EDITOR’S NOTE:

Why do we write? Once school is behind us, and there are no papers assigned, or teachers to read them, what propels some to spend hours alone in the company of their ideas while others are allergic to such a process? In certain fields, writing is a way of claiming truths. An article in Science can make definitive some new finding or gain in understanding. Alternatively, writing can be a way of putting something out into the world of ideas, inviting a response or feedback. Others write for the pure expression, capturing or sharing a unique experience or vision.

In order to write, a few parameters are required. We have to have something pressing on our minds, something we want to say or simply to think more about. There needs to be a point of urgency, a message or a motive to speak. Second, we need an audience. Who will listen to these tangled thoughts, and help us to hear what we mean to be saying? Think of the powerful effect we witness in the early months of analysis, when a patient begins to experience that all the thoughts that have been privately swirling around inside can be spoken aloud to someone who is open to hearing more. The presence of an interested audience, real or imagined, can motivate a deep and vast array of thoughts. But perhaps the most surprising necessity for writing is that we need to imagine a subject, a speaker: we need to claim a voice.

I would argue that writing for this newsletter is a uniquely supportive framework within which to take up a writerly voice. Unlike writing for a yet to be determined journal, the Newsletter is a known entity. Our readers are imaginable. (I, for one, take comfort in the expectation that few of them actually read it). It’s a safe audience of people we know, with whom we have talked—in classes and scientific meetings, at retreats and social gatherings.

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scores the gains that we stand to acquire through the process.

This Newsletter is full of interesting articles, written from the soul and written for you, reader. They are interesting in their own right, but taken together, they also speak to this subject of why we write. For more than a year, Susan Rosbrow-Reich has been struggling with my invitation for her to write about her appointment as a Training and Supervising Analyst at PINE. It was only when she found something she wanted to say, something that she could imagine us wanting to hear, that the invitation compelled her to write. What she has written is certainly a personal account of her journey, but it also opens a window on past times at PINE, and in psychoanalysis more broadly. In contrast, Deb Offner got in touch with me just weeks ago, with an article that begged to be written. One of her early role models in psychoanalysis, and a very powerful presence in our field, Elisabeth Young-Bruehl, had just died—suddenly, unexpectedly, and way too young. For Deb, the opportunity to write a remembrance through reviewing Young-Bruehl’s most recent book was a chance to say goodbye to a beloved mentor. Nina Avedon’s essay speaks for itself. I will let our readers imagine the balance of forces that impelled this project. But in correspondence with Nina about sharing it in the Newsletter, she aptly put it, “I have some level of ambivalence about sharing everything I write. I worry about revealing too much of myself, about what I have to say will be relevant to others’ experience, but I’ve learned that if I waited until I was ready, I’d never do anything.”

We are also fortunate to share in these pages reports of two different and differently compelling scientific meetings. Robin Gomolin reports on a meeting with Fred Busch, Susan Rosbrow-Reich, and Stephanie Smith that centered on a growing theoretical consensus behind technique. Susan Katloew, a BPSI analyst and psychiatrist in private practice and at McLean Hospital, reports on last year’s Sashin Memorial Lecture, in which Ana-Maria Rizzuto, Bliss Rand, Michael Good, and Donna Mathias took up fascinating questions about clinical situations in which analysts feel compelled to put the words to their patients’ experiences.

My hope is that those of you who do read this Newsletter may find inspiration for the writing that you have been avoiding. Writing, after all, is thinking. Our words shape, define, and draw out our thoughts; by placing our thoughts outside of ourselves, we can see them. And they allow others in, as well. Jump in!

Reflections on Becoming a Training Analyst

As M. Robert Gardner described, every solution is in fact a re-solution. For me, the process of becoming a training analyst, including the work leading up to certification, required me to discover who I was as a beginning analyst several decades ago, and to learn through that process. This meant again living, in much milder form, with certain old conflicts, now pretty much resolved. Much of this transpired on a level that could best be called preconscious; neither conscious, nor unconscious, but usually accessible for reflection. Though going through this wasn’t fun, understanding more about myself as a beginning analyst now informs my new experience as a training analyst. I’d like to share something of this journey through reminiscences and reflections.

A central part of my psychoanalytic education developed from a project Laurie Raymond and I began as second year candidates. We asked a number of eminent analysts, selected because of their contributions as theory makers, to meet with us to discuss the evolution of their thinking, as well as their development as psychoanalysts. Over a six-year period, we conducted fifteen interviews with sixteen psychoanalysts: twelve men and four women. Nine years after we began, these interviews were published as a volume titled, The Inward Eye: Psychoanalysts Reflect On Their Lives and Work. In this essay, I hope to convey at least a glimpse of our experience by including excerpts from these dialogues.

In the 1970’s, at the edge of Woodstock and far away from the horror of Vietnam, I entered a doctoral program in clinical psychology at Adelphi University, now known as the Derner Institute. With the exception of my statistics professor, my teachers were psychologists who were psychoanalysts. Steeped in Freud and his followers, the educational program was entirely informed by a psychoanalytic perspective. My sixeeen classmates and I were treated as clinician craftsmen learning the skills involved in the job. Our teachers were passionately involved in our professional development. I can visualize Professor Hal Levine exhorting us to study: “Where are your tools?” he would preach, while waving a volume of Fenichel at us. Without much thought, I looked forward to becoming an analyst someday.

