, in some cases, physical pain. They tell us about constant hypervigilance ("I feel that while we're sitting here someone is going to throw a bomb through the window and kill us," said one female worker I interviewed); they tell us about their impaired concentration, nightmares that cause one individual to jump out of bed and then literally put on his suit and tie as if he is going to a funeral. They describe their depression and in some cases their increased alcohol usage to manage the pain and make unendurable, intrusive images go away. There is pervasive suicidal ideation among this population. But below their current highly activated symptoms is the presence of an equally persistent, one could say, existential, phenomenological crisis in each of these workers that drives their symptoms' activation. "Disaster has special meaning for each of its victims worthy of clinical attention," writes Katz and Nathaniel (2002, p. 521). "Indeed, that very attention may help to reduce symptoms. . ."

Divining this personalized meaning behind their work at Ground Zero is one of the organic goals of treatment, and it haunts and weaves its way through the workers' stories. For many, it is the meaning of their bald, unblinking confrontation with death, a death that ultimately gets taken in and through identification becomes their own, like the rescue and recovery workers who were already working in the area on the morning of 9/11 and who, in the course of what was starting out to be just a normal day's work, ended up witnessing not only the unreal sight of the planes crashing into the towers but of people jumping or diving from the windows. They could see the crazed, desperate jumpers going down with hands held in prayer or with hands holding onto the hands of a partner who jumped with them, or they saw them jump alone, arms and hands held spread-eagled, and then unbelievably splatting onto the pavement in five-foot-high liquid fountains. For the individuals who saw these sights and then went on to provide rescue and recovery services, their position in the world is tenuous,

and their identification with death now causes them to feel as if at any moment they are about to die too. (Many of the workers say they still hear the sound of *thumps*, of bodies dropping.)

Identification with death also pervades the consciousness of the rescue and recovery workers who arrived at Ground Zero in the days and weeks after 9/11 and who, like the workers already at the scene, witnessed mass death in the horrific visualization of the body parts that covered the area (from our interviews it would seem that there were no bodies discovered intact) - a lone hand clutching a still-ringing cell phone or the pair of hands tied up in wire, presumably the hands of one of the airline stewardesses - or the equally horrific *absence* of body parts, which created what one construction worker referred to as the "death dust," the dust the workers stepped in and worked in and got over their clothes and into their nostrils every day and night they were there. One ironworker told me he can no longer take showers because they trigger his post-traumatic symptoms as they remind him of the showers he took while working at Ground Zero trying to cleanse his body of the dust. Death as overwhelming loss is experienced representationally in these workers' lives and is concretized in their loss of concentration, sleep, loss of appetite, loss of pleasure in family members, friends, and sex.

Trauma, it has been said, is the shattering of an experiential world. And the world of the men and women we are seeing has been transformed from a world of safe, predictable assumptions about humankind to a world of random and vengeful, colossally meaningless horror - a story of death, where a father goes to work in the morning and three weeks later the family buries the only remaining part of his once vital self, a tooth. These men and women no longer feel safe in the world, as if the stimulus barrier, a defense erected to keep us from terrible realities, has been permanently ripped away. Loss, therefore, is one of the existential meanings driving these workers' symptoms, as is the profound grief of these individuals and the intractable survivor's guilt and powerlessness that racks almost all the workers we speak with. "If I had just taken one more tool with me, I could have saved someone," said one ironworker in tears. "If I had known what was really happening down there, I would never have sent my men down there, the ones who never came back," said another. Many of these sad, guilty men and women make Sisyphean efforts to rid themselves of their guilt by daily penitentiary acts and thoughts, each trying to make up for what they consider to be their fatal "mistakes" at Ground Zero.

But finally, and in some cases perhaps more powerfully, it is the underlying meaning of each individual's past traumatic experiences and how the themes of those past experiences - unexpected personal horror or death, powerlessness in the face of overwhelming danger - now resonate within their own experience of 9/11 and accelerate and intensify their current symptoms and reactions, provoking as it were an almost double-loaded PTSD (this is almost certainly the case with rescue workers who are also Vietnam vets). By way of example, for

many female rescue and recovery workers, repressed or unfinished memories of childhood sexual abuse have emerged since their work at Ground Zero; for two middle-aged male workers I interviewed - both adopted at childbirth - the loss borne of 9/11 has led them for the first time to search for losses from their past, their lost biological mothers. One medical worker I interviewed worked at the city morgue during Ground Zero and two months later was called to the Flight 587 plane crash in Far Rockaway in which he described the hundreds of intact bodies he sifted through. "I just remember loading all those bodies on top of each other in the truck," he said, still obviously reeling in shock. From his tone and his description I suddenly visualized old movie footage of the Holocaust, of dead, lifeless, gray bodies being loaded into the back of German trucks, one on top of the other. I was taken aback by my reaction, I didn't know where it had come from, but five minutes later, and out of nowhere, the medical worker told me that both of his parents were concentration camp survivors. When I asked him if he had ever talked to anyone about his experience as a child of Holocaust survivors, he said no, but it was clear that this experience had everything to do with the complicated and debilitating reactions he was having now at this present time to his experiences both at Ground Zero and the crash site.

As of this writing, almost 4,000 rescue and recovery workers have been screened by our mental health program and approximately 750 workers have continued for treatment. There are thousands more we need to get to, talk with, listen to, and treat. It is a daunting, sometimes devastating task, but it is daily infused with incredible hope as we begin to witness the ice melt and the terror subside in these living victims. With help from our program and perhaps from others that hopefully spring up like it, the rescue and recovery workers will get better, but they will never be the same.

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Feature Articles

Interview with Joseph Lichtenberg, M.D. by Judy Guss Teicholz

The following interview was conducted over the course of two conversations between Joe Lichtenberg and Judy Teicholz, several weeks apart. The first interview deals primarily with Joe's professional development, and the second addresses the more personal aspects and events of Joe's life.

Judy: Your Motivational Systems Theory brings together significant aspects of Freudian drive theory, object relations theory, self psychology, and contemporary relational theory. Did you deliberately set out to create such a comprehensive and integrative theory of psychoanalysis?

Joe: It really evolved by accident. In the 1970s I wrote a paper called "The Development of the Sense of Self." It related traditional theory to Mahler and Kohut and was published in *JAPA*. Then I was invited to be on a Panel [at the American Psychoanalytic] called "Development of the Object." At that meeting Daniel Shapiro said there was a need for somebody to review the emergent field of infant research. He thought I had the kind of mind that could appreciate the work being done, and that I'd be able to help other people see its value. At the time there were very few books on the topic - today, the books would fill a library. I reviewed what information I could find and wrote a series of papers which became *Psychoanalysis and Infant Research* (published in 1983). Two years later Dan Stern's *The Interpersonal World of the Infant* created quite a stir in the psychoanalytic world.

Judy: But how did you get from a review of the infant research to a comprehensive motivational systems theory?

Joe: Based on the findings of infant research I could no longer accept traditional theory. But it's one thing to tear the house down and quite another to build it back up again on a more secure footing. I thought that any new theory would have to be based on a *systems* concept. So I wanted to move from concepts of structure, through experience, to systems. I also felt that it would have to include motivation as a fundamental concept. And I just thought and thought about what the motivations are that all analysts struggle with. I took to heart Lou Sanders' proposition that to come up with anything meaningful you have to look at many different moments over the course of 24 hours between mother and infant.

What I came up with started with the basic physiological needs for sleep, eating and nutrition, warmth, proprioceptive activity, touch - and the mother and infant regulating each other around these activities. And beyond these there were the positive aspects of attachment, expressed through all the ways that mother and infant communicate or "talk" to each other. And then sometimes mother and infant leave each other alone and the baby's eyes wander and gaze at a mobile, or the baby might listen to music and explore her surroundings. This fits with Winnicott's capacity to be alone, in the presence of the other. But babies also fuss, cry, push things away, or turn away from what's presented. They can show antagonism or withdrawal, and this aversiveness is not always aggression but it is part of a fight or flight reaction. Finally there's something with babies that isn't sexuality to begin with but starts with sensuality, because babies are highly sensual beings. These are all things you see invariably over time, and you see shifting combinations and changing dominance among the five motivations. I kept testing out these 5 motivations by looking at mother/infant data, and I asked dozens of colleagues to tell me if they could think of any other motivations that I had left out. No one could come up with anything that couldn't be subsumed under these 5 motivations.

When there is concordance between the motivations that are activated in mother and child, we see mutual regulation. When disparity persists, it leads to disruptions and a tendency to solidify aversiveness. And in treatment, if the analyst is able to be concordant - through empathic connection with the dominant motivation of the patient - mutual regulation and exploration can go forward. Inversely, when the dominant motivations in patient and analyst are discrepant, there's a disruption in the relationship that leads to aversive states and a mutual feeling such as "I don't understand you."

This work finally became *Psychoanalysis and Motivation* (published in 1989). It put forth a far-reaching thesis, and cited support from infant studies, from neurophysiology, and from clinical practice. It wasn't that I was saying anything new, because other analysts had already identified each of the 5 motivations in my system. But in each case, just one or two of the five motivations were at the center of the theory.

Judy: Yes, you were the first to bring all these motivations together under the rubric of a single theory. Can you say something about your very productive collaborations with Frank Lachmann and Jim Fosshage?

Joe: I began working with Frank and Jim on *Self and Motivational Systems: Toward a Theory of Psychoanalytic Technique* (published in 1992). We were struggling with the question: how can we derive a clinical approach from the motivational systems theory? Then we collaborated on *The Clinical Exchange: Techniques Derived from Self and Motivational Systems* (published in 1996). In that book we demonstrate 10 principles of psychoanalytic treatment, as illustrated in a single psychoanalysis of 9 years' duration. It was a case of mine,

and the book includes notes explaining my thinking as I engaged in the treatment.

