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BULLETIN

VOLUME 50, FALL 2015

BULLETIN

OF THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

THE SOCIETY OF THE COLUMBIA CENTER FOR PSYCHOANALYTIC TRAINING AND RESEARCH

VOLUME 50
FALL 2015

The *Bulletin* welcomes original articles, guest editorials, opinions, reviews, letters and clinical vignettes. Please send editorial correspondence to Bonnie Kaufman, 800 Riverside Drive, Apt. 1J, New York, N.Y. 10032, or email to bsk1@cumc.columbia.edu. The *Bulletin* may also be accessed as a pdf file, on line, at http://www.theAPM.org/bulletin

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IN MEMORIAM: BLUMA SWERDLOFF

Bluma Swerdloff: 1915–2012

When Bluma Swerdloff died on August 8th, 2012, at age 97, it seemed like the passing of an era, for her more than 50 year career at the Columbia Psychoanalytic Center had spanned almost the whole of its existence. She joined the Center in 1947, only two years after its founding, and for many years, together with her friend and colleague Nettie Terestman, carried out the clinical screenings for the Admissions Service. She gained her doctorate in Social Welfare at the Columbia University School of Social Work in 1960, and rose to become Associate Clinical Professor of Psychiatry. Her research and publications covered a wide field, but her most striking achievement was her work for the Columbia University Oral History Project, where she documented the history of the psychoanalytic movement by conducting in-depth interviews with many prominent analysts.

Beyond all this, she was a "woman of old world elegance and strength," a "generous and insightful friend to many...and a beloved surrogate parent to more than a few" (Obituary, *New York Times* 8.15.12). To honor her memory we reprint two tributes: the first by Roger MacKinnon on the occasion of her receiving the Center's George Goldman Award in 1998; and the second, an interview with Jennifer Fleischner, celebrating the publication of the book Bluma co-authored with Paul Roazen: *Heresy: Sandor Rado and the Psychoanalytic Movement* (1995). Together they give a good idea of her multifaceted and adventurous life, and her many accomplishments.

Hilary J. Beattie

Introduction of Bluma Swerdloff, Recipient of the 1998 George S. Goldman Award

Roger A. MacKinnon

15 June 1998

It is my great pleasure and honor to introduce Dr. Bluma Swerdloff, this year's winner of the George S. Goldman Award, "in recognition of her special achievement and excellence in clinical psychoanalysis and psychoanalytic education." Dr. Swerdloff is an Associate Clinical Professor of Psychiatry at Columbia University College of Physicians and Surgeons and a licensed psychologist.

The candidates and younger faculty have not had the pleasure of working with and being taught by Dr. Swerdloff, because she began her career at the Center in 1947. I believe that since Viola Bernard's death, Bluma is the oldest living member of our faculty, although you'd never guess it! She has given us fifty plus very productive years. Both Viola Bernard and Nathan Ackerman have claimed credit for recruiting Bluma (and, a year later, her good friend Nettie Terestman) from the Jewish Board of Guardians, but I suspect that both of them played a role.

How did it happen that the Goldman award for proficiency in clinical psychoanalysis has been enthusiastically awarded by the Center's Executive Committee for the first time to someone who is not a psychoanalytic graduate? Listen, and you will understand!

Dr. Swerdloff received her B.S. from Hunter College, and her M.S.W. from the Graduate School of Jewish Social Work in 1937. During World War II, she held several jobs as a psychiatric social worker with various community agencies, depending on where her husband was stationed.

It was during her work with the Jewish Board of Guardians that she collaborated with Nathan Ackerman and Marie Jahoda on a research project involving anti-Semitism. She interviewed analysts to learn if they heard about this from their patients, and found that many were not focused on the issue. She observed: "Occasionally I could discern anti-Semitism in the comments made by Jewish analysts." "These were often very great thinkers who made great

contributions, but during our discussions it seemed to me that they made things seem more complicated. After much talk, they'd finally come to a simple answer." This viewpoint made it easy for Drs. Ackerman and Bernard to persuade Dr. Rado that Bluma had much to offer to Columbia.

In those days, she and Nettie together screened over 1,000 patients a year for psychoanalysis and reparative psychotherapy on the psychosomatic service. Patients who were not suited for any of the above treatments were carefully placed in therapy outside the Clinic, as it was then called. Dr. Rado was sufficiently impressed with her work that he allowed her to take all of the Center's courses.

My first recollections of Bluma are from 1951, when I, as a naïf and unworldly 24 year old first year candidate, was impressed by her unusually bright mind; her poise and worldly sophistication; and her refined bearing (and significant beauty) — a most intimidating combination of traits!

While working full-time at the Clinic, Bluma was simultaneously completing her Doctorate at Columbia. Her dissertation was on "The Predictive Value of the Admissions Interview — a search for psychodynamic facts related to changes in the patient and his situation."

Dr. Swerdloff has 16 or more publications, of which I shall mention her most widely known. It was in the early 1960's that she planned the Columbia University Department of Oral History-sponsored project on the psychoanalytic movement. This became her life's work. Her interviewees included: Jacob Arlow, Michael Balint, Muriel Gardiner, Edward Glover, Heinz Hartmann, Willi Hoffer, Abram Kardiner, Lawrence Kolb, Rudolf Loewenstein, Margaret S. Mahler, Sandor Rado, Theodore Reik, Joseph Sandler, Raymond de Saussure, and René Spitz. These transcripts range from 43 to 712 pages each; most are over 100 pages.

Out of her interviews with Rado (317 pages) has come her recently published book, *Heresy***.** Written in collaboration with Paul Roazen, it explores Rado's role in the psychoanalytic movement. I have read it twice and find the story fascinating. Her insights into Rado's character create a fine psychodynamic case study. (Rado supervised me on two cases; Bluma really understands him!) The book should be required reading for our candidates (and it's fun).

Bluma was a research collaborator with Drs. Cooper, Karush and Easser on "The Evaluation of Ego Strength, a Scale of Adaptive Balance." This major project was designed to prepare for a long-term prospective outcome study. It was years ahead of its time, but no money could be found for the project. This carefully developed instrument still has much to offer if someone would update it.

Bluma has been an active life member of Division 39 of the American Psychological Association and has served on the Editorial Board of the Academy Forum of the American Academy of Psychoanalysis.

Last, but not least, she was recently interviewed by Jennifer Fleischner for the *Bulletin of the APM*, to be published in the spring. Time, alas, does not permit me to whet your appetite with excerpts of her fascinating life in pre-Revolutionary Russia, and how she and her distinguished family survived, escaped and came to this country. I encourage you to watch for this moving and interesting story.

Congratulations, Bluma!

A Conversation with Bluma Swerdloff

Following the publication of her book, *Heresy: Sandor Rado and the Psychoanalytic Movement.* Paul Roazen and Bluma Swerdloff. Jason Aronson, Inc. 1995

Interviewer: Jennifer Fleischner, Professor of English, Adelphi University; formerly Visiting Scholar, Columbia University Psychoanalytic Center

"This book" writes Bluma Swerdloff, in her preface to *Heresy: Sandor Rado and the Psychoanalytic Movement,* "is an effort to place Rado in the history of psychoanalysis—the man and the evolution of his ideas." As Swerdloff notes, Rado has been "effectively written out of psychoanalytic history," his contributions all forgotten, even at Columbia University Psychoanalytic Center, which he helped found.

Swerdloff originated, and was the interviewer for, the "Psychoanalytic Movement Project" which includes in-depth interviews that have recently been added to the Freud Archives of the Library of Congress in Washington, D.C. They were conducted under the auspices of the Columbia University Oral History Research Office. Swerdloff interviewed Sandor Rado in the mid-sixties. *Heresy*, whose centerpiece is an edited version of the 300 page transcript of that conversation, both affirms and disputes the charges of Rado's heretical position. Throughout the interview, Rado is critical of Freud and his students, comparing the psychoanalytic movement to a cult, with disciples vying for favors from the master. Yet, Rado's great respect for Freud and his ideas emerges clearly as well. Indeed, the benefits of oral history as an approach to the past are evident in this complex response to Freud: oral history, in the process of going over the past, individual by individual, can sometimes yield a far more textured and alive description of a particular milieu, events and people than more formalized historical studies.

Subjectivity is emphasized in oral history, and Swerdloff and her co-editor play with this notion of the versions of history in the structure of their book. In addition to Rado's oral recollections, they

have included Freud's letters to Rado, an epilogue in which Swerdloff sketches in some of the details of Rado's personal life that he himself evaded in the interview, and lastly, an appendix containing an excerpted portion of an article by Rado alongside a highly critical review of Rado's *Psychoanalysis of Behavior: Collected Papers, Vol I,* written by Edward Glover. The total effect of the book is provocative, like Rado himself, one suspects. Leaving open any final judgment of his work, *Heresy* invites its readers to take up Rado's extended writings to judge for themselves.

On April 11, 1996, I visited Bluma Swerdloff at her home in New York City. The following is a portion of the conversation we had.

What motivated you to do the work of oral history?

Like many things in life, there are chance occurrences. I had read a brief article about the Columbia University Oral History Office, which was thirteen years old at the time, which described how researchers interviewed important or interesting people. My fantasy was that I would travel the world, tape recorder in hand, interviewing heads of states, artists and writers who interested me. It did occur to me that this was a grandiose idea, and reality prevailed. I decided to select an area I knew something about and that was psychoanalysis. I arranged to see the then-director of the Oral History Research Office, Louis M. Starr, who agreed to my suggestion that I interview eminent psychoanalysts. But he wanted proof as to my ability to interview effectively. My first assignment was to read an interview with an American artist, Harry Gottlieb, whose work I happened to know. I was able to show Dr. Starr that there were clues which could have been followed up which would have yielded more intimate and interesting information. Dr. Starr confessed that he had been the interviewer, but was a good sport in accepting my critique.

I think my basic motivation is interest in people. I find my personal relationships take priority over work, although I love work and I'm glad I'm working in something I obviously enjoy. What motivates me is my curiosity about people, and I was certainly curious about Rado because he was an extraordinary and convincing lecturer. Maybe in some ways I found that what he had to say was congruent with what I also felt about psychoanalysis.

My first job after graduating social work school was at the Jewish Board of Guardians. Most of the supervisors who taught there held to classical Freudian theory without question. Every youngster whom we treated had to follow a rigidly prescribed developmental route. What bothered me was that I don't think you could have a theory that you could routinely use with everyone. So when Rado began to question this, that fitted very nicely with my previous thinking. The other aspect, I think, that attracted me was his ability to put things briefly and in such a way that you could understand it. Prior to coming to the Center, I had worked for the American Jewish Committee on an anti-Semitism project. The committee brought a group of consultants, and we were very impressed with their qualifications. I was expected to interview Jewish analysts to determine if they had had experiences or learned about anti-Semitism from their patients. A good many analysts were not aware of anti-Semitic references even though I am sure they occurred. They simply were not focused on this issue. Occasionally I could discern Jewish anti-Semitism in the comments made by Jewish analysts.

What I learned then was that despite the fact that these were very great thinkers—I'm sure they made great contributions—during discussions it seemed to me that they made things so complicated. But after much talk, they'd finally come to a simple answer. Then I discovered that in science there is an important law called *parsimony*, which says that the simplest way of explaining something is the best way. So my thinking was fortified by a scientific concept which I believe to this day.

Also, what intrigued me about Rado was his use of language. As often as he could, he converted psychoanalytic language into language that would be accepted medically but that a lay person could also follow. It seemed to me that he discarded a lot of questionable concepts and went to the heart of the matter.

What comes across as your special affinity for Rado?

I had a special interest in Rado because I took his course! When I came to the Columbia Psychoanalytic Clinic, Rado gave me permission to sit in classes, so I actually sat in on candidates' classes. It was very kind of him, because he allowed only M.D.s in his clinic's classes. I was then a psychiatric social worker. That was prior to my

getting my doctorate in social work and my license as a psychologist. But I think he knew that I would never say that I had graduated from a psychoanalytic institute—he believed in my integrity.

Rado was a fantastic lecturer. You had to go home and think about what he had said to see if he was really right, because when he was lecturing, you were quite taken by his language, by his humor and wit. Not a note in sight—he had one of those amazing photographic memories.

I came to the Center in 1947, then called the Columbia University Clinic for Psychoanalytic Training and Research. There was very little organization as to procedure. All applicants for treatment were seen by the admissions service. At that time, there were about 1,000 applicants yearly. On my recommendation, another social worker was hired the next year, my colleague and friend, Nettie Terestman. Together, we devised an application form which eliminated patients who obviously were not suitable for psychoanalytic treatment. Records were available for anyone interested in reading them. We deleted names of patients and substituted numbers for names, with a master code available to one person. There was always the fear that the FBI would come, and when they did, we always claimed that we couldn't give them any information. But if they came with some kind of subpoena, looking for Communists or some case that they were interested in, you could protect your patients and yourself by saying you had the cases numbered. Somebody had the key, but only that person would be liable.

Rado very much appealed to me. I knew about his temper, knew that he was an authoritarian and that if you didn't agree with him and were not smart enough to argue on his level, he'd have little patience with you. He didn't mind showing how he felt.

The people he had working there presented difficulties for him, because they were not Radovians, they were orthodox Freudians, and he was destroying some of the cherished theories at the same time as they were teaching them. When he had graduated people from the Center, then he began using them as teachers.

The thing that made Rado such a heretic was that he questioned some of the major theories. They are hard to give up, because in truth whatever theory you follow, and now there are something like thirteen frames of reference, people do get better

with some of them. Rado's joke was that you could read the telephone book with someone, and after a while they'd feel better. It wouldn't necessarily last. I'm also intrigued by people who are not afraid to think daringly.

I know that your family came from Moscow to Union City when you were nine and a half. Can you tell me something about that time?

My family—my mother, father and I—were brought here by my mother's older brother, who had studied in Grenoble, France, and was an engineer. Had he remained in Russia, he would have been subject to being in the Russian army, which Jews tried to avoid as much as possible because of rampant anti-Semitism. I had a great-uncle who helped my uncle; the great-uncle had become quite rich as a trader in commodities—wheat, wood and grain. It was hard for Jews to get into professions, but if they were bright enough they could become traders. They didn't need to be in one place all the time, and all transactions were done on paper—so they were safer that way.

My uncle was tremendously impressed by the United States. He came alone at first, had no money and took a menial job in an engineering firm, eventually becoming one of the directors of this firm. He married an American-born woman who was one of the early woman doctors. When he became wealthy, he offered to bring us here.

By that time, the Soviets were consolidating power and we were living in Minsk in my great-uncle's house. That was a good period of my childhood. The town I was born in had burnt down. I only know from what my parents told me that my mother carried me out with our few belongings. Then we moved to this very elegant house with a big orchard and a concrete wall around it for protection. There were anti-Semitic episodes; it is not clear who was responsible. The Russian keeper, who lived in the courtyard with his family and took care of the property, protected our family by putting out statues of Christian saints during the periods of pogrom-like incidents. The house was divided by partitions, and my early recollection is that I would stick my hand through the partition each morning, and my great-uncle would put candy in my hand. But when things got to be rather unstable, my great-uncle took his family and left for Berlin, and we were left in the house.

After the armistice in 1917, the war in Russia continued well into the 1920s. Different officers occupied half this house—some were German, Polish, White Russians and finally the Communists. I never witnessed any violence, but many stories were recounted, and I heard some of them. Most of the officers had children somewhere, so they were very good to me. At that time, the ruble began to be worth absolutely nothing, so my parents would take objects to the outskirts of Minsk and bring back potatoes or dry bread. But I was not deprived, because I lived on officers' rations, and they also gave me horseback rides.

We used to sleep in the orchard because there was bombing, and the woman who used to deliver chickens to our house did get killed, and I knew that. In one anti-Semitic episode, we had to hide my paternal grandfather in the cellar. He was a Hasid and was easily recognizable by his black coat, long black beard and black hat. Periodically there were raids by Soviet soldiers who were in dire need of gold coins because the ruble had become worthless. As far as I was told, they were not anti-Semitic raids; they were mainly looking for gold.

I used to wake up in the middle of the night to see if my parents were okay. It never occurred to me at that age that I might be bombed or die. My concern was my parents. Then I would go back to sleep. There were any number of incidents that were frightening. So this was the myth of my happy childhood. I believed in it until recently, until I recalled these incidents in greater detail when describing my childhood to Mary Marshall Clark (Associate Director of the Columbia University Oral History Office), who was interviewing me for an Oral History memoir, underwritten by New Land Foundation. My conviction is still that I had a happy childhood in Minsk and later in Moscow. Maybe this is due to the fact that I was never separated from my parents, and they were always supportive and loving despite their own difficulties.

When the government requisitioned the house in Minsk, we moved to Moscow and shared one room with my mother's younger brother. Because of the vast war destruction, the Soviets subdivided large apartments to accommodate the citizenry. The house we moved to was a large, four-story house arranged around a large inner paved area. There were many children, and I had many friends to play with. I also loved my uncle, who was a young, easy-going bachelor.

My mother, like her older brother, was sent to Warsaw by her uncle to train as a kindergarten teacher. The method was influenced by Froebel (similar to the Montessori method). She secured a job at a Hebrew school in Minsk. She put me into a Hebrew nursery school, where we played with blocks and clay. I also learned to read by myself by playing with lettered blocks. And I just loved the son of the teacher of the school who took me home to wait for my mother. He was my first crush!

My father came from a much richer family than my mother. He used to write for a Zionist newspaper, and also belonged to the Bund, the forerunner of the Socialist Movement. He read a lot and was a quiet man, and probably had more literary knowledge than my mother, but my mother had all the social charms.

Prior to Stalin's dictatorship, there was a very free and experimental period especially in the large cities like Moscow and Leningrad. Like the period following other revolutions, there is a period of anomie as well as creativity. In literature, art, theater and opera, new experimental efforts were being encouraged. My family and I flourished during this period. We went to the Bolshoi weekly. We saw the Maeterlinck *Blue Bird* which introduced many new scenic effects, and saw a Jewish play with Chagall's backdrops. By then I was in my ninth year and was able to appreciate the cultural advantages. On the way to the U.S.A., we spent some time in Riga, Berlin, and Paris, and four or five months in Cherbourg.

When we came to my aunt and uncle's house in Union City, New Jersey, it seemed to me very mundane, except for the Manhattan skyline which could be seen between the houses. I had my own room on the ground floor; it was very dark and faced another house. I didn't know a word of English, and I was scared of my aunt.

I went to a foreign class where nobody spoke Russian. The class was known as the "crazy class," because the children were from my age up to sixteen, and they all spoke different languages. The teacher was wonderful; she claimed she didn't know any language other than English. Children can learn languages quite readily, and after one year I spoke English rather well.

