

SELF PSYCHOLOGY NEWS

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Masthead

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Editor's Introduction

Christine C. Kieffer, Ph.D.

Welcome to the 2007 issue of the *Psychology of the Self Newsletter*. This year, in addition to our summaries of the panels of the preceding year's International Psychology of the Self conference and our many compelling feature articles and "opinion pieces", we have added a new section featuring "[News of Members](#)"—a place in which your colleagues will update you about their professional accomplishments during the year.

With this newsletter, I will have finished my third and final year as Editor-in-Chief of this publication. I write this with a sense of regret, as this position has given me an opportunity to get to know so many interesting colleagues from the States and across the globe. However, I am looking forward to having additional time to devote to my own writing projects. So it is with pleasure that I announce my successor—Kati Breckenridge—who so ably filled the shoes of Judy Pickles last year, in taking over the West Coast regional editorship. *Good night and good luck.*

Notes from the President

James L. Fosshage

June 22, 2007

Dear Members of IAPSP,

IAPSP continues to grow in numbers and in offerings. Please refer to [our website](#) for a review of our activities. Watch for course offerings in the Fall that will be presented for the first time.

IAPSP's next annual conference will be held in Los Angeles, October 10-14, 2007. We will be having our first annual conference outside North America in Berlin in October or November, 2008.

I have recently announced the possibility of applying for small [research grants](#). Our total budget for the first year is \$15,000 and we hope that it will grow. Tax deductible contributions to the IAPSP Fund are, of course, welcomed.

Please renew today if you have not done so—such matters can easily slip away from our attention—email Nilou (nilou@pcmisandiego.com) if you are uncertain.

In our commitment to the development and dissemination of the theory and clinical practice of self psychology, we all can feel proud of what we have accomplished thus far. Self psychology is clearly flourishing and contributing to the development of psychoanalysis and to the larger field of psychotherapy. On behalf of the executive officers and the International Council, we thank you all for your participation and contribution.

While we have close to 600 members, it is very important to continue to increase our membership to enhance its inclusiveness and to broaden its impact. Just think—if every member reached out to a friend, colleague, supervisee or student, we could easily approach doubling the size of the organization. I hope that each of us will take do this!

I look forward to seeing you at this year's Self Psychology Conference in Los Angeles.

I welcome your suggestions for IAPSP (fosshage@psychoanalysis.net).

My fellow officers, Gianni Nebbiosi, Ph.D., Treasurer, Estelle Shane, Ph.D., Secretary and President-elect, and Paul Ornstein, M.D., Past President, join me in sending you our warmest wishes,

James Fosshage, Ph.D._President

News of Members

Sharone Abramowitz, M.D. was given a humanist medicine award by the department of Internal medicine where she has taught for the past 17 years. She wants to thank her self psychology colleagues for all you have taught her over the years.

Christine C. Kieffer, Ph.D. presented two papers: "A Ship Made of Paper: from Dissociation to Engagement to Empathy" at the 2007 Division 39 Spring Conference in Toronto, and "The Co-Construction of the Analytic Third: Chaos And Procedure, Understanding and Metamorphosis in Psychoanalysis" at the 2007 International Association for Relational Psychoanalysis and Psychotherapy in Athens, Greece. Christine also published a paper in *Psychoanalytic Dialogues*, entitled, "Emergence and the Analytic Third: working at the edge of chaos", which will appear at the end of 2007. She was recently elected as President of The Chicago Association for Psychoanalytic Psychology and also elected to The Board of Directors of Division 39, the Psychoanalytic Division of APA.

Ronald Lee, Ph.D. has been keeping Self Psychology alive and growing in Australia, through his group, *Empathink*. Each year he gives a Summer School (January is summer in Australia, of course), as well as smaller seminars year round.

Louisa Livingston, Ph.D. published an article, "No Place to Hide: The Group Therapist's Moments of Shame in *International Journal of Group Psychotherapy* in 2006.

Marty Livingston, Ph.D. recently published two articles in our quarterly journal, *IJPSP*, applying a "sustained empathic focus". One article discusses SEF in working with dreams and the other applies it to the treatment of couples. He has also recently been the keynote speaker at the Austin Group Psychotherapy Society conference. The theme of the conference was "Vulnerability, affect and depth in group Psychotherapy: A self-psychological approach".

Margarita Makracheva, Ph.D. won two awards—the award of the Bulgarian Academy Of Sciences for young researchers in social sciences and the award of the Union Of Scientists in Bulgaria for research contributions in social sciences.

Ann Marie Plane, Ph.D. has been coordinating a study group in contemporary Psychoanalytic theory and practice for psychoanalysts and psychoanalytically-oriented therapists in the greater Santa Barbara (CA) area for the past two years. She is a candidate member of the Institute for Contemporary Psychoanalysis (Los Angeles) and maintains a private practice in adolescent and adult treatment.

Robert D. Stolorow, Ph.D. completed his MA degree in philosophy at the University Of California at Riverside in June of 2005 and is currently working on his Doctorate. His philosophical studies have resulted in a number of articles and a Book, *Trauma and Human Existence: Autobiographical, Psychoanalytic and Philosophical Reflections*, published by the Analytic Press in 2007.

Understanding and Explaining Therapeutic Behaviour: Why Do We Do What We Do?

S. Giac Giacomantonio

I present these ideas in a spirit of open inquiry, and hope that they might open dialogue on the matter in the forum of the Newsletter.

One of the regular attenders at the self psychology conferences was recently describing the experience to a colleague who had never attended. The description of the panels over recent years went something like, "Every year someone presents a case involving progressively more unlikely or outrageous interventions, and the case always includes a therapeutic success and a happy ending." With the descriptors of "unlikely" and "outrageous", the unacquainted colleague might have begun to wonder whether we self psychologists were flirting with the possibility of "going too far".

We might ask ourselves whether it is in fact possible "to go too far" in a psychoanalytic treatment, and if so, how would we recognise having gone too far, and how would we distinguish that from worthy innovation and progress in self psychology? Much of what is now considered the most straight-laced and 'classical' of self-psychological interventions, would likewise, in the 1970s, have been considered unlikely and outrageous, and even earned the old, thinly-veiled criticism of "good psychotherapy, but not psychoanalysis". What is the boundary, if any, between acceptable interventions and unacceptable ones? What kind of intervention makes a treatment no longer psychoanalysis, and does any of us care anymore?

If I recall the presentations that I think my colleague referred to, I would have to say that I myself would have classed some as excellent and creative psychoanalytic interventions, others as relatively ineffective at best, and others still as countertransference enactments at the expense (despite enjoyment) of the patient. Naturally, someone else would likewise draw a line, though probably in another place. I think, however, that in disagreeing about where to draw the line, the debate might slip sadly into a dispute on the issue of whether or not *certain behaviours themselves* could be defined as inappropriate, or as fully acceptable, or as 'necessary provisions', or perhaps even as the very essence of a universally curative process. I personally feel that it cannot be at the level of classifying specific behaviours that we could hope to make useful progress in the matter. I believe it is at the level of theory that we stand to gain, or to lose the most, as we try to broaden our understanding of therapeutic change beyond the old ideas about the exclusive use of verbal interpretation of transference. The old obsession with whether we are still doing psychoanalysis, might have a more useful

renaissance, at least in the domain of theory.

Some authors espouse not only the idea that admissible interventions include those that are unique or un-specifiable, but even the idea that the curative interventions are *by definition* not specifiable, because they are specific to every dyad. To repeat, I believe that it is not a problem that we have today a much broader palette of behaviours as analysts, but I do believe that our ability to explain theoretically the relative success or failure of such innovate or even 'outrageous' interventions seems to lag somewhat behind. Once we begin to generate theories that specifically permit any behaviour or intervention, leaving only the requirement that the patient benefit from it, we have simultaneously begun to enter a new arena of theoretical dangers, even if our patients are responding well and enjoying their analyses. I submit here a few such potential dangers, which I offer with the argument that we must be cautious, should we indeed be travelling in such a direction theoretically:

I. The problem of the failsafe treatment If we ever reached the point where any intervention were OK, provided that it made the patient better (however stringently defined), we would run the risk of espousing an untestable yet simultaneously failsafe therapy. If any definition of treatment came to place fewer and fewer restrictions on the actual conduct of an analysis, save that of a happy patient, it would approach a state that is tantamount to equating the treatment with the successful outcome directly. In such a hypothetical state of affairs, the treatment in question could never be tested in terms of its efficacy: if therapy worked, it *was* self psychology, if it didn't, then it *wasn't* self psychology. You can never test a therapy defined as 'that which makes our patients better'. We need to be more specific in pre-defining the treatment, whose successful execution could then be tested against the successful execution of alternative interventions, in terms of outcome.

II. The problem of the over-inclusive treatment A theory that comes to equate the treatment with the outcome, also suffers the danger of over-inclusion. As the theory specifies less and less in terms of specific interventions, any number of activities or interactions suddenly become self-psychological interventions. The departure from Kohut's position of interpretation of transference as the *sine qua non* of self-psychological treatment (Kohut, 1981, 1984) has surely led to a broader, more comprehensive understanding of the many pathways to therapeutic change, but the line between specifically *psychoanalytic* pathways to change and *any other* positive, wholesome, or even invigorating experiences as pathways to change, seems to have become of less interest to some theoreticians. In response to the critique that "anything goes" in contemporary self psychology, some might reply that the maintenance of a link to some theoretical constructs is sufficient: "As long as I understand the intervention in terms of concepts like the selfobject, it must be self-psychological analysis". Is nothing else needed? Let's consider an example:

As a music teacher, I believe that the successful development of a musical performer always requires accessing and working in tandem with the budding aspirations for self-expression that the average student brings, be they conscious or unconscious. A music teacher cannot hope to train a successful performer without recruiting that part of the student that we as self psychologists would call the grandiose self. The desire to display oneself, and to express oneself for the involvement and enjoyment of others, must be found, understood, integrated, and recruited by the training if it is to permit the student to reach his or her potential as a performer. There can be no good performance without the

"juice" of the "ambitions pole". Over the years of the teacher-student relationship, there are countless interactions where the teacher's responses have decisive influence on the student's preparedness to give him-/herself over to the exhibitionism and grandiosity that lead slowly, over time, to a stable confidence in (and sophistication of) his/her creative self-expression. Attending the self psychology conferences of recent years, I heard a number of ideas about what is both necessary and sufficient as psychoanalytic treatment, ideas which seemed (to me) unable to explain why this description of teaching music is different to psychoanalysis. It might be a case of my own ignorance of, or unfamiliarity with some of the newer theories in depth, but any theories of therapeutic change that lacked such a discriminant definition, would point more to a problem of theory than a problem of how we are conducting ourselves as analysts (or teachers for that matter). If the definition of our discipline ever became sufficiently broad as to include the music lessons here described, or inspiring lectures or movies, etc, then the world would suddenly be full of psychoanalysts masquerading as bartenders, hairdressers, good friends, or perhaps even good operas or bottles of good wine.

III. The problem of theories of the X factor—Since the deposing of interpretation from a central place in the conduct of an analysis, many other propositions have been put forth about what the analyst must do to promote therapeutic change in the patient. Many such contributions would include reference to certain experiences in the 'relationship' between the analyst and patient, and there are many and varied explanations of precisely what this relational component should be. Much academic psychology literature on therapeutic change has emphasised non-specific factors as curative in all forms of psychotherapy, where "non-specific" refers to factors *other than those specified by the theory as curative* (e.g., it's not the interpretation in analysis that cures, it's not the cognitive restructuring in CBT that cures, etc.). The role of our theory is, of course, to try to specify how analysis cures, and because no theory is perfect, there will always be an X factor, that is, a factor in the process that lies outside of what we presently understand and can presently explain. The minimum requirement of every new theory is that it takes the boundary between what we already know and what lies beyond as the X factor, and moves this boundary to expand, a little further, the region of what is understood. That is, a theory must leave us with a little less on the X factor-side of the boundary, such that we understand more than before.

