Articles:

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IN MEMORIAM: DONALD I. MEYERS

1926–2016

When Don Meyers died in January 2016 his loss was felt not just by family and friends, but by the entire psychoanalytic community, not only here at Columbia but at other psychoanalytic institutes in New York, the United States, and around the world. Along with his late wife Helen, Don was known as a thoughtful practitioner, a dedicated teacher and supervisor, and a friend and mentor to countless others in our field.

At the memorial service held shortly after Don's death, family members, friends and colleagues all spoke eloquently about the man. Here are three eulogies, each given by a member of our faculty who, like the rest of us, knew Don and loved him.

Eulogy for Donald Meyers

January 25, 2016

Dear Friends,
I am as sad as I know you all are to lose Don's earthly presence. Our hearts go out to Andy, Rennie, Maddie, Pat, Fronda, Tanya and Don's other loved ones. It is in grateful celebration of Don's life that I share with you my experience with Don as my analyst and later, my friend.

When I went to visit him for the first time, in 1985, he led me into a smoky office decorated in olives and browns with dim, soothing lighting. It felt timeless. His warm, calm, jovial manner put me at ease immediately. I told him about a recurrent dream I had as a very young child in which I was presented with three half-oranges face-up on a tray. He asked me if I knew the opera *Love of Three Oranges*. I did not think so, but an association to my dream—as I was telling it and before he said anything—was to a scary experience I had had when my grandmother took me to see a performance of *Cavalleria Rusticana* and *I Pagliacci* when I was five and a half. It was clear from the outset that Don was warm, deeply compassionate, erudite and unusually intuitive. I knew he would be able to help me, and I signed on.

I often thanked my lucky stars that he loved babies and was a child analyst. He spoke eloquently, but in a plain, simple, emotionally-near way. He understood basic, raw, primitive feelings and conveyed that he knew how painful it could be to feel and talk about them. He was imaginative, curious, witty and playful, and working with him was fun. A spoonful of humor helped his interpretations sink in.

Don had a passion for opera and played the French horn. His ear seemed to be attuned to the music of my voice as well as to my words, and I felt heard and understood with a depth generated by his polyphonic listening and synthetic mind. I think he was also particularly tolerant of occasional operatic behavior on the couch. He was stunningly non-judgmental and seemed unburdened by my laments. He conveyed a kind of analytic love. He made room for me to talk about the abundant love and joyful experiences in my childhood, as well as the sadder parts of my life. I had the sense that when and if I reached a really painful or precarious state, Don would catch "baby, cradle and all." He created a space of safety for me, and I trusted him enough to let our souls touch. I believe the magic of

his open-heartedness and acceptance of his own vulnerability made him not only a stellar clinician, but also a healer.

Now some might wonder how anyone could ever get angry with such a saintly sort who seemed never to get angry himself. The absence of anger in an analysis would indeed impoverish the process. Suffice it to say that my analysis suffered no such deprivation. He may have been gentle and respectful, but he was bold and determined when he had an essential insight to impart.

One of the issues I wanted help with at twenty-seven was that I was single and tended, with few exceptions, to go for narcissistic men. They were hot and snazzy, and their thinking that they were too good for me cast a spell. Don's skill as an analyst was crucial to a mutative understanding of this propensity, but it was just as important to me that it felt delicious to be so close to someone as kind and giving of himself as Don. This fortuitous double play released me from my thrall to narcissistic men and freed me to marry my amazing husband Mark.

Don was part of a package deal—Don and Helen. When I was a candidate I felt they were the heartbeat of the center. Helen was a treasured teacher, and after my analysis she was my mentor, coach and confidante. I taught with her on Saturday mornings (as did Mark), and learned so much from presenting one of my analysands to her in a process course. At one point she heard me present another analysand at a meeting. She recognized a countertransference I had in both treatments, albeit with different manifestations. This realization felt to me like newly gained binocular vision. Don's analytic work and Helen's supervision honed my depth perception.

Don and Helen were profoundly generous, and their love of music, ballet, food, analysis and people suffused the analytic community with pleasure. One of my favorite images of being with them was of a dinner Mark and I had with them near their home in France at the Colombe D'Or. We had delicious food, great wine, perfect weather, and lots of laughter, while figs fell from the trees onto the table!

Don and Helen were no strangers to adversity. Don once said: "We're in great shape, except for our organs!" Don's mother had schizophrenia, and Helen fled Nazi-occupied Austria at 13. And yet both of them focused on the happiness in their lives. Nothing made them more ecstatic than their son Andy and their granddaughters, Rennie and Maddie. They were so proud of Andy and the girls, and

profoundly happy that the family was so close. Both by the examples they set and by the work Don and I did, Don helped me and continues to help me live joyfully, even in the face of hardship. This has been a great gift.

One day at a center dinner, a while after Helen had passed away, Don looked as though he might be emerging from his period of mourning. He had a bounce in his step. When I asked him about this, he grinned and said, "I'm in love!" He told Mark and me about his "lady love," Fronda. He beamed when he spoke about her beauty and elegance, their scintillating conversation, her dancing, and what a spectacular time they were having together. We had the pleasure of going out to dinner with them. His heart was always ready to love, and he found great satisfaction and even bliss with Fronda in the last years of his life.

I'll finish with an anecdote from early in my analysis. I was musing about the doorbells in Don's and Helen's office. I pondered whose bell was on top—I'd have imagined Helen would have chosen the top and he would have given it to her. His bell had such a lovely melodic chiming sound to it (doon-doon), while Helen's had a jolting buzz sound (benhhhz). Of all the things he could have picked to say, he said with a characteristic bemused drawl: "Ohhhhh, I seeeee. So I have a ding-dong and she gets a buzz!"

Although Don was extremely modest, I think he had a kind of fullness and contentment that came from his knowing that he was a good man in every fiber of his being. All that mighty heart beats in all of us. I believe the best way to honor him is for all of us to strive to be a little bit more like him.

With all my love,
Meriamne Singer

For Don

Jonah Schein

The last time I followed Meriamne Singer as a speaker was at a black tie dinner dance at the Palace Hotel that she and I organized some 15 years ago, when the Center honored Helen and Donald Meyers. I, like Don and Helen, much prefer a good party. That was easy and fun; today is hard.

I am going to quote from what I wrote in the announcement of Don's passing that the Association for Psychoanalytic Medicine (the APM) sent out to its members.

> Don was an important member of the faculty at the Columbia Psychoanalytic Center, where he was a revered teacher, supervisor and Training Analyst. Besides serving on all of the important committees at the Center he devoted himself to championing the Child Analytic Program and almost single-handedly kept it alive at a time when it was facing extinction.
>
> But, as important as he was to the Center, he was even more important to the APM. For over 50 years he served the APM in a variety of positions: as its President; as a long-time member of the APM Council; and as its representative to the Executive Council of the American Psychoanalytic Association (an organization he went on to serve as Secretary). Together with Helen, he hosted countless APM business meetings, seminars and social gatherings at 4560 Delafield. Besides his designated positions, Don also served as the Council's historian and, most importantly, as its conscience.
>
> Don was a man of uncommon intellect, warmth and decency, who truly loved and lived life. He loved fine food and good wine, travel, France, opera, the ballet, his students and patients, and more than anything he loved his son Andy and his granddaughters, Rennie and Madeline, and of course Helen, and now Fronda.

Having had a chance to reread and think about what I wrote in that announcement, I realized that, besides misspelling Rennie's

name (Rennie, I apologize), there were things about Don I had left out, like his love of expensive cars and gadgets.

My wife said she could not believe I had not mentioned how charming he was. I think women in particular found him that way. Then my wife told me I had not said that Don was debonair. Yes, I had to agree, Don was both charming and debonair. I then realized I had also left out two of Don's greatest qualities.

The first was his generosity. When it came to serving the Center or the APM Don never said No, and when he said Yes it meant that he was involved and committed all the way. He was always willing to give his patients, his supervisees, anyone he was asked to evaluate for a promotion (and he was frequently asked), the benefit of the doubt and the wisdom of his experience. His aim always was to be helpful and constructive. I remember the way Don took me under his wing when I followed him as the APM's representative to the American. He made sure I was introduced to all of the right people. And while he held strong views on the politics of organized psychoanalysis he avoided the mean-spiritedness that has so often characterized that world. As I said, his goal was to be helpful and constructive. To visit Don in Riverdale or in Vence was to be enveloped in the warmth and glow of his hospitality. I remember Don in a white dinner jacket, watching the fireworks in Cannes one August 14th - the eve of Assumption Day in France. Yes, he was debonair.

The other quality that I had left out was his courage. In December Lila and I visited Don, whom I had not seen in a longer time than I care to admit. Don was in a wheelchair, having lost one leg to amputation. He was delighted to see us as he ushered us into the dining room, going around the furniture and down the ramp in his wheelchair. There was such tremendous strength and determination in his movement. There was no uncertainty, no hesitation.

We talked about children and grandchildren—his joy that Rennie was diving in Fiji and Madeline studying in London—about Fronda, about the Center, about the APM and about the bylaw vote going on at the American. We talked about the fact that he was to go into the hospital the next day to see if his other leg could be saved. There was no sense of despair or regret or fear about what he was facing, only hope. Don lived his life with incredible optimism, hope and courage.

Intellect and intellectual achievement abound in the world—certainly they do in this room—but intellect combined with decency, generosity and courage is much rarer, and it is that combination that so defined who Don was.

Donald Meyers was a brilliant colleague, mentor and friend to so many of us. For me, Don was also that man in the white dinner jacket. I will miss him. Today is hard.

For Don

Lila Kalinich

It is hard to believe that it has been six years since we gathered here to say goodbye to Donald's beloved wife Helen. And now, today, it is time to say goodbye to Don himself, thus bringing to a close the Meyers Era of Psychoanalysis. Don and Helen were for decades the *center* of the Center at Columbia, and the very heart of the Association for Psychoanalytic Medicine. As a couple they were remarkably well-matched intellectually, known especially for their inspiring commitment to teaching psychoanalysis. They imprinted generations of us.

I sought Don out as a supervisor for a case that had faltered. His help seemed rather miraculous as he unlocked the patient's early childhood issues. After that the work soared. Don's empathy seemed his chief tool. I knew then, as I do these 40 years later, that I was in the presence of a gifted clinician and a grand human being, one with personal qualities that I, and so many of us here today, came to cherish.

Don was *loyal* to and *protective* of those he cared for. While he wanted to be remembered for his work, his own legacy seemed to be his least concern. He worked tirelessly to have Helen receive the recognition that was her due. He fought to protect the legacies of others from being submerged by the tides of communal forgetfulness.

Don's exuberance for life was unmatched. He loved all manner of art. I'll never think of Matisse, Chagall or Vermeer without calling him to mind. He delighted in fine food and wine. He – and of course Helen—taught our kids to eat all sorts of French food in great abundance. Meyers moments were always ones of joyful excess. And *music*. Don loved music, all music, but especially the Fauré Requiem.

The Fauré was a steady companion at the swimming pool in Vence, played as loudly as the ears could bear. Don would often sit with a glass of vodka – really good vodka—listening, looking at the mountains in the distance, thinking—about what? Who knows? Death, maybe. It was a requiem after all.

Don seemed to be on friendly terms with Death. He knew that his incautious way of living was an invitation or a dare. He had

fought many illnesses and prevailed. Don never feared death but *lived* in its presence. Death's prospect never kept him from living the fullest life he could. He was planning a trip to Spain as recently as December. With one leg, he was still good enough to go.

Don would have taken that trip with Fronda, the new light of his life. As Fronda said of him, he was pure love. When he loved, he adored – as he did Fronda, Andy, Rennie, Maddie, Pat, and more recently Tanya – and of course many others here. Rennie and Maddie, he was so very proud of both of you.

So we say goodbye to our dear Don. May flights of angels carry him to any country, museum, cathedral, music production, elegant restaurant or patisserie he wishes (and maybe to a psychoanalytic meeting here or there).

Little Fugitive

APM Movie Night: February 5, 2016

Discussant: Hillery Bosworth

I want to thank Bonnie Kaufman and Edie Cooper and the Association for Psychoanalytic Medicine for inviting me here tonight to share this amazing and under-appreciated film with you. I was introduced to it by my friends Sarah and Alden, who have a kids' film series. Our daughters are friends and they first took us to see the *Little Fugitive* at Film Forum in the West Village. Before I go into my psychoanalytic take on the movie, I want to give you a little background, since it's pretty obscure.

