PINE PSYCHOANALYTIC CENTER, INC.
NEWSLETTER

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EDITOR'S NOTE:

Psychoanalysis rests on the notion that the things we dare not speak, our "strangulated affects," alter our subsequent thought, behavior, experience, and even our identity. We might re-state Wittgenstein's famous dictum in Freudian terms: Of that which we cannot speak, it is best *not* to remain silent! Catharsis, the talking cure, what Anna O called "chimney sweeping"—to speak of the things that are difficult to say is transformative.

This *Newsletter* is primarily devoted to themes that are hard for analysts as a community to think and speak about. We touch on topics that are delicate or uncomfortable or charged, including aspects of the practice of psychoanalysis and of psychoanalytic community that we might wish to ignore or overlook, that we might even reach to frame in a more positive light. Graham Spruiell offers a wide-ranging thought-provoking essay on analytic boundaries. Paula Wolk has written a powerful article on the subject of power dynamics pervading our institutional existence. I have written a meditation of the multiple shadings of the word, "love," and how that concept might surface in the practice of psychoanalysis. While by no means exhaustive, this is an effort to put our toes in the water, to raise topics worthy of further discussion, both in print and in community dialogue. Our interest in laying bare the darker aspects of our profession is a commitment to truth, honesty, and intellectual integrity, a commitment to recognizing and working through what can be seen and known, with a trust that this process will make us more ethical, as individuals and as a group.

On a different note, or perhaps even a separate register, this *Newsletter* also affords an opportunity for us to welcome new members of our community. We include an article by Charlie Morgan that introduces us to the new cohort of Clinical Fellowship students. We are also delighted to share Margaret Cramer's personal account of what led her to join our community as an analytic candidate at PINE.

Of course this *Newsletter* cannot capture all that there is to say about the difficult topics we have raised, and we haven't even touched other important, related subjects. As always, we welcome other voices from PINE to respond, and to join this conversation.

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TABLE OF CONTENTS

Psychoanalysis without Boundaries

Graham Spruiell, M.D.

In a Word Association test for psychoanalysts the first word that might come to mind in response to "boundaries" is, "violation." But pursuing that association, without an introduction, would generate more heat than light. The general meaning of boundaries and the specific meanings of boundaries in psychoanalysis are larger than what is conveyed by the ill-famed term, "boundary violation."

We regularly observe just the opposite of boundary violations in psychoanalytic practice. Instead of boundaries that are too loose, we more often see boundaries that are too rigid. Patients come equipped with defenses that are designed to maintain distance, and the same is true with analysts. A rigidity of defenses in either direction interferes with free association, development of a treatment-alliance, and successful treatment.

From the point of view of successful treatment, flexible boundaries are more desirable; but from the point of view of avoiding boundary transgressions and violations, we expect that certain features of analysts' boundaries will remain fixed. Regardless of what we would prefer about boundaries in a psychoanalytic relationship, boundaries often seem to have a life of their own. They are worth researching because they contain useful information about the unconscious minds of both the patient and the analyst, and because fuzzy boundaries in the analyst may presage unethical practices.

Natural Boundaries

Generally a boundary refers to the separation that exists between one object and another. In nature, boundaries are largely determined by natural forces. The ocean floor has a boundary with the ocean, and the ocean with the air. These boundaries are constantly in a state of flux, as Heraclitus observed.

Boundaries assume a higher order among living things. The boundary of a cell wall separates the interior of the cell from the exterior, but the cell wall also mediates critical functions including motility, absorption of nutrients, and elimination of toxins. The cell wall is described as "semi-permeable" because it facilitates certain transfers while inhibiting others according to homeostasis.

Just as a cell wall is the physical boundary of the cell, the epidermis is the physical boundary of a person, dividing the interior from exterior. When the epidermis is penetrated, there is an involuntary physical reaction analogous to a cell wall breach. Overlaying this physical reaction is a psychological reaction that includes a combination of wishes, fears, love, and hate.

Psychical Boundaries

The notion of personal space can be considered a psychological representation of a physical space enveloping the epidermis. As with the epidermis, when personal space is intruded upon similar affects are mobilized. Hence it is a borderland concept between physical and psychical boundaries.

Psychical boundaries regulate contact with both physical and psychical boundaries of others according to the principle of choice. The element of choice in psychical boundaries can be distinguished from the determinism of natural and living boundaries. One function of a psychical boundary is the titration of physical and psychical closeness versus distance in personal relationships. Wishes and fears that are mostly unconscious pull and push across this interface in both directions and frame the relationship. Depending upon implicit rules governing that frame, each kind of personal relationship has mutually accepted boundaries, some of which are relatively flexible while others are relatively fixed. These boundaries can be understood according to the category of personal relationship being considered. Analogous to physical boundaries, if a psychical boundary is transgressed, there can be a strong mixture of affects, including anxiety and sense of betrayal.