As the prescription of analytic behaviour loosens—as indeed it should—the parallel risk on the theoretical side of the ledger is that of a kind of circularity. The most concerning position that a theoretical contribution could take, would be to offer as *theory*, the idea that the specific, curative factors are of necessity unknown and unknowable, e.g., unique relationship experiences that cannot be specified in advance. Every successful analysis is unique, but it is our job theoretically to identify what they all have *in common*. Otherwise, we would lose our clarity on what it was that we were evaluating, testing, or refining. Again, this is another side effect of the hypothetical "self psychology is what makes the self better" argument. It is simply not sensible to make a theory that offers us nothing beyond *labelling* the non-specific factor as a specific factor, without a parallel explanation of something that what was formerly unexplainable or unexplained. It does our field a disservice for a theory to specify that curative factors are unspecifiable. By definition, you can't have a theory that is simply a statement of the existence of the X factor.

Summary—Psychoanalysis has undergone much development and change over recent decades, and one could easily draw a circle around self psychology and cite the entire

movement as such a development. Within self psychology the boundaries are likewise expanding, which leads hopefully to a broader effect of treatment, through a parallel broadening of ideas about what it is that analysts do to help their patients. Some people seeing the clinical developments in self psychology will surely criticise us for taking an "anything goes" attitude to treatment, but I believe there is a greater risk to the field in the area of theoretical clarity, which risk cannot be tackled by addressing the behavioural dimension of innovative interventions, whether we are endorsing or proscribing specific interventions. The risk can only be tackled by addressing the characteristics that any good theory must possess, and measuring our innovations against these characteristics as criteria. The solution to "anything goes" is not a rigid prescription of behaviour, but rather a conceptual, theoretical clarity about why we do what we do, and what distinguishes other approaches to treatment, however successful, from psychoanalysis.

S. Giac Giacomantonio is a Lecturer in psychoanalytic studies in the Department of Psychiatry at the University of Queensland. He is the National Convenor of the Australian Psychological Society's Psychoanalytic Interest Group, and is a co-founder of the [Brisbane Psychoanalytic Self Psychology Group](#).

Successive Approximations to An Analytic Identity

Salee Jenkins, Ph.D.

A young beautifully dressed black woman strode purposefully into my office and announced that she needed help with her fear of birds. She'd just had a narrow escape, darting into the path of an oncoming car while trying to avoid a pigeon.

It was 1975 and I'd recently begun my internship at Northwestern, a psychodynamically focused program in which Kohut was making a big splash. My graduate training, at Indiana University, was embedded in a militantly behavioral empirically based approach; I had chosen Northwestern because of my unpopular affinity for psychoanalytic ideas. They had chosen me to be the resident behaviorist. So while a treasure trove of depth psychology—Kohut, Winnicott, Fairbairn and Modell—was opening to me through my classes, clinically, I was relentlessly referred the behavioral cases, mainly phobias.

The patient mentioned above was one of them. While I was interested in trying out a new format, exploring the origins and sequelae of her fears within the broader context of her emotional life, she adamantly resisted looking at anything other than the concrete manifestations of her phobia, and even that she had a marked reluctance to do in much detail. Her inner life held no interest for her. It wasn't until much later that I realized it was what she most feared.

After a few feeble attempts to convert her into the insight-and-interpretation type of patient I desired ("None of that childhood baloney!" she told me) I settled back into what I knew best: systematic desensitization. Together, the patient and I constructed

hierarchies ranging from relatively benign to frightening images of birds. As our conversations proceeded my uneasy and vigilant patient did provide some historical context for the development of her trouble—these fears originated when she was 8 years old and sent to spend the summer on her aunt's chicken farm in the South. Her parents had recently divorced and she was lonely, missing her mother and feeling rejected by her aunt who favored another cousin. And Emmett Till was kidnapped and murdered not far from where she was living, a story she heard in vivid endless detail.

The chickens were a sport on the farm. She remembered scenes of the hired men wringing their necks "for something to do when they were bored", the decapitated birds jerking convulsively, bloody heads strewn over the ground. She had a repetitive dream, persisting into adulthood, in which she found herself in a barnyard, surrounded by a tightening circle of mutilated chickens' heads from which she could not escape and would often awaken screaming.

Returning from her aunt's farm, her fear of birds persisted and expanded. Her daily activities were organized around avoiding birds in all their myriad forms. She refused to eat fowl, sleep on feather pillows or crack eggs. She side-stepped a biology course due to work with chicken embryos. She kept these fears secret from everyone.

Indeed, speaking them aloud to me, for the first time in her life, had unforeseen consequences. Although she began in a business-like way, her sole aim of sticking to a strict behavioral format softened and imperceptibly, in small increments, a bond began to form between us. As the patient described the centrality and alarming properties of the birds inhabiting her universe I began to resonate to their prevalent, atavistic qualities, and non-mammalian foreignness. Walking home from work, I found myself watching sparrows, crows and pigeons, attending more to their beaks and claws than the beauty of their flight, thinking about how my patient might feel on this particular walk, what she might see. She had become a preoccupation for me, as the birds were for her, though with a different emotional valence. In this preoccupation my empathy for her became a visceral, auditory and visually mediated experience, less descriptive, more lived.

Within this context (a harmonious interpenetrating mix-up? (Balint 1967)) the patient dared to confide a fantasy: Sometimes she felt a tingling all over her body and imagined her toes were turning into claws and she was about to sprout feathers. When I tried to inquire more deeply about this altered experience of herself she missed the following hour. I wondered if my questions had disrupted an incipient merger transference (Kohut, 1971).

We proceeded to the next stage: relaxation training. She reclined on the couch and practiced isolating, tensing and relaxing specific muscle groups. She remarked in passing that it was hard to close her eyes, that she had a long-standing fear of the dark and of sleep. She worried birds might be lurking nearby or that they would enter her dreams. She had battled her chronic insomnia by devising elaborate religious rituals designed to ward off danger and guard her sleep. Having learned my lesson about pursuing this material verbally I added a guided imagery component to the relaxation procedure, describing peaceful scenes, suggesting she let herself drift. My voice was, soft, rhythmical and repetitive, or silent. Her breathing slowed; at one point she slept. I was in an altered not quite sleepy but hazy state. She expressed gratitude, explaining she'd not felt so comfortable in years. At the time I thought she had "acquired the relaxation response easily". Later I realized that I had provided a soothing tension

regulating function that was bidirectional—both of us listened to the melody of my voice and allowed ourselves to float and be supported simultaneously. As she relaxed, so did I; my qualms about her fantasies dissipated as did my eagerness to pursue them. I made a relaxation tape for her to take home; she played it at night and was gradually able to wean herself from the superstitious rites she had formerly used to induce sleep.

We were now ready to begin pairing images of birds (quiet cartoon animals in the beginning) with the relaxation response, aiming to extinguish her conditioned anxiety. By presenting these images to her I coincidentally became an active participant in her fantasy life. My role (as I reflect on it now) was to remember our work, evoke her memories and visualizations, titrate her tension and, above all, accompany her on this journey. She remained calm and peaceful as I gradually introduced slightly more aggressive imagery—until suddenly, with little warning, everything fell apart.

Birds surged into monsters with malevolent intent. My patient began startling and trembling, staring wide-eyed, convinced a bird had actually flown into the room. My efforts to back off into more benign regions of the hierarchy fell on deaf ears. Her anxiety escalated into panic and mine lost its signal function as well. I interrupted our behavioral procedure, insisting we talk about the drama unfolding in the room, grasping for some form of reconstruction or transference interpretation or empathic connection that might repair the injury I had inflicted. She interpreted this shift as a vote of "no confidence" (it was, although she got the subject wrong), indicative of her inadequacy, and she began missing sessions. When she did appear it was with a brittle "everything is fine" demeanor, uncomfortably talking about superficialities. We were tenuously connected, walking on eggshells, trying to recapture our old rapport. But I knew I had become dangerous to her, a new addition to the dangers she faced in her environment each day.

Her irritability and suspicion deepened; she wondered why I kept *Wildlife Magazine*, with its photos of various raptors, in the waiting room. She heard a whistling in the building and was convinced a parrot had taken up residence—had I planted it nearby in a misguided attempt to confront her fears once and for all? I had become a selfobject, but a negative one, having coalesced with the Klansmen and the handymen of her childhood, filling her with terror and tension, robbing her of a sense of competency, failing to protect the delicate tendrils of mastery that had barely begun to grow.

During a subsequent hour she asked to lie down again and attempt to relax, following the procedure we had employed during our earlier meetings, in a poignant effort to recapture the safety and tranquility she had experienced then. However, this time she began to cry, expressing with great agitation her terror of dying the moment she touched a bird. She asked me several times if I thought she was psychotic and repetitively expressed her fear of emotional breakdown. This opened the door to exploration of a series of breakdowns that had already occurred, in the past, but had remained inaccessible to any form of dialogue. I finally had the patient I had wished for, one who gave me access to a symbolic and verbalizable inner life, but in an infinitely more complex and fragile fashion than I had anticipated—but that's a story for another time.

How do I understand what happened between us, thirty years later, within a self psychological framework? It would have been simpler to explain back then, before the pluralistic proliferation in our own corner of psychoanalysis had begun. As I wrote this case I alluded to a variety of concepts that held appeal for me then: empathic resonance, selfobject transferences and functions, the negative selfobject. I certainly

would have discussed the fact that two empathic ruptures had occurred, the first when I inadvertently flooded her with anxiety during the guided imagery procedure, the second when, out of my own distress, I changed our format and dealt an eviscerating blow to her self-esteem.

However, in today's world of self psychology and beyond, I now have the good fortune to be the recipient of much additional research and theory (the BCPSG, Beebe and Lachman—to name two) and have a framework that permits me to reside more comfortably within the implicit domain, which I tried to illustrate through the description of the various behavioral sequences with this patient. A legitimate depth therapeutic process is no longer exclusively predicated on verbal exchange; indeed, my preference for a free-associatively laden conversation, with this particular patient, robbed her of a spontaneously evolving sense of continuity, coherence and connection in the nonverbal realm. Fortunately she turned out to be fairly forgiving in the long run and we were eventually able to re-transcribe our insights into action, venturing out into the world together, confronting her fears in vivo (museums, zoos, etc.). An identification with me as vulnerable (my anxiety had been palpable) yet resolute (we carried on) facilitated in her a sense of greater competency in which she became more attentive to herself, less beset by fear.

Across the Divide in Chicago

Jacqueline J. Gotthold, Psy.D.

I speak for my fellow panelists when I say: "It never gets old." For the past nine years, Mark Smaller, Ph.D, Rosalind Chaplin Kindler, MFA, Iris Hilke, MA, Doriene Sorter, PhD (a recent addition), and I have enjoyed giving panels at the Psychology of the Self annual conference addressing issues related to child treatment. For the past few years, as reflected by our inclusion of Dr. Sorter, we presented panel discussions that addressed overarching clinical concerns for both child and adult therapists. This year's panel, as Rosalind Kindler said, was a "reflection of something new and exciting happening in the worlds of adult and child psychoanalytic treatment".

Our panel, "Eloquence in the Non-Verbal Realm: A Comparison of the use of Verbal and Non-Verbal Communication in Child and Adult Treatment, focused on the confluence of contemporary self psychological theories and the introduced concepts, such as implicit relational knowing developed by the Process of Change Boston Study Group. We were pleased that Dr. Smaller gave us a 'new' neurobiological perspective—new wine in old bottles.

As the panel commented on Iris Hilke's engaging, eloquent and exciting case presentation, the implicit, non-verbal goings on child psychotherapists are so familiar with were made explicit. Putting our explicit and declarative best feet forward, we elucidated the dimension of implicit relational knowing that impacted the treatment dyad, we observed the interweaving of the verbal and non-verbal realms of the treatment and

we drew analogies to our work with adult patients. Child 'people' and adult 'people' can enhance each other's 'ways of being' with their respective patients.

