

ASPP NEWSLETTER

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PRESIDENT'S MESSAGE

Batman, et al. vs. The Impossible Profession

By Stephen Hyman, Ph.D.



Summer was approaching and it was with pleasant anticipation that I planned vacation time. The stimulation and rigors of analytic exploration are well served when opportunities for rest, relaxation, and refueling are available.

So a journey into the world outside of the analytic anteroom would allow for a respite from the

complexities of intrapsychic conflicts, interpersonal distortions, transference processes, and countertransference phenomena... Or so I thought.

What I did not count on was that having free time meant that I would be subject to a daily barrage of messages from the media market place—movies, television, video tapes, records, radio—which were at first jolting and unsettling to me as a consumer, and later provocative and challenging to me as a psychoanalyst.

So much of what our community is “entertained” by stands in direct dissonance to what psychoanalytic theory holds as fostering progressive personality development. It also is in stark contradiction to what psychoanalytic treatment attempts to accomplish by acting as a mutative therapeutic influence to dilute, not reinforce, toxic introjects and to resolve rather than absolve internal conflicts.

Analytic goals of containment of instinctual impulses, delay of gratification, tolerance of psychic pain and encouragement of introspective curiosity are often overtly mocked or ridiculed by the daily stream of media messages which are widely broadcast.

Several recent articles have discussed the value of utilizing psychoanalytic understanding to study socio-cultural events. Richard Koenigsberg (1989) commented that “while it is clear that the task of analyzing culture or society is not the central task of the clinical psychoanalyst, this does not mean he can ignore the social milieu out of which

the patient evolved” (p.17). He encourages analysts to be cognizant of the manner in which the development of the individual’s psychic structure and his creations in the external world are intricately linked. This focus would allow for recognition that a culture and its art are connected to and defined by the individuals that comprise the community.



In his cogent analysis of the movie *Platoon*, Erwin Parson (1988) refers to Ernest Kris’ concept that it is the artist who first intuits and expresses a nation’s mood, attitudes, conflicts, and desires. With further reference to the motion picture industry, Villela-Minnerly (1989) speaks of movies as being today’s “prevalent form of myth making” (p.34) and that they are symbolic representations of the community’s shared values, wishes, conflicts and fears.

There are numerous subjects to which analytic concepts could be directed for the purpose of understanding the intertwining of socio-cultural events and individual or collective psychic processes. For this article I will examine one recent media event.



It was with the anticipation of seeing a witty, action adventure that I went to the movie *Batman*. Reviewers had warned that this feature was not at all like the campy, tongue-in-cheek, Zap, Pow! television series. But it did receive good reviews, was hyped as the movie of the decade, and was the object of widespread publicity. Immediately after its release, *Batman* was the number one box office attraction in the country for several weeks. It has grossed more than 245 million dollars after costing a reported 50 million dollars to produce. Obviously a great many people have paid to see this movie. It would be hard to find a child who has not seen it or has not been a consumer of the many products that *Batman* has spawned.

The two main figures in this movie, supposedly representative of good and evil, have in common many troubled and troubling character traits. Joker is a blatantly psychotic mass murderer who is wildly manicky in his vengeful pursuit of self-indulgence. *Batman* is also driven by vengefulness. He is a brooding, depressed, self-appointed vigilante who disguises his true self-identity—status, wealth, and psychic defensiveness as well as physical appearance—as he self-righteously sets out to punish criminals.

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SERENA W. RESWICK, Ph.D.

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Address correspondence to:

SERENA W. RESWICK, Ph.D.

52 Nassau Boulevard, Garden City, NY 11530

President's Message (Continued from page 1)

In addition to the good vs. evil issue there is another significant theme that this movie depicts. Here is a community that is completely devoid of any adequate protective services for its citizens. Forces of law and order are either impotent or corrupt. Without effective leadership limitless sadism flourishes. There is gross disregard for life, property, or cultural institutions. Morality and empathic relatedness are unheard of. This is a people without standards and without the ability, or desire, to choose law over anarchy, protection over savagery, concern for others over boundless self-indulgence.

In various scenes it was difficult to know which of the main characters was more highly regarded by the vacuous citizens of Gotham City. The people frolic gleefully in concert with the murderous mayhem of Joker and gape in dumbfounded awe at the mysterious six foot "bat" and his weapon/toys. Although they seem pleased at the death of Joker, it appears likely that the people would have displayed similar pleasure and relief if Batman had taken the final plunge onto the pavement.

After experiencing a sustained state of primitive vulnerability with grossly defective external governing objects, it is not surprising that the members of this community have minimal discriminatory ability and are ready to embrace any object—Batman or Joker—as their saviour.

Although Batman wins the final battle, it is evident that Gotham City residents are far from ready for effective self-regulation. There is much more work to be done to aid the internalization of a self-soothing object. Indeed, the movie ends with the promise that Batman will appear again, whenever and wherever he is needed, to help the community overcome any threat to its welfare. This promise closely resembles a fulfillment of the Golden Fantasy referred to by Mary Jo Peebles (1986). It encourages the maintenance of hope for an idealized, reliable, omnipotent, protection-giving object. In this respect, the Bat signal association with safety can be viewed as an attempt to attain some comfort and security in an otherwise dangerous and uncontrollable world.

The symbolic representations in this movie can yield to a variety of interpretations regarding external and internal security agents. They reflect our society's desperate need for more effective leadership to provide adequate boundaries, set proper limits, and be more reliably available to become nurturing objects for internalization. This is a theme that is repeated in the headlines of our daily newspapers as they shout about corruption by public officials, countries controlled by drug lords, a general breakdown in respect for the law, and accusations of casual, poorly focused government even from the White House.



Of at least equal importance, the movie itself can be seen as a form of the inadequate protection that it depicts. In her book, *Children Without Childhood*, Marie Winn (1983) presents a detailed analysis of children and their unprotected position in today's society. Winn observes that there has been an obvious decrease in parental concerns about the harmful effects on children of movies, television, and other media messages depicting frightening images, violence, or explicit sex.

Sublimation of sexual curiosity encourages creativity and new learning experiences. Poorly regulated exposure to overly stimulating media messages, which encourage action rather than sublimation, is an example of how premature preparation for adulthood, rather than adequate protection of childhood, has become a misguided goal in many families.



PSYCHOANALYTIC theory emphasizes the importance of each individual's psychic filtering system as a prime determiner of how external reality is perceived and then responded to. Many writers point out that violence in the media is never a prime cause for the development of deviant behavior in viewers. However, for large numbers of vulnerable children and adults whose lives have already been shaken, either by family instability marked by parent-child role reversals and limited emotional safety, or by individual neurosensory deficits, the lack of controls and the mocking of limits reflected in movies such as *Batman* can serve to confirm and reinforce the fragmenting experiences in their lives. Although it may not be the primary cause for disruption in development, this kind of overstimulation

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does not serve to bolster self-restraint, nor does it provide models that might enhance adaptive mastery in the face of adversity.

During a classroom discussion about movies they have seen, many second graders were quite animated as they recalled the fighting in *Batman* and especially the power of the masked star. However, one student, who is known to be struggling with impulse control, commented that he thought that this was not a good movie for children to see: "When we got home, me and my brother couldn't stop fighting... It made me too wild."

