PINE PSYCHOANALYTIC CENTER, INC. NEWSLETTER

P.O. Box 920762, Needham, MA 02492 Volume 25, No. 1, Fall 2013

EDITOR'S NOTE:

The practice of psychoanalysis is a peculiar business. We set lofty and ambitious goals for our treatments of patients. Quitting smoking or anger management doesn't measure up to our objectives—rather, we want to help a patient develop a different kind of self-definition, or know herself in a new way, or feel more control over her life. But with these grand and distant endpoints as our goals, we work in a slow, methodical, detail-oriented way. Where else can an hour of supervision or a class meeting of a case conference hang on a five-minute exchange between patient and analyst? And with this close process as our focus, our choices are endless. In every exchange, there are a vast number of possible interventions to entertain. How do we decide which one will yield the most in the direction of that fantastic and faraway goal?

These are the idle thoughts of a practicing psychoanalyst, the interminable ruminations about what we can know and how we know it. It takes a particular kind of person to bear the ambiguity that practicing psychoanalysis requires. We must give ourselves totally to the conversation, while also maintaining a questioning reflection on the conversation in its unfolding. All this while also maintaining an eye on the end goals. And that's without even noting the ubiquitous pressure from the patient to satisfy their more urgent wishes, and attend to the goals that they may bring to the treatment. As the supports of training have fallen away, I am finding that I have to swim in these cloudy waters differently, finding ways to engage with myself about whether the moment-to-moment exchanges are bearing fruit.

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This *Newsletter* provides many angles on what it is to be a psychoanalyst. We are happy to provide a second article by Axel Hoffer on the Freud-Jung relationship. This essay on the film, *A Dangerous Method*, reprinted from *JAPA*, engages multifarious questions about what constitutes the heart of Freudian psychoanalysis, just what lofty goals or endpoints we should adopt. Axel Hoffer also kindly agreed to interview Fred Busch about his recent publication, *Creating a Psychoanalytic Mind*. This interview is both wide-ranging and deep, pursuing fascinating questions about the underpinnings of Fred Busch's intellectual interests and concerns, how Fred came to his idea of an endpoint, the idea of creating a psychoanalytic mind. It also explores the dynamics that drive Fred's prolific writing career. Ayelet

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Barkai offered to share her graduation poem, a thoroughly psychoanalytic revision of "The Jabberwocky." Gail Doherty generously agreed to report on a wonderful meeting with Ana-María Rizzuto, in which Dr. Rizzuto recounted the history of her professional career, and reflected on her trajectory. Dr. Rizzuto offered a tremendously frank and self-reflective presentation that exemplifies the balance of psychoanalytic thinking—culling riveting details of her experience to tell a broad story about her intellectual development. Additionally, we have an engaging report of a scientific meeting with Domique Scarfone, written by Cathy Loula. In this report, Dr. Scarfone engages with the complexity of an enactment that occurred in an analytic treatment. In complement to this report, we have a terrific interview with Dr. Scarfone, conducted by Sarah Lusk. This interview provides compelling ideas about the paradoxical nature of analytic technique, learning how not to know.

Each of these articles is full of thought-provoking details and nuances. Like an analytic treatment, the hope is that these moments of insight will add up to a meaningful and evocative total outcome.

An Analyst's View of the Rupture of the Freud-Jung Relationship as Portrayed in the Film: "A Dangerous Method"

Axel Hoffer, M.D.

I found this film very exciting. After years of reading Freud, it was thrilling to be able to see Freud and Jung talking and arguing, looking like real people. Where before I had had but a superficial idea of their relationship, this Hollywood movie, for the most part based on accurate historical documentation, gave me the visual inspiration to pursue a deeper understanding of the historically significant rupture between Freud and Jung. I want first to describe the movie and then share what I have learned by comparing scenes in the movie with material gleaned from relevant letters and diaries. While the relationship between Jung and Sabina Spielrein is interesting in its own right, I don't consider it to have been a crucial factor in Freud and Jung's falling out. My view of these relationships is perforce based on my selective reading, inasmuch as reviewing the extensive literature and research on the topic is beyond my scope.

Journal of the American Psychoanalytic Association, 61(4). Read the full article online in the Wiley Online Library – http://online.sagepub.com.

Axel Hoffer Interviews Fred Busch on *Creating a Psychoanalytic Mind* (Routledge, 2013)

Axel Hoffer, M.D.

Good afternoon. Dr. Busch. Actually, since we met some twenty years ago at the CAPS meeting in Aspen, I trust it's okay to call you "Fred." Fred, I very much enjoyed your book and read it with pleasure and profit. I find Creating a Psychoanalytic Mind a valuable contribution to the literature on psychoanalytic technique. While there are many papers on self-analysis, your book describes how to reach the clear and attainable goal of creating an analytic mind in your analysands. Using numerous and detailed clinical examples, you demonstrate how to achieve the invaluable capacity to continue self-analysis after termination. I have the sense that this is a central teaching implicit in the title of the book.

First, let me introduce you briefly as a Training and Supervising Analyst at the PINE Psychoanalytic Center and the leading ego psychologist both nationally and internationally.

Let me now begin with my questions:

When and how did you come upon the idea of creating an analytic mind?

Before answering, I want to thank you, Axel, for taking the time to read the manuscript and do this interview, and express my appreciation for Sally's interest in publishing it.

As you've mentioned, Axel, my way of thinking and working clinically have evolved. There was a wonderful movie a few years back called, *Thirteen Conversations About One Thing*. I bring it up because I think I've been writing about the same thing for the last twenty years. As I have learned and understood more, I have kept expanding my ideas, but all of my work has been about seeing the curative powers of psychoanalysis residing in helping the patient find or re-find his mind, and analyzing in a way that helps create this. We help patients understand that they have a mind, that this mind leads them to

think and do things in a particular way, and that they can understand it by seeing what comes to mind, reflecting on it, and playing with it. I see this as unique to psychoanalysis and thus the phrase, "creating a psychoanalytic mind." When patients come to us, they are enacting at the whim of unconscious forces. We hope to show them that the curative process may be gleaned by consultations with one's mind, so that the *inevitability of repetitious actions is replaced by the possibility of reflection.*

My analyses were a central component in the formation of this idea, *creating a psychoanalytic mind*. I have found it useful for professional and personal reasons to return to a personal analysis from time to time. The further I've gone in analysis the greater pleasure I've felt in re-finding my mind. My analytic sessions would always begin on the drive there. Once I was free enough to allow it, I was astounded to see what came to my mind. Wherever I started, there was always a surprising series of thoughts that came to my mind. You, Axel, understand how important this capacity to free associate is. Once I was able to *reflect* on and *play* with associations, my mind became freer. Thus, my analyses helped me find my *analytic mind*, and I started to think more about the methods that might help bring this about with my analysands.

My analysts had different approaches. The ones that were most helpful were excellent listeners, helped me through the inevitable times where one gets stuck, and were able to represent issues when I was struggling to reflect on what was on my mind. Being a *mensch* also helped.

It is no secret that psychoanalysis has fallen on hard times. Fewer patients are entering analysis, fewer people are entering the profession, and squabbling is rife within most psychoanalytic organizations as we try to figure out who caused this damage. I would like to suggest that part of the crisis we face in psychoanalysis is that we've lost any sense of *the distinct power of psychoanalysis to change people's lives in a particularly profound way*. As we've become muddled in confusing theories, theoryless views of psychoanalysis, the push to be caretakers, we have forgotten the *epic task at the heart of psychoanalysis… i.e., helping a patient find his own mind.*

What psychoanalysts have had the greatest impact upon your thinking?

I was steeped in the work of the early ego psychologists, Rapaport, Hartmann, and Schafer. However, these early works were often so theoretical that it was difficult to understand how they fit into a clinical theory. Like many at the time, while we were supposedly being trained clinically in an ego psychological perspective, in fact it was closer to looking for deep, unconscious fantasies driving the patient. My breakthrough came in discovering the work of Paul Gray, who I think was the first to successfully integrate the ego into clinical work. This, along with a supervisor, Mayer Subrin, who introduced me to the power of free association, which gained further importance for me in Tony Kris' work, led to what I now consider the first part of my thinking about psychoanalytic technique, culminating in my first book, *The Ego at the Center of Clinical Technique*, published in 1995.