Boundaries in Psychoanalytic Relationships

The psychoanalytic relationship is foremost a professional relationship, but in many ways it resembles a personal relationship. It is different from other personal relationships because a patient may disclose to a psychoanalyst intimate facts that would not be disclosed in other personal relationships. Further, the analyst is a paid consultant and has ethical and legal duties to the patient. A patient does not have a similar fiduciary duty to an analyst; hence this relationship is fundamentally asymmetrical.

Psychoanalysts try to gain the trust of their patients. We do this by treating patients respectfully and by encouraging them to speak freely—to loosen their boundaries so to speak. We try to get our patients to believe that psychoanalysis is a safe place where they can freely discuss whatever seems important with a trusted person, without fearing practical consequences to their lives.

For the psychoanalyst the same is not true. A psychoanalyst should not say whatever comes to mind. A psychoanalyst should avoid person-

al disclosures and physical contact that might be confusing to patients. In the transference, the analyst will often be viewed by the patient in terms of significant relationships in the past, but rather than leading to repetition and enactment, this can provide the basis for psychoanalytic interpretation and insight. However, if a patient loses the ability to distinguish the reality of the analyst from transference, interpretation may no longer be effective and a "negative therapeutic outcome" threatens to bring treatment to a halt.

Similar potential problems are evident in the countertransference. If the analyst loses the ability to distinguish the analytic relationship from the analyst's own personal inclinations, then reenactments, boundary transgressions, and unethical choices may be the consequence.

As in all interpersonal relationships, rules are not always followed. This is particularly destructive in the analytic relationship. Sometimes there may be an unconscious reenactment in the countertransference. Sometimes the analyst concludes that he has truly fallen in love with the patient, and that love should triumph over all, including fiduciary responsibilities to the patient. This view assumes that the analyst's apperception of 'being in love' can be distinguished from unconscious reenactment in the countertransference. Less often the motivation is psychopathic, narcissistic, sadomasochistic, or a method of self-destruction.

A perplexing motive for boundary violations is the analyst's belief that behavior which may be unethical could nevertheless be therapeutic for the patient. The analyst mistakenly believes that he knows what the patient needs, and so he makes a choice to provide it. Techniques that downplay the role of unconscious forces in the transference and instead emphasize "the real relationship," "reparenting," and the "here and now" can blur boundaries in the analyst and lead to choices that violate the patient's boundaries.

There may be other motives for boundary violations, but ultimately motives matter far less than the sometimes irreversible harms, to patient, analyst, and the reputation of the profession. The harms to patients are usually extensive and range from feelings of betrayal in a therapeutic relationship to dangerous regressions in which patients relive earlier conflicts, losses, and traumas; although this is somewhat variable depending upon resilience and detachment in the patient and the extent of the violation. Boundary crossings, as opposed to boundary violations, are more common and can provide an opportunity to interpret the nature of transferences, thus making violations less likely.

An analyst committing a boundary violation harms himself by failing to uphold the ethics of his profession and likely suffers many personal and psychological consequences. Obviously, the reputation of the profession is also damaged by boundary violations. Even though these incidents are rare, when they do occur, they often receive a great deal of public attention, create scandal, and raise doubts about the integrity of the profession. These doubts are aggravated if there is the perception that the profession is covering up offenses or making little effort to prevent such incidents.

But it is inaccurate and unfair to say that the profession of psychoanalysis ignores the problem of boundary violations. Renowned psychoanalysts including Harold Blum, Marvin Margolis, Warren Procci, Glen Gabbard and others have written about this topic extensively. Forensic experts Thomas Gutheil and Robert Simon have made significant contributions about the legal aspects of boundary violations. The Program Committee of the American Psychoanalytic Association has sponsored programs at professional meetings, and ethics courses about this subject are required curricula for psychoanalysts-in-training. There have been sincere efforts to encourage supervision and consultation as a way of stemming this problem. Despite numerous preventive measures, however, boundary violations continue to happen.

The reasons for this are complex but include constraints within the legal system that interfere with understanding the motives of boundary violations. Malpractice cases, ethical complaints, and attempts at settlement are typically shrouded in attorney-client privilege, so that details about what actually occurred are not available. Additionally, analysts are able to voluntarily forfeit their licenses from boards, resign from professional organizations, and resign from local institutes as a way of preempting ethical investigations and preventing information from becoming public. Absent factual information, speculation about allegations is often misleading. At the same time, a lack of discussion regarding motives for suspected boundary violations obstructs peer review, prevents a better understanding of such phenomena, and diminishes the possibility of interventions to help reduce these incidents.

It may be difficult to accept that an analyst who has acted unethically is still able to practice in some manner. Such an individual can continue to be a practitioner by assuming a different title, the purpose of which is to skirt the issue of the surrendering of professional licenses and memberships. Ironically, such an individual is able to practice without oversight or consumer protections. The lack of consequences to alleged wrongdoing has a demoralizing effect upon psychoanalysts, who also observe in stark contrast that clinicians who readily admit to wrongdoing in an isolated event, and who place themselves at the mercy of the Board, are often

Continued on page 4

severely humiliated, ostracized, and stripped of their livelihoods, indefinitely.