Well over a decade later, when I decided to undertake training in Boston, I learned through harsh experience that it was close to impossible for psychologists such as myself to receive training. My former experience in New York now assumed a new relevance. In the 70’s and beyond in New York City, the nu-
mericous different institutes training psychologists and institutes training M.D.’s could be described, fancifully, as independent city states. Each institute opened its gates only for a select few; citizens of the different states remained apart. (In the 1970’s, I was not aware of any MSW’s gaining entrance to one of these castles.) The American Psychoanalytic Association, with its membership exclusively limited to M.D.’s, was best ignored. Being initially rejected for admission to PINE as a non-M.D. now threatened to catapult me back to having to live in a professional world composed only of “them.” 

As a young psychologist who grew up in the 1960’s, inspired by the notion of Camelot and the vision of Eugene McCarthy, I had retained a certain identification as a noble outsider. I needed to relinquish that, at least to a large extent, if I wanted to obtain training. I told myself that members of the Boston psychoanalytic community were not necessarily the enemy. After all, my personal analyst and supervisor were among this group. I had never discussed the New York city state situation with my supervisor, Dr. William Meissner. Nevertheless, he appeared to recognize my situation. He encouraged me, saying, “You need to knock at the door. They need to know that you’ll keep knocking.” There was a strange silver lining to this story—I was promised entry to PINE when I produced a publishable, psychoanalytically informed paper. To accomplish this, I was forced to leap over some degree of conflict about professional writing. My first paper, “Identity and Growth: A Psychoanalytic Study of Divorce,” was completed ten months later and submitted as part of my second application. This application was successful; the paper was published the following year.

From the start, my experience at PINE relinquished what remained of my outsider identification. As at Adelphi, I joined a community of excellent clinicians committed to learning about and teaching psychoanalysis, who believed that the analytic process can offer a unique opportunity for profound psychological growth and change. I recognized and appreciated the sustained support and encouragement I received from PINE faculty, who helped me develop and articulate my own ideas about psychoanalysis. At the same time, in becoming a part of the PINE community, I was exposed to and affected by the broader culture of American psychoanalysis, one that is hard even to imagine in its differences from that of today. And while almost all of the teachers and analysts I knew at PINE were reasonable people of good character and spirit, most not much more than a decade older than myself, it soon became apparent that there were significant differences between us. They had trained in a psychoanalytic culture in which the analyst was expected to maintain the treatment in a spirit of containment. Abstinence was usually accepted as gospel. During my teachers’ training, countertransference was assumed to always indicate something wrong or problematic, never regarded as a useful and inevitable process and a pathway to important learning. Bob Gardner told us that his tendency to register countertransferential responses through visual images was greeted with disapproval by his teachers, considered to be something suspect.

Initially, I tended to ignore my discomfort with the rigidity inherent in this model of practice. It was not hard to do, since as persons most of my teachers were very warm and open. I wouldn’t say that many, or perhaps any, incorporated this restrictive model in its entirety, but remnants were obvious. For example, one of my first supervisors, who loved to tell interesting stories and treated me collegially, took a very different stance regarding the consulting room. He objected when I made a number of supportive interventions to a distraught patient, most in the form of inquiries. With what seemed close to a sneer, he dismissed my interventions as “female chit chat.” At that time, I am sheepish to say, I was determined to do my best not to lose my discipline in such ways. I tried to emulate my supervisor as a gifted clinician, such as I imagine a student of a Zen master might have done.

Fortunately, my classmate Laurie Raymond and I found an antidote to this culture of restraint, which prevailed in our own personal, classically conducted analyses as well. We began our interviews in order to satisfy our great, somewhat transference-infused curiosity about how experienced analysts thought and felt while doing the work. (I, for one, certainly had some degree of transference to the institute, as well to as my analyst, though I’m not sure how much I recognized it.) Laurie and I especially wanted to hear about the analyst’s inner life, which seemed mostly hidden or absent in our own analyses. Looking back a decade later, we wrote:

Without articulating it to ourselves, we sought to have the kind of open, intimate dialogue with them we had felt deprived of in our own analyses. The project allowed us to metaphorically and actually to get off the couch, meet the analyst person to person, and formally discuss the psychoanalytic process rather than live it. (p. xvi)

Even now, I am surprised from time to time to rediscover how much I internalized from these dialogues, when memories of those interviews—sometimes even the words articulated by these analysts—re-emerge. As I described in 1997,

My best, favorite reconstruction of this project is as a kaleidoscope of vivid images, sometimes magi-

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And from Leo Stone, still practicing at age 86,

...The repeat analyses are especially interesting because one of the things that struck me most was how little people remember of interpretive material. It amazes me. They have spent several years in analysis, and they hardly ever talk about that aspect of it. What they do mention are the habits of the analyst, the tones of voice, the question of whether he was considerate and reasonable, or whether he was very strict, or even said some harsh things that jolted them, or whatnot. (pp. 123-4)