The second phase of my development involved seeing other ways that an ego psychological perspective could be applied to clinical technique different from the resistance interpretations highlighted by Gray. I also tried to integrate my understanding of self-psychology and the relational perspective into my evolving method. This resulted in my second book, *Rethinking Clinical Technique*. Most people don't know I was a child psychologist who did a lot of observing of toddlers and nursery school children before my analytic training. People are surprised when they see my use of some of Kohut's ideas and the Object Relations theorists in my understanding of patients. I am eclectic in trying to understand patients, but within the Freudian tradition in bringing that understanding to patients.

The current evolution of my thinking began around the year 2000, when I started a close collaboration with a colleague trained in Switzerland. In this book, one can find the influence and common ground with Andre Green and some of Betty Joseph's ideas. French ideas on free association, the preconscious, and working in displacement, along with Joseph's concept of the "total transference," help give depth to ideas I hadn't fully articulated. I have also found my Swiss colleague's ideas on the preservative and sexual drive of particular clinical importance.

Fred, in writing this book, can you summarize the most vital message you would like your readers to take home with them?

Psychoanalysis started as, and remains, a curative process based on understanding what is going on in one's mind. While there are many other issues that have been raised in the last 40 years that play a role in allowing this to happen, our goal remains the same. Attempts to change this goal are an attempt to redefine psychoanalysis, rather than calling a different goal something else. Rachel Blass (2010) wrote a wonderful article dealing with this issue in the *International Journal of Psychoanalysis* sub-titled, "On the Value of the Politically Incorrect Act of Attempting to Define the Limits of our Field." My book is an attempt to explain why this method remains vital, and shows a way of conducting an analysis that helps bring a patient closer to his own mind as the basis of a changed life. Aisenstein (2007) elegantly captured what has been missing in American psychoanalysis, when she stated,

> Analysis is uncompromising in relation to other therapies because it alone aims, other than bringing relief from a symptom, at aiding our patients to become, *or to become again, the principal agents in their own history and thought. Am I too bold in insisting that this is the sole inalienable freedom a human being possesses?* (p.1459)

As I imagine questions that readers

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around the world may want to ask you, the French and the British analysts might say that you do not deal directly enough with the unconscious; the North American object relationalists might object that your technique is too cerebral and not affective enough. How would you respond to these critiques of your work?

When asking about the British and French, you raise a central question that I tackle in the book. It is an issue that Freud struggled with, and many others since. Basically it's a question of whether one thinks a patient can experience the unconscious by direct interpretation, or whether we have to open the way for the patient's experience of the unconscious via successive steps and resistance analysis. As I show in the book, the French and some of the London Kleinians are moving towards a gradual approach to the unconscious. To paraphrase Andre Green, the analyst cannot run like a hare while the patient moves like a turtle.

The question of affective involvement is something of a puzzle to me. I don't see how one can work effectively with a patient unless we are emotionally engaged. Affective attunement is necessary in making an interpretation meaningful, while the thought is a way of organizing that meaning and giving form to it. Sometimes I think we confuse emotional involvement with a show of emotions. Stefano Bolognini (1997) captured it well when he distinguished between "empathy" and "empathism." That is, we confuse being nice or taking the patient's side with the need to be empathic with all aspects of a patient, including the darker sides. Further, I think we've forgotten the powerful effect for a patient of feeling listened to. In general, I think we underestimate how few people in our patients' lives listen to them, and over-estimate patients' needs to hear from us. I would suggest the possibility that, at times, the greater difficulty we have in listening to our patients, the more insistent a patient will become to have us speak. Further, the more we feel the need to speak, the more we interfere with the patient's capacity for thinking and reflecting.

What is also interesting to me is the current interest in Bion's work, as it is primarily about the capacity to think. To paraphrase Ferro (2005) there is not an unconscious to be revealed but a capacity for thinking to be developed. As Ogden (2008) put it, "When Bion talks about thinking, he means thinking and feeling" (p. 13). I've said this numerous times myself. As you know I've given clinical case conferences in many countries, and I never hear this brought up as a problem in my way of thinking. Quite the contrary!

You may have noticed that to answer this question I started out with "something of a puzzle." I do have some ideas about where this issue comes from. There were two parts in the development of Ego Psychology that contributed to this notion of lack of emotional attunement. First, as noted earlier, the writing of the early Ego Psychologists were highly theoretical, and difficult for many practitioners to integrate. Secondly, there seemed to be an aggressively super-ego quality to the ways of working by many who considered themselves ego psychologists (but were not), so that analysands rarely felt "understood" in an emotionally meaningful way.

In your book you emphasize the issue of ***process****. Could you elaborate on this?*

I think this is a crucial issue. Basic to the curative process in psychoanalysis has been helping the patient gain increasing knowledge of what unconsciously drives her (conflicts, self states, object relations, etc.). There is, of course, much merit in this. However, what we've paid less attention to is how we help the patient *know how to know*. I see this as basic to the development of a self-analytic stance. To simplify a multi-dimensional approach, we try to help our patients understand that psychoanalytic understanding comes from *seeing what comes to mind*, and reflecting on it, not searching for answers. It is a free association based method that is used to not only aid the patient in understanding the why and what is on his mind, but also demonstrating *how* we come to this understanding.

One might say, this is fine when a patient is associating, but what about those times when the patient is primarily enacting something in the transference, which we understand first within our countertransference. I've struggled with this issue, and devote a lot of space to it in the book. Basically, what I try to do once I grasp the countertransference is to see if I can first understand how the patient is communicating something in their words as actions, and then try to articulate this for the patient. In this way, I continue to emphasize the *how* of understanding, along with the why.

There are still many who treat countertransference reactions as what I call a *Descartian Somersault*… i.e., I think, therefore you are. This is still true for some Kleinians in how they deal with projective identification, along with some of the interpersonal analysts that treat their countertransference reactions as something the patient needs to confront (e.g., Ehrenberg). I sympathize with both approaches in that containing and understanding our countertransference is one of the most difficult parts of doing analysis, and we are constantly attempting to simplify the process. However, as tempting as it may be, it is not helpful to project our countertransference reactions back on to the patient.

Did you have a specific plan in mind in writing this book?

My writing has actually changed over the years. In the 1990's, I usually had a specific plan, and outlined my articles before writing them. Starting in the last decade, I began working with an idea, not knowing specifically where it would lead me. Oftentimes, I would start out with one idea, and end up in a quite different place. In this sense, my writing has become more like what I'm writing about in that I've come to trust the new places my thinking will lead me. In *Creating a Psychoanalytic Mind*, I started out with an idea for the first few chapters, but then the book evolved. The second half of the book, which covers the basics of my method, was a surprise. I didn't have any intention of writing so specifically on how my thinking influenced my method of working through the course of treatment. However, once I started I realized I had a clear view of issues like working with transference and

countertransference, along with the beginning, middle, and termination phases.

What were the most and least enjoyable parts of writing this book?

That's easy. Over the years, I've learned that I write best when I'm trying to understand something. From this perspective, I learned a lot in writing this book, and this was the most enjoyable part. It's still very exciting for me to learn something new. The least enjoyable part of writing the book is probably one of the most important and least emphasized aspect of writing a psychoanalytic paper… i.e., putting what one writes away for a while, and coming back to it with fresh eyes, and doing this several times. It remains amazing to me how one's tendency is to *want something to be clear, and yet to avoid facing the lack of clarity on the written page.* When I was reviewing articles for journals, the author would always have an interesting idea, but it was the lack of clarity in the presentation that sunk it. Having a sympathetic colleague (the aforementioned Swiss one) look at what one's written is invaluable, but often painful as one has to deal with the narcissistic injury of seeing the inconsistencies or inadequacies of one's arguments.

I know what a respected and prolific writer you are. You have written many papers and books. I would like to ask you how you write and how you feel about it. Do you just love to write and enjoy it? Do you feel uncomfortable if you are not writing? Or are you driven to write and feel you have to do it? When and how did you start? When you write, do you have it clear in your mind before you start or do you think it out as you go along?