The film was a husband-and wife collaboration between Morris Engel and Ruth Orkin, who were both photographers. Engel studied with fellow New Yorker Paul Strand, the modernist titan who in the early 20th century established photography as an art form. Orkin was a pioneering photojournalist who became quite well known, notably for portraits of actors, composers and writers like Lauren Bacall, Jascha Heifetz, Woody Allen and Tennessee Williams. You can see the couple's artistic eye in many of the shots in the film, like the striking image of the parachute jump, and in the careful composition of the scenes. They were amateur filmmakers with no budget or crew, and used a unique strap-on camera that Engel invented to enable him to move through crowds unobtrusively. This allowed a kind of spontaneity and naturalism that had not before been seen in film, inspiring French New Wave filmmakers like Francois Truffaut and Jean Luc Godard. The line readings do sound stilted, partly because they did not use professional actors and also because they had no sound for the camera; they had to dub in the dialogue later. Nonetheless, the film is virtually a documentary about life in lower middle class Brooklyn in the 1950s, and this is a huge part of what it makes it so fascinating, especially for modern New Yorkers. For instance, that mob scene at the water fountain; it was really like that! It's a non-romantic, non-glamorous *vérité* view of that New York, not a set with Katherine Hepburn lounging in some elegant Park Avenue drawing room.

While the film was recognized at the time, winning the Silver Lion Award at the Venice Film Festival and being nominated for an

academy award, today it is largely unknown. John Cassavetes gets credit for being the first American independent filmmaker, when this film predates his work by nearly a decade. And while critics have praised it, they generally focus on the film's low budget resourcefulness, independent spirit, beautiful cinematography, and charm. One critic, Dennis Schwartz, wrote: "The dialogue was sparse, the story was unambitious, the film lacked drama, the children were very ordinary and their problem was only a minor one, but nevertheless this beautifully realized film caught the world through the innocent eyes of a curious and scared child and left an impression that was hard to shake." According to *The Village Voice*: "*Little Fugitive* shines as a beautifully shot document of a bygone Brooklyn—any drama here resides in the grainy black-and-white cinematography, with its careful attention to the changes in light…"

What was incredible to me as I read these very positive reviews, was the impression they gave that *Little Fugitive* lacked drama. My kids, immersed though they are in *Star Wars* and big-budget, overproduced, frantically paced movies, were completely gripped by the film. Contrary to some of the critics, it is actually very dramatic if you watch it from the point of view of the children it portrays (or perhaps from the perspective of a modern helicopter parent). Like Sendak's *Where the Wild Things Are*, it is indeed charming and sweet and nostalgic, but it is also subtly and brilliantly constructed, loaded with evocative symbolism that evokes very powerful human feelings and situations, as well as strong internal dynamics. And so tonight I shall try to give the film its proper due.

The primary relationship is between the brothers, for this is above all else a tale of sibling rivalry and sibling love. The other major theme I see is that of parental loss and longing, most overtly as depicted in Joey's story.

The film opens with a pre-credit snapshot of the two boys. A little boy, Joey, is absorbed in drawing a cowboy on a horse. As we see later, the cowboy represents the lost father. His big brother Lenny enters and says: "I didn't mean to drop that bat on your head." This low-grade "accidentally-on-purpose" aggression that is so common between siblings foreshadows Lenny's later, more overt death wish, and the "accidental death" he stages.

The film is structured in three parts around two settings: first, the home and neighborhood; then Coney Island; then back at home again.

The Neighborhood: Boys and Mom

We first see Joey, Lenny, and Lenny's two friends playing baseball and throwing balls at a can; they leave out Joey, the little Oedipal intruder. Lenny is shown early on to get pretty annoyed at his brother, but with some capacity to be sympathetic when he sees Joey getting really frustrated or upset. We also hear that the big boys are planning a trip to Coney Island – without Joey – for Lenny's birthday.

Then we are at home with the mother and the two boys. We learn that their father is dead and that the mother's mother is so sick that mother has go visit her, leaving her boys home alone, which adds now a multigenerational threat of loss. Joey is very alert to the possibility of death and asks in the blunt way of small children: "Is Grandma going to die?"

Then Mom lays it on Lenny, saying he can't go to Coney Island with his buddies because he has to look after his little brother. We recognize now that Lenny is already parentified because of the lost father, and now he's further parentified when his mom also leaves him alone. And Lenny begins to work up a rage at the little brother whose existence has come between him and his friends, his freedom, and his normal experience of childhood. "I don't *want* to be the man of the family," he shouts.

Now Lenny's prior ambivalence is giving way to rage. When Joey gives Lenny a birthday card wrapped around an old softball, Lenny for the first time overtly expresses his death wish when he responds: "Drop dead!" Next he's on the street with his two buddies and the homicidal fantasizing really takes off. First one boy (I'll call him the Bully) is looking at a comic book depicting some gory scene: "Don'tcha wish this was you and that was Joey?" You could see the Bully as representing Lenny's more extreme aggression, which is unconflicted and sadistic. Together the older boys fantasize about ever more violent deaths for the little nuisance: icicle through heart; rattlesnake on chest; bury him alive. And then an association to the TV use of ketchup in place of blood inspires their brilliant prank.

So we get to the "murder" scene, namely a field with three big boys, one little boy and a Big Real Gun with Real Bullets (in pointed contrast to the little boy's small toy gun). The big boys entice Joey with the prospect of being let in, and being a big boy with a powerful weapon.

Then with the help of the Bully, Joey pulls the trigger and Lenny falls "dead" to the ground. When we see this through Joey's eyes, it really has a kind of nightmarish quality, as the older boy sadistically rubs it in: "*You killed your brudda*." When I first saw this I flinched when I saw Joey's face – that look of horror and disbelief. Lenny has successfully projected his own fratricidal, murderous wish onto his brother by switching the killer/victim roles. But this psychological mechanism does not succeed for long, since (if we think in Kleinian terms) Lenny is really not capable of a sustained paranoid/schizoid state. As soon as Joey runs away we see in Lenny the beginnings of remorse, in the depressive position, and when he again sees his rage mirrored back at him in the cruel form of the Bully, he turns on the bully and attacks him.

Returning to Joey's perspective, the big boys immediately sentence him to death and assure him he'll get the electric chair. So now he must go on the lam. But even if he can escape the external threat, he is confronted with other horrific facts, the most awful of which is the loss of the closest thing he has to a father. And the guilt! The big boys rub it in when they remind him of how tough it'll be on the widowed mother "to have two kids dead." Even if he lives, will he even have a mother when she finds out what he did? How mad is she going to be? So he now needs an escape not only from the external threat of the police and execution, but also from the equally traumatic internal threats of guilt and loss. So where can you go to escape both of these? Coney Island of course!

Coney Island: Where All One's Wishes Come True

If we still believe that dreams are wish fulfillments, then we can see the entire Coney Island sequence as a dream, where the world in which Joey has lost his father, killed his brother, irreparably damaged his mother and is about to be killed himself, is replaced by the world where all his dreams come true. We could see this as a cinematic representation of the manic defense against trauma, loss and guilt, characterized by denial and omnipotence. Of course, in an adult we might consider this reaction pathological, but at Joey's developmental stage it is more age appropriate.

The tone of the film shifts abruptly when Joey enters Coney Island. With its laughing clowns, monkeys, noises and clanging music, it is surreal and disorienting, and establishes the dreamlike

mood. Joey spots the horse on the merry-go-round and makes his first Cowboy effort, to *be* the cowboy who catches the ring. He's spinning round and round and now smiling! The horror that just took place has been totally split off and forgotten. It reminded me of the myth of Bellerophon, who pushes his brother off a wall, accidentally killing him. Bellerophon then rides off on Pegasus, forgetting his crime and hoping to be accepted as an Olympian — though Joey's story ends better. Incidentally, Morris Engel cast the role of Joey after he saw young Ritchie Andrusco playing "catch the ring" on the Coney Island Carousel.

Next, the scene with the photographer shows Joey living out his "I'm-A-Cowboy big-boy big-man fantasy," and his wish to be fathered. The photographer (probably representing the filmmakers, and played by the future Mr. Hooper of Sesame Street) is playful and gentle, and when he goes to develop the picture Joey goes to the camera and imitates him. Note the juxtaposed cut-out figures, the cowboy and superman, and then the angel in prayer, the symbol of innocence.

Now we cut to the parallel story of Lenny. He's at home, feeling guilty and estranged from his friends, but not too worried, yet…

Back to Coney Island, and the baseball sequence. Remember how the big boys left him out of the batting line-up and the pitching at cans? Now Joey goes to the batting cage and can swing all he wants. The bat is comically big for him; he can't really handle it any more than a rifle, but at least no harm is done. Also, he discovers he's not that good at pitching, and can't knock down the cans. He practices pitching with watermelon rinds and cotton candy, gets better, and knocks down the cans! He is quite a resourceful and determined boy, reminding us that traumatic experiences can also call out our strengths.

Meanwhile, back at home, Lenny is reading Joey's birthday card and feeling more and more remorseful and worried. He's older, and can't use manic defenses against the traumatic experience of killing off his sibling, but is very aware of what he has done. The tension builds as we are reminded of the mother's hour of return.

The movie cuts back again as Joey's wild escape crescendos to a manic climax, in a montage of binge eating, the fun house with its mirrors and spinning tubes, boat rides, and roller coasters. The editing here contributes to the frantic, out of control feeling. But

then Joey spots the Pony Rides, and everything slows down and becomes very focused and concentrated.

Now we meet the Cowboy. Joey sees and hears the Cowboy teaching another boy to ride. The filmmakers show his view of the man putting his hands on the boy's hands on the pommel. As analysts we can't help but see something phallic in this image. This movie does not skimp on the phallic imagery. But we also recognize that the Cowboy is a friendly, encouraging, fatherly man. Joey is transfixed.

However, he has a problem: no money. Shut out again. In the next act of the film he wanders through the crowds on the beach, lost and with nothing but the image of the Cowboy in his mind. We see the filthy, semi-neglected baby, the sweaty masses. There are a number of curious scenes here, which have the focused, parable-like intensity of dreams. First, we see an older brother carefully looking in the eye of his little brother, perhaps getting out a piece of sand, in an act of caring and love. Then another interesting scene where Joey knocks over a baby's water, but this time instead of running away from his accidental misdeed he tries to repair it, by going to the crazy, mobbed water fountain. But when the water gets knocked over he runs away again, because he has to get to get to the Cowboy! Ever resourceful, he figures out how to collect bottles for deposit money. Then comes a curious, ambiguous scene of a body dragged in from the ocean. "He didn't even cry for help," someone says. Was it a suicide? Over-confident swimming? Or another dead body for Joey to see?

Joey eventually gets enough money to return to the Cowboy, in the second scene of three. He returns with enough money from bottle deposits for five rides, and asks specifically for the Cowboy, not the assistant. We see more clearly that the man—not the horse, not the pretending to be the cowboy, but the relationship with *this man*—is the real object of Joey's desire.

We see the man as playing the role of the good father. "You'll be a real cowboy some day!" We don't know if he means it or if he's a creepy carney "phoning it in," but Joey believes it and we sense his vulnerability here. Then we cut back and forth between Joey running out of money, and collecting more bottle deposit money. And returning for what is essentially more Dad Time.

Then we come to the second Pivotal Point. The Cowboy, whose name is Jay (in real life his name was Jay and he went on to author the *Danny Dunn* science fiction book series for kids) registers

that something is wrong. Now, in another abrupt shift in tone, Jay breaks character and, as his real self, asks Joey who he's there with, and whether anything is wrong. Instantly, we see Joey's dream has been disrupted. He's frightened again and runs away. I think this is the first moment where the viewer identifies with an adult character. The manic sequence is broken, represented by the sun going down. We see Joey alone, penniless, exiled, and sleeping under the boardwalk. The next morning he wakes, washes his face, and wanders through his new harsh reality. He is bereft (vividly rendered by the empty beach, the empty lifeguard chair) and there is no one there to save him.

Joey makes his way back to the Pony Rides – and lo! Who is there? The Cowboy! And no other kids, no competitors – he has him all to himself! Now Jay understands that it was a mistake to break character. He stays in character and we have the amazing scene where he embodies the wished-for idealized dead father. Jay is teaching Joey, praising him, roughhousing, playing out manly acts of steer wrestling and jumping on the horse. Joey is in sheer bliss. We understand that Jay is empathically attuned to Joey, while also recognizing that Joey needs to be rescued and returned to his rightful caretakers. As his real self, the pretend cowboy simultaneously acts as the good father figure whom Joey needs, not just the idealized one Joey wants. He's even a good father figure to Lenny, whom he calls, and scolds for letting his little brother wander around all alone. The filmmakers add a plot twist when Joey misinterprets Jay's casual hello to the cop as ratting him out. Joey flees again, and everything seems lost.

Now comes the last part of the Coney Island sequence, showing both boys, with Lenny now searching for Joey. It's mostly seen from Lenny's point of view, and Lenny is now the little guy who has to use his wits to deal with this frightening, overwhelming situation. But first he can't resist wading in the ocean, until two big, muscular young guys come rushing in and knock him down, soaking his clothes. (This could allude to Lenny's "accidentally" dropping the bat on Joey's head, with the positions switched.)

