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LETTERS TO THE EDITOR

Dear Larry:
I would like to share some thoughts with you about the Annual Meeting of the Society this summer.

The euphoria attending my completing almost two years of being President of the Southern California Psychoanalytic Society drowned out for the moment some of my impressions of the Annual Meeting. Retrospectively, however, one happening of the meeting particularly commanded my attention and motivated me to share these thoughts with my fellow members.

While presiding over the meeting I suggested at one point that a fund (approximately \$1,300) collected for the American Psychoanalytic Association as an assessment along with Society dues (earmarked specifically for a public relations lobbying program, but no longer needed because the program had been discontinued) be turned over for the use of the Society -- a much needed reinforcement during this time of inflation for essential expenses such as the salary of a new executive secretary, mailings, scientific meetings, etc. To my astonishment this idea was immediately challenged from the floor by a motion that this money, collected for a function subserved on the local level by our Society, be applied instead to financing the Research Clinical Associate program. I have no quarrel with anyone wishing to support this program, but in this case a proposal was made to take funds collected by the Society for a function it subserves and give it over to the Institute for a program under its jurisdiction. The motion was defeated soundly, but enough of my fellow members supported it to cause alarm.

Very likely some of the people supporting this motion were not clear as to the separate functions of the Society and Institute. For others, however, it might have indicated an indifference to maintaining our organizational identity as it is currently constituted. I

doubt whether this sentiment has much backing, but to the extent that it exists at all, I should like to speak in opposition to it.

An illustration of the merits of our organizational structure in comparison to that of the Los Angeles group, in which the Society and Institute are governed by a single set of officers, was provided by our joint experience in preparing for the Western Regional Psychoanalytic Societies meeting. The officers of our Society could focus on the planning of the meeting with an energy and purpose which our counterparts in the other group were unable to muster because of the numerous responsibilities that claimed their attention simultaneously. I have my doubts whether the meeting would have been nearly as significant without the loving attention we were enabled to provide by virtue of our more focused responsibilities. We were the objects of envy because of the relative leisure in which we could approach the tasks at hand.

Aside from the advantages accruing from greater efficiency, I feel that two distinct entities add much to the life and zest of our organization. It certainly permits, even encourages, the participation of many more of our members in its administrative, governing, planning and creative activities. An example of this ferment in the Society is the Public Information Committee which has devoted itself energetically to the study and consideration of some very knotty issues pertaining to the welfare of ourselves as analysts as well as to our patients.

Furthermore there seems to me to be a natural division between the Institute, whose functioning is devoted to the education and bringing up of the younger generation, and the Society, whose function pertains more specifically to promoting the scientific pursuits and other needs of the older generation. Not burdened by the weighty responsibilities of the

(Continued on page 30)

EDITOR'S NOTEBOOK

Objects of Summer

Psychoanalysts have shown a public face over the last six months as seen in various newspaper and magazine reports.

Two weeks after the close in New York City of the 31st Congress of the International Psychoanalytic Association, an article appeared in the New York Times examining once again the present state of psychoanalysis.¹ Particularly arresting was the title, "Freud's work thrives as theory, not therapy." Ms. Adams interviewed analysts and non-analysts within the scientific community where views ranged from "Psychoanalysis is in danger," to "The psychoanalytic revolution is by no means dead, we're still in the early phases of it." She buttressed her arguments by quoting Freud (1926) "The future will attribute far greater importance to psychoanalysis as the science of the unconscious than as a therapeutic procedure." (p. 265) But Freud also said, in the same essay, "Psycho-analysis finds a constantly increasing amount of support as a therapeutic procedure, owing to the fact that it can do more for its patients than any other method of treatment." (p. 264)² Those interviewed didn't necessarily follow party lines; some of the most optimistic and laudatory statements came from the non-analytic sector. That over 2500 psychoanalysts from thirty-four countries attended the Congress attests to the healthy state of our specialty. Granted that analysts as a group are treating fewer patients by classical technique than they were a decade ago, paradoxically interest in psychoanalytic methods of therapy is at a new high. While discussions such as Ms. Adams' on the fate of psychoanalysis remain an intellectual cottage industry today as much as they were at the turn of the century, it is irrefutable that psychoanalysis worldwide thrives both as theory and therapy.

Almost entirely through the efforts of Walter Briebl, the American Psychoanalytic Association voted to ask the International to lodge a formal protest against the Argentinian government's imprisonment of psychiatrists and psychoanalysts. After hearing pleas from Argentinian colleagues as well as members from South America that such an attempt by the Congress would only serve to make the situation worse and could result in further reprisals against family members and colleagues already in prison, the International voted against the resolution. Following the vote at the business meeting, Dr. Briebl won the respect and admiration of the audience with his vow to continue working for human rights, a lifetime endeavor of this dedicated man.

While the argument against the resolution prevailed, one wonders at the logic of this reasoning. Russian scientists, dissidents and refuseniks have all insisted that the most important single factor in their being permitted to emigrate has been pressure from world organizations and the publicity that campaigns for civil liberties have achieved.

In one of the articles referred to above,³ the National Academy of Science and the American Association for the Advancement of Science are reported to have asked the Argentinian government to account specifically for fourteen scientists, engineers and students who have either disappeared or have been jailed since 1976, adding that hundreds of scientists have been dismissed from educational institutions and many more have been jailed in Argentina. While many American professional organizations, such as ours, have put themselves on record condemning such practices, sadly the International Congress was not able to marshal its collective influence in the service of individual freedom.

¹Adams, Virginia. "Freud's work thrives as theory," New York Times. August 14, 1979.

²First appeared in Encyclopedia Britanica "Psycho-Analysis," No. 13, New Vol. 3, also in S.E., Vol. 20.

³Los Angeles Times. August 30, 1979, p. 4.

INTERPRETATION OF A FORGOTTEN
DREAM IN THE BIBLE

Martin Grotjahn, M.D.

The analysis of an unknown dream is not new in the history of dream interpretation. Chapter two in the Book of Daniel starts with the story of Nebuchadnezzar, who dreamt a dream which troubled his spirit greatly. The King summoned his magicians, astrologers, sorcerers and the Chaldeans and said to them: "I have dreamt a dream and my spirit is troubled." Then said the Chaldeans to the King: "Tell your servants the dream and we will show you its interpretation." And the King answered: "The dream has gone from me. If you will not make known to me the dream or its interpretation you shall be cut in pieces and your houses made a dunghill. But if you declare the dream and the interpretation of it you will receive from me gifts and great honor."

At the inability of the wise men to interpret a dream they did not know, the King became very angry and decreed that all the wise men of Babylon should be slain. They sought Daniel and his companions to slay them too.

Daniel asked Arioch, Captain of the King's Guard, to grant him time for prayer. The King's dream of the monster with "the feet of iron and clay" was revealed to Daniel who then told it to the King and "gave the meaning": four kingdoms would follow each other, the fourth with its strength of iron, its weakness of clay feet, would fall and break into pieces.

Daniel concludes with the proud words: "The dream is certain and the interpretation of it is sure." His prophecy turned out to be correct.

It appears as if the Book of Daniel was written at the time it describes. This would be during the second Babylonian Exile, the reign of Nebuchadnezzar, and after his conquest of Jerusalem in 586 B.C.

Historical research, however, makes it more probable that Daniel lived long before that time -- perhaps at the time after Noah and before Job. With other words, the folk hero, prophet and man of wisdom called Daniel by the prophet Ezekiel, cannot be the author of the Book of Daniel, which in all

probability was not written before the year 165 B.C. This would date the prophecy approximately 400 years after the events it predicted.

This example shows once more that analysts are on safer ground to reconstruct an event which happened a long time before instead of trying to predict the events of the future.

PSYCHOANALYTIC TRAINING:
THINGS AREN'T ALWAYS AS THEY SEEM*

Scott Carder, M.D.

Psychoanalysis is just another medical subspecialty training. HA! Little did I know. Often, I've felt it's more like learning cardiac transplantation by self surgery! All my thoughts, beliefs and values have been questioned, undermined and poked at. I thought I had decided to study psychoanalysis to better understand and treat my patients' problems. I came from general practice to psychiatry and then to psychoanalysis to learn why, for example, someone had back pain when they were angry at their husband. I did undertake psychoanalysis for this reason but little did I know that also, in the process, I would have to painfully question and confront my personal pleasures and styles. I even had to face the fact that my reasons for undertaking this study were not the altruistic ones I had thought. Unconsciously, I was trying to get help with my own problems as well as striving for power and specialness. I was searching for a good idealizing-admiring ambience or environment that would reflect my inner grandiose views and in this way re-inforce the repression of hidden inadequacy feelings.

There are three areas of my psychoanalytic life that I would like to discuss: (1) from my experience it is difficult to change from medical doctor's point of view to that of a psychoanalyst's view; (2) some thoughts on how my personal defenses and character style contributes to the stress in the transition during analytic training; (3) some of the anxieties, uncertainties, and changes I have experienced during this training. I hope, by attempting to share some of these thoughts and by raising some questions, we can better understand the problems that are unique to the metamorphosis in analytic training. Some analysts feel there is a professional mythology which suppresses expression of our own difficulties. This can readily be seen in journal articles and in books on practice and technique where editing out our mistakes and errors is commonplace. The cases seem to progress much easier on the pages than they do on one's own couch.

Freud courageously undertook the process of sharing ideas gained from self exploration. Many of his great analytic ideas, especially those of dream analysis are known to have come from his own self analysis.

Our field can be enriched by continuing to extend this area. My experiences may be similar to those of many other analysts. All of us have had significant "growing pains" in this training phase of our psychoanalytic life.

Now to the first theme, which is my problem in changing from a medical doctor's therapeutic orientation. In traditional medicine the desire for magic and for rapid relief are pressing. As analysts, we know illness promotes psychic regression and enhances the desire for the omnipotent parent figure.

Cure and relief of symptoms are the goals of medicine and it is hard for me to change and know that for a psychoanalyst, the goal must be more and yet, at the same time, less. In other fields of medicine, one doesn't function well when he encourages the patient to express ambiguity, emotions, and the feelings within the doctor-patient interaction. Nor does one function well when he keeps a focus on the heightened awareness of his own feelings about this interaction with a patient. It seems almost anti-Hippocratic to avoid overt enhancement of "cures" by suggestion or to tolerate continued symptoms to enhance treatment motivation.

My point of view of treatment as a medical doctor fit my narcissistic and obsessive-compulsive defenses as it may do with many physicians. It also fits my ego-ideal. I enjoyed this during the five years of general practice before I entered psychiatry. There, you are one of the most respected, higher paid and most valued persons in the community. You have God-like powers of life and death. Your word is treated with almost sacred obedience. You are given instant, intimate trust and confidence and are privileged to one's most inner parts.

My personality structure, with the narcissistic and obsessional aspects, may be a syntonic match for a "super doc" surgeon or an idealized G.P. who "dispenses miracles." However, this character style with its perceptive, processing, and emotive qualities, is not one that merges easily with the realities of a therapist working in intensive psychoanalysis. As I mentioned, my conscious rationale for leaving general practice and specializing was to better treat the many patients whose problems were psychologically based. I remember, though, that I often felt very inadequate in general practice. I knew there were many specialists who were much

*This paper was presented at the March 1979 meeting of the Western Regional Psychoanalytic Societies under the title: "I Didn't Know What I Was Getting Into".

better informed about any particular problem than I was. In a deeper way, these inadequacy fears paralleled my own unconscious self-doubts which began in my childhood. I can see now how this parallel with my neurotic inadequacy feelings stressed my repression of them and that specialization was, in part, a new attempt of mine to avoid awareness of these unconscious feelings.

At this time in my professional life I see these inadequacy feelings persisting and manifesting themselves in some current difficulties with my patients. This is part of the trouble I have at times in feeling adequate enough to charge, increase and collect fees that are commensurate with my ability and training. Through my own analysis I am now better able to watch for those feelings and as I repress them less, I find that gradually I can better cope with and integrate the many derivatives of them.