I entered this project with considerable idealization of classical theory as providing the knowledge to provide a bedrock foundation of truth to rely upon. Originally, as a beginning candidate, I idealized our interviewees. Most were incredibly wise, many were brilliant in their creativity. Well before entering training I had read many of our interviewees’ papers; their work had stimulated my desire to become an analyst. Intimidated by their stature and the elegance of their formulations, I remained in awe of them throughout much of the project. I am grateful to our editor, Paul Stepansky. After his initial reading of the transcribed interviews, he said that we needed an introduction that would explain who we were during this period, or we’d look like Pollyannas. He was right. By the final interviews, I was able to identify more with the younger versions of our interviewees, many of them at those earlier times were younger than we now were ourselves. Many of them began as young physicians, discovering psychoanalysis through wartime experiences. Arthur Valenstein told us: “...The Institute reminded me of a Masonic organization, and I had no intention of being analyzed.” He described a time when no definitive treatment for emotionally determined breakdown existed, and told us, “It all changed for me once I was in the Army Air Force. All of a sudden psychiatrists came into their own, and it was the analysts in uniform who filled the void…” (p. 6).

Ultimately, Laurie and I agreed that what we valued most about our experiences with these analysts had little if anything to do with technique, and only a little to do with theory. We wrote,

The qualities of these persons that affected us the most have to do with character. They include honesty and integrity, a commitment to learn from one’s experience, a deep respect for another person, no matter how ill, and a fundamental kindness and generosity towards others. (p. xvii)

I admired most of our interviewees and wanted to be like them, as much as possible.

Soon after graduating I started hearing terrible stories about both the certification process and the process of applying to become a training analyst. While I assumed that many stories might contain elements of exaggeration or myth, I also assumed that there had to be some kernels of truth in some of them. I knew that many colleagues had experienced rejection and pain in these undertakings. Deciding to become a training analyst required coming to some compromise, finding a way to maintain my sense of integrity while accepting and joining a very imperfect system. I knew I believed in the power of analysis to help many people to grow and develop, even heal, and I wanted to train candidates. So I decided that the compromise, if it turned out to be one, would prove to be worth it.

Becoming a training analyst required me to apply for certification, which I did not want to do. At this point, I recognized that splinters of bitterness about my earlier rejection, which had remained dormant all these years, had re-emerged. More
unexpectedly, I discovered remnants of an even earlier, infantile idealization of psychoanalysis itself, and of training analysts, including my own.

Revisiting my first cases, re-reading the words of many of my patients as well as my own, gave me new access—not only to my knowledge of my patients. Through this process, I re-experienced aspects of myself at this stage of analytic development. I was startled by how quickly and vividly I visualized these patients, their voices and gestures; how easily I remembered their stories and the stories of their analyses, as if I had seen them yesterday, rather than over twenty years earlier. I felt this to be a great indication of the power and timelessness of the unconscious.

I have to admit that I enjoyed my certification interview. My interviewers were fine, respectful, and generous persons, who had read and thought about all that I had written and submitted very carefully. I appreciated how well they understood and empathized with the younger, less experienced me back then, while looking back with me now.

Over the years, I abandoned an unexamined assumption that training analysts would be better analysts or clinicians. As Edward Weinshel told us,

We do enjoy exciting hours, but whether they are the ones that are really the most helpful, I have my doubts. It’s the daily work. I think that some of our best analysts are those who aren’t necessarily well known outside their society. The ones that analysts go to when they have trouble either with themselves or their patients.

(pp. 223-4)

I’m glad that our candidates are applying for certification earlier and hopefully, will decide to become training analysts sooner in their careers. It will be good for the individuals involved to contribute more, to learn more, and share that knowledge; and we at PINE will benefit. And borrowing from Jim McLaughlin’s words, I’d like to say that, for me, becoming a training analyst does not mean having arrived, as I might at some point have thought that it would. Rather, it signifies a commitment to remaining an analyst, like Jim McLaughlin, who keeps on trying.


**BOOK REVIEW (In Memoriam):**

**Childism: Confronting Prejudice Against Children**

Deborah Offner, Ph.D.

February 5, 2012

Dear Elisabeth,

How sweetly I remember my brief time as your student. Just weeks after your death in December, my husband presented me with a Hanukah gift: your most recent book, *Childism: Confronting Prejudice Against Children*. As I savored your original ideas, your intellectual clarity, and your passionate conviction, I found myself imagining what it would have been like to have read the book with you. Perhaps you would have assigned it—though you were never inclined to assign your own writings—in an interdisciplinary seminar that convened historians, sociologists, political theorists, and psychoanalysts. We would have read many important books together. Maybe you would have invited us to write a letter to the author of a single book in the course that felt especially relevant or inspiring to us—the way you did in my seminar with you at Wesleyan.

If you had, I might have written something like this.

I just finished reading your most recent book, *Childism*. I recall that in *The Anatomy of Prejudices* (1996), you proposed an innovative approach to the social scientific study of prejudice, one that employs psychoanalytic theory to explain how various strains of bigotry—in particular racism, sexism, homophobia, and anti-Semitism—are rooted in individual and social expressions of Freud’s ob-
inspired your theory may help academics and policy-makers understand the ways in which psychological forces and private behavior both enact and shape social norms. In *Childism*, as in your life’s work, you move deftly from academia to culture consulting room—and back again.