He emerges to dry his clothes in the sand – and another big, muscular guy comes along with his girl and lays his towel directly on top of Lenny's pants! How's that for symbolism! The big guy starts making out with the girl. Now *Lenny* has to intrude as the little boy on this primal scene. Interestingly, the young woman has just

shooed away a little girl who wandered into their make-out area, saying in irritation: "Go away! Where's your mother?"

So Lenny is repeatedly cut down when he stumbles into these Oedipal, pre-adolescent scenarios, and maybe there is also a somewhat vengeful aspect to the filmmakers turning the tables on him. But we also sense a foreshadowing of the challenges Lenny will face going into puberty. He is about to enter the realm of big guy competition and sexuality, without the guidance of a father.

Cut down to size, Lenny nevertheless has to maintain strength and focus if he is to rescue his little brother. He puts up chalk signs for Joey as tension builds towards the hour of the mother's return. Finally, he sees Joey wandering alone on the rainy beach like a vagabond and they reunite with relief, though not without Joey's reproach: "Why didn't you tell me it was a joke!" Then Joey tries to return Lenny's harmonica and Lenny generously says: "You can keep it – till we get home." We have a humorous, light reminder that proper age-appropriate compromises between sibling rivalry and sibling love have been restored.

Home at last

By the time of the final denouement the real tensions of the film have already been resolved. The viewer knows that the mother will be spared the loss of her younger son, and that her own mother is okay. The movie officially ends with a joke; she's so grateful they took care of themselves that she'll take them to Coney Island!

But for me the *real* ending, at the heart of the film, is that sweet scene of Joey, back to watching cowboy shows and pretend-shooting his little toy gun, and Lenny, a little bit roughly, a little bit gently, drying Joey's hair and dressing him, like a good big brother.

SAVE THE DATE

APM Movie Night

February 3, 2017

Film: *Gattaca*

Speaker: Ted Kenny

The twentieth century witnessed numerous large-scale attempts at "racial cleansing," based on unscientific, prejudiced notions of eugenics. Imagine, then, a world in the not-so-distant future where advances in genetic engineering enable scientists to eradicate common hereditary illnesses and enhance intellectual and athletic capabilities. Imagine further that, following these technologies, society has instituted a new "caste system," based on the individual's predicted potential. Such is the world envisioned in Andrew Niccol's 1997 retro-future film, starring Ethan Hawke, Uma Thurman, Jude Law, Gore Vidal, Alan Arkin, Ernest Borgnine, and other film icons.

What might a dissident be like in this somber future, an ambitious young man who was not conceived through genetic selection, a man who is told by his rejecting father and by society that he will amount to nothing? How can he hope to touch the stars? How is his character development impacted by his quest to outwit the system designed to thwart him? Is his meticulously constructed "false self" a necessary part of an heroic, healthy narcissism which propels him toward his goals?

Ethan Hawke, playing the flawed, tenacious protagonist, is allied with, and pitted against, supposedly genetically "perfect" others who rail against their own unexpected failures and limitations,

envying his improbable moves toward success. As he struggles with himself and with them, he collides with a core conflict, an inevitable tragic knot: the escape velocity which blazes the path for definitive restoration of his self-worth may alienate him from the love of the imperfect woman which might ground him.

The Graduate and the Analyst

Luke Hadge

I

You can imagine my surprise when I received a phone call from the famous Dr. Z. Why a senior analyst at Institute X would be calling to request a consultation with a recent graduate was both mysterious and anxiety-provoking. As you know, Dr. Z. was a renowned member of the analytic community for decades, an analyst who made important theoretical and technical contributions to the literature, who was active in various organizations, and, by most accounts, a kind, thoughtful, and magnanimous man who devoted his career to treating patients, teaching, supervising and mentoring students, and writing and presenting papers around the world. His was a distinguished career that any young analyst would admire.

So what could he possibly want with me? When I called him back he was polite but brief, so I agreed to schedule the appointment and have him explain in person.

II

When I think back on the period of time I spent with Dr. Z., I am reminded of the privilege I had working with him. And, in *knowing* him. Although I still wonder from time to time how I might have interpreted something differently to him, or handled certain dynamics in the relationship differently, I cannot forget his expression of gratitude to me when we decided to end the treatment with his reported satisfaction. I did not disagree with him on the matter of terminating; I believed he felt ready to end when he did and that he had completed the piece of work he wished to. He intimated he had something necessary to do next ….

Dr. Z. had scaled down his practice and teaching by the time I had started training. I guess you could say he was in the twilight of his career — in age, perhaps, but by no means in creativity.

He had been focusing more on writing and less on his long-held commitments to teaching, supervising, administering, etc. I think it was Orson Welles who said that middle age is death for artists and that the greatest creative output is in youth and old age. Perhaps analysts are like artists in this way. Dr. Z.'s writings during this period seemed to be a crystallization of his views on several analytic topics which he had been exploring for many years. Some felt they were among his best works. I sensed that he was disappointed that the institute would no longer let him take candidates for their training analyses because of his advancing age, even though he understood the reasons. I think he also felt rather pushed out of some of the courses he had taught for many years, in favor of candidates' wishes for younger faculty to teach more "contemporary" viewpoints. A number of his close friends and colleagues had passed away as well, leaving him feeling saddened and lonely. There seemed to be something he wanted to get back in touch with by being back on the couch.

I had been able to take a seminar with Dr. Z. during the early part of my training. Though I might have asked a question or made a comment or two during the course, I hadn't expected to have made any impression on him, least of all one strong enough for him to contact me later on with his most unusual request. Heaven knows how little I really understood about psychoanalysis at that time.

As he sat in my office that fateful first meeting, I wondered if I was making a Faustian bargain. He did most of the talking; I listened. Naturally, he provided relevant history and background. He framed the issue he was facing, in a somewhat vague manner it seemed to me. I couldn't quite put my finger on the problem. I told him so and he said: "Yes, I know." He offered further associations and even some dream material. Clearly, he knew how to conduct the first encounter. He was a good patient right from the beginning. Still, in his story there was something unclear.

I wondered: Was he having a crisis, at this time in his life, in his faith in psychoanalysis? Was he afraid he had gotten something terribly wrong in one of his analytic ideas? Was there some old neurotic ghost visiting him again? Was he terrified of his mortality? Did he desperately not want to be deprived of practicing — and *experiencing* — more analysis?

III

Things have a strange way of working themselves out sometimes, or not. Dr. Z. was offering an opportunity which stimulated certain anxieties in me with which I had to grapple. As a recent graduate, I did not quite feel comfortable analyzing someone as senior and superior to me in experience and expertise. You could say I had some misgivings. My associations went to the opening sentence in W. Somerset Maugham's *The Razor's Edge*, a novel I read in my youth: "I have never begun a novel with more misgiving." *I had never begun an analysis with more misgiving.* Perhaps it was my own insecurity after having recently graduated and entered the post-graduate phase, when consolidation of one's analytic identity is thought to take place. Looking back on it I wonder how "free" I was in my choice to treat Dr. Z. at the time. How could I say no to him? But then I realized, I didn't have to say no. I could say yes. It was my own neurotic ghost I had to confront, my own razor's edge to negotiate.

In addition, Dr. Z. understandably did not want me to write about him or refer to any content of our work while he was alive. Yet, he left open the possibility for me to write about him and the treatment in some capacity after he had died, using my own discretion. However, I almost felt like Max Brod to his Kafka (an author, it turned out, he admired), when Dr. Z. entrusted me with his papers on the condition that I promise to burn them all after his death. I think he left it purposely up to me, so that I would have to use my own judgment and honor his legacy, as I saw fit. Thus the analysis began.

An opportunity for a recent graduate to analyze a senior analyst? That doesn't come along every day. In fact, our field is perpetuated by the near opposite: training analysts analyzing candidates. In a sense, my treating Dr. Z. was a reversal with profound meanings. I could see how this relationship gratified a displaced transference wish from my own analysis. I had felt cared for and understood and I wanted to return the favor. Maybe I even had the fantasy of knowing my former training analyst better, of being able to analyze him, by analyzing Dr. Z. Being tempted to rework the system, to enter unchartered territory, to engage in a unique pact – all these interpretations, however, yielded to a greater pleasure: to immerse myself in Dr. Z.'s mind.

And here's the rub: what I would find there could make or break *me* as an analyst. I hoped to understand him at a deep level and his unconscious mind both intrigued and frightened me. It was a vast place, with nooks and crannies, hidden corners, expansive vistas, even culs de sac. It was easy to get lost in it. It was active and alive, always at work. But would there be something there I did not want to find, would not want to know? Something about this great analyst that would shatter my admiration of him? Something unsavory about the field in which I was entering? Something about him that I would become? Fear of my own demise? There was some vague (that word again) foreboding I could not articulate. Something like the feeling in Henry James's "The Beast in The Jungle," a story which my father gave me to read as a child. There is something lurking out there – or rather, *in here*. For James, for Dr. Z., I believe, and then for me, it remained ever-present and unknowable: the beast in the jungle within us.

I wondered if that beast, for Dr. Z., was his awareness of his impending mortality. A lifetime of work and study, family and love. A career of analytic thought and practice. Was his life of the mind now a fear of death? And did I represent some aspect of his past youthful self, entering into the door that was now closing on him? Did he wish to pass down something to me? Was it my own rite of passage to analyze him?

Was Dr. Z. at that stage when he was looking back and wanting to understand something about his life, as he wore the bottoms of his trousers rolled, like T. S. Eliot's J. Alfred Prufrock, whom he often quoted? Was he taking stock, reassessing, reconciling? Where was the conflict? Here was a man who thought deeply about things; his writings and lectures attested to this. But now he was on my couch and I could see for myself the depth. I could see that the beast in the jungle exists even for the psychoanalyst, and maybe even more so.

In one session he recalled a long-forgotten memory, one he had told only to his own training analyst. As a kid, he used to walk around Manhattan thinking to himself: "O God, let me think deep thoughts while walking down the street." What did this mean?

In another session, his associations led him to say, tongue-in-cheek, what I heard as the most subversive idea in all my training, aside, of course, from the very idea of analysis itself: "Maybe every graduate should analyze a senior analyst." He meant this for the

benefit of the junior analyst, but perhaps both young and old could learn from and enrich each other.

Dr. Z. occasionally associated to some of the current controversies and debates roiling the field. He was genuinely concerned and upset about the state of things: the internal fights, the factions, the lack of respect in the scientific community, the dwindling number of patients interested in analytic treatment, what he thought were declining standards, and his feeling that the field was moving away from something fundamentally important to his understanding of psychoanalysis. However, at one point in these reflections, he said somewhat mournfully: "But I guess psychoanalysis is for the young people now to make of it what they want." I wondered if that included me.

The sessions with him often had a surreal quality — was it a shared reverie? I tried to throw the theory I had learned to the winds, but theory kept rearing its clever head. I tried to listen with "evenly hovering attention." I tried to listen "without memory or desire." At times, I tried to see if I could consciously not listen. But he drew me back in. I found myself forgetting I was I and he was he. At times I felt he had achieved an almost advanced level of free association. I don't know how to describe this, except a free association bordering on *silence*. Perhaps seasoned analysts can do this. Deep in the analytic hour I tried to let Dr. Z.'s mind wash over me.

- The more I was analyzing Dr. Z, the more he was analyzing me.
- The more he was analyzing me, the more I was analyzing myself.
- I told myself: *Always be analyzing*….

IV

When I think back on what I learned from my classes, my control cases and supervision, and my own analysis, I must also include the brief — and interminable — time with Dr. Z. as one of the most rewarding, and curious, parts of my training and post-graduate experience. A strange interlude, the meaning of which I am still trying to understand. An analysis, strange and wonderful. Perhaps he wanted it that way, planned it out like that for me. It was his last *analytic function*, which left in me a powerful identification.

Now, after his leaving and upon my reflection, I carry on and Dr. Z. is a part of me as I struggle with something about his struggle. And when I am deep in the analytic hour with a patient or walking the streets in this mad city trying to think, I still try to let Dr. Z's mind wash over me, and tell myself to always be analyzing, like him to the end, and remember that moment in the final hour when he said, "Everything is interesting if you look deeply enough."

Symposium Report
On the Body

May 6-7, 2016

Reporter: Bonnie Kaufman

On May 6-7, 2016, the Association for Psychoanalytic Medicine produced and presented *On the Body,* a rich, in-depth program designed to return the body, in all of its meanings, to the central place in psychoanalytic theory that Freud originally assigned to it.