Now I would like to mention a few specifics about my personal defenses as they have related to psychoanalytic training. When my beliefs and feelings agree with my patient's position then often I cannot provide the emotional conviction necessary to change a character problem of theirs. When I am heavily defending against my unconscious it is difficult to see my patients become less defended and more aware of their unconscious. I have found both pleasure and envy in seeing my patients seeming to make more progress in their treatment than I am in my own analysis. I have found myself aligning with their defenses and resistances. For example, I felt both pleasure by identifying, and also envy when a wealthy physician talked of attractive women offering to have affairs. Another patient, a volatile, angry man, talks viciously in the metaphor about anger which is obviously displaced from the treatment situation and I find myself happy to allow it to be directed elsewhere. At other times, I have felt envy and resentment when a patient's relationship with his wife or children is doing very well while I'm having problems with mine. These kinds of situations stress my objectivity and my own work in analysis on my resistances.

My narcissism has been my greatest foe and yet, at times, a nudging and encouraging ally. I came to the institute to bathe and stroke my narcissism in the elite group of psychoanalysts. I realize now that I was planning to join the club, pay the dues, and spend a brief time in analysis convincing my analyst that I was a good guy and could do a good job of being a powerful, silent-super-subspecialist. Well, I have spent five years wounding my narcissism. I'm still not a member of the club. I'm learning a hell of a lot but I'm earning less and working more.

My self centeredness has usually been of a syntonetic character quality. It seemed necessary for survival and this is what I felt everybody did or tried to do underneath -- to be out for himself. In following this narcissistic ego ideal, my superego became corrupted, in that, to get what I wanted, I would have to buy myself off and distort what I knew was important or valuable. Only recently have I really felt how some of the self interest interferes with my relating in closer, more open, ways with "whole" persons. Unconsciously, I strive for both sides of the admiring-idealizing, part object relationships. Being loved by being admired or looked up to and idealized feels good, and it does so by mirroring my own inflated self concept. Likewise, I feel safe and secure if I am working or involved closely with someone I admire and who thinks well of me. I see, to some extent, that to need to see people as idealized self objects creates unrealistic anxiety and a continued pressure to control and maintain these relationships.

My obsessive-compulsive qualities strive for clear, organized and objective phenomena even at the expense of accurate and honest assessments. Rules take precedence over understanding. Cookbook procedures and repression of personal feelings are important. Laboratory reports and other objective findings lead to deductive conclusions with seemingly precise meanings.

These and many other parts of this side of my character have also interfered with my work with patients. When my aggression comes out as excessive competitiveness or self-assertiveness it contributes to difficulties. Procrastination, rigidity with a sense of excessive concreteness and skepticism, and holding on for myself also contribute. I have seen isolation by my focusing on irrelevant details and undoing by confronting a patient with an unpleasant reality and then saying something else to minimize or negate the feelings.

Now I would like to turn to some of the anxieties, uncertainties and changes that I have experienced in training.

For me, there have been many paradoxes. No longer do I secretly feel that I know it all or it isn't worth knowing. Now, I have learned so much yet know so little and have so much to work on. This is the best and yet the most stressful experience of my life. I'm having a chance in mid-adult life to grow and mature in ways I had never imagined or maybe only dreamt of. Yet, this is long, at times difficult and painful, and doesn't prevent unhappiness, confusion or discouragement.

The seminars were the most like my expectations. Their didactic format was familiar and one's own values and character as well as the dynamics of the seminar group itself were not directly confronted. The basic content of the seminars is like a rich smorgasbord with an abundance of good material and where, even with a good appetite, the amount you digest is small compared to what is available. I have been amazed at how, even this seemingly stable seminar part of my analytic training takes on different qualities as I have changed my own self perception.

My views of the other areas of training have been less stable. In the selection and work with control cases, in my interaction with supervisors and most importantly, in my own analysis, my expectations have changed markedly with my increased understanding of unconscious psychodynamics.

My naive omnipotent fantasies contributed to my initially selecting control cases which did not have good chances for success. I didn't realistically assess the factors which were likely to create problems, and I, at first, didn't "step down" and allow myself to be a beginner and accept help from the clinic. My first two cases stopped in the first year of work partly from this and partly due to my trouble developing a conviction about this work. I felt uncomfortable in the first few years even calling this work. As I came to accept that a larger time and greater efforts were needed in my own analysis, I could feel more comfortable in developing my control cases.

In a related issue, many of my colleagues and I have stewed over the "lack of good analytic cases." This, too, now seems more of a personal intrapsychic problem than one of external reality. As I have felt more like an analyst, I have been better able to identify workable analytic cases. I am learning how to develop cases from my practice. I gave up waiting for some senior colleagues to refer the full paying, ideal and ready made case. After dealing with my inner resentment and rejection, I began to risk asking for help. Then I saw that some of the cases which were already being referred could, with some work, become good analytic cases. My increasing comfort in "changing the napkin" or (working analytically), reflects my own internal changes as my work with these cases continues. Since the indications, the means and the goals of my personal analysis have changed during these past five years, it is no wonder that my work has followed a similar path.

A good example of my uncertainties and their changes during the training, concerns the use of free association in analysis. I had

tended to explain and encourage its use because it was "the rule!" Free association, like the couch, was part of the structure or a rule in the lab-book that had to be followed to carry out this experiment. I didn't and at times, still don't, have comfort in knowing where this will lead and a feel for the process of enlarging one's awareness by this method. I see now that working on the resistances to free association and really understanding how these operate in an individual is more useful than trying to force the rule. Enforcing the rule is a defense of mine against this free expression atmosphere and the feelings it produces. For me, the work is shifting from the scientific detachment of working with a patient to a treat a disease into a real human involvement in a close relationship. The goal, now, is to use the feelings generated on both sides to help the person integrate and synthesize emotional conflicts and in this way encourage healthy ego development.

Supervision has also significantly changed as I've increased my understanding of the unconscious. Initially I looked for the supervisor to show me the technique, to be a good model and help me implement the structure. At times, I longed for the specific "right answer." Often, I would cling to any general suggestion or a comment and inject it into my next session hoping to see this medicine work. I still tend to over-rely on my supervisors and will confuse my patients on the day after supervision with some new insights that are not connected enough with where the patient is at the moment. I have really valued the positive encouragement and support that supervision provides. When you are walking in the dark, whether with blind confidence or with trepidation, it is nice to have someone shine a light at your feet. It keeps you from stumbling along the way even if you can't see very far ahead.

I have found that although supervisors don't give all the longed for answers, they do give you their style of approach and manner of understanding. They have helped me tolerate the confusion and complexity and reduced my anxiety by showing some meaningful ways of organizing the material and of translating the unconscious communications. My personal feelings about the process in supervision are similar to those of Ben-Avi, (1977), in his recent chapter, "On Becoming an Analyst." He states the function of the first supervisor is to help the candidate feel he belongs in the profession. He should reduce the candidate's anxiety around the question of, "Am I personally suited to function as a psychoanalyst?" If the supervisor fosters the student's idealization of him then the student may feel even more discouraged at becoming an

acceptable member. I know it has helped me to have the supervisors I respected and thought of as top quality analysts but also to see them as fallible, real people.

From my own analysis I have been elated, discouraged, depressed, angry, bored and a lot more as I'm sure all candidates have. I entered expecting a short didactic analysis and I have spent a lot of time coming to terms with being a patient myself. I see this now as a defense against a deepening conviction of the existence of my own unconscious and all that this implies. Only after feeling my own resistance, have I been able to not hesitate or doubt myself and my ideas when patients come late, block in sessions or resist in other ways. Now I can better use these resistances to see where the patient is unconsciously.

I have wanted to terminate several times and have had a hard time having some of my character traits become dystonic. If we did not have the guideline requiring your analyst's statement of having successfully completed the training analysis and had not my analyst stood so firmly, I would have stopped much earlier. Each time I have decided to continue and then when I look back I know he was correct. Even as I say this, however, I have some further doubts concerning other points of view and this process. Could I just be in what Bob Dorn, (1969), sees as the candidate's most common posture, that of masochistic submission? Erik Gann, (1978) is a clinical associate in San Francisco who recently reported his perspective on psychoanalytic education in the American Psychoanalytic Newsletter. As he stated, the "training" versus "learning" form of this education, like an apprenticeship, has an inherent infantilizing quality which results from the training analyst and the institute's control and authority over the candidate's career.

To go further with this idea of resistance or alternative views, Judd Marmor, (1977), in his address, "The Psychoanalyst As A Person", also feels a large amount of masochism is involved in this training and that significant problems are inherent when the candidate is, as at present, very much at the mercy of the training analyst in an "indentured state." I do experience the restrictive quality that Marmor and Edward Glover see in the situation that a student who questions theoretical structure may be "charged with being emotionally resistant to the revealed truth and therefore in need of further analysis." As Glover, (1956), stated twenty-five years ago; "It is scarcely to be expected that a student...whose professional career depends on overcoming resistance to the

satisfaction of his training analyst, can be in a favorable position to defend his scientific integrity against the analyst's theory and practice." In these training situations, Glover states, the "teacher's error" tends to become the student's cult.

I think the pressure of conforming within the training analysis is also more basic to developing an identity and skill as an analyst. It may be impossible to function in a positive, confident manner as an analyst if one has had significant disappointments in his own analysis. A major function of the training analysis is to demonstrate that psychoanalysis works. The "I know it worked for me!" feeling adds significant unconscious conviction to one's performance.

I could say a lot about my own analysis, about all the feelings which this process generates. It remains much different from what I expected. It's so hard to see the derivatives of my own unconscious and to really analyze my own resistances. When I see something new in many of my patients, it's usually something in myself. Likewise, as I am beginning to understand something about myself better, I see it operate in many of my patients.

I think I would never have started psychoanalytic training if I had really known the size of the commitment. I feel many other good potential candidates use less denial than I did and they don't apply or they drop out of the institute because it is too great a reality sacrifice. What can we do to get more of these good people involved to further enrich our institutes? This also contributes to the problem of getting minorities to apply. We need Blacks and other minorities to expand our understanding and exposure. The cost and the lack of a clear view on the usefulness of psychoanalysis to these minorities and to the community is a problem.

My family has undergone a lot of stress and sacrifice from my analytic training. The time and expense of psychoanalytic training is very great. It is like holding an additional half-time, non-paying job that extends for years. The emotional stress has also been difficult and yet, here also, in ways I hadn't expected, this training has been a very good thing for my family. I'm more open and feel more and am better able to face painful feelings and not detach or rationalize. My own unhappiness has been the hardest thing for my family to deal with. I'm not the strong pillar of perfection I had tried to be but I am more human and more caring.

Currently, I'm in a stress with a problem of self worth and a lack of confidence at being an analyst. Part of the doubts are personal, related to my own internal problems but part seems real enough in that I have never successfully completed an analysis of anyone nor have I successfully terminated my own analysis. This problem seems to be a function of the long in-depth process we work with. To my self query of, "When will you be an analyst?" I answer, "When I am analyzed." But this seems similar to the joke of the angry parent who asks, "When will you grow up?" to which the bemused child replies, "When I'm older."

The overwhelming mass of information, the disputes on theory and techniques and the problems of developing my own convictions, style and place in this multi-opportune specialty are very stressful. While my own doubts, problems and conflicts persist and while I'm not ready to terminate or to reject psychoanalysis, I'm not able to embrace all parts of it either.

No, I didn't know what I was getting into but I'm sure glad that I did and I really appreciate the assistance of all those who have helped me.

Psychoanalytic training from a personal perspective has been presented. Self analysis of the narcissistic and obsessional traits of one who came from general practice and is now an advanced clinical associate is discussed. The benefits, doubts and uncertainties are explored, looking at the different aspects of analytic training.

REFERENCES

Ben-Avi, A. (1977), "On Becoming an Analyst," In: The Human Dimension in Psychoanalytic Practice, ed. Ken Frank. New York: Grune and Stratton, pp. 165-179.

Dorn, R. (1969), "Psychoanalysis and Psychoanalytic Education; What Kind of Journey?" In: The Psychoanalytic Forum, Volume III, ed. J. Lindon. New York: Science House, pp. 237-274.

Gann, E. (1978), "Psychoanalytic Education: One Candidate's Perspective," In: The American Psychoanalytic Association NEWS-LETTER, Vol, 12, No. 4.

Glover, E. (1956), On the Early Development of the Mind. New York: International Universities Press, pp. 352-392.

Marmor, J. (1977), "The Psychoanalyst as a Person," American Journal of Psychoanalysis, 37, pp. 275-284.