There were a couple of other ideas I wanted to take up, ideas embroiled in current debate and controversy: such as the question of provision versus insight, and the question of verbal versus nonverbal or implicit versus explicit interaction. As Dan Stern once said: "Why talk?" But there's a story behind that.

Dan and I were invited to speak at a large meeting of Body and Movement therapists in Bonn, Germany. We had written about the fundamental importance of movement-together and movement-apart, between mothers and infants. At the conference there was a demonstration by Body Movement therapists of how they try to alter a (procedural form of) relational problem at the level of procedural body movement. Then they asked Dan and me to help them formulate an interview to discuss what had taken place in the dance. Before I could respond, Dan said: "Why talk?"

I think I understood what Dan felt that made him say this, but I also thought that Dan's question needed a real answer. I wanted to answer the question: "Why talk?" And so came about [my concept of] "A Spirit Of Inquiry."

I don't like to see people frame the issue as provision versus insight. I think that *communication is the overarching concept* that gets us out of the whole [false dichotomy] of relationship versus talk, or procedural learning versus verbal interpretation & insight. I wanted to go from breaking things down to finding the larger concepts, and I think communication covers it all. Whether the analytic situation is dyadic or not in a formalistic sense, it's dyadic in the intrapsychic sense (as in self-with-other). And everything we do as analysts, [everything that happens between patient and analyst,] can be understood as communication. It is communication that makes intimacy possible between two people, or even within a single individual - intimacy with the self, if you will.

What characterizes an analysis - what sustains it as psychoanalysis through all its permutations - is the analyst's *spirit of inquiry*. *And communication is the medium for the expression of that spirit*. The analyst starts with the spirit of inquiry, and then, finally, the patient joins the analyst in the inquiry.

Judy: Yes, but usually a lot has already transpired in the analytic relationship by the time the patient can join the analyst in the spirit of inquiry. Can you say something about the relationship between these concepts and the concept of *self*?

Joe: I try to move away from "self" in the structural sense, to a "sense of self" [experientially]. We develop various aspects of how we *sense* ourselves. For instance, as analysts our professional sense of self is maintained through a spirit of inquiry.

Judy: What about the relationship between your five motivational systems and the self?

Joe: Motivations are *aspects of the self* in their particularities.

Judy: And in the clinical situation, how do these ideas take us beyond Kohut's self psychology?

Joe: I don't like to say beyond, I like to say a widening of. The only answers we have are in the consequences of our interventions. We do what we do and then we see what consequence it has. Within our technical approach we talk about *disciplined spontaneous engagements* - rather than calling them enactments. From the viewpoint of nonlinear systems theory, you don't know in advance how things will impact, what will lead to what.

Judy: Can you think of a clinical example in which the impact of what you did was quite unexpected?

Joe: I think of the patient Sonya [a very depressed woman who had absolutely refused to consider antidepressants. I had finally given up mentioning them]. One day there was a long silence in our session. Then she finally looked up at me and said, "What?" I said to her, "You look like a sad little kitten." To my total amazement, she thought a bit, and then said, "All right, I'll go on antidepressants." Shortly after that session, she came in and said "I have a surprise for you. I just got a kitten." And much of the next phase of her analysis had to do with her mothering the kitten so that the kitten (as well as the sad kitten Sonya) would no longer be sad.

I'm always trying to understand the complexity of communication in all its modalities. But the spirit of inquiry stays, it carries through the whole analysis. The spirit of inquiry helps the patient to develop intimacy with [previously disavowed] parts of the self.

Judy: Would you say that mutual empathy would be a precondition for intimacy?

Joe: Empathy and sympathy. Sympathy is very important too.

Judy: If the *spirit of inquiry* facilitates intimacy and is what characterizes the psychoanalytic relationship, what would you say it is that distinguishes the parent-child relationship?

Joe: Parenting should be conducted under a *spirit of provision*, as opposed to a spirit of inquiry. The inquiry the parent makes - "what's up with you?" - has as its goal to discover and to provide what is needed.

Judy: And what about provision in psychoanalysis?

Joe: The analyst's spirit of inquiry is to understand what provisions are essentially needed for the patient, and to help the patient make use of those that arise as part of an exploratory treatment. [At the same time, the analysis fosters the patient's ability] to seek selfobject experiences from anywhere and everywhere, in all parts of his or her life [and this greatly expands on the provision that is available from psychoanalysis itself].

Judy: So in psychoanalysis, the idea is to help the patient to seek and find provision elsewhere.

Joe: I think so. If provision becomes too much the central goal of a psychoanalysis, that's adoption not treatment.

Judy: I think you've just made a distinction between psychoanalytic processes and the formative developmental relationships of childhood. I'd be interested to hear about the personal experiences that you think were formative in the development of your interest in psychoanalysis.

Joe: I'm probably one of the very few people who ever went to medical school specifically to become a psychoanalyst.

Judy: You knew what you wanted that early in the process?

Joe: Yes, as a child I was told by my grandmother that I would be a doctor. She wanted to be a doctor herself, but in those days women didn't go to medical school. Eventually she married a man from Gettysburg, Pennsylvania, who'd made his fortune in business. But after a while she moved back to Baltimore, where she'd been raised. She volunteered as an auditor at Johns Hopkins and built a medical library that wound up in my section of our house. Unfortunately though, she was contemptuous of her own two daughters, one of whom was my mother. I was born when my mother was only nineteen, and I was anointed a doctor at birth. My mother dismissed my father when I was nine months old, and I grew up in a big town house in Baltimore with my mother, my aunt, and my maternal grandparents. I saw my father daily, though, because he never lived more than 5 blocks away. He was a lawyer, and had a brother who was a successful doctor.

It was a German Jewish community with many doctors in the neighborhood. There was a pediatrician who lived nearby who took me on medical rounds with him starting when I was eight or nine. Even at that age, I can say that I would do anything anyone told me to do - as long as I agreed with it!

Judy: Well I'm sure that attitude to authority has contributed importantly to how innovative you've been able to be.

Joe: I also made a meteoric run through school - I graduated from high school at the age of 15 and finished Johns Hopkins [undergraduate] by the time I was 17 and a half. Then I went to mid-shipman school, because this was during World War 2, and I was an officer in the Navy by age 19. I became an aide to the Executive Officer of the Flotilla Command in the Pacific, and was the person in charge of handling all of the records. I was on a Destroyer in the Pacific.

Judy: You didn't feel overwhelmed by such daunting responsibility at such an early age?

Joe: I just put one foot in front of the other. While in the Navy, I finally asked myself: "What do I want to do?" - not just "What was I told to do?" There was a shift from automatic accommodation [to others' ideas for me] to: "Do I really *want* to be a doctor?" I didn't want to be a lawyer like my father because that seemed boring. I thought about being a businessman like my grandfather, and although I liked the idea of making money, that didn't seem a like a good fit.

At 15 I had read all of Freud's Introductory Lectures and many of Eugene O'Neill's plays. Based on these readings, I wanted to be a psychoanalyst! So I went to medical school. I went to the University of Maryland Medical School, which I didn't like. But I formed a group with my cadaver-mates whom I did like: Ernest Wolf and Jay Bisgyer. We got several fellow students together and we started our own school within the school. The eight "students" and three "faculty" would all come over to my house, and we would do our own teaching and self-learning. It was a lot better than the official learning we got in the medical school.

Judy: And did you learn anything during medical school that pulled you away from your original interest in psychoanalysis?

Joe: No. I never wavered in my desire to become an analyst. In my last year of medical school, I started a personal analysis with a wonderful young woman [named Helen Arthur]. She was excellent and was probably a candidate. I formed an intense oedipal attachment to her. I also went to work at a state hospital, where the assistant superintendent was a friend of my father's. The newspapers had called it "Maryland's Shame." I gave electric shocks there and ran the insulin coma unit. I got married after my third year of medical school. I chose to intern at a small hospital because I knew I'd be given more responsibility there, and get to *do* more things than I would at one of the big teaching hospitals. I loved the *craft* of medicine. I delivered babies and assisted on operations, and I loved all that. But I didn't want to spend my life doing it.

I had continued in my analysis with the wonderful young woman, Helen Arthur. I came out of my sessions crying often. I had one experience with her that particularly confirmed my belief in the unconscious. Throughout my analysis I had frequent dreams and I spoke of them regularly in my sessions. All of a

sudden at one point, I stopped having dreams and was in a nothing state. Then I had a dream, something to do with blood. My analyst said something about menstruation and I said in a loud, angry voice - in a voice unlike any I had ever spoken in - "NO NO NO!" And she said: "That's right, no blood. I'm pregnant."

Then she died suddenly without warning, of a rare complication of pregnancy. Her husband called one week to say she'd be missing a session because of illness. And a week later she was dead.

After her death I started what proved to be a very unhelpful training analysis with Loewald. I learned much from it about what *not* to do as an analyst. He made frequent disparaging remarks about my previous analyst and about my analytic work with her. One time when I was crying about her death, and about my grandfather who had also died recently, Loewald said: "That was not an analysis - all she did was hold your hand." I quit with Loewald soon after that.

Judy: How long had you stuck it out with Loewald at the time you quit?

Joe: It was after 2 or 3 years. While I was on the couch with him I used to have a fantasy that I was a crab lying on my back - I felt I had metamorphized into a crab with Loewald's treatment. And what do crabs do when they're on their backs? They do everything in their power to get themselves turned over. And that's what I did. I got up off the couch and I left Loewald. I risked being dismissed from training, which in my frustration I was ready to accept. But other people in the Institute wouldn't let me shut the door so irrevocably on my training. They saw to it that my candidacy wasn't terminated, but just put on hold. I was working at Shepard Pratt Hospital and eventually became Clinical Director there. I worked with Lewis Hill - he was probably to Baltimore's psychiatric community what Semrad was to Boston's.