Introduction

R. Dennis Shelby

My introduction to *Brokeback Mountain* came several weeks before I actually saw the film. A number of patients were profoundly moved, their associations filled up my consulting room and my mind. One man developed florid and informative transferences to Jack and Ennis and the actors who played them. He was clearly smitten, in a way, in love, for the first time since his partner died of AIDS many years ago. Another man fell into deep despair, he was convinced that he would never have even a small taste, of the bond that Jack and Ennis had. Another man was propelled into treatment. The referral process had been long, intermittent and actually began in the summer. First an email, but no return phone call. Several months later, a phone call, but again, no return call. Finally in the winter, another phone call, this time he added that he was aware that he had been not following through, this time was for real and he desperately needed to get to work. We made an appointment for the following day. He explained that he had seen the film *Brokeback Mountain* and had realized that he was dying, that he had to do something, else he would meet the same fate as Jack and Ennis.

The film moved many people in many ways, and was extraordinary in the way it conveyed complex psychological issues. After hearing Ralph Roughton give a shorter version of this paper at the Winter Meeting of the American Psychoanalytic Association I asked him to let us post it for the newsletter. He kindly agreed, so here is the full version. As always submissions for future editions are appreciated.

The Significance of *Brokeback Mountain*

Ralph Roughton

"Brokeback Mountain" began as a short story of just 31 pages by Annie Proulx, published in *The New Yorker* in 1997. Her spare and gnarly prose is thoroughly grounded in the gritty, hard-bitten landscape of Wyoming. At the same time, it has an elegance and economy of expression—like a haiku poem, where every word is necessary and no word is superfluous.

The film is a beautiful end product that retains this essential quality in bringing it to life on screen, with hardly a false note. With each viewing, it just gets better.

Director Ang Lee deservedly won every major directing award—22 at last count—but the

screenplay, the actors, the cinematography, the musical score all contribute seamlessly to this deeply moving experience. Every detail is important; tension builds more by inference than by spoken words.

Like an association in psychoanalysis, every juxtaposition means something. For example: As they part at the end of that idyllic first summer, we feel the yearning in both Jack and Ennis, but hardly anything is said. Tentatively, Jack asks if Ennis will come back next summer; and he says maybe not, because he's getting married. Their faces are somber and they are reluctant to part; but they do, saying "guess I'll see you around" with a surface casualness that denies their palpable anguish. Jack drives off in his truck, looking bereft, watching Ennis in the mirror. Ennis begins walking along the same road; then, when Jack is out of sight, he collapses against a barn wall, retching and sobbing. We don't need a narrative voice or dialogue to describe the devastation Ennis feels on that windy Wyoming road, as he realizes what he's giving up. We feel it with him.

As this scene fades, a voice-over from the next scene begins reciting the prayer: "forgive us our trespasses." We are in church, at a wedding, and the minister is about to pronounce Ennis and Alma man and wife.

Another juxtaposition: When the drunk and freezing Ennis finally gives in and joins Jack in the warm tent (how symbolic is that?)—it's inevitable that sex will follow, and it is quick and frenzied. Then comes the cold light of morning, and Ennis rushes back to the sheep he had left unattended all night, only to find that a coyote has killed and eviscerated one of the sheep. These powerful metaphors suggest that man-to-man sex is a sin ("forgive us our trespasses") and that violence will be the consequence. Ennis's traumatic memory of his father taking him to see the mutilated body of the gay rancher is echoed by these metaphors, and Jack's own death by tire iron is foreshadowed.

In relying on metaphors to convey feelings, it's not just that the characters have no vocabulary of emotions nor any habit of expressing feelings. It's also a method of story telling that draws us into the character's inner felt experience—without words—and creates an artistry of inarticulateness and powerful non-verbal expression. One of the most poignant scenes is a deeply depressed Ennis, sitting in the café, pushing a piece of pie around on the plate, trying to eat. He can barely mumble a few words of self-deprecating apology to the waitress, who has been hurt by his not returning her calls: "Sorry, I was probably no fun anyway." We don't need Ennis to tell us in words that his grief over the loss of Jack is profound. The previous scene had been their last time together.

Against this backdrop of inarticulate expressiveness, however, every once in a while there comes a sudden, laser-like spoken line that ignites powerful feelings. Some examples:

"Sometimes I miss you so much I can hardly stand it."

"If you can't fix it, Jack, you gotta stand it."

"I wish I knew how to quit you."

"Then why don't you just let me be, huh? It's because of you I'm like this. I'm nothing. I'm

nowhere."

And Alma: "I always wondered why you didn't bring home any trouts."

These verbal zingers are the more powerful because they punctuate a film whose emotional impact is carried largely through images and associations.

What words could have the impact of simply watching Ennis discover the two shirts nestled lovingly in Jack's closet? The realizations unfold in our minds and stir up our feelings. Jack really did love him and held him in his memory. And Jack's mother knew about the shirts and must have understood what their silent embrace meant. In her own unspoken way, she accepts Ennis as Jack's lover. How? By simply suggesting he go up to visit Jack's room, knowing he will find the shirts. By assuming that he will want to take them, silently getting a paper sack for him to put them in, by nodding to acknowledge his gesture of thanks, and by inviting him to visit again. The message is subtle, but powerful. For the first time, Ennis has met understanding and acceptance of his love for Jack.

We can infer that, having felt this acceptance of his love, Ennis can now put his daughter's happiness ahead of his need to work. In the very next scene, she comes to invite him to her wedding, and initially he begins to make excuses about having to be away at the cattle roundup. But then he stops, realizing her disappointment, and says they can just get themselves another cowboy. His "little girl" getting married is more important. It is the first time that Ennis has not disappointed someone who loved him (Jack, Alma, his daughters, the waitress).

The film ends with another wrenching visual metaphor, as described by critic Stuart Klawans in *The Nation* (Jan 9/16, 2006):

". . . [T]he closing shot of *Brokeback Mountain* . . . cuts the screen in half. On the right, glimpsed through a mobile home's window, is a patch of western landscape. On the left is a shadowy closet—a shrine, actually—holding a lover's relic. Nothing could be simpler. Nothing could say more."

This final scene is a visual contrast between the confining space of the closet and the freedom of the landscape; between the life Ennis has lived and what might have been. But, as is always true, there is complexity in the tragedy. While the closet stifles and limits, it also provided the safety for Ennis to survive in a hostile, homophobic environment. This was the lesson his father so brutally instilled in him as a boy. Jack, less encumbered by fear and shame, followed his desires. He chose freedom, with its risks; and its lurking dangers killed him.

The closet also holds the memories of love which sustain Ennis in his loneliness. It's conveyed so beautifully in pictures—as we realize that Ennis has reversed the shirts. Ennis now cradles Jack in his arms, reflecting the flashback that was non-verbal in the film but described here in Annie Proulx's words:

"What Jack remembered and craved in a way he could neither help nor understand was the time that distant summer on Brokeback when Ennis had come up behind him and pulled him close, the silent embrace satisfying some shared and sexless hunger.

"They had stood that way for a long time in front of the fire . . . Ennis' breath came slow and quiet, he hummed, rocked a little in the sparklight and Jack leaned against the steady heartbeat."

The film closes as Ennis lovingly, tearfully adjusts the shirts and the postcard picture of Brokeback Mountain. He can only murmur, "Jack, I swear"—which is probably as close as he can come to saying, "Jack, "I love you."

But *Brokeback Mountain* is much more than an artistic success. Most importantly, it evoked a national discussion about gender and sexuality, about love and homophobia. Cowboys are an icon of masculinity, and here we have two cowboys in love, challenging the assumption that being attracted to another man unmans you—that you cannot both want a man and be a man.

This year-long, national conversation spawned serious articles in literary journals, cover stories in popular magazines, endless Internet chats, and non-stop comedians' jokes. Someone wrote a Marxist interpretation of the film. The corporate world's Color Marketing Group chose the earth-toned hue "Brokeback Bronze" as one of the hot new colors for everything from automobiles to shoes (*New Yorker*, 01-22-07). The film even prompted Willie Nelson to record a song he'd kept in the closet for 20 years: "Cowboys Are Frequently Secretly Fond of Each Other," which became his biggest single hit in 20 years. Clearly we, as a society, were trying to work something out.

Unlike the plethora of films and TV shows with gay characters or gay themes, which try to normalize gay life or preach a polemical message, this story struck a responsive chord in middle America. It challenged stereotypes about masculinity and it made people feel the devastating effects of homophobia.

We're looking back on a historical period—and it's not over yet. The story begins in 1963—six years before the Stonewall riots in Greenwich Village that ignited the gay rights movement; and ten years before the APA decided that homosexuality is not a disorder. We're in the wild, wild west of Wyoming, where men are men; and anyone who acts queer might get worked over with a tire iron. The story covers a 20 year period, up to the mid-1980's. Remember that in 1986, the U. S. Supreme Court upheld a Georgia law that made it a crime for two consenting adult men to have sex with each other in the privacy of their own home. Annie Proulx's story was first published in *The New Yorker* in 1997, a year before gay college student Matthew Sheppard was brutally tortured and murdered on a fence post—in Wyoming. Despite remarkable progress in many areas, homophobia was alive and flourishing throughout the land.

The film works on different levels for different people. Some will see it as a love story, others as a tragedy. Some will gain a deeper realization of the effects of homophobia, both the kind that killed Jack and the kind that smothered Ennis's emotional life. Some will focus on the effect on the wives and children; others on the thwarted lives of the men. It's also about loneliness and about yearning for what you can't have.

For those of us who lived through the same era as Jack and Ennis, yearning for what we couldn't have, it packs a particular wallop—the loneliness, the longing, the feeling that life has dealt you an unfair blow—and at the same time that it's all your own fault. It's powerful because we feel "recognized" by the film and therefore affirmed.

I agree with critic Daniel Mendelsohn, writing in *The New York Review of Books*, that to call this a universal love story, or even a story about universal human emotions, is to seriously misconstrue its real achievement. Rather, he says, it is a tragedy about the closet. Jack Twist and Matthew Sheppard were each killed by actual homophobic enemies. Ennis suffocates in the closet of his own internalized homophobia. Society's attitudes became part of the matrix of his developing personality and connected his sexual desire with fear and shame, deeply affecting his ability to love; but even more so it robbed him of the conviction that he had a right to the love he desired. To quote Mendelsohn:

"The real achievement of *Brokeback Mountain* is not that it tells a universal love story that happens to have gay characters, but that it tells a distinctly gay story that happens to be so well told that any feeling person can be moved by it."

The film has such a profound effect, because it allows different people to get inside the skin of these two men, to feel along with them, and to take what lessons they can from it. It does not preach; it evokes emotional understanding. When you are feeling what the character feels, not simply watching an actor portraying a feeling, you become him through identification. Transformation can occur when individuals question their prior assumptions and biases about the injustice of homophobia because they have felt what it is like to be inside another person's emotional world, experiencing his hurts and desires.

It is the film's capacity to evoke this kind of identificatory empathy that explains why so many people found *Brokeback Mountain* such a profoundly moving experience and why it was one of the most significant films of recent years.

Reflections on Connectedness

Eileen Paris, Ph.D.

I'll never forget the day my nineteen-year-old son came to me with tears streaming down his face. He had recently experienced his first romantic heartbreak. "Mom," he said with a kind of pained ecstasy, "I had an epiphany in the shower. I know the pain of the human condition . . . We have enough consciousness to feel how we are separate, but we don't have enough consciousness to feel how we are all connected."