SCIENTIFIC MEETINGS

The Psychoanalyst's Life: Expectations, Vicissitudes, and Reflections Western Regional Psychoanalytic Societies Meeting March 30-31, April 1, 1979

PANEL A: EXPECTATIONS OF PSYCHOANALYSIS:
HOPES, REALIZATIONS AND DISAPPOINTMENTS
DISAPPOINTMENTS

PANELISTS: Reed Brockbank (S.F.), Chair
Daryl E. DeBell (S.F.), Fernando
Caesarman (Mex.), Arnold
Gilberg (So. Cal.), Arthur
Malin (So. Cal.)

Dr. Brockbank introduced the panel stating that we would be involved in a process of self-scrutiny.

Dr. DeBell felt that there has been an exaggeration of the demise of psychoanalysis. He dealt with the qualities of personality which tend to lead to success in a psychoanalytic career. Among those are: idealism, pragmatism, intelligence, curiosity, interest in "hard science" and a capacity for patience. He notes that candidates are often enthusiastic in the first years of training and then become lethargic. Perhaps training is too long? Analysts' disappointments are due to over-estimation on the part of both the analyst and the patients, and DeBell notes that isolation is a major problem for analysts.

Dr. Malin discussed the possibilities for residents, and is more worried now than he was previously -- particularly, with the competition from psychopharmacology, behavior modification, family therapy, group therapy, etc. Psychoanalysis is trivialized in residency training. Thus fewer applicants are interested in training. Additionally, bright young people interested in analysis are not necessarily going to medical school. Other avenues are open such as the mental health training program in San Francisco. He stressed that there is a difference between the human interest in patients and the science interest in theory (metapsychology), and strongly argues that the conviction of the analyst with regard to his psychoanalytic identity is positively correlated with the attraction of analytic patients.

Dr. Gilberg feels that the idealism which is instilled into the candidates and into the public is often an unfilled promise. This may lead to a disappointment in both. He finds a potential technical problem which is inherent in training: the training analysis promotes regression while the institute demands progression and maturity. Dr. Gilberg agrees with DeBell that isolation is a major problem for analysts and requires outside activities.

Training analysis by its very title promotes denial while attempting to analyze the other aspects of personality. This gap may be a factor in the mid-life second analysis.

Dr. Maenchen commented that the analytic profession has effects upon the analyst as well as the patient. The process leads the analyst to be curious about himself as well as the patient. This often leads to frustration. The restriction of activity leads to blocking of affects.

She makes a strong point between transference phenomena and "ego reactions." The latter involving human reactions to human affects. The analyst may recognize transference attitudes but is prevented from retaliating in kind.

In the discussion, Dr. Malin says people who can't deal with "slow generativity" have difficulty dealing with the analytic process.

Dr. Settlage feels that learning from patients is a satisfaction. He states that we must define our limitations in terms of our current limits without regard to possible future contributions.

Dr. Greenson said we did better when we were small, unpopular and unloved. The child analytic movement has much life in it because it is still small, unpopular and unloved.

Peter B. Gruenberg, M.D., Reporter

PANEL B : SUPERVISION AS A MATURATIONAL AND THERAPEUTIC PROCESS

PANELISTS: Ruth Aaron, (So. Cal.) Chair
Gerald Aronson (L.A.), Leopoldo Chagoya (Mexico), John Lindon (So. Cal.), and Morris L. Peltz (San Francisco).

Lindon, the first speaker, described his view of the maturational and therapeutic processes that occur in supervision. His was an unusual idiosyncratic approach in which the candidate is encouraged to recall from memory, not from notes, all the clinical data of his patient; he is invited to free associate about his case or any problem cases, including his personal feelings and thoughts. This method brings to the fore unresolved or partially resolved conflicts within the candidate which are then dealt with through repeated self-analysis and working through. He stated that these reactivated difficulties are not brought up in the training analysis of the candidate and therefore are dealt with in the supervision.

In sharp contrast to Lindon's views, Peltz took the position that supervision is primarily a teaching and learning experience. While acknowledging that a number of personal problems might be drawn into the supervisory arena, he felt that such conflicts became intrusive and disruptive to the supervisory process. The supervisory situation was not designed to deal with these kinds of problems. What maturation does occur is effected not through the regressive countertransference but within the conflict-free sphere of the ego. He essentially sees three organizing events which contribute to the student's maturation as a therapist: his personal analysis, his clinical work, and the supervision of this work. Where countertransference reactions occur, his emphasis was to help the student identify them in order to enhance his understanding of the patient.

Chagoya, the third panelist, described the supervisory situation as a dyadic relationship similar to the patient-analyst one with similar transference-countertransference phenomena. In his experience in Mexico the transference reactions of the student to the supervisor as well as his countertransference reactions to the patient were never discussed because they were not considered part of the supervisory relationship. However Chagoya's approach is to identify these countertransference problems. He does not analyze them but refers the supervisee to his analyst. In addition, he stated that the reactions of the supervisee to his supervisor should also be examined.

As the final panelist, Aronson posed some novel questions with which one could examine the maturational process that can occur in supervision. Some of these questions related to the theory of therapy: he postulated that each therapist has his own theory of therapy as does the supervisor and the patient. How do they reconcile after differences? How are their theories articulated or hidden? Aronson also discussed some frequent encounters in supervision: the supervisee who always interprets according to the last supervisory hour, similarly, the supervisor; the supervisee who understands his patient far better than he is able to communicate his understanding and thus presents the "wrong patient".

Chairperson Aaron then encouraged an exchange among panelists to be followed by an exchange with the audience. Lindon, differing from Peltz and Chagoya, supported his position that there was conflict resolution in the supervisory situation. He felt that many significant "therapeutic changes" occurred in everyone at many stages of life, the supervisory situation being one. He stated that even characterological changes occur. Lindon wanted to make it clear that he was not talking about transference reactions. "I was talking about characterological changes as profound and as permanent as one would hope to achieve if he or she is lucky to have a very cooperative analysand." If the supervisee is interested in revealing genetic material, Lindon will discuss it with him. In response, Coodley raised the question about the problem of the "split-transferences" between the candidate's analyst and his supervisor. There is also the problem concerning the unconscious conflicts in the supervisor which stem from some unconscious feelings toward the training analyst of the supervisee.

Settlage contributed by drawing a distinction between countertransference and appropriate ego reactions on the part of the supervisee. Appropriate ego reactions, a concept developed by Maenchen, are reactions based on the patient's transference to the analyst rather than due to any neurosis in the analyst. The analytic situation is designed to treat such countertransference reactions not the supervisory experience, although it is important to confront the supervisee with his neurotic difficulties. Self-analysis may go on but the supervisor does not attempt to get at the genetic roots.

Although Aronson did not get involved in the countertransference dispute, he nevertheless made valuable contributions. At one point he distinguished between the process of learning and developing: learning occurred in a comfortable teaching situation but that

development and maturation resulted when a state of tension existed. He gave as an example the supervisory situation where everything is going "too well"; and where there is too much congruence in the supervision. These signs, Aronson believes, are indicators that a new supervisor should be considered.

In sum, this was a panel that raised many interesting and provocative questions relating to what makes for a maturational experience in supervision. There was a wide range of positions taken. We can, however, consider this a healthy sign when viewed with Aronson's model -- that differing views make for tension, which in turn makes for development.

Sidney Fine, M.D., Reporter

PANEL C: DEVELOPMENT OF THE CAPACITY TO UNDERSTAND AND UTILIZE THE COUNTERTRANSFERENCE

PANELISTS: Agustin Palacios (Mex.), Chair
Victor Aiza (Mexico), Bernard Brandchaft (L.A.), Donald Marcus (So. Cal.) and Alan Skolnikoff (S.F.)

Dr. Aiza defined countertransference as (1) the analyst's neurotic reaction to the patient's transference; (2) the analyst's chronic transference feelings, not in response to the patient's transference, but as a direct manifestation of unresolved neurotic conflicts in the analysts; (3) the analyst's acute transference feelings not in response to the patient's transference, such as the awakening of sleeping unconscious conflicts, because of some unusual event in the life of the analyst or of the patient; (4) the analyst's conscious and unconscious reaction to the patient's reality as well as his transference, and also to his own reality needs as well as his neurotic needs.

Dr. Aiza continued that only after understanding and working through our own countertransference feelings can one bring fundamental changes in the ego structure of the patient through the corrective experience implied in the analytic situation. Not being aware of such feelings makes the analyst use all kinds of neurotic attitudes from narcissistic withdrawal or detachment to the omnipotent eagerness of trying to help successfully all and everyone.

Countertransference is useful when it becomes empathy, which is the ability to know, share and experience another's feelings. Unlike countertransference, empathy is temporal and charged with minimal and neutralized cathexis. When countertransference feelings are made conscious, they can be utilized as a very important and useful tool for both analyst and patient.

Dr. Marcus spoke of countertransference in Kleinian terms using Melanie Klein's concept of projective identification and Bion's concept of container and contained. He defined countertransference as unknown omnipotent fantasies in which aspects, qualities, thoughts and mental states are projected into the analyst from the patient. The analyst picks up the fantasy and experiences it as if something alien has been put into him. The analyst then must strive to understand these feelings and give them back to the patient in the form of an interpretation. Discomfort is present in the analyst until he understands.

Countertransference problems occur when the mind of the analyst is not receptive to the patient because of either problems in the analyst due to external events, unresolved conflicts, or misguided theoretical systems or due to the fact that the patient has projected his feelings of violence into the analyst. This occurs especially with "sicker" patients. The analyst feels violently attacked by the patient. The analyst should understand that rather than actually trying to attack him the patient is just trying to communicate his discomfort. If the analyst is unable to contain such violent projections, he may either project it back into the patient or act it out in the transference. To prevent this from happening, an analyst may require supervision with such difficult cases or undergo further analysis.

Dr. Brandchaft spoke of countertransference in terms of the psychology of the self. He defined countertransference as anything that interferes with working through the transference. He noted that in the analysis of narcissistic disorders the analyst at times feels intense feelings of fatigue, boredom, uselessness and being controlled. He feels that these feelings are not negative transference or a negative therapeutic reaction but are in actuality intense and unrecognized countertransference reactions.

These countertransference reactions interfere with the analyst's capacity to empathize with the patient and his enfeebled self. Empathic understanding is imperative to maintaining the therapeutic bond and for the analytic processes of working through and repair. Countertransference reactions also interfere with the full and spontaneous mobilization of the specific narcissistic transferences which contain the nuclear self pathology and result instead in the appearance of iatrogenically intensified defensive and reaction patterns. He concluded that the goals of the analyst should coincide with the goals of the patient and not in protecting the analyst's own theoretical system and wounded pride. He stressed the importance of continuing self analysis while treating patients.

Dr. Skolnikoff stated that countertransference can best be utilized by the analyst being as aware of his reactions to the patient as he is of his interventions. Countertransference can then be used in the service of the work of the analysis. He noted that the patient projects certain feelings onto the therapist in an attempt to reenact earlier conflicts with primary objects. The patient thus looks for certain situations in the analysis as well as traits in the analyst to permit the patient to actually

reexperience earlier conflicts. The analyst consciously or preconsciously deviates from his neutral stance to partially comply with the patient's wishes. Constant understanding and exploration of these deviations permit one to reconstruct earlier conflicts of the patient. The study of countertransference feelings can be an important educational experience in the supervision of an analysis and often the supervisor can predict trends in the analysis from this. Dr. Skolnikoff concluded by differentiating three terms from one another: (1) countertransference acting out; (2) corrective emotional experience; (3) countertransference response.

Countertransference acting out, which frequently occurs in psychotherapy, is where neither the therapist nor the patient is aware of or doesn't explore the therapist's deviation from neutrality. Corrective emotional experience involves the therapist making a conscious attempt to act in a different manner than the primary object to help the patient overcome an earlier sense of deprivation or frustration. Countertransference response involves no conscious decision on the part of the therapist, as in the corrective emotional experience, but rather dictates that the therapist adhere to neutrality but permits himself to be curious about his preconscious or unconscious deviations from this neutrality in order to understand what the patient is trying to reenact with him.

Bernard Sosner, M.D., Reporter

PANEL D: CHALLENGES TO PSYCHOANALYSIS POSED BY THE CHANGING SCENE OF MEDICAL PRACTICE

PANELISTS: Lawrence Greenleigh (So. Cal.), Ch Ronald Mintz (L.A.), Felix Ocko (San Francisco), Alex Rogawski (So. Cal), and Gary Shepherd (San Diego).