The perception of injustice for those clinicians who address ethical lapses versus those who successfully evade ethical lapses demonstrates that preventive initiatives alone are inadequate. Addressing consequences is also important. One way of accomplishing this is to narrow and ultimately to close the loophole that allows psychoanalysts who have acted unethically to continue practicing.

If a psychoanalyst surrenders his license or resigns from professional organizations, the Board should reserve the right to conduct an investigation if wrongdoing is strongly suspected. Similarly, if a psychoanalyst resigns from an Institute or Center, the resignation might be conditionally accepted based upon similar criteria.

Even in the event that the patient does not come forward with a complaint to the ethics committee, any member can make a complaint if that member strongly suspects that a boundary violation has occurred. Once a complaint has been received by the ethics committee, the analyst can be interviewed and if it is determined that wrongdoing has occurred, there should be both disciplinary consequences (sanctions, suspension, or expulsion) — depending upon evidence and the severity of the offense. Such an individual should also be offered the possibility of treatment and rehabilitation, unless it is a serial boundary violation, in which case that individual may not benefit from rehabilitation.

If, however, a psychoanalyst refuses to cooperate with an ethics investigation in the context of strong evidence that a boundary violation has occurred, whether it be on the basis of advice from counsel or some other reason, resignation should be deferred. Instead of accepting such a resignation, an accused member should be again invited to appear before the ethics committee to address accusations. If the accused psychoanalyst is adamant in refusing to cooperate with the ethics committee and continues to insist upon resignation, he should be expelled; because membership in a professional organization requires and assumes cooperation and responsiveness to an ethics investigation. Otherwise ethical and legal boundaries will have been transgressed twice: once in the suspected boundary violation and again by the failure to respond justly to the suspected boundary violation.

By revising policies and procedures of the ethics committee such that resignations are not automatically accepted, institutes can retain authority to investigate possible wrongdoing based upon available evidence. If there are findings, those findings can be communicated to licensing boards and made public so that the individual is less likely to be able to continue practicing by adopting a deceptive title. Also, findings by an ethics committee can be the basis of research and education, and can benefit a psychoanalytic community, while rumors and suppositions are often destructive. By rejecting defeatist notions that there is really nothing that can be done about such events if the patient does not come forward or the analyst resigns and refuses to cooperate, and by rejecting the notion that boundary violations can happen to any analyst and violators deserve our sympathy while potential harms to the patient are not fully appreciated, we will be reaffirming that analysts do have choices about their behaviors with patients and that unethical choices will receive deserved attention.

I would like to personally thank Thomas Gutheil for his help and guidance in writing this article.

Boundary Violations and the Power Structure of American Psychoanalysis

Paula Wolk, M.D.

According to the *International Dictionary of Psychoanalysis*[1], boundary violations "*refer to the egregious and potentially harmful transgressions of the analytic frame, that represent exploitation of the patient's vulnerable position.*" In other words, boundary violations are one kind of abuse of power.

A fair amount was known about power and its potential for abuse long before psychoanalysis was born. The framers of the American Constitution knew that in order to curtail the abuse of political power, we needed a declaration of human rights, term limits to the most powerful of offices, separate branches of government, checks and balances on each of those branches, and most especially, a thriving fourth estate. It took another few centuries for us to realize that those human rights needed to be accorded universally, to all humans, and not just straight, white, male property owners.

After the birth of psychoanalysis many of us were drawn to it, in part, in response to the Holocaust of 20th century Europe. We needed to understand that horror, and imagine a way to prevent its repetition. In so

doing, we have learned a fair amount about human beings: of what they are capable; their developmental needs; and what checks and balances need to be in place if we are to lessen our destructive potential.

The behavioral sciences have furthered our knowledge about what kinds of parenting, schooling, peer relationships, economic opportunities, et cetera, are required to help those without genetically determined difficulties become the kind of citizens who, within the context of the appropriate societal structure, can be expected to behave acceptably. For those of us born with genetically determined difficulties, medical science still does not have the answers, and greater constraints, either physical or pharmacologic, are needed for these folks.

Before you all fall asleep, let me say this differently. Everyone reading this article knows, or should know, that in order for any of us to continue to behave appropriately we need help. We need help in the form of checks and balances on our abilities to exert power. We need the help provided by loving internalized relationships and the kind of educational, social, economic, and political structures we have learned incline us to behave more admirably rather than less. Without this help, under various circumstances, all of us will behave badly. We, all of us, are capable of breaking boundaries. Absolute power is absolutely corrupting.