I never planned to be a writer, so in retrospect all of this is a big surprise to me. Even after my first seven or eight articles (five on the transitional object, two on the development of children's play), I didn't think of myself as a writer of psychoanalytic articles. I just happened to be in thought-provoking situations (i.e., These first articles were written when I was part of the Child Psychoanalytic Study Program at the University of Michigan Psychiatry Department, where we had Toddler and Nursery Groups, and my son had developed a transitional object.). Something would intrigue me that I wanted to know more about. My writing became an important part of my identity around 1990, and I've been writing continuously ever since. As I mention in the book it started when I found the work of Paul Gray, which gave me a new perspective on how we help patients. It led to re-visiting central psychoanalytic concepts within a new frame that I wanted to write about. At this time I usually had an idea in mind that I wanted to communicate, and wrote from this perspective. As I moved to consolidate my own perspective, my writing changed. This is when I started to write with only a beginning idea in mind, but no plan on how it would work out. I get my ideas from my own work, work with supervisees, and reading the literature. For example, recently a patient I saw some time ago came back to talk about a problem that came up. As he began to talk to me, he mentioned the various cast of characters that were prominent in his analysis. It was clear he expected I would remember them, and I did. It led me to wonder about the role of keeping the patient in mind in analysis, and I wrote a short piece called, "The Memory Keeper" that explores this issue. At this point I have more questions on my mind than time to explore them. Increasingly, I cherish the time I have to write. At this point I would say that I'm driven to write, and feel deprived when I cannot explore some new idea. I feel very fortunate in this regard.

Writing is a pleasure, and also somewhat less of an agony for me than previously. The pleasure comes from feeling, after a long journey, I have understood something. It also comes from finishing a piece of writing that is clear and well crafted. It has been rewarding how many people have appreciated the clarity of my writing. As I mentioned previously, this is also part of the agony of writing… i.e., realizing that what one hoped was clear was still muddled, needing further thinking. I used to get more frustrated at running into a dead-end in a paper or realizing that I'd fallen back on clichéd ideas to explain something. However, I now have faith that I'm on to something and I just haven't found a way into it yet.

Do you have any advice for those who are interested in writing but shy away from it?

It's been my observation there are two major obstacles in writing a paper. The first is the one I've experienced, which goes like this. I have an idea, and begin to think about it. I start to write some preliminary ideas, and they seem promising. I let the ideas sit for a while, and idle thoughts come to mind about it. At some point later I come back to these ideas, and sometimes feel, "What was I thinking?" It seems to me I have nothing more to say than these preliminary ideas, which seem like nothing particularly new or interesting. I again put the ideas on a back burner, and return them later. Sometimes, in between, I search the literature to what else has been written about it. After returning to the topic again, I sometimes can see a way to develop the topic further, and so begins a new paper. Not always, but frequently enough. I cannot say what happened in the interim that allowed me to find a path toward discovery. Something just shifts. This gives me a new idea to think about. For those who are thinking about writing I would suggest starting a file on topics you find pique your interest, and approaching them when you have the time.

The second obstacle comes from my experience on various editorial boards. In the hundreds of papers I've reviewed over the years, I've almost always felt there was a good idea at the heart of the paper. The difficulty was always in the argument supporting the justification for why this was a good idea. Inevitably, sloppy thinking brought down a good idea. Papers would be sunk by case examples that seemed only tangentially related to the main topic, or theory that seemed pasted together rather than integrated. At the time I saw editors trying to save papers if there was enough to save. What was

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fascinating to me was that amongst a diverse editorial group there was agreement on the value of the paper about 95 % of the time.

Now that you've finished the book, what are you thinking about?

As I mentioned, I always have a lot of topics that I've thought of writing something about.

Right now, I'm taking some of these and developing them into ideas that I'd like to start a discussion on, rather than writing scholarly papers on. It's like writing short stories from and about psychoanalysis. So I have topics like "The Gossip," "The Analyst as Memory Keeper," "The Good-Enough Discussant." Recently, I saw the movie from the gifted actor, writer and director, Sarah Polley, called *Stories We Tell*. I was so intrigued by the movie that I went back and saw her other movies (*Away From Her, Take This Waltz*), and wrote about it. I've also started reading about the work of Bion of late, and become intrigued by his concepts.

Thank you, Axel, for participating with me in this engaging conversation. Your questions stimulated my curiosity, and I enjoyed thinking about them.

You are welcome, Fred. It's been my pleasure in talking with you.

Dr. Busch's book can be ordered online from Routledge with a 20% discount using the code IRK71.

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Jibber-Jabberwocky

Ayelet Barkai, M.D.

Ayelete Barkai read the following piece at her graduation from PINE, June 2013.

Introduction

It is always tricky, in a public meeting of psychoanalysts, to speak about one's mother, but by way of introducing this Jabberwocky parody that I am about to read, a few words about my mother are necessary. Strangely enough, by far the clearest insight I've had, as an outcome of becoming a psychoanalyst, is that one of my most important and adaptive attributes was received as a gift from my mother—the ability to laugh and find humor in the world, especially in myself. Hailing from Brooklyn, New York, of Russian Jewish ancestry, humor was the air her family breathed. My father also had a good sense of humor, but his heritage as the first-born Israeli child of Polish Zionist holocaust evaders made his humor a bit more biting and imbued with trauma. Being able to laugh at myself and not take myself too seriously is one of my more delightful and endearing qualities, offset by some perhaps less appealing attributes, such as my tendency, on occasion, to ask obnoxious, impossible questions and to rave somewhat stridently in class. As much as it kills me, I have my mother to thank for most of it, although my father is probably also to thank, or to blame, too!

I chose a poem from *Alice in Wonderland* because I've always thought Lewis Carroll's vision of Alice's journey epitomizes the perfect metaphor for the curious and fantastical vocation of psychoanalytic inquiry. In this spirit of cheerful mockery, I have written a tongue-in-cheek homage to psychoanalytic gobbledy-gook. I hope we can all indulge in the pleasure principle of some good-humored self-effacement.

Jibber-Jabberwocky

'Twas A. A. Brill-ig, and Thanatos
was discovered to be instinctual.
Masochistic were the candidates,
And their transferences, anti-
libidinal.

Beware the beta elements, my
analyst!
The Id that projects, the superego
that cathects!
Beware the splitting defenses, and shun
The grandiose introjects!

Freud's heirs lift phallic pens to pad,
Long time the heretical foes, they fight,
And rest in euphoria, at the Waldorf Astoria
For $500 dollars a night.

While in free-associative thought, serene,
The Jibber-Jabberwock, not yet maimed,
Was reconstructing the primal scene,
And seducing as it came!
One two, one two, his eyes jabbed through
The Oedipal blade hacked them out
He was left blind, and out of his mind
He went, cowering in doubt.

Hast thou slain the Jibber-Jabberwock?

Come to my institute, my narcissistic Candidate!
O Pleasure Principle! Psychoanalysis invincible!
The training analysts will not abdicate!

'Twas A. A. Brill-ig, and Thanatos was discovered to be instinctual.

All masochistic were the candidates,
And their transferences antilibidinal.

There you have it. What it means is anyone's guess, although I do have a few choice associations. So, while I may not yet be, and may never become what a wonderful analysand of mine has called a "self-actualized jewel," nonetheless I stand before you proud to be a psychoanalyst graduating from an institute with such an auspicious and admirable legacy of independent thought and innovative tradition. Thank you all for your help, support and encouragement to pursue this lengthy and arduous, but immeasurably valuable and enriching, training. I am truly eternally grateful. Long live Psychoanalysis! Long live PINE!

Report on Senior Analyst Series : Ana-María Rizzuto, M.D.

Gail Doherty, LICSW

On the evening of April 8, 2013, the home of Dr. Maida Greenberg was the setting for Dr. Ana-María Rizzuto's talk about the origins and evolution of her psychoanalytic thought, the third in the Senior Analyst Series presentations sponsored by the PINE Institute Membership Committee.

After a dinner prepared by the Institute Membership Committee, Dr. Rizzuto was introduced by a longtime friend and former neighbor, Dr. Axel Hoffer. He had met Dr. Rizzuto through her husband, Dr. Agustin Aoki, who was then a research scientist working with Dr. Hoffer's wife. There were several things, Dr. Hoffer said, that the audience might not know about Dr. Rizzuto: that she had been a board certified hematologist and board certified radio isotopist in Córdoba, Argentina, and that in 1963 she was co-chair of nuclear medicine at the Córdoba Hospital. Dr. Rizzuto interrupted the introduction briefly to explode the rumor that she had been a nun. She added that she had never aspired to be one. After immigrating in 1965 to the U.S. she settled in Boston and became a Clinical Professor in Psychiatry at Tufts Medical School and was invited in 1987 to teach Psychoanalysis and Religion at Harvard Divinity School. Her first book *The Birth of the Living God. A Psychoanalytic Study* was published in 1979. It became a best seller, was translated into several languages, and has become a textbook in the USA and abroad for the study of the psychology of religion. It was followed in 1998 by *Why did Freud Reject God. A Psychodynamic Interpretation.* With Bill Meissner and Dan Buie, she published *The Dynamics of Human Aggression: Theoretical Foundations, Clinical Applications* in 2004.