Although it was a collaborative effort by an inspired APM committee, the idea of a symposium on the body was the brain-child of Vaia Tsolas. Its gestation began while she was still a doctoral student, writing a thesis (from a Lacanian perspective but influenced by object relations theory), on feminine jouissance and the feminine body. As she researched the field, Tsolas was struck by the paucity of references to drive theory and theories of the body in current clinical practice. As she began psychoanalytic training, she was impressed by the 2006 APM symposium on *The Dead Father*, which showcased, among others, the work of many prominent Lacanian theoreticians. After she was elected to the APM council, and another Symposium was proposed, her suggestion that it be about the body was enthusiastically received by her colleagues. A committee with Vaia as chair was convened to develop the project, and the rest, as they say, is history.

A central thesis of the symposium was that, while early Freudian theory saw the body as the origin of much subsequent theory of mind, more recent, important developments, especially in ego psychology and object relations theory, have moved the field away from many of the foundational Freudian ideas of psychoanalysis and framed it rather as a theory of mind in body and body in mind. In addition, cultural developments, many of which relate to modern technologies, have created the possibility of communication between individuals and among groups that no longer requires direct physical contact, problematizing the very idea of what is meant by human

interaction. Furthermore, recent developments in gender theory have highlighted the problems inherent in binary gender codes, and have thereby focused on questions of how the body relates to gender as it is lived. One goal of this symposium, and perhaps the most important, was therefore to return to the centrality of the body in psychoanalytic theory, not by discarding the contributions of later schools of psychoanalytic thought, but by rediscovering the body through the lenses of these more recent schemas, as well as through those of related disciplines outside psychoanalysis, such as anthropology, sociology, history, literary theory, and theology, including clinical and research programs.

The program of the symposium was greatly enriched by this great variety of contributions, which included the theories of Freudians of every stripe, as well as of Lacanians and the French Psychosomatic School, and relational psychoanalysts. The speakers came from many parts of the world, with contributions from all across North America, South America, and Europe. The resulting event was thus overdetermined, in the best psychoanalytic sense of the term.

The program was structured in three panels, starting on Friday night. After a welcome and a general introduction by Edie Cooper, Vaia introduced the first panel, *The Body in our Changing World*, and its moderator, Robert Michels. Ironically, in an event devoted to the body, the first speaker, Julia Kristeva, was disembodied. Since she was unable to attend the conference in person, she instead sent a video of herself reading her paper, and was thus not in "corporeality" with the symposium audience. Nonetheless, her contribution was a stimulating beginning.

Her paper, "Métamorphoses de la Parentalité," began with a definition of the body in the clinical setting. She sees it as a psychosomatic construction, formed as the speaking subject emerges in its relationship with the parental. She spoke specifically of the "parental," as opposed to the "maternal" and "paternal," in order to take into account the evolution of family structure that results from new technologies, laws and definitions of gender. Here, heterosexuality becomes an extremely fragile concept, and parentality, seen as a "third" between mother and father, is the phenomenon through which the body of the subject is defined. A theory of parentality enables the analyst to work on a case by case basis with whatever parental structure presents itself, without losing the concept of sexual difference and its meaning in development.

The next contributor, Robert Paul (who was very much present) spoke largely from an anthropological point of view. His paper was entitled "Changing Attitudes about Sex: A Dual Inheritance Perspective," and showcased cultural issues that have profoundly influenced the way we understand sexuality and gender. Moving from our early social customs, when marriage and monogamy were essential to survival and where high child mortality was a social reality, to later eras when contraception and in vitro fertilization have changed our sense of the connection between sex and reproduction, he noted how current gender roles have changed along with our definitions of gender itself.

The final speaker in this section, Rosemary Balsam, delivered a paper entitled: "Modern Gender Flexibility: Puzzling the Royal 'We' and the Body's Activities." She observed that psychoanalysis, especially in the United States, has suffered by abandoning exploration of the material body, largely through its neglect of female sexuality, which might otherwise have kept the body in the forefront of clinical exploration. Today, the plethora of technological and social changes that impact the body require that analysts understand the different ways in which the body of the individual is psychically represented. In particular, she examined the relationship of the "natal" body, the body of one's born biology, to the flexible gender and transgender experiences of individuals. What happens if one is born "she" or "he," but undergoes a process resulting in a subsequent self-labeling as "they" or "ze?" Further, how does such a materially or psychically altered body function as a model for the internalization of ideas of sex and gender by children nurtured in such families?

Attendees were then able to "sleep on" this complex and stimulating material, and return the following morning for Panel II, entitled *The Sexual Body—The Speaking Body—The Sick Body*, moderated by Maria Cristina Aguirre. The proceedings began with a talk by Christine Anzieu-Premmereur: "Perspectives on the Body Ego and Mother-Infant Interactions: I've Got You Under My Skin." Here she drew on her clinical work with children who have severe defects in their capacity for representation, and are unable, for a variety of reasons, to symbolize. She noted the importance of bodily sensations and the ways in which they are processed psychically. The connections with the caregiver/parent, such as imitation, mirroring, holding and handling, are central to the infant's capacity to maintain

a centered body ego, and thus highlight the role of the intersubjective parent-infant relationship.

In his presentation, "Body and Soul—A Never-ending Story," Paul Verhaeghe, professor at Ghent University, described aspects of Lacanian theory, in which the gap between body and soul is understood as a circular, but not reciprocal, relationship. In looking at the primacy of the drive, which Freud identified as a measure of the amount of work asked from the psyche in consequence of its connection to the body, Lacan saw the work as endless, since the real part of the drive can never be truly represented. Lacan thought that the organism, the infant, represents both a primal loss (the loss of eternal life, lost at the moment of birth) and also simultaneously, a remediation of that loss through being born as an individual with a specific sex. So the circular, but not reciprocal, process is: through birth, and embodiment, we lose eternal life; when we become a subject, we lose the body; in order to regain this body, we become man or woman. For Verhaeghe, this is important for understanding current theories about gender and sexuality; the crucial issue is that of becoming a subject, and then dealing with the amelioration of loss, which is represented as a phallic loss.

The next speaker was Panagiotis Aloupis, a representative of the Psychosomatic School of Paris, whose presentation was titled: "Somatic Ailment and Death Drive: Dangerous Liaisons." He presented the clinical case of a man with heart disease to illustrate how the death drive may be stimulated by the severe trauma of a somatic illness, which can be experienced as an aggression against the patient's psychic space. The adjustments vital to coping with such aggression may be beyond the capacity of the already compromised patient. If the patient cannot metabolize this excess of traumatic excitation, the aggression and destructiveness can put the body in danger. The treating therapist must, in Winnicottian terms, act as the "good-enough mother," maintaining a holding environment in which the necessary space between "mother" and "child" can protect the patient from the consequences of an activated death drive.

Marina Papageorgiou, also a practitioner and theorist of the Psychosomatic School, gave a somewhat different theoretical perspective in her talk entitled "Affect and Representation in Psychosomatics." She presented the case of a patient with severe diabetes who entered therapy to deal with the stresses of his illness. In the course of treatment, it emerged that this patient suffered

from alexithymia, and was unable to represent his feelings in language, a symptom which had developed early in his life. Papageorgiou sees the role of the therapist as using his or her preconscious experience in the consulting room to experience and decipher the patient's unarticulated affect, which strengthens the capacity of mental experience, and thereby shifts some of the burden of the illness away from the body.

The third and final session began after lunch. It was divided into three panels, of which the first, *Disembodiment in our Digital Age and its Impact on the Psyche,* was moderated by George Sagi. The speaker was Sherry Turkle, whose talk, "Empathy Machines," explored the myriad ways in which the disembodiment of the body in the face of the technological revolution, as well as changes in our understanding of gender, sexuality and reproduction, are affecting and shaping the psyche. For Turkle, there are dangers inherent in interacting with machines "as if" they were humans with a history of human experience, and also in treating real humans as though disembodied. Multitasking with phones while pseudo-interacting with actual people suggests a frightening capacity to leave the reality of the body and mind behind. What does it mean to live in a world where, increasingly, people would rather text than converse face-to-face? Technology is used to alleviate boredom, as well as the anxiety about what may be revealed if we fall silent while engaged in a human interaction. Turkle reminded us of Winnicott's opinion, that if children are not taught and enabled to be alone, they will not be able to escape loneliness. We need to be able to listen to each other in real time, and the body, not an electronic apparatus, has to be present in such interactions, as part of what makes them real. There is no app for a friction-free life.

The next section, *Sex, Gender and Infantile Sexuality*, was moderated by Vaia Tsolas. It began with Freud's idea that children are sexual beings, and that sexuality is, in its beginnings, polymorphously perverse in nature. Today's technology has created a sexuality that is even more polymorphous than Freud imagined, as a result of the ability to transcend the natal body.

The first speaker was Patricia Gherovici, whose paper was: "Botched Bodies: The Invention of Gender and the Construction of Sex." She observed that the absence of a psychoanalytic discourse on transgenderism is an impediment to our current theory and clinical practice. In the twenty-first century, psychoanalysis still suffers as

a relevant clinical discipline through its continued insistence on the dichotomies of mind/body and sex/gender. Gherovici focused on the disjunction for transgender patients between their given natal body and their experience of that body as something other. Having a body and being a body, so clearly separate for the transgender subject, is something that can apply to any human subject, and the transgender experience highlights this universal human reality. The wish to create a greater harmony between the natal body and the experience of it has become commoditized in American society, as something available to celebrities and the wealthy. This fact can blur the ultimate reality that there is never total harmony between the two, that is, there is always a disjunction between language and sex. The gap between them is the place where sex is symbolized and gender embodied.

Jessica Benjamin followed, with a paper evocatively titled: "Mommy's Baby, Daddy's Maybe: Whose Infant, Which Body, What Sex?" She began with a review of some relevant contemporary theories of affect regulation, and infancy studies, noting that we can understand many of Freud's early ideas about infancy and infantile sexuality through a more contemporary lens. Her paper's title was designed to highlight the idea that there are two different bodies. One is experienced developmentally, in terms of affects that are the somatic representation of early physical states, such as arousal, pleasure and pain. The second is the symbolic body, a representation in the mind linked to ongoing affective states. Benjamin argued that, for each of these, there is a different baby.

Jonathan House followed with a presentation entitled: "*Après-coup* is to Infantile Sexuality as the Body is to Instinct: The Ongoing Rediscovery of a Central Freudian Concept." He began by noting that for us, as for Freud, it is essential to distinguish drive from instinct, psychic trauma from trauma in general, and polymorphously perverse sexuality from a more general idea of the sexual. He thinks *après-coup* is central to each of these concepts, as it is the structure of repression itself. He also reminded us that the unconscious sexuality of the caretaker is an important feature in the origins of infantile sexuality.

House believes that we need to see the concept of *après-coup* as neither deferred action, nor retrospective modification, but rather as a moving backward and forward in time, a process which resembles translation. He reminded us of Freud's 1896 letter to Fliess, about

memory, in which Freud notes that the successive registrations of memories represent the psychic achievement of traversing successive epochs of life, where translation must take place at the boundary between them, and that, in neurosis, there is a failure of such translation, i.e. repression. The reason for the failure of translation is the unpleasure it would generate; it is as if the unpleasure leads to a disturbance in thinking, preventing the translation of a memory trace from an earlier phase.

House concluded with three ideas. First, the fundamental structure of the origins of infantile sexual drives is the two-step process of *après-coup*, where the second step, repression, creates the source objects of the drives, residues of failed translation which resonate with sexuality. Second, these drives are a process of making meaning "*après-coup*," and are sexual largely because of the infant's experience of the unconscious sexuality of the caretaker. Lastly, from a different angle, *après-coup* is the structure of the mental processes that govern the emergence of the human subject as a sexual creature who desires meaning as a self-narrating being.

We next heard from Dominique Scarfone, translator of the work of Laplanche, whose paper, "Infants, the Unprepared Foreign Bodies," focused on the ways in which the psyche is embodied through trauma. He used, as examples, phantom pain, curse utterances in aphasia, and fetishes, demonstrating their commonalities. The body, from the perspective of the psyche, is in fact a foreign body; it is not the same as the body with which a biologist is confronted. In cases of traumatic amputation and aphasia, the subject is unprepared for the sudden and tragic loss, and the motor residues persist. In the case of a fetish, the loss, though imaginary, is processed in a similar way; the fantasized lost body part, the penis, is substituted by the fetishistic object, such as a foot or shoe. Scarfone thinks that the infant is similarly helpless when it comes to dealing with the repressed infantile sexuality embedded in the messages of adult caretakers.