*Childism* offers a comprehensive sociological and historical argument that American culture promotes prejudice against children as a group, with psychological motivations and destructive results comparable to racism, sexism, and homophobia. It examines the historical and cultural backdrop to adults’ abuse (both physical and sexual) and neglect of children. You incorporate complex case studies from your psychoanalytic practice to demonstrate the psychodynamic nature of child abuse as it is reconstructed by adult patients who have survived it. You review the American history of the identification and classification of child abuse and neglect as medical and psychological syndromes, and the subsequent legislative and political efforts to identify and treat its victims. You argue for a shift from identifying child abuse and neglect as symptoms residing within the maltreated child, toward locating this controversial issue in both the psyches of adult abusers and our widely held, implicit cultural biases against children.

You pose questions central to the hearts and minds of all mental health professionals:

Why do parents sometimes turn against their children?

How do they justify their actions with culturally embedded prejudicial beliefs about children?

How do children internalize this prejudice against them; and what are the psychological and intergenerational effects of these unconscious processes?

You answer by analyzing and classifying the psychological mechanisms by which we, and our culture, defend against our own feelings of inadequacy, self-hatred, and envy. Most compelling to me is your application of “projection theory” to the phenomenon of “childism,” using Freud’s concept of paranoia and modern psychoanalysts’ concept of projective identification to explain how parents project their own hatred or feared traits onto their children, whom they then feel they need to control and even eliminate. You draw on your previous work in Prejudice Studies to explain how this projection of adults’ disavowed self-traits plays out on the level of culture.

Your central case illustration is based on a ten-year psychoanalysis of a young woman who suffered unspeakably horrible abuse and neglect by parents, step-parents, and siblings, representing three character subtypes: obsessional, narcissistic, and hysterical. You trace your own—and your patient’s—evolving understanding of the motivations of the adults who mistreated her. You also provide several other, less extreme clinical examples, each of which represents a singular characterologic style of childism within a patient’s family of origin. Herein lies a powerful model for psychoanalysts: engaging consulting room data as a tool in identifying and understanding social problems; and using social and cultural observations to help patients make sense of their personal histories.

While your case studies adeptly illustrate the projection-hypothesis and characterological classifications, the extreme nature of the child maltreatment in each of them may be daunting to an academic audience. Even as a child psychologist with direct experience with foster care youth, I wonder whether psychoanalyst readers, too, might find these dramatic histories of childhood maltreatment overwhelming. I also wonder whether they might distract from our recognition of more subtle—and pervasive—forms of childism. I would have liked to hear, in addition, about some less shocking expressions of childism, by way of further clinical examples or perhaps anecdotes from school settings or your personal experiences. I would also like to expand your discussion to include my own observations from adjunctive parent work in child psychotherapy.

If I had the chance to discuss your book with you, I might ask, “Do you consider more subtle forms of childism continuous with abusive and neglectful parenting—or categorically distinct? I am thinking of non-abusive parents who nonetheless use their children to meet their narcissistic needs; or parentify their children by expecting them to care for them emotionally; or occasionally project disavowed parts of themselves onto their children and then accuse the children of being selfish or immature…”

Or, “Why do you think more parents don’t engage in physical or sexual abuse?”

Or, “How can psychotherapy or psychoanalysis help parents who have abused, or are at risk for abusing, their children?”

I know that if I had the chance to ask my questions, you would consider them carefully, privately, beneath your attentive gaze. You would ponder, reflect—perhaps pose another question in turn. I know you would absorb each one of my responses to your book. I always found it a welcome surprise—and I think truly unusual—that someone with a mind like yours was so exceptionally good at listening to what the rest of us had to say.

Yours,

Debbie
Note:

Elisabeth Young-Bruehl died suddenly of a pulmonary embolism at age 65 in December of last year. A “lay analyst” who began her career as a philosopher, Young-Bruehl published prize-winning biographies of her graduate school mentor, Hannah Arendt (1982) and Anna Freud (1988) before transitioning from academia into psychoanalytic practice. While a professor in Wesleyan University’s College of Letters, where she taught for almost twenty years, Young-Bruehl began mid-career psychoanalytic training at Western New England Psychoanalytic Society and Institute, working closely with Hans Loewald. She then trained at the Philadelphia Association for Psychoanalysis and taught part-time at Haverford College. Subsequently, she established a psychoanalytic practice in New York, where she served on the faculty of the Columbia University Center for Psychoanalytic Training and Research.

Ultimately, Young-Bruehl joined her partner, Christine Dunbar, in Toronto, five years ago. Together they founded Caversham Productions, a company specializing in the production of educational materials about psychoanalysis. She was also a member of the Toronto Psychoanalytic Society and Institute.

A prominent public intellectual deeply committed to social justice, Young-Bruehl maintained a blog, “Who’s Afraid of Social Democracy?” where she commented on current political and social issues. At the time of her death, Young-Bruehl was immersed in her role as General Editor of The Collected Writings of D. W. Winnicott. Childism: Confronting Prejudice Against Children was published posthumously. (Yale University Press, 2012)

Her spouse, Christine Dunbar, has established a condolences book on “whosafraidofsocialdemocracy.com,” for anyone who wishes to read or share personal reminiscences of Elisabeth.