This mysterious connectedness—I believe we recognize it when we feel it. I felt it as I listened to the humanity that was palpable in the interactions between Richard Geist and his patients, as he told their stories in his paper, "Connectedness, Permeable Boundaries, and the Development of the Self." He presented his paper at the 29th Annual International Conference on The Psychology of the Self. The conference, titled "25 Years After Kohut... New Generations, New Directions," was held in Chicago last fall. Dr. Geist's paper illustrates his view "that connectedness is more than intersubjective, is more than co-created. It requires an interpenetrating mutuality." When Dr. Geist's patients expressed their desire, each in their own way, to know how he felt, to

know his private or personal thoughts and reactions, Dr. Geist was willing to reveal himself in this way. His view of permeable boundaries provides a theoretical construct that may reduce the threat to oneself that an analyst may feel in risking such personal self-disclosure. This construct may also encourage the analyst to engage with the patient in a way that allows the analyst to be shaped in the metaphorical space of the patient. Dr. Geist believes that in the process of acknowledging his contribution to the dyadic experience, especially when addressing a rupture, he is simultaneously empathizing with his own mistakes. This creates the potential for the development of self-empathy in the patient because the patient experiences the analyst as part of her or himself, making it more possible for the patient to process emotional experience in a healing way. This interpenetrating mutuality expresses itself in both patient and analyst as they become an important felt affective presence in each other's lives. Dr. Geist presents three components of connectedness that form an indivisible whole: selfobject function, personal subjectivity, and empathy. The operation of these three components of connectedness becomes a way to listen and gather information from the inside. This coming from the inside then informs how we speak and interpret, including unconscious and spontaneous communications. Connectedness facilitates what Donna Orange describes as a "second developmental opportunity" for the patient.

I worked as a preschool teacher at a progressive, psychologically informed preschool for nine years beginning in 1966. One thing I soon learned, as a new teacher was that the kids were always telling the truth about their feelings. As soon as I would validate a child's feelings, we would have the space to investigate and co-construct meaning. When I was empathic I could contribute to the evolution of the meaning of the incident in a way that would support the development of the child's self esteem.

I am currently a candidate at the Institute of Contemporary Psychoanalysis in Los Angeles. This fall I attended my first self psychology conference. There, in Chicago, I had the experience of connectedness with a larger community that was richly enlivening and that contributed to my ongoing growth as a clinician. It was heady. One of the things I love about the culture of my institute is that it promotes and supports "living in the anxiety of not knowing" which is allowing me to be open to the profound conversation of ideas that is taking place in the contemporary analytic world. Dr. Geist's paper certainly added to and sparked more of this engaging exchange.

The dialogue of ideas was rich and stimulating. During the post panel discussions and subsequent conversations, some clinicians challenged Dr. Geist's views. They questioned that his self-disclosures might be too personal or his spontaneous reactions not thought through with the discipline that psychoanalysis should demand. However, it was just this quality—his spontaneity—that captured my attention. For me, Dr. Geist's presentation challenges us as analysts to respond more from the part of ourselves that is in empathic union with our patients than from our intellect informed by theory. I believe that if you live in an empathic relationship with someone, you are disclosing yourself all the time. Additionally, verbal self-disclosure will become organized and expressed spontaneously in a rhythmic way. When analyst and analysand are able to remain in the connectedness of their relationship, transformation is possible for both. As Dr. Geist so beautifully portrayed in his paper, when there is a rupture, a break in the rhythm of this connectedness, it is ameliorated through the analyst's efforts to empathize with the patient's experience of the analyst and the analyst's willingness to acknowledge his contribution as a living part of the connectedness.

A second challenge to Dr. Geist's presentation that was expressed during the post-panel discussion group was that the impact of Dr. Geist's offering acknowledgement of his contribution served to disarm the patient's anger too soon. Implicit in this critique is the view that anger is an innate component of man's intrapsychic life. To gain control over the aggressive drives then requires that the patient be allowed to feel and express the anger, so that its intrapsychically derived unconscious elements can be made conscious and the aggression neutralized. However, Dr. Geist and I share a very different view of the meaning of anger. To illustrate, I refer to my preschool experience.

A Preschool Vignette

Johnny hits Susie hard. She is sobbing. Everyone runs to her aid. I walk slowly toward Johnny. He is fuming. As he sees me approach, he lowers his four year old head and slumps in his chair. I lower myself to his level and ask gently, "Susie's crying pretty hard?" "Uh huh," he says. "You must have hit her pretty hard?" I inquire softly. "Uh huh," he says. "You must have been really mad," I say, the tone and pitch of my voice rising in a half statement, half question. Johnny perks up, "I was. I was on the swing and she called me stupid because I wouldn't let her have a turn. It was my turn!" he proclaims. "Oh, she really hurt your feelings?" (He nods emphatically.) That's what made you so mad?" I ask. "Yeah," he says, kicking at the leg of his chair. I say, "It's okay to feel mad, but it's not okay to hit. Hitting really hurts." Johnny and I have more conversation about what else he could do when he feels hurt and gets mad. There is a pause. He looks toward Susie who is still crying. I muse, "What's it feel like to you that Susie is still crying?" Johnny lowers his eyes a bit and says, "I feel bad." Maybe you want to tell her that?" I wonder out loud. He takes my hand and says, "Come with me."

This is how I understand Geist's self psychological view of aggression: the aggression is always a result of feeling hurt in some way. Our primary goal is not to address the anger per se, but to address the narcissistic matrix, that is, the disruption in selfobject connectedness.

All during my therapeutic career, I have incorporated my learning and experience into a model to help parents become empathic, psychologically-minded parents. I am continuing to develop this work and hope to present it to a self psychology conference soon. I have seen many well meaning, young parents whose only education in child rearing was to have been a child in their own family. Doubtless, a psychoanalytically informed education for parents aimed at preventing the transmission of their own trauma would be better. Children deserve a chance, "a first developmental opportunity," to be related to in ways that transcend the developmental possibilities that were present for their parents—hope replacing defeat. I feel that this is especially urgent today with so many challenges confronting our humanity.

I grew up a child at risk. Finding my way to the nurturing environment of the preschool at nineteen saved me. I decided then that when I became a mother I would always believe my child. I knew my child would always tell me the truth about his needs through the expression of his affects and behavior. We would make music together. We would create a dance. I would have to tolerate the shame of my mistakes and missteps when we fell out of step and righted ourselves.

As part of analytic work I think parents can learn how to get in a regulated rhythm with their kids. Soon after coming home from Chicago, I attended a Beatrice Beebe

conference in Los Angeles. Dr. Beebe was teaching mothers the language of their babies by showing them their split screen videos. This afforded the mothers the opportunity to change their dance from "chase and dodge" to one of connection. It was inspiring to watch. Dr. Beebe understood that many mothers who were pregnant during 9/11 were traumatized and that this was going to affect their babies. Now these mothers and babies are in the process of developing connectedness. This connectedness can change not only the lives of these patient/families, but the future families of their babies and their participation in larger communities.

Trauma is reflected not just in the lack of empathic relatedness to each other, but also to the life of the earth. We are now aware that in order to survive as a species we must learn to live in harmony with the biosphere—there will be no survival one without the other. If we can feel ourselves to be part of each other, our chance to experience ourselves in connectedness with the larger fabric increases.

H. G. Wells told us that ". . . human history becomes more and more a race between education and catastrophe." And Einstein said that we need to change our perceptions in order to survive. I believe we must see the needs of the planet and the person as connected. Theodore Roszak emphasized in his book *Voice of the Earth* that our physical survival now depends on our emotional growth. I equate emotional growth with the growth in humanity's capacity for compassion, I associate Kohut with compassion. The International Association for Psychoanalytic Self Psychology is growing, Jim Fosshage told us excitedly, and so grows the influence of compassion in the public square. Richard Geist asks us to reflect on connectedness—and not a moment too soon!

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Panel I: Evolving Perspectives on the Selfobject Transference

Judith Rustin, LCSW

This panel explored the usefulness and relevance of the selfobject transference as originally defined by Kohut in the 1970's for clinical work today. The question of relevance was embedded in a rich and detailed case presentation by Dr. Amy Eldridge. The patient, a married mother of three had a childhood history of chronic, ongoing abuse; at the time of the presentation the patient had been in treatment for 10 years.

Dr. Eldridge's formulation of the patient included two fundamental senses of self: One organized around a fundamental sense of being defective and the second crystallized around a sense of being powerful and destructive when she behaved in a provocative, angry manner. Embedded deep within these two alternating senses of self was a longed

for a fantasied ideal mother who intuitively understood and met her needs and with whom she could merge.

The patient presented herself in treatment as hyper vigilant, frightened and simultaneously desperate; she wanted to improve for the sake of her children. The patient devised her own frame for the treatment. Initially, she barely came into the room and insisted the door be kept open. Once some trust was established and she was able to enter the room she sat at Dr. Eldridge's feet with her back to the therapist. Throughout the treatment the patient continuously challenged the frame by demanding personal information and wanting or expecting gifts and special attention from the therapist.

Dr. Eldridge's sensitive handling of the patient's fears and demands quickly set the stage for the patient to develop an idealizing selfobject transference. Dr. Eldridge became the sequestered, fantasized good mother of the patient's childhood's dreams. This development was balanced by the patient's fear of and shame in overtly exposing this idealized transference wish. And, although this selfobject transference was in place, other transference issues were also prominent, namely, the provocative, angry child/woman and the self attacking fundamentally flawed child/woman. Little discussion with the patient of the latter two transferences seemed to have an impact upon any of these essential senses of self. Dr. Eldridge highlighted the therapeutic challenge for her by describing the lack of "as if" in the patients' experience. For this patient "the reworking was in the action, not the discussion". Given the complexities of the transferences and the patient's need to enact rather than talk as a way of working through, the therapist was faced with an unenviably difficult therapeutic challenge.

At the time of this presentation, 10 years into the treatment, the patient was somewhat improved, deeply attached to Dr. Eldridge, able to acknowledge her attachment, but still prone to enacting considerable provocation with others, intractably viewing herself as defective and easily injured. The patient continued to have little self reflective capacity. Why, after 10 years of treatment, numerous sensitively handled ruptures and repairs was the patient not further along in her psychic development? This question embedded in the case presentation provided the raw material to define the evolving perspectives on the selfobject transferences.

Both discussants, Dr. James Fisch and Dr. Peter Buirski, acknowledged the clinical value of working with the selfobject transferences as originally defined by Kohut, but both also felt additional theoretical concepts are required in working with a traumatized patient such as the one presented by Dr. Eldridge. Dr. Fisch pointed out that in today's psychoanalytic practice, patients like the one presented are far more common and present unique and difficult challenges for even the most patient, sensitive and experienced therapists. In contrast to the perspective of today's panelists, Kohut's conceptualization of the selfobject transferences and his use of them clinically derived from working with narcissistic patients who were far more organized in their functioning and psychic structures. Thus, the linear trajectory of the maturation from archaic to mature forms of self object transference as defined by Kohut for those patients was a reasonable expectation. That trajectory may not be as relevant in today's psychoanalytic practices.

After noting the patient population difference, Dr. Fisch concludes that traumatized, psychically damaged patients like the one presented require much longer periods of sustained merger with the therapist. This requirement precludes mutual engagement

and makes "humanly impossible demands on the therapist". He supports the use of the selfobject transference in clinical work with such traumatized patients; in fact "he wouldn't leave home without it". But, he notes that in addition to selfobject transferences, there are also relational transferences that are present that need analysis before development can proceed.

Dr. Fisch suggests the non-linear developmental systems model as one that might be better suited to clinical work today. He notes that rather than thinking of archaic to mature senses of self, interim views of self that organically emerge within the specific patient-analyst dyad such as "old self with old other, old self with new other and new self with new other" expands the clinical domain by offering additional ways to understand and work through the various transferences. This kind of formulation would not require mutual engagement on the part of the patient and might provide interim benchmarks through which the therapist might monitor the patient's progress thereby reducing therapist frustrations and the sense of stalemate.

Dr. Buirski's discussion of the case had a similar overarching theme. He felt the selfobject transference provided a useful framework in this treatment, but did not "feel good" to the patient and therefore was not enough. Dr. Buirski suggests the emphasis on the more traditional selfobject transference obscured attending to other transferences that may have been more in the foreground. Dr. Buirski tentatively offers a different formulation of the patient's angry, provocative outbursts and intractable connection to herself as victim. He postulates that these aspects of the patient's behavior represent the patient's striving for psychological health. In his view the patient developed these modes of being as a way of enlivening herself, giving herself a sense of agency and warding off usurpation by her psychiatrically ill mother. Dr. Buirski viewed these repetitive, conflictual aspects of the transference as being foreground issues that were not acknowledged, affirmed and mirrored by the therapist. Thus, the curative aspects of the selfobject transference were never fully realized. Dr. Buirski believes that attending to the repetitive conflictual dimensions need to be worked with as they emerge in the transference in order to unleash the full power of the mutative aspects of the selfobject transferences.