Thus, everyone reading this article knows, or should know, that we have no business organizing our smaller community in such a way as to give any one or any group absolute power. Human beings, no matter who they are, cannot handle it. Although I am one of the most ethical people I know, I also know that I could not handle absolute power, not forever, not under certain circumstances, and not without slipping. Why, then, have we organized American Psychoanalysis so as to give Training Analysts absolute power? There are no term limits, no checks and balances, no transparency. Once chosen at PINE, or any other APsaA institute, these folks serve for life, analyzing all future psychoanalysts, supervising all future psychoanalysts, teaching all clinical case conferences of psychoanalysis, deciding on the progression of all future psychoanalysts, choosing all future Training Analysts… and more.

Of course, this is not as big a deal as it once was, given the deserved decline of psychoanalysis. The financial reward for TAs is nowhere near what it once was, nor is the prestige or prominence. As was accurately said by one of our Training Analysts recently (paraphrase), this is a very hard time to be a TA. That, however, is not the point. How can we, and how can APsaA, continue to sanction, and even require, this practice? As psychoanalysts I am sure you can all come up with hypotheses. I submit however, that these hypotheses will be expressions of defense mechanisms, used in the service of maintaining the system for psychological or more mundane reasons. We all should know better. Perhaps giving up God was just too difficult and we needed some replacement?

We are, after all, human. Our field is still very new, crucially important, and filled with uncertainty. It would be so nice if there were people to whom we could go, who had all the answers, and to whom we could entrust all power. There are not, however, and any system that grants such power, puts its recipients in very difficult positions. To sustain it, they have to kind of believe in it, or grow to believe in it. Yes, I am suggesting that this system, in legal jargon, goes some distance towards entrapment. Remember, the emperor with no clothes? We should not put our friends, even our most competent friends, in this position. And this relates to my next point, which I also do not expect to garner me friends or support.

I think the continued institution of the TA system has fostered those elements leading to the decline of psychoanalysis. These include the isolation of our institutes from the universities, the lack of courses in our institutes on the epistemology of psychoanalysis (what is our criteria for saying we know something), our lack of interest in criteria of falsifiability in general, and neuroscience in particular. All of these have, I believe deservedly, made our field less than it could and should be.

Psychoanalysis has made profoundly important contributions to the understanding of the human mind. The facts of the existence of the unconscious, psychic determinism, defense mechanisms, transference, drives, the role and nature of object relations, narcissistic vulnerability, and much more have aided us immeasurably in better understanding the human condition. It is also true, however, that we promulgated wrong-headed ideas like the inferiority of women, the pathology of homosexuality, the etiology of homosexuality, and the etiology of the development of a conscience, until others outside our field forced us to change our views. The need to hold onto a religious society with priests, or more accurately rabbis, is in my mind connected to our difficulty establishing criteria for the, admittedly relative, accuracy of our ideas. Lest an esteemed member of our community accuses me of being a logical positivist yet again, let me be clear. Yes, human knowledge is fallible. We cannot know where a sub-atomic particle is exactly, but that does not mean that we have no clue as to its whereabouts or that all propositions have equal truth-value. Heisenberg's principle has been distorted in the service of justifying ignorance. We know some things with way more clarity than others. Psychoanalysis to my mind should be involved in the pursuit of more probabilistic knowledge, not in the promulgation of a religion.

Continued on page 6

Let me also speak to the notion that psychoanalysis is really an art, and not a science. Yes, we each use our creativity in our dealings with our patients. However, to say that it is only an art in order to imply that we do not need to use scientific criteria to rigorously examine the hypotheses that form our working assumptions (historically: drive theory, female masochism, the etiology of homosexuality; currently: choose your own) to my mind, puts us in the camp of those who believe that creationism is as valid a theory as evolution and that the notion of global warming was advanced as a conspiracy of grant writing scientists. This is a club I decidedly do not want to be in.

The American Psychoanalytic Association, to its credit has been trying to advance the position of research in psychoanalysis. It has not, however, been able to free itself or substantially change, the training analyst system. That is one of the reasons I recently resigned my membership in it. I continue to be committed to PINE. However, it is very important to me that we also advance the pursuit of knowledge, understanding our limitations, and that our political/power structure be developed to discourage boundary violations, not to encourage them.

[1] www.enotes.com/psychoanalysis-encyclopedia/boundary-violations

WHAT'S LOVE GOT TO DO WITH IT? Reflections on Infantile Sexuality

Sarah Ackerman, Ph.D.

Freud is famously quoted as saying that "psychoanalysis is in essence a cure by love." This quote, attributed to a letter Freud wrote to Jung in the early days of their correspondence (December 6, 1906), has been a well-loved pronouncement on the nature of the analytic enterprise. It is also a mis-quote on several levels. First, Freud never formally stated such a thing in all of his collected work. Further, though the words as they have been repeated, perhaps beginning with Bettleheim's citation of them in *Freud and Man's Soul*, are pithy and to the point, the text of the actual letter is far more dense, and, well, Freud-like:

> You are probably aware that our cures are brought about through the fixation of the libido prevailing in the unconscious (transference), and that this transference is most readily obtained in hysteria. Transference provides the impulse necessary for understanding and translating the language of the ucs.: where it is lacking, the patient does not make the effort or does not listen when we submit our translation to him. Essentially, one might say, the cure is effected by love. And actually transference provides the most cogent, indeed, the only unassailable proof that neuroses are determined by the individual's love life (McGuire, 1974/1994, p. 10).