Then we got our own apartment in the East Bronx. It was a railroad flat, but it was ours. I went to P.S. 61 on Prospect Avenue—and the first semester I didn't know what was going on. But because I had a much richer cultural background than most of

the youngsters in this poor neighborhood, I began to get good grades.

I wrote an essay about how one becomes an American –absolutely sincerely. I said I knew that we were becoming American because my father ate cornflakes every morning and he stopped drinking tea and began drinking coffee. One of my friends said we had to have one hundred dollars in the bank. We didn't have a hundred yet, so we were still in the process of becoming American. I wasn't being funny, but the teacher thought I was writing a humorous article and had me read it to the class. I was surprised at their laughter.

Where did you go to college?

My aunt and uncle would have been glad to send me to a private college, but I was not going to let them pay for anything. So I went to Hunter, because Hunter was free. Hunter was not very good when I went there. Creationism was still being taught, and when we learned about genetics, the teacher actually locked the door. I was pre-med, and my minor was art. My aunt and uncle wanted to send me to medical school; again, I decided that they would interfere in my life if they helped me pay for school. I decided to go to social work school instead. There was a certain amount of pride in securing a good education without my aunt and uncle's help, and I feared their interference. I became more radical after a while. Even in high school, I was increasingly drawn to the activist students. In college, I was president of a Zionist club. I believed in the peace movement and in civil rights causes. My parents didn't always agree, but they felt that I had some common sense and that I would manage to go through all the adolescent and post-adolescent stuff without too much travail.

My aunt and uncle lived to be in their 90s and it was much later that I got to know them and came to understand their struggles—he as an immigrant struggling to achieve success and wealth, and my aunt as a pioneer woman doctor trying to achieve acceptance in a hostile male environment.

At that time, the Jewish Federation organized a social work school—the Jewish School of Social Work. I applied and was accepted and also received a scholarship. The school was geared to concentrate on Jewish culture. The social work courses were taught

at the New York School of Social Work, which later became the Columbia University School of Social Work. The courses were analytically based.

At the Jewish School of Social Work, I was fortunate to have Rabbi Mordechai Kaplan, the author of *Judaism as a Civilization*, and the founder of the Reconstructionist Movement, as one of my teachers. I also had Salo Baron, the eminent Columbia University historian, who was the author of the 13 volume *Social and Economic History of the Jews.* I still cherish a paper I wrote in his class on the "False Messiahs," for which I got an A minus, with the notation "marred only by faulty spelling."

When did you become involved in psychoanalysis?

The New York School for Social Work was highly influenced by classical Freudian theory. The Jewish school was more ecumenical. They organized a panel which consisted of Karen Horney, Alfred Adler and David Levy. It was then that I learned that there were divergent views of psychoanalysis.

While still in high school, I was chosen to join a special group organized by the Bureau of Jewish Education. It was geared to develop future Jewish leaders. Each summer, we were counselors in a Hebrew-speaking camp. My social life was with this group of students. That's how I met Jacob Arlow and his wife Alice, who were in the same group. Even then, Arlow was considered very bright and articulate. I continued with this group until I graduated college. I do not know how many remained as Jewish leaders, but we were all given a rich Jewish cultural background.

While in college, I knew very little about social work. I recalled that my family told me that we had a distant relative, an economics professor at Columbia University, who was married to the founder of Greenwich House, one of the early settlement houses run by social workers. She was the well-known Mary Kingsbury. I arranged to see her. She was quite elderly and needed a young person to travel with her to various meetings when she discussed the activities of Greenwich House. I became her traveling companion. I never told her of the family connection.

While still at the Jewish Board of Guardians, prior to coming to the Center, I had decided to enter into an analysis with Margaret

Mahler. Although I functioned quite well, I was aware of considerable anxiety. My first marriage was floundering. It was a youthful marriage. We were both still growing and at the same time growing apart. Mahler considered herself a classical analyst, but being Hungarian, she could not refrain from giving me advice and disagreeing with me politically. This endeared her to me, because I found her to be very human and she helped me a great deal with my problems. I believe that my analysis with Mahler had a salutary effect on my happy second marriage, and on the raising of our two children.

Is there something you want to make sure people understand about Rado and the book?

The goal of the book is simple: I wanted Rado back where he belongs in the history of the psychoanalytic movement. He was very instrumental in the early part of his life in introducing and teaching Freudian theory. One cannot dismiss Freud's enormous influence—even his discredited theories had tremendous influence on twentieth century culture. Rado never threw out all of Freud, although he's accused of having done so. His attachment to Freud was intense. His predictions about the future of psychoanalysis are strikingly correct. He emphasized the need for research.

To quote from *Heresy* (p. 184):

> In the 1960s, Rado predicted that old-fashioned therapeutic practice would disappear for lack of money, adding that the future of classical psychoanalysis would sustain itself only through power and politics, and might continue as an elite therapy for the rich. Rado's fear was that medicine and psychiatry would ultimately ignore the potentially valuable data that can come only from the introspective method of psychoanalysis.
>
> Rado thought that the changes crucial to the future of psychoanalysis were the use of more pertinent language and a motivational rather than an instinctual approach. He also thought that a greater emphasis on the individual's emotional life was crucial to the understanding of human behavior. He stressed the importance of a closer correlation of the

introspective findings of psychoanalysis with brain physiology and related scientific knowledge. He believed that this would not entail losing sight of the cognitive and unconscious traumas suffered by patients throughout their life cycles.

REELING: PSYCHOANALYSIS AND FILM

Editors: Edith Cooper, Bonnie Kaufman

Although it was not intended, the *Bulletin* for 2015 has become, informally at least, "the film issue." We are pleased to present four pieces that highlight the variety of ways in which psychoanalysts work with film.

First, the text of our 2015 Movie Night presentation, Andreas Kraebber's masterful and delightful discussion of *Lars and the Real Girl*, in which psychoanalytic insights add to the pleasure of the film experience.

Next, Bob Michels' 1990 paper, "Sex, Ethics and Psychotherapy," in which he uses what is by now a classic film, *Sex, Lies, and Videotape*, as a vehicle for consideration and exploration of ethical issues in the practice of psychotherapy (and psychoanalysis).

Third is an essay by Jason Dean, who is currently a resident in Psychiatry in the Harvard system and hopes to pursue psychoanalytic training. He combines his long-standing delight in the *Harry Potter* books and films with a more recent immersion in the theories of Melanie Klein, to produce his first (but hopefully not last) paper on applied psychoanalysis, "Love, Guilt and *Harry Potter*."

Finally, Beth Haase has written us a "press release" about her new and very exciting film project, which may well be the beginning of a second career as a filmmaker — "And Then the Climate Changed."

These four unique pieces are certainly testimony to our "infinite variety."

Lars and the Real Girl

APM Movie Night: February 6, 2015

Discussant: Andreas Kraebber

I am grateful to Bonnie Kaufman and Edie Cooper for inviting me to share my thoughts about this wonderful film. In the time we have available, I would like to invite you to look at Craig Gillespie's film, *Lars and the Real Girl*, through Lars's — that is, a developmentally arrested adult's — eyes. Because this story is about a young man's developmental arrest, and subsequent voyage to maturity, it shares many similarities with a fairy tale from childhood. Like a fairy tale, it is a story filled with awe: the awful and the awesome. Like a fairy tale, it presents its hero with an existential conundrum. Like a fairy tale, there is a deeper, unconscious meaning to the conflicts he faces. By taking you through a handful of crucial scenes, I hope to uncover the hidden unconscious conflicts Lars needs to resolve to have a chance at life in the real world, with a real girl.

Lars and the Real Girl, a sleeper produced in 2007, is a story about a quiet, isolated young man who lives in a quiet, isolated midwestern town. Under pressure from his pregnant sister-in-law Karin to have a life of his own, he steps out of his isolation by investing amorous feelings in a life-size sex doll. Though this object cannot reciprocate his love, it affords him the ability to play at being a grown up. Unlike his mother who died during his birth, Lars's object choice will not be leaving him until he is ready for her to go. As we watch his story unfold, we are invited to ask: How did Lars become this sick? How will his family — composed of his brother and pregnant sister-in-law — react to his madness? Will he heal? And so the story begins, tracking his voyage from madness to health, a process aided and abetted by demonstrations of remarkable empathy by the women of the small town, and particularly by the local family physician, Dagmar.

As a make-believe fairy tale about Lars's voyage out of fearful isolation into the possibility of a mutual, loving relationship, the film captures a symbolic journey from psychological illness — defined by Winnicott as "the inability to play" (p. 38) — to play in the intermediate transitional space between mother and child, to its

ideal outcome, the possibility of healthy object relating. In a fairy tale, internal conflicts are externalized and become comprehensible through the characters of the story. In this fairy tale, Lars overcomes his massive separation anxiety, transcends paralyzing isolation, and confronts his primitive envy and intense jealousy in order to have a chance at happiness. As he comes to terms with his psychological problems, Lars ceases to identify with his dead, depressed father, and chooses to embrace a new life paved by his more playful, social, older brother (and new father-to-be).

Lars follows a simple three act structure. In Act I we meet the principal players, including Lars's imaginary friend, the sex doll Bianca. In Act II, the play within the play begins, whereupon Lars has to negotiate (and tolerate the frustration around) time with Bianca. Unexpectedly, Bianca is invited to join the social "collaborative play" (rather than infantile "parallel play") of the women in town who opt to treat Bianca as "one of the girls." During this frustrating time, when he must tolerate the loss of omnipotent control of Bianca, Lars begins to notice and enjoy a burgeoning relationship with "the real girl," his office mate Margo. In Act III, as Karin helps him acknowledge his narcissistic retreat (and how much effort it takes on everyone's part to facilitate his childlike play with Bianca), Lars's acknowledges the unrealness of the doll, and gradually withdraws his emotional investment from her as he completes his investment in the real world.

The themes of each act are foreshadowed by Reverend Bock's sermons. In Act I, he states: "There is only one law, the Lord has told us what to do. That is the one true law. God is love in action." Here, we are informed that this story is about falling in love. The final scene of the first act has the Reverend asking: "The question is, as always, what would Jesus do?" This story is about sacrifice. In the opening of Act II, Reverend Bock welcomes all new visitors to the community. The play within the play begins. In the final act, the Reverend quotes 1st Corinthians: "When I was a child, I spoke like a child, I thought like a child, I reasoned like a child. When I became a man, I gave up childish ways." This story is about growing up. And in the final sermon, he states: "We are here to celebrate Bianca's extraordinary life. From her wheelchair Bianca reached out to touch us all in ways we would never have imagined. She was a teacher, a lesson in courage. And Bianca loved us all, especially

Lars." This story is about the courage to separate, to individuate, and find a real love investment of one's own.

To develop the sense of fairy tale make-believe, the filmmaker invites us into an enchanted playroom with a myriad of magical symbols. Unreality abounds. Transitional objects are ubiquitous: on the church pew, in the office cubicles, on Bianca's lap. Colors — baby blues and shocking pinks (like the bowling ball) — symbolizing Lars's identity confusion are woven into Lars's life. Almost every scene features a water theme, first symbolizing the frozen, barren landscape of Lars's inner world. Later, with time and the thaw, water symbolizes Paschal renewal and rebirth. After the thaw, Lars lays the dying Bianca in a lake, mimicking a Hindu burial rite in the Ganges. As in many fairy tales, characters are split into starkly differentiated gender roles. The women willingly join the play within the play, while the men stand at the periphery, suspicious, and reluctant to suspend disbelief. The world of illusion is a world organized and owned by the women.

As we follow the story, we are introduced to problems that require resolutions; questions that require answers. In the drama of the film, these questions correspond to Lars's relationship with Bianca. Hence, the three most important questions we seek answers to all relate to Bianca. First, Dagmar, the reliable family physician and sometime psychologist, says Bianca is here for a reason. Why must Lars bring Bianca to life? Second, Dagmar plays an important role in Lars's journey. How does Dagmar help Lars along his emotional journey? And third, in the denouement, Lars must relinquish Bianca. Why must Lars let Bianca go?

Why does Lars bring Bianca to life?

To answer that question we first need to understand who Lars is. In *Theatres of the Mind*, Joyce McDougall describes a fragile narcissistic personality who experiences "the demands of external reality and the very existence of other people as a continual and potentially traumatizing threat to their psychic equilibrium" (p. 217). The root of this pathology lies in a trauma of childhood, resulting in primitive sensual wishes that one cannot communicate or achieve. The solution is either a headlong addictive involvement with others or a massive defense against the fear of merger. Those afraid of losing themselves in a sensual merger display intense self-sufficiency, and disavowal of all dependency needs. Desires, whether

sexual or narcissistic, are denied. The overwhelming fear of object loss is managed by total avoidance of contact. Lars lives in such a state of narcissistic psychic retreat, in a total withdrawal and avoidance of objects because contact is too painful. As we see in the film, human contact doesn't just sting, it burns.

Notice the first scene in Act I. Karin jogs over to invite Lars to have breakfast. He has to go to church, he says. He offers her the baby blue blanket his mother knitted him (one of many transitional objects we encounter). Karin has been anointed as mother. When Lars seeks to avoid Karin's invitations, she insists, tackling him to the ground. She won't stop. She may seem a little pushy to some but I think of her as the good enough mother attuned to what a child needs. At breakfast with Karin and Gus, Lars picks at his food, denying any dependency, refusing to take home the leftovers. But Karen has made her point. Gus describes her as someone who comes from a family that fights and hugs. She's of the complete commitment variety of family member. You might think that Lars creates Bianca to make Karin go away. I don't think so. I think he creates Bianca because he begins to trust Karin's involvement, her constant love for him.

In Winnicott's "The Location of Cultural Experience," he writes:

> From the beginning the baby has maximally intense experiences in the potential space between the subjective object and the object objectively perceived… This potential space is at the interplay between there being nothing but me and there being objects and phenomena outside omnipotent control. The potential space happens *only in relation to a feeling of confidence on the part of the baby, that is, confidence related to the dependability of the mother-figure or environmental elements, confidence being the evidence of dependability that is becoming introjected*. (p. 100)

It is Karin's dependability, her constancy, that serves as the impetus to Lars's investment in the object world. But his first object must exist in the transitional realm. Again, quoting Winnicott:

> …the baby's confidence in the mother's reliability, and therefore in that of other people and things, makes possible *a separating-out of the not-me from the me*. At the same time, however, it can be said that separation is avoided by the filling in of the potential space with creative playing, *with the use of*

> *symbols*, and with all that eventually adds up to a cultural life." (p. 109)

Out of confidence in Karin, and the community's love, Lars finds a doll to play with--his first transitional object.

How would we characterize Lars's imaginary friend, Bianca?

Winnicott stressed that the actuality of the transitional object is as important as its symbolic value. Bianca is real and stands for the mother. This is the point of the transitional stage, a process that opens up the child to experience and accept similarities and differences. What characterizes Bianca most of all is her desirability. While for Lars she is defined by her constancy and companionability, least of all by her role as an object of adult carnal desire, for the rest of the townsfolk she is a crucible for every one's projections of ideal womanhood. She promptly becomes the envy of the town. This results in everyone becoming envious of Lars. We see she is beautiful, and Lars tells us how exotic she is, "of mixed Brazilian-Danish descent." The women envy her: "I'd kill to have hair like hers." The men quip and joust: "Total babe, man." or "And the best thing is, she doesn't even know how hot she is." It seems inevitable that she will become the most popular newcomer in town. Everyone fights over spending time with her.

Why is Bianca's popularity so important? In Lars's game of make believe, as he plays at boyfriend-girlfriend, he creates a symbol that distracts him from the only real girl in his life, who is his sister-in-law/mother, Karin. If Bianca is the object of everyone's envy, Lars can minimize his own envy. He doesn't need to feel the anger that accompanies the thought that another person possesses and enjoys someone he desires. The envious impulse, as we know from Melanie Klein, is to take away the envied object, or to spoil it. As he learns to tolerate his envy of Karin (the mother) and of Gus (the father, and brother), he becomes able to tolerate a milder form of envy, namely jealousy. Jealousy, again according to Klein, is based on envy but involves a relation to at least two people: "it is mainly concerned with love that the subject feels is his due and has been taken away, or is in danger of being taken away, from him by his rival." (p. 6)

What is Dagmar's crucial role in helping Lars's psychological growth?

Dagmar helps Lars by undertaking a series of SALT talks — SALT being my acronym for Symbolism, Affect, Language, and Thinking — aimed to expose and reframe his thinking. By getting him to reflect on his transitional object, and the reality objects she symbolizes, Dagmar gets him to express his conflicts: his wishes, his fears, and his reality-distorting defenses against them. Dagmar meets Lars six times, first to diagnose, then to treat. In the first scene, she shifts the meaning of the transitional space, of the play, declaring that this game is not about health and happiness but potentially about sickness and cure. Given that Bianca is a projection of Lars's, she is telling Lars he is sick. We know he suffers in four areas of regressed ego functioning, namely: archaic symbolization, affect intolerance, limited language, and primary process thinking.

The symbolism of transitional objects reveals a form of primitive thinking. Primitive symbolic thinking is thinking in symbolic equations. We see this when the object or the process (here, a mother's constant love) being symbolized and the object meant to contain it are treated as identical. Lose the object and you lose the feeling associated with it. Mature symbolization is thinking in symbolic representations (when two things are perceived as different, that is, not identical but related). For Ernest Jones, a "true symbol" has three components: 1. the affect attached to the primary idea is incapable of sublimation and is transferred unmodified to the substitutive idea; 2. the primary idea and process is unconscious; and 3. the symbol is the result of conflict between opposing forces of the mind. (See Edgcumbe 1988.) Lars's first experience of Bianca casts her as a "true symbol" equated with Karin. The affect is unbridled love. The idea is maternal presence, and it is unconscious. The oedipal conflict Lars experiences vis-à-vis Karin makes contact with her forbidden. Given her advanced pregnancy, she is also someone he could lose (as he lost his own mother at childbirth). Still, he adores Karin as he loves Bianca. "We're lucky with women," he says to Dagmar, referring to himself and his brother Gus. But he's terrified of the idea that Karin could die in childbirth. "Gus would never survive it," he says, projecting his own catastrophic fears onto his brother.