All the panelists agreed that the increasing involvement of third parties in the payment for medical services augers ill for psychoanalysis. The issue of "cost effectiveness" takes precedence in all considerations of governmental agencies and the insurance industry. Such subtleties as characterological change, increased capacity to function in love and work, and the other modifications which distinguish psychoanalytic outcome from those of other more superficial therapists are of no interest to the bureaucrats as they cannot be readily quantified, measured, or objectively demonstrated. Symptom removal which permits employee attendance and decreased length of hospital stay is the measure of utility. Dr. Rogawski felt that it is hopeless to expect coverage in any national or private health scheme to exceed that for "brief psychotherapy" à la Sifneos, Malan, etc., perhaps up to fifty sessions per year, and that to be obtained only through vigorous lobbying. Dr. Shepherd, however, is more hopeful, feeling that coverage for more intensive psychoanalytically-oriented psychotherapy or even psychoanalysis itself is possible if we do the necessary work of objectifying our indications for choosing this treatment modality, measuring its progress, predicting its length, and specifying criteria of successful completion. All this must then be effectively communicated to the policy makers. The panel agreed that our major problem is the failure of organized psychoanalysis to participate actively in developing the hard data agencies and legislators require, and aggressively publicizing the unique benefits of psychoanalysis. Our traditional "splendid isolation" has contributed to the tendency of health planners to view psychoanalysis with scepticism or outright mistrust, and our reluctance to exert ourselves to rectify this negative transference supports its continuation. Our therapeutic posture of expectant waiting, our stock in trade as psychoanalysts, threatens to be the undoing of psychoanalysis as a treatment method unless we meet the challenge of actively involving ourselves, both as individuals and through our organizations, in influencing the policy decisions that are being made today. Dr. Mintz stressed the need for active involvement of psychoanalysts in

PSRO's and HSA's, and advocates forming committees on the local level responsible for monitoring what's going on and carrying our message to the planners. Dr. Ocko cautioned that we must restrain our demands for coverage; if we ask for too much we'll get nothing at all.

There was also general acknowledgment of the decrease in attractiveness of psychoanalysis (and psychiatry) to new medical school graduates, attributable to our isolation from the mainstream of medicine, as well as a failure to keep pace with developing knowledge from other scientific disciplines.

The issue of Peer Review as an infringement on confidentiality was generally felt to be a necessary evil which could be contained to manageable proportions, and without which third party payors were never consider coverage. New methods of reporting such as that devised by Dr. Richard Johnson and currently undergoing field trial on a national level show promise. Some felt, however, that any such review would contaminate the analytic process and might be performed by persons not competent to evaluate the data.

To quote Dr. Mintz, "The time is now!" The challenges are specific and of extreme importance to the future of psychoanalysis not only as a method of treatment, but as a system of knowledge essential to all mental health services. Are we up to it?

Terrence Taylor, M.D., Reporter

PANEL E: VICISSITUDES OF THE PSYCHOANALYST'S CAREER: CHALLENGES, HAZARDS AND FAILURES

PANELISTS: Marvin Osman (So. Cal.), Chair
George Allison (Seattle), Roman
Anshin (So. Cal.), Ralph Greenson
(L.A.) and Morton Levitt (S.F.)

George Allison reviewed Allen Wheelis' paper "The Vocational Hazards of Psychoanalysis." It deals with two important motives to become analysts: a quest for insight and an effort to resolve problems of intimacy. Both are responsible for disillusionment since they are seldom realized in so far as these motives are concerned.

Dr. Allison questioned himself whether he would choose an analytic career if he had it to do over again. His answer is YES and he would even advise a child of his to pursue analysis as a career in spite of the disillusionment that comes with actual economic problems.

Another important vicissitude is the failure of many daydreams to come true. The advent of other modalities of quick and relatively easy "help" have put psychoanalysis in the background for the population at large. Also, education, social work, politics, the social sciences and humanities have not become more analytic as hoped. Dr. Allison thinks we are isolated as a professional group. He also mentioned the temptations and distractions of the analyst. Temptations such as gross transference exploitations by the emotionally or organically impaired analyst; sexual, aggressive and narcissistic exploitations; not listening to the patient; encouragement of idealizations; shortening or changing hours for one's own convenience; and with aging, the tendency to talk more and to become more paternalistic. Some distractions are becoming overconcerned and overinvolved with monetary considerations; a tendency to over cathetic recreational pursuits; and divorce, deaths, accidents and illness in the family. Antidotes mentioned were consultation, supervision and re-analysis.

Dr. Anshin focused his presentation on three issues. First is the analyst's professional loneliness. The necessary detachment to do the work, coupled with the real relationship where one may have all types of feelings. The lack of immediate gratification. Having to be genuine year after year is an immense pressure and burden sometimes like Proust, a voyeur experiencing through others, seeing multiple parts of oneself in the patient in a moment -- one's present, past and future.

Second is the narcissism related to identification with certain theories. Why must we perpetually pay obeisance to Klein, Freud, Bion, Kohut or Kernberg in our remarks and writings? No other area of the sciences or humanities does this.

The third is middle age, a special problem of his at this time. He likes Marmor's and Greenleugh's idea of the potentially greater flexibility, ego integration, richer interpersonal relationships and increased interest in the world that come with the ongoing dealing with separation and loss from age thirty-five on.

Dr. Greenson was impressed and depressed by the general tone (until then) because psychoanalysis is not popular. He thinks that people don't care to be psychoanalysts despite the fact that it is the only field of medicine that deals with the whole person. He feels we are privileged to work in this field. He feels also that perfection is suffering, that analysts should try hard, and if you do so the patients will be aware of it. He makes it easy for the patient to talk to him at the beginning because it is his job to facilitate the patient's communication. Dr. Greenson's major point was the rejection of pluralism by the analyst. Analysts feel more secure when they adhere to certain dogmas and can not adjust to ambiguity or waiting. The analyst wants to be altogether right or altogether wrong. Thus confined, the analyst repeats and repeats himself and becomes fatigued. Analysts often deceive themselves by their errors and failures. It is inhuman to think one is always technically right. Another point of concern is money and other forms of omnipotence. Along another line, there are many ways of aging. Dr. Greenson feels youthful and able to get pleasure out of his work. If the analyst pursues the direction of narcissistic perfection, he becomes rigid and compulsive. Often it is important to be a non-analyst and help the patient in other ways than with interpretations. Finally, he added, when the analyst is seriously ill, it is necessary to tell the patients the general idea and give them some names of other analysts in the event they will need to talk to someone.

Dr. Levitt gave Merrill Moore's description of the psychoanalyst as a huge vaginal ear attuned to the sexual sufferings of mankind. He stated that some professions seem exquisitely vulnerable to dyschrony. There is even a new term which identifies that state, "burn-out," a common phenomenon among analysts usually occurring as a crisis of middle age. Too few good things happen to our patients and too many bad things happen to us.

He spoke of Anna Freud's lecture entitled

"Difficulties in the Path of Psychoanalysis" where she makes emphasis on learning from negative experience and also mentions the psychoanalyst's personality saying that "the smoothness of the analytic process is interfered with not only by the patient's resistances and negative reactions but also by flaws in the analyst's abilities and personality."

Dr. Levitt reminded us that Freud wrote modern man's credo is "to endure with resignation," and that he desired the patient to acknowledge the tension between instinctual candor and cultural hypocrisy. "Much will be gained," Freud told a patient "if we succeed in transforming your hysterical misery into common unhappiness." Dr. Levitt thinks of this statement when confronted with certain patients and the impossibility to alter their circumstances and the events of their life.

PERHAPS THIS IS THE ACTUAL STATE OF PSYCHOANALYSIS.

Lauro Estrada-Inda, M.D., Reporter
Mexican City

PANEL F: PSYCHOANALYTIC TRAINING FROM THE PERSPECTIVE OF THE CLINICAL ASSOCIATE

PANELISTS: Sanford Shapiro (San Diego) chair
Louis Breger (So. Cal.), Linn Campbell (San Francisco), Edward Friedman (Seattle) and Judy Vida (L.A.).

Twenty-five hundred years ago a man living in Greece told the following tale. A tall, straight fir tree, that towered over all the others, was so proud and haughty about his looks that he made a little bramble bush beneath him angry.

"Why do you put on airs and look down your branches at us?" said the bramble.

"My dear, scrawny, feeble little bush," said the fir, "you are lucky that I even speak to you. Why, I am so tall and stately and beautiful that my tip is in the clouds, and it is a privilege for such creatures as you to look at me."

"Is that so?" said the bramble bush. "Just wait until the wood chopper comes along with his axe, looking for a nice, tall tree. You will wish you were more squat and ugly than the lowest of us down here."

The point: it's nice to be big, but there are some good points about being small, too.

There are many interpretations of this tale in our present world of psychoanalysis, most of which I leave to your own association. I believe it does point, however, to several issues which were emphasized by the panel.

The panel appeared to cover the vicissitudes of two major themes. The first was the personal and professional life experience of one in psychoanalytic training. The second was suggestions for change and improvement in various aspects of this training.

Leading off the panel Dr. Campbell reported on a nationwide preliminary study of analytic candidates or associates. He and his group sought information as to the effect of psychoanalytic training on the personal and professional lives of the associates. Results indicated an overall satisfaction with their choice. They felt more adept at exploratory work (both analytic and psychotherapeutic), their collegial relationships became more satisfying, if more restricted. They noted some dissatisfaction with the amount of analytic work they found themselves doing (that is, it was less), increased feelings of isolation, and no positive change in income earned from their practice. As regards their person

lives, they reported increased feelings of emotional demand, increased anxiety, increased uncertainty, a greater sense of achievement, increased ability to take risks, increased guilt in reference to decreased time spent with family, financial burdens increased, various marital tensions and strains, but overall a great gamble that paid off in the feeling of coming to "own one's skills".

Next, Dr. Louis Breger brought his considerable scholarly experience as an academician and research associate to bear on these vexing issues. He again felt that the psychoanalytic training experience, especially the personal analysis and case work had been well worth it overall. His main criticism was with the sloppiness and redundancy of many of the required seminars. He proposed an alternative course of action to remedy this deficiency. It has been his experience that writing creatively about issues of theoretical importance aids immeasurably in one's professional development as well as in the refinement and clarification of theory. He proposed an elective in such an endeavor in collaboration with the senior teacher, as an alternative to some seminar work.

Dr. Edward Friedman illustrated the tensions that exist between student and teacher within the institute itself, in the imagery of Freud's Totem and Taboo and viscidities of the Oedipus complex. He compared the students to children, the teachers to paternal figures and the body of psychoanalytic knowledge to maternal functions. He proposed the hypothesis that the fact that there have been no new training analysts appointed in over six years in his institute might be a result of incestuous tensions and defenses mobilized against them. He charges us to reconsider the unconscious, unresolved Oedipal elements that flow between teacher, student and institute.

Dr. Judy Vida proposed that we view the becoming of a psychoanalyst as a way of life, and suggested that this could be most efficaciously viewed from the developmental schemata as proposed by Dr. Morton Shane, in a recent paper in the International Journal of Psychoanalysis. She reminded us that we should not think of ourselves as a trade guild, but rather as a group of educators not so interested in training as in education. In reviewing her experiences in the Los Angeles Institute when it was experiencing a time of deep trouble she introduced the notion that out of conflict can come growth. (Here she echoed Dr. Greenson's notions that psychoanalysis flourishes best when not well loved.)

She eloquently made the point that the regression engendered in the analytic experience must occur in the proper holding

environment in order to allow the reverie (to use Dr. Bion's term) necessary to produce integration as opposed to disarray and despair. She concluded her remarks by bringing into the forefront the concepts of Heinz Kohut in regards to the recognition of the need for external confirming responses in order to allow self esteem to develop and flourish along its natural line, and especially at a time of regressed tendency. She opined that our seniors have most to offer us from a stance of experience and wisdom rather than from one which proclaims a monolithic body of immutable knowledge.

A lively discussion followed. There was considerable sharing of personal experiences both as analytic candidates and teachers of analysis. The necessity for foment, conflict and mutual respect was continually approached

The necessity to be able to move freely between psychic reality and external reality when dealing with problems of students, analysts, and institutes was felt to be vital. The tendency to lapse into ad hominum attacks was decried. We must learn again to listen to each other, not just with the third ear of analysis but also with those of colleagues empathically interested in this most dangerous and fascinating journey through the human mind.