The final section of Session III was *Body, Siblings and the Law of the Mother*, chaired by Karen Gilmore. Here Juliet Mitchell presented her paper: "The Sexual Body and the Drives: The Sibling Trauma and the Law of the Mother." Building on Kristeva's ideas about the changing nature of the family, and the resulting need to work with the concept of parentality, she focused on the Law of the Mother, rather than the Law of the Father. Whereas Freud's Father represented the prohibition of incest, the Mother, by enforcing

order among siblings, prevents the siblings from murdering each other. By not making room for bisexuality in his development of drive theory, Freud effectively prevented the idea of a horizontal axis concerning the lateral relations of siblings from being integrated into the psychoanalytic theory of the drives, dominated as it was by the vertical axis of the law of the Father with respect to children. With the inclusion of a focus on the law of the Mother, the body ego and relations between peers can develop in a bisexual context, which is crucial for work with patients in the current polymorphous environment.

This rich, complex and fascinating symposium was an experience that will reverberate with its audience for a long time to come. For some, the different psychoanalytic schools of thought presented were initially difficult to assimilate. Yet the overall conclusion was that this multifaceted program did justice to its topic; it was timely, and eminently worthy of our attention as members of the psychoanalytic profession.

The papers of the symposium will be published as a book by Routledge Press in 2017. We thank Vaia and her committee for all their hard work, and for the important contribution the symposium has made to contemporary analytic theory.

Parity, Out-of-Network Benefits and Insurance Companies: An APM Panel Discussion

Panelists: Juliette Meyer, David Gutman, Rachel Fernbach, June Feder, Bob Raymond
December 1, 2015

Reporter: Rich Angle

The impetus for this panel came from the challenges faced by those of us in private practice with patients in psychoanalysis or long-term psychodynamic psychotherapy. At the present time, health insurance plans obtained through The Affordable Care Act (ACA) do not cover any out-of-network benefits and health insurance companies are continuing to limit and sometimes even eliminate out-of-network coverage. At the same time, there are many clinicians who find themselves being required by insurance companies to review their clinical treatment records in order for reimbursements to continue. There are many questions that need to be answered in this complicated landscape of insurance, parity and reimbursement, as well as an endless number of legal and ethical questions.

Hillery Bosworth started by introducing Juliette Meyer and David Gutman as the moderators of the meeting. The latter noted that there are a growing number of challenges within private practice, including The Affordable Care Act, parity, advocacy, the issue of clinical case reviews, and the process by which patients are able to choose doctors. He then introduced Rachel Fernbach, who is the Deputy Director and Assistant General Counsel of the New York State Psychiatric Association and has extensive experience with legal issues as they relate to the health insurance industry.

Fernbach began by observing that there are numerous challenges to the implementation of parity, and then gave an overview of the three statutes that comprise parity, namely, New York's Timothy's Law and New York Insurance Law 4303, as well as the Federal Mental Health Parity and Addiction Equity Act of 2008

or MHPAEA. Timothy's Law went into effect in New York State in 2007 and applied only to group (not individual) health plans; it stated that all employers must provide coverage for 30 inpatient days and 20 outpatient days for all mental health diagnoses. In addition, Timothy's Law mandated that large employers (with 50 or more employees) must provide full coverage for biologically-based illnesses (which were identified as major depressive disorder, schizophrenia, psychotic disorders, bipolar disorder, delusional disorder, panic disorder, obsessive-compulsive disorder and anorexia/bulimia). New York Insurance Law 4303 mandated that all group health plans must provide a minimum of 60 days of outpatient visits for substance abuse and dependence, while there was no mandate for inpatient care in this statute.

Fernbach then described the Federal Mental Health Parity and Addiction Equity Act of 2008 (or MHPAEA), which went into effect on July 1, 2010. She further explained that the financial requirements and treatment limitations imposed on benefits for mental health and substance use disorders (MH/SUD) must be no more restrictive than the financial requirements and treatment limitations that are imposed on medical and surgical benefits. More specifically, copayments, coinsurance, deductibles and out-of-pocket maximums must be equivalent to medical and surgical benefits; moreover, separate deductibles are prohibited. She also introduced the idea of Non-quantitative Treatment Limitations (or NQTLs), that is, other types of limitations on the scope or duration of treatment, which include medical necessity criteria, preauthorization requirements and determination of usual and customary rates. This led to a description of how the intersection of the Federal MHPAEA Law and the New York State Laws (Timothy's Law and New York Insurance Law 4303) created full parity in New York State. One interesting outcome of this change was that a total of 60 outpatient visits per year would be expanded into full outpatient and inpatient benefits, with unlimited access to mental health and substance use services. Fernbach also noted that many clinicians (both in-network and out-of-network) are forced to deal with frequent utilization reviews and issues of medical necessity, which in practice enable insurance carriers to limit or reduce the frequency of treatment and reimbursements to patients.

The next speaker was June Feder, a psychologist in private practice in New York City who also serves on the Executive and

Insurance Committees of the New York State Psychological Association (NYSPA). JF began by describing how the issue of out-of-network benefits is a timely and important topic that needs to be taken seriously by those of us in private practice, especially those who treat patients in long-term psychodynamic psychotherapy and psychoanalysis. She explained that there appears to be a consensus among mainstream mental health practitioners in New York State (psychiatrists, psychologists and social workers) that all of these professions are dealing with similar issues concerning patients who have limited access to treatment, are subjected to excessive utilization reviews and often have reimbursements delayed because of unnecessary bureaucracy. At the present time there are three different options for clinicians: 1) being an entirely in-network provider, where there is a contractual agreement with the insurance companies to certain conditions and certain reimbursement rates; 2) being an entirely out-of-network provider, where there is no contractual agreement with the insurance companies and relative freedom in setting fees, yet they may still be required to deal with insurance companies on occasion; and 3) partial provider participation, where an individual may participate with some insurance networks, but not with others.

Fernbach next dealt with specific settlements with various health insurance companies over the past several years, the largest being the Fair Health Settlement of 2009. Here, the American Medical Association initiated a class-action lawsuit against various health insurance companies for the use of a flawed database called Ingenix, which consistently provided much lower out-of-network rates to providers. This led then Attorney General Andrew Cuomo to investigate the insurance industry and to establish an independent database to calculate usual and customary rates (UCRs) that would more accurately represent the fees charged by providers. In terms of legislation, two bills passed the New York State Senate last year. The first is NYS1846, which would require all plans (both on and off the exchange) to offer out-of-network coverage, and the second is NYS1847, which would allow health insurers to offer out-of-network coverage off the exchange that could be purchased as a rider. The current view is that the first bill is much too ambitious and has no real chance of passage, while there is some hope among mental health professionals and legislators that some form of the second bill may pass into law.

The final speaker of the evening was Bob Raymond, a psychologist and psychoanalyst in private practice in both New York and New Jersey. He started by agreeing strongly with the previous speaker concerning the level of frustration and exasperation that is often experienced by practitioners in their struggles to advocate for themselves and their patients with the insurance companies. He described this tremendously difficult process as a kind of battle between David and Goliath, in which doctors often feel that they are losing the fight. Another interesting issue raised by Raymond was that of advocacy, and the need for the different mental health professions to unite forces (which is now happening). He is concerned that some of the newer professions that have recently begun to be licensed in New York State may usurp the power that has traditionally been granted to psychiatry, psychology and social work. Raymond also stressed that it is important to be prepared to present one's clinical work intelligently and cohesively to insurance company reviewers, and that neither in-network nor out-of-network practitioners are exempt from defending their clinical work in these so-called "care-advocate reviews" or "peer-to-peer reviews." He made the final point that clinicians should familiarize themselves with the work of psychotherapy researcher Jonathan Shedler, who has written and presented extensively on the efficacy of psychodynamic psychotherapy and "evidence-based" psychotherapy, and that advocacy has to be strengthened within our respective professions if we are to remain viable and relevant.

During the question and answer period, a number of thought-provoking and stimulating ideas were introduced. Eric Marcus expressed concern that the out-of-network coverage that has helped many psychoanalysts get paid directly by patients will soon to be a thing of the past. Gutman agreed, saying that one of the bills presently in the New York State Legislature will negatively affect the profession of psychoanalysis, especially as it relates to the types of patients seen in long-term psychodynamic psychotherapy and psychoanalysis. Several audience members gave examples of specific grievances that they had recently experienced with various insurance carriers and stressed that it is extremely important to exercise caution when interacting with clinical reviewers, who can sometimes distort the therapeutic process and reduce the frequency of treatment or attempt to terminate treatment altogether. It is

beyond the scope of this report to describe the entire discussion that followed the presentations, but suffice to say that many interesting points were raised and there seemed to be a general consensus that advocacy for psychoanalysis as a profession is extremely important.

African-Americans and Psychoanalysis: A Final Frontier: Collective Silence in the Therapeutic Conversation

Dionne R. Powell, Anton Hart
January 5, 2016

Reporter: Bonnie Kaufman

Southern trees bear a strange fruit
Blood on the leaves and blood at the root
Black bodies swingin' in the Southern breeze
Strange fruit hangin' from the poplar trees

Strange Fruit
Abel Meeropol

All races and religions
That's America to me.

The House I Live In
Abel Meeropol

In the more than thirty-five years that I have attended the APM's outstanding scientific programs, I have never before had an experience like the one that unfolded at our January 2016 meeting. Entering the room early, before very many people had arrived, I heard a familiar voice, that of Marian Anderson, singing in her beautiful contralto: "My country, 'tis of thee…" The image projected on the screen in front of us was of Anderson singing on the steps of the Lincoln Memorial, in 1939. You doubtless know the history of that event: Ms. Anderson had been prevented by the Daughters of the American Revolution from performing at Constitution Hall, because she was black. Eleanor Roosevelt, in outrage, resigned from the DAR and arranged for Ms. Anderson's moving and historic performance, at the venue that perfectly embodied the struggle.

As the last of the lyrics faded, the images on the screen changed, and we heard singer Billie Holliday, in the same year, in

a heart-wrenching performance of one of her signature songs, *Strange Fruit* (its first stanza is given above). The history of that work is perhaps less well known. The poem from which the lyric comes was written by a white, Jewish New Yorker, a teacher who deplored the violence systematically perpetrated upon black people, men in particular. His name was Abel Meeropol, and he wrote under the name Lewis Allen (the names of his two babies who had died). Meeropol, a leftist, later adopted the two sons of Julius and Ethel Rosenberg. He also wrote the ballad, *The House I Live In*, a phrase from which is quoted above, with obvious irony.

As the audience began to enter, there was another, unique experience for this reporter. Of the perhaps 150 people present, there were more persons of color than I have seen, in total, in the more than 35 years of my APM meeting attendance. Clearly, not all were psychoanalysts. I introduced myself to at least 20 people I didn't know, and found social workers, other health professionals, teachers, clergy, and graduate students in a variety of fields, many of whom were black. There were also Asians and Latinos as well as representatives of the LGBT community.

Dr. Powell began the meeting proper by recounting her experience at the 2015 International Psychoanalytic Conference held in Boston. Christopher Bollas's plenary address focused on the violence and racism in our current society—aggression as virulent as the persecution that drove millions to our shores since the birth of our nation. The fundamental difference, he noted, was the race of today's most victimized Americans. Dr. Powell observed at the time that the analysts from around the world who attended that Boston meeting might conclude that America is homogeneously white, given that there is a striking absence of otherness with respect to race, culture and socioeconomic status within American psychoanalysis. This is apparent in our writing and in our teaching of psychoanalytic ideas, as well as in whom we decide to train, and in the diversity of our teachers.

Dr. Powell urges us, as a profession, to examine our collective silence about race; to focus on the underlying meanings of our racial blindness, and to become aware of how these failures affect our discourse with all our patients. The largely white psychoanalytic community needs to recognize that there are in fact "two Americas," and that we must deepen our understanding of the consequences of racism, rather than hide behind the cloak of a false "neutrality," which serves to preserve our heedless immersion in

white, hetero-normative privilege. All patients, of whatever race, construct their own racial schemata based on their introjection of cultural biases; in a diverse society, such schemata should be part of what is explored on the couch, as well as in our training procedures. Where, if not in the therapeutic and training situation, can such questions of self/other, black/white, gay/straight, and male/female be addressed?

Dr. Powell continued with a short history of some of the "highlights" in the story of American racism—both the negative and the positive—starting with the Emancipation Proclamation of 1863; Brown vs. Board of Education in 1954; and the Voting Rights act of 1965. She contrasted these with Jim Crow laws; extra-legal discriminatory practices in many (mostly Southern) states; and violence perpetrated upon black people in systematic ways, from lynchings to very recent events in Ferguson, Missouri, and Staten Island, New York. She spoke of drapetomania, or flight- from- home madness, a term used well into the late 19th century to describe the "illness" of slaves who attempted to escape from slavery; a slave must be ill to yearn for freedom. White society defended slavery by pronouncing the black man sub-human and intellectually inferior, and therefore in need of "protection" from an inevitable decline into insanity through enslavement itself. Some early psychologists apparently adhered to, and promoted, such beliefs. Stanley Hall, a co-founder of the American Psychological Association, described people from non-Western cultures and races as representing an earlier form of human development, as compared to whites from Western societies. African-Americans, in particular, were seen as adolescent, developmentally backward, and therefore requiring special accommodations. Dr. Powell suggests that these old ideas are at the root of present day affirmative action programs, which were designed to compensate for the fact of previous discrimination against blacks, but which, today, cannot be disentangled from the old stereotypes about compensating for inherited racial deficits.