In Dagmar's first session, she invites Lars to elaborate on his inner world conflicts — his wishes and fears — by describing his

imaginary friend. We learn she's a lonely orphan, like Lars, but is stoic: "she doesn't feel sorry for herself." Dagmar reframes his loneliness by telling him she herself gets lonely too, and when she does, she cannot think straight: "Sometimes I get so lonely I forget what day it is and how to spell my name." Reframed, loneliness isn't such a good thing. In her second session, Dagmar invites Lars to talk about Karin, the maternal object of desire. He describes his inability to get close, to find comfort from her. Dagmar reframes his urge to recoil as pathological: "It's such a comfort to have somebody's arms around you." Not wanting to change the healthy mother, Dagmar offers to desensitize Lars so that he can accept the comfort of human touch. In her third session, Dagmar confronts Lars's fears of Karin's death during childbirth, a fear of a repetition of his mother's death (and abandonment). Dagmar seeks to reassure Lars's fear that his destructive rage at Karin (at the pregnant, hence potentially abandoning mother) won't kill her. "We've learned a lot since then," she says, "it's rare." "It could still happen," replies Lars, before a massive upsurge of panic at the thought that his mother could, once again, abandon him. Note, that Bianca isn't able to have children, and so would never abandon him. In the fourth session, which takes place after Karin's declaration of maternal love, Lars reveals that his request for a permanent union — marriage — was rejected by his imaginary friend. Dagmar understands that this means he is beginning to reject her, and her place in his transitional world, for reality, for the heir to his symbolic mother's love. In the final fifth session, Lars declares that he doesn't think the sessions are working, which we know to mean that they are bearing fruit. Bianca is becoming a plastic doll again, and as his feelings for her recede, so do his feelings for the actual women in his life — Karin and Margo — grow.

In addition to building his affect tolerance, Dagmar invites Lars to use language to build secondary process thought out of primary process thought. Whereas primary process lacks indicators of time (confusion of past, present, future), leads to the inability to distinguish fantasy from reality, and results in displacement and condensation of emotional investment, secondary process thought links word presentations to thing presentations; permits a time sense; fortifies reality testing (boundary between inner and outer); and strengthens judgment of importance of connections between ideas

(e.g., "We — the community — do love you, Lars."). It allows for reasoning — comparing and contrasting — and control of action.

Lars begins the treatment steeped in a world of magical symbolic equations organized in the primary process where omnipotent wish results in satisfaction. Naturally, reality testing is severely compromised. As the treatment proceeds, primary process thoughts are transformed into secondary process words, where wish is not tantamount to satisfaction of the wish, where one gives up omnipotence for mutual relating, and reality testing is reestablished.

Fundamentally, Dagmar helps Lars to think. Lars cannot communicate with people, nor within his own mind. A psychotherapist makes sense of a child's symbolic play as a mother makes sense of her baby's facial expressions. The movement from primary to secondary process results in understanding symbolic connections, restoring affects to their rightful place. This creates order in the inner world of the subject, giving meaning to one's behavior and mental experiences.

Why must Bianca die?

Lars has been in relatively omnipotent control of his love object all this time. The crisis at the end of Act II results in Karin's passionate monologue, her declaration of reliable maternal love. In his jealous rage at Bianca's abandonment — really his jealous rage at Karin — Karin, the real object of his affections, points out how misplaced, immature, and ignorant is his doubt of *her* love for *him*:

> Every person in this town bends over backwards to make Bianca feel at home. Why do you think she has so many places to go? Because of *you*! Because all these people love *you*! We do it for *you*! So don't *you* tell me how *we* don't care!

In addition to Karin's declaration of reliable love, there is Gus's private confession of guilt, the *mea culpa* of a selfish brother who is apologizing for his adolescent narcissism (not to mention Gus's version of Polonius's advice to Laertes). In essence, it is the apologia and credo of a father figure to his son. Sister-in-law confirms her love as mother. Brother confirms his love as father. There's only one thing left for this to return to the oedipal order of things. The son must take his place in the proper oedipal line.

Why is it so important that Karin declare her maternal love for Lars?

It is through Karin's declaration of maternal love, and Lars's realization of the sacrifice she has made to love him, that Lars enters into the depressive position. It is in the depressive position that love and hateful feelings are discriminated, that good and bad aspects of the imperfect mother are integrated, that states of mourning are bound up with guilt, and that a better understanding of the external world reality are consolidated. Lars realizes his mother might not love him perfectly, or exclusively, but she can still love him. In accepting the conviction of his mother and father's love, he can finally abandon his envy and feel real gratitude for the gift of love he has received. To keep idealizing a caricatured symbol of Karin's love by holding on to Bianca would be not to appreciate, and feel gratitude for, the real love she has expressed and orchestrated. He must choose between symbolic equation, and primary process; and symbolic representation, and the secondary process. He must choose between denying Karin's reliable enough maternal love and demanding more, versus being grateful for what her love is (and what it is not), accepting his place in the oedipal lineage, and finding his own loving relationship.

Finally, why must Bianca die?

Lars lets Bianca go because the endgame of play in the intermediate space is an investment in real people — in a real girl — which means relinquishing the illusion of the possession of the mother. His complete internalization of the mother allows him to struggle with his Oedipus complex, and relinquish Karin, and love Margo. He accepts his place in the oedipal lineage. As his thinking develops, his secondary process thought perceives similarities and differences. Karin is a mother, but she belongs to Gus. Lars is on the outside of that oedipal arrangement. Margo is interested in and available to him. Bianca rejecting him is him rejecting her. He relinquishes the omnipotently controlled object of fantasy for the living, breathing object of reality.

I think *Lars and the Real Girl* is best read as a fairy tale because, following Bettelheim, fairy tales are the ideal art form developed to help us master the psychological and existential problems of growing up, the very problems Lars faces. These problems include overcoming

narcissistic disappointments, oedipal dilemmas, sibling rivalries, and childhood dependencies. Fairy tales help us gain a sense of self-worth and a sense of moral obligation. Fairy tales help us cope with fundamental existential anxieties: a fear of loneliness and isolation, the need to be loved, the fear that one will be thought of as worthless, the fear that one will not love life before one dies. In order to handle these, a child needs to understand what is going on within himself consciously so that he can also cope with what is going on unconsciously. Fairy tales help us understand that forming a mutual, loving relationship will help us escape crippling separation anxiety. Fairy tales represent in imaginative form what the healthy human developmental process consists of: a voyage from a resistance to parents and fear of growing up to achieving independence, moral maturity, overcoming the view of the other sex as threatening, and learning to invest one's love in another for who they really are.

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SAVE THE DATE

APM Movie Night

February 5, 2016

Film: *Little Fugitive*

Speaker: Hillery Bosworth

This small jewel of an independent film, made in 1953 by Morris Engel, Ruth Orkin, and Ray Ashley, tells the story of a moment in the life of a seven year old boy, Joey, whose elder brother tricks him into thinking he has killed the brother. Joey runs away and spends a frightening and exciting day and night in Coney Island. A little boy lost is ultimately found.

Francois Truffaut wrote: "Our New Wave would never have come into being if it had not been for the young American Morris Engel, who showed us the way to independent production with his fine movie, *Little Fugitive*."

Join us for an exciting evening!

Sex, Ethics, and Psychotherapy

Robert Michels

A version of this paper was presented as part of the Distinguished Psychiatrist Lecture Series at the annual meeting of the American Psychiatric Association, New York City, May 14, 1990.

When a colleague and longstanding friend of mine saw the title of this talk, he wrote me a note saying he knew that I was an expert on two of these subjects, but hadn't understood that I was also an expert on the third. *Sex, Lies and Videotape,* a feature film, was released in 1989 to considerable critical and popular acclaim. The rhythms of that title provide the rhythms for the title of my talk, and its story is a point of departure for the comments I wish to make today about the nature of responsible and effective psychotherapy.

Most of those who reviewed the film failed to notice what to me was rather obvious — that the film can be seen as a thinly disguised parable about psychotherapy, with the emphasis on "thinly." In the opening scene, Ann, the central character, is sitting with her therapist in a session and talking about herself. As she continues to talk, the scene shifts to images of one of the other central characters, Graham, who is filmed driving into town, stopping at a gas station, then shaving, dressing and preparing to meet Ann. The words of Ann's session have, in effect, become the voice-over for the images of Graham, linking him with the therapy session.

Why does the scene shift in this way? Whatever the filmmaker's conscious intention, this technique suggests, as do I, that Graham is Ann's unconscious fantasy of the ideal therapist, while the real, nameless therapist with Ann in the session is her fantasy of the bad therapist, and that a central thesis of the film is the play between these two split images in Ann's mind.

The therapist whom we see in this first actual therapy session is cool, quiet, intellectual, unflappable and unemotional, clipping his fingernails while he listens to Ann. Ann is married to John, a successful attorney. In addition to being busy with his career and with his marriage, John is also busy with an extramarital affair with

Ann's sister, Cindy, a bartender. Where Ann is sexually constricted, inhibited and unhappy with her plight in life, Cindy is intense, sensual, excited, sexually involved, and fiercely and consciously competitive with Ann. Ann's competitive feelings are less in her awareness. Ann, Cindy, John the successful lawyer and philanderer, and Graham, an old college friend of John's who has come to town after nine years away traveling (perhaps a metaphor for training?) make up the four main characters. The fifth character is the "real" yet nameless therapist.

For our purposes, there is a pivotal scene where Ann and Graham are sitting together having iced tea, while Cindy and John are having sex in Ann and John's bedroom. In this important scene, Ann and Graham are really talking to each other. Ann asks Graham if he has ever been in psychotherapy. Graham says "I was a miserable failure," and he goes on to explain that he really doesn't think much of psychotherapy. In his words, "You should never take advice from someone who doesn't know you intimately." "I've known *my* therapist intimately," Ann says defensively. We have seen her with her therapist, and we know it isn't true. Graham, in some surprise, asks if she has had sex with her therapist. Ann laughingly says no. And we know that Ann's therapist would never violate the ethical standards of the American Psychiatric Association to have sex with his patient. He is too cool, too aloof, too uninvolved and too protected and defended against the potential intimacy of the relationship to do so. In fact, in the session where we see the greatest interaction between them, Ann is talking, literally, about garbage — the garbage of the city, and of the world — stimulated by an (actual) event in which a garbage barge traveled around the world in search of a place to dump its cargo.

Her therapist chooses to make an interpretation — he notes that she always obsesses about negative things, things over which she has no control. She responds, rather impressively I think, "Do people really seek therapy because they obsess about positive things?"

Later, Ann visits Graham in his apartment, and we hear about how Graham spends much of his time. I suggest that this material is actually Ann's unconscious fantasy, a fantasy we are invited to share with her about what ideal therapy would be about. Graham describes his personal project — making videotapes (part of the title of the film) about women talking about their sexual lives.

Graham has real ethics. He promises the women confidentiality — that he will never show the film to anyone, he will not touch them, or participate in any sexual act with them. He simply asks them to talk about their sexual lives, and, if they wish, to perform a personal sexual act in front of the camera. It seems clear that the videotaping process is the symbol of what therapy is all about for this ethical therapist. However, he allows himself pleasure after the fact, in that he watches the tapes when he is alone, and masturbates, because, as he reveals to Ann, he is impotent when in the presence of another person. (This clearly problematic part of the fantasy will be revisited a little later in this discussion.)

In many ways, Graham is a skilled psychiatric interviewer. He asks Ann to discuss her sexual life — what she wants to do now, what she has done in the past, what she is afraid to do, and what she wouldn't do under any circumstances — not a bad framework for a structured interview about one's personal sexual experience.

So, the film offers the spectator two images of psychotherapy — a real therapy which isn't very good, and a good therapy which can't be real — and lays bare the tensions and differences, and potentials between them.

It is after Ann learns of her husband's infidelity with her sister that she goes, in a rage, to visit Graham, and, in an act of vengeance, actualizes this unconscious ideal therapy. She begins to tell Graham her story on the videotape, and then decides that she wants him even more involved; she literally takes the camera and turns it on him. The spectator identifies with Ann as Graham becomes personally involved, and, in one of the climactic moments of the film, a sexual episode takes place between them that is so intense that the camera gets turned off and we can no longer see what is taking place between them. Our own fantasies have to suffice, suturing the spectator into the film.

What is clear, however, is that this is a curative event, the film's happy ending. Patient Ann, and Graham, her unconscious ideal therapist, have made real contact — intimate and sexual. Ann's frigidity and Graham's impotence have been cured in the same act. John the lying philanderer has been dismissed — Ann is free. In fact, there is even evidence of structural change. After this climax, Ann goes to visit her sister at the bar where Cindy works, and reveals that, for the first time in her life, she has a life of her own. She cannot make spontaneous plans with Cindy, as she now

has a job, and cannot be available whenever Cindy feels like seeing her. Ann's general passivity and inhibition have also been cured. In the mind of the filmmaker, and perhaps the public as well, this is a positive example of what is potentially good about a human interaction where an unknown person comes in as an agent of change, and, due to skill in listening, reflecting, resonating and empathizing, changes a patient's life.

Is this *our* model for psychotherapy? Certainly not! We would be horrified by a treatment that requires sexual contact between patient and therapist for the process to work. In fact, generally, speaking, our profession recognizes that such a treatment should occur only about seven percent of the time (that figure comes from some of the most recent surveys of what actually happens out there in the therapeutic world).

Sex, Lies and Videotape assumes that therapy should be two things that we as a profession don't think therapy should be about at all. The first is that therapy should involve a symmetrical relationship between patient and therapist, and that the film's real therapist, who maintains an extreme asymmetry, is defending against a necessary, actual intimacy by doing so. The second is that therapy requires action, not just talk, and that it is only by enactment that the relationship becomes truly intimate, therefore providing the potential for change. To use our professional language, Ann enacts her transference fantasies with her new (unconscious) ideal therapist Graham, while Graham, with no professional barriers to stop him, enacts his countertransferential fantasy with Ann. Graham, in every sense of the word, is a lay therapist; as a non-professional, he acts without any ethics committee overseeing his behavior.

This film resonates with general social attitudes, some of which are highly troublesome for our profession. One of them is the idea that the real therapists out there, people like us, are cool, detached, abstract and given to platitudes — interpretive comments which are often irrelevant to the real problems in our patients' lives. In contrast, the therapists of our patients' fantasies are active, searching, curious. They may be initially detached, but as the therapy proceeds, both patient and therapist are touched, first metaphorically, then literally, by each other. A real relationship is established — one that transforms not only the patient's life, but the therapist's life as well.

When a real therapy goes well, the therapist creates the situation in which this fantasy, remaining a fantasy, is established in the patient's mind — elaborated, articulated, explored — and then that exploration becomes a central tool of the psychotherapeutic process. Good psychotherapy focuses on understanding the patient's fantasy of boundary violations. One way that this process can fail is the way we see in the film: the fantasy is established, elaborated, developed — but then enacted, with the therapist either initiating, or being seduced into participation in, the enactment of the fantasy.

Clinical research and clinical experience tell us that something essential must take place in the patient-therapist relationship for the treatment to go well. There is some argument in our field as to whether what goes on in that relationship is the major mechanism for the therapeutic effect in psychotherapy, or whether it provides the essential matrix within which some other therapeutic mechanism operates. That is to say there are two schools of thought about what actually happens. One school says that the development of the relationship is primary in order for the critical events of interpretation and development of insight to occur. The other school counters that interpretation and the development of insight is the primary occupation of therapy, and that while this is in operation a relationship is established, which then becomes the essential tool of treatment. Either way, the relationship is central. When therapy goes badly, it makes sense that we generally direct our attention first to what might be going badly in the relationship. The optimal relationship must be both intimate and detached; not too intimate, or it is enacted, rather than understood, and not too detached, or there is nothing to understand. Thus there are two ways in which it can go wrong: too detached, as with the fingernail-paring therapist treating Ann; or too intimate, as with Ann's fantasy ideal therapist Graham.

Too intimate is when the real person of the therapist becomes over-involved with the patient's transference, for this fantasy must be projected onto the therapist, understood, explored, and then reflected back to the patient in interpretations. If the therapist enacts the patient's transference fantasy with the patient, this exploration and interpretive work is no longer possible. If the patient's fantasy is of the therapist as a loving or a hateful parent, and the therapist chooses to enact that role, the patient will have

trouble understanding that the role was actually generated in the patient's fantasy life, and that the therapist had nothing to do with it apart from providing yet another occasion for its development and projection.

Enactment seriously confuses and confounds therapy. It makes it hard, sometimes impossible, to understand the patient's underlying fantasy, and interferes with the possibility of an effective interpretive stance on the part of the therapist. These clinical problems reflect how intensely evocative the transference fantasies of patients can be. Sometimes these difficulties reflect the therapist's lack of skill and experience; we know that naïve or unsophisticated therapists are more likely to get into trouble. They might also reflect countertransference problems in the therapist, erotic conflicts that interfere with the therapist's functioning in the therapeutic role. Most often, some combination of these issues is present. If the therapist is an ethical professional, and most are, the problem ends there with a clinical failure — a therapeutic stalemate, but no unethical behavior. If the therapist is not an ethical professional, the problem may progress to the next step, an ethically inappropriate enactment of the therapist's extraprofessional interests in the real relationship. One of the most common of these is the sexual one portrayed in the film, in Ann's fantasy of her ideal therapist enacted with Graham.

The second type of sub-optimal relationship is the one that is ethically safe, but uselessly detached. Safe because when the emotional involvement essential for the therapy to progress doesn't develop, this distance ensures that the enactment will not happen. Either patient or therapist (or both) may be incapable of such involvement. We try to train therapists to expand their capacity for emotional involvement with a wider array of individuals than most of us can connect to at the beginning. This capacity is vital for conducting therapy. The risk is that it may also make possible a far wider array of potential enactments than would otherwise be the case for many therapists.

The trained, skilled psychotherapist is capable of establishing intimate emotional relationships with a wider range of patients than is the unskilled therapist. That means that we actually train therapists in such a way that they are more vulnerable to dangerous countertransferential acting out, because it is this same capacity that makes effective therapy possible. One of the greatest challenges

we face in doing treatment is to be able to understand the transferences that provoke, not sexual excitement, but rather emotional withdrawal, apathy and boredom, and to develop therapeutic strategies for dealing with patients who present with such transferences. Of course, this may be a problem relating to the therapist's own countertransferential predisposition. What, in this context, might be going on intrapsychically for Ann's aloof, nail-clipping therapist?

No matter the reason for the failure of development of an intimate relationship, the treatment is doomed to fail. While there is certainly less danger of unethical enactment, therapy is impossible. Here we have a safe, clinical failure, one that won't engage the attention of the ethics committee, or the peer review group, but also won't help the patient. An appropriate relationship involving intimacy allows for the possibility of therapeutic gain, along with the risks of danger. This is the paradox at the core of psychodynamic therapy. Indeed, were it not for this paradox, there would be much less need for the extensive training, the emphasis on professional socialization, the years of supervision, and the constant ongoing scrutiny of work that our profession requires of all of us.

The therapeutic relationship that underpins dynamic psychotherapy is very different from other human relationships. All relationships are molded by transference; all have unconscious fantasies of the participants in the relationship as central themes. Most people, not necessarily therapists, who have any kind of interpersonal skill or talent learn to recognize and adapt to those unconscious fantasies both in themselves and in others, whether consciously identifying them and making them explicit, or apprehending them intuitively. Any skilled friend, teacher, salesman. performer, parent, con-man or lover shapes his or her behavior in accordance with the transferential fantasies and perceptions of the other person; it's how we learn to live in a social world.