Dr. Rizzuto has long been interested in Freud's monograph "On Aphasia," and has published several papers about it. She has also written clinical and theoretical papers about the importance in analysis of the spoken word, especially the use of pronouns "I," "you," " me." She is currently working on a book to be titled *Freud and the Spoken Word*. Two facts which were perhaps better known to her audience that evening were, as Dr. Hoffer described them, that she is "a modern Renaissance woman" and "a bundle of mischief" with "a special investment and appreciation for celebrating."

Dr. Rizzuto began by talking about her early years. She was born in Buenos Aires, but moved with her family to Córdoba, an intellectual state capital located in the center of Argentina, when she was two months old. There she attended a private high school and the university. In the last two years of high school Dr. Rizzuto's intellectual curiosity was piqued by university professors who visited the school monthly and delivered lectures on a wide range of subjects.

She received a degree in teaching at a private school, her training there she has described as "rigorous and magnificent." Each week students were required to teach an elementary grade class after which four classmates wrote their critiques about the quality of their teaching skills and methods.

During her training as a teacher, while teaching Sunday school with other classmates, Dr. Rizzuto had a profound and formative experience, one which contributed in an important way to her future life as a psychoanalyst. While participating in a discussion of Heaven, an eight-year child declared solemnly that she "did not want to go to Heaven." Intrigued by the little girl's comment, Dr. Rizzuto spoke with her after class. The child explained that since she knew that her mother, a prostitute, could not go to Heaven, she would forgo Heaven in order to stay with mother. Dr. Rizzuto was struck, first by the pain of the child and second, by the depth of the concept. At the age of eight, this child had made a major theological choice!

With four fellow student-teachers Dr. Rizzuto created a grandiose adolescent club "to change the world." The members wrote poetry and studied many topics on their own. She became intrigued by the German Benedictine movement regarding the nature of the Roman Catholic liturgy and the concept of symbolism. The

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core idea of the movement was that life is symbolic, that there is nothing that is human that is not symbolic. She identified these two events, her experience with the eight-year-old girl and her exposure to the thinking of the German liturgical movement, as the major impetus for her interest in the human mind and its workings.

At eighteen, despite objections from her father, Dr. Rizzuto entered medical school, where, with three fellow students who "decided to be the best physicians ever," (another grandiose plan), formed a Club for Humanistic Medicine. They studied the writings of two great German clinicians who were acquainted with Freud's work, Viktor von Gebsabttel and Viktor von Weizsäcker. One of them, Professor Weizsäcker, whose field was psychosomatic medicine, meticulously connected in clinical presentations the events of a patient's life with his illness.

While she was in medical school the philosophy department of the University of Córdoba appointed five eminent training analysts from the Asociación Psicoanalítica Argentina, among them David Leiberman, (who was to write a book on character and language in analysis), Leon Grinberg, Jorge Mom, Jorge García Badaracco and Marie Langer. Near her graduation Dr. Rizzuto and a classmate decided to train in psychoanalysis. They were invited to spend six months in Madrid and six months in Barcelona to work on organizing the International Congress of Psychiatry, after which time they could choose where to go for their analytic training. But two months before her graduation from medical school Dr. Rizzuto's plans were tragically interrupted when she was struck by an automobile and seriously injured. For the next three and a half years she underwent multiple surgeries and spent time in a cast which encased her left leg from groin to toes. During this time of recovery and inability to work as a doctor, she studied child and adolescent development and was later invited to teach those subjects at a newly founded university in the city of Córdoba.

Upon her recovery she worked in the department of hematology at the Córdoba Hospital and trained to use radioisotopes in medicine in Buenos Aires. At this point Dr. Rizzuto received an invitation to teach the psychology of faith at the local Roman Catholic Seminar to the advanced students that were to become priests. She discovered there was little written in this subject, and spent months reading, among many other authors, the works of Freud and Jung. She decided that Freud offered the most cogent understanding of the psychodynamics of belief in a divine being. With the experience of the eight-year-old child who wanted to stay with her mother clearly in mind, Dr. Rizzuto assigned the seminarians teaching Sunday school to record both biographical information as well as the precise interests and language of the children they were teaching, in particular their questions and comments. The aim of these explorations was to discover where the child was psychologically as well as to determine what was on the child's mind in relation to his or her faith. Clearly, psychoanalysis was on Dr. Rizzuto's mind.

Following her full recovery, Dr. Rizzuto immigrated to the United States after passing a nine-week course of English medical terminology and the exam for Foreign Medical Graduates. Dr. Rizzuto received her green card at the time of entering the United States because there was a great shortage of doctors in the country. She interned at the Long Island College Hospital in Brooklyn, N.Y. In order to become more proficient in English she read the *New York Times* assiduously and bombarded her colleagues with questions regarding the pronunciation or definition of a particular word. She had many humorous experiences with colleagues and patients, a few of whom were dismissive but most she found to be receptive and helpful. She told one amusing anecdote.

Once, when examining an eighty-four-year-old man, and at a loss for a term in writing up his medical history, she asked him, "What is the name of those balls you have in the back of your throat?" "Oh, those!" he replied animatedly. "Those are tonsils!"

After New York she moved to Boston and continued her training at Boston State Hospital, hoping also to develop her research on what people had in mind regarding their personal God. Dr. Milton Greenblatt, superintendent of Boston State Hospital, assigned her two supervisors for her research, Myron Sharaf and Ernest Hartmann, but they felt bewildered by the subject matter and said they could not be helpful in the work she aspired to do. After explaining her situation to Dr. Greenblatt, he helped her to transfer to Tufts- New England Medical Center, a more collegial fit, and put her in contact with Dr. Elvin Semrad who agreed to discuss her research with her. Everyone at Tufts was an analyst and patients were seen six times per week. The supervision and whole atmosphere was entirely psychoanalytically oriented and it became a great educational experience for her. In her fourth year she was appointed chief resident and began the pilot study of 123 inpatients. She documented comprehensive biographical information about each patient reaching up to eighty pages. After ten years of studying in depth the material she had gathered about the patients, Dr. Rizzuto identified four prototypes which she presented in her first book, *The Birth of the Living God. A Psychoanalytic Study.* The *London Telegraph* wrote that "the book put her name on the map." The book is used as a textbook, still serves as the basis for many doctoral dissertations, and was translated into five languages. She was also awarded the Pfister Prize by the American Psychiatric Association and the Bierd Prize by the American Psychological Association, both for her "outstanding contributions to the Psychology of Religion." However, the only review of the book in the psychoanalytic literature appeared in the *Psychoanalytic Quarterly*. The reviewer's conclusion was that, since Dr. Rizzuto's work focused on the significance of God in psychic life, she was insufficiently analyzed and should return to psychoanalysis. She is disheartened by the fact that many psychoanalysts remain prejudiced against religion as an aspect of psychic life. However, paradoxically, even experienced analysts would often approach her privately to confide stories of their own religious experiences, stories which they said had never told their own analysts.

The next book, *Why Did Freud*

Reject God. A Psychodynamic Interpretation won the Godiva prize given by the American Association for the Advancement of Psychoanalysis. Dr. Rizzuto had begun psychoanalytic training at Boston Psychoanalytic Institute and Society. Near her graduation from BPSI, she was dismayed with the competitive and contentious atmosphere and being a teacher, she felt she could not teach in such an atmosphere. After confiding to Semrad, her mentor, that she was considering leaving Boston, he told her to wait because things could change. Indeed, all the supervisors that she had carefully selected to teach her became founders of PINE and after a year "of sorting out my transferences" she joined the faculty of PINE. With Jerry Sashin, a classmate at BPSI, Bill Meissner, and Dan Buie, Dr. Rizzuto formed a study group, which eschewed competitiveness in favor of learning. Jerry Sashin "the brightest of us all, by far" was very involved in studying the dynamics of affect in relation to internal objects and language. The members of the group presented detailed clinical material to each other and discussed it attentively from many angles. Dr. Rizzuto identified this period of the study group as one in which she learned to listen to analytic material with a new depth. They met for many years and continued to meet after Dr. Sashin's death in January 1990 until 2004 when their book was published. She considers this extended analytic collaboration a deeply educational and formative experience, one that most graduates should create for themselves.