CHANGING VIEWS OF WHAT IS CURATIVE IN CLASSICAL PSYCHOANALYSIS AND THE EMERGING COMMON GROUND

Open Scientific Meeting on January 29, 2011
Presenter: Fred Busch, Ph.D.
Discussants: Susan Rosbrow-Reich, Ph.D. and Stephanie Dee Smith, LICSW
Moderator: J. Matson Ellis, M.D.
Reporter: Robin Gomolin, PsyA.D.

On January 29, 2011, Dr. Fred Busch presented his paper, “Changing Views of What is Curative in Classical Psychoanalysis and the Emerging Common Ground” at a scientific meeting sponsored by PINE Psychoanalytic Center. He was joined by two discussants, Dr. Susan Rosbrow-Reich and Ms. Stephanie Smith. In his humorous and affectionate opening remarks Dr. Mat Ellis, the moderator of this meeting, referred to the elegant lines of Dr. Busch’s physical and intellectual stealth, introducing him to the audience as PINE secret agent 007.

Agent Busch, assisted by power point, was on a serious pedagogical mission, one that began by drawing our attention to the common assumptions that underlie different psychoanalytic theories. In his view, a “paradigm shift” toward a common ground has initiated a new mode of listening. No longer attuned purely to the content of what the patient knows or reports, the analyst’s interest is now peaked by the mind of the patient and how it comes to know what it knows. Modern analysts, Dr. Busch stated, “pay attention to the meta communication” within associative material. He characterizes this as a shift to thinking about thinking.

Dr. Busch attributes this change to three areas, each of them, in my opinion, worthy of an independent discussion. The first area is the role of preconscious thinking with regard to what is most accessible to the analysand in the clinical moment. It is an elaboration of an earlier paper by Dr. Busch (2006). In this regard, Dr. Busch is referring to the way in which the analyst recognizes and listens for the links that the patient preconsciously makes within his associations. The second is the significance of the transformation of the repressed, as well as material that is under- and unrepresented. This usually takes the form of action language (Busch, 2009), where patients express themselves in the action of words. At these times, telling a dream can mean, “I don’t believe in dreams,” “Good luck figuring this out,” or any one of a multitude of possibilities. The third is the shift away from a primary focus on the past in the present, and an emphasis on understanding genetic understandings with the majority of psychoanalytic work taking place in the here and now.

In Dr. Busch’s view, three psychoanalytic cultures now recognize that analytic work “involves working more closely with what is most accessible to the analysand in the clinical moment.” French psychoanalysis, a group of Contemporary

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Freudians, and the Betty Joseph School of the Kleinians adhere to an understanding that the patient must first be prepared for an eventual interpretive process. Following his elaboration of this central change, Dr. Busch challenged the audience, asking it to match eight quotes to their respective authors. The common theme among these excerpts was, “The importance of listening for what derivatives are available to the patient in her associations as a guide to the patient’s capacity to understand and utilize an intervention in an emotionally and cognitively meaningful manner.”

Failure to take heed of this critical understanding poses risks to the patient as well as the analytic process. Borrowing a clinical vignette from a colleague in Argentina, Dr. Busch demonstrated how the analytic intervention focused on what was not in the patient’s mind. Our interventions, Dr. Busch cautioned, must be based upon what the patient can hear and tolerate, rather than what may be salient to the analyst in any given moment.

While recognizing the importance of history with regard to vicissitudes in the transference, Dr. Busch reiterated that technique should strive to locate what is pre-consciously available to the patient rather than what may be hidden or absent. Pointing to the work of Lecours (2007), he articulated further upon the technical innovations that seek to transform the repressed as well as under- and unrepresented material. Reconstruction is no longer the primary focus. Dr. Busch’s methodology seeks to ‘refind’ Freud’s (1915) original notion of changing thing presentations into word presentations by offering newfound respect for the pre-symbolic nature of thinking, as well as the influence of defense upon a patient’s ability to appreciate an interpretation. Defenses and other psychic mechanisms stand guard at the entrance to the royal road. Before we can lead our patients into representation, we must first help them recognize their presence. In Dr. Busch’s model, groundwork must be carefully laid and knowledge of the patient’s psychic functioning must be ascertained before reconstructions of the past or genetic interpretations are offered.

In this perspective, representation is a concept of paramount importance. Representations are “powerful mental tools,” the prerequisites of a mode of thinking. They expand the original borders of our symbolic and ideational capacities. With an analytic working through of defense mechanisms, the repressed is no longer confined to the realm of action and representation is borne. The capacity for representation is hierarchal and as threats to the ego diminish, representations acquire deeper and richer levels of meaning. This essential process leads to two critical developments, the growth of ego structure and the capacity for containment. In this we see that representation is, in part, a product of discreet self-regulatory processes that are a direct consequence of resistance analysis. The yield is the growth of mental structure—a psyche that can assimilate what was previously unknowable and unthinkable.

The representation of meaning is a basic aim of the analytic process. Drawing upon the work of Bion, Green, and Ferro, Dr. Busch emphasized that the capacity for thought is the achievement of a mind that can convert the beta into alpha elements. In French psychoanalysis, representation remains the common currency of thought. According to Dr. Busch, it was in the work of Pierre Marty (1952) and of Aisenstein and Smadja (2010), from the French psychosomatic school, where it was suggested that the symptoms of the psychosomatic patient were due to problems in thinking rather than a physical enactment of an unconscious conflict or fantasy.