If you meet a friend on the street and comment sympathetically, "You look tired today," he doesn't say: "What comes to mind about that?" His likely answer, "No, I'm fine," blocks the transferential projection so that it doesn't distort the relationship that emerges. A salesman may exploit a preconscious fantasy of danger in order to increase the attractiveness of his product: "We can't prevent accidents you know, but the chassis is built so that if another car jumps the lane and hits you head-on, you're the one

who goes to the phone to call the ambulance for the other guy." [Ed.note: This paper was written in the pre-cell-phone era!]

A lover conforms to the image that will most gratify the beloved's desires. With one partner, it may be the promise of eternal love, with another it may be by allusions to the risk of blind trust. Different people are turned on by different themes and whatever resonates with the beloved's unconscious fantasy for erotic excitement is used.

Described this way, it sounds like a somewhat distasteful conscious manipulation; most often in the real world, these behaviors, especially between intimates, reflect preconscious empathic awareness of the other, and amount to tact or sensitivity rather than manipulation or exploitation.

The therapist uses these same skills, but in a different way and for a different purpose; the therapist learns to recognize and identify the patient's inner mental processes, but not respond to them. The therapist does not correct, confirm, respond magnify or gratify, but simply allows these processes to unfold sufficiently so that they may be demonstrated to the patient along with interpretation of the impact this fantasy has on all of the patient's relationships, and all of the patient's life. The purpose of therapy is to allow the relationship to unfold so that the patient can realize how the *patient* has structured it, just as he or she structures other relationships, and his or her life, in order to solve certain inner psychological problems.

Most members of our community subscribe to a moral code that condemns the exploitation of others, whether it be sexual exploitation or any other kind. We expect that most of our colleagues feel the same way. However, this is not enough to safeguard patients, because it only relies on self-control. The well-trained therapist has a far more effective technique for preventing ethical failure — this therapist recognizes that sexual enactment is not only unethical, but it is also one of a larger class of behaviors that interfere with the success of a treatment, whether they are ethical or not. Some other behaviors in this category are actually quite normal human social responses, friendlier than the usual behavior of a psychotherapist, but they are all bad clinical practice because they expose the therapeutic relationship to inappropriate intrusion or invasion by the therapist's mental life and thus interfere with the exploration of the patient's mental life — the ultimate

goal. Such practices reflect the therapist's misunderstanding of what therapy is all about. The therapist who tells personal anecdotes or favorite jokes or provides advice to the patient regarding how to really enjoy the pleasures of life, who offers political, ideological or religious values as potential models for the patient is contaminating the therapeutic field. These behaviors are not immoral, but may be just as obstructive to a successful clinical process as the sexual enactment of any type between therapist and patient.

Like Ann in the film, patients commonly develop erotic and sexual fantasies about their therapists. In a relationship outside of a therapy, a person has many choices. Some enactments of sexual fantasies are delightful, some turn out to be a mistake. A participant can respond, or not. When such fantasies come up in a therapeutic relationship, the therapist should treat them just like any other transference fantasy; sometimes these explorations are among the most useful moments in the treatment. The history of psychoanalysis begins with the exploration of the sexual transference fantasies of Freud's (and his followers') first patients.

How do we train therapists to develop intimate and emotionally intense relationships with patients, to experience the power of the patient's fantasies, both sexual and otherwise, without denying, negating, erasing, or undermining the fantasies, while also not succumbing to the temptation to act on them?

It is not sufficient for the therapist to be moral. The surest route to morality is carefully to avoid temptation, but temptation is essential for psychotherapy to take place. We must train therapists both to be moral, and to live and enter and encourage ever-present temptation at the same time. That is the difficult, but essential prescription.

It is also not enough for the therapist simply to be mentally healthy. Healthy people are often tempted sexually and respond to sexual temptation. Even the presence of other gratifications in the therapist's life is no guarantee that new sexual interests will not create new opportunities in spite of what the therapist already has.

So we must educate our therapists with the hope that certain types of knowledge about how therapy must work will have a critical role in reinforcing their capacity to live with temptation while acting ethically. There is no magical way to ensure against all enactments, but that may be the nature of the dilemma. Three things that we can do will help, however.

First, we want therapists to understand something about the patient's psychology, the nature of sexual desire, and the various ways in which desire structures human relationships, reflects the past and shapes the future. The patient's sexual interest in the therapist is a major source of information about all this — an essential component of the therapy, a route to insight. For a therapist who does not understand this crucial idea, the patient's sexual desire is an amusing distraction from the boring irrelevancies of most of what is talked about in a therapy session conducted by someone who doesn't understand therapy, even if it doesn't actually lead to an enactment.

Second, we want the therapist to understand something about his or her own personal psychology, how the therapist responds to other people, and how that response becomes a clue to the way in which the other person pursues human relationships. Temptation here is always a signal. In other relationships, it is a signal that triggers either response or avoidance. In psychotherapy it's a signal that must trigger exploration of the various processes that gave rise to the therapist's experience of the patient's desire.

Finally, we want our therapists to know something about therapy — about concepts such as transference, resistance and interpretation. When a therapist understands these concepts, conducting psychotherapy is fascinating and inherently rewarding, and sexual feelings that occur during the process are part of the core data that must be worked with. If a therapist spends many hours with patients while not understanding what therapy is really about, what transference/countertransference paradigms can mean, and why these sexual feelings are a valuable part of the data-base for the process, they will find most of therapy to be boring. Much of it is also anxiety-provoking, and sexual feelings may be a welcome distraction from the boredom, and the anxiety-and tension-producing aspects of the work. What goes on without sexual tension has little interest. The prepared therapist is able to take advantage of the fascinating and interesting possibilities inherent in the exploration of the sexual fantasies, without resorting either to avoidance or enactment.

These are clearly tough problems, and one way our profession has responded to the issues presented so dramatically in *Sex, Lies and Videotape* is to exact consequences, professional, sometimes legal, for transgressors of the rules: appearance before, and sanctions levied by, ethics committees, professional misconduct boards, trial

and punishment. As perhaps necessary social responses, I have no trouble with these actions, but we should not fool ourselves into thinking that they do anything to solve the basic problem. It is hard to imagine a therapist, contemplating a sexual enactment with a patient, who first checks the code of ethics of the American Psychiatric Association to see whether or not it's ok, or the rules of the local state misconduct board to see what the penalties are at that moment in that state. It's like incest, child abuse, or family violence — it is not deterred by punishment or the rules. Rules and punishments do serve an important social function, invoking our sense of justice, and sometimes our desire for retribution. They make us feel better, and assure the public that we take these issues seriously in our profession, but they don't lessen the chances that the behavior will occur, and they do nothing to protect the patient involved in such a relationship.

The best way to protect our patients is to be sure that members of our profession really understand what therapy is and how it works. They must understand the universality of sexual themes in the transference fantasies of patients and therapists, and to have the training and ongoing guidance they need to develop real skill in how to work with these themes without acting upon them with the patient.

We owe it to society to develop codes of ethics, review procedures, and appropriate sanctions against offenders. If we truly want to protect patients from exploitation, and ensure that they have treatments that really work, we must devote our efforts as educators and practitioners to making sure that psychotherapy education remains a core element of training in our profession.

Love, Guilt, and *Harry Potter*: A Contemporary Kleinian View

Jason Dean

INTRODUCTION

Harry Potter is a series of seven books that was subsequently transformed into a series of films. The work tells the story of an unlikely hero named Harry Potter, an orphan who discovers that he is in fact a wizard with magical powers. The ongoing focus of the series is Harry's battle with his enemy Voldemort, an evil character bent on domination and control. The clash between good and evil, as well as love and hate, is central to the films. In addition to enlisting the power of good in himself and his colleagues to do battle with Voldemort, Harry also engages in a personal struggle to integrate his internal feelings of love and hate. The dynamic vicissitudes of love and hate are also a primary focus of the psychoanalytic theories of the British psychoanalyst Melanie Klein. Klein created a theory of mental functioning, based on the hypothesized internal experience of the young infant, that organized experience into two positions, the paranoid-schizoid position, in which love and hate are kept separate, and the depressive position, in which the two coexist and are integrated (Ogden, 1992). The overlap between the main themes of *Harry Potter* and of Kleinian psychoanalysis raises the following question: How would viewing the films through a Kleinian lens change or enhance the experience of the viewer in a way that nothing else can? An analysis of the films using Kleinian theory provides new insights into the plot, the ways in which the story is presented, and the experience of the viewer.

The use of psychology and psychoanalysis to analyze *Harry Potter* is not new. Several authors have detailed aspects of the plot that overlap with psychological themes, such as adolescent group psychotherapy, grief, coming of age, internal life scripts, and existential psychotherapy (Thunnissen, 2010). In addition, Suzanne Lake has described several unconscious themes found in the plot in her paper "Object Relations in *Harry Potter*." Lake argues that what

makes *Harry Potter* so successful is its ability to teach important unconscious lessons to children. She shows how aspects of the plot correspond to Kleinian concepts such as the internalization of good and bad objects, the battle between good and bad in the ego, the depressive position, and reparation (Lake, 2003). Though all these authors have used psychology or psychoanalysis to analyze the plot of *Harry Potter*, there has been much less emphasis on the way that the story is presented or how the viewer interacts with the work. This paper will build on Lake's observations by extending the use of Kleinian theory from an analysis of the plot itself to the way that it is presented in the films and the interactive experience of the viewer. A Kleinian viewpoint can deepen our appreciation of the interaction in the story between good and evil, both in the external situation as well as in Harry's internal struggle.

Initially, the series depicts the conflict between good and evil as being perfectly split. Harry and his colleagues are seen as totally good; Voldemort and his followers are totally bad. Yet as the films progress, they present the viewer with a more nuanced depiction in which these lines are significantly blurred and love and hate are intermixed. This progression is by no means linear. There is a constant dialectic between these two modes of presentation in the films, in which they coexist and blend into each other, only gradually moving towards integration. A Kleinian lens provides structure and organization to this process.

Kleinian theory focuses on the internal world of the patient; experiences or relationships activate internal representations of the external world (Schafer, 1994). We can use this model, not only to analyze the behavior of the characters and the structure of the film or novel, but also to understand what happens to the reader/spectator while interacting with the work. *Harry Potter* stimulates and activates the viewer's internal world, so that each viewing is uniquely connected to the subjective psychological makeup of the individual.

I will begin with a description of Melanie Klein's original theory, followed by a brief description of modern reconceptualizations of her ideas. Then will follow a discussion of the way the movement from the paranoid-schizoid position to the depressive position operates in the film, with an emphasis on how the film's themes resonate with the viewer's experience of the work. This paper will not focus on the literal experience of the character, Harry

Potter, or his psychological structure; rather, the topic of this paper is the experience of the viewer. Though Harry's experience will be described through defense mechanisms, drives, and psychological positions, what is important is that the viewer experiences the film "as if" these mechanisms are operating.

KLEIN'S THEORY OF EARLY MENTAL FUNCTIONING

In her study of the early mental functioning of children, Melanie Klein described the primitive mental functioning of the infant (Klein, 1946). She characterized the experience of the infant during breastfeeding as one infused with profoundly powerful emotions[1]. When the infant is able to breastfeed properly, he experiences absolute euphoria, feelings of fullness, and a sense of security. These positive feelings are associated with feelings of love towards the mother, associated with the "good breast" that is nourishing. In the same way, when his needs are being satisfied the infant is able to experience himself as being good and loving. Quite the opposite experience occurs in the absence of the mother, when the small baby feels hunger and deprivation. In this case, it is as if the infant is filled with feelings of hate and aggression towards the mother and more specifically towards the "bad breast" that is elusive, cold, and uncaring. Just as the positive and loving feelings towards the good breast have correspondingly positive feelings about the self, these hateful and aggressive feelings towards the bad breast have correspondingly hateful and negative feelings about the self. In this way, the young infant has two completely different experiences related to its nourishment; one of absolute euphoria, love, and security in relation to the mother and the self, and another of pain, suffering, and feelings of hate and aggression towards the mother and the self.

[1] A striking feature of Klein's work was the attribution of very sophisticated psychological functioning to the infant in its first year of life. Most contemporary psychoanalysts question whether the minds of such young children are developed enough to generate such sophisticated processes. Klein's followers also place less emphasis on specific body parts and part-objects in their theories. These contemporary Kleinians have transformed Klein's theories in several important ways that make her original language and conceptions somewhat incongruent with these modern developments, at least as they relate to the young infant.

Thus, for Klein, at the earliest stages of development, the infant is not able to integrate and tolerate the combination of these two opposing experiences. It is as if the infant fears that if he were to express his hate and aggression towards his mother, he would utterly destroy her in doing so. As a consequence of this fear, the infant is unable to view his mother as a complete object, containing both positive and negative traits. If the mother were viewed as a whole object, comprised of both positive and negative aspects, this would inevitably subject her positive aspects to the aggression and rage of the infant, leading to the destruction of the positive part of the mother along with the negative part. Therefore, the infant splits his mother into a "good breast" and a "bad breast," directing his hate towards the bad breast, or the representation of the negative aspects of his mother, while directing his love towards the good breast, or the positive aspects of his mother. At the same time, the infant splits his own ego into a loving aspect, that is associated with the loving feelings towards the good breast, and an aggressive aspect, that is associated with the hateful feelings of destruction towards the bad breast.

During the satiation of breastfeeding, the infant experiences the mother as purely good and correspondingly experiences himself as purely loving. During times of his mother's absence, deprivation, and hunger, the infant experiences the mother as purely bad, and correspondingly experiences himself as purely hateful and destructive towards the bad breast. Just as the infant splits his mother into good and bad parts in order to prevent the mixing of hateful and loving feelings towards the mother, he also splits the ego in order to avoid the mixing of aggression and love inside the self, due to the fantasy that his own hate would destroy all good aspects of himself. Rather than tolerate these negative aspects, the infant splits them off and places them in the external world through a primitive defense mechanism, projective identification. In doing so, the infant repudiates its own hate and instead experiences it as coming from the external world. This mechanism is effective at relieving the anxiety associated with the fear of hateful feelings destroying those of love and goodness, but the price is that the infant now experiences his world as dangerous and filled with destructive persecutors. This leads to what Klein called persecutory anxiety; the infant fears the destruction that may come from these external threats, which are of course actually projections of the

infant's own aggressive feelings. This situation comprises what Klein described as the paranoid-schizoid position. "Paranoid" refers to the fact that through projective identification the infant develops paranoid persecutory anxiety resulting from the fear of these externalized destructive impulses. The term "schizoid" refers to the split in the primary object, the mother, as well as in the ego of the infant. Klein writes that in the paranoid-schizoid position, the ego is sometimes split into many pieces, leading to a fragmentation of experience and an inability to integrate the disparate parts of the self.

In healthy psychological development, the infant progresses from the paranoid-schizoid position to the depressive position, in which the infant develops the capacity to tolerate the integration of these two polar experiences, without fearing annihilation. The infant learns that the mother has both positive and negative aspects, in that the mother who feeds and satisfies the infant is the very same mother who is absent and frustrating during times of hunger. In this way, the infant becomes able to view the mother as a whole object, comprised of positive and negative characteristics. At the same time, the infant becomes able to have an analogous view of himself, as containing positive and loving emotions together with hateful and aggressive ones. As this capacity develops, there is less need to externalize negative emotions through splitting and projection. Correspondingly, the persecutory anxiety felt in the paranoid-schizoid position diminishes. However, the depressive position still involves anxiety for the infant — the fear that his internal rage and badness will threaten the good self. The danger from outside is replaced by awareness of the destructive forces within. This transition is not always linear, and Klein writes that when faced with particularly strong depressive anxiety, an individual may temporarily return to the paranoid-schizoid position in order to project these negative feelings to the outside world, thereby avoiding an intolerable conflict of love and hate within the self (Klein, 1946).

Many psychoanalytic authors have challenged several features of Klein's work, including her strong correlation of the drives with physical body-parts, her genetic description of psychopathology as stemming from specific past real-life experiences, and her attribution of highly sophisticated mental functioning to the young infant. Over the past several decades, contemporary psychoanalysts

have reworked these theories while maintaining their basic tenets. While Klein viewed the analysand's internal situation as the direct result of early parental interactions, contemporary Kleinians focus more on the here-and-now interaction in the transference and countertransference that develops between the analysand and the analyst. The real-life experiences in the past are taken into account but are secondary. Similarly, a description of drives related to specific body-parts has been largely replaced by psychological functions that are closer to every-day experience (Schafer, 1994).

The progression through the positions is no longer thought to be completed during the first year of life and is no longer attributed primarily to normal or pathological experiences of breastfeeding. The two positions are currently understood as ways of organizing positive and negative experiences. To this end, Thomas Ogden (1992) writes: "I understand the Kleinian 'positions' as psychological organizations that determine the ways in which meaning is attributed to experience." Early negative and positive experiences are experienced as "all good" or "all bad" and are initially kept entirely separate. At the earliest stages, the individual has not yet made a distinction between the self and objects; therefore in addition to this dichotomy of experience, the self is also experienced as either totally good or bad. This situation characterizes the paranoid-schizoid position. With time, the individual distinguishes between self and object and learns to tolerate distress, having faith that negative experience will pass. Through this process, the individual has established a stable sense of self that is primarily experienced as good, allowing for the contextualization of negative experience. This second step represents the depressive position (Kernberg, 2001).

Whereas Klein herself focused on providing deeply penetrating interpretations to provide insight into the early-life experiences that created pathology, the consistent trend in recent decades has been towards viewing these dynamics in terms of their relevance in the here-and-now, in the transference and countertransference. For instance, Otto Kernberg (1988) writes: "I focus less on any particular time in the patient's past at which the currently dominant pathogenic conflicts and structural organization of the personality may have originated… Hence, I try to follow the dynamic principle of interpretation by proceeding from surface to depth, and to help the patient understand the unconscious meaning in the here-and-now in

a relatively 'ahistorical' way, an 'as if' mode. It is as if such-and-such a kind of child were relating to such-and-such a kind of parental figure." On the same theme, Betty Joseph (1988) writes: "I am suggesting that in our analytic work, our focus needs to be first of all on the nature of the object relation being lived out in the room, however hidden this may be; the nature of this relationship will show us something of the nature of the patient's pathology, his conflicts, and his way of dealing with them."