Hill encouraged me to finish my analytic training and told me to go to Russell Anderson to finish my training analysis. He said Anderson was a fine gentleman. I said, "But you've also made disparaging remarks about Anderson's clinical skills, on many occasions!" And Hill said, "How come you were willing to believe me when I disparaged him but you won't trust me now, when I tell you to finish your analysis with him?" I learned that even though Anderson could not help me in certain areas, especially those of "narcissism," I could still make the best of what I could get from him and not fret about what I couldn't.

Judy: When was this, and at what institute?

Joe: This was about 1960, at the Baltimore-Washington Psychoanalytic Institute. I guess I was 35 years old at the time. I became a local expert in ego psychology and trained a lot of people at Shepard Pratt: Paulina Kernberg, Marshal Edelson, Leon Wurmser. I also worked with Manfred Gutmacher on the Supreme Bench of Maryland and served as a consultant to training schools for adolescent

delinquents. Then I went back to Shepard Pratt to be Clinical Director there. I loved it there until Lewis Hill died.

I was in full-time private practice in 1960-61 but continued to consult to Shepard Pratt and other hospitals. Around 1970 I moved to D.C., where I also consulted to the State Department and the CIA. That involved many really interesting facets.

It was around this time that I began my 4th analysis, a self-analysis using Kohut's first book as my guide to areas of my personality that remained problems for me.

Judy: That would've been *The Analysis of the Self*, published in 1971.

Joe: Yes. I was asked to review the book for the Bulletin of the Philadelphia Analytic Association. I'd never heard of Kohut. I read the book and started my review with the statement: "This book is a classic." Then Ernie Wolf called and said "We'd like to see your Review."

Judy: Before it was printed?

Joe: Yes. My immediate reaction was one of righteous indignation. But then I reminded myself that Ernie Wolf was an old friend and that I should trust him. So I kept my feelings to myself. It turned out that Kohut was in D.C. at the time and Ernie asked me to take a copy of my Review to Kohut at his hotel in Georgetown. [Of course Kohut never misused the advance copy of the Review, or in anyway interfered with its publication as written]. A couple of weeks later, I got a call from Russell Anderson -

Judy: - your former analyst -

Joe: - yes, inviting me to a party for Kohut, who was in Baltimore. I accepted and later walked into a room where there was a small semi-circle of people. In the middle was a pale-looking man - interesting looking, foreign looking - who said he was there to talk about his book. He said he would say a few words and then we could talk about it, and he encouraged us to interrupt him at any point, if we had something we wanted to say. But he talked the whole time and nobody interrupted.

In the Book Review that I'd delivered to Kohut 2 weeks earlier, I'd challenged aspects of the theory but expressed great admiration for the clinical material in his book. In his presentation to the semi-circle of analysts in D.C., he took up the critical points I'd made in the book review one by one, and explained why he still stood by his theoretical positions. He didn't mention me by name, he just said "some people question this, or some people might say that."

Judy: Still, I suppose you could interpret it as a compliment to you, that he took your critique so seriously and took such trouble to respond to you in public, point by point.

Joe: Yes. And after that, I got invited to the first Self Psychology meeting in Chicago and led a workshop on transmuting internalization. Bob Stolorow and Alan Kindler were in the workshop and Bob Stolorow began corresponding with me after that. It was the beginning of a long and very productive relationship for me, with Stolorow and his [Intersubjectivity Theory] colleagues. This probably brings us up to the period we covered in the earlier part of the interview.

Judy: I think it does. In that earlier part of the interview, we were talking about *provision* and its role in treatment. You suggested that parenting is characterized by a *spirit of provision*, while psychoanalytic process is characterized by a *spirit of inquiry*. But you also said that the analyst helps the patient make use of the provision that comes as an integral part of treatment, and that the analyst fosters the patient's ability to find selfobject experience anywhere and everywhere else in his life. So in spite of the different emphases in parenting and treatment, I understand you to be saying that provision plays an important role in both. Can I assume that you're speaking not just from professional experience but from personal wisdom as well? - assume that you've raised children, in addition to conducting psychoanalyses?

Joe: That's right. I've raised two children from birth. My daughter Ann and my daughter Amy. And there are two other children as well. It really goes back to when I was in my first analysis, with the young Helen Arthur. Every week in her waiting room after one of my sessions, I used to see a Chinese gentleman. He was always sitting there cool as a cucumber, glancing at me as I came out Helen's office with tears streaming down my face. I hated him. One time Helen had started my session early, so we ended early. Because we ended early the Chinese gentleman was not in the waiting room that day when I left. But when I got outside I saw him rushing toward her building, looking very distraught as soon as he saw me, and asking "Me late?" Something very mean in me took over right then and I said, "Yeah. You late!"

Then he became the Director of Therapies at Chestnut Lodge while I was the Clinical Director at Shepard Pratt. And he, his wife, and I became best friends. I edited everything he wrote and he edited everything I wrote. When much later he and his wife died within 6 months of each other, my wife and I took over the parenting of their children. Their daughter Maryland was 18 at the time and already at Wellesley [College], but she came back to go to Johns Hopkins and became a doctor. She and her husband are both at NIH now. Their son William was only 13 when they died. He came to live with us and stayed straight through high school. So from then on we had 4 children - it was one family. William went to Harvard College, then on to Yale for an MD/PhD. He's at Sloan-Kettering now.

Altogether from the 4 kids we have 8 grandchildren - and one grand-dog, Amy's, named Spirit.

Judy: Where do the kids and grandchildren live now?

Joe: Amy is in Annapolis, just moved back from Sedona, Arizona. Ann's in Baltimore. Maryland's 8 minutes away. And William's in New York, but we're in constant touch.

Judy: So one could say that you really know the difference between the analytic inquiry of treatment, and the provision of parenting. What you've done also says something about your amazing elasticity and generosity of spirit, as well as your wife's.

Joe: I don't know. We find all the children wonderfully easy to love. But probably more than most analysts I know, I'm always struck by the significance of ethnicity and culture - how it shapes experience. I was always fascinated by people's differences. I was raised by African-Americans - who were then of course called "Negroes" - and they were very dear to me. I had a baby-nurse until I was 3 and then until I was 7 a caretaker who was also the maid. Then Etta came. When I was getting married, years later, my mother came up to me and asked: "What on earth did you say to Etta?" I asked why she thought I had said anything to Etta, and my mother told me that Etta had just announced that she was leaving my mother's employ. When I asked Etta about it she said to me: "I told your mother I was leaving. I raised you so I'm going with you." So as a newly-wed I lived in 2 rooms, in a 4th floor walk-up - but with a maid!

I'd had two early ambitions: I was going to teach black people how to read, as I myself could do by the age of 4. It upset me that these wonderful people who were so kind to me did not know how to read for themselves. And I was going to become a surgeon and learn how to turn black people's skin white.

Judy: You were a sensitive little boy, who wanted the people you loved to have the same privileges in life that you yourself had.

Joe: Yes. I was also sensitive to the differences I saw between the German and Eastern European Jews, between my father's Conservative Judaism and my mother's Reform. I was a child-anthropologist. I wanted to understand: What was it all about? Every group had some kind of [unique but valid] perspective.

Judy: Yes, and no group saw things from all sides. So from a very early age, you were already a Critical Perspectivist!

Joe: My great-grandfather on my mother's side was a Rosenblatt from Berlin. My great grandmother was probably Irish.

Judy: Am I to understand that this left you without a deep faith, in the sense of organized religion?

Joe: That's right, but with a great belief in people's need for a sense of belonging - anything that enhances the individual's organizing principles.

Judy: This seems to be a point on which your lived experience and your professional thinking come together beautifully - I have the sense that your personal life, your clinical work, your teaching, your theoretical innovation, your writing, and your professional friendships and collaborations are all of one cloth to an unusual degree. And I'm sure there's much more you could tell me that would be of great interest to our readers, but this may be as good a place as any to end. I want to thank you very much cooperating in this interview, and for making the job so pleasurable and easy for me.

Feature Articles

Bridging

by **Lucyann Carlton, J.D., M.S.**

Bridge . . . a panoply of images comes to mind from towering, majestic expanses suspended over vast bodies of water to weather-beaten wooden planks over swollen creeks. However, the focus here is not on the link itself, but on the function of the linking. I live in a coastal town with a small island just off the coast. The bridge to the island is a length of a few 100 yards, and constructed in a manner that most who traverse it remain unaware that they are crossing over to an island. Though the bridge itself is rarely noticed, the function it performs has been transformative. Until the late thirties, pre-bridge, the island was a pristine natural habitat for birds and marine life with visitation only by an occasional fisherman or sailor. As the road linked mainland and island, the marshy aviary was developed into residential neighborhoods, shops and eateries, which have become integral to the landside community. Two communities, formerly isolated, were inextricably linked and transformed each by the other with the completion of the bridge.

Metaphorically, the image of a bridge can be applied to conceptually link separate and apparently isolated bodies of theory (e.g. *Theories of Object Relations, Bridges to Self Psychology*); as well as to a theorist's personal and cultural context and his theory (e.g. *Faces in a Cloud*). When a theory is linked to contexts from which it has emerged, a more variegated and nuanced

understanding of the theory and its applications is possible. This perspective has informed my study as a candidate at the Institute of Contemporary Psychoanalysis.

In my second year of study at ICP, I was offered a class in Self Psychology. I learned that Heinz Kohut had graduated from the Chicago Psychoanalytic Institute in the 1950's and had quickly risen to be recognized as one of its most influential members, one of the few who controlled the clinical and training operations of the Institute. It was Kohut who devised and taught the 2-year basic theory course for candidates. It was "completely Freudian". A biographer of Kohut reviewed several students' notes of Kohut's lectures, and concluded, "There is not a hint in these lectures of where Kohut would move later. He was in and of classical psychoanalytic theory" (Strozier, 2001, p. 130). He was viewed as "the respectable, cautious man of the future, assiduously cultivating his reputation as the chosen one to provide leadership for the next generation of psychoanalysts." Through the 1950's and 1960's, he was known as "Mr. Psychoanalysis" (Ibid.).