Although there has been some public concern about the effects of violence and sex in the media, it is difficult to imagine serious government-imposed restrictions in our First Amendment conscious country. Limits have been imposed most effectively through consumer activism.



Whether sequels of *Batman* will result in repetitive reenactments of the primary defenseless position or to the attainment of greater self-protection and mastery for the people of Gotham City remains for the producers of the movie to decide.

Whether the metaphorical significance of this movie, or of other media productions, serves to reinforce unconscious projections from which it emerges or, if analyzed and understood, can lead to a wider range of alternatives for individuals or communities, may be influenced by people like us.

Media marketers seem to be more readily inclined to make use of their knowledge of unconscious motivation as they plan strategies to garner viewer dollars than we are in informing and educating for appropriate public policies or for more critical consumerism.

Should we, as analysts, step out into the "market-places" of our community and extend our range of inquiry to the intertwining of emotional development with socio-cultural and media influences? What might we want to do with this awareness? How active do we want to be in protecting the mental health of the society at large?

I would be interested in your comments or reactions.

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PROFESSIONAL PRACTICE LUNCHEON SEMINARS

Neil Grossman, Randye Wolf,
Martin Greene, Anna Leifer

By Ellyn Altman, Ph.D.
Chair, Continuing Education Committee

THE second year of luncheon seminars was launched by Dr. Neil Grossman who presented "The Use of Family Systems Information in Child and Adolescent Psychotherapy" on October 6 at St. Mary's Children and Family Services. The presentation included a lively discussion of theoretical issues and their application to clinical practice. Dr. Randye Wolf presented "Counter-transference: Some Highs and Lows in a Six Year Analysis" at the home of Dr. Serena Reswick on November 3. In the warmth of Dr. Reswick's living room and with the interest and support of colleagues, Dr. Wolf re-visited her work with an analysand that resulted in a moving discussion within the group of many of the generic issues that affect the analyst.

The third luncheon seminar was held on December 1 at the home of Dr. Anna Leifer at which time Dr. Martin Greene presented "The Treatment of a Case of Pathological Narcissism: Resolution of the Fantasy of Perfectability." Dr. Greene discussed the impact of the analyst's theoretical orientation on his understanding of the developmental roots of the disorder and his interpretations. His presentation in which a patient's developmental deficiencies, unconscious conflicts, defenses, and healthy yearnings coalesced into a fantasy that activated a persistent search for a "flawless" partner, served to illustrate the process of working through multiple levels of meanings, unconscious fantasies, and defenses via the analysis of dreams, external life, and the transference.

At the deadline for the present issue of the *Newsletter*, Dr. Anna Leifer was scheduled to speak on January 5th, 1990, 12 noon, at the office of Dr. Marjorie Maltin in Woodbury. Dr. Leifer's topic for this fourth luncheon seminar concerns her longstanding interest in sibling aspects of the relationship between Anna Freud and Melanie Klein. Dr. Leifer delivered a presentation on this subject at the Division 39 meetings of the annual convention of the American Psychological Association at New Orleans in August 1989. Her article, based on this presentation, appears in this issue of the *Newsletter*.

As always, members of ASPP are welcome at the luncheon seminars, and a cordial invitation is also extended to the Institute postdoctoral candidates and faculty. The announcement of the February luncheon seminar will be forthcoming shortly. If you would like to present at a luncheon seminar or offer your office or home for a meeting, please contact Ellyn Altman (516) 829-5034.

ARNOLD H. MODELL ADDRESSES ASPP PSYCHOANALYTIC CONFERENCE

By Bruce C. Kopp, Ph.D.
Co-Chair Program Committee

DR. Arnold H. Modell, psychiatrist and supervising analyst of the Boston Psychoanalytic Institute, presented his paper, "A Confusion of Tongues: Or Whose Reality Is It?" to a full house at the annual Fall conference of the Adelphi Society for Psychoanalysis and Psychotherapy, on October 28, 1989, at the Waldorf School in Garden City.

Taking off from Ferenczi's 1933 paper, "A Confusion of Tongues Between Parent and Child," Dr. Modell discussed the more general problem of the impact upon the child when the child's construction of reality varies significantly from that which is presented to him by parents or caretakers. One traumatic effect is a tendency for the child to compliantly identify with the adult's construction of reality with a loss of faith in his own judgment. However, such a false compliance masks a deeper developed distrust of what might be taken in from others. A cognitive deficit develops as the child is unable to learn from others despite the apparent compliance. The child's capacity to learn only from and by himself is consistent with a grandiose but brittle self-representation. Ferenczi's ideas were a return to a traumatic etiology of neurosis, as opposed to Freud's intrapsychic internally generated fantasy notion of the central cause of neurosis.

Dr. Modell emphasized, however, that divergencies among constructions of reality are inevitable. He reported on biological and ethological studies that suggest that the enormous variability of the central nervous system along with necessary differences in self-preservative needs inevitably make for conflict between generations. If, even in the best of circumstances, there must be differing constructions of reality, what determines the relatively healthy circumstance and how are these relatively healthy differences managed?

Dr. Modell asserts that in healthy circumstances parents are able to put their child's needs above their own, at least in key situations. Coping with the differences that remain is explained using some of the ideas of Winnicott: The mother's availability and reliability, based on her capacity to identify with the child's needs, allows the child to feel that he creates his world. Such a process provides the child with a lasting positive attitude toward the external world. Dr. Modell, summarizing Winnicott, states, "When caretakers provide a background of safety the child is allowed to live within a self created world of fantasy and magical action which neither child nor mother question." If caretaking fails to provide a background of safety the child must create a substitute world including safety functions. Such a created world will probably include fantasies of omnipotent self-sufficiency. The child learns not to depend on an outside world, but to trust only what he learns for and by himself. To explain the bridging of differences that are within reasonable limits, Winnicott suggested a third area of reality between those of the mother and child. He called this third area of reality a transitional or potential space. Here realities are shared without questioning

what belongs to whom. In this space the child can alternate between experiences of merger and separateness. The gradually developing capacity to merge and then regain one's own separateness is what allows the growing child to share in and learn from other realities. For some, however, confrontation with other realities results in severe anxiety. The child may fear that the other reality is untrustworthy and that it might overwhelm his own construction of reality.

Dr. Modell reported further on Winnicott's notion that the acceptance of externality, the acceptance of the separateness of the object, is supported by the mother's acceptance and survival of the baby's hatred. In this way the child learns the limits of its omnipotence. To tolerate a playful merger, separateness must be assured through the caretaker's acceptance and survival of the child's destructiveness.

Dr. Modell pointed out that the question, whose reality is it, is relevant to the clinical situation as well as to child development and philosophy. For patients sensitized to bowing to their parents' construction of reality, the therapeutic situation is one in which they may have to test whether the analyst is committed to them or to the analyst's own agenda. Agendas of patients and therapists must inevitably differ in important respects, but with some, the therapist must accept the patient's agenda with little challenge for quite a long time. Eventually, differences in agendas must be acknowledged and discussed.