Stressing the non-developmental nature of the positions, Ogden (1992) writes: "The idea that these fundamental positions 'recur' in childhood and then 'under certain circumstances' throughout life represents a reversion to a linear model of development in which positions are conceived of as early stages of fixation points to which the individual regresses in states of psychological illness or strain. Such a view is entirely inconsistent with Klein's larger view of positions as ever-present psychological organizations whose relationship shifts not by means of succession or progression from one to another, but by means of shifts in the way in which each contextualizes the others." Ogden thinks that, rather than pass from the paranoid-schizoid position to the depressive position in a developmental trajectory, an individual exists in a dialectical tension between these two modes of experience — between destructive disintegration and positive integration. Though the two positions are at opposite poles of experience, they are essentially inter-related and can only meaningfully exist in relation to each other. Without the ability to deconstruct the current state of integration through the destruction and splitting of the paranoid-schizoid position, new integrations and growth in the depressive position would not be possible. These developments have shifted the focus from the developmental issues of infancy to a description of the mind as existing in a dialectical tension between two modes of experience, in which the individual fluctuates between fragmentation and integration.

RELEVANCE OF KLEIN'S THEORY TO *HARRY POTTER*

How does this body of theory help us with our analysis of *Harry Potter*? At the beginning of the series, there is a clear split between good and evil, and we can understand much of what happens early

on to Harry in terms of the paranoid-schizoid position. Growing up with abusive and neglectful adoptive parents, Harry suffers a traumatic childhood in which he is forced to live in a cramped space under the stairs in the home of his uncle and aunt. From this position of lowly impotence, he moves to a position of strength when he learns that he is in fact a wizard with magical powers. He is rescued by Albus Dumbledore, the headmaster of the Hogwarts School of Witchcraft and Wizardry, and learns that his parents were actually murdered by a cruel enemy, Lord Voldemort, who had killed them in a quest for power. Though he had been told that his parents died in a car accident, he learns that his mother in fact sacrificed her life to save his. As he arrives at Hogwarts, Harry learns that Voldemort is in the process of returning, with the specific mission of killing him, while Dumbledore and the faculty at Hogwarts serve as Harry's protective surrogate parents. Harry's experience of himself and of his existence is thus transformed from one of impotence and abuse, in which his parents died in a random accident, to one in which his parents were wizards who sacrificed themselves to save him from an enemy of mythical proportions.

This situation, in which the film idealizes Harry, his biological parents, and his surrogate parental figures at Hogwarts, while Voldemort is devalued, can be understood as analogous to the paranoid-schizoid position. Early in the series, the battle between Harry and Voldemort is cast as one between pure good and evil. Voldemort is portrayed as an unredeemable, evil figure. Dressed all in black, with a ghoulish and somewhat serpentine face, he is a devilish character bent on domination and murder. This devaluation of Voldemort is paralleled by Harry's idealization. Not only does he discover that he has magical powers, but he also learns that he is "the chosen one," the only wizard capable of defeating Voldemort. The split between Harry and Voldemort is widened further by a prophecy that dictates that the two cannot coexist and that one must destroy the other. At this early stage of the plot, Harry's struggle with Voldemort is depicted in line with the paranoid-schizoid position, as if the protagonist has projected the negative aspects of himself to the external world, creating a perfect split between good and evil. Through this mechanism Harry enjoys a feeling of inflated self-esteem and comfort, but at a price; he now must deal with the persecutory anxiety engendered by a purely evil enemy.

In her 1946 paper, "Notes On Some Schizoid Mechanisms," Klein discusses Freud's "Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia" (1911), where he analyses a memoir written by Daniel Paul Schreber, a German judge who suffered from paranoid delusions. Schreber believed his physician, Flechsig, to be a persecutor whose soul had been split into forty to sixty divisions; Klein interprets this split not only as that of the persecutory object, but also as the projected splitting of Schreber's own ego. Schreber also described a delusion involving a divine raid on the Flechsig souls, reducing them to one or two. Klein interprets this raid as Schreber's attempt at recovery, in which he was able to integrate the disparate, split-off parts of his ego. This mechanism resembles a crucial aspect of the films. In an attempt to protect himself from death, Voldemort uses murder, the ultimate act of aggression, to split his soul into seven fragments, called horcruxes, which he deposits in various objects. As a result, the viewer experiences Voldemort as even more formidable, and there is an increase in persecutory anxiety as Harry realizes that his enemy has in effect multiplied. In addition, the experience of the viewer subsequently becomes more fragmented and hopeless, as Harry loses touch with most of his colleagues and trudges on almost aimlessly, searching for the horcruxes. This part of the story is portrayed in very dark, hopeless terms, inducing a similar mood in the viewer. It can be conceptualized in a similar way to Klein's description of the Flechsig souls, as if Harry has split off and projected the negative aspects of himself, splitting the object (Voldemort) as well as his own ego. Just as in the case of Schreber, the splitting of Voldemort dramatically increases Harry's persecutory anxiety. For the viewer, too, there is a corresponding sense of fragmentation, lack of purpose, and despair. This empty experience is analogous to the empty experience of the "bad self" that can occur in the paranoid-schizoid position.

Even early in the story, where there is a sharp separation between pure good and evil, there is one episode which suggests a more nuanced reality and foreshadows the blurring of lines that will follow. When Harry first arrives at Hogwarts, he learns that he will be assigned to one of the school's four houses: Gryffindor, Slytherin, Ravenclaw, or Hufflepuff. This decision, which will ultimately determine Harry's group of peers and much of his identity as a wizard, is made by the "sorting hat," an anthropomorphic hat

which is able to discern each student's rightful place while sitting briefly atop his or her head. When Harry dons the hat, he is surprised to hear its initial suggestion — Slytherin. Throughout the films, Slytherin is depicted as a relatively evil place, designed for students valuing power and prestige. The house was created by Salazar Slytherin, a wizard who believed in the superiority of "pure" magic blood, and Slytherin was also the house of Voldemort himself a few decades earlier. Gryffindor, on the other hand, is depicted as a place for brave and loyal students with good intentions and was the house of Harry's parents. Ultimately, as Harry himself wants so badly to be in Gryffindor, the hat takes his preference into account, and at the time, the viewer dismisses the episode without much more thought. In hindsight, however, this ambivalence of the sorting hat provides keen insight into the fact that Harry possesses more than goodness and bravery and foreshadows the difficult internal struggle that he is destined to face. Harry's frightening connection with Voldemort also makes an early appearance here. The ongoing struggle between Harry and Voldemort, as well as Harry's inner struggle with good and evil within himself, are symbolized by the rivalry between the houses of Gryffindor and Slytherin and the hat's equivocation between the two, as Harry's life as a wizard is decided.

From the paranoid-schizoid position, the film progresses towards the depressive position. From an initial perspective in which he views Voldemort as totally alien and separate from himself, Harry increasingly comes to recognize an uncomfortable commonality with him. The scar on his forehead, the physical symbol of his connection with Voldemort, is a constant reminder of both his parents' death and his own miraculous survival. Through its representation of both his own powers as "the chosen one," and the dark history of his parent's death at the hands of Voldemort, his scar resonates with the depressive position, in which such opposing experiences are combined. It is significant that he received his scar at the moment in which the love of his parents intercepted and defeated Voldemort's hatred. When Harry was a young baby, Voldemort attempted to kill him along with his parents, but just as he cast a deadly spell that would have killed Harry, Harry's mother intercepted the spell to save his life. It was his mother's love that caused the spell to backfire and destroy Voldemort, leaving Harry's scar as a testament to this event. Thus, Harry's scar represents an event in which love met with, and

triumphed over, hate — the paradigm of the depressive position. Just as other fictional heroes have their own emblems, such as Superman's "S," Batman's bat symbol, and Spiderman's spider costume, the scar on Harry's forehead is popularly recognized as a symbol synonymous with the character. In fact, the jagged scar occupies a central place in the official *Harry Potter* logo. As such, it seems significant that this symbol itself represents the struggle over the integration of love and hate.

It is through his scar that Harry experiences his connection with the enemy, feeling physical pain when Voldemort speaks to him and invades his mind. From an initial view of Voldemort as a purely external persecutor, Harry begins to experience him as an internal foe, which is even more distressing to him. With increasing frequency, Voldemort invades Harry's mind, speaking to him and torturing him with nightmares. As the division between himself and his enemy is blurred, Harry also begins to doubt his own merit, recognizing his own strong feelings of anger and hatred. At the same time that Harry's idealized view of himself is called into question, the devalued view of Voldemort is also challenged. Through new insight into his past, we learn that Voldemort was actually a promising young wizard, named Tom Riddle. As a young boy with a troubled background, he was rescued by Dumbledore to attend Hogwarts — a beginning not unlike Harry's. Like Harry, Tom had great promise and was a star pupil at Hogwarts, until at a crucial juncture he made all the wrong choices.

The knowledge of Voldemort's background has two principal, related effects. One is that Voldemort is put into context, allowing him to be understood as a complex character with a sordid past who underwent his own struggles. Rather than being cast as totally evil, he is now seen as the very sad outcome of a troubled childhood. A second effect is that, as Harry learns of his enemy's background, he is terrified by their similarities. He begins to worry that he may suffer the same fate as Tom Riddle, by using his talents for evil rather than for good. In these situations, the viewer experiences the plot in a way that is analogous to the depressive position, where positive and negative experience is combined and integrated, rather than segregated. The perfect split between Harry and Voldemort gradually closes, and at the same time Harry's struggle becomes an internal one. The persecutory anxiety engendered by Voldemort is

now complemented by the depressive anxiety involved with Harry's struggle to tolerate his own feelings of anger and hatred.

The depressive anxiety reaches even greater heights when we learn that the last horcrux, or piece of Voldemort's soul, actually resides within Harry himself. Thus we realize that the prophecy that stated that he and Voldemort could not coexist implies that in order to destroy his enemy, he himself must be destroyed in the process. It is a bitter irony that what had made Harry special, the chosen one, was not, as he believed, his special abilities, but rather the presence of Voldemort's soul within him. As his idealized view of himself continues to collapse, he is also faced with the knowledge that Dumbledore purposely concealed this tragic information from him, knowing full well that he would one day send him to his death. With the closing of the split between himself and Voldemort, Harry comes to grips with the evil within himself, as represented by his own internal horcrux, as well as the deflation of his idealized view of Dumbledore, Hogwarts, and himself. To carry the analogy of the Flechsig souls one step further, the progression towards an integration of positive and negative experience in the depressive position is represented in the film by Harry's mission to find and destroy the horcruxes. Just as the raid of the Flechsig souls in Schreber's delusion represented his attempt at reintegration of his own ego, Harry's attempt to destroy the horcruxes represents an attempt to unify his experience.

Harry's depressive anxiety reaches its peak when Voldemort reveals that he will destroy all those who shelter Harry, while sparing those who betray him. As Harry faces the guilt and shame involved with the realization that his own survival may lead to the death of those he cares for most, he must tolerate the fear that he will be responsible for the destruction of all that he holds dear. This conflict parallels the quintessential fear of the depressive position — that by allowing the two poles of experience to mix, the negative aspects of the self will destroy any and all positivity. As terrifying as Voldemort is, the guilt and anxiety that Harry feels over the possibility of causing the deaths of his friends far outweighs his persecutory anxiety. One way for Harry to deal with this anxiety would have been to regress to the paranoid-schizoid position, splitting these negative aspects of himself and projecting them to the external world, which would have allowed him to flee his persecutor without regard for the lives of his friends. But the way

Harry deals with his conflict is what makes him a hero. By tolerating and mastering the depressive position, Harry is able to sacrifice himself for his friends, willingly approaching Voldemort rather than fleeing him.

When he finally confronts Voldemort, Harry's survival and the destruction of the horcrux that resides within him constitute his mastery of the depressive position. His fear of destruction at the hands of his enemy is not actualized, and to his surprise the clash between good and evil does not lead to his death. Rather, it is the horcrux, the representation of evil within himself, that is destroyed. This encounter speaks to Harry's mastery of the depressive position, as his feelings of hate are tolerated and subjugated to those of love. Upon completion of this psychological process, Harry has no need for projective identification, for he can tolerate and integrate the anger he finds within himself without having to deny that it is a part of him. This process is represented in the film by Voldemort's final defeat, when he disintegrates into dust, his lack of substance suggesting that he had been largely a product of Harry's own projection.

CONCLUSION

How does a Kleinian view of *Harry Potter* change or enhance the experience of the viewer? First, the above discussion has shown that such an interpretation significantly deepens the plot, adding a new dimension containing the vicissitudes of love and hate. *Harry Potter* is not a linear story about good triumphing over evil, as it may appear on the surface; it is about the separation and integration of good and bad and the anxiety involved in the dialectical struggle that this process entails. In this way, the Kleinian lens affords unparalleled insight into the dynamic undercurrents that expand and deepen the experience of viewing the films. Second, such a view sharpens one's focus on the way in which the work is presented. Not only does the plot involve these dynamics, but the style of presentation can itself be categorized according to these theories. Finally, and perhaps most importantly, this approach makes central the subjective interactive experience of the viewer, who interacts with the films through these very psychological mechanisms. As we view the films, we do not do so as passive and

impartial observers. It is nearly impossible to view such an intense display of the struggle between good and evil without engaging in the same struggle within oneself. Thus a Kleinian perspective can greatly expand and deepen the experience of the work, transforming a passive experience of a linear battle between good and evil into a subjective and interactive experience in which the viewer engages the work and interprets it through his or her own psychological structure.

The genre of fantasy allows these psychological processes to be portrayed in a literal and dramatic way that is quite captivating. While these unconscious struggles go on in all of our minds, we seldom become aware of them and almost never experience them fully consciously. Seeing these themes played out before our eyes in special effects has a profound effect on us, stimulating the unconscious and allowing us to actualize our fantasies vicariously through the characters. It is satisfying to engage with the portrayal of a perfect paranoid-schizoid split between good and evil, thereby connecting with the fantasy of being purely good through the disavowal of all negative aspects of the self. Yet connecting with the protagonist as he struggles with his own feelings of hate is even more appealing. It is Harry's successful mastery of the depressive position through bravery and the triumph of love over hate that makes his story resonate so deeply with the viewer. The desire to come to grips with one's shortcomings, and to integrate them into a positive sense of self, strikes at the heart of the human condition. Rather than desiring to disavow our faults, we hope to acknowledge them and fully accept them. The universal appeal of these films, therefore, can be understood as their resonance with the deeply human desire to see ourselves as good, despite our flaws. Part of Rowling's talent lies in her ability to understand these themes in a deep and intuitive way and to portray them skillfully through her fiction. It is this ability that has attracted millions of fans and will allow her work to captivate audiences for years to come.

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Psychoanalysis in Our Changing Climate

Elizabeth Haase

Last year, Dr. Elizabeth Haase founded a company**, Climate Changed LLC**, and began to work on a film about the psychological effects of chronic and catastrophic climate change on tomorrow's adults: ***And then the Climate Changed: A Documentary about the Future for our Children***.

What does psychoanalysis have to offer amid the mounting demands of our climate crisis? This was the question I began to ask myself as my children left home. Nature has always been my spiritual home, and the loss of it has become my most urgent priority.

The moral core of psychoanalysis is the support of complex processes in the human mind, in a way that sustains the maximal relatedness, internal mental health, and external social survival of the individual. This model parallels the need for systemic complexity, interdependence, and asset distribution as regards our most urgent social imperative, ecological sustainability, and its corollary, ecological justice.

This value system of analysis, I believe, calls on us as analysts to grapple with the social and physical realities of our climate-changed times. How will we understand the uniqueness of the psyche when seven billion of us share the planet with nanobots and robots? How will we adopt psychodynamic treatment to the need for rapid behavioral change, to prevent extinction of the people, species and places that sustain healthy psyches? How will we deal with cognitive biases that maintain the status quo and reject accurate information, in a world where our patients are suffering as habitats and resources disappear?

As we complete six decades of inadequate response to our awareness that the climate is changing, there is no question that psychoanalysis has a critical role in the mitigation of global warming. Our understanding of how fear is denied, awareness resisted, and behavior blindly repeated, along with the advancing knowledge base of cognitive psychology, is critical to behavioral and emotional adaptation to the many inconvenient truths of coming realities.

Our project, *And Then the Climate Changed*, is a filmed exploration of what parents should do with their children today, to help prepare them psychologically for tomorrow. It is the story of two nervous mothers, an environmentalist, Jessica Haller, and a psychoanalyst, myself, who go on a journey with the aid of filmmaker Jon Felix: a sort of road trip that shows others how we overcome our ignorance and fear to become proficient models for our children and grandchildren. The story documents our psychological process: confronting pre-traumatic anxiety by talking to victims of Hurricane Sandy; educating ourselves and our viewers by interviewing environmental and political leaders like Jeff Sachs and Larry Schweiger; finding community, educational, and religious resources like Greening Forward, the Pocono Environmental Education Center, and Greenfaith; learning how psychoanalytic ideas have been applied to sustainable healthcare in England and cognitive bias research used to improve climate policy communications at Yale University; and ultimately, we hope, providing parents with ways they can help their children develop the capacities for deferred gratification, self-observation, altruistic cooperation, and resilience to survive and to lead in our climate-changed tomorrow.

The film will introduce many psychoanalytic concepts to its audience, highlighting the unconscious and dynamic motivations that delay climate progress. We plan to interview psychoanalyst Salman Akhtar about the effects of displacement and habitat loss on the psyche, and a British consortium of psychoanalysts who have produced lectures and a book on psychoanalytic perspectives on climate change denial. When it comes to slow adaptation to climate change, Freud would have a theory, and so do we.

REPORTS OF APM SCIENTIFIC MEETINGS

A Conversation with Sonali Deraniyagala Author of *Wave: A Memoir of Life after the Tsunami*

Interviewer: Philip Lister
October 7, 2014

Reporter: Bonnie Kaufman

The first Scientific Meeting of the Association for Psychoanalytic Medicine's 2014–15 academic year was a presentation that was by turns beautiful, eloquent and devastatingly painful to experience (and for this reporter to chronicle). The speaker, Sonali Deraniyagala, survived the December 25, 2004, tsunami which struck Sri Lanka, killing 280,000 people. Among those lost were her husband, her parents, and her two sons. In the blink of an eye, this economist who lived and worked in London, on a visit to her parents in her home country, lost her past, her present and her future. Memory became her enemy, and the story she told was the story of how, over years, and through therapy and writing of a memoir, she was able to recover the memories that were all she had left of the life she had lost.

In 2004, Dr. Deraniyagala was teaching economics at the University of London, and on a holiday break to Sri Lanka with her family to spend time with her parents. She was born in Sri Lanka, into a large, close, matriarchal family, and had a happy and uneventful childhood. She studied abroad, and married a British man, and lived comfortably in London with him and her two young sons. In Sri Lanka on that ghastly day, she was sitting with a friend who was admiring Dr. Deraniyagala's happy family, telling her that her life looked like a beautiful dream, when the tsunami hit. Grabbing her two children, she ran away from the shore, got onto a jeep and thought they were safe, but the wave overtook them, and the children were swept away. "And that was the end of my life as I knew it."