How had Kohut come to conceptualize psychoanalysis, its view of the basic nature of man and the curative process itself, in ways fundamentally different from classical or ego psychology in which he was ostensibly immersed? His theories were presented as springing de novo from his work with patients. To more systematically indulge this curiosity I took advantage of another aspect of training at my institute, the independent study. Students may create a course and individually study with a senior analyst. Dr. Estelle Shane is a senior and training analyst at my institute who had studied with Kohut. She agreed to read Kohut's early papers, letters, and lectures with me to explore possible bridges from Kohut's personal and professional history, which might more deeply and complexly link the man with his theories. Through my course of study with Dr. Shane, I offer several pillars upon which a bridge from Kohut as leader in classical psychoanalysis to creator of an original psychology of the self might tentatively begin to be constructed.

Kohut was the first to conceptualize the self as a supraordinate structure with a distinct and separate line of development (Bacal and Newman, 1990, p. 228). Kohut proffered that "it was possible to get along for so long without a psychology of the self in psychoanalysis because clinical psychoanalytic work dealt primarily with psychological states in which the self was comparatively quiescent, though always present and functioning The self in these instances is unconsciously present but not noticed. It begins to be noticed and becomes observable only when it is . . . torn, or disturbed in any of a variety of ways." (Kohut, 1975, p. 233)

Perhaps Kohut became more sensitized to the comparatively quiescent self through the profound disturbance of the continuity of his self during World War II^[1]. Kohut grew up immersed in and completely identified with the rich cultural environment of Vienna. He was a successful medical student preparing to take

his boards when the Nazis invaded Austria. Overnight, he "became radically devalued and a persona non grata" (Strozier, p. 55). Kohut described feeling that "it was the end of a world . . . I had the feeling that it was the end of my life . . ." (Ibid). Kohut "had it suddenly all taken away; his life lost meaning."(Ibid.).

This profound and sudden remove from all that was familiar was not followed by transplant to a strange land where he could immediately begin again to build a life and identity. Rather, he was to endure a year and half of waiting for transport to America. All opportunity to rebuild his life was held in abeyance. He was interred for a year in a camp in England where he felt "charred in the purgatory of camp life". When he contracted pneumonia, he was removed from the camp. He spent his last 5 months of waiting "lay[ing] in complete solitude, reading, sleeping, waking and sleeping again" (Op. Cit., p. 67).

One can only speculate upon the psychological impact of such a radical remove from his surround upon a sensitive, intelligent young man, who was given to attending to his internal world. When, almost thirty years later, Kohut began to write of the self, he articulated an awareness that might well have been stimulated by his own experience of the absence of a responsive and sustaining environment. Perhaps his experience of loss of continuity sensitized him to listen to and understand his patients' experiences in novel and more meaningful ways.

Though Kohut concluded that the self is essentially "something unknowable" (Kohut, 1975, p. 233), he conceptualized the self as a "unit, cohesive in space and enduring in time, which is a center of initiative and a recipient of impressions" (Kohut, 1977, p. 99) It is the silent and unnoticed predictability of the environment and being known by others that "sustains us in our sense of continuity, in our sense of the completeness of ourselves. And if there are very serious disruptions in that kind of support to the cohesion of ourselves, none of us would be totally protected against beginning to feel unreal, beginning to break apart." (Kohut, 1974, p. 95). He said further, "without even thinking about it, without being aware and having verbalizable fantasies about it, we know that certain things are predictable. We know that when we come into the building the man who runs the elevator will greet you and know your face . . . You will come home and your wife and children will greet you, and your identity will be confirmed." (Ibid.). As a young man of 26, Kohut was removed from his predictable world where people would know his face and loved ones would greet him, perhaps making more salient for him the otherwise unnoticed experience of self as a unit in time and space.

Space does not permit me the indulgence to more completely describe multiple and complex influences upon which bridges from Kohut's past as classical analyst to future as original theoretician could be constructed. Perhaps exposition of these few trestles could incite one's interest to not accept any single body of theory or theoretical product of a single mind without exploring further the contexts from which it has emerged.

Endnotes

1. There were earlier, perhaps even more influential, disturbances of self-continuity for Kohut. Space here permits exposition of only one experience within a multiplicity of early experiences and influences which potentially influenced Kohut's transformation from Mr. Classical Psychoanalysis to Self Psychologist.

[\[Return to text\]](#)

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Feature Articles

ICP Online - Messy Yet Essential by Sanford Shapiro, M.D. Co-President, ICP

Last December, while drinking Champagne at a holiday party, Bill Coburn asked: "Sandy, why don't we do an ICP online colloquium?" Bill offered to organize: find a paper to discuss, recruit a discussion panel, and appoint a moderator. "We could post the paper on our ICP web site," I said, "And we could use our Yahoo discussion group for the forum."

Yahoo provides free discussion groups - a "listserve" where any ICP member who subscribes can post an e-mail message. All ICP members and candidates who are already subscribed receive the e-mail automatically and can reply to the message, which then goes to everyone on the list. The only cost is a small advertisement at the bottom of each e-mail. Ken Koenig, our listserve manager, keeps watch so that only ICP members and candidates are allowed to subscribe.

"Our Yahoo group is hardly being used," I said, "We have nothing to lose." Bill arranged for a paper from Phil Ringstrom: "The 'Messy' Yet Essential Nature of Theory: The Wisdom of Steve Mitchell's Relational Perspective." The panel would include Phil, Bill, Judy Pickles and myself. Lynne Jacobs agreed to be the moderator. Members would download and read the paper, panelists would discuss the topic for two weeks, and then the membership would join in. I worried that no one would pay any attention.

In fact, the start was slow, with only one or two e-mail messages posted each day during May, our first month. But gradually the pace picked up, and by the end of the colloquium in July, we hit a peak of 285 e-mail messages per day! Pity the poor member who went on vacation in July and returned home to a clogged mailbox.

Our moderator, Lynne Jacobs, was relieved when August came so she could reclaim her life. But the enthusiasm and excitement generated by this discussion left everyone waiting for next year's colloquium. While our discussion started with Steve Mitchell's ideas, the themes ranged widely. Phil gave us a loving description of his experience with Steve Mitchell and of how Mitchell challenged his students to think differently. Judy Pickles pegged Phil's thinking as "Angelino Relational" - a personal blend of Relational Theory, Self Psychology and Intersubjective Systems Theory. Judy then shared her own experience of study with Mitchell, her appreciation of his openness, and the shock and sense of loss at his sudden death.

I recalled the Self Psychology conference where Mitchell discussed a presentation by Bob Stolorow, and then, one year later, the ICP conference where Stolorow played the "friendly critic" and discussed a presentation by Steve Mitchell. These discussions started a fruitful dialogue between Relational Analysis and Intersubjectivity Theory.

Our moderator, Lynne Jacobs, summarized the initial discussion into two points: a dialectic approach to subjectivity vs. a holistic approach; and the differences in various relational theories based on the contexts and the cultures in which they originate. I introduced a clinical case and wanted to talk about technique. Phil then introduced the use of improvisation in therapy, and he reminded us how "messy" our theoretical ideas are when we try to correlate them with technique.

Bill Coburn introduced the contextualist perspective, and he highlighted the difference between phenomenology and the explanatory. With this the discussion gained momentum, and we played with an expanding number of ideas including:

- * Accountability.
- * Dignity.
- * Authenticity.
- * Invariance.
- * Complexity Theory.
- * Dynamic Systems Theory.
- * The mind.

Initially, members were hesitant to jump into the discussions: "I feel like when I was little and was trying to get into a fast and fancy jump rope game where the ropes were twisting with lightening, blurry speed," one member said. But little by little people did join in, and soon they had trouble leaving. "I have to sign off and get to work now, but I hate to leave this discussion," another member wrote.

Our moderator, Lynne, once came back from a weekend conference to find herself overwhelmed by the task of summarizing three days worth of discussion. The next time she went away for a weekend, she used her PDA and cell phone to stay connected with the discussion.

Despite the widely divergent points of view, the tone of the discussions was both playful and respectful, and it generated a feeling of intimacy as many who had never met in person now felt connected on a personal level. The absence of criticism helped members feel safe, and they shared their feelings of vulnerability. As the colloquium ended, people expressed their appreciation: "My own thinking has expanded," said one panelist. "I love seeing how others think and play," commented one member. "I have been addicted to my mailbox," said another.

We felt Steve Mitchell's spirit of openness to ideas throughout this "messy yet essential" discussion. Bill has offered to organize another colloquium for next year. "We can use the same structure again," I said, "But please let's plan it so it ends before people go on vacation."

Feature Articles

Eric Santner and the Psychotheology of Everyday Life

by **Christine C. Kieffer, Ph.D.**

Eric Santner, Chair of the Department of Germanic Studies at the University of Chicago (he also holds a joint appointment in the Department of Judaic Studies) gave the Kohut Memorial Lecture after the luncheon at the 2003 International Psychology of the Self Conference. I was most impressed with his lecture and decided to ask to meet with him later that month. I was particularly interested in drawing him out further about some of the possible implications for his work as it pertains to Self Psychology. What follows is an excerpt from the conversation we had in my office that day.