Dr. Modell noted that there are patients who need to reject interpretations because they belong to the therapist and not the patient. Traditionally, such rejections were understood as resistance. Alternatively, they may be seen as necessary for the preservation of the integrity of the self. Therapists, therefore, may be encouraged to be particularly patient and to offer very little beyond what the patient has already learned from himself. At times, nothing more than empathic resonance can be offered, and there are even times when the analyst has to accept that being understood is more than the patient can tolerate. Interpretations, when provided, must be kept as close to the patient's experience as possible. Dr. Modell also pointed out that patients do learn on their own, often from the therapist's attitudes—attitudes such as the search for unconscious meaning, and that only behavior and not thoughts have ethical consequences. Dr. Modell suggested that for the kind of patient discussed in this paper, another way of describing the aim of treatment is to enable the person to increase the capacity to share in other constructed realities, in other words, to be able to learn from others. □

ASPP Newsletter welcomes Dr. Bruce C. Kopp who joins us as Associate Editor for Presentations. He succeeds Dr. Gary R. Cox-Steiner who held this post since 1986. We at the *Newsletter* express gratitude to Dr. Cox-Steiner for service so generously given; his current responsibilities prevent him from continuing with us, but he expects to contribute articles when he can. Our best greetings and thanks!

PROFESSIONAL PRACTICE

Legal-Legislative Forum

**Medicare Independent Provider Status,
National Health Insurance Prototype,
Managed Care, Public Image of Analysts**

*By Carol R. Noble, Ph.D. & Barbara Zevin, Ph.D.
Co-Chairs, Legal-Legislative Committee*

THE Legal-Legislative Committee's mandate is to keep members informed of significant political/economic issues that impact upon our work. One area that is of great concern is the current national debate over health care. In September, a panel consisting of members of Congress and Presidential appointees began hearings to consider possible legislative solutions to this problem. A recent article in the *New York Times* noted a political turnabout in the advocacy of legislative action aimed at expanding health coverage. Groups that have historically opposed national health coverage—labor, industry, the medical and hospital community—now favor some form of national health insurance. There is recognition of a national need to address the current situation where

- 31 million uninsured Americans have only emergency health care;
- 12% of our gross national product is spent on providing health care; yet millions of Americans receive no services or inadequate services (*New York Times*, September 24, 1989, section 4, page 4).

It is clear that there will be changes in how our medical needs will be handled in the future. These changes will surely have an impact on how we practice our profession. We need to be informed about the issues and to formulate our own position on this very complex matter.

Medicare

AS the national population ages, our treatment population will also be shifting. It is vital that we be recognized as providers of treatment. The inclusion of psychologists as direct and independent Medicare providers was singled out by leaders of APA Divisions 29 (Psychotherapy), 42 (Independent Practice), and 43 (Family Psychology) as heading the "top ten" list of priorities for psychologist-practitioners (*APA Monitor*, June 1989). There are also similar proposals for the inclusion of clinical social workers and nurses in the Medicare reimbursement system.

The present reimbursement system for Medicare puts us at a disadvantage in providing services to the elderly and disabled. At present, psychologists can only receive direct reimbursement from Medicare in community health centers and rural health clinics. Other mental health services must be under the supervision and direction of a physician.

Changes in our Medicare provider status are particularly important because Medicare is likely to be a model for other legislation and for reimbursement by other forms of insurance. It follows that any national health insurance program that is developed would use Medicare as a framework.

The American Psychiatric Association has been actively engaged in lobbying to defeat the passage of S.100 in the Senate and H.R.774 in the House of Representatives, the bills that would enact these Medicare changes. The Association lobbies assert that these changes would be too costly and there is in fact no need for extra services for the elderly, ignoring the evidence that psychotherapy has been shown to reduce overall medical costs.

However, in October 1989, it seemed that psychologists' inclusion as direct providers in Medicare was 95% certain: The Senate Finance Committee, with strong support from Sen. John D. Rockefeller IV (D-W.Va.), had approved the proposal without amendment—following House Ways and Means Committee approval earlier last summer in the House version of the bill sponsored by Rep. William Coyne (D-Pa.). And on October 12, the House passed this legislation (H.R. 774) that would make psychologists eligible for direct reimbursement for Medicare patients in all service settings. The November *APA Monitor* ran a victorious page 1 article, "Medicare Bill OK'd by House." But, at our press time (coincident with the December *Monitor*), the final word is still uncertain:

Under the ramifications of the Budget Deficit Reduction Act, and the ensuing last minute political conflict between the Bush Administration and the Democratic leadership in the Senate, the Republicans had enough votes to delay passage of their version of the measure (S.100). APA Practice Directorate head, Bryant Welch, in the December *Monitor* (p. 30), points out that the House has now received enormous pressure to "revisit its deficit reduction package" and follow in the path of the Senate's delay/rejection of the bill. This revision would reduce or eliminate legislative initiatives in child care, catastrophic health care, and social welfare issues, along with the provisions affecting psychologists.

Notwithstanding this apparent setback, Welch is optimistic about the effectiveness of psychology's now well-established grass roots efforts and political action committees on the legislative front. He sees the political activity of the last several months as a way of life which professional psychology can survive. Given continuing commitment to these efforts, he is positive about the future for inclusion in Medicare, Kennedy-Waxman health insurance legislation, and other "yet unseen federal issues affecting our ability to deliver services."

Managed Health Care

CONCOMITANT and corollary to Medicare struggles, managed health care is already a fact of life. This is evident as we complete a seemingly endless series of insurance treatment reports. We need to work toward maximal professional autonomy within managed health care systems, as well as expanding the role of non-medical professionals.

Images of the Psychoanalyst

AN issue related to our legal status is the public perception of psychoanalysts. Images of us presented in the media are often caricatures that serve us, our patients, and potential patients very poorly. We would like to counter such representations and to invite our membership to join us in a watchdog function. As you come across misleading or insulting representations of analysis or analysts, please keep us informed and send us copies, if possible. Our aim is to formulate some ways to counter negative images and present more accurate information to the public about who we are and what we do. □

BOB LANE: Notes on a Professional

Dr. Robert C. Lane was co-recipient of the 1989 Distinguished Service Award from the American Psychological Association, Division of Psychoanalysis, with Dr. George D. Goldman.* Each award reads, "In recognition of his persistent commitment to psychoanalysis."

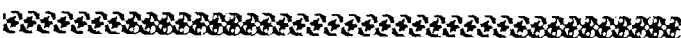
Dr. Lane began his career as a philosophy major in the late thirties at CCNY. In those days at CCNY, psychology was part of philosophy: Psychology 1, as it is called today, was then Philosophy 5. Following Mayor La Guardia's rejection of the appointment of Bertrand Russell as Chair of the Philosophy Department, psychology was separated from philosophy, and in 1940 Gardner Murphy was brought in from Columbia University to chair the new psychology department, housed in the alcoves of Townsend Harris Hall. Bob Lane became one of Professor Murphy's first honor students. He chaired the CCNY Open House, helping introduce the new psychology department to the public. As an undergraduate, he was the author of one of the early papers on need as a determinant of perception. On his graduation in 1942, he was co-recipient of the College's Ward Medal for proficiency in psychology, and in the same year, he and fellow-student Roy Schafer delivered a paper to the honor students of the College entitled, "Recent Findings in the Field of Perception." At about this time, he assisted faculty members Max Hertzman and Clifford Seitz in the preparation of several papers, including a comparison of individually and group administered Rorschachs (with Hertzman); and articles on personality reaction and diet tolerance to high altitude, as well as a study in cockpit illumination (with Seitz).