This quotation is from Dr. Deraniyagala's memoir *Wave: A Memoir of Life After the Tsunami*; she made frequent use of such

quotations during her presentation, at times reading longer sections from the text, as though there were still some things that she could hardly bear to bring herself to say spontaneously. She was joined onstage, and supported, by Dr. Philip Lister, a member of our psychoanalytic faculty, who has extensive experience in working on issues of facing and learning from loss. From time to time, he asked questions, gently and compassionately encouraging Dr. Deraniyagala's communication with the audience.

She was under water for what felt like hours, days; she couldn't decide whether or not she was still alive, and then determined she had to live for her children. She was told that when she was finally found, she was spinning and couldn't stop.

Reading from another section of her memoir, Dr. Deraniyagala recounted what happened in the immediate aftermath of the disaster. She could not believe that they had all simply vanished. Her family and friends kept her under constant surveillance, suicide watch. She felt she was constantly confronting everything she would never be able to do again. Her brother felt it was impractical to allow the family home to remain empty, and rented it to a Dutch family. Dr. Deraniyagala was enraged, tried to storm the house in violence to unnerve the tenants so they would leave. She felt her husband would have understood and applauded what she had done. "I welcomed the chance to act deranged."

Dr. Lister asked when she was able to remember her family. She replied that, for a long time she couldn't conjure any memories "and I wanted it like that." She stayed in her dark house for weeks on end; she felt that, in order to survive, she had to kill all memory of her family.

Dr. Lister then asked when her relationship to memory began to change. She responded that her close friend Anita came from Vienna with her husband and two daughters to be with her, and succeeded in convincing her to visit with them in Vienna. There she connected with Anita's daughters, close in age to her own sons, and they penetrated her defenses, becoming for her a reason to stay alive.

"Through their energy, they enabled you to access some of the energy of your boys?"

"Yes."

This was the beginning of a change for Dr. Deraniyagala. She felt she did not want to return to London; that was too painful, but

she accepted the invitation of another friend to come to New York, and was encouraged to begin therapy. She told her therapist that she felt too much, and also felt nothing. She was terrified of memory — not of the tsunami, but of ordinary life — "the smell of laundry, the sound of one of the boys crunching crisps. I always ended up telling stories about my kids." She was encouraged to begin to write about all these things, and this ultimately became the key to her capacity, step by step, to begin to access memory.

Dr. Lister asked her when she was able to return to London, and how this was accomplished.

"It was four years after the wave, and if I had not been in therapy and writing, I never would have been able to do it. I had to learn to recover all the love I felt I had left in London." Trying to write about it was so painful, that she decided it couldn't be any worse to go back.

Dr. Deraniyagala spoke movingly about the day of her return, when she first went into the home she had left four years before. She went into the boys' playroom, and found a piece of iron pyrites that belonged to her "nerdy, naturalist" son. She couldn't bring herself to touch their bookpacks hanging on the wall. She notes that the house is still very as they had left it. She couldn't bear to change much.

Dr. Lister asked about a comment in the memoir about feeling shame.

"I'm not sure why. Perhaps it is the possibility that I might have been a terrible person in a previous life to have such a thing happen to me." Though she was raised as a Buddhist, she was never religious, and this sense of shame doesn't come from her childhood upbringing, but from some other place, an effort to make some sense out of what seems senseless.

Often, she found herself seeking out secluded, wild, natural places where it felt she was in some sort of sync with her aforementioned "nerdy naturalist" son. "I needed the scale of places like that, places where I could rest with my reality."

"You seem to have returned to a feeling that life is good."

"Yes, most of the time."

"And how did you find your way back to work?"

"I still am on extended leave; I teach one course now, on the Economics of Recovery after Natural Disaster."

Dr. Lister asked how she had decided to embark on therapy. Dr. Deraniyagala felt that if she had tried to do it too early, it would not have been successful. She also felt that she could not have done it in England; she needed to be far from home to begin the process that eventually brought her home. Despite the complexity of the loss of so many at once, at the beginning she needed to let her grief for her parents and her husband take a back seat to her grief for her children.

Dr. Lister also asked about how the process of writing figured in her recovery. Dr. Deraniyagala replied that at first it was a private matter, letting herself speak only to herself. Her therapist, friends, and other family encouraged her to consider publishing the memoir. She met the writer Michael Ondaatje, the Sri Lankan-born Canadian author of *The English Patient,* and asked him to read it. He did, encouraged her to keep going, and got his literary agent involved, and suddenly her personal story was a public document.

Here the presentation ended. A number of audience members asked a few questions, about whether or not she will continue writing about the experience, and how it is helping her now. Mainly, however, the audience was quiet, taking in this difficult presentation with compassion, sadness and respect.

The Role of Pornography in Two Analyses

Susan C. Vaughan
November 4, 2014

Reporter: Dina Abell

Dr. Robert Glick opened the meeting with a moving tribute to Ethel Spector Person (1934–2012). Dr. Glick emphasized the broad scope of intellectual contributions that Dr. Person had made to psychoanalysis and the impact she had as director of the Columbia Psychoanalytic Center from 1981 to 1991. Dr. Person was born in Louisville, Kentucky, where her father was a butcher and her mother had a master's degree in economics. Her childhood was marked by the loss of her father when she was twelve. From these roots, she went to the University of Chicago and then medical school at New York University, followed by residency at Columbia. Dr. Person completed analytic training in 1964 and became a training and supervising analyst in 1973. She published numerous papers, including a series in the 1970s on sexuality, and many books, including *Dreams of Love and Faithful Encounters: The Power of Romantic* Passion and *By Force of Fantasy: How We Make Our Lives*. Dr. Glick described how Dr. Person refused to answer questions about her fantasies in her interview for analytic training, stating that her fantasies were "intimate and precious." Dr. Person wanted to be near the action; she had a hunger for ideas and a quest for intimacy and self-realization. She was not sentimental and never avoided confrontation. She took a "second class" institute out of the shadows, refused to participate in a site visit by the American Psychoanalytic Association in the midst of a lawsuit, and never backed down from a fight. She lent intellectual legitimacy to Columbia with a mission to make it rich and alive; she was a great presenter with presence and style. Up close she was rarely easy or relaxed and had a fierce and biting temper. Her generosity with family and friends was equally intense.

Dr. Vaughan also began with a tribute to Ethel Person. She described Dr. Person's real world research, often with Robert Stoller, interviewing erotic cage dancers, and visiting sex shops and

drag dance clubs, in her quest to understand sexuality and fantasy. Susan quoted a 2003 interview where Ethel had said: "I remember the first time a guy dressed as a woman asked me to dance, I felt his breasts poking me through his dress. That was a moment of truth for me. I wasn't put off or frightened. That's not ever something you know ahead of time — you can only find out when you do it." According to Dr. Vaughan, "Analyzing pornography is the same; you can't know how it will be until you do it."

Dr. Vaughan traced the history of pornography almost as far back as the world's oldest profession. The technological development of the printing press, then photography, and subsequently film, all contributed to the development of pornography, but perhaps the Internet has been the most significant development to date. Dr. Vaughan presented some statistics: 12 percent of all websites are pornographic; half of all spending on the internet is related to sex (over 13 billion dollars annually in the United States); Americans are the fourth leading viewers of pornography (behind the Chinese, South Koreans, and Japanese) with a demographic peak between the ages of 35–44; 25 percent of men and 13 percent of women admit to viewing porn at work; Utah has the highest number of porn subscriptions in the United States; and Sunday is the most popular day to view Internet porn.

Despite the prevalence of pornography, there has been little psychoanalytic interest in it, with only 15 articles with the words "pornography" or "pornographic" in the title on PEP-WEB. Dr. Vaughan thinks this is part of a larger movement of psychoanalysis away from sexuality and Freud's original discovery of psychosexuality. In 1995, André Green asked: "Has sexuality anything at all to do with psychoanalysis?" Peter Fonagy postulated five reasons for this more recent emphasis on relationships and away from sexuality: 1) its close connection with a problematic drive theory; 2) the unconscious resistance and/or conscious prudishness of psychoanalysts; 3) the Kleinian tendency to reduce psychosexuality to its earliest libidinal stages; 4) the increased proportion of psychoanalytic patients with borderline psychopathology, for whom sexual interpretations are unhelpful; and 5) the incompatibility of an object-relations theory based on the observation of mother-infant interaction with drive-theory accounts, leading to a tendency to reduce sexual material to a presumed underlying relationship-based pathology.

Sexuality moved into the realm of sexologists, who deemphasized fantasy in favor of a physical cycle of biologic responses. In 1979 Helen Singer Kaplan posited desire as the stage before arousal, and recognized the role of intrapsychic conflict, referring to sexuality as "fiction plus friction." While many subsequent sexologists reduced fantasy to a schema, Person (1980) developed her own theory of an individual erotic signature called a "sex print." She wrote that erotic fantasy, which solidifies in latency or adolescence, is a variant of the childhood masturbation fantasy. "Each fantasy condenses, symbolizes, and resolves aggressive wishes or impulses directed towards both parents through the different developmental stages of childhood, so that the wishes fueling the fantasy may be disguised beyond all recognition." Only a few years earlier Maurice Laufer had described the central masturbatory fantasy as a universal, conscious fantasy, undergirded by a repressed Oedipal fantasy that remains unconscious. Robert Stoller focused on the film industry, examining the erotic fantasies captured within pornography, and postulated that porn condenses sexuality into its most basic body parts, while the viewer reintroduces fantasy to create his or her own unique erotic script. Stoller felt that pornography "can help transform childhood tragedy (i.e., the Oedipal situation) into adult triumph."

With Stoller's theories as a backdrop, Dr. Vaughan presented two cases.

Case 1: Mr. A was a 46 year-old married African American man who presented in the midst of a sadomasochistic relationship with a young co-worker. Mr. A called his analysis "a (sanctioned) afternoon affair." He began analysis by exploring his lack of emotional and sexual intimacy, along with his "shame-filled preoccupation with pornography and masturbation." Though he had preferred his wife's alluring roommate, Mr. A married his wife shortly after his college graduation because she accepted him "as a man." In addition, he was passed over for promotions at work due to his passive and passive-aggressive behavior.

A picture of Mr. A's childhood history developed gradually. His mother left his philandering father when he was young so he was raised by his sadistic grandmother.

Early in analysis, Dr. Vaughan identified Mr. A's constant self-doubt as covering sexual thoughts about herself. "I interpreted that the sexual thoughts and feelings for me made him feel like a stalker

and speculated that they also arose when he felt closer to me, as a distancing mechanism." His sexual thoughts includeded aggressive wishes about penetrating the analyst from behind, which he assumed she would find demeaning. He began reading psychoanalytic texts instead of porn as an attempt to feel close to — but also to impress, seduce and ultimately outstrip — Dr. Vaughan. In an early dream that came up frequently in the first years of treatment, the patient imagined that his face fused to that of a woman he was kissing. One of them would have to bite his/her way free, destroying the other. In the dream, Mr. A also felt a great need to refrain from biting first, plus a sense of foreboding "that if the woman strikes first, I will be destroyed."

With frequent interpretation of defenses against sexual thoughts about his analyst, Mr. A began to reveal the details of the pornographic scenes he sought out. He was searching for films that displayed a woman's face at or near the moment of orgasm with her male partner ejaculating inside her. He looked for a tortured facial expression, where the woman is dangerously out of control and cannot stop herself. Dr. Vaughan found these graphic depictions of sexuality and its consequences at once sexually exciting and overwhelming, and reflected to A that "the idea of a woman finding you, or any man, so exciting, and her willingness to put herself and her future so in jeopardy for you, is both exciting and alarming. It suggests your sexuality can be very destructive for a woman and that pregnancy or a child would be unwanted and a burden."

Further exploration led to an understanding of Mr. A's split representation of men (including himself) as either a "fucker" like his father or a "sucker" like his grandfather. Development in the analysis allowed Mr. A to imagine that Dr. Vaughan had a husband who combined these split representations. The transference became increasingly erotic and the patient worked hard to disguise these impulses in dreams. Pornographic images came up frequently in the treatment, both in understanding maternal transference with the his wish to "lie back and be taken care of," and in the exploration of his sadomasochism, where he experienced a desire to be penetrated by a father figure who would fill him with manliness.

In a dream in the sixth year of treatment, Mr. A associated to the name S, realizing that it was his own, never used, middle name, which led to the important memory of his paternal grandfather, a successful entrepreneur and loyal, but virile, family man. A

subsequent link to pornography revealed Mr. A's fantasy of the pornographic director, who is in control of both the man and the woman, able to experience the erotic without losing control. Following this revelation, the patient was able to experience himself as a powerful man who could "rev himself into action in a forceful way when he wants to." "Thus, psychically contained in this man's single sought-after pornographic image is a wealth of information about three generations of family history, a disguised and oscillating portrait of positive and negative Oedipal and primal scene dynamics as well as a unique erotic script."

Case 2: Ms. B was a 32 year-old Southern, partnered lesbian with a lifelong history of depression, anxiety, and issues with intimacy. Her early life, with churchgoing, functioning alcoholic parents who placed a premium on external appearances, left her with a sense of not really being able to know anyone. She described a warm and easy relationship with her partner, and reported a good sex life, but did not elaborate. Ms. B came out in high school at her debutante ball, which was both a relief and also very shameful, as she knew she was disappointing her parents.

In a period of positive maternal transference, Ms. B revealed that she frequently used pornography to masturbate to orgasm, without her partner's knowledge. She sought out images of black men anally penetrating white women "doggie style." A history of sexual overstimulation in childhood emerged, focusing on stories of the patient's mother inappropriately touching her during bathing. Ms. B would imagine a shadowy man "unleashing a stream of urine or semen" over her, causing her to climax. The patient masturbated prodigiously in her teens, often involving the family dog. She had become increasingly aware that her masturbatory fantasies were ego-dystonic and did not fit her emerging identity. She had not been able to involve anal play in her sex life and was left with a sense that her shameful secret resulted in her distance from others.

Exploration of her fantasy led to details of both her and her mother's lives. As a young child she had contracted pin worms, which resulted in a persistent anal itch. She shamefully dug in her rectum at bedtime and told herself she was a dirty girl when she woke with feces on her hands. Her mother was reluctant to acknowledge this infection, despite the patient's attempts to convince her, including taking a "log" of feces with writhing white

worms in it out of the toilet to show her mother. She was finally treated only at a neighbor's suggestion. With the exploration of this memory, the patient became increasingly open and less ashamed of her fantasies.

Inspired by a paper by Sander Gilman describing symbolic slippage among categories or race, gender and sexuality, Dr. Vaughan speculated about the power dynamics in the "Old South." While white men appeared to have all the power, they were neutered by heavy alcohol consumption. White women were also desexualized as "pure and untainted, willowy and dependent." Sexuality was shunted onto African Americans, especially men. Dr. Vaughan asked, "Was the same thing happening to my patient as a lesbian? Was there slippage between sexuality and gender, i.e., lesbian equals male? Or between sexuality and race, i.e., being sexually interested makes you black, with its associations with dirt and feces?"

Her patient's dream about masturbating to pornography with her hands "smeared in shit" allowed the patient to associate to her mother's story of titillation at seeing an African American boy urinating, and later seeing fields burned by angry tenant farmers. The shadowy figure in the patient's imagination was connected to her Oedipal father and to her mother's longing. As the images of race and anger in relation to sexual fantasy were explored in analysis, Ms. B was more able to confide in her partner, "thus doubly unburdening herself of her own sexual shame about her desires and her own sense of familial shame about her mother's family's treatment of African-Americans." Anality became a part of their sexual play together and was incorporated into the patient's ideas about her lesbian identity and sexuality.

In her discussion, Dr. Vaughan explored how the process of unpacking pornographic images in two analyses led to important understanding of conflict and psychology, and opened up dynamics and conflicts of three generations of family history. She proposed the idea of intergenerational transmission of sexual fantasy and content — that family history is put into patients in the form of erotic fantasy. This idea relates to Fonagy's conception that lack of parental mirroring of infantile sexual excitement renders it unmentalized and unrepresentable. Ruth Stein takes this further by postulating that the otherness and "too muchness" of sexuality combine with a sense that maternal sexuality is overwhelming to

the infant, and result in a feeling that "sexuality [is] an ungraspable, overwhelming and even transcendent, larger-than- oneself quality." Stein's idea that "excess plus enigma combine to explain desire" comes from LaPlanche. He wrote that the sexual unconscious of the parents transmits an enigmatic message that both shares and denies aspects of parental sexuality. The child can try to understand, but never fully succeeds. Haydée Faimberg's notion of "telescoping of generations," where material from earlier generations is condensed in the patient's fantasy can also be connected with sexual content.

Dr. Vaughan suggested that pornographic imagery remains hidden, despite its psychological richness, because without understanding, it is easy to miss the psychological content; because patients feel too ashamed to talk about porn; and because analysts are in retreat from Freud's psychosexuality. The retreat is perhaps in part because, as Kernberg recognizes, sexual excitement is contagious, and that sexual speech is inherently performative (Goldner). "Analysts are thus always at risk of collapsing into a forced choice, between 'talking dirty' or not talking at all."

In conclusion, Dr. Vaughan postulated that pornographic images may function like screen memories to unconsciously repress overly exciting events, but that they also have many other meanings, including "a secret garden of erotic delight, a family graveyard of sorts, a scheming way to achieve sexual satisfaction despite these conflicting meanings, a narrative and a map of the patient's unconscious world or objects." Dr. Vaughan ended by trying to understand Ethel Person's interest in sexuality by examining Person's childhood and family past, including a pornographic bookstore, a Prohibition speakeasy, a butcher's shop, and the premature death of her father. Dr. Person's use of all her married names was evidence of her own understanding and appreciation of history.

Giacometti's Genius

Oren Kalus, Laurie Wilson
February 3, 2015

Reporter: Bonnie Kaufman

Our February Scientific Meeting was an applied psychoanalytic study of the extraordinary oeuvre of Alberto Giacometti, approached from two different but complementary directions by Drs. Oren Kalus and Laurie Wilson, who each have credentials that span the arts and psychoanalysis. Each presenter focused on a central feature of Giacometti's work, about which both he and his biographers have written: the experience of derealization. Both presenters examined the phenomenon itself, and the evidence for its sources in the artist.

Dr. Wilson began with a very brief, illustrated explanation of who Giacometti was and the kind of work he did. Alberto Giacometti (1901–1966) was known for his iconic elongated figures, especially in the latter part of his career. He was born in the Italian region of Switzerland, the oldest son of a man who himself was a talented and well-known artist (as was his step-father). His next brother, Diego, was also an artist, while the youngest brother became an architect. He also had one sister. Alberto was a child prodigy, whose painting clearly revealed sculptural features, so that he soon turned to sculpture and became internationally famous in the European Surrealist movement. He was known for combining elements of sexuality and aggression in his work.