Santner, whose book is sub-titled, "Reflections on Freud and Rosenzweig" (a German-Jewish theologian), maintains that Freud's negative assessment of religion was partly based upon his view that monotheism leads to intolerance. That is, the violent legacy of monotheism promoted the notion of scarcity and competition - bolstering the idea of counter- or "false" religions. However, Santner believes that Freud's theory of psychoanalysis, when integrated with Rosenzweig's ideas, actually "inaugurated an openness to alterity - or the uncanny strangeness of the other" - which, while seeming to be paradoxical, serves to promote tolerance. He emphasized that a true spirit of tolerance is actually based on alterity, which is the opposite of communality: that is, the strangeness of others to oneself is also based on the idea of being a stranger to *oneself*. Therefore, while the implication of cultural pluralism is that "you are just like me", the implication of alterity is that "*not* everyone is like me." Every familiar is thus ultimately strange. Therefore, cultural pluralism may actually be "a defense against the presence of the other" and thus "neighborliness". Alterity may then be seen to be a basis for tolerance. Perhaps another way to express this is that tolerance is actually constructed within a transitional or potential space in which a sense of alterity and communality exist in dynamic tension - a space which is inherently unstable and thus is continuously collapsing and being

reconstructed - thus a sense of "neighborliness" can emerge within this potential space (although I am not sure that Professor Santner would agree).

Santner then extends this argument further by suggesting that "the psychotheology of everyday life involves an 'answerability to my neighbor with an unconscious'." The unconscious ways in which we either avoid or take on this task is also our own defense "against aliveness to the world and its possibilities." He believes that theological language can even seem more adequate to express our experience of life and utilizes Rosenzweig's ideas - especially those contained in his masterwork, *Star of Redemption*, to illustrate this (these ideas are far more complex than I can ever attempt to do justice to in this brief report or maybe ever, although I bought the book and struggled to get through it!). Santner believes Rosenzweig's notion of neighborliness encompasses a "sense of belovedness that seems to push us into other thinking and that experience of proximity to the other "is divine". It is this experience of belovedness that "is beyond object cathexis" and "allows for an uncoupling of drive from destiny".

The reader may be wondering at this point, "What does all this have to do with Self Psychology?" I would respond that Eric Santner's reworking and integration of Freud's concepts with those of Rosenzweig would have resonance for *all* psychoanalysts - and not just for those with a theological bent. Much of our conversation focused upon the implications that his work holds for psychopathology and therapeutic action. While Santner's work is steeped in the language of drive theory, then filtered through theology, I found much of his reasoning to be rather consistent with a notion of therapeutic action as implied by selfobject theory as well as intersubjectivity.

Santner critiqued Strachey's translation of *triebeshicksal* as drive (triebe) only rather than as drive-destiny, which is the actual meaning of *triebeshicksal*. (Strachey's use of instinct within this context was similarly problematic.) This meaning suggests that a drive could have an alternative destiny - that a drivenness could be replaced through analysis with a sense of movement towards this destiny. I believe that Winnicott would call this sense of destiny an expression of the "True Self" and that Kohut would view this alternative destiny as moving towards the fulfillment of an individual's "Life Arc". Santner stated that he viewed "psychoanalysis as a technique of encounter (that leads to) an uncoupling of drive from destiny . . . to be in proximity to the other so that a new destiny emerges." "Perhaps the only true neighbor is found in analysis", he mused.

Santner views the process of analysis as "de-animating the undeadness" that results from analyzing the "disruptive core of fantasy" that results in domination by a neurotic drivenness. Self-psychologists can readily resonate with this idea by considering Kohut's notion of the revitalization of the self through the analytic encounter. Santner's work speaks to the process of treatment in which a developmental process that has been derailed through insufficient or faulty

selfobject responsiveness may continue as a result of an encounter with a new self-selfobject experience. Santner noted that "to be in the presence of another is an achievement" and that psychoanalysis increases one's capacity for such an achievement. This view is not inconsistent with Benjamin's notion of mutual recognition which is also a developmental achievement in that a sense of oneself as subject and a sense of the other as subject gradually emerges; experiences within a given selfobject matrix may either facilitate or hinder this development. Santner also reflected upon the perhaps paradoxical idea that "one needs a considerable act of integration to break down without falling apart", i.e. a capacity to tolerate regression - including within the analytic encounter. Of course, most self-psychologists (as well as those analysts influenced by theorists of the British middle school) would agree that this is a capacity that can be developed within the context of the analysis, which is one of the reasons that these psychoanalytic models are thought to have extended the possibilities that psychoanalysis offers to a broader patient population.

In conclusion, I would like to suggest that an understanding of Santner's work might also serve to help end some of the "institutional and theoretical monotheism" that plagues Self Psychology - as well as psychoanalysis itself - today.

Bards of Self Psychology

Introduction to the Bards by Allen Siegel, M.D.

This issue of the Newsletter introduces a new element. Poems and short stories written by people in treatment, who are interested in contributing their work to this publication, will be published. The works will be signed, or not signed, according to the authors' wishes.

Homage to Emily Dickinson by George Northrup, Ph.D.

Homage to Emily Dickinson (iii)

Inside the dark -- between the stars,
Where bodies do not shine
Collect the spectral memories
Of those I held as mine.

Some nights they ask a neighbor -- Wink --
 To tender me a sign.
 Or I can squint -- and Concentrate --
 Enjoy them for a time.

The farthest star that warms Ceylon
 Puts tea leaves in my cup.
 Every -- Soul -- a Thales,
 Dropping down by looking up.

Though skies tonight are clouded --
 And eyes myopic, too --
 No blackest black obscures
 This knowing that I do.

Homage to Emily Dickinson (vi)

Grief -- the uninvited Guest
 We suffer -- awkwardly --
 Too ignorant of what
 A constant Friend she'll be.

Through all her morbid chatter,
 Repetitious with self care --
 We listen till we truly hear
 And find it's -- no one -- there.

Bending near at Resolution
 She kisses fevered head --
 Then waking from -- the Trance -- we know
 Just how to miss the dead.

Homage to Emily Dickinson (vii)

Thunder of your Scorn
 Remembered, jolts the bed --
 Trespass trembles wary heart,
 Creases weary head.

Foreswearing counter crimes
 Itself is not the peace --
 My Candle seeks the Needle
 To sew wings upon this Beast.

Bards of Self Psychology

Untitled by The Author

I have a name.
It came to me with my birth.
Everyone used it to call me.
It derives from another name,
 but that's not acknowledged.
It has no history for me to know.
It tells me nothing of myself.

I have another name.
It came to me with my birth.
No one used it to call me.
It derives from other names,
 one seen then, one seen now.
It has a history that I know.
It tells me fragments of myself.

I have another name.
It came to me with marriage.
All use it now to call me.
It comes from another's name,
 as one might well expect.
It has a history that I don't know.
It tells me shadows of myself.

I have another name.
It came to me by choice.
Some may use it now to call me.
It grew from old and new names
 suggested by another.

It has a history I love dearly.
It tries to tell me of myself.

I have a hidden name.
It came to me with my soul.
No one will use it to call me.
It may arise from other names
that I cannot perceive.
It has a history I'll not discover.
This name, if I could know it, would tell me my whole self.

Authors' Corner

Misunderstanding Freud
Written by Arnold Goldberg, M.D.
Interviewed by Jeffrey Stern, Ph.D.

This interview will be posted at a later date. Please watch for it.

Authors' Corner

Ethics and the Discovery of the Unconscious
Written by John Hanwell Riker, Ph.D.
Interviewed by Eleanor Feinberg, Ph.D.

Editor's Introduction

John Hanwell Riker, PhD is Professor of Philosophy at Colorado College. He has a deep and sophisticated interest in self psychology, witnessed by his paper "The Life of the Soul: An Essay in Ecological Thinking" delivered while he was the 2003-2004 Distinguished Heinz Kohut Visiting Professor at the University of Chicago. Dr. Riker's paper can be found on Psychology of the Self Online by clicking [this link](#). Dr. Riker has authored three books: The Art of Ethical Thinking (1977), Human Excellence and an Ecological Conception of the Psyche (1991), and Ethics and the Discovery of the Unconscious (1997). He was interviewed by

Eleanor Feinberg, PhD, advanced candidate at the Chicago Institute for Psychoanalysis, about his most recent book.

Eleanor: The lyrical and thoughtful quality of your book makes it a pleasure to read. Could you talk a bit about your book, *Ethics and the Discovery of the Unconscious*? Why you wrote it, how it fits into your life, and third, what you hope the reader will get from it?

John: I began writing *Ethics and the Discovery of the Unconscious* shortly after I finished *Human Excellence and an Ecological Conception of the Psyche* because I realized upon concluding that book that I had not addressed a major question: What does the discovery of the unconscious - to me the most important discovery of the twentieth century - mean for our ethical category and concepts, all of which were framed in a psychology which equated the mental with consciousness. I was especially interested in the question of whether we are responsible for our unconscious intentions, and, if so, in what way.

I personally came to these issues in a rather existential way. I had been trained in philosophy and thoroughly believed that reason plus a strong will could solve all personal problems. When my first marriage came apart in 1979, so did I, and try as hard as my reason and will could, they could not put me back together again. I started seeing a psychoanalytic therapist who opened up for me what was going on at an unconscious level. For the first time in my life I started to make sense to myself. I also began to see the damage and pain that my unacknowledged sufferings and intentions had caused for others. I had not known what I was doing, but still I seemed responsible, for I produced the consequences. What I try to develop in the book is how responsibility can be taken for unconscious intentions without the ascription of guilt. With unconscious intentions, we could not have done otherwise than we did do, and thus are not in the traditional sense guilty (guilt implies choice). But once we discover our unconscious intentions, then we have an obligation to try to integrate what is causing devastation. One of the most surprising conclusions (surprising for me) is that once the notion of the unconscious is accepted, then I believe that we have a moral responsibility to know it. That is, if the unconscious produces powerful consequences for ourselves and others, then we are obligated to find out who we are and what is stewing inside of us. This has the consequence of making activities such as working through the meaning of one's dreams an ethical activity, not just a psychological one.