While Freud did not subscribe to such racially discriminatory beliefs, some of his followers used his ideas about lower- and higher-order animals, and the simplicity of children, to fashion a distorted view of African-Americans as primitive and child-like. Emblematic of the dualistic view of race in American society, Dr. Powell suggests, was the life and career of Solomon Carter Fuller, the lone African-American attending the 1909 Freud-Jung lectures at Clark

University. He trained at the University of Munich with Kraepelin and Alzheimer, and on his return to the United States became Stanley Hall's personal physician, and, possibly, his analyst. (How this might have influenced Hall's attitudes about African-Americans is an unanswered question.)

Dr. Powell then turned to the reign of terror that was lynching, noting the irony that, in 1909, the year of the Clark Lectures, 69 lynching of Black Americans were documented; in fact, between 1882 and 1968, there were 3,486 lynchings in total, across 44 states, including some in the supposedly liberal Northeast. Though there are no longer publicly sanctioned lynchings, the mass media, with their virtually daily menu of murders and dead black bodies, bear continuing witness to the carnage, whether we as human beings, and as analysts, acknowledge the violence or turn away.Some analysts have taken up the fight. Dr. Powell referred to the work of Donald Moss, who, in his paper "Mapping Racism," asserts that racial stereotypes are a burden for all of us. When black people are perceived as fitting a negative stereotype—unemployed, criminal, substance-abuser—this confirms a familiar and comforting perception, and justifies deeply buried feelings. A black who defies such expectations must be suspect. Dr. Powell suggests that this was a factor in the treatment of Margaret Lawrence, the first African-American trained as a psychoanalyst in the United States (at Columbia). Despite satisfactory work during her training, she was nearly prevented from graduating by Sandor Rado, who required her to have extra consultation with Abram Kardiner to be sure she was really qualified. Dr. Powell notes that even today, African-Americans who surpass stereotypical expectations may be subjected to extra tests of their competence, beyond what would be asked of whites in the same position.

Dr. Powell referred to work done by Professor Eddie Glaude who teaches African-American studies at Princeton. He speaks to the power of Toni Morrison's stunning novel, *Beloved*, in which she eloquently reconstructs the interior life of the slave. The black human being, Dr. Powell feels, is rarely perceived as having an interior life as an individual.

Dr. Powell also recounted a personal anecdote. While a candidate, riding the subway uptown to her analytic class and reading Freud's paper on those "wrecked by success," she noticed that a large black man was reading over her shoulder. He told her

he thought that the subject of the paper fitted his own life experience. As a bright, academically sophisticated high school student, he was bound for college, but somehow couldn't realize that dream, because he was unable to deal with his guilt about leaving his neighborhood, and the friends who were never going to have the advantages that he was being offered. He got involved with "the wrong crowd," and ended up in prison, never getting to college. Dr. Powell was struck that he wanted to articulate the dilemma of his conflicting desires; his intelligence gave him entrée to an expanded life, but the guilt about all he was leaving behind impacted his behavior, and destroyed his dreams.

African-Americans represent 12 % of the American population, but only 0.00007% of the membership of the American Psychoanalytic Association; this means that most people of color will not be treated by an analyst of their own race. Issues of race must be topics of investigation in all our treatments. We cannot pretend that we are maintaining "neutrality" by avoiding the subject; we do not have to abandon neutrality by allowing the subject to come up and letting it be analyzed in terms of its effect on our society and on our patients' lives. After a viewing of *Black Psychoanalysts Speak* at the 2015 American Psychoanalytic Association meetings, analysts broke up into small groups to discuss their reactions to the film. Concerns about maintaining neutrality were seen frequently to mask fears about not knowing what to say when confronted with tragic violence, especially when the patient and analyst were of different races (and most often the patient was black). Despite universal horror about the events, the deaths of Trayvon Martin, Eric Garner, Michael Brown, and many others were rarely discussed. Dr. Powell finds that such racially-charged events are an important part of the experience of most of her patients, both black and white. One of them questioned her own psychic reality. When you see, on video, a man being choked to death by at least four policemen, who then were not criminally charged, then: "What can narrative truth mean?" Another said: "Where's the empathy? Where's the responsibility? Can we not admit wrong because we belong to the same racial group as the one which oppresses?"

Dr. Powell presented brief vignettes of two patients. One was a young Jewish man whose father had held deeply racist views, talking about the "black animals" he was forced to work with. The

patient initially devalued his black analyst, who would give him a sub-standard analysis, and he worried that at any moment his analysis would end when Dr. Powell lost her license and had to close her practice. During the course of treatment, the patient cane to realize that his identification with his father's racism defended against his desires for warmth and closeness with his mother, and that he yearned for her love. He began to see Dr. Powell and their work as the way to help him be the man he wanted to be, unfettered by the vulnerability, low self-esteem and impotence from which he had suffered all his life.

Another patient was an African-American woman who assumed that Dr. Powell would automatically understand everything she talked about, because they were both black. During their work, it became clear that this was a screen for the traumas the patient had suffered at the hands of her own abandoning and sexually over-stimulating mother. The patient needed to see Dr. Powell as a "twin" who was always with her, so that she would not have to be alone with her terror. Dr. Powell also represented the understanding mother whom she needed and wanted. In each of these cases, the initial transference was overtly about race, but as the work progressed other important issues were revealed and could be worked through.

For Dr Powell, the essence of the experience of being an African-American is captured by Ralph Ellison's words in his great novel, *The Invisible Man*:

> "I am the invisible man…I am a man of substance, of flesh and bone, fiber and liquids… and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me. When they approach, they see only my surroundings, themselves, or figments of their imagination—indeed, everything and anything except me."

Following Dr. Powell's impressive and moving presentation, we heard from our second speaker, Dr. Anton Hart, a faculty member of the William Alanson White Institute, and producer of the film *Black Psychoanalysts Speak*, from which he presented several clips. He began with a list of significant ideas about racism, and its impact on our society and on our profession.

1. Mindedness is often felt to be dangerous. However, it can lead to new discovery, and a new level of understanding.
2. Curiosity is inherent in human beings; it relates importantly to difference and otherness.
3. Defense against curiosity leads to prejudice, which in turn represents the ultimate failure of curiosity. It stifles a process that is part of what makes us human.
4. It is an important role of the psychoanalyst to deal with issues that threaten curiosity.
5. Curiosity allows us to risk saying things that may not ultimately prove to be right. Unless they are said, they cannot be explored and corrected.
6. "Cultural competence" is a problematic concept, that enables us to accept a certain set of ideas as ultimately and ideally correct, thus giving us permission to relinquish ongoing curiosity.

Dr. Hart devoted considerable attention to this last concept, which, as many of us know, is used frequently by medical communities in training doctors, as well as in providing post-graduate education in order to comply with governmental accreditation requirements. He described it as a defense against the real experience of difference, which enables us to feel better about ourselves rather than truly trying to understand the other. And ultimately, he suggested, it is "deadly boring." It is not useful to have predetermined ideas about race and culture. Rather, we should always assume that we are *not* competent; after all, we do not assume that we implicitly understand someone just because we share the same religion, nor that being of different religions makes understanding impossible. We must accept the validity of the question: "Who wants to know?" If we seek answers about race, we must be prepared to say why we are asking, and to ask ourselves that same question.

Dr. Hart went on to show some video clips, where two black analysts described some of the issues with which they dealt in their practices. In one, Dr. Vaughns spoke of the need to be aware of racism even in working with white patients, whose lives are often touched by racism in ways that they cannot see, and with which the black analyst must grapple. In another, Dr. Bennet spoke about how to determine whether psychoanalysis is the treatment of choice for a given black patient. Both analyst and patient may be unsure,

because of their respective unconscious prejudices. If a patient is deemed by the analyst to be only marginally likely to benefit from psychoanalytic treatment, will that patient be given the benefit of the doubt if he or she is black? Would a similar-seeming white patient be more likely to be given the option of a more intensive analytic treatment?

Dr Hart then showed part of a filmed discussion between Drs. Ralph Greenson and Ellis Toney, about their memories of Greenson's training analysis of Toney while the latter was a candidate at the Los Angeles Psychoanalytic Institute. It was telling that Greenson's retrospective view of the process was more positive than Toney's, as the latter hinted at numerous issues related to prejudice and racism that were not addressed, despite his analyst's desire to give him excellent treatment. The realities of what it meant to be a black doctor and trainee were largely avoided. Dr. Toney recounted a particularly painful episode in which he arrived for an early morning analytic session at Greenson's office in an affluent white neighborhood, and was stopped and questioned by a resident who had seen him as an intruder. Greenson reacted to this, and other, admissions of Toney's with surprise and considerable defensiveness, as he began, it would seem, to question his own "cultural competence."

After this thought-provoking presentation, questions from the floor were invited. Many people spoke, largely about their own experiences with racism and other instances of stereotyping, bullying, and, as Dr. Powell had so eloquently suggested, being the "invisible [hu]man." Others (including this reporter) testified to incidents which had opened their eyes to racism and prejudice, beginning a process of self-analysis that we can all agree is vital, not only to functioning well in our profession, but to being human in our society. We can only hope that discussions such as these will stimulate further meaningful engagement by psychoanalysts with the problem of racism.

International Scholars Lecture
The Common Clinical Ground: the Shared Intersubjective Resonance

Presenter: Ricardo Bernardi

February 2, 2016

Reporter: Angela M. Hegarty

By the time Dr. Richard Zimmer, chair of the International Scholar Committee of the APM, introduced Dr. Ricardo Bernardi at the APM on February 2nd, many audience members were already familiar with his work. Some had participated in an extended small group process with him over the weekend or had heard him put some of his ideas into practice at the Columbia Center on Monday, while others were familiar with his writings throughout his long and productive career in the service of psychoanalysis. Dr. Bernardi was awarded the Mary Sigourney Award in 1999 at the meeting of the American Psychoanalytic Association, and has been described as one of the most important researchers in psychoanalysis in Latin America. At the International Psychoanalytical Association, Dr. Bernardi has worked on both the research and the clinical observation committees. Out of his work has come the research that formed the basis of this evening's presentation.

Dr. Bernardi began with a question that has animated psychoanalysis from the beginning, concerning the very nature of our theory making. Analysis, as he pointed out, has always existed in the space between theory and practice. Any analytic theory has within it an implicit theory of technique with implications for the conduct of the analytic work at the level of both micro- and macro-process. While the Greeks made it a point to distinguish *theoria* from *techne* or "know-how," that is, a philosopher's knowledge from that of an artisan, neither Freud nor any of the major theorists who followed him ever considered it possible completely to separate the two. Theoretical knowledge in analysis is ultimately answerable to experience. A given theory can always be challenged by the clinical material.

Dr. Bernardi then asked the familiar and important question: how do we choose a theory? What counts as evidence? Are these criteria conscious and critical or unconscious and transferential? As an analyst from Uruguay, he reminded the audience of the importance of intellectual freedom — something we take for granted in the United States but which has not always been a given of psychoanalytic discourse. Dr. Bernardi reminded us that today we have a plurality of theories, and then asked: can analysts from different theoretical schools co-exist in parallel or is communication between them possible? Can a common ground be defined whereby different theoretical perspectives can be fruitfully explored? Is theoretical integration even possible?

In response, Dr. Bernardi introduced the findings from research using the "three level model" (3-LM), an instrument and a process developed at the IPA. The 3-LM instrument is designed not only to answer these core questions of theory but also to provide a process and a lexicon to open up the possibility of meaningful communication and dialogue among analysts of different theoretical orientations. Dr. Bernardi drew a sharp distinction between the utility of "top-down" (deductive reasoning) versus "bottom-up" (inductive reasoning) approaches to the development of psychoanalytic theory. The 3-LM model uses a bottom-up approach to theory, although in most analytic journals one finds papers that assume the "top-down" approach.

The first challenge presented by Dr. Bernardi centers on whether a common measure can be developed through which one theory can be meaningfully compared to another, that is, whether psychoanalytic theories are commensurable with each other. A review of the available literature suggests that the answer is no. He asked whether analysts even see the "same" dream, and gave as an example Freud's famous account of the Wolf Man's "goat" dream. Reviewing its interpretation by Freud, Klein, Lacan and others, as well as by the patient himself, it was clear that while all were grounded in the same clinical data, different theorists emphasized different aspects of the dream. For Freud it was the sexual content and for Melanie Klein it was oral aggression, while Lacan focused on the signifiers (the play of language and meaning), and the patient said it was about his difficulties with his sister. On the one hand these results pointed towards theoretical incommensurability, while on the other, as Dr. Bernardi reminded us, assertions of incommensurability can be

deployed defensively to block challenges to a given theoretical position from the clinical material.