In summary, Dr. Eldridge's comprehensive and detailed clinical presentation of a traumatized patient provided an excellent platform from which the two discussants made convincing arguments that using Kohut's vision of the working through of selfobject transferences was not sufficient to effect change with many patients who today appear in our consulting rooms.

Panel II: The Self

Eleanor Feinberg

Presenters: Richard Geist, Ed.D. and Jody Messler-Davies, Ph.D. **Moderator:** Ronald Bodansky, Ph.D.

"Connectedness, Permeable Boundaries, and the Development of the Self" _By Richard Geist

Geist is interested in the clinical possibilities that the concept of connectedness offers. The three components of connectedness are the selfobject functions, subjectivity, and empathy. He invites us to use the concept of connection as a central organizing principle in the way we listen, interpret, make interventions, and experience our patients. Connectedness is the essential ingredient, the "moving edge," that remobilizes thwarted developmental needs and offers the potential of an optimally functioning self. He defines connectedness as a conscious or unconscious "felt sense of sharing and participating in another's subjective emotional life while simultaneously experiencing another as participating in one's own subjective life." He believes that *"the felt presence in another's subjective world"* is bi-directional. It is the interpenetrating experience of connection that contributes to the development of the selfobject transference, the structuralization of the self, and the capacity for mutual intimacy.

His notion of interpenetrating subjectivities makes permeable boundaries a given. By placing self-psychological concepts within an analytic dyad that is defined by interpenetrating subjectivities he stretches the boundaries of Kohut's self- psychology. For instance, disruption and repair look somewhat different from a connectedness viewpoint. He says that repair can require not only the analyst's empathic understanding of the patient but also the patient's empathic understanding of the analyst.

This is an evocative and thoughtful paper that highlights and particularizes the essential qualities of connectedness. Geist suggests that the analyst's full subjective responsiveness may be necessary for an analytic process to develop. He offers sensitive vignettes about patients who require that they be a felt presence in the analyst's mind before they can feel safe enough to get in touch with their needs. His vignettes illustrate the usefulness of enactments when the patient needs an experience of what is needed. He presents connectedness as an essential component of therapeutic action, but I think that what may be missing from this fine paper is a clear statement that connectedness lays down the base for a transference to develop, and that it is through the transference that awakened needs can be worked through.

"On the Nature of the Self: _Multiplicity, Unconscious Conflict and Fantasy in Relational Psychoanalysis" _By Jody Messler-Davies

Whereas Geist's self-psychological self is a singular continuous unit that develops over time within a selfobject matrix, Davies's relational self is "a somewhat fluid organized network of interpenetrating self/other organizations of experience." Self/other organizations are formed throughout development in response to a wide range of traumatic interpersonal situations. Each self/other organization is a separate "self state"

accompanied by specific representations of self and other with its attendant fantasies and developmental levels. These multiple selves are underpinned by the predictable repetitive patterns which are formed by our early relationships and which contribute to our distinctive characters. Intrapsychic conflict arises when one self state is irreconcilable with another self state. These irreconcilable self/other configurations emerge during the therapeutic endeavor. Transference and countertransference enactments inevitably become engaged as particular self/other configurations of the patient collide with certain self/other configurations of the analyst.

This multiple self state model is based on the concept of dissociation caused by severe trauma. The concept has been broadened to include more typical anxiety situations. Davies gives us two examples of the type of identificatory conflict that makes dissociation necessary. At the more severe end of the continuum is the child whose parent alternates between being abusive and being nurturing. The child adapts by forming a separate identification with each aspect of the parent. These identifications are irreconcilable with each other and an unconscious conflict arises as a result of the dissociation between the two self/other states. At the milder end of the continuum she gives us an example of a man struggling with "how to be a man for my father and how to be a man for my mother."

Unfortunately, Davies was unable to attend the conference because she was sick with pneumonia. Steve Stern performed the admirable and unenviable task of reading her paper. The second part of her paper was a case study designed to explicate her theoretical stance. She gave us a relational formulation of her patient's dynamics. She described the internal cast of characters that she and her patient might each bring into the analysis, but without her there to amplify the case material it was difficult to see how the case material unfolded.

Panel III: Evolving Perspectives on Interpretation

Joan Rankin, Psy.D., M.S.W.

In this interesting panel discussion Anna Ornstein, M.D. outlines her current thinking on the interpretive mode with her paper entitled "Do Words Still Matter?" Shelly Doctors, Ph.D. adds a welcome intersubjective systems focus to the discussion in her paper, "Interpretation as a Relational Process".

Ornstein begins her discussion of the interpretive mode by focusing on the clinical challenges with patients who develop defensive psychological organizations which helped them survive traumatic childhoods, but which, over time become crystallized into personality features and patterns of behavior that hinder the development of sustaining relationships and optimal mental health. She underscores that the question self psychologists need to ask themselves now is: How do we include defensive structures into our empathic interpretive comments when we recognize that they both protect a vulnerable self and constitute great obstacles to change? Indeed, for those with severe personality disorders, defenses may become a core part of the sense of self. Kohut

believed that the self psychological analyst must be concerned with the state of the self, with therapeutic progress requiring an increased cohesion of the self, rather than focusing on the more classical notion of "psychological mechanisms" leading to change. Ornstein adds her belief that we also must assess whether or not self cohesion is maintained by defensive structures. This challenge becomes even more complex when one realizes that even the most intractable features of personality are context dependent, and can become less automatic and more flexible, or more rigid and intractable, depending upon the degree of engagement in the therapeutic dyad. In the process of treatment, the fate of defenses largely depends upon whether or not the patient's archaic mirroring, idealizing, and other selfobject needs are being met in the transference. Through an empathic listening perspective and empathic interpretations, the therapeutic process can deepen, and the presence of well established selfobject transference may make the use of defenses unnecessary.

Anna's two clinical examples illustrate how both the need to repeat and the dread to repeat maladaptive relational patterns co-exist throughout treatment, and how defensive structures impact the therapeutic process. Ornstein emphasizes the dread to repeat which she defines as the fear of repeating old behavioral and relational patterns. She also utilizes Brandschaft's concept of the need to repeat, which is illustrated when a patient clings to noxious relational ties and experiences self-endangerment when these come under stress.

The first patient, Mrs. Tennenholz, a seemingly high functioning 50 year old patient, came to treatment during a personal crisis of bankruptcy, which brought on bulimic symptoms of her adolescence. After two years of treatment, Ornstein was unable to engage her in a meaningful therapeutic process that would allow for a selfobject transference. This patient repeated her tendency to become radically self reliant in the face of her life crisis, and, as a result, was unable to explore the meaning of her symptoms in treatment. She needed to hold onto her defenses in order to assure her sense of self cohesion. Ornstein candidly describes her own sense of distance, formality, and lack of involvement with Mrs. Tennenholz, who frustrated her sense of usefulness as an analyst. One is left wondering what would have been needed by this patient to have become engaged.

The second patient, Mrs. Moore, brought a disturbing array of symptoms to her treatment: a history of hospitalizations due to self-mutilation, and states of dissociation accompanied by disorientation to place and time. Despite her announcement of a previous diagnosis of Borderline Personality Disorder, this analytic pair established a selfobject bond that held this patient through a traumatic disruption of the treatment brought about by her witnessing the unknowing Ornstein as she greeted her son at the airport with a loving kiss upon his arrival home. Mrs. Moore was able to verbalize her suicidal despair, rather than remain in a dissociated self state. In the following session she was relatively undefended as she shared her realization that what she wanted was love, not analysis, and she wanted the same love from her analyst that was bestowed upon Ornstein's son. While it took time for this analytic pair to right itself, Ornstein suggests that the selfobject transference provided a temporary or transitional self-cohesion which got them through this crisis, but not without Mrs. Moore temporarily needing to fall back upon old ways of preventing self-fragmentation in the form of defensive dissociation. Mrs. Moore was able to articulate her archaic longings which are seen as a dread of repeating old relational patterns. This represents a shift toward increased self-cohesion. The warm, affective engagement with this patient was markedly

different for Ornstein. This engagement should not be understated in its importance in maintaining the selfobject bond, as well as expanding what could be explored in the treatment.

For Ornstein, the pull to repeat old habits and the newly acquired capacity to tolerate tension, hurts and frustrations appear in the transference-counter transference interaction. The newly developing structures need to be validated to become permanent, and validation requires clearly and explicitly articulated interpretive comments. In short, yes, words still matter!

Shelly Doctors adds a vibrant dyadic, intersubjective systems perspective to the discussion as she delineates the ideas of Kohut which are inextricably woven into the fabric of her work: the empathic listening stance, the selfobject concept, the experience near perspective and the pacing of interpretations. Her definition of the concept of interpretation as a relational process, (in her paper of the same title), is multi-faceted: By relational she means all psychological aspects of relatedness between patient and analyst, (with no specific connection to the relational school of analysis intended). Doctors illuminates the shift in our contemporary views of interpretation, which is evolving from a focus on insight and the content of what the analyst illuminates, to include how the patient and analyst interact, as well as what emerges from the dyadic interaction. Doctors underscores that interpretive activity isn't just about imparting knowledge: any insight achieved is inseparable from the affective bond from which it emerges. Two related points explicate the patient-analyst interaction:

- . Any understanding achieved by patient and analyst emerges from the co-creation of their shared interaction.
- . Dyadic interactions, operating on many levels, conscious, unconscious, non-conscious, declarative and procedural, facilitate (or constrain) what can be thought about and communicated in treatment.

The following clinical vignettes illustrate Doctors' key points.

In the first case, Evelyn's participation in her treatment was characterized by rapid, non-stop speech which left little room for the analyst's responses. Indeed, any attempt on Doctors' part to join the conversation was rebuked. The culmination of this dyadic state of affairs was illustrated in the helpless exasperation of Doctors' plea, "Evelyn, I'm trying to participate!" Evelyn held great fears of being usurped, while Doctors had needs to be recognized and feel useful. This statement was a declaration produced by the interaction of these worlds of experience. According to Doctors, the statement qualifies as an interpretation in that it was a spontaneous attempt to illuminate unacknowledged meanings. Evelyn's need to be appreciated and her fears of impingement became foreground when met with Doctors differently organized need to be recognized and useful. This "collision" of their experiential worlds perturbed their dyadic system, but opened up new areas of exploration between them.

For Doctors, the focus on the content of interpretations has broadened to include an interest in communicative processes and its intriguing implications. For example, her openness to strong impressions which "seemingly come from nowhere" is evidenced in her second case:

Raphaela began treatment for her anorectic symptoms by talking about her intrusive and disturbing relationship with her mother. Offhandedly, Doctors learned of a stepmother and indicated that she wasn't aware that her father had remarried. Raphaella's response, "Oh yes. Zelda . . . she died", was met with both verbal and non verbal responses from Doctors, who "felt physically galvanized, and profoundly distressed . . . like an alarm signaling danger." She ultimately responded with the interpretation, "Somehow I have a sense that you are starting to let me know that there was something violent about this." Raphaella nodded and said, "Yes."

Doctors thinks of this interpretation as:

- . Communicating her view of the patient's psychological world of emotional violence.
- . Using both affective "overtones and under tones" of Kohut in shaping it.
- . Utilizing those undertones and overtones in conveying many aspects of her own state of receptivity to and interest in the experience of the patient. This conveys a respect for intense emotional experience, and a capacity to bear what the patient might share. She believes in the therapist's capacity to share herself with her patient, which allows her state of mind about the relationship to be known. This contributes to a dyadic freedom to be able to think, experience emotion, and to more comfortably share their experience of each other.