During her analytic career, Dr. Rizzuto was led to a deeper appreciation of Freud's discoveries and approach to access the recesses of the mind. She found Melanie Klein too concrete, but her encounter with Winnicott with his emphasis on the bodily emotional encounter between mother and child was compelling. She decided at one point to study Lacan but found him frequently incomprehensible. She hired a linguist with a title from the Sorbonne as her tutor, to help her read Lacan's *Écrits* in French. They worked intensively for six months but found that Lacan's ambiguous and confusing language made it impossible to decide what he actually meant. At the end of that period, they had reached only as far as page seven. That was it.

Questions from Dr. Rizzuto's audience ranged over several topics.

How has psychoanalysis changed? When she first began, Dr. Rizzuto said analysts were fully immersed in the field. Now fewer patients seek analysis. Freudian ideas are now used widely in different psychoanalytic approaches and in psychotherapies and classical analysis is only one among many therapies competing for patients. Also, psychoanalysis is expensive, and few can afford it. She believes that if a cost-analysis were to be done evaluating the benefit of analysis versus emergency room visits, insurance companies might be more inclined to cover psychoanalytic treatment. However, she does not see insurance companies as willing to cover the treatment. Perhaps analysts must accept working for less money, if we are convinced of the efficacy of psychoanalytic treatment. The future of the field lies in training candidates that become convinced of the importance of exploring the mind in depth, not willing to settle for quick interpretations of the material. She believes that exploration in depth is the essence of Freudian psychoanalysis.

How have *yo*u changed over the years? Dr. Rizzuto stated that she graduated from BPSI with a lot of theories but learned her craft by progressively paying attention to the details of the patient's communications about their private experiences. The task is "Not only to listen to the patient's words but to listen to the patient *in* his words." It is necessary to be fully committed to the understanding of the patient's communications and not to a theory to fit them in. "We must capture the experience of the patient as it is, help the patient to articulate his experience and finally to accept it."

Has the process of self-inquiry changed? Dr. Rizzuto stated that when she trained, self-inquiry existed only as counter-transference, which was seen as a negative thing. It took time thinking about self-inquiry in order for her to be receptive to the messages received via her own bodily experience. "I listen with full attention with all of my body," she stated. In addition, she is interested in the imagery that pops up during a session and feels that being bilingual often gives her a window into different experiences of the patient and of her own as the listening analyst.

What in your background gave you the freedom to find your own way when the culture of ego psychology was so deep? Dr. Rizzuto replied that she grew up in a family committed to "democratic freedom." Her parents, she said, offered her both freedom and discipline, but she was also greatly influenced by the freedom of two great aunts and her grandmother who had been born in France. An example of such freedom was the action of her grandmother in the early 1900's. She read that to be a good Christian you must know Judaism. Following her own advice, she asked the local rabbi permission to attend the synagogue services for a year in order to understand and grasp the spirit of Judaism. The grandmother had settled in Uruguay, and showed her entrepreneurial freedom by using the training she had received in France to help deaf mute children to speak. At first she taught them at her home and later she participated in the creation of the institute for deaf mutes.

Members of the audience commented on Dr. Rizzuto's passion, generosity, persistence, and commitment.

In conclusion, Dr. Rizzuto spoke of the importance of generating ideas in which we believe passionately, for this passion is irresistibly contagious.

Commitment to ideas combined with a deep respect for the patient is crucial to the psychoanalytic enterprise. "We need big minds, colleagues, challenges, and an institute," she said. "I would have been a miserable person without PINE."

For me and for many others in the room that evening, Ana-María has been and continues to be the consummate teacher and colleague—intelligent, enthusiastic, patient and generous—a presence without whom PINE would be a much poorer place.

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Where the Streets Have no Name: Phantom of an Interpretation

OPEN SCIENTIFIC MEETING, OCTOBER 27, 2012
Presenter: Dominique Scarfone, M.D.
Discussant: Ana-María Rizzuto, M.D.
Moderator: Axel Hoffer, M.D.
Reporter: E. Catherine Loula, M.D.

On a warm, autumn day in October, 2012, the PINE psychoanalytic community was treated to Dominique Scarfone's stimulating presentation and discussion of his paper, "Where the Streets have no Name: Phantom of an Interpretation." Dr. Scarfone is a Training and Supervising Analyst and Director of Training at the Canadian Institute of Psychoanalysis and a Professor in the Department of Psychology at the Université de Montréal. He is the author of numerous psychoanalytic journal articles and books, most recently co-authoring the book, *Unrepresented States and the Construction of meaning: Clinical and Theoretical Contributions* (2013). He was joined by Dr. Ana-María Rizzuto, who discussed his presentation. Dr. Rizzuto is a Training and Supervising Analyst at the PINE Psychoanalytic Center and Clinical Professor in psychiatry at Tufts University Medical School. She is the author of numerous articles on language and psychoanalysis. Dr. Rizzuto has authored a number of psychoanalytic books including, *The Dynamics of Human Aggression* (2003).

Dr. Axel Hoffer, the moderator, began the day by introducing Dr. Scarfone. He reminded the audience that our experience of learning and knowing changes as we mature. Early in life, we think we know by learning facts. As we grow into our work as psychoanalysts, we come to understand that we know less and less as we see that our patients have things they need to tell us for which there are initially no words.

> We tend to use words too much… to think that words will give us the answer which will help us to finally know. We don't usually invite patients to invite their bodies into the analytic conversation… We need to pay more attention to the 'body/mind.'

Dr. Hoffer reminded us that Freud said, "some rationalistic, or perhaps analytic, turn of mind in me rebels against being moved by a thing without knowing why I am thus affected and what it is that affects me" (Freud, 1914, p. 211). Hoffer added, "Here Freud is describing his need to create a detour from the direct, non-verbal resonance, by which we mean a form of empathy, into thinking and explaining through words." It is at this surface—the juncture between felt, inarticulate experience and words, the absence of words and the meaning of the presence of words—that Dr. Scarfone brings his thoughtful and broad reaching examination.

As Dr. Scarfone began his presentation, the audience was treated to an intellectually rich and satisfying meal… a smorgasbord of thoughts clearly and carefully linked together to find our way to his clinical experience.

He began at the beginning—Freud didn't bring us a discovery of the unconscious, but rather he brought us a method for understanding the psychic derivatives of the unconscious. The discovery of transference created both the most difficult challenge to the conduct of analytic treatment and at the same time the most decisive tool for favoring change in the life of the patient. This paradox directly relates to the clinical vignette Dr. Scarfone immersed the audience in just a short while later.

First, Dr. Scarfone explored and set the stage. In the first section of his paper, he explored the etymological connections in the history of Freud's professional evolution as well as the symbolic meanings implied to the work we all do as a result. Scarfone began with the idea that "transference emerges where words are lacking, and in view of such aphasia, it is actually the only route left." I would add that perhaps most symptoms appear because words are lacking for the complexity of experience. Dr. Scarfone went on to notice that while Freud's major contribution to his first field in medicine, neurology, was a book on aphasia, his shift towards psychoanalysis was really a kind of metaphorization, a transfer(ence) to the inability to speak of experience. So:

> Freud's turn towards infancy, is after all not so radical a break from his interest in the aphasias if one thinks that the Latin *infantia* refers to the in-fans (he who does not yet speak) and is therefore the exact translation of the Greek aphasia. Moving from neurology to psychoanalysis, then, Freud operated not a break but a metaphorization i.e. a kind of transference from the Latin trans-ferre, meaning to transport, which is the exact rendition of the Greek *meta-phorein*! Something repeated itself, therefore, but the repetition also entailed an essential transformation, a radical displacement of the observational standpoint: from the neurological lesion depriving the subject of speech, to the bodily expression of the hysteric—a metaphoric disturbance, a metaphor *of* the disturbance.