After his graduation, Dr. Lane joined the Army Air Corps as a member of the Psychological Research Units. In the service, he wrote several papers on psychomotor testing that received wide acceptance in the psychology branches. Following World War II, he worked for a time as chief psychologist of the Westchester County Mental Hygiene Clinic, and then served as chief of the psychiatric section of the psychology department at Kingsbridge (Bronx) VA Hospital for six years. While there, he wrote a series of guides for psychological testing which were also used outside the VA in a number of university training programs. These guides included a neuropsychiatric report form (based on 500 cases) written with Reuben Fine; a guide to interpretation of the Bender Visual-Motor Gestalt; a Wechsler-Bellevue training manual for use of the Wechsler with brain-damaged patients.

While in the VA, he wrote his doctoral thesis for NYU on familial attitudes in paranoid schizophrenics and normals from two socioeconomic classes. He published this with Jerome Singer, who was then chief of the research section in clinical psychology at FDR (Montrose) VA Hospital. During Bob's work at the VA, his time was occupied with the psychological services of five wards, collecting data for his thesis, getting as much training as he could

by taking analytic courses wherever he could, being analyzed, and raising a family.

In the early fifties, while still working for the VA, he helped establish the North Shore Neuropsychiatric Center (NSNPC), the first such service in Nassau County, where he was chief psychologist for more than 10 years. It was here that he met or worked with colleagues with whom he was later affiliated at Adelphi Postdoctoral—including Gerry Bomse, Marvin Daniels, Gordon Derner, George Goldman, Don Milman, and Stan Teitel. The NSNPC became a training center for Adelphi's doctoral program, and Gordon became a consultant to NSNPC.



GEORGE GOLDMAN AND ROBERT LANE SHARE DISTINGUISHED SERVICE AWARD APA DIVISION 39 IN RECOGNITION OF COMMITMENT TO PSYCHOANALYSIS.



In 1958, a group of colleagues broke away from NPAP and named themselves the "New York Society of Freudian Psychologists," (now the New York Freudian Society). Bob became a candidate in their psychoanalytic training institute and was their first graduate, receiving his certificate in psychoanalysis in 1963. He was very active in the Society for many years, serving as faculty, chairperson of the Scientific Committee, parliamentarian, secretary, and treasurer for about 12 years.

Dr. Lane was always interested in training and has held a number of training positions. He was Coordinator of Training and Dean of the Training Institute of what is now the Geraldine Pederson-Krag Mental Health Clinic in Huntington, Director of Training of the Hempstead Consultation Service, Director of the Nassau Psychological Services Institute, and Director of Training of the Long Island Division of the New York Center for Psychoanalytic Training (NYCPT). He has been affiliated with NYCPT since 1970 or so, holding many different positions and being very active in their Society, the Society for Psychoanalytic Training: He received the Samuel Kutash Award for Distinguished Service, The Distinguished Writer Award, and in November 1989, the Distinguished Analyst Award.

Bob Lane was one of the founders of the Adelphi Postdoctoral Training Program in Psychotherapy. He along with Kenneth Fisher (NPAP), George D. Goldman (WAW), and Harold Pivnick (Postgraduate Center) constituted the four non-Adelphi faculty on the Postdoctoral Planning Committee. The four faculty members were Gordon F. Derner, Paul Frisch, Donald Milman, and Harry Kalish. This committee met from 1958 to 1963.

Bob has also been involved in the politics of his profession, having served as President of Nassau County Psychological Association; President of the Clinical Division of NYSPA; twice as President of the Society for Psychoanalytic Training; President of the APA Division of Psychoanalysis, and President of both Section IV (Section of Local Chapters) and I (the Psychologist-Psychoanalyst Practitioner Section) of the Division. Dr. Lane considers himself a founding father of Division 39

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*Article on George Goldman appeared in Fall 1988 *ASPP Newsletter* when he was the co-recipient, with Stanley Moldawsky, of American Psychological Association award for distinguished contributions to applied psychology as professional practice.

Bob Lane (Continued from page 6)

and has been a member of most of its boards and committees. He was the first Program Chair, the first Chair of the Publications Committee (with Marvin Daniels), and a Co-chair of the Local Chapters Committee. He was a Division 39 Council Rep to APA from 1984 to 1987, and is presently a member-at-large on the Board of the Division. His service award was in recognition of his many years of leadership and active participation in Division 39's activities. He continues to be active as Chair of the Centennial Committee. He and Dr. Murray Meisels will edit a book on the history of Division 39. Dr. Lane was recognized nationally in 1984 by his election to the title, "Distinguished Practitioner" and "Member" of the National Academy of Practice in Psychology.

Although Dr. Lane continues to write, his most prolific period followed surgery some six years ago. Since 1983, he has written extensively on a wide range of psychoanalytic topics. These include: preverbal relatedness, fusion and individuation in borderlines, early object loss, anniversary reactions, symbols of terror, autoerotism, anorexia and bulimia, negative voyeurism, the negative therapeutic reaction, countertransference, the wish not to know, dreams, adolescence, fees, self-disclosure, and supervision. He has a book on supervision coming out in the near future, and he is editing a book on dreams for Brunner/Mazel. He has contributed to a number of books.

Dr. Lane has served as editor of the newsletter of his local psychological association, the Clinical Division of NYSPA, and the newsletter of Division 39. He was on the editorial board of the *Journal of Psychoanalytic Psychology*, the official journal of Division 39, is on the editorial board of *Current Issues in Psychoanalytic Practice*, and was the founder and a member of the editorial board of *Psyc-Scan: Psychoanalysis*, an APA journal of abstracts of psychoanalytic literature. □

THE ADDICTION TO NEGATIVITY: Robert C. Lane's APA Presentation

By Anna Leifer, Ph.D.

TODAY, the prevalence of addictive behaviors, whether addiction to alcohol, to gambling, cravings for crack, or to collecting grievances, bespeaks the urgency of the need to elucidate the complex and destructive nature of the addictive personality. In a poll conducted last year, addiction was listed as the nation's number one problem, the scourge that now infects the rural as well as the urban areas of America.

To understand this scourge, it is the psychical individuality that must be examined in order to uncover the roots of the emotional dependence that leads to deviant and perverse forms of behavior. In this invited address, Dr. Lane examined an aspect of addiction that has been relatively neglected in the literature but one that is widely prevalent, hazardous, and as injurious as any other form of addiction. Dr. Lane's interest is in the addiction to negativity which he defined as "a recurrent need and craving for activities that, instead of eliminating unpleasure

and inducing a state of euphoria, eliminate pleasure and induce a state of dysphoria ... a disturbance in psychological homeostasis." This condition can be seen in patients who become obsessively involved in various kinds of negative experiences and who display an incessant need for the unpleasure of any situation or activity. These patients dwell on adversity and rely on calamity to feel alive. Many borderline patients show these properties in depression, anhedonia, masochism, self-mutilation, and in suicidal ideation.