Building on the work of Wallerstein and Green in 2005, Dr. Bernardi worked from the assumption that theoretical and clinical concepts can only be understood in context, within the framework of the original theories. Accepting, then, that different theories use both the same words to signify different phenomena and different notions to signify almost completely overlapping phenomena, Dr. Bernardi agreed with the conclusions of Wallerstein and Green that so long as one remembers that different theories imply different techniques and interpretations, the only valid procedure by which one might reach common ground and compare different theoretical approaches in a meaningful way would be through careful, systematic review of the clinical material in the course of a sequence of sessions of psychoanalytic process of sufficient length.

Using the Wallerstein and Green controversy as a starting point, Dr. Bernardi discussed how the 3-LM Model for observing patient transformations in psychoanalysis was developed, and why. The 3-LM Model is an heuristic guide for discussion groups consisting of analysts of different theoretical orientations, who meet to discuss extensive material from different phases of an analysis over a 10-12 hour period, in three sequential steps, starting with the clinical material and progressively articulating and abstracting what is learned.

Dr. Bernardi has written extensively on the process elicited and evoked in the 3-LM groups. The kind of listening involved when analysts meet to listen to and discuss the clinical material is listening for "intersubjective resonance" in the material, in a process that allows participants to engage in a kind of fantasy theorizing at a pre-interpretive level, grounded and focused by careful reference to the actual material.

The phenomenological level is addressed first. Listening to the material, the questions address changes in the patient's life, as well as the ways in which the analysand uses both the analysis and his or her own mental and bodily resources, and the metaphors and marked moments in the treatment that evoke strong responses in the participants.

At the second level, participants attempt to conceptualize and operationalize various dimensions of change. They examine issues such as: experience of illness; relational patterns; conflicts and

defenses; structural functions like identity, the perception of self and others; affect regulation; symbolization; and attachment to internal and external objects, using operationalized concepts derived from different psychoanalytically oriented diagnostic systems currently in use.

At the third level, participants are asked to develop explanatory hypotheses to address the changes identified in the first two levels.

At Level One, use of this system has shown that, regardless of theoretical affiliation, there is high agreement in participants' opinions about changes in the person's life and use of analysis. The resonance of some metaphors and fragments in one participant triggers a spiral process in the group that allows participants to see the material in a new light. Use of this process at Level One reveals widespread agreement with respect to clinical judgments, regardless of theoretical affiliation.

Level Two challenges participants to think outside the terms of their own theories. This is not necessarily easy, as the use of rating scales is not something one usually associates with psychoanalytic thought. There is nonetheless a high degree of inter-rater agreement as to the degree of change exhibited by the patient in the material. Dr. Bernardi illustrated the challenges analysts face in conceptualizing and operationalizing the dimensions of change on which they concur. Two men stand before a blackboard, on which there is a complex sequence of numbers and figures clustered into two main groups: step one and step three. In between, (step two) are the words: "here a miracle occurs." The punch line, "I think you should be more explicit in step two," is the point of this whole exercise: how are we as analysts to explain how and why a patient changes in analysis? Invoking miracles is less than ideal in the second decade of the twenty-first century.

Agreement at Level Three is limited. Many concepts do not translate well. Dr. Bernardi explained, for example, that a term like "subjective position" is not the same as "sense of agency." This issue probably has to do with the indeterminacy of translation: sometimes it can be very difficult even to attempt to articulate findings in a manner that is extra-theoretical. That said, as Dr. Bernardi pointed out, there is remarkable consistency when it comes to which explanations of change the groups find most convincing in a given case. To underline the specificity of the process, Dr. Bernardi reminded the audience that the explanatory models that emerge from

a given group process are not generalized abstractions but explanatory formulations that refer only to the case under discussion: at Level One, clinical problems are identified and form the basis for discussion at Levels Two and Three. Dr. Bernardi again emphasized that the answers to these questions do not yield highly abstract theories but rather the kind of personal implicit or private theories as articulated by Sandler, deriving from participants' experience in both life and analysis. The aim of the group is to arrive at the best possible explanation for a given situation and, ideally, to discard less convincing hypotheses.

Dr. Bernardi's position with respect to how one might get to highly abstract "top-down" theories from the clinical material, is that one probably cannot do it, because there are too many leaps in the inferential process. For the moment, psychoanalytic theories of the top-down sort are underdetermined; that is, clinical data cited in support of one theory will also likely support another, seemingly inconsistent, theory. This does not mean that we should abandon our efforts. On the contrary, the uncertainty and under-determination should instead send us back to the clinical material, to attempt to determine what good reasons can lead us to prefer one theory over another.

At the very least the 3-LM approach creates a shared space for deliberation, a space in which alternative hypotheses can be compared in searching for the best understanding of the patient. The "bottom-up" approach highlights how many questions remain unanswered and how many problems unsolved. But this should pose no obstacle for psychoanalysts for whom, in Bion's words, the capacity for tolerance of uncertainty, ignorance and doubt is paramount in the practice of our seemingly impossible profession.

Thinking (and Moving) Outside the Box: Combining Psychoanalytic Therapy and Dance/Movement Therapy

Larry Sandberg, Suzi Tortora
March 1, 2016

Reporter: Hilary J. Beattie

Dr Sandberg, a psychiatrist and psychoanalyst, and Dr Tortora, a dance/movement therapist, alternated their contributions throughout the presentation. Dr Sandberg began by reminding us that mind and emotions are grounded in bodily experience, and that for some patients, such as those whose capacity to symbolize has been stunted by early trauma, an exclusive reliance on verbal associations and interpretations may actually constrain, rather than facilitate, psychological growth. Earlier analysts who recognized this included Groddeck, and Wilhelm Reich, who both used massage in therapy; and Ferenczi, who promoted "active" technique, e.g. muscle relaxation, and even singing. Fenichel, who may have been aware of the risks of boundary violations in such methods, was interested in gymnastics as an adjunctive treatment, to release repressed memories by relieving spastic tensions. Dance/movement therapy, as Dr Tortora explained, avoids these dangers by offering the patient a safe way explore the nonverbal "stories" told by their own bodies, in conjunction with more conventional verbal therapy conducted by another therapist.

Dr Sandberg then introduced a case to illustrate their collaboration. S., a middle-aged, married, childless teacher, was first referred to him following her hospitalization for a suicide attempt, precipitated by months of delusional self-loathing and guilty thoughts about looking at her students in a "dirty" way. She was diagnosed with psychotic depression and treated with both antidepressant and anti-psychotic medication, as well as ECT. As a child she had suffered repeated verbal and physical abuse from her mother, and often felt murderous towards her, while her alcoholic father loomed menacingly in the background. Later she had numerous traumatic experiences with doctors, notably gynecologists.

In therapy, three times a week, face to face, the patient sat stiffly with averted gaze, her immobility expressing a need to maintain some precarious differentiation from her overwhelming mother, as well as defend against her own murderous rages towards her; eyes were dangerous weapons rather than organs of perception and attachment. The therapist felt trapped in a dilemma, risking being "invasive" if he interpreted this, versus "blind" if he refrained. Exploration of this bind was helpful, and the patient gradually became less frightened, albeit still maintaining her aversive posture. Over time S. made marked therapeutic gains, seen in improved work performance and positive feedback from students and colleagues. She began to experience a "new sense of self," despite continuing fear and shame over revealing the "badness" that her mother saw in her.

After ten years, however, the therapist began to feel he was "running out of words," with periods of restlessness and even boredom, over the patient's inability to permit greater relatedness. But after Dr Sandberg happened to hear Beatrice Beebe present a similar case of a patient who averted her gaze, he sent S. to her for a consultation, following which S. was referred for once weekly meetings with Dr Tortora, while continuing twice weekly sessions with Dr Sandberg.

Dr Tortora now gave a vivid demonstration of how S. first presented, and invited the audience to mimic her tense, asymmetrical posture, tightly clasped hands and downcast gaze, by which she seemed to maintain a precarious intactness while dissociating from her physical self with its murderous rage. The first task was therefore to help her feel more grounded and safe within her body, by learning how to breathe more deeply while lifting her head, widening her shoulders and opening up her chest. Gradually S. became attuned to her rhythmic breathing, and was able to establish a "protective bubble" of personal space around herself. At the same time, drawing on her work with Dr Sandberg, she could reflect on the meaning of her bodily sensations, making brief eye contact with Dr Tortora and momentarily relinquishing her "murderous eyes."

These changes in turn enlivened S.'s psychotherapy, where Dr Sandberg felt his own sense of reverie returning, as her increasing comfort with her body was reflected in more feminine grooming and dress. Yet her positive tie to her female therapist evidently threatened S.'s tie to her internalized mother, for at one point

she prepared poorly for a classroom evaluation, provoking harsh criticism from a female supervisor — the mother who could still prove how bad she really was. But by now S. was able to grasp the power of her unconscious conflict and talk about it in a more metaphorical way, recognizing the repetitive "dance" with her mother that thwarted her attempts to separate.

S. then worked with Dr Tortora to choreograph a literal dance, to music, about her experience with her supervisor, representing her conflicts about feeling successful (which could even lead to thoughts of suicide) and her ability to rebound after being "shattered" by harsh criticism. In the opening section "success" was expressed by opening up her body and walking, then bouncing, with strong, confident steps, as she and the therapist circled each other. This elation was followed by flickering, uncertain movements in the "mess" of the criticism phase, from which she rebounded into "resilience," expressed by the gentle, upward liberation of her body, and especially her hands.

For the rest of the presentation Dr Sandberg and Dr Tortora alternated in describing and demonstrating the progression of the therapy, now in its ninth year. With S.'s increasing sense of owning her own body she was gradually enabled to reflect on, rather than act out, her feelings about her abusive mother, hitherto present in "every cell" of her body, and to acknowledge her own need to "put herself down" as a way of proving her mother's convictions of her "badness," rather than unconsciously provoke others to act them out with her. With Dr Tortora S. created further dances to show how her mother's presence in her life and self could be contained, and with the sense of greater safety that this engendered she was eventually able, with Dr Sandberg, to access memories of having existed as an object of sexual desire for her mother, whose genital stimulation of her had made it impossible for her ever again to feel arousal in intimate relations.

In conclusion, it became clear that the dance/movement therapy had helped S. both "step away" from the abuse by her mother and approach it more deeply. Through learning to tolerate her painful feelings, especially her sadness and her hatred of her mother, her painful bodily sensations in turn diminished. Thus she could finally mourn the loving/loved mother she had never had. In compensation, she was increasing able to give to, and experience joy

with, her students, and to turn to literature to help her think about her own life.

In the discussion, Dr Sandberg drew on the theory of Esther Bick (1968), that the mother's containing function, initially conveyed through skin experiences, is essential if the infant is to develop a sense of space within the self and learn the difference between inside and outside. Its absence or impairment leads to identity confusion and desperate attempts to hold the self together, through the creation of a "faulty second skin," expressed through body motility and corresponding functions of mind. For S., in addition, an invasive primary object had caused massive disruptions of the psyche-soma, thereby pervading her self-representation. Prior to the referral, verbal interpretations of S.'s splitting were limited in effect because its non-verbal underpinnings could not be addressed in words. A multimodal approach that engaged the body directly was required, so that containment in thought could be facilitated and symbolic capacities restored.

Dance/movement therapy may be seen as a free associative process, focusing on embodied experience. Thus, paradoxically, action, which through unconscious enactments threatens containment in analytic work, becomes the vehicle for containment in DMT and can thereby stimulate emotional growth. Thought, according to Freud, is "trial action," but non-represented psychic experience tends to repeat as rigid action patterns. For S., engaging her body in creative movement within a therapeutic milieu helped her simultaneously free up both thinking-movement and body-movement.

This rich and moving joint presentation was followed by a lively discussion in response to questions from the audience.

In particular, Anne Hoffman drew attention to *Studies in Hysteria*, where Freud pinched and pressed the painful legs of his patient Elisabeth von R., thereby unexpectedly evoking pleasure in her that betrayed the real meaning of her symptoms. Thus, the hysterical symptom is also a mnemic symbol. Dr Sandberg again reminded us of boundary violations by some early analysts, whose own inhibitions were released through physically manipulating the patient.

Aneil Shirke asked about possible erotic transference in S.'s case, to which Dr Sandberg replied that she functions more on a psychotic level (after 19 years she still won't look at him), and that

there is "something missing" in all her relationships, including her non-sexual marriage. So no transference work has been possible. Dr Tortora added that she still can't show anger in physical movement.