If the spirit of mutual sharing and respect shown between panelists and discussions is a harbinger of future relationships between teachers and students, this panel has served a useful purpose.

Samuel L. Wilson, M.D., Reporter

PANEL G: THE OBJECT RELATIONSHIPS OF THE
PSYCHOANALYST: FAMILY LIFE, PEER
RELATIONSHIPS AND COMMUNITY
INVOLVEMENTS

PANELISTS: Mark F. Orfirer (L.A.), Chair
Luis Feder (Mex.), Marjorie
Lozoff (S.F.), Naomi Malin (L.A.)
Joseph Natterson, (So. Cal.)

The general tone of the panel seemed light-hearted at times but was really somewhere between laughter and tears. The note was struck by Dr. Feder when he said on learning he had only a few minutes to present his views, that he felt like a Mexican just before he was to be shot being told he had only three minutes to speak. This report is necessarily anecdotal, impressionistic because of the short presentations and a synthesis is not possible.

Dr. Natterson explained that he thought his decision to become a psychoanalyst had to do in some measure with his name Joseph. He had a striped bathrobe, bad sisters (rather than bad brothers) and an ambition to interpret Pharaoh's Dream. He felt it had something to do with his masochism - this from after talking with Theodore Reik, his being Jewish - again Reik - who posing the question "Why is it a Jewish science said 'Well it isn't Christian Science.'" His son on being questioned, maybe for this panel, said his father was probably similar to other fathers but there was something different, a relative lack of coercive confrontation. Dr. Natterson feels that as husband, father, citizen, the psychoanalyst shares most of the same problems, conflicts, follies, successes as other professionals. The analyst should leave his exalted position at the office along with interpretation except sometimes in relation with his wife. However he felt that the unique capacity for symbolization in the analyst, integrated, refined and sophisticated, is reflected in the mode with which the analyst involves himself in family and social life.

Mrs. Lozoff, an analyst's wife, who had done an informal survey of thirty-five wives of analysts, six adult and adolescent children, one adult analyst and one child analyst, not randomly selected and not representative presented views on the stages in the family life of the analyst and its effects on the family. She spoke about his authoritativeness, a legacy of medical school, his autonomy -- in the service of an exalted profession he does what he wants, when he wants to; the communication issues -- a matter of his personality and training. His role is unassailable, the

wife learns her place. Training and patients are his primary concern except when the family is in crisis. The wife becomes a boiling pot of jealous hostility, paranoia and confusion. What does she say on meeting her husband's analyst whom she doesn't know but who knows how many times a week she has sexual relations with her husband? From the children's point of view, "Where is Daddy?" Is he a participant or consultant? At the institute or in the back yard? How does he handle aggression that develops in adolescence? With interpretations. For the wife, the analyst's autonomous strivings can make it easier to own independent interests and professional goals. She has a better chance of being "heard," understood and supported by someone with special observational and communicative skills. But she may find a closed up husband who "gave at the office" and one who is defensive - when asked to do something or to change. She is gratified in being married to someone who is challenged by his work and is a good example for his children and feels a bit guilty taking up his time when he is involved in helping people with serious emotional problems.

Dr. Malin talked about a personal kind of adventure when her psychoanalyst husband became a member of the Board of Education of Beverly Hills. This involved exposure, self-disclosure, loss of anonymity and neutrality. It was a marvelous experience for the children, who, with her, lived in a fishbowl and developed thick skins and found it a positive experience.

Dr. Feder opened with "come closer to the fishbowl marital education." He talked about the idealization of the analyst, with the ensuing disappointment, feelings of persecution, depression and resolution, the need to appreciate that we live in triangularity, mother-father-child, with feeding and feedback, alimantation and retro-alimentation or inanition or mutual intoxication. He stressed that the child is the nutrient factor of the adult, as clinical associates are for teachers and training analysts.

Dr. Natterson added that he agreed with Dr. Wallerstein (Dr. Greenson) in stressing the joys of analytic work. He was concerned with the analyst who takes his techniques home especially in invasive relationship to his children. Dr. Malin discussed the role of psychoanalysis in developing a psychology of women, changing views of the woman's role and presented his own experiences. Dr. Feder felt that we must have continuing education in helping the psychoanalyst with his internal mental health.

Robert Westfall, M.D., Reporter
San Francisco

PANEL H: THE DYNAMIC INTERACTION BETWEEN
THE ANALYST AND HIS SOCIETY AND
INSTITUTE

PANELISTS: Kurt O. Schlesinger (S.F.), Chair
Austin Case (Seattle),
Samuel Eisenstein (So. Cal.),
Melvin Mandel (L.A.), Cal-
vin F. Settlage (S.F.)

Dr. Schlesinger introduced the central theme that society and institute train analysts for their professional calling. If graduates from these bodies are to become both successful and happy practitioners of their art and science they will need an ongoing lifetime dialogue and participation in the activities of both society and institute. The panel then briefly opened up and later developed several of the most important forces that are continuously interacting within the growing analyst as these forces are mediated by his institute and society and himself. These forces may both facilitate, yet at times interfere with and deflect or even prevent his desired optimum growth. Many growth levels are involved in becoming an analyst. It is important that this occurs when one is already in mid-life. Becoming an analyst is an ongoing developmental process within a variety of role models: personal analyst, supervisor, seminar leader, his fellow students, idealized analytic writers, adult and child analytic practitioners and teachers, and finally peer graduates and colleagues. It is a most demeaning process that gravely intrudes upon one's relationships with spouse, family and community and his own self.

One panelist reported his experiences in the London School. He had both a classical and a Kleinian analysis yet found great benefit from both. In London there is a great diversity of views, yet all can and do coexist within the society structure. He noted how rich all this diversity made the learning process. Yet finally it all could be reconciled when dealing with clinical material. In contrast he noted the great emphasis upon theoretical discussion in local and all meetings of the American. He also noted how uncomfortable factional splits are here in America. Then he called attention to his study of the power structure in organized medical bodies in London, and how it is critically important for all people who work in such institutions to understand and use their power structure effectively. In analytic societies the power is on a horizontal plane between colleagues as equals. Yet in institutes the training teaching power is a vertical triangle descending from the top. It is a hierarchy, an

autocracy. Unless the developing analyst is able to penetrate and find favor within this hierarchy he may be denied the opportunity to teach and share his views, thereby being deprived of an important source for building both his competency and self esteem. Failure to understand the often conflicting horizontal and vertical power structures can crucially defer or deflect the analyst's fuller development.

The job of director of a Society's Institute is a prodigious one. How can members be motivated to work for and within the organization? What is usually involved is allowing them the opportunity to express and/or to teach their views in an atmosphere of respect and trust. Can this happen in a rigidly structured curriculum? The authority of training authority can see that the approved curriculum is taught. But what about all the tension and resentment from those who either do not understand the power structure or who are unable to profess belief in accepted dogma? Sooner or later all this must be faced.

It is critically important to really know what the society and institute mean to each member. Are members recognized and given a chance to fight for their place in the analytic family? Are jealousies and envies fairly confronted and faced -- or are they just suppressed? Is there tolerance and an opportunity for all serious thinkers, or a carefully concealed even denied system of election and appointment of some while others are excluded from a role and voice?

Another panelist detailed the steps that lead to progressive disaffection with and ultimate alienation and disavowal of some colleagues as bad. First, there is a choice of one model. This becomes the accepted, the right and approved one. It is good. All other views are rejected. Next comes increased rigidity about the right view and progressive hostility toward colleagues who hold other views. At this point communication with them ceases. Yet they were formerly recognized and respected. Next, the dissident ones become identified as being bad, like their views. Progressive isolation builds to separation and alienation while intense angry affects rise on both sides. The bad colleague now becomes perceived as immoral; he is a scapegoat. Often at this point reconciliation is impossible and a split follows.

If a split does not ensue there can be a frantic attempt to accommodate all views to prevent a split. But now genuine dialogue becomes impossible.

Questions from the floor raised the issue: does the institute with its body of theory and technique, imposed from above, wag the tail of the dog? Or does the society have the institute as a strong educational arm? There were strong statements that we function within a Temple concept, passing along the psychology of a Messiah rather than imparting a body of clinical and theoretical science that finally derives from clinical experience. There was a strong plea that analysts emerge from behind their couches to freely and openly talk about themselves and their views and their beliefs and practices about psychoanalysis. Such genuine dialogue was seen as doing much to relieve the confusion, anxiety and disaffection that is so widespread today.

The panel closed with a suggestion that there is a need to teach all different points of view from the student's first beginning experience. However, it was noted that this cannot be done because such teaching practices even when actually implemented are disapproved of when there are site visits from the American. The latter's rigid schema for a curriculum discourages or even prevents such teaching. It was strongly urged that this problem be thoroughly reviewed with the American.

Thank you.

E.S.C. Ford, M.D.
Seattle

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PANEL I: A PSYCHOANALYST'S REFLECTIONS:
MEMORIES, ASSESSMENTS, FOREWARNINGS

PANELISTS: Leonard H. Gilman (L.A.) Chair
Siegfried Berthelsdorf (Seattle),
Rudolf Ekstein (L.A./So. Cal.),
Herman Serota (San Diego) and
Emanuel Windholz (S.F.)

I have tried to render this report in nearly the original language, in order to communicate most directly the emotions and content generated by this unique and historic panel.

The chairman, Leonard H. Gilman, briefly noted the task of the Panel which involved commentary on the summary reports of the eight previous panels, and the relevant interaction and statements that would arise from panel members and the audience.

The first speaker, Herman Serota, acknowledged the value of the eight panel summaries which had just been presented. He then made reference to a current Time magazine article, which is highly critical of psychoanalysis. He went on to call attention to the recurrent nature of the problems in science and society. Psychoanalysis is in the financial equivalent of war, and Serota expects that we shall meet the challenges as analysts as we did the challenges of World War II. In Great Britain analysis is outside the insurance system, in Germany very much a part. Psychoanalysis can meet the challenge as a beleaguered profession and pioneer, as it did in the development of both analytic psychotherapy and new approaches to the narcissistic neuroses. As an example, we can apply our analytic expertise to the psychiatric and psychological professions, 40,000 in number, to enable them to raise their standards.

Serota then went to the concern of elitism in the American Psychoanalytic Association, holding that from his experience there is very little elitism, but much mutual stimulation, self-scrutiny and self-confrontation. We have retained our autonomy in the certification issue. We have progressed in expression of our needs for professional development by an expanding discussion group program, twenty-one in number, and increasing self-confrontation in the course of the meetings. Serota advocated the advisability of protecting and furthering our analytic standards and capabilities, through reanalysis. He ended his presentation by lauding the Regional Meeting as a hallmark in the history of the American Psychoanalytic Association.

The next speaker, Siegfried Berthelsdorf started by emphasizing the role of the analyst in his organizations and especially in the community. He recommended an approach not as hero or leader, but through offering help as it can be absorbed and used. He noted, following Anna Maenchen, that adversity has been our daily bread and resistance the stuff we live on. He said that he had personally encountered the accusation of psychoanalysis as quackery when he offered his services to the medical school faculty in Portland, Oregon. He cited his subsequent long tenure as department head there as testament to simple, useful participation.

Berthelsdorf brought up some issues he stated he had not heard discussed so far. Analysts would, if they left the large communities, break with the incestuous ties Friedman had mentioned earlier in the meeting. They would dissociate themselves from the financial situation present in those communities. They would soon have a following in the new locale. He gave testimony to the many collaborative resources in the professional community, especially social workers, who have pioneered for us. He made the point that he has enjoyed his analytic work, never feeling the tortures of Prometheus that Feder had claimed in a paper earlier in the meeting.

The failures of candidates in their training course he attributes to a power struggle participated in by the faculty - "We don't like him because he is so stubborn and competitive." Berthelsdorf emphasized that there should be seminars and careful study of this important subject. Referring to a statement of a clinical associate, Avila, earlier, about a sense of inferiority imparted in the training process, Berthelsdorf claimed that candidates are not inferior any more than a five-year-old tree is to a seven-year-old one. He went on to state that the omnipotence manifested by faculties is evidence of a universal disease. He stated that we don't need credits on the wall to impress as much as the underlying motivation that would lead us to seek something closer to home, the training and development of our clinical associates, and a simple sense of participation. He made the point that we have progressed from the sort of thing expressed by A.A. Brill in 1920 when he asked that women be excluded from the organization. He closed on a note of further questioning members' drives for certificates for their walls: "They cover their walls, obtain Life Membership so they can go out the door and say good-bye."