Heeding Freud's directive, Dr. Lane traced the developmental origins of negativity, examining the relationship between early affilial attachments and the emergent character style of the addict.

For many of these patients, the initial infant-caretaker bond was characterised by coldness, disappointment, and frustration, so that these later become a necessary condition for love. The recreation of the early bond, so powerfully and unconsciously yearned for, requires the presence of some form of suffering, a suffering that is primitively experienced as a mode of caring, as a way of intimately being-with-the-other. Once in a relationship, the only way to achieve power is to identify with the aggressor and provoke hostile encounters as a means of restoring the lost sense of infantile omnipotence. In the hostile engagement there is reunion and reassurance.

THE treatment of these patients is often difficult. They tend to terminate prematurely and feel they have accomplished nothing. They are prone to suicide; the women marry abusive men; they act out and the sessions can be both perplexing and depressing. Belligerence is continually revived in the transferences of these patients as a resistance against overwhelming feelings of helplessness, hopelessness, and disillusionment. Their need to provoke the analyst represents their attachment to the pre-oedipal pain-giving object and to the recreation of the combative climate. They often attack the analyst; they can be oppositional, defiant, and even show overt violence.

The analyst must be capable of withstanding such storms, of setting limits, and of instituting direct and repeated clarification and confrontation regarding dangerous acting-out.

Dynamic exploration features a reconstruction of the scenarios of the past and the related affect that fuels the negativity. The issues underlying the repudiation of pleasurable affects and ego enhancing experiences require elaboration as well as a recognition of how these are played out in the session and in the patient's life. Essential to successful resolution with these patients is a form of confrontation that is more than elucidative; it should be a confrontation that alerts the patient to the potentially conflictive and incongruous aspects of the material of the session. An example of this kind of confrontation would be: "I feel you are trying hard to provoke me into an argument in order to protect yourself from having positive feelings toward me." □

Summary of invited address by Dr. Robert C. Lane, presented to the Division of Psychoanalysis at the 1989 Annual Convention of the American Psychological Association in New Orleans. Dr. Leifer chaired Dr. Lane's meeting.

ANNA FREUD VERSUS MELANIE KLEIN: The Sibling Aspects of Their Relationship

By Anna Leifer, Ph.D.

THEY were born in Vienna just ahead of the turn of the century, 13 years apart. They were the daughters of physicians, products of scholarly Eastern European families with broad scientific, intellectual, and linguistic interests, families that animated their early curiosity and intelligence, enlivening in each of them an already-present predisposition to learning.

They were the youngest of several children (the Freuds had six children, the Kleins had four) and they each attested to the chagrin of being the smallest of the bunch, of feeling desolate, of running after when you couldn't keep up, and hanging on when you weren't wanted. Anna recalled later "the experience of being left out by the big ones, of being only a bore to them and of feeling bored and left alone" (Young-Bruehl, 1988, p.37). Her most ardent childhood desire, recalled in the poetry of her adolescence, was to be big, to be grown up like her siblings and to be worthy of their respect and acceptance.

This early position in the sibling distribution spawned a lifelong drive on the part of these two women toward affiliation and kinship. It undoubtedly played a role in magnetizing them toward the psychoanalytic fraternity, not only in their work, as a way of being-with-the-other as analyst, but, more powerfully, toward the corridors of equanimity and controversy, toward the spiritedness of the commotion that theory-making invariably spurs.

Familial Dynamisms

ANNA Freud and Melanie Klein were veritably children of the dream. When Anna was conceived, Freud was deeply immersed in the development of his most original and far-reaching views on mental functioning, unconscious representability and symbolism in dreams. During Anna's incubation and early childhood, Freud drafted the volume that contains his profoundest psychological speculations, *The Interpretation of Dreams* published in 1900. Referring to this monumental work, Freud himself noted in his preface to the third English edition, "Insight such as this falls to one's lot but once in a lifetime."

This singular significance of Freud's dream treatise, this once-in-a-lifetime quality would later characterize Freud's symbiotically enmeshed bond with Anna and the unparalleled arrangements between them. It was an extremely close and trusting relationship which endured to the end of Freud's life, powerful in its implications, clear in its directives, and fertile in nourishing the seeds of its design. For Freud, it was the last and the most enduring of a series of intensely intimate relationships that included Breuer, Fliess, Jung, Ferenczi, Jones, and Sachs. Some Freud observers counter the notion that Freud had no analysts, that his monumental self-analysis was accomplished in seclusion, the fantastic yield of a singular introspection. On the contrary, they would argue, Freud had many analysts. He was a man who required, throughout his life, at the very least, one impassioned association, one special friend and confidant to whom he would entrust his most personal thoughts and private feelings.

When Anna was 18 years old, Freud took her into analysis with him although this was clearly in opposition to his counsel with others. The analysis marked the beginning

of a lifelong attachment. From then on she became his constant companion, devoted daughter, confidante, adviser, supporter, and, at the end, his nurse as well as his representative at the psychoanalytic congresses he was too ill to attend. By 1923, after the operations of the year for cancer, it was Anna, not Martha, his wife, who stayed with him throughout the night. And it was Anna's acquiescence he sought when, at the end of his life, seeing nothing ahead but pain and debilitation, he decided to end his suffering. "Talk it over with Anna," he told his physician Max Schur, "and if she thinks it's right, then make an end of it" (Gay, 1988, p. 651).

Anna Freud's extraordinary relationship with her father remained her deepest commitment throughout her life. She prided her conformity to the doctrines he established and willingly became the outspoken guardian of psychoanalytic orthodoxy. Like her father, she regarded any deviation from conventional belief as a form of heresy to be fiercely and forthrightly exposed.

MELANIE Klein arrived at the psychoanalytic meeting places not as a kinswoman with connections by blood but as a feisty opponent who would challenge Anna's position as heir apparent to Freudian doctrine. After all, for Melanie, Freud was a father, too. Melanie's introduction to psychoanalytic theory came at age 19 when she read Freud's paper, "On Dreams" (1901). She had inherited her mother's passion for learning and it was her habit to stay up to read far into the night. Fascinated by Freud's genius in debunking the mythicism of dreams, Klein became a devoted follower of his teachings. In the analytic dream work that renders seemingly unbridled emotions and chaotic fantasies meaningful, she found her metier. But more than that, the concepts of unconscious representation, of an inner world and internal relations, and of the nature and meaning of a psychical production caught her fancy. Indeed, the prospect of an association between the symbols and visual images of dreams and relations and events in the real world probably appealed both to her emotional and intellectual inclinations.

It was hardly coincidental that considerations of the relevance of a contentious environment on the unfolding maturational processes infused Klein's interests and directed her preoccupations. By the time she was an adult, she was well acquainted with an internal chaotic world and the instability associated with splitting mechanisms and a preponderance of pregenital aggression.