This shift requires a shift on the part of the clinician. The analyst cannot just rest with the "traditional clinical gaze" but rather must be available to the relationship, must be listening to what is *not* spoken. Here Dr. Scarfone used Pirandello's play, *Six Characters In Search Of An Author,* as an analogy to our work. The characters are in search of a theatrical stage where they can exist and play out their roles. But in psychoanalysis the situation goes further—"we shall one day be pushed off the stage, into a neighborhood where the streets have no name, in places where representations

are truly lacking, where the maps are approximative at best, then become blurred and finally vanish." Basically, "psychoanalysis may one day lead us to unconscious levels where 'something' *presents* itself without any corresponding psychical *representation."* In speaking of the translation of something without representation, Dr. Scarfone discussed Jakobson's three kinds of translation (Jakobson, 1959): intralinguistic (saying the same thing in other words); interlinguistic (saying it in another language); or intersemiotic (going from one system of signs to another system of signs). Dr. Scarfone rightly noted, "experience suggests that what we must accomplish here is rather a transposing (a transfer!) into a semiotic or linguistic form of what was merely a trace, the anonymous and utterly extraneous mark, like the block 'fallen from an obscure disaster' in Mallarme's 'Tombeau d'Edgar Poe.'" In our work, we move patiently through time with a "repeated tolerance for repetition." We wait until, "the analysand one day utters something unheard of, something that until that day had no name."

At this point Dr. Scarfone moved into a discussion leading to the idea that in analysis, "there are reasons to believe that not everything the analyst says or does need be conscious in order to be analytically effective." He started with Ernst Cassirer's *Language and Myth* (1946), in which Cassirer writes that when something momentous happens, "primitive" man "utters an exclamation and invents a 'momentary god.'" According to Scarfone, "With cultural development, *logos* and *mythos*, born from the same incident, are then slowly driven in opposite directions: language and rational thinking on the one hand, myth and magical thinking on the other." And yet the two spring from the same primordial event. [Piera Aulagnier (2001) reasonably proposes that a disjunction between fantasy and discourse results in delusions.]

Most importantly, and tying this rich prelude to the clinical material to come, Scarfone noted that if *logos* and *mythos* are really born of the same event, "*it follows that a gesture lacking an immediate verbal equivalent may nonetheless serve as a point of passage for a communication whose multiple meanings will blossom, only après-coup, during the rest of the analysis as well as during the 'post-analysis.'*" This 'post-analysis' includes the time after the completion of the analysis—for both the analyst and the patient. It includes discoveries of meanings of events that occurred during the analysis that are only found after the completion of the analysis.

Here, Dr. Scarfone discussed the difference between explicative analysis (the concrete method, the anticipatory ideas inherited from Freud, etc.) and performative analysis (referring to the aspects of analysis effective though we cannot ascribe the effectiveness to any particular interpretation or utterance of the analyst—effects not directly linked to the knowledge obtained). For Scarfone, both of these aspects combine to create a process of things becoming *conscious*—which is not to say merely put into words.

> Words gained… carry much more than semantic content. As the sign gains the status of a symbol, and while it inserts itself in a chain of meaning now consciously accessible, it nevertheless conserves its 'thingness.' The word gained through analysis is therefore not just a sign. The word is made flesh, and blood irrigates anew a discourse now incarnate.

This however now has its own complication. Research shows that consciousness of our actions occurs with a slight delay (microseconds to seconds) after the action has been initiated neurologically, lending support to Freud's idea that the ego functions as a kind of public relations agent—inventing a story to explain one's action after the fact. Here, Dr. Scarfone, using Kundera and Merleau-Ponty for support, further noted that speaking words ***is*** action, such that,

> we do not really speak a thought we had already in our mind; or, if we had it in mind, it is because we had already spoken it to ourselves through our inner speech, another form of action, probably submitted to the same delay for what regards conscious awareness.

Though there is undeniably a difference between words and action, "we are fortunate that the word 'dog' does not bite, and that we live in a political system where, as long as we utter only words, we can say almost anything we want." Psychoanalysis is a place where we encourage all to be spoken rather than acted and yet,

> it is also a place where we indeed make the experience that speech can become heavily loaded with action in the concrete sense… We all encounter one day situations in which words become cheap, are devalued as 'just words;' when a patient is in such a state that she would have none of our babble, accepting nothing outside of the 'real thing.'

And so the stage was set for Dr. Scarfone's experience with S, a woman in analysis, gifted, with a rich mind, easy access to words, with rich dreams, and being able to attend to the "subtle tricks" her unconscious played on her. She came to treatment with many symptoms—agoraphobia, panic, phobias of flying, and vaginismus. Early in treatment, one symptom resolved without a word spoken regarding it: initially S attended sessions only with someone accompanying her in the waiting room. Sometime soon after the start of the analysis, Dr. Scarfone found his patient coming to sessions unaccompanied. Also fairly early in treatment, the symptom of severe vaginismus resolved quickly after the discovery of words that summed up some symbolic aspect of her difficulty. The resolution came suddenly, completely, and without elaboration. S complained of "something dead down there" when she described another failed attempt at intercourse. While she was a child, S's father had had a leg amputation after which he suffered symptoms including coldness of his stump. The father one day asked his daughter to sit across the stump to warm it and so she pretended to 'ride horse.' The sessions, conducted in French, referred to the bandaged stump as, "moignon bandé." Dr. Scarfone noted

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that in "everyday parlance, 'bandé' also means 'erect.'" And so he connected the idea that "something was dead down there" and riding on her father's "erect stump." He commented to S, "No wonder you can't be penetrated, the place is already occupied. You seem to be carrying your dead father's erect stump/phallus in your vagina." Starting that night, the patient's symptom resolved. The two did, in subsequent sessions, examine the connections in more detail.

After some years of good analytic work, the patient developed an intense erotic transference neurosis. It went through various phases of displacement and eventually was quite clearly directed at Dr. Scarfone. With the approach of his summer vacation, S became completely unable to sleep with serious implications, as her professional livelihood required attentive and intense reading throughout the week. She requested and then demanded that he not leave for the summer and became frantic. Her rage and insomnia not abating, she took a medical leave from work. Despite some work finding resonances with early memories, nothing changed. In fact, the patient raged, "If you thought you could get away with that little piece of infantile memory, you were wrong! Remembering that story makes me even more miserable. You don't seem to understand the state I'm in!!"

Very close to the day of his departure, after many sessions with no thoughts, no dreams, no memories, just anger and despair, Dr. Scarfone's patient started shouting, "You can't leave me while I'm in this state! You *must* do something! PLEASE DO SOMETHING!!" After her pacing around the room and returning to the couch, Dr. Scarfone described,

> It suddenly came to me to tell her: "You ask me to *do* something: I will do *only this*, but *this* I can do if it can bring you some relief." Then bending slightly forward from my chair, I extended my arm and put my open hand softly on her forehead, leaving it there, without a word, for perhaps five minutes. All that time, she remained calm and silent and I saw tears coming down her cheek. When the time was up, she got up and left silently.

The few days remaining before Dr. Scarfone's departure were remarkable for continued resolution of the crisis. S slept "like a baby," was relaxed, and was able to imagine Dr. Scarfone's absence without too much fear. The vacation occurred without incidence. The analysis then continued in a usual manner and eventually concluded successfully.

Dr. Scarfone noted that in the time after the event, he presented the clinical experience to his Analytic Society, as well as discussing with colleagues, generating typical responses from the listeners. Some praised him for having dared enact what was a necessary gesture, some claimed the presentation of the material a confession so as to be pardoned, some thought the gesture maternal, some thought it violence in disguise and so on. He however felt that the predicament they found themselves in was something Winnicott might have recognized when

> he stated that the inevitable failures of the analyst help the patient experience, in the course of the analysis, what had already happened in infancy when there was no "I" to register it. Experiencing the breakdown during the analysis enables the patient to finally put it 'into the past tense.' (Winnicott, 1963)

Dr. Scarfone felt there was more to the situation than had as yet been articulated. One day, a year or so before his presentation to the PINE community, while working on something else, Dr. Scarfone made a connection between his own history, that of the patient's, and a new meaning to his action. During the analysis, while the patient described her experience with her father's amputation, he had been resonating with his own experience of his grandfather's amputated arm, including his experience with the prosthesis the grandfather kept hidden away, arousing curiosity and fear, just as the patient had with her father's unused prosthesis. He came to realize,

> her critical state had made me actually experience, if not her sense of going to pieces, certainly her sense of powerlessness, which could also be called my 'psychoanalytic impotence.' She had passed on to me the sense of castration that she herself was facing now that the analyst—the substitute object for the dissolved phallus, for the erotic link to her father—would soon also be missing… My extended arm, then, was the incarnation—a non-verbal expression… of the missing part, of the imminent and yet ancient absence in/of a significant figure of her childhood *and* of mine… Unconsciously summoning such a 'phantom,' installing within myself a body image that was whole again, was a form of 'interpretation' that used no words, yet spoke volumes!"