What I hope readers get from this book is the important interrelation between a psychological of the unconscious and ethics. That is, activities in which unconscious sufferings and strivings are brought to light are, all things being equal, ethical activities - activities that allow us to accept more responsibility for who we are.

Eleanor: Given the importance that you ascribe to understanding our unconscious motivations do you think that seeking therapy can be viewed as an ethical responsibility?

John: I think that if a person has evidence that he or she is causing suffering to others or to themselves and don't know why, then I think that engaging in therapy is an ethical responsibility. These matters are difficult for the unconscious is a master magician and can cause us to deny what we are doing and feeling. The discovery of the unconscious is still new - really less than a century old and still being strongly resisted by a culture taught to believe in the power of rational will. In my optimistic moments I foresee a time in which people engage in therapeutic activity as a natural part of maturing - like going to school. If my argument is right, and I thoroughly believe it is, then most evil is caused by unconscious intentions. If our society is serious about becoming a better, more human place, then it must both recognize the unconscious and put great resources into making it available. I do not think we can become a 'good' society without this shift.

Eleanor: Because therapists normally avoid ideas that seem to carry theological overtones, could you please elaborate on what you mean by evil?

John: Evil, for me, occurs when life or liveliness is taken from a person. Conversely, good occurs when a person becomes more able to feel alive and participate in his or her own life. Since, psychoanalysis and psychotherapy have as their aims the releasing of blockages to life, I consider it to have not only psychological goals but ethical ones as well.

Eleanor: How do you think one does achieve an ethical and cohesive self in the aftermath of acute or chronic trauma?

John: This is a difficult question that concerns the nature of therapeutic action. Kohut, of course, would look for a process of optimal frustration and transmuting internalization. I rather like Ernie Wolf's notion that analysis allows one to feel safe enough to fall apart and in the state of disorganization, the self spontaneously re-organizes itself at a more cohesive level. I would add Loewald's notion that the analysand is lured into development by the higher level of organization of the therapist. It is still a mystery why two people in a room talking and responding can evoke transformation. I also think that empathy is crucial. I think when the analyst comes to know and not fear the inner being of the analysand, then the analysand can start to come to acknowledge and integrate his own being.

In thinking over my responses, I felt I needed to make one thing clearer. While I think that analysis in its aim of restoring life to the soul is an ethical activity, I do not think that moral judgments have any place within the therapeutic relationship. The analyst or therapist is not to morally judge the analysand, for such judgments almost always play into the sickness. I think that the wider culture might learn a

lot from this interaction and start conceiving of ethical activity as empathic concern, listening, and non-judgmental care rather than morally judging someone or some event to be good or bad, praiseworthy or blameworthy. Understanding is so hard; judging so easy.

Eleanor: I think that your book and your replies do make that clear. I would like to clarify my previous question, but first, your sensitive response elicits another question; after your own experience with therapy did you consider becoming a therapist?

In regard to my earlier question, I was wondering what role you think the intellect and the life of the mind plays in the aftermath of acute or chronic trauma? In what ways do you think that it contributes toward stabilizing and reclaiming the interrupted self?

John: I seriously considered becoming a therapist, for psychotherapy had given me the possibility both of self knowledge and self cohesion in a way I had never even imagined could be true. I think we want to give back to the world the gifts we receive, and I longed to give to others what my therapist had given me. I seem to have some natural diagnostic skills - the ability to sense where a person's suffering is coming from. But when I examined myself as to whether I had the kind of temperament that would make for a good therapist, I had to conclude that I did not. My major problem is that I do not have much patience and would have difficulty restraining interventions. I would simply get too frustrated with patients who were stuck and wouldn't let my 'brilliance' help them (that is, my narcissism would get in the way). And, I do have gifts as a teacher and profoundly enjoy teaching philosophy and watching minds open up when they encounter the rich, challenging ideas in the history of philosophy. And, to be fully honest, there was the practical side of things. With three young children, it would have been hard to drop everything and start another career!

I, obviously, greatly enjoy the life of the mind and the powers of the intellect. What is the role of the intellect in therapy? Certainly, it helps you understand what is happening and gives a self understanding that can be critical in continuing through rough times or prolonged lulls. And, I think, psychopathology tends to creep into all the ways the psyche works, and the intellect can work on how the cognitive function has become distorted. But the intellect can also be a real obstacle, for it can be used defensively. When my early childhood was unbearably painful, I discovered that the realm of ideas and the imagination could save one from a harsh reality. I like to think life and this is not the same as living it. I was quickly able to intellectually grasp what had happened to me and why I was the way I was. But this did not change much in who I was. A great deal of the psychotherapy I have had has been devoted to opening up deeper ways to be immersed in life.

Part of why I write the way I do - with more metaphors, stories, and emotional coloring than is typical in philosophy is that I want the person reading my books to respond with more than just their intellects. Since one of my major themes is that the psyche is an ecosystem with many different creatures in it (emotions, basic needs, character dispositions, intellect, memory, etc.) and that these have to be interrelated in non-destructive, mutual way, I try to use language that speaks to more than just one part of the psyche. There seems to be something inconsistent about saying that the psyche is an ecosystem and then writing only abstract prose for the intellect.

Eleanor: Your writing certainly succeeds in engaging the psyche. This is one of the many strengths of your book. I think that you describe the preservative and enhancing function of the intellect along with its inhibiting and restrictive functions. Were there things that you had to relearn about philosophy once you undertook therapy?

John: Indeed! I had written about a third of *Human Excellence and an Ecological Conception of the Psyche* when I realized that my style of writing was antithetical to the content of the writing. It was the style I had learned in graduate school - highly analytic conceptual prose. So I threw out one hundred pages of manuscript and started over. Changing styles of writing is a bit like changing was basic posture - very hard to accomplish. It took several years. But I found that as my style changed, so did my thinking - it became more complex and meaningful to me. The change in style seemed to be part of a change of self structure; as the style became more integrated so did I. Therapy might have been producing the change in both, but I suspect that there is a set of complex feedback mechanisms whereby changes in any one sector of the psyche, including the use of language, have reverberations in the other parts.

Eleanor: Do you have plans for a new book?

John: I am just starting to work out a new book. It will involve the paper I wrote for the Midwest Psychoanalytic Seminar on Ethics and Self Psychology. I was quite excited about what I discovered in writing that paper, namely, that self psychology can offer compelling answers to the question: Why be moral? That is, in its conception of individuals as interrelated and dependent on one another for self object support, there is a ground for saying that we must take others into account. When individuality is defined in atomistic, independent terms, almost no reason can be given to someone as to why the interests of others ought to be morally considered. In short, if we ask, "What do I need to do to ensure that I will have the self object support that I need?" the answer is to be willing to give to others self object support. That is, we all need friends and, what I will try to show following Aristotle, is that one cannot be a friend or engage in genuine friendships unless one is an ethical person capable of reciprocity, justice, and empathic caring.

The wider framework of the book will involve showing why the psychology that underlies economics, along with psychologies connected with Freud, and sociology would lead one to want to be a free rider - someone who both cheats but appears to be moral. I hold that is only with self psychology that we get really good reasons for valuing integrity, ideals, and the ethical consideration of others.

Eleanor: There are those who would argue that the concept of the selfobject in self psychology hinders the possibility for the self actualization process to evolve beyond the relationship between the self and its selfobject, and that the emphasis on the functions that the selfobject provides may limit one's ability to fully recognize the subjectivity, integrity and ideals of the other. How would you answer this criticism?

John: These are difficult questions, Eleanor! First, let me say that "self-actualization" is, in fancy philosophical terms, an "enigmatic signifier." That is, it carries a lot of emotional punch but little conceptual content. What it means to be self-actualized will depend on what one takes to be the self. If one's theory of the self is that the self is capable of full independence, then, yes, selfobject relationships look like regressive structures. But, if we understand the self as self psychology does, as vulnerable to environmental forces, then selfobject relations are crucial for sustaining self-actualization. What we need to distinguish are the archaic selfobject transferences which are regressive in adulthood and mature selfobject relationships which sustain us at a level of optimal functioning. Where I strongly agree with self psychology is in the claim that there is no such thing as an invulnerable psychic structure. And, since there isn't, we all, from time to time, need selfobjects.

The second question is important, for one of the ways that "having selfobjects" can be interpreted is as "using others to sustain oneself" where who the other is and what their own subjectivity is of little concern. They are there "for me." This looks like a manipulation and use of the other for one's narcissistic needs. I think that self psychology can handle this problem in two ways. First, just as there are no invulnerable psychic structures, there is no encountering the other without the other also being there "for me." I do not think that a pure, unmediated openness to the other is a possibility. But there is a huge difference between using the other as an archaic self object and as a mature selfobject. Here is where self psychology and ethics need to come together, for the concept of maturity is both a psychological construct and an ethical one, for it defines what we ought to become. What a mature selfobject relationship involves is the ability to participate in reciprocity, to give empathic concern as well as receiving it. The young child engaged in archaic selfobject relationships is not capable of reciprocity, and premature demands for reciprocity make a child over-attentive to the needs of the caretaker, often to the detriment of knowing its own needs. The major aim of the new book I am contemplating is to discuss what narcissistic development has as its proper goal becoming an ethical person - a person capable of reciprocity, justice, and care for others.

Eleanor: I look forward to reading your new book. I want to thank you for your comprehensive, thoughtful, and engaging replies. It has been a pleasure to interview you.

John: Thank you!