Rudolf Ekstein spoke next, referring to a joke current in the meeting about a serious split in the membership between the "sitters"

and "standers" and noted that we have to sometimes lie down for psychoanalysis. He completely identified with the positions taken by Wallerstein the day before in his presentation calling for acceptance of analysis of our narcissistic omnipotence, megalomania, and to a resoration of our self. Ekstein was impressed with the pessimism and despair current. "Our resistances have been overcome, and out of Pandora's box have come all the miseries and evils...we talk like patients in analysis about depression and fear of reality, our incompetence, our pathological counter-transferences, our institutional miseries, and the hostile world and about Time magazine." Ekstein noted, however, that in the end hope comes out of the box. He went on to counsel, like Charles Kouralt of C.B.S., about what is good in the current scene. Reporting from his trip to European psychoanalytic centers, he said that psychoanalysis has had a remarkable rebirth in Vienna, in a different (socialistic in nature) social content. Ekstein stated that social contexts change here and in Spain. He encountered creative synthesis in Frankfurt, in the form of the discussion of the language of psychoanalysis. Another pleasurable and creative place was Hampstead.

In contrast, the social scene in America, Ekstein stated, is regressive: in education, psychiatry and the sciences. Nevertheless, we do have to participate in that fantastic and complex current world. Health involves not only adjustment but changing the world. Even behind the Iron Curtain, (Prague, Budapest, Yugoslavia) psychoanalysts now function.

In a passionate ending, Ekstein called on the membership to "a responsibility to not simply look at the outer forces that constantly say no to us but to remember that difficulties were always with us, outer and organizational, and that there is adaptation and creative outcome" and quoting Freud, "regardless of the obstacles, the voice of reason is persistent until he gains a hearing."

The next speaker was Emanuel Windholz, who looked back on the scientific progress made in psychoanalysis in the last forty years. He noted the dissent attending developments in ego psychology, and the serious concern for the future by so-called defendants of the heritage of Freud.

He went on to cite an example of problems in our field. The first was experienced in his tenure as Chairman of the Committee on Supervision of the American, where the members of that committee could hardly resist

"second guessing" the supervisors' conclusions. The second problem in communication is encountered in the large part of the analytic work which proceeds in darkness, in the silent communication in analysis. We cannot accurately capture the features encountered there in our case reports and construct them by hind-sight.

Windholz stated that we have divorced theory from method and have neglected the implications that the unique conditions in our field have for method and theory formation. He anticipated important changes in the theory and technique of psychoanalysis: in the analytic treatment of children and in the new understandings derived from the study of narcissistic borderline and psychotic conditions. These developments from child and adult studies complement each other.

Windholz quoted Solnit who has pointed out that over the years analysts have recognized that pathologies are mixed, with inter-related ego-defects, deviations, and often unevenness of ego-development and pre-oedipal character distortions. Since genetic reconstructions are limited to words and memory traces there are doubts about ability to utilize conclusions about the earlier traces of ego-development. Windholz then cited a "forgotten classic" of Ernst Kris, to the effect that in this work of twenty years ago a barrier to progress in conceptualizing about the early stages of ego-development had been breached, enabling the analyst to recover childhood memories. In this work, through the special speech problems of the patient, Kris had demonstrated that the mother of the patient had teasingly pulled the nipple out of the baby's mouth.

In his conclusion Windholz stated that the inferences derived from changes in ego functioning complemented by intense research into the analytic process will enable us to gain access to these areas of our work. He predicted that "the enthusiasm of the dedicated workers in our work will be rewarded, and that hopefully the worries of the others will be put to rest."

Serota, in the ensuing round of discussion by the panelists, spoke again, bringing up the problem of how prior analytic theory was shown to be insufficient. He went on to refer to the new theory, stemming from the work of the three "K's" -- Klein, Kohut, and Kernberg, and the widening scope of psychoanalysis. Absorption of the new theory will take time and research based on the fact that it runs up against the inherent limitations entailed in the psychoanalytic situation. Alterations of the clinical model occurs with

each foray, starting with Freud's introduction of ego psychology. Now we pay more attention to problems in self-esteem involving narcissism, termed the irreducible core of the neurosis by Nunberg.

Serota then cited the relatively recent development (in the physical sciences) of a free associative, playful theory building and called for similar developments in psychoanalysis, without fratricide and patricide. As an example, he pointed to the scientization of the notion of "feeling into" - starting with the Greek word empathy, which then changed to the quality of the German einfühlung, "feeling into." Empathy occurs between people who gravitate to one another; patients locate physicians who correspond with something in themselves. The notions of transference, gratification and understanding can likewise be studied in a relativistic manner.

Berthelsdorf, impressed by Ekstein's comments, stated that there is a universal search for grounds to fight on. He reached behind what he termed analytic high-minded and scholastic motivation to an underlying disease; he stressed our responsibility for self-confrontation and for adjustment to our community. He pointed to the error of dichotomizing office and home life and the tenability, even advisability, of having one's office at home. He held it to be a common-sense arrangement, making for more opportunity to share one's life with those with whom it should be shared.

Referring to the culture of psychoanalysis, Berthelsdorf noted that, following Mead, cultures universally have underlying disturbances in child rearing practices. He advocated extensive development of seminars and study-groups to go into the new concepts to clarify terminology such as narcissism and projective identification before they are exploded into the larger arena.

Ekstein then reflected on the value of seminars such as this Regional Meeting, particularly an historic one held in San Francisco. He went on to compare the transaction of this Regional Meeting to analysis, with, first, complaint and self-justification, then confession and resolution. In the mutual and helping process one is drawn into the discussion and a form of analysis ensues.

Ekstein then reminisced on his refugee days and his disappointment with Chamberlain who in his accord with Hitler, closed the door to return to Vienna. Left powerless and possessionless, Ekstein fell back on himself and a core power, the power to arouse sympathy

and help. His self-esteem and narcissism, his power, was centered on things intellectual, psychological and philosophical. In those days that kind of power was despised, even in Palestine. Anna Freud and the others continued the seminars and that kind of power.

Ekstein stated that organizations need to exist and have power but this should be secondary to the seminars. He emphasized a life-long necessity for the analysts of the seminar and the need for a balance between organizational, "church power" and the seminar power.

Gilman told of the pleasures of psychoanalysis and how he felt it necessary to participate in a study group to keep his perspective, his mind alive and for help from peers with difficult patients. The committee and seminar can be brought together; he has provided seminar experiences for the membership of his local society during his presidency and response has been enthusiastic. Gilman reported an inner dialogue experienced during Wallerstein's speech the previous day when in response to a feeling of depression midway during the speech he asked himself, "How come you enjoy your work?" and the question answered itself.

Windholz then related a story of Anna Freud's visit to his home fifteen years ago. They quickly found themselves in intimate reminiscence. He remarked "I have the impression I saw you only yesterday." She replied, "Windholz, this is psychoanalysis!"

Malin initiated discussion from the audience by noting his gratification at the positive aspects of our work. He agreed with Serota on the positive changes in the American Psychoanalytic and the relative openness of the organization, a view derived from participation as discussion group leader for a number of years and also membership on the Board on Professional Standards.

Malin pleaded for pressure and vigilance against those who attain power in the organization and misuse it. He emphasized as essential the component of the analyst's personality, which views the (emerging) material for the purposes of growth. Taking a cue from Ekstein, Malin focused on the task of the committee, rather than its organizational aspects. Malin went on to cite individuals who talk acceptance of different points of view but are known to destroy anybody who thinks differently; others, overtly narrow, are genuinely accepting and promote growth. He stated that we have to guard against the arrogance of power of the position and status we have. We don't realize the effect we have

on others. He agreed with Berthelsdorf's point concerning the unwarranted ascription of inferiority to a clinical associate. Malin characterized his own orientation as, "Come join us," not "I am going to tell you what is." He quoted Friedman, "People who scream most about tyrants become tyrants." Malin closed on a note of gratification with this Regional Meeting: "Those who came to the meeting had hope through coming. The despairing ones we have to worry about are those who didn't come."

Serota cited the concordances between what has been developing spontaneously at this meeting and has developed in like manner on the national scene. There is greater interest in the scientific aspects, and continued vigilance for standards. Analysis does not train one in the use of administrative power. As a paradigm he related an experience at the inception of his army career, at which he, still a civilian in his own mind, looked around for the person the soldiers were saluting. We would do well to remain civilians of psychoanalytic administrators. Serota referred to the myths of Prometheus and Oedipus as inherent to the analyst's life and added the Abraham/Isaac story which at core involves the binding of Isaac to the group. In the Oedipal myth, Laius put a spike through his son's Achilles tendon, giving him sufficient justification for patricide later.

Settlage brought up Einstein's view that scientists get caught up in the problem of their own generation, halting advances. Settlage advocated, following Freud, a mode of seeking after the truth which would help one traverse shifts and revision of paradigms as new information came in. He was impressed with the three generation transaction at this meeting, and the communication which took place, which was very much what Einstein had in mind.

Windholz, on an inspired note, then brought up the place creativity is taking in our scientific investigations. He advocated recognition of it, in addition to recovery of childhood memories and maturational and development considerations. This will make it possible for psychoanalysis as a practice and psychoanalysis as a science to germinate new ideas which will inspire mankind. It will lead to representation of the creative potential of the human mind.

Friedman then stated that he never has felt pessimistic about psychoanalysis. He was reminded of an experience he had teaching several hundred judges, of all levels, enabling them to talk in common and uphold one

another in essential aspects of their work. This has happened at this weekend and as Anna Freud said, "Isn't it fun talking about psychoanalysis!"

Victor Aiza, of the Mexican contingent, gave his impressions of the Regional Meeting. He emphasized the importance of what has transpired. He noted that the self-confrontation Serota mentioned was indispensable. He differed from those who found the psychoanalyst to be chained to his chair, exploited or manipulated. He was grateful that psychoanalysis has given him a lot not only financially, socially and professionally, but that it had made an essential contribution to his maturation as a human being. He felt affirmative rather than despairing, and affiliative with others. He balances the pleasure with the reality principle and agreed with Berthelsdorf's broadly based views of the analyst's life and functioning. In his attendance at analytic congresses he had found analysts to be very nice people and in the name of the Mexican Psychoanalytic Association and his Mexican colleagues thanked the host participants for their warmth, friendship and honor.

Ekstein then referred to his own personal situation, with the loss of his parents and prospective loss of Anna Freud, translating it to his colleagues' personal and professional situation, "without anybody to look up to, and the task of being somebody for those who climbed the ladder...we send the angels out so the same process of mutual identification can occur." He hailed the generation gap, with its attendant fight, as necessary. He quoted Erikson on the struggle against identification: both parents and children need one another in the inter-generational drama. We become like our parents and then go on.

The meeting had to end at this point. This Reporter wishes to report one more item. I was struck, in discussing the meeting with colleagues, by their enthusiasm for what had transpired, and the general air of amicability even in the context of avowed differences. There was the sense of attainment of a state of relationship in the group where the sort of self-confrontation needed for the basic creative changes impending in psychoanalysis could occur.

Joseph Abrahams, M.D., Reporter
La Jolla, CA

INSTITUTE NEWS

CLINIC NEWS

As this issue of the Bulletin goes to press we of the Clinic Committee have reacted with intense concern to the news that plans are being made to eliminate the Clinic as it has been constituted since the early days of its inception, and, in effect, establish an entirely different entity. For example, our understanding is that the evaluation process will be entirely changed, and the group interview will not be utilized.

My own mourning over leaving the Clinic Committee after having served on it for over ten years has been intensified, as you can well imagine, on hearing this news. We are particularly saddened by the fact that we were not informed of these changes in advance nor given an opportunity to make our views known, provide necessary information or assist in formulating any changes that are pending. Furthermore, interested members and clinical associates, who might have wished to have their opinions known about the current and future make up of the Clinic, have been passed over.

In an effort to initiate communication and dialogue the Clinic Committee has requested a joint meeting with the Board of Trustees. We have been pleased to learn today (July 12) that the Board has agreed to meet with us next week. We shall suggest a moratorium on changes for the Clinic in order to permit sufficient opportunity for a complete airing of this situation and to provide an opportunity for all members and clinical associates of the Institute, who are interested, a full opportunity to participate in discussing what changes, if any, are indicated.