Melanie Klein was the product of a combative family plagued by guilt, envy, and strong incestuous overtones. Overattached to a narcissistic and controlling mother, dominated by her incessant demands and manipulations, she was, at the same time, virtually ignored by an undependable father who showed a clear preference for her older sister, Emilie.

It was a family that schooled her well in conflictual relationships and in the excesses of love and hate. Its system was fueled by a contrariety in which positive and attracting engagements existed side-by-side with negative and repelling ones. Her brother, Emanuel, who died of drugs and

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disease at age 25, was the object of a deadly tug-of-war between Melanie and her mother. Sidonie, the sister who was chosen to be scapegoated as the mother's externalized bad self, died of tuberculosis when she was eight and Melanie was four. And in a family that passed guilt around like playing cards, Sidonie's death must have been a devastating event for all of them.

With this background, it is not surprising that, as a young woman with three small children, depressed, demoralized, stressed by dissatisfactions in her marriage and in her life situation, Melanie entered a sanitarium in Switzerland. Her biographer, Phyllis Grosskurth, states, "From the envy, aggression and fierce destructive sibling rivalry within her family, she had abundant material to formulate her theories" (Grosskurth, 1987, p. 25).

The Rivalry: Individuating and Generative

AND so it was that these two disciples of Freudianism, perhaps destined to be adversaries by the happenings that shape our beings and mold our destinies, became formidable rivals in the internecine battle that raged in the '40s in the fledgling psychoanalytic societies of England and Europe. They each honed a decisive, though divergent philosophy, theory, and technique of child analytic psychotherapy. Each one turned within, as the circumstances of their lives dictated, to find the area they would define, each one proclaiming the peerless symmetry of her particular views with those of the master.

Their rivalry may be examined as a positive force, a continuous challenge to refine and clarify their notions, to apply a careful scrutiny to their lectures and papers, in other words, to reach out from orthodoxy toward more seminal convictions. My intention is to show that it was a contest that reinforced and promoted their generativity, producing far-reaching conceptions that have informed and enhanced our basic theoretical assumptions.

I hope to illuminate a heretofore neglected dynamic in sibling rivalry, that is, its growth promoting function as a reinforcer of separation, individuation, and autonomous strivings. My interest is in a more comprehensive understanding of sibling bonds, not determined solely by their rivalry for parental favors, as Freud said, and which certainly exists, but for its intrinsic significance, for the ways in which each contributes in a sustaining way to the development of the other. My aim is to bring a perspective that searches the sibling connection for the ties that feed the mutuality of ego building and self-actualization.

The idea of a positive force inherent in sibling bonds is not new. Our literary heritage abounds with tales of altruism on the part of brothers and sisters in which one frees or saves the other from danger or shows charitable concern for the other's welfare. In some instances, compelling forces induce acts of bravery and inventiveness as in the adventures of Hansel and Gretel where a brother's ingenuity saves the lost children from destruction. For Cinderella, the meanness of her step-sisters prompts a regal transfiguration suggesting that rivalry can inspire personal ambition and access to life's goodies.

The sibling bond is inherently a challenge to differentiate in a framework which is less crucial and which permits rehearsals for the moves toward the door without arousing parental reactions. Between siblings there can be

a mutuality of devotion to the developmental problems indigenous to growth and an empathy regarding fear of independence. Where a parent might demand greater maturity, or less sovereignty, or treat regressions harshly, or too indulgently, a peer is more likely to provide an intermediate stance. Within the sibling arena differentiation is safer, it provokes less defensiveness and is relatively free of weighty issues like fear of fusion, engulfment, abandonment, and retaliation. In separation ventures with parents, the game is often hazardous and stakes are high.

Theoretical Differences

MELANIE Klein and Anna Freud were siblings who shared a common devotion to psychoanalysis and to the advancement of basic principles of an analytic child psychology. The disagreements of their heated polemic yielded fundamental theoretical formulations which spawned not only a methodology for the treatment of children, but a paradigm for processes of growth which reorganized prevailing knowledge of the workings of the human mind.

One of the primary differences between them was in their view of the nature and timing of developmental stages and in the intrapsychic proceedings underlying maturation. Consistent with drive theory, Anna viewed the ego's primary antagonism directed toward instinctual drive, with the ego apparatuses charged with the task of inhibiting or modifying the internal demands. In her model, ego maneuvers, the major mechanisms that define individual behavior and characteristics, became the subject under scrutiny (A. Freud, 1936). She conceptualized these maneuvers, the defenses, as central to the full range of human affairs. Anna was interested in ego capacities not only in relation to pathology, but also in an extension of our understanding beyond a prevention of neurosis to an elaboration of the vicissitudes of the organism's normal unfolding. Her work gave impetus to the investigations of Ernst Kris and his colleagues into the workings of the autonomous ego and the conflict-free aspect of the individual's reality adapted behaviors. It was her collaboration and support of this work that led to the journal that was the forerunner of *The Psychoanalytic Study of the Child*.

Anna turned her attention to the ordinary problems of upbringing, the everyday practical problems of raising children. She is to be credited with the extensive work done in applying psychoanalytic insight to education. She preached a pedagogic-analytic partnership in which the child analyst shared his knowledge of the child's requirements with workers in the field of education and child care. Before Anna's writings, there was no systematic teaching of parents, teachers, or caretakers, nor any psychologists, guidance counselors, or social workers in schools or agencies.

In her biography of Anna Freud, Young-Bruehl (1988) writes that Anna had first been trained as a teacher: She took her examination for elementary school teaching apprenticeship in 1914, and she continued a teaching career with young children through the war years and early after-



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math while maintaining a growing identification with her father's work. In the 1920s, she was particularly influenced by the work of Hermine Hug-Hellmuth and the friendship and work of August Aichhorn.

Hug-Hellmuth was a retired elementary school teacher with a Ph.D. in philosophy from the University of Vienna, and an associate of Freud's Wednesday-evening meetings of the Vienna Psychoanalytic Society (at which Anna was present from an early age). Hug-Hellmuth's pedagogical paper on play sessions with children, first published in 1913, was considered by Anna's father as part of a new venture on the possible applications of psychoanalytic



work with children. A paper on her updated work in play therapy (Hug-Hellmuth, 1921) was reported at both the 1920 Hague Congress and at the Vienna Society, and was known to Anna: "But it was left to Melanie Klein and Anna Freud to turn this play technique into a properly psychoanalytic method" (Young-Bruehl, 1988, p. 160).

Aichhorn lived in Vienna where he developed and taught techniques for working with delinquent boys. At that time, dynamic interpretation was not part of his treatment. Aichhorn relied on building trust through relationship bonds and on the reversal of negative identifications. (Anna was an admirer of Aichhorn, 17 years older than she, an admirer who wished to remain at a distance. Aichhorn, as a matter of interest, was infatuated with Anna, proposed marriage to her, and remained one of her closest friends until his death. In the letters they exchanged, it was he who noted her ambivalent betrothal to her father and the irony of revering one's opponent. They both loved Freud, he confessed, perhaps more than each other.)