Dr. Scarfone's concluding remarks were brief and thought-provoking. First, he asked about the implications of such a time delay. If one can only understand one's own non-verbal communications after such a time, how can we hope to understand our patient's nonverbal communications in real time in session? This concern speaks to the risk of guessing wrongly, the ethical obligation we have to remain open to being wrong and to avoid an omniscient stance. Second, Scarfone posited that despite the successful outcome of the described event, he still puts the incident in the category of the analyst's "failures." And though such failures might be anchoring points for the transference in analysis, they are "not technical devices that can be produced on purpose." Third, regardless of whatever positive effects there may be, given the "opaque nature of nonverbal events, and their persistence in memory, (they) still call for their working-through long after their occurrence."

Dr. Rizzuto took the podium after being introduced, and expressed her gratitude to Dr. Scarfone for giving us all the opportunity to learn from his clinical enactment and to his calling our attention to the "limitations of analytic knowledge of the patient's and our own experience…. (It) calls

for humility and a continuation of the search for understanding."

She began by looking at the case and summarizing some of the more salient points as she saw them. Some paradoxes include the double appearance of the patient, "first, as a most classical, neurotic case and second, as a patient whose symptoms… pointed to a poor indication for analysis." Another significant aspect is the disappearance of one symptom without the spoken word and the immediate disappearance of another symptom with just a bit of spoken word, leaving the word with the quality of action. Finally, the erotic transference displacements and displaced enactments on the part of the patient suggest identification with the analyst and seduction. Finally, with displacement lost as an option, "the actions in the real world were over; there remain only words for analyst and patient to talk about her experience of being 'plunged in her transferential longings.'" It is here in the treatment that "they shared without sharing each other's inability to recognize and collaborate with the other as they had done up to that point." The analytic space ceded to a non-analyzable condition.

Dr. Rizzuto quoted the relevant sections of Dr. Scarfone's presentation with emphasis on the patient's and analyst's action words. The emphasis by the patient that the analyst *do* something and the analyst's emphasis on what he can *only do* and that it was done *without a word*. With the enactment, there was another instantaneous transformation. Dr. Rizzuto here asked, "what dynamic phenomena permitted this patient to be simultaneously so capable of talking and symbolizing, while at the same time being involved in instantaneous transformations mediated by bodily actions that were never articulated in words?" She stated that, in the moment of the enactment, words were "useless, even harmful." The enactment also restored the analysis to its normal state of further work using the spoken word.

After reviewing the events of the enactment in the analysis and in Dr. Scarfone's personal history, Dr Rizzuto suggested,

> he had experienced the intensity of his actual analytic castration and impotence inflicted on him by his analysand's inability to use his words therapeutically…. His enactment was an act of self-repairing… the analyst's subconsciously experienced image of his restored body guided his effort to find a non-verbal 'interpretation' to assist a patient who needed something done to counteract the fantasy/conviction that she was going to pieces and was impotent to do anything about it.

The enactment offered a "double, nonverbal 'interpretation:' it told the analyst he was not maimed and that his outstretched arm (and ancient image of power) could perform the miracle of gluing his patient together."

Next, Dr. Rizzuto addressed the patient's situation. S was someone who could engage in analysis classically much of the time, and yet it was actions, not words, that linked to the resolution of various symptoms. The patient's relationship with her father had been severed by his untimely death during late latency and the father's bodily integrity had been lost even earlier. She noted that the patient is in the realm of maimed defective bodies.

> This patient's double functioning seems to be related to the way in which her experiential body can be accessed by words: there is a time in which the clamors of the body demand concrete bodily realities from the other… (these are) linked to the source of her overwhelming pre- and intra-analytic anxiety.

In his enactment, the analyst made, "a correct unconscious 'interpretation' of aspects of his patient's bodily experience that have not found in her a way to be put into words."

In her theoretical considerations, Dr. Rizzuto began with Freud's 1891 book, *On Aphasia*, a work she has studied in depth. She summarized,

> Freud founded his entire psychoanalytic theory on human perception, on our capacity and compelling need to represent reality by the mediation of the senses… Perceptions undergo a complex transformational process to use the input from the senses to form what he called an object representation… (This object representation,) rich and significative as it is, remains unconscious and is at the service of non-conscious processes of an always active mind.

Dr. Rizzuto noted that, in children, language develops after the accumulation of a "vast non-conscious representational reality" that includes relationships with "affectively needed primary objects." When a thing gains a name, a word for it, the word represents not simply the object but the child's complex representation of it. Dr. Rizzuto proposed that "when we talk about representing human relatedness, we must replace the concept of *object representation* by that of *scene*." She believes that our inner lives are a "constant sequence of separate or overlapping scenes around which we organize the complex act of living." In our therapeutic work, we attempt to bring the non-conscious or "dynamically repressed, unconsciously represented scenes to conscious awareness in order to give them the fullness of meaning they harbor in their plot." A core part of these scenes is our bodily experience of ourselves

> in scenes of satisfaction, wanting, or any of the infantile plots our imagination is capable of. Describing them, most frequently in metaphoric words to our analyst, gives such scenes a liveliness whether painful or pleasurable or anything in between, that greatly contributes to the feeling of owning one's own psychic house.

The case of S illustrates how in less than ideal situations, these unconscious scenes bypass verbal awareness,

> awaken[ing] in us the desire to have them fulfill their affective satisfaction with the analyst or another person in real life. We cannot settle for less when one of those scenes feels

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emotionally indispensable to us. With Dr. Scarfone's outstretched hand that brought relief,

> he completed and brought to life a critical, interpersonal, deeply desired scene in his patient's unconscious. He made the scene 'conscious' by actively participating in it, not with words, but by offering her the perception on her flesh of his analytical caring and his more than possibly sexual hand. He conveyed to her his willingness to participate in a desired and mysterious completion of a particular type of encounter.

This enactment resolved the crisis in treatment and brought the treatment back to its more traditional progression with the use of and reliance on words. Dr. Rizzuto concluded by saying that,

> the therapeutic effect of such bodily completion— "interpretation"—of a desired, even if unknown scene, convinces me more than ever that, like all psychic processes our unconsciously unnamed desired scenes fulfill a meaningful psychic purpose.

Dr. Scarfone responded that Dr. Rizzuto's comments regarding the realm of maimed bodies couldn't have been more right—that in fact, the patient's mother had had surgery for cancer leaving her with a prosthesis as well that the patient would find in bed when she sometimes slept in her mother's bed. In terms of the psychic organization of the patient, Dr. Scarfone suggested that the patient was endowed with a nucleus of actual neurosis, covered up with psychoneurotic scenes. Interpretation opened up the channels to get to the true anxiety neurosis, to the realm of the unspoken. He also thought the vaginismus was secondary to incorporation (which he saw as defense) of the bodily part rather than introjection (which he saw more as a process). Dr. Scarfone related the situation of other patients in a state of pathologic mourning, unable to eat, who began eating soon after the two found the fantasy of incorporation of the dead person's body. He also strongly agreed with Dr. Rizzuto's idea of 'scenes,' but wondered if another word could be used such as "traces" following Freud's use. As traces, they are unspeakable. Dr. Scarfone suggested that in subtle ways perhaps bodily interpretation is occuring all the time, such as in the use of tone. As we speak, meaning quite separate from our words is conveyed in the tone we use. Perhaps that, too, functions as bodily interpretation.

Dr. Rizzuto further elaborated that with S we are in a play and the stage is the body. Regarding the use of the word "traces," she disagrees with Freud. According to Dr. Rizzuto, perception is always gestaltic. It is so instantaneous that the ego cannot monitor it. What is registered is not a trace, but an event. As soon as you perceive, you have an instantaneous fantasy. We do ourselves a disservice when we give short shrift to the richness of the unconscious.

Dr. Fred Busch commented that the addition of realizing that 'words are action' has been an important contribution, but it is important not to oversimplify. One has to put the action into words to have it be meaningful. There are times when patients talk, and they are telling you something, and other times you just feel something. Regarding the case, he spoke of transference cure as the explanation for some of the rapid shifts in symptoms and also found it surprising that when she talked about real things, we didn't hear about what it meant to the patient that her father had a prosthesis or that in her mother's bed she would find her prosthesis.