It is my opinion that, if these drastic changes actually take place, something precious will have been lost to our Institute forever. Many individuals who have served on the Committee feel that we have the most unique clinic program in the country. Characteristic of the Committee throughout its history has been an esprit de corps, a basic comradeship, often punctuated by lively discourse, frequently stimulating, and rarely dull. Undoubtedly there was a strong attraction which kept members returning, often with excellent attendances, for two, three and even ten years.

(Continued on page 27)

EXTENSION DIVISION

Elliott Markoff, Coordinator for the courses for psychologists and social workers, reports that we had over 170 registrants in this series, a record number.

Our Spring UCLA Extension Series, Psychoanalysis and Literature, had about seventy-five registrants, a goodly turnout, furthering our presence in the academic community and establishing a first for Institute/UCLA Extension programming. Barbara Kohn will be looking into the possibilities of a Spring 1980 series entitled "Psychoanalysis and Art."

In the Fall Len Neff will be offering at least one course to general (non-psychiatric) nurses. It is possible that another offering with a different instructor might also be a part of this program.

Courses on "Psychoanalytic Psychotherapy" will be offered in Orange County and Phoenix and the Los Angeles area with Terrence Taylor as Coordinator. Thus far, teachers in the various sections include Drs. Aaron, Gaines, Huff, W. Jones, McClure, Morrison, Shapiro, and Sweet. Hopefully, we also will have other teachers. Drs. Hoppe, Masler and Paul will each be offering their own specialized course for psychiatrists with these classes to be taught at the institute offices.

Bud Friend, Coordinator for Part III - Psychoanalysis and Film, has planned an interesting program for Winter 1979 to Spring 1980. Five films will be shown, one each month, at UCLA/NPI beginning in October; a panel discussion involving the various film writers and directors will follow. Films slated for viewing are "Autumn Sonata," "Cries and Whispers," "Annie Hall," "Interiors," and "Manhattan." More specifics on this later.

Gary Chase is presently checking with various research members and associates to see if we can establish the beginning of what should become an ongoing and growing program of some kind.

Roman N. Anshin, M.D.
Director

CHILD ANALYSIS SECTION

It becomes increasingly apparent that knowledge of children and adolescents is crucial. To fully take advantage of the institute seminars an understanding of the infantile neurosis and the mechanisms of defense is basic. First hand observations and analysis of children is the only way one can experience first hand the strength of the instincts and primitive emotions. Yet there often is resistance to working with the "real" child no matter how great the interest in the "reconstructed" child may be. (Anna Freud - Lecture to the European Federation of Psychoanalysis, 1970. See International Journal of Psychoanalysis, 1972 "Childanalysis, A Sub-specialty".) The Child and Adolescent Section has made major strides toward making experiences with children and adolescents more readily available to clinical associates and interested members.

REFERRALS: A form is mailed annually to you to fill out so we may know if you want a child or adolescent analytic case referred to you, for a private, low-fee or clinic fee. Low-fee supervision is available for low-fee cases. We recommend availing yourself of this opportunity. Those enrolled in child analysis training may substitute their child analysis cases for an adult case toward graduation according to a ruling by the American Psychoanalytic Association. Regretfully we cannot offer this substitution to others, but you may submit it as an additional case.

The DIAGNOSTIC ASSESSMENT AND REFERRAL SERVICE (DRS) meets the first Monday of each month at 1:00 P.M. at the institute. Cases considered for analysis will be discussed. The referring physician or social worker is invited as well as the clinical associate and supervisor assessing the case. Follow-up on patients will be provided as indicated. You need sign up in advance to present a case or to attend. Seminar credit will be extended.

The FAMILY PREPARATION FOR PARENTHOOD PROJECT (FPPP) is focussing on PRENATAL PREDICTORS OF MOTHER-INFANT RECIPROCITY with particular emphasis on the separation-individuation process in both parents and infant. We meet every Friday from 1:00 P.M. to 2:30 P.M. at 430 South Bundy Drive to review literature, discuss observations and write up the project for funding. The approach is interdisciplinary with clinical associates who are anthropologists and historians participating with child analysts. From time to time we plan to publish summaries of the literature we review in this Bulletin. There are a few openings for interested clinical associates and members. A family is assigned or selected by participants to follow through pregnancy, childbirth and early childhood.

Since you learn most in a seminar if you are the presenter, we encourage you to enroll in one of the above or else avail yourself of one of the many opportunities to observe in a school, clinic, hospital or agency. We will also arrange upon request to do psychiatric or psychoanalytic assessments. Every clinical associate will eventually get experience in working analytically with adults and thus profit from seminars which deal with adult cases. Extra effort need be spent to profit from child analysis and developmental seminars. Please do not hesitate to contact me or anyone else on the child analysis faculty to insure that you are properly prepared.

THIRD AND FOURTH YEAR CLINICAL ASSOCIATES in particular are urged to start a child or adolescent analysis case now, so you will have an opportunity to present to the continuous case seminar. It is more profitable to hear one of your seminar mates present than to listen to an "outsider" or instructor. It is quite possible that one of your child therapy cases lends itself to presentation and consideration for analysis so please do not hesitate to contact a child analysis supervisor to discuss the possibility. Consultation at the beginning often reveals unanticipated possibilities. Starting a case analytically is something you are not used to and need help with in many instances.

Since child analysis training is often an additional financial burden, the institute has a CHILD ANALYSIS FELLOWSHIP available which will pay \$5000 to its recipient, to analyze a child or adolescent and engage in a research-observation project. Through Marie Brieuhl's efforts, a Rosanoff Foundation was established many years ago. There is enough money left for one more Fellowship for 1979-80. Applications need to be in by October 15, 1979. Fortunately, enough was raised at the Marie H. Brieuhl dinner for a MARIE H. BRIEHL FELLOWSHIP that is to be awarded the following year.

The deadline for the MARIE H. BRIEHL ESSA PRIZE for the best original paper in child analysis has been extended to April 1981. It seems far off but it is not too early to start planning. Clinical associates and recent graduates (five years or less) are eligible. The paper should make either a scientific contribution to analysis, be a clinical paper based on the analysis of a child or adolescent or both. Papers will be judged by a panel of child psychoanalysts for content, creativity, style and evidence of understanding of the analytic process. The \$500 prize will be awarded by the Auxiliary of the Institute. The paper must be fifteen to eighteen double-spaced written pages (exclusive of bibliography). Eight copies are to be submitted to Rose Fromm, M.D., chair.

For any questions related to the above, please contact me.

Kato van Leeuwen, M.D.
Chairperson

(Clinic News continued from page 25)

SOCIETY NEWS

The group interview, like so many of the new procedures originated by the Committee resulted from attempts to solve problems inherent in the conventional manner of doing things. When there were individual interviews of applicants, often agreement was difficult to arrive at and differences remained unresolved. The group interview, on the other hand, offered the Committee a joint experience permitting consensual validation and a basis for evolving methods and criteria for evaluation. Furthermore over the years it has evolved into a highly effective educational instrument for both members and clinical associates.

Also leaving the Committee at this time will be Harry Jones and Ernest Pullman, who have served their full three year terms on the Committee. Their contributions to the Clinic have been exemplary. The status on the Committee of Doryann Lebe and Elliott Markoff, who have served two years, is at this point undetermined because of the current uncertainties. Also serving with distinction on the Committee this past year, representing the clinical associates, have been Brad Daigle and Dave Friedman.

As I conclude my time on the Committee, I wish to thank Phil Becker, who was Director, for having appointed me to the Committee, and Mel Schwartz for having recommended me for Director. I should like to express my sincere gratitude to Bea Kotas and the dozens of colleagues I have served with for the warm, enjoyable and stimulating relationships they have afforded me. I am thankful to all of you who have supported the Clinic and have provided me and others the opportunity for this extraordinarily meaningful experience.

Marvin P. Osman, M.D.
Director

COMMITTEE ON WELL-BEING

In his annual spring report to the Society, Marvin Osman expressed his feelings that our organization is essentially like an extended family, and that all of us would benefit from being compassionately alert and responsive to serious misfortunes, illnesses or vulnerabilities among any of our fellow family members. In order to detect signs of suffering or malfunctioning, and then to respond preventively before destructive consequence ensues, a Well-Being Committee was formed. It is completely separate from the Ethics Committee and any contacts are strictly confidential. The committee is composed of members and their spouses, and is concerned with the familial, social and physical aspects of a member's welfare as well as his/her emotional and professional well-being.

The aim of the committee members is to offer understanding, empathy, responsiveness and assistance to any member undergoing stressful situations. We welcome calls from members themselves or from concerned spouses and colleagues. In addition, we offer to serve as a clearing house for leaderless groups. At least two such groups are now in progress; if any member is interested in joining a new group, please call Charlotte or Vic and they will give the name to those other members who also call. Members of the Committee on Well-Being are Harry Brickman 276-2943, Henry Hamilton 553-0359, Buleah Monke 472-6646, Bea Brickman 474-8191, Paul Click 793-5005, Laila Karme 796-0119 and Jona Perlmutter 277-4208.

Charlotte Robertson, M.D.
Victor Monke, M.D.,
Co-chairpersons

REGULAR FEATURES

PSYCHOANALYSIS AND THE LAW

Malvin Braverman, M.D.

Recently, I was asked to speak before the Los Angeles Trial Attorneys Association, the largest such organization in the City and, therefore, particularly representative of many of the attitudes, behavior patterns, and expressions of trial attorneys. The subject matter was that of jury selection. Of greater importance and concern, however, was how much was exposed of certain trends toward self-imagining that interfered in a gross and obvious manner with the functioning of an individual qua attorney. Attorneys have been presented for the past several years with various guide books and manuals, generally prepared by psychologists, with little, if any, psycho-analytic training, offering "how-to" methods by which a juror may be "successfully" selected. Those books, for example, may have reference to "body language." A savvy attorney with such a volume at his side hopefully would be in a position, by rapidly snapping the book to the appropriate page, to discern the meaning of a gesture, postural attitude, or wry grimace as it pertained to the matter in question. Thus advised, the selection of an appropriate juror was considered presumably to be much easier. Upon enquiry to those present (approximately 300), there emerged an astounding lack of success in such endeavors. What was evidently missing was the inclusion of the attorney as a personality in the process of which he was so distinctly a part. This was and is another area of the law to which psychoanalysis may make significant contribution, not merely as offering another "practical" approach to the selection of jurors, but rather providing a rational basis for understanding the role of the person, masked as attorney, in the entire court procedure. In law schools students are given the opportunity, either by example or direct instruction, to act like attorneys. Subsequently in practice they follow, or adopt pieces of, success models. Out of this a willful self-image evolves which is preserved, even though wrong (in terms of basic character structure) and a source of frequent practical failure. For example, in juror selection the attorney too frequently considers the candidate in terms of relatedness to the "case," the plaintiff/defendant, or the "issues," rather than how the prospective juror will react to the attorney. In the words of Goffman, the attorney gives an impression and also gives off an impression (his willed and adopted self image). The distinc-

tion has considerable importance. And, it is precisely here, that the analyst, not the general psychiatrist, not the behavioral psychologist, can offer much in the way of enlightenment, riddance of false identities, ultimately influencing the precision and logic of the attorney and, therefore, the system of dispensing fairness.

CLINICAL ASSOCIATES

Alan H. Blanc, M.D.

As the new semester of the Institute takes form, the Clinical Associate organization remains vital. This is in the main due to the continued investment of time and effort by officers and members alike. Our meetings have so far been well attended and we are planning several scientific meetings which will be announced in the weeks to come. Your continued support is essential, so please do not delay paying dues when you receive your notice. We hope to keep up the openness of our clinical associate scientific meetings this year as well as the attendance by extending an invitation to the Los Angeles Institute Clinical Associates for each meeting. We hope you will try hard to attend these gatherings when they are announced. Our speakers are always honored to be asked and work hard to prepare. Please remember to feed useful information to the officers via class representatives or direct contact with myself or other officers.

Robert Stoller has been selected to deliver the Franz Alexander joint lecture on April 16, 1980 at the Beverly Hills High School.

You may be aware that changes are taking place in the organization and procedures of the Clinic Committee. Sam Miles is our representative on this committee, and he as well as I have been attending meetings to insure that as changes occur the interests of clinical associates are represented.