In light of later events, there's also something ironic about this comment by Freud to Jung in the earliest days of their relationship. Freud was courting Jung intellectually in this letter, seeking his acceptance of psychoanalysis. However, while "love" may be an essential mutative element of the analysand's emotional repertoire, Freud came to encounter quite directly in Jung's company the existence of murderous hate in the relationship to an exalted authority. In many ways, Freud and Jung's relationship deteriorated as a result of Jung's competitive strivings with his beloved father figure, and on two occasions, Freud fainted upon hearing Jung's aggression couched in analytic theory.

Consider the overdetermined knot of fantasy and affect that emerged in Freud's self-analysis of these fainting spells. In both cases, the episodes appeared to be brought on by conflict with Jung that reached beyond a disagreement about scientific theories. Freud was increasingly aware that Jung harbored murderous wishes for Freud. On both of these occasions, Freud regained the upper hand in these disputes, but then fainted. The second occasion occurred in Munich, when Freud accused Jung of mis-remembering the date of a letter that Freud had written, and of using this to foster a grudge that Freud had slighted him (i.e. what Jung called, "the Kreuzlingen gesture").[1]

After this episode, Freud's letters to his various interlocutors presented the array of meanings that he could elucidate (Shur, 1972, pp. 264-272.[2]). He recognized that the room in the Park Hotel in which he met with Jung was the same room in which he had visited with Fleiss some 18 years back, and admitted to Jones, "'some piece of unruly homosexual feeling at the root of the matter.'" To Ferenzi, he considered "'the significance of very early experiences with death (in my case a brother who died very young, when I was a little over one year old).'" He also acknowledged the atmosphere of war at that time, and his anticipation that his three sons could be enlisted. To Binswanger, he

concluded that, "'repressed feelings, this time directed against Jung, as previously against a predecessor of his, naturally play the main part.'" These repressed feelings would then include homosexual love, rivalry, competition, an apprehension of a death-wish on the part of the other, superiority in the conflict, and, perhaps, survivor's guilt. This "unruly homosexual feeling," then, was highly ambivalent. While it may be more comfortable to talk about Eros, "a cure by love," Freud himself provides ample evidence that aggression—including hate, competition, envy, and revenge—plays a part as well.

A more curious layer of misunderstanding of Freud's quote pertains to its frequent use as a statement about the analyst's stance. People say things like "you have to love a patient to be able to help him." But in all of Freud's technique papers, he never speaks of love on the part of the analyst. And while he states that loving feelings in the patient are a common by-product of analytic treatment, he also cautions against believing too much in the love of a patient. As a full reading of his quote conveys, this love is only one component of the transference.

How intriguing that we have taken a rather clunky and dense statement by Freud—essentially addressing "the fixation of the libido," suggesting that only by capturing some part of a patient's libido will we be able to maintain her attention—and reversed it into the blithe notion of analysts' "love" for their patients. Reversal, idealization, and distortion—these are defenses that Freud first identified in analyzing dreams and symptoms. How have we made a wish-fulfilling fantasy of the impossible profession of analytic treatment? What is hidden in the soothing and simplifying notion of analysis as "in essence a cure through love?" And what do we avoid?

Freud's idea of love and sexuality are radically different from ordinary meanings. His theory about infantile sexuality provides an unconscious platform through which our adult loves are shaped. Love, for Freud, has little to do with the Bible's conception of love, in which love is patient, kind, and forbearing—and not jealous, unrighteous, or vengeful (Corinthians, 13:4-7,13). Rather, Freud's love begins with cannibalism, the urgent desire to eat the beloved up, we love them so. And love is dangerous on many levels, too. From risking annihilation through incorporation, to risking castration or loss of self, love is primitive and raw.

It may be expedient as adults to think of our present-day partner as the all-consuming source of our love, to define a marriage as the bond between two subjects, but consider Freud's words in a letter to Fleiss (August 1, 1899), repeated in a footnote in "The Ego and the Id," (1923, p. 33): "But bisexuality! You are certainly right about it. I am accustoming myself to regarding every sexual act as a process in which four individuals are involved" (Masson, Ed., p. 364)[3]. Our beloved reflects or embodies or distracts from the shadow of our primordial, undifferentiated loves. Further, our love for early objects defends against our hatred and rage at those same objects, doomed from the start by the tragedy of our intergenerational positions.

And of course, our present-day beloved is also strapped with the conflicting pulls and pushes of our Oedipal and negative Oedipal desires. One adult is desired to satisfy the libidinal attachments that went unsatisfied by two parents! Freud (1920) paid sensitive homage to this dilemma in his regard for a young homosexual woman whose parents sought his help in re-directing her sexual desires. Not only did he recognize that her sexual orientation was not a source of conflict for her, but he perceived her love for both of her parents in her choice of an object.