The third case is Justine. In a dyadic exploration about her mother's medical choices, choices which hastened her mother to her death, Justine comes to a sudden realization of the need for her mother to be in control of the way that she died. This realization was facilitated by a multi-layered and complex interpretive process. The patient's perception of the receptivity of the analyst facilitated the patient putting her experience into language. Doctors and Ornstein seem to be in agreement about the importance of language as an emergent property of dyadic systems and language as crucial in the interpretive process.

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Panel IV: Forms and Transformations of Narcissism

Nancy VanDerHeide, Psy.D.

Carlo Strenger and Frank Lachmann, respectively, provided us with macrocosmic and microcosmic views of the forms and transformations of narcissism. Strenger took us out of the consulting room and into the network society of the global village to emphasize the novel challenges to identity formation and self esteem generated by a radically new world. He brought his wide-ranging philosophical and pluralistic psychoanalytic

deliberations to bear on new generations of patients.

Lachmann took us deep into the interpersonal world and led us on a multi-modal, multi-media journey highlighting the processes of transforming affect into mature forms of narcissism. Both panelists, each in his own unique way, embodied the "New Directions" promised by the conference theme. Estelle Shane expertly and humorously moderated the panel, contextualizing the presentations in light of the backgrounds of the panelists.

A significant outcome of today's radically changed global, socio-cultural milieu is the appearance of what Strenger designates the "Designed Self." The combination of easy access to Internet information and the relative disappearance of the father (or the cultural authority for which the father has until recently been the primary symbol), presents people now in their early 20's and 30's with new parameters within which to form an identity. Having been deprived of identity-forming cultural information that was traditionally transmitted vertically from generation to generation, these individuals in particular find themselves needing to create their own identities through the application of their individual talents, predispositions, inclinations and temperament to a wildly unprecedented array of potential roles, professions, and goals. They import their cultural information horizontally from media-inspired icons and the network society.

For those individuals possessing the aptitude for their chosen endeavors, a kind of financial and status-oriented success exists that surpasses anything possible until the 1980's. It is far more possible now than ever before for people to shape an identity that deeply suits their temperament. At its best, this is an exhilarating and motivating challenge. Consider the rise to superstardom of Madonna, a determined young woman from a blue-collar background with big aspirations, or Bill Gates, a nerdy techie who dropped out of college in his junior year to start his own company. Unfortunately, however, this mode of identity formation has given rise to the myth that anyone can become anything he or she desires, a myth that has become normative among the post-Baby Boom cohorts known as Generations X and Y. Contradicting this myth, Strenger points to research indicating that it is actually much more difficult now to achieve upward social mobility than was the case in the 1950's. But for the vast majority of Gen-Xers the attainment of anything short of the highest success is experienced as abject failure. This is failure attributed mainly to shortcomings within the self and accounts for deeply entrenched crises of self-esteem.

This, of course, is the exact provenance of psychoanalytic self psychology, especially given the absence of idealizing selfobject experiences that would put children in touch with their own guiding sets of values and goals. However, as Strenger indicates, psychoanalysis is a highly canonic culture. In other words, we revere or reference the works of our forebears in ways that are completely at odds with the nearly a-historic culture of most Gen-X and Y'ers.

For people trying to locate themselves in the vast panorama of the global community, the past, their own and that of society at large, holds little interest and seems largely irrelevant to their current difficulties. Rather than disputing that position, Strenger maintains that it is our job to co-create with our clients new narratives that take into account the realities of the present day. This does not require the relinquishment of the cherished ideal of a "deep self" within which resides the potential for the countless and varied meanings that contribute to a fulfilling life.

Rather, Strenger speaks to our need to engage our beings as fully as possible with our clients in ways that both empathize with their self-experience and acknowledge the realities of a global urban lifestyle in order to enjoin them in a dialectic between the deep and designed selves. Pointing to the successful and growing field of life coaching, he emphasizes adopting a role of mentorship to our clients that combines practical knowledge of how the world works as well as a focus on each individual's unique configuration of talent and desires in assisting them in a creative act of self-synthesis. It is important to keep in mind that the designed self is not a fantasy; it is, rather, the result of the vastly increased options available to those with the talents that fit them. Unfortunately, the increased pressure for enormous levels of success that accompanies these new realities often collapses the potential space required for its realization, and one of our jobs is to help restore that transitional area.

Frank Lachmann moved the discussion from Strenger's globally-contextualized arena to that which occurs within the intersubjective world of the dyad. Picking up where Kohut left off in 1966, Lachmann engaged the audience in multiple experiences of the process of narcissistic transformation as it occurs in the consulting room, as well as in the myriad of transactions occurring across one's lifetime that also contribute to the emergence within the sense of self of empathy, humor, creativity, tolerance of a sense of transience, and wisdom—the mature forms of narcissism.

In keeping with Strenger's emphasis on relational interaction, Lachmann stressed the co-created, bi-directional nature of the process of transformation. Drawing on his work with Beatrice Beebe a propos the organization of experience, he demonstrated the ways in which their "Three Principles of Saliency" (2002) influence the transformation of archaic narcissism, or more precisely, affect, which then impacts the patient's, and analyst's, sense of self.

The first principle involves the ongoing self and mutual regulations within a dyad which create transient alterations of affect states in both participants. By increasing or decreasing vigilance, the individual regulates his or her states of affect and arousal. By reciprocally influencing one another, degrees of closeness and intimacy are regulated.

Lachmann used the always painful "still face" experiment conducted by Edward Tronick to illustrate the second principle, disruption and repair of the expected, ongoing interaction. We in the audience engaged in our own patterns of affective self-regulation as we watched the infant move from an exuberant state of joy, to bewildered distress, intolerable anger and finally withdrawal from the unexpected and terribly wounding rejection by the mother. The infant expects ongoing affective responsiveness, in other words, empathy. Its loss and re-establishment are elemental in undermining or restoring the affective tie and, subsequently, self-cohesion.

An incident involving the third principle of saliency, heightened affective moments, occurred in the clinical material taken from Lachmann's work with "Sally." The self-experiences of both Frank and Sally are transformed in a moment of surprise leading to the kind of strongly emotional exchange that organizes self-experience for prolonged periods of time. The self-esteem of both members of the dyad was enhanced, the result of the transformation of prior affect states to the more mature manifestations of narcissism, in particular, increased empathy.

Lachmann's work assumes, along the lines delineated by Socarides and Stolorow

(1984/85), the central role of affect and affect integration in the gradually developing sense of self and the concurrent transformations of narcissism. He identifies both cross-modal perception and entering the behavioral/affective stream of another as two of many precursors to empathy. Both acts lead to the transformation of affect and the subsequent experience of empathy. Lachmann again provided a poignant example involving both of these processes in a film clip depicting Isaac Stern helping a young violinist transform her ability to imbue her music with significantly greater feeling. In a matter of minutes he both joined her behavioral and affective stream and invited her to join his. By asking her to sing what she was playing, he allowed her to experience in a different modality the music she was attempting to create. Her later achievements speak to a transformation in her ability to play that may well have resulted from subsequent repetitions of her new acquisition, as well as an enhanced sense of self.

In combination, Lachmann's examples served to illustrate his formulation of the process of transformation of affect into empathy and other more mature forms of narcissism. The examples, ranging from interaction within the therapeutic dyad to encounters outside of the consulting room, evocatively depicted the part played by the aforementioned "three principles of salience" in the transformation of disregulating or uncomfortable affect states into more positive and generative ones, setting the stage for the narcissistic transformations first described by Kohut.

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An Interview with Estelle Shane, Ph.D.

Kati Breckenridge, Ph.D.

Kati: The best thing about being one of the online editors for this newsletter is being able to interview you, Estelle. As your friend and colleague it would be a pleasure at any time, but it is particularly timely now as you will become the new President of IAPSP in October, 2007. However, I'd like to begin with another accomplishment. You were one of the original twelve analysts who conceived of and created the Institute of Contemporary Psychoanalysis (ICP) in Los Angeles in 1991. ICP produced a big change in the psychoanalytic world, and was a huge undertaking. Why did you want to create a new psychoanalytic institute?

Estelle: I think it was many things. As much as anything else, I was offended by the way psychoanalysis was being taught at the American Psychoanalytic Association affiliated institute where I was trained, and in which I was a training analyst. But, thinking about it, more offensive even than that was the certification process for graduate analysts who wanted to achieve the position of training analyst in their own institutes. The certification process was a function of the American Psychoanalytic Association, and I found it totally reprehensible. To give you an example, a graduate from the Los Angeles Psychoanalytic Society and Institute was turned down for certification by the American because of her

case write-ups. Now, I had supervised her in her work, and I knew she had dealt with the patient in question in the very same classical manner that the American required. And what the certification committee of the American looks for is whether the case write-up demonstrates an understanding and application of classical psychoanalytic theory. As I say, I knew this candidate had analyzed her patient in a classical manner. But in the last session of the analysis, she answered a question her analysand had been asking for the entire five years of their work together. The patient said to her in this last session, "Look, the analysis is done; will you please finally tell me where you got that painting?" The analyst responded to her patient that she and her husband had done an externship in Mexico during one of their semesters of medical school, and it was in Mexico that they had found this art piece. The patient was delighted because he had been to the very same town in Mexico. He knew that he had recognized the style of this piece of art and they both in this last session enjoyed comparing notes about the artist and the town in Mexico. Then the American failed the analyst in her effort to achieve certification because, as the committee told her, she had ruined the entire analytic process by giving her patient what they called an oedipal victory, an unthinkable analytic error, and certainly unworthy of certification.

This to me was truly non-sensible. Her institute had evaluated her as exceptional, one of the best candidates they had ever graduated. But when the American says she's not good, what does the institute do? They don't fight; they don't say, "How dare you overrule the estimation of the institute that knew her and trained her!" They say instead, "Oh, I guess we must have missed something. Yes indeed, she is inadequate, or in any case, not eligible for training analyst status." That was deeply offensive to me, and there were many other things as well, that troubled me. To me, it encapsulated the way in which the American controlled and infantilized institutes and the institutes accommodated to and cooperated with this infantilization process. Institutes didn't stand behind their candidates, nor behind the education they themselves had provided. They didn't stand behind the supervisions for which they were extending credit. They were ready to remove all credibility from the candidate they had trained. That sort of thing made me feel like it was time for a change, time for the creation of an institute independent of an overall governing body, for an institute that was organized by a pluralistic curriculum where no one treatment model trumped all others. Time, then, for an institute of contemporary psychoanalysis.

It was around then that I got a call from Bob Stolorow who said, "You know how we both have been dreaming about setting up a new psychoanalytic institute, were you serious about that; were you really ready to do it? Because there is now a group of twelve of us, including you and Mort, who are ready to go." It was Sunday night and we got together one evening in that very week and talked enthusiastically about what everyone's hopes and dreams were, their goals, their ideals, their values, what we all thought a contemporary psychoanalytic curriculum should look like. We set up a specific date before which time we would keep our plans secret. On a designated date the community was notified by letter that the doors of ICP would be open for the first class of analytic candidates in September, 1991. Interested prospective candidates were invited to apply, and all graduate analysts would be accepted—without question—as members if they applied within a time frame. The letter was sent on January 1, 1991.

K: There were many applicants that year. As you know, I was in that first class. I remember wanting to study what was current in psychoanalysis, not have to wait years while studying classical psychoanalysis as I would have had to in any of the other

institutes.

E: Yes, the courses were about what was contemporary on the analytic scene, our strategy being if you were going to train in a science you probably wouldn't start your education with dated ideas. You would start with current understanding. Why not do the same with psychoanalytic training?

K: Another of the founding members of ICP was Mort Shane, your former husband. The two of you published a lot together over the years. I've enjoyed your articles, especially the classic "Self Psychology After Kohut: One Theory or Many?" which I always use for teaching. You and Mort also did the book *Intimate Attachments: Towards a New Self Psychology*, along with Mary Gales. Can you tell us about your published work: the process, the pleasure, the stress? What you would change?