Op-ed

The Importance of Philosophical Understanding for Psychoanalysis: Rejoinder to Joye Weisel-Barth by Robert D. Stolorow

In her reply to my (2003) discussion of her (2003a) case of patient J., Weisel-Barth (2003b) offers the judgment that my philosophical understandings "distract and contract" me and "lure [me] away from [my] . . . strengths as an imaginative clinician" (p. 231). In fact, I have been interested in the philosophical undergirdings of psychoanalysis since I was a graduate student in clinical psychology during the mid-1960s, so much so that I looked into the possibility of concurrently enrolling in a doctoral program in philosophy at that time. I ended up pursuing psychoanalytic training instead, but my interest in the interface between psychoanalysis and philosophy has persisted unabatedly ever since (Stolorow, Atwood, & Orange, 2002). So, would Weisel-Barth contend that such philosophical interests have restricted my clinical abilities for the past four decades? Such a claim would fly in the face of innumerable experiences in which I have noted that philosophical understanding and awareness of the philosophical assumptions that underpin clinical work actually enhance and expand one's clinical sensibility. Perhaps, then, Weisel-Barth means to contend that a deterioration of my clinical capacities has only become evident more recently, as when I offered a critique of the philosophical assumptions implicit in her clinical presentation.

Toward the end of her reply, Weisel-Barth (2003b) seems to justify her distaste for philosophical questioning, at least in part, on the basis of gender differences (p. 237). Perhaps she is unaware that the two philosophers - Marcia Cavell (1993) and Donna Orange (1995) - who, during the past decade, have made the most valuable applications of philosophical understanding to psychoanalytic theory and practice are both female.

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Op-ed

On Changes in Psychoanalytic Writing Styles: An Essay

by Paula B. Fuqua, M.D.

My passionate interest in psychoanalysis began over forty years ago. It was fuelled by my interest in philosophy, my college major, but even more by my curiosity about my own treatment. This combination led me to read a fair amount of literature, mostly searching for some theoretical substantiation to prove that my various analysts loved me most of all. Along the way, I encountered many interesting ideas. The changes in theory are well documented. Less noticed is the way in which those theoretical shifts have transformed psychoanalytic writing styles.

My journal reading began with the *Psychoanalytic Quarterly*, the *International Journal of Psychoanalysis* and the *International Review*, as long as it was in existence. During my psychiatric residency I subscribed to the *Journal of the American Psychoanalytic Association* and devoured *The Psychoanalytic Study of the Child*. Later I added *Psychoanalytic Dialogues* and *Psychoanalytic Psychology* to my list. *Progress in Self Psychology* was, of course, essential. When the American Psychoanalytic Association came out with the PEP CD-ROM and I could access all my old journals in an electronic form, I joyfully threw away the physical evidence of my interests. The storage space in my house expanded exponentially and I still had access to everything to which I needed to refer.

In the 1960's, when I began reading the literature, a stereotypical format existed for papers, which were usually variations of an underlying theme. Most current psychoanalytic candidates will be intimately familiar with this style. A paper began with a statement of its subject and proceeded to extensively review what had been written up to that point about the subject, with a particular emphasis on Freud. Many analysts have reminisced about how important it was in that era to show how an author's ideas flowed inexorably from the discoveries that had gone before. This detailed "review of the literature" was a badge of probity. There were to be no dramatic shifts or unexpected turns. Because all ideas had to be foreshadowed, creativity and individualism did not emerge easily. As is the case in many of the sentences I am writing now, papers were written in the third person and the past tense. The "I" of the author was an inappropriate intrusion. Papers created an illusion of scientific objectivity and the voice was often passive. Naturally, there was an extensive bibliography.

One of the concepts that underlay this style was an appeal to authority. I bring this out not as a political or theoretical point that many have already made, but as a description of the writing style that evolved from the ambience of the times in psychoanalysis. Was this style theory driven? Probably. Psychoanalytic sons were not to challenge the fathers and this left them little space within which to expand. Though women were also writing, they generally had to fit into this mostly male paradigm. In addition, still following Freud, we believed that psychology should be scientific, which also fueled the passive, third person writing style of the times.

Ralph Greenson's paper "The Working Alliance and the Transference Neurosis" [*Psychoanalytic Quarterly* 34(1965): 155-81] is one example of the style of psychoanalytic writing extant around mid-century. It is a classic paper read by many psychoanalytic trainees. To my mind, Greenson was a humanistic and somewhat original thinker. Yet in his article he takes great pains to show that his ideas are just a variation in emphasis on what has gone before. While there is a great deal of "I" in his clinical descriptions, he speaks from a position of knowingness or authority (apparent objectivity) and does not include much, if anything, about his own uniquely subjective experience.

This style of writing is still common today. I see a particular amount of it in the *International Journal of Psychoanalysis*. Beside it, a newer style also emerges. The "I" of the author is much more prominent, as are the opinions of the writer. With an emphasis on subjectivity, references to past literature and prior authority recede. *Psychoanalytic Dialogues* pioneered the use of back-and-forth conversations between authors, who use clinical cases to illustrate ideas rather than to prove them.

We are more comfortable with not knowing and tend to dwell more on what formerly would have been called countertransference. The tone of papers now is often relaxed and conversational. Another new paradigm is the personal odyssey. A particular example of the personal odyssey is "Working with Adolescents: A Time for 'Reconsideration,'" by Mark Smaller [*Progress in Self Psychology* 19(2003): 155-169]. While Smaller does situate his effort within the matrix of other work, he carries us along with him in his clinical experience in a way that feels intimate. Another example of the emergence of the subjective experience of an author is "The Role of Enactments," by Judith Fertig Chused in *Psychoanalytic Dialogues* 13(2003): 677-687. Here the theoretical importance of enactments has become not just a conceptual position, but a part of her style of discourse. She maintains that the involvement of the analyst with her analysand is ubiquitous in the analytic process and she also writes in a personal style that involves the reader.

Behind these shifts in writing styles is not only a new emphasis on subjectivity, but an expanded awareness of *intersubjectivity* as well; thus the presence of *dialogs*, including those with the reader.

I trust that you, dear reader, will find many examples from your own reading to fill out my thesis. To continue to elaborate might be ponderous. Each of us can have our own adventure ferreting out different types and styles of psychoanalytic writing. I have noticed that different journals have different proportions of old and new styles. What do *you* see in different journals?

In the style of the new subjectivity, I want to end with a personal concern and a plea. The concern is that every form of theory can become a constraint as well as a new path. My plea is that we not restrict ourselves to one style of acceptability for papers. The need for an author to "bare her soul" to prove her authenticity can become as much of a strait jacket as the necessary reference to authority has been. My personal odyssey has led me to try to be open to all ideas, both striving and failing and striving again, in a subjective, intersubjective, oedipal, conflictual relationship with myself and the world.

Op-ed

Noontime Musings at the Farmers' Market in Santa Monica

by Bernard Brickman, M.D.

I was munching a delicious sandwich of Italian sausage and peppers on a sunny, clear Saturday in November at the Farmers' Market in Santa Monica. I was chatting with my best friend. I had that euphoric feeling that there was nowhere I would rather be nor anyone I'd rather be with. In our chat, I found my thoughts turning to the therapeutic action of psychoanalysis, not surprisingly, given my expansive state of mind. By that I mean that I found parallel feelings I have had with patients with whom I experienced a seemingly effortless flow of relatedness, as though we were just "right" together without having to "try". I noticed that the sense of "rightness" did not just apply to the ones that I found relatively "easy" to relate to; there were others with whom the effortful, somewhat stressful relatedness called upon and challenged the best that I had in me.

I began to think about what factors account for psychoanalytic success; what is foundational. The Boston Process of Change Study Group [1] has been attempting to capture the "something more" (beyond interpretation) that seems at the center of psychotherapeutic change. They have coined the term *implicit relational knowing* [2] to denote a systems approach to understand relatedness that is non- or un-conscious as well as *implicit and non-verbal*. However, I am reaching for another dimension that is related to implicit relational knowing, but grasps the dimension of *being* rather than *knowing*. I believe that it is partly related to the analyst's character or personal presence and how it affects the "moving along" dyadic system. By bringing up "character" I refer to traits that are specifically and uniquely important to each individual analytic pair. For example, I think of patients who are extremely shame-prone. It's not a stretch to see that they thrive and grow in interaction with an analyst who enjoys their quintessential presence. Is there a kind of analytic "chemistry"? If so, what do we mean by "chemistry"? Beebe and Lachmann have studied reciprocal influence patterns between mothers and infants, then have established parallels in the conversational patterns of adults, considering rhythms of listening and timing [3]. We all note that we find some people "easy to get along with or easy to talk to". I'm searching for something more than we can explain by mutual or reciprocal empathic attunement - something in the intrinsic personhood or *being* of the people involved.

In the contemporary psychoanalytic community we speak of various relational experiences that we consider essential to the successful process of therapy. These include corrective emotional experience, empathic attunement, mutual reciprocal influence, secure attachment base, intersubjectivity (Stern, 1985)[4]

optimal responsiveness, and many more. These terms all reflect an attempt to understand the essentials of psychotherapeutic interplay. When we speak of "something more than interpretation" we may tend to imply that interpretation is foundational (which certainly coincides with traditional psychoanalytic theory of cure). I've grown weary of debates over whether insight and interpretation are basic or whether experiential factors are curative and we might agree that both factors are derived from and reflect the relational matrix from which both phenomena arise. It strikes me today (I don't know how I shall feel six months from now) *that what is really foundational is implicit relational being [5], the deep affective engagement of two beings interacting with each other honestly and that the rest (interpretation, etc) is secondary, flowing from that matrix.* I believe that "moments of meeting" and "now moments" are emergent events in that process.

While I'm at it, I'd like to retrieve "corrective emotional experience" (Alexander, French, 1946) from the classical psychoanalytic scrap heap. Our older, classically oriented colleagues snubbed the concept, claiming that those who were informed by it were advocating the "manipulation of the transference", a big no-no based on the idea that transference needed to be allowed to emerge spontaneously, purely as a projection of the analysand's intrapsychic dynamics, unaffected by the analyst's therapeutic intentionality. (As if that were possible or even desirable!)