Many thanks to Steve Klevens, our president-elect, for contributing the use of his home for the organization of first year clinical associates. This meeting was informative and informal. We hope, within a matter of months, to have a newly updated student manual. Although cost may prohibit sending a copy to each clinical associate, a copy will be available and I strongly urge you to read it carefully. It contains a wealth of information.

I look forward to writing this column for the Bulletin and hope to clearly represent all aspects and dimensions of our organization.

BOOK REVIEWS

Hannah S. Decker. Freud in Germany. Revolution and Reaction in Science, 1893-1907. Psychological Issues, Vol. XI, Monograph 41, International Universities Press, New York, 1978, 360 p. 19 illustrations.

When I received this book I started to read it with misgivings: Hannah Decker is a professor of history at the University of Houston and Galveston, Texas. How could she possibly understand German academia, especially in relationship to such intricate and complex controversy as Freud and psychoanalysis? Well, with unlimited patience and years of study, careful research and personal contacts, she has proven first her expert knowledge, and second her intimate understanding and third, she corrected some historical myths propagated by Sigmund Freud himself. Her conclusions are more and more recognized and confirmed by other historians: the story of scientific neglect and disregard of psychoanalysis in Germany is partly based on Freud's intellectual biases, emotional defensiveness and unreasonable expectations. The myth of Freud's isolation found its culmination point in Ernest Jones' Freud Biography, Volume II.

Hannah Decker and a few researchers before her found a fair number of reviews and responses to Freud's work not hostile, but favorable, and even cautiously accepting. German psychiatry was primarily interested in psychoses and listened more to Bleuler and Jung than to Freud. Freud himself did not facilitate a favorable reception of his work by his own self imposed isolation. He stayed away from academic psychiatry and many Americans learned about psychoanalysis not from him but from Bleuler and Jung, the Swiss professors. In general we have to revise the belief that psychoanalysis was greeted with silence and disdain. It was fairly well known in Germany and not always rejected; it is, however, true that Freud was not understood and almost completely without influence on university life.

Hannah Decker's book is reviewed by Archangelo D'Amore in the American Journal for Psychiatry, 136:2, 1979, and in Psychoanalytic Quarterly, by Peter Gay, 1979, page 317.

The author acknowledges gratefully the help she got from many analysts, among them quite a few from Southern California. Perhaps our analytic tradition in Southern California is already older than we usually assume.

Martin Grotjahn, M.D.

Stephen A. Appelbaum. Out in Inner Space: A Psychoanalyst Explores the New Therapies Anchor Press/Doubleday, 1979.

Belatedly, a psychoanalyst has examined and participated in some of the "new" psychotherapies, the body-work treatments, and the variously-derived "wisdom schools." The psychoanalyst is Stephen Appelbaum, Ph.D., on the Menninger Clinic staff for over twenty years, and now in private practice.

Beginning in 1973, his long week-ends and week-long air trips away from Topeka to participate in Gestalt therapy, est, Silva Mind Control, Transcendental Meditation, Rolfing, yoga, Alexander Method, bioenergetics, biofeedback, Simonton visualization methods (against cancer), holistic medicine conferences and consultations on a fourteen month macrobiotic diet were to be a Menninger Foundation Project. (Some of the "alternative" practitioners did come to Topeka, or nearby.) Dr. Appelbaum also made observations on Primal therapy.

Dr. Appelbaum is a good reporter, objective, curious, informed, personal in the right places, sprightly in the writing, and trained to make comparisons with conventional psychotherapies. And intrepid, for who else would under go all that at the risk of his professional reputation (which he preserved). So there are perceptive, in-depth accounts of an est training with a follow-up to help graduate est trainees in prison; induction into the place of visualization techniques cancer patients may employ against their tumors, with an evaluation of the attitude of conventional medicine toward nutrition and alternate approaches to treating cancer (altogether the best pieces in the 551 page book) and comparisons of Gestalt therapy with psychoanalysis (in the appendix).

Most of this is old stuff to readers of this Newsletter* or Psychology Today. The book, I assume, is addressed to psychoanalysts et al, who need permission to inform themselves about "new" therapies. I hope they read it, they will have their consciousnesses raised.

(Continued on page 30)

*Reprinted with permission from the Association for Humanistic Psychology Newsletter, October 1979 (325 9th Street, San Francisco, CA 94103).

While, as I said, Dr. Appelbaum is a skilled investigator, he is not enough of an analyst, a conceptual analyst. Any reader needs to have some distinctions made among the disparate "new" therapies. I think nothing is conveyed by clustering them together under the honorific rubric of "therapy." They can be divided, as I did in opening lines of this review, into the "talking" psychotherapies (Gestalt, Primal--mostly, Transactional Analysis--not mentioned, visualization approaches), body-work approaches including movement, setting-up exercises, yoga; and the various Eastern-meditation and Western-mix "wisdom schools." Bioenergetics combines talking and body work. And biofeedback works when the person relaxes striped muscle.

When these approaches are so divided, we are spared the pseudo-problem of comparing their outcomes. They are each addressed to different goals.

Louis Paul, M.D.

Letters to the Editor continued from page 2

training school, the Society possesses resources of energy which provide initiatives for such projects as a Psychoanalytic Saturday, the Marie H. Brieuhl Dinner (in collaboration with the Child Analytic Section and the Auxiliary), the Friday evening soirees with senior analysts, the weekend meetings and many others.

Moreover, where there is more than one center of initiative in an organization it is likely to be more dramatic. In my recent Annual Report I had occasion to quote the philosopher Karl Popper who wrote in his book, The Open Society, the following words:

...the most efficient societies are...so called 'free' institutions...The most sheerly practical considerations are at one with morality here: logic, rationality, a genuinely scientific approach to social problems--all point to a free 'open' society, one not centrally controlled but pluralistic; and one concerned not with the implementation of a blueprint for some ideal and definitive state of affairs...

I should like to call particular attention to his emphasis on the importance of limiting central control and allowing for pluralism. That's what we have in our organization, and I vote for keeping it that way.

Of course, there is room for improvement in our Society and Institute. In the case of the Society, it would help if each member would resolve to attend at least a few of the scientific meetings each year, and participate more generally in its affairs.

I am glad that the membership supported funding for the Public Information Committee at the annual meeting. It would have been demoralizing for the members of that hard working committee (and others involved in Society affairs) if that vote had gone against it. I guarantee a sensible, conservative management of that money. It will be returned to the members with interest if it is not absolutely needed for a significant and worthwhile purpose.

There might be those who would prefer initiatives to come from a central authority. I am sure that arguments might be presented in favor of this. Perhaps things would run smoother and tidier under such a dispensation. Somehow, however, it just doesn't seem to be our style. Furthermore, there might be those who decry duplication, or believe that we might save some money by reducing secretarial expenses, etc. I have my doubts whether much money could be saved. We have an organization whose make up, traditions and accomplishments we can justly be proud of. Let us beware of those arguments which would have us relinquish a part of our psychoanalytic birthright for a few pieces of silver.

Marvin P. Osman, M.D.

Referrals Requested

Dear Larry:

We are offering to Psychiatric Residents who spend their second year at the Adult Psychiatric Clinic, Los Angeles County-University of Southern California Medical Center a pluralistic educational program in which psychoanalytic theories and psychodynamic psychotherapy are strongly represented. The nature of the patient population which our clinic serves exposes our residents disproportionately to patients with chronic mental illnesses with severe character disorders, restricted educational background, etc. They are often not suitable for psychodynamic psychotherapy.

We are inviting referral of patients for whom psychodynamic psychotherapy is indicated although they may be unable to afford private therapy. All our residents have supervision with local psychoanalysts, many of them from our Institute.

I would appreciate your publicizing our need for suitable referrals in the Bulletin of the Society. Thank you.

Alexander S. Rogawski, M.D.
Professor of Psychiatry
Director,
Adult Psychiatric Clinic

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Some Recent Acquisitions

New Books

Robert Langs. (1) The Listening Process
(2) The Supervisory Experience. More on the
therapeutic interaction and on psychoanalytic
education by this most prolific of writers.

S.R. Palombo. Dreaming and Memory. Theory
of dreaming as information-processing for the
storage of sensory impressions.

Leon Wurmser. The Hidden Dimension:
Psychodynamics of Compulsive Drug Use. Psycho-
analytic principles as basis for the study and
treatment of the drug abuser.

Jules Glenn, ed. Child Analysis and
Therapy. Basic principles of pure analysis
and exploration of other forms of psycho-
therapy and of educational methods in helping
disturbed children. Also discusses present
teaching of child analysis.

Alan Krohn. Hysteria: The Elusive
Neurosis. The many theories of hysteria and
its manifestations in other cultures. Pro-
poses theory of this disease as one of per-
sonality structure.

Eugene Pumpian-Mindlin. Dimensions of
Human Potentiality. Selected papers demon-
strating the author's wide range of cultural
interests and his important contributions to
psychoanalytic theory and therapy.

Peter L. Giovacchini. Treatment of
Primitive Mental States. Psychoanalytic
therapy for the hopeless, the helpless, the
alienated and the delusional patient.

Robert Stolorow and George Atwood. Faces
in a Cloud. Comparison of personality theo-
ries of Freud, Reich and Rank and the incor-
poration of these theories into today's
analytic thinking.

Heinz Kohut. The Search for the Self:
Selected Writings. 1950-1978. Two volumes.

J.L. Fosshage and C.L. Loew, eds. Dream
Interpretation. The same six dreams analyzed
by representatives of six different schools
(Freudian, Jungian, object relational, etc.).
Synthesis of interpretations into a compre-
hensive theory.

Peter Blos. The Adolescent Passage:
Developmental Issues. Selected papers, some
updated.

J. LeBoit and A. Capponi, eds. Advances in
Psychotherapy of the Borderline Adult. New
contributions by prominent therapists in the
field: Searles, Rosenfeld, Volkan, et al.

Henri Parens. The Development of
Aggression in Early Childhood. Reformulation
of psychoanalytic theory based on Mahler's
developmental concepts.

Howard Searles. Countertransference and
Related Subjects. Selected papers of past
twelve years by an important theoretician
and clinician.

E.J. Anthony and T. Benedek. Depression
and Human Existence. Multi-disciplinary study
of a universal experience with recommendations
for treatment.

B. Grunberger. Narcissism. Fresh Freudian
approach by prominent French analyst.

New Tapes

American Psychoanalytic Association. (1) New
Knowledge about the Infant from Current Re-
search. Three cassettes; (2) Conceptualizing
the therapeutic action of psychoanalytic
psychotherapy. Three cassettes. (Also see
under Gifts.)



From Dr. Gordon Saver.

Vamik Volkan. Primitive Internalized
Object Relations. Object relations theory
applied to the severely regressed patient.

From Dr. Sherwyn Woods, Editor of series
Critical Issues in Psychiatry.

Mardi J. Horowitz. States of Mind. Process
of change as it occurs during psychotherapy.

From Dr. Jay Martin.

Jay Martin. Winter Dreams. Account of the author's unique experiences as visiting professor of literature in Moscow.

From Dr. Scott Carder.

Two cassettes. Taping of his panel discussion of the psychoanalyst's life. "I Didn't Know What I Was Getting Into" from the Western Regional Meetings held in the Spring 1979. Also featured in this issue of the Bulletin.

From the George Frumkes Memorial Book Fund.

T.J. Paolino and B.S. McCrady, eds. Marriage and Marital Therapy. Comprehensive review of theory and practice of psychoanalytic, behavioral and systems theory forms of therapy.

Basic Handbook of Child Psychiatry. First two volumes (other two not yet published). New encyclopedic reference source.

Gerald Goodstone Fund.

We are deeply grateful to all who made contributions to our library in memory of Dr. Goodstone. Following is a list of contributors to date: Drs. Aaron, Asher, Becker, Marie Briebl, Walter Briebl, Cohn, Delchamps, Fromm-Kirsten, Gabe, Gilberg, Loewenberg, Lustig, Schultz, Siegel, Sosner, Tabachnick, Wilson, Windler, and the Professional Men's Fund.

We have made two purchases so far from the fund.

John E. Gedo. Beyond Interpretation. Psychoanalytic treatment based on recognition of the level at which the patient is functioning. Critique of other theories.

E. Kris and O. Kurz. Legend, Myth and Magic of the Artist. How mysterious powers attributed to the creative artist are bases for legends incorporated into their biographies. New edition of a classic.

Lena Pincus
Librarian

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