For Melanie, the essential elements for study were not the segregated intrapsychic maneuvers, the monadic interior; she looked beyond the infant to include the objects in the surround that mediate his connections with life. In her view (1932), developmental processes are linked from the start to a series of compelling proceedings involving an outsider who is reciprocally engaged in the interactive unit. Drive, she said, is infiltrated from the first month onward with characteristics and qualities of objects and part-objects. The infant's inner structure is fluid, molded by an interaction between its instinctual life and its objects through a projective-introjective relatedness. It is by way of these processes that the object establishes itself internally to assist in the task of furnishing the properties of the rudimentary ego.

Melanie was drawn to the ramifications between inner world and objects, and she constructed an internal psychical reality formed by the systematic engagement of self and object traits. The regulation of this inner climate became the theme of her writings, and the necessity of an optimal balance between aggressive and libidinal vectors for maintaining homeostasis became the hallmark of her theorizing.

Klein extended the concept of introjection and placed it in a developmental framework using the vehicle of fantasy as the mechanism of interiorization through relations with

the outside world. She was attuned to the psychodrama of the infant's fantasy life and the origins of the unconscious fantasies that are later accessible in the analytic hour as "memories in feelings." For Klein, internalization became the cornerstone of a developmental paradigm based in a theory of object instincts rather than ego instincts. Perhaps more than any other single individual, she instigated the ubiquitous position of internalization in contemporary psychoanalytic formulations and the frequency with which we encounter terms like "intersubjective sharing" (self-psychology), interactional field (interpersonal), and "relational matrix" (relational and family). Today, to quote Schafer (1968), "internalization occupies a central place in psychoanalytic propositions concerning psychic development, structure formation, changes in cathectic distribution, and adaptive processes" (p.1).

Klein's analysis of small children (she was the first to treat children as young as 2½ years of age) shifted attention from the interior placement of oral and anal derivatives to an exterior relational arena where the critical events take place. Her speculations regarding infant maturational processes and the crucial effects of loss (weaning) and deprivation (insufficient or faulty mothering) spurred Mahler's research into separation phenomena, Winnicott's conceptualizations of compromise or false self-formations, and Bowlby's observations of the trauma experienced by abandoned and neglected infants.

Implications for Child Analysis

PERHAPS the area of greatest disagreement between these two women was in their outlook regarding the most effective way to treat the child (Young-Bruehl, 1988, pp. 166-171). This divergence in their philosophy and technique might be anticipated if one contemplates their early formative years, their roles and affective ties within their families, the manner of human exchanges, and the tenor of the intimacy they experienced.

Klein regarded the direct analysis of the unconscious as the central task to be accomplished through deep interpretations. To her it was axiomatic that suffering and guilt had to be "forced" into consciousness to alleviate anxiety. Klein insisted that every action in the session required interpretation, usually of its sexual or aggressive content, while Anna felt that the quality of the child's relationship with the analyst was of prime importance. Melanie made clear her contempt for Anna's introductory techniques and her educational and directive measures. She scoffed at Anna's use of enticements, the toys, games, gifts, the sweaters she knitted, and the cookies she baked for her little patients. And she especially objected to Anna's role as an auxiliary ego-ideal and the insinuation of moral values and an acceptable code of behavior into the session. Analysis, she held, has no concern with the real world, nor with the child's adaptation to it; it is about neither "sickness nor health, nor virtue nor vice." It has nothing to do with proper behavior, with conformance or with disobedience. It is concerned simply and solely with what goes on in the child's mind, the pleasurable fantasies and the terror-filled retributions.

But despite their ideological dissonance and their contrasting technique, despite the certainty with which they espoused their respective positions, they reciprocally in-

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fluenced each other's contemplation thereby strengthening and augmenting their own.

In reading Klein's clinical reports, it is obvious that she did indeed implement Anna's metapsychology, when necessary, to enhance her effectiveness and advance the generalizability of her theories. While she publicly disdained the niceties of Anna's approach, she recognized the value of relatedness in establishing contact with a difficult patient. In the way that competing siblings can influence each other, observing maneuvers, borrowing strategies, "looking, listening, and learning," in the words of Ruth-Jean Eisenbud, they each profited from the other's injunctions. In the introductory stages of the analysis of a 9-year-old boy with psychotic features who had been abused by his father, Melanie (Klein, 1932) sees the prudence of becoming the child's playmate and ally before attempting any interventions. With this youngster she implements Anna's techniques for gaining entrance into the child's inner drama, and acknowledges that the closeness and caring of the analyst can provide positive introjects to unseat the archaic and hostile ones (and, in this case, temporarily replace the punitive father):

For several weeks I got Egon to lie on the couch (which he did not refuse to do and apparently preferred to playing games) and tried in various other ways to get the treatment going, till I was forced to recognize that my attempts along these lines were hopeless. It became clear to me that the child's difficulty in speaking was so deeply rooted that my first tasks must be to overcome it analytically... In order to get away from the role of the prying father, against whom his defiance was directed, I played with him for weeks in silence and made no interpretations, simply trying to establish rapport by playing with him. (p. 68)

For her part in the sibling partnership, Anna also benefitted, especially from Klein's willingness to proceed beyond Freud and apply psychoanalytic principles to the treatment of the small child. The prevailing wisdom to Klein's publications was that the psychic structure of the child who had not yet reached latency was too frail to be penetrated by analytic probing because the tripartite boundaries were unfixed.

Melanie was both a follower of Freud and an innovator. She served as an example for Anna and the psychoanalytic affiliates

that one could deviate from orthodoxy, modify, or embellish it, and not only survive, but win your own acclaim. She demonstrated that such innovations do not constitute acts of disloyalty or place Freud's theories in disrepute. They are, in fact, indications of the solidity and malleability of the original specifications which provide the fruitfulness and vigor that come with cross-fertilization.

When Melanie first distributed her findings she encountered strong opposition, even scorn, especially among the Viennese (Freud delivered the ultimate slight by ignoring her publications). But she eventually attracted a substantial group of practitioners who formed a solid clique around her and championed her ideas. By 1931, she was fully accepted as a training analyst by the London Psychoanalytic Society which, at that time, was the only analytic training institute in England.

ANNA'S conception of the role of transference in child analysis also changed over the years. For a long time she maintained that she had never treated a child where the analytic relationship displaced the original objects and resulted in a "new neurotic formation." And, she argued, it is only in cases where the original neurosis is replaced by a substitute structure of this kind that the term "transference neurosis" can be applied. Children produce transference reactions, but a degree of maturity is required for the emergence of a true "transference neurosis." "A child," she wrote in 1926, "is not ready to produce a new edition of his love relationships because ... the old edition is not yet exhausted. Its original objects, the parents, are still real and present as love objects" (A. Freud, 1926, p. 44).

In later years, she revised this monolithic notion of transference and acknowledged that the child could regress in the session and revise archaic fantasies of loved or hated objects. The analyst then becomes the butt of the residuals of these involvements, while, at the same time, remaining a real object in the here and now. Moving in the same direction, she cautioned therapists regarding the dangers of devoting long stretches of the work to maintaining a positive transference. Where the positive transference dominates and subjugates the treatment alliance, the child works to maintain the analyst's favor instead of utilizing her within the projected transference constellation. When this occurs, vital expressions of hostility and resentment directed toward the therapist are thereby curtailed. A culmination of some of these later developments in her thinking is addressed in her writings on the relations between child analysis and adult analysis (A. Freud, 1965, pp. 25-53).