In a clinical example from his own analytic work, Dr. Busch demonstrated how his interventions are geared towards what the patient is already able to associate to. Jim, a patient in his seventh year of analysis, is described as a man “who is often good at letting his mind roam freely.” When Jim reports that “He lost his mind over the weekend,” Dr. Busch studies the clues within Jim’s associative process to see why this may be. As he presented the clinical process, Dr. Busch demonstrated how his interventions emerged from a “perspective of transformation that continually tries to represent what is only partially represented” (as opposed to interpreting latent meanings or historical understandings of content). This is the ethic of Dr. Busch’s technique—essential to his view of a curative analytic process as one in which the patient is helped to know his mind.

In the latter part of his presentation, Dr. Busch emphasized the concept of the workable here and now and its significance with regard to shaping the direction of analytic work. There is not one dynamic or content that is viewed as more worthy than another, only what is salient and workable at the clinical moment. The workable here and now is a variable phenomenon of shift, driven by the dynamics of the analytic process. A self or object state, a fantasy, or a conflict are all potentially “workable” areas if they meet the fundamental rule of Dr. Busch’s perspective—saliency for the patient with respect to it being accessible to preconscious awareness. In reference to this he stated, “Everything said in the workable surface strengthens the ego, while everything else will potentially weaken it.”

The Busch watchword is clear when it comes to the clinical theory and the technique of the analyst. “We are always trying to speak to what may become preconsciously available and emotionally meaningful to the ego without arousing undue anxiety.” This implies that a failure to recognize what the preconscious
All through his presentation Dr. Busch was generous, sharing with us his careful reading and interpretation of some of psychoanalysis’s most notable thinkers. He converted sophisticated thoughts into “workable” understandings that could be appreciated by all analytic thinkers in the audience that afternoon. The complex was made simple and containable; the mystery of resistance analysis was made more accessible. I left feeling wiser, full of thought, with a mission of my own. The researcher in me had been stirred again as I realized that Dr. Busch’s model lent itself well to a methodology, the design of which could follow therapeutic technique as it transforms action into representation.

Our first discussant, Dr. Rosbrow-Reich, proposed extending the discussion to include one other classical perspective, based on the work of Hans Loewald. She hoped to demonstrate a way in which classical analysts with similar or identical models of the mind could employ significantly different technical approaches in their clinical work. She reminded the audience of Dr. Busch’s observation that analysts today consider the process of discovery that takes place in psychoanalysis to be as important as the content that is discovered. With this in mind, she felt that the differences in technical approaches discussed evolved from different beliefs or assumptions concerning the nature of the psychoanalytic undertaking, i.e. what in the work itself enables growth or cure. For the purpose of this symposium, she limited her discussion to a consideration of technique. Recognizing interpretation of defense as key to Dr. Busch’s clinical work, Dr. Rosbrow-Reich offered a number of alternative interventions to the clinical material presented, focusing on libidinal needs or desires. She held, however, that in the course of a completed analysis, she and Busch, as well as most classical analysts, would employ a full range of interventions; from this latter vantage point, the differences in technique might appear less pronounced.

Dr. Rosbrow-Reich then borrowed from Loewald’s writings in order to convey certain seminal ideas. First is the idea that throughout life, transference retains a central role, offering possibilities for renewed psychological growth. From this vantage point, psychoanalysis can be best understood as a developmental process, enabling growth through processes of transformation and representation. The richness of psychic experience resides in the ongoing interplay between conscious and unconscious experience. In Loewald’s (1978) words (paraphrasing):

Throughout life, our earliest histories of love relations are repeated again and again. Originally, past experiences are remembered by action and affect or as automatic driven enactments, rather than in thought or mentation. But, in successful treatment, repetition becomes “a recreation, an imaginative reorganization and elaboration of the early, life-giving love experiences—troublesome, frustrating and full of conflict as most of them have been…” (p. 48) Transference is revealed “in its nonpathological meaning, as the dynamic of psychological growth and development” (p. 49).

Following Freud, Loewald (1978) formulated a second notion of transference, one enabling an interplay between conscious and unconscious experience.

To own up to our history means “to bring unconscious forms of experience into the context and onto the level of the more mature, more lucid life of the adult mind. Our drives, our basic needs in such transformations are not relinquished, nor are traumatic and distorting childhood experiences made conscious in order to be deplored and redone... What is possible is to engage in the task of actively reorganizing, reworking and creatively transforming those early experiences which, painful as many of them have been, first gave meaning to our lives.... To be an adult means that; it does not mean leaving the child in us behind” (p. 21-22). "Time [in human (not physical)] terms, is not an arrow... it consists in an interpenetration and reciprocal relatedness of past, present, and future” (p. 23).

While Busch and Loewald both recognize the process of transformation from action or action language to representation as key to the developmental work of psychoanalysis, Dr. Rosbrow-Reich asserted that they disagree in matters of technique. Dr. Busch believes that patients can only make use of information already available on a pre-conscious level. Dr. Rosbrow-Reich focuses on transference as the medium for growth, as Loewald described. Interventions are chosen in order to further access feelings or affective states. Interpretations are described “in the most precise sense of that term, as having no other aim than to activate or rekindle this symbol-forming libidinal spark in the patient” (p. 50).