Dr. Scarfone reminded the audience that this was a patient who lived with words professionally. And after the analysis concluded, S went on to lead a very creative, professional life. Dr. Scarfone used the word, 'nameless,' because when the patient was in the most dire straits she had NO words. Otherwise she was an analyst's dream, with the most rich fantasies, and upon resolution of the crisis, again returned to her baseline state. Regarding the idea of transference cure, Dr. Scarfone disagreed with Dr. Busch. The gesture was an enactment but it brought into the treatment the real working through of the transference and brought to the fore the mourning of the father.

Dr. Sasha Rolde focused on the losses this patient experienced. The real loss of her father in late latency and the threatened loss of her mother in childhood to cancer must have left much outside the realm of words regarding loss and death. She felt that Dr. Scarfone's putting of his hand on the patient's forehead is much of what we do with infants when they are crying.

Dr. Kite found Dr. Rizzuto's discussion riveting. Addressing Dr. Scarfone, she said every analysis is an interaction between a *particular* analysand and a *particular* analyst. This experience was about the meaning to Dr. Scarfone and S. Dr. Kite suggested that one can't generalize from it.

Dr. Scarfone agreed that there wasn't exactly something to generalize from the experience, but he went on to say, "we find these moments unwittingly. We find ourselves in places of maximal resistance. Our availability is most important in allowing things to be worked through us rather than from us."

Dr. Rizzuto continued in this vein. What is generalizable is that we must take great care to follow technique to the bitter end—which is what Dr. Scarfone did. She acknowledged that we are bodily beings—and that the body has a language we can't always master.

Though there were more aspects of the discussion wishing for expression and more audience members wishing to speak, the group ran out of time and the symposium was adjourned.

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INTRODUCTION OF OUR NEW FELLOWS

Nouralamal Asiri, M.D. is "very glad and honored to have become part of the PINE community. I am in my third year of training in adult psychiatry with special interest in child and adolescent psychiatry. I moved from the Middle East and came to the area a couple of years ago. It has been a journey and I am fortunate enough to have been experiencing Eastern and Western views and philosophies on different things in life. In my free time, I like outdoors sports, exploring historical areas, and painting."

Joshua Haugh, D.O. is a recent graduate of the Psychiatry Residency Training Program where he served as Chief Resident in Psychosomatic Medicine. During residency training he completed psychoanalytic psychotherapy fellowships at MIP and BPSI. He will be starting a fellowship in Neuromusculoskeletal Medicine this fall at Berkshire Medical Center. Dr. Haugh is interested in pursuing psychoanalytic training in the future.

Mirjana Jojic, M.D. is a fourth-year adult psychiatry resident at the University of Massachusetts in Worcester, MA. Throughout her training she has been interested in psychodynamic psychotherapy, and joined PINE in order to improve her knowledge of psychoanalytic theory and how it can enhance her future practice. She is ultimately interested in working with youth struggling with obesity and eating disorders, and is currently pursuing a child and adolescent psychiatry fellowship.

Hellen Kim, M.D. writes:

"I have been interested in psychoanalytic and psychotherapy training for as long as I can remember having conscious thought: somewhere around age 7. To understand the unconscious drives of conscious behavior fuels an indescribable yearning I have within. However my path took me in the direction of a formal training in adult neurology with the plan of eventually studying and working in the analytic realm.

"I grew up in Newton, then graduated from Undergraduate and Medical studies at Boston University, and trained in Philadelphia at Hahnemann University with a neurophysiology fellowship afterwards at Hahnemann and Medical College of PA. I am also a certified medical acupuncturist through Harvard Medical School.

"I'm fortunate to have been in my own personal analysis since 1997 with pauses over those years, but returning to it in some form to satisfy my passion for self discovery.

"My career in medicine over the past 16 or so years had taken unexpected detours but I have not lost sight of my original intent and I'm excited to be in a position to take advantage of the clinical fellowship program to begin my immersion in the field. I currently live in Connecticut but practice neurology in many different formats in varied geographic locations: private practice, EMG diagnostics, as a neuro-hospitalist, and also as a medical director. I have been transitioning out of clinical practice for the past few years to make time for my genuine self and endeavors. I don't have a definite road map, for the first time in my life, but imagine the next phase of my life to be a combination of my entrepreneurial spirit, organizational excellence, and expression of creativity. These general 'destinations' hopefully will incorporate my love of architecture and design with my appreciation of psychoanalytic thinking.

"I look forward to studying and sharing with like-minded enthusiasts and exploring the analytic process further.

Psychodynamic Psychoanalytic Research Society Membership Drive

Ayelet Barkai, M.D.

Please consider joining the Psychodynamic Psychoanalytic Research Society (PPRS). PPRS is a realization of the vision of the late Stuart Hauser, M.D., Ph.D., who, with Linda Mayes, M.D., chaired the Task Force on Research and Science created by Lynn Moritz during her presidency of the American Psychoanalytic Association (APsaA). The Task Force, to accomplish the aim of strengthening psychoanalytically-oriented research, proposed to the APsaA that a separate society, i.e. PPRS, be formed with close connection to the APsaA. This proposal was accepted by the APsaA Council during the presidency of Prudence Gourguechon (2009). The mission of PPRS is to provide a community for all those interested in empirical psychodynamic/psychoanalytic research, in scholarship related to psychoanalytic theory and practice, as well as relevant scholarship from 'neighboring fields' to gather, share, and discuss their work. Membership is open to all.

If you are interested in joining, or for further information, you may go directly to the website:

http://www.pprsonline.org/join-pprs

NEWS AND NOTES

Sally Ackerman, Ph.D. gave her annual guest lecture to the psychology class at Hanover High School on October 1, 2013. Her topic was "Dreams," and her younger son was a student in the class.

Rodrigo Barahona, Psya.D., LMHC presented at the XIX IPSO European Meeting in Warsaw, held at the Polish Psychoanalytic Society on September 20-23, 2013. The title of the congress was Time, Temporality, and Tempo in Psychoanalysis and Dr. Barahona's paper was titled "Apohia: The collapse of time and the bond with the Other. Revisiting E. Pichon-Riviere's vinculo, in relation to time and psychoanalysis."

Ayelet Barkai, M.D. was appointed chair of the APsaA Psychodynamic Psychoanalytic Research Society Program in June of 2013.

Nancy Chodorow, Ph.D. was Visiting Analyst from March 15-17, 2013, at the Pittsburgh Psychoanalytic Center where she presented two papers: "Toward an American Independent Tradition," "Good morning merry sunshine, good night moon, and phone treatment: Space, time, and the creation of a physical surround in the absence of physical presence." At the Lawrence E. Lifson, MD, Psychotherapy Conference titled The Therapeutic Action of Psychodynamic Psychotherapy: Current Concepts of Cure, in Boston, on March 22, 2013, Dr. Chodorow presented a paper titled "Focusing on the patient: Has our attention to the relationship and the transference gone too far?" On April 4, 2013, Dr. Chodorow presented a paper titled "Individualizing gender and sexuality: Theory and practice" at the Montreal Psychoanalytic Society, English Branch.

Axel Hoffer, M.D. was chair of the Free Association Study Group at the International Psychoanalytical Congress in Prague in August of 2013.

Howard B. Levine, M.D. presented a paper in May of 2013 to the British Psychoanalytic Association entitled "Unrepresented States and the Construction of Mind." In May of 2013 at the Congress of the Portuguese Psychoanalytic Association he presented a paper entitled "Towards a Two Track Model of Psychoanalysis." In July of 2013 at the Prague Congress of the IPA, Dr. Levine chaired a panel titled Beyond Neurosis: Clinical Studies of Representation, Figurability, and the Creation of Mind. In addition, Dr. Levine led a discussion group on Mary Target's plenary paper on Affect Regulation.

Mark Poster, M.D. is serving on the psychotherapy committee of the Massachusetts Psychiatric Society. On December 7, 2013, the committee will be sponsoring a program entitled Welcoming Psychiatry Back to Psychiatry.

Alexandra K. Rolde, M.D. presented a paper on Otto Fenichel's life and contributions to psychoanalysis in the USA on a panel at the IPA Congress in Prague in August of 2013.

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ANNOUNCEMENTS

Congratulations to **Ana-María Rizzuto, M.D**. whose work was honored in a symposium at the conference entitled Psychology and the Other, October 4-5, 2013, at Lesley University and to **Laurie Stalker, Ph.D.** who was given the Teaching Award from the 4th year residents in the Department of Psychiatry at UMass Medical School.

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NEWSLETTER

PINE Newsletter
Published by the
PINE Psychoanalytic Center, Inc.

Editor: Sarah Ackerman, Ph.D.
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