If we are offering ourselves then, as love-objects to our patients, we should be thoughtful about what is in store. By doing this, we facilitate the expression of the full heat of a patient's conflictual, ambivalent, and aggressive motivations. Through us, they will have an opportunity to locate the most difficult threads of their habits of love, and hate. From the desire to control and consume us, to the wish to humiliate and overpower us, to the wish to seduce and thrill us, to the wish to make us disappear.

And if we are willingly to inhabit this role, certainly we are also obliged to think deeply about our own complex motivations—our passive aims and our actives aims, driven to gratify our infantile desires under the guise of analytic technique. If a kind of love on the analyst's part comes into our work, it is a radical departure from what Freud called love. An "analytic love" embodies a willful effort on the part of the analyst to analyze her own resistances to facing the inevitable frustration of her patients' wishes for gratification of their most basic, long-standing desires.

If that's what love has to do with psychoanalytic treatment, then so be it.

[1] Other reports of this incident suggest that Freud fainted after upbraiding Jung and Riklin for writing articles on psychoanalysis that included no mention of his name, to which Jung replied that Freud's name was already well-known (Gay, 1988/2006, p. 233).

[2] All of the quotations in this paragraph are taken from these pages.

[3] I am indebted to John Price, Ph.D., for bringing this quotation to my attention.

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Continued on page 8

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The PINE Clinical Fellowship Program: Our First Year

Building on the foundation of its highly regarded Extension Division seminars, PINE decided late last year to create the Clinical Fellowship Program. The program has as its mission a focus on the experience-near therapeutic engagement between clinician and patient. Clinically-relevant seminars, built-in supervision of cases, and PINE's predominant ethos of close attention to clinical process, all serve to make this Fellowship unique. Its existence within an accredited psychoanalytic training Institute helps assure both the quality of its instruction and the relevance of its psychoanalytic ideas. Additionally, the Fellowship's outreach to psychoanalytically-informed therapists, teachers, and other clinicians, who together work in valuably diverse settings, creates excellent opportunities for the cross-pollination of experience and ideas.

Of course this mission, and these hopes, would remain unrealized were it not for two things: 1) the exceptionally devoted, thoughtful, and generous PINE faculty, and 2) a cohort of qualified applicants eager to learn, to engage, and to devote their time and energy for the Fellowship's potential rewards. In this, our first year, we have had an abundance of both (indeed, an abundance of qualified applicants, and our wish to maintain our intimate seminar structure, necessitated the creation of two Fellowship cohorts).

Here is a very brief introduction to our Clinical Fellows:

Tal Baz, an Occupational Therapist trained in Israel, now lives in Cambridge with her husband and two children. She has a private practice in which she works with children who have developmental disorders including autism and Asperger's. Her interest in the intersection of sensory-motor phenomena and affect regulation has led her to collaborative work with mental health professionals and, more specifically, to an interest in psychoanalytic theory and clinical work.

Steven Beck graduated in 1993 from UMass with a Masters of Education in Counseling Psychology. He lives in Hopkinton with his family. Steven has worked in a variety of mental health clinics in eastern Massachusetts over the years. He began his private practice in 1999, as well as supervision with a psychoanalyst who has helped Steven develop an increasing appreciation of the clinical value of a psychoanalytic perspective.

Janice Berman is a clinical psychologist, in practice since 1993, currently living in Chelmsford with her husband, two teenage stepchildren, and three rescue dogs. She did her predoctoral training at Mass Mental, her postdoctoral training at Harvard Community Health and Children's Hospital Boston, and has been in private practice seeing adolescents and adults since 2005.

Maria Soledad Campos Pascual is a Chilean psychologist currently living in Boston and working as a clinician at Wediko Children's Services where she provides school-based therapy to adolescents with serious emotional problems. In Chile she developed a private practice and taught classes at the Universidad Andre Bellows, where she also received her degree.

Linda Cunningham is a psychiatrist in practice for fourteen years in Belmont. She trained at the Cornell University Medical School, did her internship at Brockton Hospital, and completed her residency at Beth Israel/Longwood on a part-time basis while raising her only child. Her skills and interests range from psychopharmacology to alternative medicine, and she joins the Fellowship to enhance her psychoanalytic work with individuals and couples.

Laurence Daniels is an Assistant Principal at the Gifford School, a therapeutic day school for emotionally troubled children and adolescents. A licensed Mental Health Counselor, with a keen interest in organizational dynamics, he has worked in a variety of residential treatment programs as well as in his own private practice. He currently resides in Walpole with his wife and seventeen-month-old son.

Jennifer Harford Gaudreau is a licensed clinical social worker currently living in Portsmouth, New Hampshire with her husband and two young children. Following twelve years of postgraduate training and experience, in a variety of mental health settings, she took a

Continued on page 9

long hiatus to raise her children. She has recently returned to clinical work and private practice.