E: You know I think there is nothing I wouldn't want to change, more or less. My vision of the field does change, and change progressively. But I always think, when I reread them, that our articles were well written, and there is some satisfaction in that. Well, the way we wrote the book *Intimate Attachments* was that all three of us—Mort, Mary, and I—were together in the writing process consistently, no one writing anything apart from the other two. And at the beginning it was very smooth and enjoyable. I would always be the one to sit at the computer, and we would all talk. Then I would write down what we had said after we had argued it out. Everything in that book was always debated and argued among the three of us.

K: You've also written about the effect of the divorce on your practice.

E: Yes. My practice . . . how it was to treat patients while getting a divorce in a very public way, with patients who knew only too well what I was going through. I think that I hadn't known to what extent I wasn't fully available to myself during this period of analytic work, how much I dissociated. I think . . . no, I know, it must have affected my patients in important ways. But I also think the experience changed me and my work for the better. I felt good about all that I was learning about myself in this process, yet it was very, very painful. It was often shameful and humiliating for me, but also, paradoxically, freeing. Once we were completely separated, on the way to divorce, I felt a sense of freedom to think and write that I had never felt before, and I had to conclude that I had been constrained for quite a while without knowing it, in both my thinking about my analytic work and in my writing. At the end of my divorce process I presented a paper at the Relational Conference in Rome about my experience called "Living with a Living Loss: Transcending Shame and Blame." It was a kind of making peace with the experience. I think that paper was what I needed to write in order to be able to reflect on it. It was satisfying and reparative for me.

K: Children? You have two children I believe.

E: I have two children, two boys, both of whom are married, both of whom themselves have children. I am also remarried to a man with two children of his own, so we have developed this large and wonderful family. What's amazing to me is how a life that had seemed so comfortable and gratifying had changed so drastically in so many ways, offering me a new life that has its own gratifications, its own excitements, its own ways of being. And there were things I experienced which I would never have experienced without divorcing and remarrying. In some sense, it offered much that was new and

positive, even though my loss of a long and, for me, a happy and productive marriage is forever engrained in my sense of my self and of my past life. I remember telling a close friend about a story I had read many years ago taken from a novel by Floyd Maddox Ford called *The Good Soldier*. I must have read that novel maybe 30 years ago. It seemed to have nothing to do with me, but yet this story had always stayed with me. The main character discovers that his wife, whom he had been happily married to for many years, was actually having an affair, and that the affair had been ongoing for a good part of the marriage. He thinks to himself, "A man eats an apple down to the core, and the apple had tasted good all the way through. But then the man discovers that there's a worm at the apple's core." He asks himself, "Is this a good apple? Or is this a rotten apple?" The question that the character is asking is, was mine a good marriage because it had always seemed good, or was it really a bad marriage because it was actually flawed from the very beginning? I had been profoundly struck by the thought, even though I had no idea that it would ever pertain to me, to my own life. But then the paragraph came back to haunt me.

As for my own kids, grown up as they were, they were terribly hurt and disappointed. It hadn't seemed possible to them that their parents would ever divorce. That was true of my grandchildren as well. Of course they've all moved on, but to me it is surprising that fully grown children still react so strongly to the break up of their family of origin. But they have adapted, and now enjoy relationships with the new family we have formed together with my husband, Arthur, and his children and grandchildren, and, presumably, with Mort's new family as well.

K: Your new house, Estelle, is full of sunshine and bright colors and books, whole walls of books. You even have one of those English style library ladders that allow you to select books from near the ceiling. So I know, for you, that books are extremely important. You write beautifully too; did you ever desire to be a writer?

E: No, because I never thought that I could. For example, I never had a history of writing like people who as children had written poetry and short stories. When I started college I had been given a placement test in English. I discovered to my great amazement that I had excelled, placing at the top of a very large body of students. So I discovered that I could write, or so they thought. I got my Ph.D. in English, ultimately, at UCLA. I did a great deal of writing and I enjoyed it enormously. But it's never been fiction. I've never written fiction.

K: What was your educational path?

E: I never really had any ambition to be anything in particular. I felt deprived because I had dropped out of college in order to work to put Mort through medical school. What I wanted was education and a degree, to feel less shame about being a college drop out. When I started back to school at UCLA, after my two boys had started elementary school, I would take courses almost at random, for example, in Russian literature in translation, in art history, in Victorian literature . . . you know, just a whole potpourri of courses. Mort tried to straighten me out, to provide some discipline. He said to me, "Settle down. No, don't be a dilettante; treat yourself like you are a man!"

K: As in pursue a goal?

E: Yes, pursue a goal. He said, "Don't waste your time with just taking courses at

random." So I chose English literature as the only thing sufficiently dilettante-feeling to me. I knew I would never want to teach English literature, not just because it was hard as a woman to be hired in a university in those days, but because to me it seemed ridiculous to try to tell people what was beautiful in what they were reading. I mean, it just didn't make sense to me. I did want a profession though that would allow me to work, so then I decided to go into education where I imagined that there would be more work opportunities of interest to me. All it took for me to earn a Ph.D. in education at UCLA was a few courses in education and some work experience.

K: From English, to education, to psychoanalysis, how was that?

E: Well, let's see, I got my degree in education, and my advisor told me: "They're looking for someone to initiate and direct an elementary school at the Center for Early Childhood Education." Up until that time it had been only a nursery school, a very popular, well-known, psychoanalytically-oriented, nursery school that actually had on its original board Anna Freud, Margaret Mead, and Ralph Greenson. A lot of people were interested in psychoanalytically-oriented early childhood education because Anna Freud had a great deal to say about child development up to age 5. So the Center for Early Childhood Education was organized around those principles. Now when I was finishing at UCLA, the board of the nursery school was wanting to set up to extend their school with an elementary school because the parent body wanted their kids to remain at the Center for elementary school. So the idea was for me, as the new director, to set up a psychoanalytically-oriented elementary school.

K: You did that! It must have been quite a task.

E: It was quite a task. First of all, I was not really equipped for any part of this job because I had never taught; never been in a nursery school, never been in an elementary school, and wasn't a teacher. But I had a degree in education which their Board thought was appropriate background. Secondly, I didn't know anything about psychoanalysis at that point. Still, they hired me. But then I said to them, "What does an elementary school organized by psychoanalytic principles look like?" And they said, "We don't know; it's your job to know." So, then I went ahead and applied for admission for analytic training at the Los Angeles Psychoanalytic Institute.

K: Would you have done it otherwise?

E: No.

K: So you became a Research Candidate. How was it to train in psychoanalysis at the time?

E: At the time I thought, "What kind of idiocy is this?" My first course was taught by a Kleinian who was visiting from England. It was on the technique of doing analysis using the dream. What he did was present a verbatim report over a period of 10 weeks from an analysis in which everything was perceived through dream work. This was because this analyst believed that the dream is a direct expression of the id, which is where the unconscious lies and everything important to know about an analysand is what comes from the unconscious and therefore the subjective experience of the patient is irrelevant to psychoanalysis. He showed us how he used the dreams in the analysis, how he interpreted the dream, and how the patient responded. At the end of the class, the

teacher said, "So, over the course of this analysis the patient had married and had two children, but I didn't know about these events until the analysis was over." When the class asked, "How can that be?" He responded, "Well, it didn't appear in his dreams, so it was nothing to me as his analyst." This was not what I had learned about human nature in all the novels I had read so I wondered what I was doing there. But I stayed in the training program anyway and it was interesting studying Freud. You know, we spent 3 years on Freud. And though studying Freud had its value, I kept thinking, "So when are they going to teach me how to do this?"

K: How to actually do an analysis?

E: Yes, but wait! I have to tell you about my first adult patient. He was a man with the highest clearance who was working with the government on a secret project. He was very, very smart, and he would lie on the couch and talk, then pause, then talk again. He felt that there was no one able to communicate with him because no one was on his intellectual level. He had had that trouble throughout school. Kids didn't like him, and he didn't like them. My supervisor, my first analytic supervisor, would point to this as transference feelings. "Well, this is transference," he would explain to me. "This patient obviously is having strong loving, sexual feelings for you. That's transference; that's what transference is. So when the patient pauses in his conversation you know that's resistance and what you do is interpret the resistance. But you don't begin with an interpretation; you first begin with an observation or confrontation, then resistance, and then working through." That was the model. So when the patient stopped talking, I was to say, "I noticed you stopped talking, there must be something on your mind you don't want to say." And that happened a couple of times with no response at all. So then I was told to say, "You must be thinking about me." And I said that a couple of times, before my patient finally turned around and said to me, "What are you talking about? You're a shrinky-centric person! Why should I even talk to you?" So that was my first adult supervision experience.

K: Great story! Then what did you do?

E: I started lying to my supervisor and I stopped listening to what he told me to do. I was just trying to learn what they meant by these strange concepts, even though I would never dream of applying them. By that time I was in my fourth year and we began to read contemporary literature like Ralph Greenson.

K: How did you encounter self psychology?

E: Well, while I was in analytic training and I was still at the Center for Early Education, I was asked to edit a book that Arnold Goldberg and John Gedo were writing that, of course, was heavily based on self psychology. Arnie is a close friend of mine and so he was the one who actually asked me. And reading and editing it, I learned. The book was about different models of the mind; it was fascinating to me. I had not met Kohut at that point. So I began to read Kohut. I didn't talk about it in my classes, nor in my psychoanalysis, but I did apply it in my work with teachers at the Center for Early Childhood Education. The theory was so helpful in my supervision of the staff that I wrote an article about it that was published in an educational journal. I wrote about conveying to the teachers at the Center that it was helpful to children who sought to idealize them not to disrupt the idealization out of their own discomfort or modesty. I taught them that parents too had transferences to teachers, and when they walked into a

teacher's office, they became like children themselves, looking up to the teachers, being at their mercy, psychologically speaking. There was a great deal I learned, and felt profoundly affected by, insights such as these from self psychological understandings.

K: You finally found something applicable.

E: Yes, I was really happy, and I when I finally got the nerve to tell my training analyst about it, he said to me, "Come on, you don't think there's anything that Kohut does that I don't!" "Yeah, sure . . .," I thought. Self psychology was not popular in my classical institute.

K: Who had the biggest influence on you in psychoanalysis?

E: Kohut, clearly Kohut! Kohut was unveiled to us, to Mort and me, by Arnie Goldberg. I remember we were all in San Francisco together, and Arnie had a bumper sticker made that said, "Narcissism is a separate line of development," which is early Kohutian thought and was quite mysterious to us. This was years before the first conference. But then, the year of the second psychology of the self conference the program committee asked Mort and me to formulate a Kohutian model of development.

K: You are especially good at distilling things, getting to the heart of the matter. Did Kohut recognize it too?

E: No, Kohut didn't think so at all! At the end of these yearly conferences, Kohut would rate the panels and the presenters, describing what each had done in rather glowing terms—until the year we presented. We had been asked to write a contribution on what a desirable model of development in self psychology would look like. And so what we did was create a developmental schema in which we integrated the works of Mahler, her developmental theory, and Kohut's developmental theory. While they were saying things in different ways, we wrote that they were in basic agreement. We quoted a letter Kohut had written to Margaret Mahler in which he says, "I think the two of us [Kohut and Mahler] are getting at the same thing—we're just working from different sides of the mountain." We felt that this indicated that he thought there was agreement between them, but in his address to us from the podium, Kohut took great exception. Speaking sternly to us, Kohut said, "Wrong, we're very different and here's why: Mahler in her object constancy is looking for independence and autonomy and self psychologists don't believe in independence and autonomy. Self psychologist see selfobjects as necessary throughout life. We never outgrow our need for selfobjects."

K: How did you feel?

E: Well, I felt totally intimidated, but Mort argued with him, really insisted—and this from the audience—arguing with Kohut! I was so impressed! Kohut started by saying, "Dr. Shane, Dr. Shane!" And then by the end he was saying, "Now, Mort, come on." So that year he invited us to join the Kohut Study Group.

K: Wasn't this the study group with all the luminaries in it?

E: Yes, there were Arnie Goldberg, the Tolpins, the Ornsteins, Bob Stolorow, Art Malin, Bernie Brandchaft, Evelyn Schwaber—I know I'm leaving out some.

K: On another topic, may I ask you about your early life—about your mother, father, and brother?