Several years ago, at a scientific meeting, I presented a case of a male patient who suffered from severe, life threatening gastro-intestinal symptoms for about twenty years whom I treated face-to-face with once weekly psychotherapy over a period of eighteen months. Fortunately, he showed great improvement and a recent twenty-year follow up revealed that he has remained asymptomatic. One of the facts of the case had to do with the discovery of the all pervasive sense of shame this man suffered since his early childhood and I described my efforts to tailor my interventions so as to minimize the likelihood of recreating the shaming environment shaped by his interactions with his mother. I must say that I was especially proud of that case, since I had been his family doctor twenty years before he started psychotherapy with me and that I had examined him at that earlier time for the same complaints. He came to see me twenty years later when he had heard that I had become a psychiatrist, at which time he was "ready" to tell me his story. What I remember particularly about the discussion period that followed the presentation was a comment made by an old colleague with whom I shared a mutual uneasiness. With a triumphant sparkle in his eye he asked with a tinge of sarcasm, "How is what you did different from a corrective emotional experience?" I am convinced to this day that he believed he was exposing the fraudulence of the positive outcome of that case by linking my work with that reprehensible concept. (I don't remember exactly how I answered him, but I *do* remember that I was not ashamed of myself afterwards).

While we are talking about factors that contribute to the therapeutic action of analysis, have you noticed how gingerly we analysts tiptoe around speaking of

(our non-erotic) love for our patients? Our colleagues pick it up easily as it flows implicitly in our case presentations to one another. It seems that we engage in all sorts of evasions and subterfuges to avoid that term. We speak of "unconditional positive regard", "caring", almost *anything* rather than *love*! There seems to be a taboo about using that word, as if no self-respecting analyst would risk his/her reputation in either his/her discourse with patients or in case write ups. This caution surely is a legacy of traditional drive theory which held us all to observe the eleventh commandment "THOU SHALT NOT GRATIFY" at the same time that we attempted to remain human in our sessions with our patients, hiding our loving feelings even from ourselves. Perhaps, we hid them to avoid shame and self-accusations of being insufficiently analyzed and/or "overinvolved" with our analysands. In our case write ups we left out not only loving feelings, but other affects, e.g., shame, guilt, erotic feelings, hate, etc., thus creating a shared myth that those feelings had no place in a well conducted analysis. Have we changed enough since the old days to dare allow that "L" word to creep into our contemporary vocabulary?

I thought about all this after talking it over with a colleague^[6] during which I came to see the associational links in my thinking about the analyst's being, presence, corrective emotional experience, and love^[7]. I hope this doesn't sound like some romantic notion about "love cure". I *do* think, however, that all of those factors constitute a vitally necessary *medium* in which successful analytic activity (including understanding, interpretation) flows.

Endnotes

1. Contributions that Effect Change in Psychotherapy: A Model Based on Infant Research. (1998) *Infant Mental Health Journal*, Vol. 19(3) pp. 277-353. [\[Return to text\]](#)
2. Lyons-Ruth, same article. [\[Return to text\]](#)
3. Beebe, B and Lachmann, F. (2002) *Infant Research and Adult Treatment*, The Analytic Press. [\[Return to text\]](#)
4. I use this term to denote intersubjective relatedness. [\[Return to text\]](#)
5. I wish to thank Maxa Ott, MFT for pointing out the redundancy of this term, as there is no "being" that is *not* relational. [\[Return to text\]](#)
6. My thanks for Lynne Jacobs' input to this conversation. [\[Return to text\]](#)
7. Doryann Lebe has enlarged this notion by adding the phenomenon of creativity to it. [\[Return to text\]](#)

Self Psychology Around the World

South African 7th National Conference on the Psychology of the Self by Dennis Shelby

Five Americans and one German journeyed to Cape Town, South Africa to participate in the South African bi-annual Self Psychology conference. Peter Buirski, Cathy Krown Buirski, and Pam Haglund of Denver, Dennis Shelby from Chicago, Bob and Ruth Shapiro from New York and Martin Gossman of Berlin presented papers. The driving force behind this ongoing international exchange has been Amanda Kottler who many people have met at the annual conferences in America. The ongoing international exchange of ideas has resulted in at least one marriage - Chicago's Mark Smaller tied the knot with Kim Richardson - formerly of Cape Town several years ago.

The American participants all related feeling deeply moved by the conference participants' intellects, sincerity, openness to ideas and willingness to discuss thorny topics. About 90 delegates met at a conference center on a mountain overlooking a lush valley with the ocean far off into the distance. The setting, the South Africans' warm hospitality and openness fostered an intimate and exciting exchange of ideas and theoretical points of view. I personally am not a big fan of conferences, but this one was different, despite a day full of presentations, the time passed too quickly, and excitement seemed to always be in the air.

All of the American folks added few days at one of South Africa's famous game reserves. The combination of wildlife in the Bushveld and the sparkling intellectual climate of Cape Town resulted in a rich experience of contrasts. Encountering Elephants, Rhinoceros, Lions and Leopards - often with youngsters in tow (to name a few) going about life in their natural environment defies description. Living for a few days in a world where it truly is kill or be killed, puts a new perspective on some of the heated theoretical debates our profession is notorious for!

The next conference will be in 2006. The South Africans would love to have more international delegates. They have several on-going study groups and keep abreast of theoretical developments. You will encounter a group of sophisticated clinicians and scholars eager to engage in friendly debates. And of course there is abundant food that lacks the "processed" taste that permeates American products and the South African wines are giving California stiff competition. So think about South Africa in 2006, it is a wonderful country full of wonderful people, and breath-taking scenery.

Self Psychology Around the World

Reorganization in the Anatolia Center for the Psychoanalytic Psychotherapies in Turkey by Sibel Mercan, M.D. Chair, Executive Committee, Istanbul, Turkey

The Anatolia Center was established by Yavuz Erten and Allen Siegel in 1998. Group members came from different cities all around Turkey such as Istanbul, Ankara, Samsun, Malatya, Konya and Izmit. In the beginning there were 30-35 members in the group. The number of the members approaches 52 at this time. In order to grow in a healthier way and to continue our education program in a more effective way, the group has re-organized itself. In 2002 we decided to become a closed group.

The education system in the group has different components. One of them is teleconferences, another is our newly developed video conferences. The group members meet in Ankara or Istanbul and communicate with teachers from America. Another component of our education is our eSupervision groups. Currently we have 9 eSupervision groups with some eSupervisors from the Chicago Institute for Psychoanalysis and some from New York City. The third component of our system is the visiting professors. We invite 3-4 visiting professors in a year for a series of workshops.

The group members of the Anatolia Center have differing levels of education and background which makes our programming a challenge. Some of our members are highly experienced in this field and work as teachers at different universities. Others are still psychiatric residents or are in doctorate programs. They all come together at our self psychology meetings and all members sit side by side, young or old, experienced or inexperienced, to learn the theory and practice of self psychology - the primary goal of our group. Almost half of the group members

are still in or have just completed their psychoanalysis. The other members have differing psychotherapy experiences, such as individual psychotherapy or group psychotherapy. The members who have psychoanalytic experience are planning to join IPA school that will form in Turkey soon. Five psychoanalysts from IPA were scheduled to visit Istanbul to meet candidates in February 2004, however, a blizzard interfered with the visit and only two could make it. Nevertheless, some of the group members had chance to meet them. Some of the members will meet interviewers during a May visit to Turkey.

There is a continuing development of psychoanalysis in Turkey as well as in the Anatolia Center. Our changes have created some new needs for the group members who have differing plans for their various futures. Some plan to become analysts, others want to work only in psychoanalytic psychotherapy. A very few of our members decided to leave us and work at different areas, such as business.

The above changes have brought a need for a new structure and management of the group as well as a need for more reliable financing. Using technology to solve part of our geographic dispersal, the group held an Internet discussion and decided to establish two executive committees, one in Istanbul and the other in Ankara. There are 5-6 members in each committee and both committees communicate with Dr. Allen Siegel, who is now the leader of the group. The committees are working together on several topics at this time, one of which is the creation of an officially recognized association.

Group members will be reevaluated soon in terms of criteria for membership since we are creating membership standards. At that time, several new members will also be accepted. One problem for the executive committees and leader is that we all live in dispersed locations, very far from each other. To address this problem we are developing chat rooms for our meetings, hoping that this might solve the distance problem. Time will tell if we will succeed in this endeavor. The executive committees will soon prepare education programs and curricula for all the group members. This program should be suitable for all members of the group from different backgrounds and with different ideals.

One of our major problems is our financial struggle. The group members pay for many meetings with their own sources. Sometimes drug companies help by sponsoring visiting professors. On occasion we have not been able to invite visitors because of our funding difficulty. We are still trying to find sponsors for future organizations and Dr. Siegel met with Prof. Dr. Arman Kirim when he visited Istanbul in January 2004. Prof. Dr. Kirim is a well known man who has a great professional experience in marketing in Turkey. He works as a financial counselor for many national and international companies and also gives lectures to their managers. Dr. Kirim is interested in the Anatolia Center and in Self Psychology. He agrees that psychotherapy education in Turkey should be supported by professionals. Dr. Siegel and Dr. Kirim are planning a future self

psychology conference that will be held in Istanbul either on a national or international basis.

In May 2004 Ruth Gruenthal and Dori Sorter met with us for an intense weekend. In September 2004 we are planning to meet with Dr. Marian Tolpin. *Form Sante*, the well known Turkish magazine of health, hopes to sponsor her meeting. Dr. Tolpin will have a weekend workshop with Anatolia group members and then will meet with other professionals in mental health and also with the general public.

In summary, the clinicians in Turkey continue to have a strong interest in the field of self psychology. We plan to receive some of these people as new members shortly. We are excited at the continuing developments in both our organization and in the world of the psychoanalytic psychotherapies in Turkey.