In 1933, when Giacometti was at the height of his fame, his father died. Intriguingly, he had recently written about sculpture and patricide. After the shock of his father's death, Alberto spent some months at his family's home, supporting his mother, and during this time completely abandoned his Surrealist connections. In the late 1930s and early 1940s he stopped making Surrealist art and was ostracized by his contemporaries in the Surrealist movement. After World War II, he gradually began to evolve the iconic figures with which he is identified today. The rest of the presentation focused on the nature of those figures, and on the

particular process that was central to Giacometti's work, which has been called "aesthetic derealization."

The first discussion of this phenomenon was by Dr. Kalus, who quoted extensively from his previously published paper, "To make the familiar strange — aesthetic derealization in the work of Alberto Giacometti" (2010). Dr. Kalus noted that, in clinical situations, derealization is usually considered pathological or defensive, and awareness of its presence usually occasions distress. It is ego-dystonic — causing anxiety for the patient and alerting the therapist to the presence of a problem requiring treatment. A goal of treatment is to make it "go away." In contrast, the aesthetic variant of derealization is flexible, and useful to the patient, especially to an artist like Giacometti. It is a technique that becomes part of the process of making art — a way of seeing reality and transmitting what is seen through the art medium. For Giacometti, it was a (highly desired) way to dissociate seeing from knowing, to prevent preconceptions about the images before him to interfere with his actually seeing them as they were.

As Giacometti described his experiences with derealization, the major features of what happened to him are quite similar to what most patients experience — a sense of estrangement, alteration of body image, obsessional doubting, and a proclivity for prolonged observation. These were, notes Kalus, "integrated by the larger context of his aesthetic agenda, the systematic deconstruction of the familiar and prosaic patterns associated with 'conventional reality,' and the dismantling of its apparent but illusory unity. The very features associated with a disintegrated experience of reality in the clinical setting are instead used as a device to explore and dissect its sensory, affective, somatic and cognitive components."

Giacometti himself described his experience in preparing to paint his model in the following way: "The more I looked at the model, the more the screen between his reality and mine grew thicker. One starts by seeing the person who poses, but little by little all the possible sculptures of him intervene. And when there were no more sculptures, there was such a complete stranger that I no longer knew whom I saw or what I was looking at."

Giacometti used this process of aesthetic derealization to separate illusions of reality based on assumptions, from what he actually saw; deconstruction separated cognition from perception. According to Dr. Kalus, the distortions of body image which are part

of this process, account for the strangely elongated and tiny figures which Giacometti began to produce exclusively. A patient suffering from derealization longs for familiarity to escape his experience of alienation; for Giacometti, familiarity was an obstruction to perception, and to his ability to bring an uncontaminated and unbiased reality to his art.

Dr. Wilson's presentation, from a very different angle, posed a psychoanalytic hypothesis for why Giacometti saw the world as he did, with an emphasis on defensive elements. She showed slides of family portraits, in which we see his mother frequently staring intently at him. She was apparently a hard and distant woman, while Giacometti's father was, by all accounts, a more maternal figure. The father was a Post-Impressionist painter of great talent, and considerable fame. He often used his young sons as nude models, and these paintings were frequently exhibited. As Dr. Wilson noted, while the paintings were being made, Alberto was "painfully close to his brother — an experience which was exciting, dangerous, and frightening." Dr. Wilson theorizes that Alberto was perhaps too much the object of his father's gaze, and that this was traumatic. From an early age Alberto demonstrated his talents as a painter, and had to differentiate himself from his father's work. This was difficult, as he often had to ignore or counter his father's artistic advice in order to forge his own path.

Dr. Wilson mentioned several other issues in Giacometti's life: his mother, a difficult woman with everyone, seemed especially hard on him. When he was quite young, she contracted typhoid and nearly died. He recalled that after she recovered, she had lost so much weight that she seemed emaciated. His beloved sister died in childbirth on his birthday; it was shortly after this event that he began to produce his tiny figurative statues.

By the early 1930s, Giacometti was famous as a Surrealist sculptor, had developed significant relationships with a number of Surrealists, and was a respected part of the movement. This all changed after his father's death in 1933. He began to take an interest in other areas of the arts, and his Surrealist connections were severed. He studied ancient Egyptian statues, which embodied the idea of bringing things to life. His sculptures of Walking Man and Standing Woman from 1946–1947 are examples. In slides, they look as though they are coming to life in the studio.

James Lord, who had been one of Giacometti's models and became one of his major biographers, recounts an incident that was very striking to Giacometti himself. It was a moment in a cinema in Paris, in Montparnasse, in 1945, where he was watching a newsreel showing images of the newly liberated concentration camps, with live survivors mingling with bodies of the dead. Giacometti said that he had always felt normal on leaving a theatre, but that on this occasion, he had an intense experience of derealization.

Dr. Wilson therefore feels that there may well have been a conflictual aspect to Giacometti's experiences of derealization, and that they should not be viewed solely as "aesthetic."

So, what have we learned about Giacometti's derealization? Perhaps, as Dr. Wilson appears to suggest, it was primarily a defensive strategy, used by a child for whom looking and being looked at were traumatic, and developed secondary autonomy when the adult artist made use of it as an aesthetic process. On the other hand, as Dr. Kalus sees it, it could always have been an autonomous function — a cognitive capacity with which Giacometti was fortunately endowed, but one not born of conflict resolution. Or possibly, it was part of Giacometti's genetic "hard-wiring" but was used in the service of defense at particularly traumatic moments in the artist's life, and to deal with ongoing issues while at the same time being used for aesthetic purposes.

There was ultimately no resolution to the issues raised in this stimulating and thoughtful presentation, so this was left for the audience to ponder for themselves.

REFERENCE

Kalus, O. (2010). To make the familiar strange: Aesthetic derealization in the work of Alberto Giacometti. *Journal of the International Association of Empirical Aesthetics* 28:19–35.

The Clinical Use of Countertransference in Relational and Ego Psychological Psychoanalysis: A Panel on Comparative Technique

Presenter: Natasha Chriss

Panelists: Tony Bass, Ellen Rees
March 9, 2015

Reporter: Elizabeth Haase

While winds blew cold outside, and snow turned to ice, inside the New York Academy of Medicine a particularly open discussion of case material brought a warm and collegial feel to the March meeting of the APM. Two senior analysts, Tony Bass, PhD and Ellen Rees, MD, shared countertransference responses to process material presented by Dr. Natasha Chriss, using their different theoretical perspectives.

Dr. Chriss presented a case of 10 years duration which she had begun as a resident, while she herself was now in the process of ending her own analysis. As she and the patient each began a process of termination, unfinished business and an ongoing erotic transference were the clinical focus for Dr. Chriss's patient, a man who had come late to sex, lingered in the parental home after college, spent nine years unable to complete a dissertation, and never married nor had children. The parental relationship was full of fights for which the patient felt responsible due to his out-of-wedlock birth. The relationship with the mother was close but highly ambivalent.

The transference was similar: that of the "special" patient with ongoing idealized but unfulfilled erotic desire for the analyst. Just as the patient never produced children, there was a feeling of stickiness noted in the treatment, as if it could not produce, leaving the patient forever stuck in what one panelist described as a "never-ending tantalizing fantasy of future sexuality and productivity".

Interestingly, both discussants used the same expression, saying they felt hesitant to "enter the fray" of the transference without knowing the patient better. Rather, they described how they would

approach clinical material when there is little knowledge of the background. Dr. Rees described a process of immersion in the patient's images and associations so as to get to know him. Dr. Bass focused on his own countertransference and an exploration of what it would be like to meet such a person outside the office — what responses would be generated.

Both noted conflicts around leaving that arose with vacations and minor absences, as the patient evaluated the gains and deficits of his analysis during this termination phase. The process material revealed conflicting fears, in that the patient was scared to feel pleasure at leaving, but also afraid that he had not achieved enough to deserve to leave. Dr. Bass focused on the contrast between the patient's idealization and the unspoken question of how treatment could fail if the analyst was truly so wonderful. He noted the patient's ability to see the sexuality and vulnerability of the analyst as a marker of masculine development. Dr. Rees focused on the need to dig into his feelings of dependency and love, as all around him things were failing. The paramount questions were: whose success it would be if the patient were to succeed; whose shame if he were to fail; and his need to end things in a state of failure.

Both analysts empathized deeply with the patient's fears of moving on. Dr. Bass placed greater emphasis on his conflict between expecting himself to do so as a man, and fear that this assertiveness would not be tolerated. Dr. Rees emphasized the patient's intra-psychic conflict about leaving, that is, resolving the fear of feeling good versus the loss of "aprons-strings" comfort by staying but not succeeding.

The final session presented involved an enactment after the August break, in which the patient used the waiting room for business meetings in such a way as to highlight that he was so busy and successful that further treatment would be impossible. Dr. Bass emphasized the way in which the subsequent material focused on passive to active state shifts and an attempt to co-construct a termination crisis with the analyst. He highlighted the way the patient was playing with phallic aggressiveness in the enactment, "putting his thing in my thing." Dr. Rees was interested in why independence felt so aggressive that the patient would often submit masochistically to his own self-destructive urges.

There was a discussion of whether continuing a long treatment would meet dependency and mirroring needs that were finally being

worked through as their loss was threatened by termination, or would amount to an enactment of a masochistic submission. Dr. Bass, referencing Emanuel Ghent (1990), spoke of the difference between a transformative surrender and a masochistic submission, and how masochistic termination enactments, in which the patient forces the analyst to force the patient into submission, can differentiate the two, as both analyst and patient learn what makes a person tick, either creating a new "real" bond or highlighting the sadomasochistic elements of a stalled analysis.

REFERENCE

Ghent, E. (1990). Masochism, submission, and surrender. *Contemporary Psychoanalysis* 26:108–136.

The Liebert Lecture
Embedded and Couched: The Function and Meaning of Recumbent Speech

Nathan Kravis
7 April 2015

Reporter: Wendy Katz

After an enthusiastic introduction from his friend and mentor Bob Michels, Nate began his entertaining talk, ***Embedded and Couched: The Function and Meaning of Recumbent Speech,*** amply illustrated with slides. Starting with the deceptively simple question, "Why do we use the couch?" Nate engaged a rapt, standing-room only audience in a fascinating exploration of the cultural history of what he called "recumbent speech," suggesting that there is a great deal more meaning underlying the couch as tool and symbol than we have been aware. Using archaeological and art historical material, including images illustrating the history of furniture and interior decorating, he situated the use of the couch in a wider cultural context, and then brought the insights thus gained back to reflect on the meaning of the couch within the contemporary culture of our profession. His evocative — and sometimes provocative — descriptions highlighted the ambiguity and the multiple meanings embedded in the use of the couch. Characteristically, he made extensive use of etymological explication to underscore this richness.

Nate began by pointing out that Freud did not articulate a theory to justify the patient's recumbent posture, although he did articulate a "proto-theory" about the benefit for analytic functioning of not having face to face contact with the patient. Yet the couch was quickly enshrined as a *sine qua non* of correct psychoanalytic technique, and developed into a popular metonym for psychoanalytic treatment itself.

But the enshrining of such an unusual social interaction — a supine person speaking to a seated one — should evoke more curiosity, Nate argued. The therapeutic benefits of this practice are empirically unclear, and in any case, have been theorized post-hoc. Noting that posture has always signified important social relations

and social values, Nate traced the history in Western civilization of lying-down in social settings. He began with the established practice of reclining dining in ancient Greece and Rome, as a marker of actual or aspirational power and status. He illustrated the appearance of luxurious beds and reclining chairs of various types in European furniture design in the 17th century, tracing what he called the "redomestication" of reclining, with reclining becoming associated with rest and ease and social intimacy. He made interesting observations about the close interaction between historical developments in fashion and furniture design. What people wore affected the postures available to them and this was particularly true for women. He then moved to the 19th century and what he called the "medicalization of comfort." During this period, the confluence of a variety of factors — ranging from the difficulties of those injured in wars, the rise of leisure activities and travel, and the prevalence of tuberculosis, brought into wide production and use furniture for reclining, mainly to be used in healing settings. This type of furniture was utilized in early psychiatric treatments, such as hypnosis, massage, and hydrotherapy, the immediate precursors to psychoanalysis. Having laid out these various associative threads pertaining to couches, reclining, and recumbent speech, Nate gathered them together in an eminently psychoanalytic manner; presenting a newly multilayered appreciation of the use of the couch in psychoanalysis.

Nate concluded by bringing the audience's attention back to our current situation, speculating about the meanings of our contemporary use(s) of the couch. He suggested that all of these earlier meanings are still with us, even as we add new understandings about when and why the couch enhances the particular work that we do. He suggested that it is the multiplicity of opposed ideas *signified* by the couch, that accounts for its role in our work today, at least as much as does its potential technical value in allowing the patient and analyst to "dream" more freely. That is, he argues that the couch with its simultaneous evocation of tradition and transgression; of "Eros and Thanatos;" of luxurious comfort and abstinence; of power and submission, is a repository of the essential values of psychoanalytic work.

Because there is no discussion at this lecture, the audience had to content itself with enthusiastic applause, although much informal discussion afterwards attested to the highly stimulating nature of the presentation.

The Rado Lecture
Does Psychoanalysis Have a Meta-theory? A Modern Ego Psychology View

Eric Marcus
June 2, 2015

Reporter: Bonnie Kaufman

"Theory should not be used to help us fight. Theory should be used to help us think."

With this clarion call, not to arms but to thoughtful study and collaboration, Dr. Eric Marcus encouraged us to think about what connects the many disparate permutations of psychoanalytic metapsychologies by focusing, not on their differences, which are most frequently discussed and argued, but on their many important similarities. These can be most clearly seen if we move from the (often distracting) details of the various metapsychologies to the greater level of abstraction which can be termed psychoanalytic meta-theory. It is from such a vantage point that we can discern what actually connects us, a unity that we as a profession must embrace if we are to keep psychoanalytic work alive in an era of managed care, where we face hostility from those who would substitute drug treatments for investment in the study, and therapy, of the disorders of the mind.

Regarding whether we do in fact have any overarching theory uniting us, Dr. Marcus noted that some of the work that has already been done in the field has demonstrated that this is both appropriate and possible. In particular, he cited Edith Jacobson's work in the integration of object relations theory and superego function, and Otto Kernberg's work, which further extended this connection to the ego and the id. This has resulted in the theoretical integration of all the agency structures of ego psychology's metapsychology with dynamic object relations theory. In particular, he cited Hans Loewald, Roy Schafer and Leo Rangell, as well as David and Jill Scharff, and Lawrence Brown, who have attempted to integrate the interpersonal and the intersubjective

with concepts of the unconscious. To see the connections most clearly, we must look at the appropriate level of conceptualization, that is, a greater level of abstraction.

Dr. Marcus then described what he means by meta-theory. Theory is an organized system of thought, and a philosophy of mind offers a theory to describe our knowledge of mind. Psychoanalysis, as one way to study mind, can be seen as a subdivision of the philosophy and the psychology of mind. Kant, in the enlightenment, developed what was in essence a modern psychology of consciousness and secondary process, but it was left to Freud to contribute a description of the unconscious and of primary process, that is, a psychoanalytic metapsychology. All psychoanalytic metapsychologies involve theories of technique, as well as theories of mind, which are both the cause and the effect of observations during treatment. To avoid the tautology of seeing only what our theory values, and then tailoring our theory to only that set of observations, we must look further up the chain of abstraction, to meta-theory.

Dr. Marcus then discussed some of the areas that are vital to the idea of psychoanalysis, but where theoretical differences have frequently obscured the possibilities for consensus. These include: psychodynamics, the idea that mental content is in a state of constant flux; symbolic representation, as seen in symptoms, dreams, art and shared cultural experiences; growth and development; the unconscious as structure and process; motivational systems; and affect theories, in which affect operates across structures in primary process, and also operates as a motivational system, a core concept in modern ego psychology. Structure is another universal aspect of our metapsychologies, although it may be defined in different ways, as in a stable, permanent apparatus or a continually emergent structure of possibilities. Dr. Marcus also discussed defenses, and the related, universally recognized resistances which feature in every treatment, as well as the ideas of self and personality or character; repetition, or the reason for treatment; symptomatic pathologies; psychic determinism; and object relations theory, which suggests that affective and motivational states are organized and experienced in the form of object relations. He also gave some attention to transference and countertransference, ubiquitously experienced in psychoanalytic treatment, although it might be weighted differently in different methodologies. Finally, he

mentioned attachment; ego functions, including the structures both of defense and of the autonomous ego; the nature of therapeutic action; and the value and meaning of working through. No matter how differently these concepts are used in a particular modality, they are on some level universally acknowledged, and thus are part of a shared meta-theory, one which has at its core a belief that a patient's understanding of the workings of his or her own mind is essential for the amelioration of psychological illness, and the promotion of emotional growth. No modality that refuses these ideas will survive within psychoanalysis.

Dr. Marcus noted that his ideas come out of his immersion in modern ego psychology, which is structured to look at compromises as well as conflicts, and seeks integration as a component of its theory and its techniques. He suggested that, although meta-theory will not change much about the ways in which different psychoanalytic movements practice our craft, there are some questions and difficulties that its use might lay to rest. For example, the fact that Freud felt there are no negatives in the unconscious seems to fly in the face of the idea that the unconscious is the locus of universal symbolic representation. If we use this meta-theoretical idea to help us understand what Freud may have meant, we come to the conclusion that a negative or an absence can be represented in the unconscious, which certainly corresponds to the experience of many analysts in the course of their clinical work. If, from a particular metapsychological perspective, we question whether any content is permanently structured in the unconscious, a move to the level of meta-theory would permit us to suggest that an "inherently formed" structure is, in fact, a structure.

This material was exciting, and to many in the audience, provocative, but definitely fulfilled its promise as a call not to fight, but to think, or as Fred Friendly famously said, "to make the agony of decision-making so intense that we can escape from it only by thinking." Dr. Marcus's creative work achieved that goal that night.

Rado Lecture 2013
Embodied Character in Psychoanalysis

Mary Target

Reporter: Lisa Piazza

When Mary Target and colleagues first explored embodiment in their 2007 paper, "The rooting of the mind in the body: new links between attachment theory and psychoanalytic thought," the authors used the term "embodied cognition" to highlight the importance of bodily interaction in the development of mind. They argued for the re-integration in psychoanalysis of an attachment theory they felt had lost its roots in the body while following the cognitive psychology of its day. In the process, Target reclaimed Freud's drive theory — rejected earlier by Bowlby — as consistent with mentalization and attachment. She also noted Susan Isaacs's work on the importance of drives and early bodily interactions in the development of phantasy and early psychic processes such as introjection, projection and symbol formation. Target concluded that through embodied cognition, "the underpinning of mental experience by physical experience, and by the primitive phantasies and drive expressions associated with bodily interaction," the infant's earliest experience continuously infuses the present, and remains accessible not only to expression through words but through implicit or procedural processes.