To illustrate, Dr. Rosbrow-Reich revisited the first clinical example from the treatment of a young man who felt inadequate with women, conducted by a female analyst. The patient first said that his mother was a teacher at a secondary school, then described having been embarrassed at age three. Hoping to impress a girl, he had failed at kicking a ball, then failed again while attempting to kick his brother, who had mocked
As Ms. Smith began her discussion, she spoke of the importance of Dr. Busch’s work and the challenging task that he has in trying to explicate links between theory and technique across certain psychoanalytic cultures, within the context of the changes in classical theory that have taken place during the past forty years. She noted that Dr. Busch’s observation that there are greater commonalities in some important underlying assumptions across certain psychoanalytic cultures represents a paradigm shift in key aspects of the classical methods, one that has taken place slowly, and not always been noted during the past forty years.

Sixty years ago, Heinz Hartmann (1951) wrote a paper to address the tensions that exist between psychoanalytic theory and technique. He observed that one always seemed to be ahead of the other, which lagged behind. This “developmental lag,” Ms. Smith described, created tensions that raised questions, which then served to push the lagging side ahead. At that time, following Freud’s shift to the structural model in 1923, theory was pushing ahead. The majority of classical analysts were continuing to use topographical technique with added knowledge of the ego and resistances; their technique relied on content interpretations designed to make the unconscious conscious (Hartmann, 1951).

Dr. Busch’s work, in Ms. Smith’s view, represents and addresses a current iteration of this ongoing process. While highlighting some of the major developments that have occurred within ego psychology, Ms. Smith mapped significant theoretical shifts, ways that we have integrated new knowledge and now know so much more about growth and development. For example, she described how we understand that psychic representations can also be considered psychic structure, integrated with, id, ego, and superego. We have also learned that the capacity to build increasingly subtle, differentiated, complex, and stable psychic representations, mediated by language, correlates with one’s capacity to feel stable and continuous, while simultaneously tolerating the discontinuities that lead to growth and change. Ms. Smith also referred to the progress in fields outside of psychoanalysis (neuroscience, developmental research) and how findings from these research domains sometimes challenge basic psychoanalytic tenets. These concepts link with the technical approach that Dr. Busch described in this paper, which included fostering the development of the patient’s capacity to have a mind and the capacity to tolerate powerful affects in order to create the conditions necessary for understanding.

Ms. Smith held that Dr. Busch’s focus on the preconscious opens the possibility for a theoretical and technical approach that includes an infinite variety of individual characteristics and degrees of differentiation, within and across both patient and analyst. This is something that did not exist theoretically for analysts previously, when the ego and ego functions were rather shadowy, and poorly understood.

Psychoanalysts have begun to include the preconscious when they study how analysts really work, in order to conceptualize and further explicate the links between theory and technique. One example provided by Ms. Smith is that analysts draw on their own preconscious beliefs, partial theories, schemas that have been informed by exposure to multiple theories, and ideas informed by living in our pluralistic psychoanalytic culture (Hamilton, 1996).

This discussion concluded with a clinical example that invited the audience to consider the effect that Hartmann’s view of interpretation as “a stimulus touching a field that reverberates through a variety of systems (the mind, body, and environment) unpredictably” would have on technique and therapeutic action (Hartmann, 1951, pp 40-41). Ms. Smith
stated that Hartmann’s view and others fit with our current understanding, and that it can be integrated with Dr. Busch’s technical approach with its focus on the preconscious.

In the ensuing discussion, Dr. Rosbrow-Reich’s distinction between interventions that attend to libidinal wishes and the analysis of resistance seemed to resonate with a latent apprehension within many of the comments and questions that came from the audience. There seemed to be a concern that Dr. Busch’s model of analysis focuses on the mind at the expense of the body and transference dynamics. Audience members raised questions regarding concepts such as: the patient’s libidinal wishes, empathy, feelings, authenticity, the holding environment, play, developmental processes, being in the room with the patient, and the therapeutic alliance. I can see how such a concern arises in response to a treatment model in which technique is quite disciplined and in accordance with observations based upon a study of the mind, its structure, and very specific aspects of its functioning. At first glance, it may appear that the mind is the site of interaction rather than the individual, leaving one prone to perceive the Busch model as a disembodied one.

Two years of weekly supervision with Dr. Busch have relieved me of my own concerns in this regard. As he helps me help my patient know his mind, I continue to be impressed by Dr. Busch’s empathic attunement to my patient, as well as his deep respect for the intimacy and integrity of the analytic process. This underscores a technical stance that seeks to liberate the patient’s mind from symptoms, inhibitions, and anxiety, enabling it to think and feel, freely and deeply. I have come to recognize Dr. Busch’s ever so patient awareness of the psychic processes that restrict the mind, and keep the patient of that mind, tied to enactments of suffering. The following excerpt from his paper speaks to his understanding of this:

One cannot usefully communicate meaning if the patient is afraid of meaning. We cannot communicate meaning if the patient denies meaning. It is difficult to effectively communicate meaning if the patient communicates there is only one meaning. It is difficult to effectively communicate unconscious meaning if the communication is unconscious.

In other words, stay close to your patient, wherever he or she may be, in any and every moment of the analytic session. This advisory insists upon recognition of the totality of the patient’s being, as his or her mind/body has learned to express itself, be it through language or action.