This reporter asked if the presenters had been able to use their conjoint method with any less damaged patients, and if so, how might the work differ. The answer was affirmative, in one case, but it was not yet possible to share any details.

REFERENCE

Bick, E. (1968). The experience of the skin in early object-relations. *Int J Psycho-Anal,* 49:484–486.

The Rado Lecture
The Quest for Truth as the Foundation of Psychoanalytic Practice: A Traditional Freudian-Kleinian Perspective

Rachel Blass
May 3, 2016

Reporter: Bonnie Kaufman

In this year's Rado Lecture, APM members and guests were treated to a thought-provoking discussion by Rachel Blass about an issue which we see as being at the core of psychoanalytic theory and practice, namely, the role of truth in the thinking, and the work, of psychoanalysts.

Dr. Blass began by stating that truth is not only relevant, but is the "alpha and omega" of psychoanalytic practice. She supported this claim, first with a thorough review of Freud's approach to truth during the early years of developing his theory, and then with a discussion of Melanie Klein's sweeping and essential contribution to truth's "understanding, grounding, and enrichment" as a factor in the psychoanalytic process.

She noted that there has been, in recent years, a shift among some theorists, such as Jay Greenberg, from the traditional idea of unconscious truth as that which has been known but lost to repression, to that which has never, and could never, be known. This latter phenomenon might have a number of possible causes, such as developmental restrictions on cognitive or emotional development, or Greenberg's idea of "proto-experience that could not be symbolized or represented at the time it was lived." In that case, the aims of psychoanalytic treatment might be modified, focusing more on helping the analysand develop for the first time those capacities that make knowing possible, but less on helping the analysand search for the truths that they have not allowed themselves to know. Dr. Blass agreed that an analysis always seeks openness to truth, and the capacity to know, rather than specific knowledge of particular ideas. But she strongly disagreed with the idea that obstacles to knowing truth are developmental in nature.

She sees these obstacles as motivated by the desire not to know certain truths. In other words, the incapacity to know is caused by not wanting to know. Form and content are inseparable, since both are expressions of states of mind. Successful treatment requires a "lived encounter with the mind"—with the phantasy of not knowing and the opposing desire to know, and the reality that we do know, albeit perhaps unconsciously. These opposing desires, to know and not know, represent for Dr. Blass expressions of love and hate, of life and death instincts. Thus, she sees the process of learning to know, and becoming open to truth, as helping the analysand expand their capacity to love. Dr. Blass then reviewed the work of Freud and Klein as it relates to this thesis.

The search for truth in Freud's work

Freud saw repression of truth as motivated by the need "not to know" what was, on some level, already known. Repression of such truth resulted in neurotic illness, whose symptoms were expressions of the repressed material. What we deny are not the facts per se, but what they mean to us, or what they do to us. This knowledge is mainly unconscious. Freud, in *A Difficulty in the Path of Psychoanalysis,* stated that, for a neurotic patient: "The blame…lies with yourself." Denial and repression are thus motivated choices, relating to hatred of a loved object, or love of a hated object; denying this intolerable reality protects our narcissism.

To deny reality, we must first know it. Freud theorizes that reality leaves its mark on our minds. Ignorance is denial, but truth seeks to be known. The desire to know and the desire not to know are in direct conflict. In *Totem and Taboo* he suggests that we might envision a human prehistory, which shapes the contents of the mind from the start.

For Freud, knowing is connected to the idea of Eros, a life force that binds things together into greater and greater unities. Blass suggests that, over time, feelings come to "know" each other, so that hatred informed by love is lived differently than hatred in isolation. Transference is therefore not about events, but mental attitudes, ways of thinking and understanding that develop in complexity and reality over time.

In *Remembering, Repeating and Working Through*, Freud used the word "remembering" in the sense of re-experiencing, with the descriptive aim of filling in the gaps in memory, and the broader

dynamic aim of overcoming the resistance secondary to repression. So our effort to re-evoke memories is geared toward revealing problems with the ways that the patient thinks, with the resistances to seeing reality as it really is. The actual memory may be secondary, in that what we don't remember teaches us about our motives for denial; it is this that comes alive in the transference.

Transference interpretation and the search for truth by both analyst and analysand

Freud saw, in the transference model, a situation in which the analyst seeks truth, in accord with the analysand's true desire to know, a desire that is not immediately accessible to the patient. Therefore, the analyst is not actually working against the true desires of the patient; there is an internal struggle, in which the analyst allies with the patient's actual desire for truth.

The truth the analyst uncovers is not primarily the "facts," but rather the lived process of distortion, and the meanings and motives behind it. The analysand is first helped to see the complete extent of the distorted reality; then the reality behind the distortion is opened up, along with the truth about why the analysand needs the distortion.

Dr. Blass noted that a major reason for Freud's abandoning the seduction theory was his realization that he was "imposing his truth" on his very suggestible patients, and that therefore their reported experiences could not be trusted as reliable. Freud acknowledged his own "seductive wish" to confirm the seduction theory. He struggled with the dangers both of conviction and of doubt. Conviction can result from either a seductive wish, whereby the analyst imposes him- or herself on reality, or a basic and genuine openness to truth, in which reality imposes itself on us. Since the analyst, like the patient, can fall prey to distortions, we must understand these possible infantile and unconscious distortions in order to see reality clearly.

From Freud to Klein

Freud's groundbreaking concepts—making the unconscious conscious, and bringing the id under the control of the ego—are actually too broad to clarify what actually happens clinically. Dr. Blass thinks that Melanie Klein develops Freud's notions of

truth in ways that are essential to our understanding of our actual clinical practice, and our contemporary clinical theory, by expanding on the dynamics of the desire not to know. Klein focuses on how what happens in the analytic process relates to what has been denied; on the role of the desire for truth in the process, and the openness to reality that emerges.

Klein's Concept of Phantasy

For Klein (and for Blass), phantasies are the building blocks of the mind. They are not things located in the mind, they *are* the mind. A phantasy is an instance of a motivated state of mind, not just a thing to be remembered. For example, "memory" of weaning reflects the state of mind while weaning takes place.

One must become aware of this state of mind, and this takes place through interpretation of the ongoing, present-day experiences of the infantile state of mind as expressed in the transference. Phantasies can change, associated anxieties can become more moderate, and splitting decrease, thereby allowing the realistic good objects to populate the mind. There is thus no distinction between coming to know denied truths, and developing the capacity to think.

Blass then discussed projective identification and attacks on linking. The former means to expel excrements; to injure and also to control and possess the object. The object becomes the bad self. This also happens when aspects of the good self are projected, which weakens the ego and precludes thought. This is a destructive phantasy, directed toward the mind, which fragments in pieces. The unconscious can be seen as phantasies that are lived in the analytic situation, thereby giving us a better grasp of the process. Klein expanded on Freud's idea of the "instinct for research," in that there are Oedipal phantasies that motivate the desire to know and those that inhibit it. Freud saw the desire to know as sometimes taking the place of sadism in obsessional neurosis. Knowledge can also be a means of mastering anxiety. For Klein and Blass, the all-important desire to know and think about reality, as well as the obstacles to doing so, are intimately tied to phantasies and to the anxieties that these phantasies arouse. The capacity to symbolize cannot take the place of the knowledge and truth that are essential for an integrated ego. Only the integrated ego is capable of symbolizing and knowing.

Genuine knowing is derived from the life instincts. (Segal writes that the intra-psychic attack on reality is a manifestation of the death instinct).

This means that the analytic search for truth is ultimately in the service of the patient's most basic desires. For Klein, the analytic process fails when a patient's pain and depressive anxiety ultimately outweigh both the desire for truth, and the capacity to work towards that goal. But successfully learning truth through transference interpretation is an encounter with phantasy that changes both it and its place in the psychic economy. There is a knowing unconscious, a part that seeks integration, with which the analyst engages. As long as there is a life instinct, the analysand, somewhere, still knows and wants to know. This, suggested Blass, is why Kleinians interpret deeply, in order to speak to what is present beyond what the patient can consciously accept. The patient's unconscious mind can recognize the truth of the interpretation. There is an appreciation of the primitive, powerful forces at play and their ultimate accessibility, even if consciously denied.

Is Truth Relevant?

Klein's aim was for the ego to achieve "depth" (a state of mind that includes a wealth of phantasy life and the capacity to experience emotions) by working through the depressive position. She reminds us that Eros is not just love, but also an integrative force that sees reality in its complexity and pushes towards a meeting of mind and world, that is an "epistemophilic" instinct. The desire not to know is fed by the death instinct; we impose ourselves, and our denial, on reality, resulting in a mind that is emptied and split. It is this condition that brings patients to analysis. For the analyst, withstanding the demands to enact rather than to know is a therapeutic necessity, and also an act of love.

Blass returned to her earlier comments about the contemporary view of analysis espoused by Greenberg and others, that, because of "inbuilt developmental limitations, proto-experiences… could not be symbolized, represented or transcribed at the time [they were] lived." In her view, this theory makes truth, and the traditional Freudian-Kleinian perspective, irrelevant to psychoanalysis. The patient's deficit would not have a dynamic meaning. The analyst must understand his or her own motivations in making

interpretations. He or she must avoid abuse in the service of truth-telling, and also not refrain from focusing on truth because of a "pseudo-protective" belief that the patient cannot acquire the truth for developmental reasons. Dr. Blass suggested that, in our current cultural climate, prevailing anti-authoritarian attitudes may create the concern that insistence on the patient's ultimate knowledge before the patient has become aware of it, could be abusive and belittling to the patient. In contrast, the traditional approach does suppose that the analyst can, at first, see more than the patient can, but it also holds the patient responsible for his predicament because there are wishes, desires, motives and phantasies that he is unwilling to face. For Dr. Blass, this approach actually acknowledges the patient's agency.

She concluded by reiterating her belief in the ongoing value of the traditional Freudian-Kleinian perspective, for "it contains the very essence of psychoanalysis and the grounds of the psychoanalytic view of the person.

Lyle Does It Again!

That was the title of an email sent to the faculty of the Columbia Center by director Eric Marcus to celebrate the honors Lyle Rosnick has received this year for his superlative teaching, over many years, of medical students and psychiatric residents. Colleagues reached out to him to congratulate him on this achievement, and many also told him, and the rest of us, about their memories of his influence on their careers and on their identity as psychoanalysts.

Here, in their own words, are Eric's letter, and the appreciative and grateful comments of Lyle's colleagues, both his contemporaries and some of those younger faculty members whose training was indelibly marked by his enthusiasm and his love for the work we do.

July 12, 2016

Lyle Does It Again!

Lyle Rosnick has devoted a part of his career to teaching for many years. He has won many teaching awards and is one of our department's most distinguished teachers. This year, he has done it again! The psychiatry residents awarded him a Certificate of Appreciation in June, and the American Psychoanalytic Association acknowledged him as a Master Teacher in January.

Lyle represents the devotion to teaching that our Center gives to the department and the medical school year after year after year. In this way, we help prepare future physicians and psychiatrists to understand the emotional needs of their patients, and to look favorably upon psychoanalysis.

Teaching is one of the three core pillars of the University, and we are proud to have Lyle to testify to our bona fides in teaching. Congratulations and many thanks!

Eric Marcus

Lyle Rosnick's (along with Eric Marcus's) humor, intelligence and sweetly subversive take on medicine were the reason I ultimately went into psychiatry and psychoanalysis. So deserved…

Dr. John

Extending congratulations! Lyle, you are a motivating force for good, especially in these challenging times. Bravo!

Dionne Powell

Congratulations, Lyle! Wonderful for you and all of us.

Jules Kerman

Lyle, you were an inspiration to me in the early days of my clinical career at Columbia. Many congratulations!

Hilary Beattie

Congratulations, Lyle. Every med student I've encountered mentions and loves what you perennially do with our black and white video tapes from the 1970s.

Dave Forrest

We are so fortunate that you are teaching our students and residents, Lyle. Congratulations!

Lisa Mellman

From day one of my residency, Lyle was the most impressive teacher. A brilliant selection.

Deena Harris

Bravo, Lyle! You are the perfect role model for residents aspiring to be analytically-oriented psychiatrists, and for anyone aspiring to teach dynamically-oriented psychiatrists. So well deserved.

Marvin Wasserman

Congratulations, Lyle! I will never forget the videos you shared with us in residency of psychodynamic therapy in action—a most powerful teaching tool. You literally showed us how it was done. Thank you for your incredible generosity as a teacher.

Emily Gastelum

Award Recipients

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2016 No recipient

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Abram Kardiner Lectureships (APM)
No recipients

David M. Levy/William Goldfarb Lectureships (APM)
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Sandor Rado Lecturers
2015 Eric R. Marcus
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