E: Okay. I was born in Chicago and I have a brother two years older than I. Too often during my childhood he was the major source of comfort to me. He was also my storyteller. He would tell me a story every night before sleeping. He invented characters who had different adventures. It was really a very important part of what kept me calm, regulated, and whole. My parents were very sociable people who were out almost every night of the week. They left my brother and me alone at home together. I was always scared of being alone and my brother would comfort me by telling me these stories. My brother was the most important person in my life until I got married. I went from loving my brother to loving Mort, hardly noticing the difference.

K: How would you characterize your early life and your adolescence?

E: I think my early life was filled with anxiety. I was always anxious, and the thing that organized my anxiety was that something terrible would happen to my brother. If he wasn't where I could find him . . . if I didn't know where he was . . . I was always worried about him. He'd get into fights everyday after school. I would stand there and cry, and he would turn on me and make me leave because I was embarrassing him. He was so important and I didn't realize that other people didn't feel that way about brothers until I asked my best friend when I was 13 or 14 . . . something about did she ever worry about her brother. She didn't know what I was talking about and I realized I was different in that way.

K: You're very close to your brother's daughter, your niece, Amy Eldridge.

E: Very close. I think very proudly of Amy really being my daughter. She is clearly adopted as a sister by my children, and her children feel like my grandchildren. I'm so grateful that she is in my life, and that we can share our professional lives as well as our personal lives.

K: How about your desires, your plans for the future?

E: I think no further than that I will continue practicing, teaching, and writing. I do love my work. It always seems like a privilege to be doing what we do. We get to know intimately many people whose lives we are privileged to share. On the other hand, I would like to spend more time on vacation, but I don't think of retiring. I always think of Anna Freud saying, when she was asked about retiring that she was past retirement; that she was hopelessly past retirement. I'm not at that point yet, but retirement I don't think of as ever in my future.

K: What about the future of psychoanalysis, what do you see?

E: What I see is that our field is flourishing now, I think it's because, for one thing, the field has opened up so enormously. I see increasing evidence of the inability to isolate a single theory or even a single set of theories that can be viewed as *the* way to practice analysis. I think there is increasing understanding that we need to accept the pluralistic nature of our field and to be grateful for it, to know that we have a multitude of ideas, good ideas, coming to us from many different theoretical sources. The theories we

personally choose, I think, are those theories that best represent and match the way we think about people, who we think people are, what we think people need, what we think makes people ill, and how we think people can best be helped to get better. The theory or set of theories that comes closest to our own ideas and ideals, I think, are the theories that we choose to help us listen and to respond to our patients.

K: What about self psychology, particularly as you anticipate becoming the president of our international organization?

E: I was very drawn to self psychology from the beginning of my psychoanalytic training, even though I was trained classically. I appreciated the way Kohut conceptualized the human being and his needs and desires, and I am very pleased with the way that self psychology is expanding. Now I think of myself as a relational self psychologist, still committed to many of self psychological concepts, but also impressed with the essential contributions of intersubjective systems theory, and of many ideas drawn from relational theory. I'm a hopeless integrationist, which keeps me interested in the remarkable explosion of psychoanalytic ideas on the scene today.

Dr. Estelle Shane is President-elect of the IAPSP, taking office in October 2007. Estelle was one of the original members of a Chicago-based study group led by Heinz Kohut—a group that evolved into the present International Council for IAPSP. She is a founding member of the Institute of Contemporary Psychoanalysis (ICP) in Los Angeles, and presently serves as Vice-President of that Board. She is one of the authors of the book Intimate Attachments: Towards a New Self Psychology, as well as author of numerous articles. Estelle is in private practice in West Los Angeles.

Dr. Kati Breckenridge is an analyst and a past President of ICP. She is in private practice in West Los Angeles.

Kohut Memorial Lecture Honoree: Paul Ornstein

Kate Schechter

For me, the highlight of Paul Ornstein's Kohut Memorial Lecture was his whimsical, moving "late night hypnagogic fantasy" conversation with Kohut, where those in attendance got to participate—up close and personally—in the very selfobject transference that Ornstein delineated in the body of his talk. Paul Ornstein's gift to his audience was a delightful encounter with the founder of self psychology that centered on the question so many of us have struggled with over the last 25 years: Is there no definition of psychoanalysis that could unite our divergent trends while also leaving room for future generations to transform and modify psychoanalysis from within? With a friendly admonishment to Ornstein and others who have glossed over it, Heinz Kohut reminded his colleague and former supervisee of the epilogue of *The Restoration of the Self*, where he laid down a broad definition of psychoanalysis—expressly excluding specific (i.e. historically specific) concepts—that left it open for ongoing change. In its essence, Ornstein-Kohut told us, psychoanalysis is the dyadic encounter of two people

for the reflexive exploration of the inner life of one of them. The different trends that we see in psychoanalysis today stem from "the variety of ways the data of this experience are organized, understood, and interpreted." Kohut's methodological legacy, the experience-near reformulation that constituted psychoanalysis as a science sui generis, thus authorizes clinical process on post-positivist grounds as a science open to ongoing development.

Emphasizing the selfobject transference, Ornstein briefly surveyed those of Kohut's contributions that set psychoanalysis on the "road of continual transformation" we've seen over the last 25 years: empathy and experience-near theorizing on the one hand, and, on the other, the basic concepts of self psychology—self, selfobject, selfobject transference, fragmentation (and, Ornstein adds, transmuting internalization). In the spirit of his Talmudic motto ("each generation should have its own interpreters, its own teachers"), Ornstein proceeded to give us his own subjective appraisal of Kohut's work and legacy in order to think through what our generation has done with this legacy to make it our own and, in doing so, to encourage our efforts to move beyond our current theoretical fragmentation and develop a culture of critique, connection, and expansion within self psychology. Hearing this, one felt that Dr. Ornstein was relinquishing the symbolic grip of the first generation of Kohut's students on his legacy, doing the work of mourning that might allow the rest of us to move on in developing this line of psychoanalytic work. But what, exactly, is this legacy? And what have we done with it? I summarize.

Empathy—our mode of observation, the "final common pathway for all varieties of affective-cognitive channels"—defines the domain of psychoanalysis. While the mode of observation in any science determines its data, by adding that it is the meaning of this data that is open to change, Kohut incisively set his method on an open course for discovery (and then for transformation, modification, and development) while at the same time offering a unifying definition of the field on epistemic grounds. Thus empathy, "inextricably intertwined" with self psychology, systematically grounds the empirical level of Kohut's legacy. As Ornstein said, Kohut profoundly believed that "the analyst cannot claim to having understood the patient unless the patient felt understood." Ornstein is reminding us that Kohut's acute sensitivity to history and culture allowed him to see that empathy was the emergent that Freud grabbed onto at the beginning of psychoanalysis with his concepts of transference and countertransference. Human subjectivity emerged as an object of scientific contemplation in late modernity out of "that basic level of man's relationship to reality where we cannot yet differentiate data from theory, where external discovery and internal shift in attitude are still one and the same, where the primary unit between observer and observed is still unobstructed and unobscured by secondary abstracting reflection."

A review of the basic concepts of self psychology (self, selfobject, selfobject transference, and fragmentation; Ornstein also adds transmuting internalization) followed, and it was here that Ornstein's reading of contemporary self psychology came into clearest view. Ornstein focused on the selfobject transference, the indispensable gravitational center of Kohut's contribution, delineating a number of reasons for its indispensability: (1) it captures early, determinate, specific developmental experiences, providing a continuation of early reality, widening the spectrum of analytically treatable psychopathology, and mobilizing and opening to view "what the patient's very personal agenda is—and not what the analyst may think should be dealt with;" (2) it expresses Kohut's fundamental view of the human condition that there is no complete autonomy at

the end of the developmental line; (3) it grounds his key ontological claim, that cohesiveness and vigor of the self motivate development; (4) it demonstrates that not only are faulty structures revealed in the selfobject transference, but also "tendrils of hope" to repair the deficit by reaching out to the analyst for the necessary, previously denied responsiveness; and (5) it guides us to the unfulfilled developmental needs that emerge with varying degrees of awareness and that allow the patient to feel him/herself part of the analyst, to feel the analyst part of him/herself, or to feel the analyst to be like him/herself.

It is this selfobject transference that Ornstein regrets has, over time, been omitted from explicit clinical discussion. To assess the several branches that have grown out of Kohut's work Ornstein set about to seek out the empirical data the newer intersubjective and relational theories seemed to be drawing on in order to see if his own theory allowed him to account for these. Here some examples and references to specific works would have been helpful, and I hope that when Paul publishes his talk he will add these. For both theories he outlined a broader and a narrower definition, and in both cases he found significant overlap of his self psychology with the broader definitions and difficulty reconciling the narrower ones with what he called "the empirically grounded selfobject transferences." Intersubjectivity, for instance, in its broad meaning—any two people ineluctably impact one another—finds a home in any psychoanalytic theory. Its more specific meaning, though, is not transportable across theoretical branches, as it rests on premises that are incommensurate with the idea of selfobject transference in assuming that even in early life there are two "whole" subjectivities involved with each other; this assumption, in neglecting the ways that in selfobject transferences patients experience the analyst as part of their self (or experience themselves as part of the analyst or as like the analyst) denatures the selfobject transference by diminishing its status to "one subclass of emotional organizing principles." In Ornstein's reading, intersubjectivity, in its specific meaning, can therefore neither illuminate nor facilitate the emergence of reactivated archaic needs in treatment, even while it does give us an updated language that is "more clearly expressive of psychoanalysis as a pure psychology." Next Ornstein spoke of relational analysis, differentiating a specific from a general meaning of "relational" in order to draw attention to Kohut's (and his own) concern, exemplified in several stories of supervision with Kohut, that what is focally important is not the relationship per se, but, specifically, how the patient is experiencing the analyst, what the analyst is needed for functionally. "What we do and say matters less than what the patient makes of it." The analyst's spontaneous, compassionate participation should be a given; participation is the everpresent background of selfobject responsiveness.

Ornstein completed his brief survey with a sparkling imaginary conversation with Kohut. Those who were not present at the plenary will be pleased to know that in this conversation Ornstein not only secured Heinz Kohut's availability to continue talking to us into the future, but also received some elaboration on one of the most ticklish issues that has been with us since Kohut's last talked a quarter of a century ago, whether empathy per se has a curative impact. Did you really mean that? asked Ornstein.

Kohut: "Well, yes and no . . . besides being an avenue to the inner world, empathy also has many other meanings for the patient . . . it is already a response to unexpressed craving for appreciation and validation at the core of his/her being—hence it contributes to the therapeutic impact. But I also concluded that ordinary, everyday empathy . . . is the 'emotional glue' that makes living together possible in the face of disruptive social forces."

Empathy may have a curative effect, depending on its meanings for the particular patient; this is an empirical question, not a theoretical one. Perhaps such a pragmatic reframing can help us with our persistent misunderstanding of the special place of understanding in our theorizing, and here I borrow from Arnold Goldberg as well as William James, Edward Sapir, and other pragmatic wholists. As Ornstein says (in Kohut's voice), a fundamental change in paradigm—as opposed to a development within an established direction—will require that our method of observation and a new understanding be combined. We have tended to dissect and place empathy now on the side of mode of observation, now on the side of curative factor, divvying up the whole and moving away from the live configuration never to return it to its original practico-theoretical fullness. This tendency to parameterize, foreign to Kohut's emphasis on wholes and their dynamics, may stand in the way of a fuller unfolding of the potential of his contribution since it lends itself instead to specialization and fragmentation of our field (into relationists, intersubjectivists, etc.).

The take home message for me was a reminder that Kohut always anticipated changes to come—both developments and modifications within the line of thinking he developed and paradigm changes that might make even such universally applicable experience-distant concepts as transference and resistance irrelevant. His work was a good beginning, "establishing a direction for further progress in psychoanalysis—at least for awhile." But now, Ornstein and Kohut both nudge us, "the time is ripe to look at these ideas with critical scrutiny and compare and contrast them with newer developments."