A second set of questions reflected a need for clarification of some of the terms Dr. Busch uses. What is a representation? How does Dr. Busch conceptualize the preconscious? What exactly is a workable surface, and who identifies it? In describing his view of representation he stated, “What I mean by it is what the French mean, building ideas and meaning that weren’t there before. As you build meaning from what was enacted, you build a new structure. As you build representations, mental structure becomes more complete.” He added that as the capacity for representation increases and meaning is captured from what was previously under- or unrepresented, the structure of the mind becomes one that can ‘contain’ what it was once obliged to repress or enact.

The preconscious, he stated, “is not a strict zone and if you think of it topographically, it is closer to consciousness. A dream is preconscious and closer to what can become conscious. Action is not preconscious and needs to be raised to levels of consciousness.” With regard to an inquiry about workable surfaces and who decides what is workable, Dr. Busch stated confidently, “I do. As an analyst you are always trying to

gauge where the patient is either going or not. But the patient is always the final arbiter of where we can go.”

In one of the final questions from the audience that afternoon, Dr. Busch was asked what he thought analysis would look like twenty years from now. In response, he spoke of his concern that American psychoanalysis emphasizes the relationship as the agent of therapeutic change.

Being with another is now seen as something that will transform the patient. I don’t want to minimize the importance of the analyst. I am just afraid that is where American psychoanalysis is going. It’s a theory of being with another, an excess of empathy. An Italian colleague of mind has called this empathy. I am pessimistic about the American psychoanalysis, optimistic about European analysis.

After this comment I found myself lost in a mournful reverie, worried that those among us who prefer the classical tradition will be forced to cross the Atlantic in search of a good feed. Then my thoughts went to my fellow candidates and our Thursday seminars. We are a curious and mindful group, deeply committed to our analytic work with character and psychopathology. Agent Busch, as I close this writing, I challenge you with another mission, a paper that speaks more fully to your observation of this transatlantic difference. I, for one, am keenly interested in knowing more about this and how American psychoanalysis can benefit from the analytic work and esprit of our European colleagues. I thank you for sharing your scholarship with us today, as well as Dr. Rosbrow-Reich, for her revival of Hans Loewald’s brilliant writings, and Ms. Smith, whose comments about the history of ego psychology provided an historical backdrop to your work.

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REFERENCES


NEWS AND NOTES

Ayelet Barkai, M.D., presented a poster at the meetings of the American Psychoanalytic Association in New York in January of 2012. The poster was entitled “Self-Reflection in High Risk Adolescent Interviews with Differentially Predicts Social Adjustment in Later Adulthood: Understanding the Vagaries of Self-Awareness.”

Fred Busch, Ph.D., was one of three panelists at IPTAR with Jay Greenberg and Fred Pine in New York in September of 2011. The title of the presentation was “Methods of Analysis and Modern Structural Theory.” In October of 2011, Dr. Busch presented a paper entitled “An Invitation to a Conversation Like No Other” and participated in a clinical discussion with graduate students at George Washington University in October of 2011. He participated in a panel discussion of a clinical case at the Candidate Forum at the Massachusetts Institute for Psychoanalytic Society in New Orleans. Dr. Busch was invited to present at an academic lecture at the Boston Psychoanalytic Society and Institute in January of 2012 and presented “What’s New in Classical Psychoanalytic Treatment.” At the meetings of the American Psychoanalytic Society in New York, Dr. Busch presented a live supervision with Robin Gomolin in the Workshop on Supervision and presented “Creating a Psychoanalytic Patient” in the Candidate to Candidate Workshop.

Howard B. Levine, M.D., presented “Myth, Dream and Meaning” at November 10, 2011 at the International Bion Conference in Porto Alegre, Brazil. He presented a paper entitled “Aggression and Psychoanalysis—Some Personal Reflections” at the Conference on Aggression at the Russian Psychoanalytical Society in Moscow, Russia on December 10, 2011. He also participated in a Round Table discussion on Aggression in Psychoanalysis and a Clinical Case Discussion at the Russian Psychoanalytic Society. At the meetings of the American Psychoanalytic Association in New York in January, Dr. Levine was participated on a panel entitled “Working Clinically with Pre-Verbal and Pre-Symbolic Material.”

Martin Miller, M.D., discussed a paper by Martin Silverman, M.D., entitled “Spontaneity and Restraint in Child (and Adult) Analysis: The Case of a Four-and-a-Half Year Old Boy Who had Dropped Out of the World” at the Massachusetts Institute for Psychoanalysis on December 10, 2011.

Evelyne A. Schwaber, M.D., was a Clinical Workshop Leader on psychoanalytic listening in Munich, Germany, in February of 2012. She was the recipient of the Dominich P. Purpura Distinguished Alumna Award at Albert Einstein College of Medicine, 2012.

AUTHORS


BOOK REVIEWS

ANNOUNCEMENTS

Congratulations to Robin Gomolin, Psya.D. for passing the Pre-Certification Examination in January of 2012. We offer congratulations to Maida Greenberg, Ed.D. for being appointed Associate Supervisor to the BPSI/PINE Child and Adolescent Training Program.

PEP AUTHOR PRIZE 2011

We are proud to announce that the following PINE authors have been recognized as among the top downloaded PEP-WEB authors of 2010:

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