Debra Gustafson, a clinical psychologist with wide experience working with children, adolescents and adults, lives in Cambridge with her partner and their nine-year-old daughter. Debra received her doctorate from UMass Boston and her research focused on preschool attachment and children's anxiety in response to life stress. She currently splits her time between Bradley Pediatric Partial Hospitalization Program and her private practice in Cambridge.

Carolina Mardones Dominguez is a clinical psychologist from Chile with years of clinical experience in private and public settings. She has come to the United States for three years while her husband pursues a university medical fellowship. They have three children, including a seven-month-old boy. In Santiago, she taught and supervised in the Instituto Psiquiatrico's psychoanalytic certificate program.

Barbara Venturini-Guerrini Poggio, a psychologist and professor in Northeastern's Applied Educational Psychology program, currently lives in Wellesley with her husband ('a free-spirited scientist') of forty years. Her diverse interests include the intersection between psychoanalysis and neuroscience, and she provides diagnostic consultation for children at the German School in Cambridge.

John Rabinowitz graduated from Harvard in 1985 and currently lives in Somerville. After a stint as an actor (including work at the ART in the early nineties), he studied piano at the Longy Music School and has been teaching classical piano for the past fifteen years. His keen interest in psychoanalysis may come in part from the psychoanalysts in his extended family, but also from his extracurricular studies in psychoanalysis over the years.

Janet Sand is a clinical psychologist currently living in Belmont with her psychoanalyst husband of twenty-five years. Janet earned her Ph.D. from Boston University and subsequently worked at the Harvard University Health Services while at the same time developing her psychoanalytic psychotherapy practice. She is also on the faculty of the Stanley H. King Counseling Institute, which teaches counseling/listening skills to middle and upper school faculty throughout the country.

Julie Wolter is a clinical psychologist, in private practice since 2006, in Nashua, New Hampshire, focusing on couple therapy. After receiving her Psy.D. at the Illinois School of Professional Psychology, she worked for several years with children and families at the Riverbend Community Mental Health Center. This past June she completed a two-year training program through the Psychoanalytic Couple and Family Institute of New England.

Alejandra Wormald is a clinical psychologist from Chile, now in Cambridge for a year while her husband completes a university fellowship. In Chile, Alejandra worked in a variety of clinical settings, particularly focused on the treatment of trauma in children and adolescents, a subject that has also informed her research work on psychosocial development.

Charles Morgan, MFA, Ph.D.
Chair, Clinical Fellowship Program

NEW CANDIDATE

MARGARET A. CRAMER, Ph.D.

In 1989, as I prepared to leave graduate school on the West coast to head off to internship in Boston, teachers, mentors, and friends had plenty of advice for me about my new city: the best places to eat, fun things to do, great places to live. As they waved goodbye their final parting words were, "Have a good time in Boston and don't forget to stay away from the analysts!" It was the 1980's and Cognitive Behavioral Therapy was in its ascendency. Psychoanalysis had gained a reputation (at least among these individuals) for a certain kind of theoretical and technical rigidity from which friends and colleagues hoped I would be spared. Even though I had developed a psychoanalytic orientation, I was still too young in my professional development to know what I believed about the multiple perspectives in the field.

Despite my friends' warning ringing in my ears, I went off to a two year, full time internship at the Beth Israel Hospital in Boston, during an era when the BI was fondly known as "BPSI's (Boston Psychoanalytic Society and Institute) Annex." It was a two-year program because the explicit training goal was long term analytic treatment. We saw patients across the diagnostic spectrum two or three times a week in psychodynamic psychotherapy and all of my supervisors (eight of them—one for every two therapy patients) were psychoanalysts. To my delight and amazement, my analytic supervisors and teachers were among the wisest, funniest, most compassionate, and flexible human beings I'd ever met. One of the most popular didactic seminars was fondly called by trainees, "The Three Wise Men Seminar." It was a weekly class led by George Fishman, M.D., Steve Cooper, Ph.D., and the late Paul Russell, M.D. This standing room only seminar brought the rich literature of psychoanalytic theory to life in ways that were so deeply human and so profoundly meaningful that there would often be an audible groan of disappointment from the assembled residents and interns when the end of the hour arrived. Within months I found myself thinking, "I want to know what these people know." Even more, I wanted the intellectual knowledge and emotional capacities that these teachers and supervisors seemed to possess: a vast fund of self-knowledge and compassion for the human condition; a robust ability to remain curious about patients and themselves no matter what occurred in the therapy hour; and an admirable modesty and humility regarding the work.

The help I received with the very challenging patients allowed me to be the vulnerable and incompetent trainee I naturally was without feeling ashamed. Each week I would bring in what seemed like the great big mess of what I had done and what had happened in the session, only to have my supervisors help me make sense of it. They instructed me where I had no clue; they listened when I was overstimulated and reactive; they pointed out when I had accidentally done something right. Ever so slowly, I began to learn, began to hear in a different way, and began to understand something about the events that unfold in a psychotherapy hour. Never one to be prone to hero worship, I found myself nevertheless entirely smitten with the whole place and everyone in it.