In this year's Rado Lecture, "Embodied Character in Psychoanalysis," Target revisits the notion of embodied cognition and extends it to character. Retaining a continuous infusion model, Target suggests that embodied cognition sometimes structures patients' interpersonal interactions in the analytic situation. Using three case vignettes, Target illustrates enduring patterns in adult treatment that she feels have their origins in early interactions with caregivers. Emphasizing a mentalization view of mirrored interactions in infant development, Target explores the non-verbal processes — and similar mirroring functions provided by the analyst — which occur in everyday analytic work with adult patients. These include

what Target considers a technical demand necessitated by patient limitations or developmental impingements, which she believes emanate from earliest infancy. Target suggests that patterns in adulthood can be understandable adaptations necessitated by intense and unregulated affect states in the patient, related to an "infantile experience too jeopardized by exceptional rigidity and imperviousness, neglect or intrusion." She argues that these patterns require the analyst's embodied response, i.e., a response in action, due to the definitional inaccessibility of something in them to exploration in the verbal sphere.

Mary Target laments the difficulty with which her views are met and suggests her innovations are often received with major protest, before lukewarm praise and eventual acceptance. It is difficult to abandon the traditional rubric that has served us for the purpose of understanding another's way of thinking, feeling, organizing and translating experience, especially as it pertains to patterns and fantasies that may originate in earliest infancy, and when it involves something as complex as the mind and the task of exploring with colleagues what we think and feel and believe we are doing in our consultation rooms. In this summary, I shall focus first on the mentalization framework, and then on Target's main theoretical additions to it, and her attempt to describe the proverbial elephant of embodied cognition with its many parts and aspects.

Mentalization emphasizes the development of the earliest cognitive capacities — modes of psychic reality — which help the infant to differentiate internal from external reality, self from other, and the self's from another's perspective, and thus ultimately to understand one's self as a representational agent. Let us set aside for the moment the vexing complexity of concepts such as psychic reality and representation as applied across disparate theoretical frameworks — a challenge frequently met with in a pluralistic psychoanalytic world. According to Target, mentalization is built upon Anna Freud's lines of developmental capacities in normal and abnormal conditions, and also on the object relations theory of Winnicott and Bion, regarding the importance of the mother's holding presence as a source of cohesion in the infant's sensory experience, and understanding the growth of the infant self through mirroring interaction and regulation. Contingent interaction, the mother's response to the baby's activity and physically expressed

states, builds a sense of subjectivity, or what Target calls psychic reality. Mother's mirroring supports the ongoing development of the quality of psychic reality. At first, the infant experiences the internal and external world as one. This mode is referred to as psychic equivalence. Mother's mirroring interaction allows the infant to differentiate experiences of the "me" from experiences of the "not-me." In congruent mirroring, the caregiver reflects a shape of action, facial expression or feeling similar to that of the baby. Marked mirroring offers something different — a reflection of the infant's experience with modifications that reflect the caregiver's own subjectivity. Congruent and marked mirroring reflect something shared by infant and mother, but mark what is different, so that the child can learn that affects, behaviors and intentions are not exactly shared — that "me" and "mother" are different and can experience the world differently.

Mirroring, over time, assists the infant to elaborate and recognize mental states internally and independently, and to evolve and differentiate a capacity to recognize and play with different states within herself. Two modes of functioning — the psychic equivalence mode and a pretend mode — emerge. This split mode allows the infant to evolve a capacity to understand similarities and differences in mental states — feelings, thoughts, intentions, and behaviors — within himself over time, and between himself and others. The infant's experience of split mode helps him develop the more integrated capacity to sense that the mind both operates independently of others yet may also be influenced by them.

The second stage, according to Target, is:

> a more symbolic, often verbal, recognition of mental states by the adult … and is facilitated by a secure attachment context … this helps the child distinguish and link internal and external reality … The quality of attachment [is important in determining] to what extent the baby can and should trust what his parents show him of his internal world.

Typically, with good mirroring, toddlers demonstrate the capacity to mentalize by the third year. This process is facilitated by the presence of third parties, e.g., the father and siblings. According to Target, less well-developed modes of functioning persist into adulthood, and contribute to interpersonal difficulties such as

avoidance of work, and social/romantic situations. Target asserts that in the clinical context:

> The process of distinguishing between individual and shared perspectives, and mental and physical reality, is a much more complex and symbolized elaboration of the mirroring of a baby by a parent. The analytic relationship similarly functions to resonate and represent the deepest conflicts and unnamed feelings, to give the patient more language for his internal states.

Target illustrates her technical stance primarily by using Daniel Stern's concepts of implicit relational knowing and moments of meeting, to show that it is possible to work with non-verbal states that she suggests are inaccessible to exploration in some avoidant patients early in treatment. According to Stern, implicit relational knowing is a form of procedural knowledge regarding what to do, think, and feel in relation to intimate others. This knowing is distinct from conscious knowledge capable of verbalization, and emanates (as Stern, but not necessarily Target, suggests) from the dynamic unconscious. The implicit relational knowing of patient and therapist intersect to create an intersubjective field within which a transactional event, or "moment of meeting," may occur. This makes possible a reorganization of the interpersonal field and can be used in the service of therapeutic aims.

Target describes three patients who avoid interpersonal relating in several spheres of life, and whose resistances to the usual analytic schedule block engagement. Target suggests that analytic work with patients who have difficulty tolerating "pretend mode" sometimes requires technical modification. In order for patients to engage with, and make use of, the analytic situation they must be able to see, and experience as safe, the "pretend mode" function, and trust the analyst to help them use it in a helpful manner. With Tony, she argues, this safety was initially lacking.

> Tony was a man whose capacity for love and work were crippled by fears — and provocations — of punishment for his phallic and aggressive strivings. He had withdrawn from most social contact and was operating his business remotely from home. Tony constricted his life to a manageable joyless routine, seeking excitement and pleasure only in pornography

> or occasional grabs at sexual contact guaranteed to drive others away. Tony's affects most of the time were over-regulated. Even his erotic rituals had lost most of their heat and become the habits of self-disgust, humiliation, and revenge on women, more than expressions of the adolescent desires and fantasies which had once mobilized his need for contact, after an anxious and confused early childhood with a bipolar, single mother.

In this case, as in two others, Target chose to offer the patient a flexible schedule until their resistance lessened. She likened her "flexible availability" to a nursing style known as "on-demand" feeding (in which the infant is permitted to regulate appetite, physical contact, and nutritional intake according to his or her needs). After a period of twelve to eighteen months, Target reports, these patients no longer required such freedom, and settled into a regular schedule.

Target later surveyed her patients for their attributions of important moments and interventions that contributed to their recovery.

> A key moment Tony refers back to is when he suddenly sat up and asked me how I would feel if he exposed his erection to me, and he thought my immediate expression was of sadness and understanding, rather than disgust, indignation or fear. He said I looked at him more, not less, and this made him feel he had turned a corner, and since then he had been hopeful. Tony felt his analysis gave him the courage to share his real feelings, and that there were important changes he had not even hoped for — to make friends, to laugh without scaring himself, to touch people in ordinary ways, to enjoy things, to play music and get a dog.

Target likens her "flexibly available" approach with the adult analytic patient to Winnicott's "set situation." The "set situation" resembles a paradigm used by attachment researchers to observe infant tendencies within a context by eliciting otherwise latent non-verbal expressions of attachment style. Winnicott engages a toddler sitting in his mother's lap by placing a spatula (tongue depressor) before him. Typically, the infant will reach for the spatula and, recognizing that the situation requires greater consideration,

hesitates before deciding what to do next. The toddler will look to the mother and the doctor and, in the absence of reassurance from mother, proceed to explore the spatula at his pace. In some cases, the infants will deviate in specific ways. Some will grab the spatula without hesitation or social referencing. Others will bury their face in mother's chest, and avoid it entirely. Such responses, Target suggests, are associated with attachment style differences well documented in longitudinal research as reflecting stable, enduring patterns of relating — even spanning the period from infancy to adulthood. Target sees her patient's avoidance of analysis as a core pattern of relating similar to attachment style and reflective of embodied character, a phrase she uses to link classical and attachment theory concepts reflected in the clinical situation.

> Character unconsciously enacts unremembered early relating between parent and baby, and the anxieties and desires it stimulated. These patterns are resistant to change, they incorporate hard-won compromises in relation to unconscious, internal developmental conflicts, and — often more importantly — havens of safety from future relational threats …

Target later states, "Perhaps my interpretations were retained largely nonverbally, or preverbally — where the patient, like a baby, hears the words, understanding not so much the meaning but the attitude, the intention and the emotional tone."

In summary, Target is suggesting three things: first, that adequate mirroring by a caregiver is necessary for the infant and perhaps some adults for development to proceed; second, that in some patients, persistent patterns of relating (e.g., avoidance) which she equates with character and traces to early interactions with a caregiver (e.g., deprivations of nurturing quality, such as rigidity and imperviousness, neglect or intrusion), as well as certain clinical situations, demand a particular response from the clinician due to unmet needs that are presumed to be independent of clinician factors; and third, that such situations, as per Stern, create opportunities for moments of meeting in which therapeutic action may reside primarily in non-verbal spheres.

While such theoretical propositions are often discounted as attempts to minimize the relevance of the verbal symbolic realm in therapeutic action, this does not seem to be Target's aim. She is

asking the question: "Is something more than words sometimes needed? If so, how do we account for that in our theories?" In every analysis there are moments in which something more than words is needed. I am less certain than Target is that these relate to the analyst's accessing some domain of patient need based upon infant trauma or deprivation. They may also be an encounter with the patient's deficits, intrapsychic conflicts, an emergent property — or all three.

Target remains somewhat vague about which "impingements" stemming from infancy might necessitate different therapeutic interventions, referring largely to the mundane trauma of everyday negative affect in relation to difficult others. She illustrates the persistence of generalized splits in adult modes of psychic reality, here, the patient's inability to experience the analyst as a safe object, and difficulty engaging in "pretend mode" function, until the analyst switches to flexible "on-demand feeding." One wonders how the psychic equivalence mode is encountered in these vignettes. With Tony, Target is experienced first as a friendly presence, and then increasingly as a mystery or hostile entity until, in a significant moment such as the one described, she is appreciated anew as a genuinely understanding yet saddened person who looks at him longer, and is neither afraid nor disgusted. These mirroring functions, designed at first not to re-enact the suspected traumatic parental experiences, presumably allow the patient an experience of an object with a new emotional tone. I would suggest they also permit the patient to see and experience their anxiety as fantasy, and, as such, unfounded.

Target's clinical examples richly illustrate examples of bodily impulses and experiences — visual, olfactory, and other — activated at some point in sessions. Tony did not just speak about his desire to expose his erection, he sat up and looked at the analyst looking at him. These momentary, impulsive, confusing experiences of anxiety, perhaps tinged with longing or interest, are pluripotent. In addition to expressing a voyeuristic/exhibitionistic sexual impulse, the moment suggests a mirroring encounter in the visual sphere — the mutual gaze that secures a bond and promotes an arousal state that requires some of the infant's first non-auditory, non-tactile, facilitated emotional regulation. Tony also had an opportunity for a different sort of affective experience, which he later reported (on a questionnaire) as being a mutative factor. Was

this a new object experience born of mirroring, an activation of an internal object, the de-repression of libido, or both?

Such clinical examples offer us an opportunity, if not fully to bridge our theories, at least to see the aspect of the work that the other sees, perhaps through new eyes. How important is it ultimately that we know with certainty whether we are dealing with deficit or conflict, trauma or fantasy, or the patient's wish or need? Perhaps in session, as in our professional communities, it is enough that we have ample guidance in theory and adequate data to assume our stance with conviction, so that we can help the patient, and each other, to explore the subjective fantasies, and co-experienced realities, of our affective experiences, rationales, and intentions. As Target concludes, "it is essential that we learn to see one another's point of view, even if only to better know our own."

CORRECTIONS

The 2013 Rado Lecture report (above) was accidentally omitted from the 2013 Bulletin issue.

In our 2014 issue, the report on the January 2014 scientific meeting, *Maternal Altruism and Boundary Violations*, was attributed in error to Elizabeth Haase, the section editor. The report was actually written by Wendy Katz.

BOOK REVIEWS

Editor: Bonnie Kaufman

Myths of Mighty Women: Their Application in Psychoanalytic Psychotherapy. Eds. Arlene Kramer Richards and Lucille Spira. London: Karnac, 2015.

This volume tackles an important subject: the empowerment of women; the ways in which psychoanalytic psychotherapy can assist women in this regard; and how myths about mighty women might contribute to female empowerment. It emerged out of a conference of the same name, sponsored by the Committee on Women and Psychoanalysis (COWAP) of the International Psychoanalytical Association, and held at the Karen Horney Center in New York City, in October, 2014. Seven of the talks given at the conference are published here.

The volume is of special interest to APM members because of its epilogue, which is essentially a dedication to our own mighty woman, our late friend, colleague, and mentor, Helen Meyers, who did so much for psychoanalysis in general, and for the empowerment of women in psychoanalysis in particular. To honor Helen, the editors reprint an interview she did with Henry Schwartz, the former editor of the *Bulletin*, in which she roams freely through many issues of theory and pedagogy that interest her. There are also moving tributes to Helen from her husband Don, and son Andy.

The volume is both interdisciplinary and international, with contributions from poets, writers and psychoanalysts, as well as scholars in the fields of classics, history and literature. It is structured in five parts, as follows: I. The Power of Goddesses and Strong Women; II. The Power of Victims, Avengers and Tricksters; III. The Power of Mothers and the Goddesses Within; IV. The Power of Women's Sexuality; V. The Father's Contribution to Women's Power. Each contains several associated essays, followed by the editors' summary of the issues illuminated, and their implications for psychoanalytic psychotherapy.

The essays by scholars outside of the psychoanalytic community are particularly interesting in their focus on the intricacies of myth-making, the ways in which myths changed over time depending on the sociopolitical atmosphere in which they were

told and retold. For example, in "Mighty Medea: or why female figures from Greco-Roman antiquity matter" Ronnie Ancona, Professor of Classics at Hunter College, makes the interesting (and psychoanalytically relevant) point that "…these old stories…are reinterpreted by each generation and by each individual, and they take on new lives. These reinterpretations can then make us see retrospectively the earlier versions anew. Thus, myth can contribute to psychoanalysis, but psychoanalysis then also contributes to the study of myth because the myth becomes new in each of its instantiations, including those in the therapeutic setting addressed in this volume." She also points out how, when she uses myths in her classes, each student sees different parts of a given myth as significant according to their own life experience.

Another thought-provoking paper, also by a non-clinician, is Philip Matyszac's "Three archetypes in myth: the goddess, the witch, and the mortal," in which he discusses the chronology of myths: from the earliest times of the waning of matriarchy and the rise of the Titans, a period in which Hecate is a dominant figure; to witches such as Medea, child of a mortal king and an ocean nymph, who struggles within the confines of a patriarchal society, despite her power and ruthlessness; to the mortal, Psyche, a relatively meek figure who survives by accepting the standards of the patriarchal society of her day. As the myths revolve more and more around mere mortals, the mighty woman all but disappears.

Also in Part II, the poet and critic Alicia Ostriker, in "Miriam the Prophetess and others: biblical heroines lost and found," discusses Old Testament "trickster" heroines like Miriam, who, through her wits, saved the life of the baby brother who would become the leader of the Jewish people, and even managed to trick Pharaoh's daughter into using Miriam's and Moses's own mother as the wet nurse. Miriam eventually disappears from the story, as the Israelites wander in the desert. Similarly in the case of other early Jewish matriarchs, like Sarah, Rebecca, Rachel, and Leah, each performs a function vital to the survival of their increasingly patriarchal society, but then is written out of the story.

Also worthy of mention is Paul Schwaber's "The Last Word: Molly Bloom," in which he discusses, through exploration of Joyce's text in *Ulysses*, a woman's working through loss of a child, and the effects of that experience on sexuality when mourning is delayed or circumvented completely. Beth Haase in "The Old Crone,"

discusses the function in myth, and in treatment, of the old woman: sometimes wicked, like Cinderella's wicked stepmother, and sometimes benign, like her fairy godmother. It is important whether the older woman can navigate the issues of later life and achieve what Erickson termed integrity, or whether she will succumb to envy of youth, and thus sadness and despair.

These and other stimulating and thoughtful papers can function to enlarge the therapist's experience, creating a deeper and more fertile ground for analytic work with patients. My difficulty is mainly with the various "implications for psychoanalytic psychotherapy" sections, which sometimes engage so literally with the papers and their subject matter that they in effect close off the process of fantasizing for the reader. I also wondered about the editors' definition of psychoanalytic psychotherapy, the term they use in their title. At one point, in discussing the papers in Part I, they write: "At times, it is enough for the therapist to keep the myth in mind, while at other times relating aspects of the myth; and in different circumstances, the therapist might recommend a particular myth or story that is highly relevant to a patient's situation."

This is a question of definition and technique. While there may be some situations in which a therapist can usefully tell a patient about a myth or story, this seems like a different type of therapeutic procedure than the one defined by the book's title. It is a slippery slope, in a way. For example, it is one thing for the clinician to use an image that comes out of a shared cultural experience, such as "you felt like the ugly duckling of the family," as an empathic response to a patient's distress about her relationship to her mother, but telling someone who does not share this background to read Hans Christian Andersen would not be appropriate in a psychoanalytic psychotherapy. Of course, if a patient herself brings up a mythological figure, or a story or play, then such material is quite properly "grist for the mill."

Nonetheless, this is a useful collection which will be stimulating reading for analysts interested in the psychology of women, and who work extensively with women in treatment.

Bonnie Kaufman

Award Recipients

Public Communications Award
2015 Susan Scheftel

Creedmoor Teacher of the Year
2015 Judit Lendvay

O'Connor Award
2015 Lisa Mellman

Beller Award
2015 Diana Moga

George Goldman Award
2015 Nate Kravis

Howard Klar Award
2015 Susan Vaughan

Robert Liebert Award
2015 Nate Kravis
2016 Eric Anderson

Weber Prize
2015 Tiziano Colibazzi

Ovesey Award
2014 David Schab
2015 Jane Rosenthal

Sandor Rado Lecturers
2015 Eric Marcus
2016 Rachel Blass

In Memoriam

Ann Appelbaum

Amarsingh Ghorpade

Max Goldberg

Fred Sander