The post training years brought a continued interest in psychodynamic thinking and practice. I established my clinical practice in a beautiful old building in the Back Bay designed by the architect H.H. Richardson, located in what had been the formal dining room of the old mansion, complete with original wood paneling, high ceilings, and a soothing atmosphere of tranquility very conducive to self reflection. I joined a peer supervision group, maintained contact with several of my analytic supervisors, and kept reading, wondering, and practicing. When I joined the faculty of Fielding Graduate University I also made sure to join the psychoanalytic faculty such that I could teach the theory and clinical practice of psychoanalytically informed psychotherapy. When I joined the faculty of The Center for Psychoanalytic Studies at Massachusetts General Hospital, teaching, supervising, and thinking about analytic ideas occupied even more of my professional time. Last year I joined an analytically oriented reading group composed of some of my old friends from the Beth Israel and have thoroughly enjoyed the collegial atmosphere, support, and intellectual stimulation.

Still, all of this wasn't quite enough. Then I saw the Open House announcement for PINE. Though I had been interested in analytic training since my days at the Beth Israel, the obligations of establishing a professional and personal life always had seemed to push this passion to the background. Finally, it is in the background no longer. The warmth, welcome, and camaraderie of the individuals associated with PINE have continued to assure me that this was the right decision for me. I look forward to making a place for myself within the community and to the learning and deepening of clinical experience that await me.

NEWS AND NOTES

Fred Busch, Ph.D. will present "An Invitation to a Conversation Like No Other" at George Washington University in Washington, DC in October of 2011. He will participate in a discussion with graduate students following the paper presentation.

Howard B. Levine, M.D. was elected as North American Representative to the Board of Directors of the IPA in May, 2011. Dr. Levine was appointed to the North American Editorial Board and the College of the *International Journal of Psychoanalysis*. He presented the paper, "Countertransference: From Anxiety to Method," at the annual meetings of the European Psychoanalytic Federation (EPF) in Copenhagen, Denmark. Dr. Levine co-led the Andre Green discussion group at the Annual Meeting of the American Psychoanalytic Association in San Francisco in June of 2011.

Stephanie Dee Smith, LICSW presented a paper entitled "Mad Men's Portrayal of a Child Analysis: A Child Analyst's Point of View" at the Committee on Child and Adolescent Analysis Workshop entitled "Let's Start Four Times a Week: Mad Men's Portrayal of a Child Analysis," at the Annual Meeting of the American Psychoanalytic Association in San Francisco in June of 2011. She was a discussant for a paper presented by Joanne Naegele, MA, LPCC titled "Helping Parents Help Their Children: Treatment via the Parent (Work with Parents in a Therapeutic Preschool and in Consultation)" at the Annual Meeting of the American Psychoanalytic Association.

AUTHORS

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PINE Psychoanalytic Center sponsors study group: "Child Analysis in London 2011"

PINE has established a collaborative relationship with the Anna Freud Center in London. For the first time, AFC will be able to offer CME credits to American attendees for the 33rd International Scientific Colloquium of the Anna Freud Centre, thanks to the work of Drs. Monty Stambler and Anton Kris. The meeting will take place on November 4-5, 2011 and is entitled "Infantile Sexuality Revisited in Child Analysis." US CME credits will also be available for the 10th International Toddler Symposium on November 3rd.

This Annual Symposium of the Anna Freud Center is a small meeting, held by invitation only, and a number of Boston area child analysts attend this meeting. This year, PINE analysts Ava Penman, Leni Herzog, and Monty Stambler will attend, along with BPSI analysts Bob Meullner and Jim Herzog . Twenty other US child analysts are also included in the international group of attendees. Pending a successful outcome this year, the plan is to expand CME credits to include the Parent Infant study day next year. Anyone interested in attending for 2012 should speak with either Ava Penman, Stephanie Smith, or Monty Stambler.

UPCOMING SCIENTIFIC MEETINGS

Title:	Reflections on My Journey in How We Listen
Presenter:	Evelyne Albrecht Schwaber, M.D.
Discussants:	Robin Gomolin, Psya.D. and Paul H. Ornstein, M.D.
Date:	November 19, 2011
Place/Time:	Macht Auditorium, The Cambridge Hospital, 1:30 - 4:30 p.m

Title:	The Analyst's Mindset and its Role in Facilitating the Patient's Engagement
Presenter:	Lena Theodorou Ehrlich, Psy.D.
Discussant	Stephen B. Bernstein, M.D.
Date	December 3, 2011
Place/Time:	Macht Auditorium, The Cambridge Hospital, 1:30 - 4:40 p.m.

PINE PSYCHOANALYTIC CENTER, INC.

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NEWSLETTER

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