In a lecture in 1953, entitled "About Losing and Being Lost," Anna revised Freud's exposition of the dynamics relative to the pathological dimensions of mourning. In "Mourning and Melancholia," Freud (1915) described how an object loss is reacted to as if it were an ego loss, where the object cathexis, instead of being withdrawn, persists and even intensifies. Inside the ego the encapsulated lost object becomes the target of vengeful reproaches which induce melancholia. In time the cathectic attachment to the deceased diminishes and the object is given up. Through a slow process of severance of memories associated with the lost one, libido is withdrawn by degrees and the mourning is concluded:

Each single one of the memories and situations of expectancy which demonstrate the libido's attachment to the lost object is met by the verdict of reality that the object no longer exists, and the ego, confronted as it were with the question whether it will share this fate, is persuaded by the sum of the narcissistic satisfactions it derives from being alive, to sever its attachment of the object that has been abandoned. We may perhaps suppose that this work of severance is so slow and gradual that by the time it has been finished the expenditure of energy necessary for it is also dissipated. (p. 255)

Anna's conception of the course of healing from sorrow is not through a piecemeal dislodging, a gradual cathectic withdrawal, but, by an intensification of the innermost merger, a stronger embrace of the introject accompanied

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by soothing images of a final reunion with the loved one in a shared afterlife. Anna's proposition, perhaps idiosyncratically self-defined, replaces her father's concept of resolution by disengagement in favor of resolution by eternal reconciliation. (Is this a description of Anna's way of mourning her father? Is the passage from bereavement a reflection of the nature of the attachment?)

Synthesis

TOWARD the end of her life, Melanie returned to her earlier formulations on reparation. This time, sounding more like Anna than herself, she gives greater recognition to the healing power of giving and receiving love. She describes the transformation of the child's early magical hallucinatory fulfillment fantasies into real expressions of pleasure given and taken. The child's reparative tendency, first employed as a defense, as a way of controlling the object, becomes the source of benevolent feelings towards others. As the grandiosity decreases, the reparative powers grow stronger. No longer in need of hallucinatory omnipotence, the child can direct love and devotion to those around him:

He feels that all steps in development, all new achievements are giving pleasure to the people around him and that in this way he expresses his love, counter-balances or undoes the harm done by his aggressive impulses and makes reparation to his injured love objects. (Klein, 1952, p. 75)

She goes on to describe how the stronger ego is then able to bring together the split-off aspects of self and others resulting in more realistic perceptions and a "growing adaptation to external and internal reality."

The role of women in the annals of history made it more than fateful that two females would furnish the underpinnings of the child analysis that is practiced today. Child rearing has been the business of women for centuries. And the chronicles might also have foretold the inevitable selection of these two women for their particular roles in the ideological combat that generated bounty for us all. The circumstances of their lives, the people and events of the past, the time and tides in the evolution of psychoanalytic propositions combined to bring them to the forefront of the interdisciplinary conflicts. In that place, their personal attributes, their proclivity to enter the fray, the obstinacies and the permeabilities brought their ingenuity and their creativity to full bloom.

Their combative stance in articulating their differences and in retaining or modifying their beliefs yielded valuable clarifications and redefinitions. As competing siblings they confronted and challenged each other to be more than otherwise. In drawing their theoretical boundaries they defined a modality for the analytic treatment of the child that today informs our beliefs and guides our efforts. Whether unwittingly collaborative or ferociously oppositional, they are our progenitors and we are the inheritors of their insight and the beneficiaries of their strife.

In the ways that help us understand ourselves and our patients, in the paths that have guided us to our present

positions, flowered and fulfilled as analysts, they are our big sisters, yours and mine, history's agents for making us better than we might have been. □

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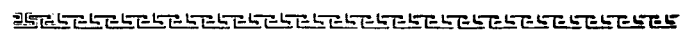
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ASPP Newsletter deadline for the Spring 1990 (April) issue is first week in February for articles, reviews, and letters which should be sent to Dr. Serena W. Reswick, Editor, 52 Nassau Boulevard, Garden City, NY 11530. **February 15th** is the deadline for seminar announcements, News and Notes, and Classified listings (\$25 per issue) which should be sent to Dr. Bruce C. Kopp, Presentations Editor, 16 Kodiak Drive, Woodbury, NY 11797. All copy should be submitted in duplicate, typed, and **double-spaced**. Usage and reference citation must be in accord with the *APA Publication Manual* (3rd ed.). Manuscripts are accepted subject to editing and review. *ASPP Newsletter* welcomes manuscripts for publication but assumes no responsibility for statements advanced by the authors.



FRANK M. LACHMANN GUEST SPEAKER AT ASPP-DERNER INSTITUTE LECTURE

By David Brand, Ph.D.
Co-Chair Program Committee

AT the Friday night lecture program on November 10th, co-sponsored by ASPP and the Derner Institute, Dr. Frank M. Lachmann, psychologist and supervising analyst faculty at New York Postgraduate Center for Mental Health, addressed a capacity filled auditorium at the Hy Weinberg Center. Dr. Lachmann discussed his two-person approach to psychoanalytic theory and illustrated its application to a particularly challenging treatment case.

Dr. Lachmann's position might be described as self-psychology, informed by the new research on infancy. He began by contrasting his views on a variety of core theoretical and clinical issues with other analytical positions. In a theme recurring throughout the lecture, he criticized the classical approach to psychic structure as a "one person" theory. In that approach, the sources of motivation are inner drives, and the structures channelling them are portrayed at times as if an individual can be understood in isolation from his environment. Relations with others are viewed as secondary to the unfolding of the drives, i.e., one starts with the id and seeks the object. In contrast to this viewpoint, Dr. Lachmann presented his version of a "two person" approach to psychic structure, in which attachments and relationships are primary phenomena: The basic drives arise only as a consequence of object relations. Psychic structures are the representations of interaction patterns with parenting figures, such as those described by infancy researchers. These representations grow in complexity from simple expectations to sophisticated symbolically encoded themes.

Dr. Lachmann made similar distinctions regarding his theory of transference. The classical Freudian model of transference is a "one person" theory: The patient regresses in treatment, and as a result of projection and displacement distorts his image of the therapist, which is then the therapist's job to correct through interpretations. Dr. Lachmann proposed that transference needs to be viewed from a broader perspective, in that it reflects the basic organization of the patient's experience, the "invariant organizing principles" of the person's past. Within that framework, Dr. Lachmann distinguishes between the self-object aspect and the representational configuration of the transference. The self-object transference reflects the way the therapist is used to regulate the patient's self-esteem, such as through idealization or mirroring, and might be compared to Winnicott's notion of the holding environment. It is not the replay of the patient's past that is central to the self-object transference, but the actual use of the therapist to function in this manner which is important. The representational configuration of the transference reflects figures of the patient's past, much in the manner of traditional notions of transference. These two components of transference work in a complementary fashion as figure and ground. Representational

transference comes into focus when there is disruption in self-object function. With some patients, establishment of a self-object tie to the therapist is the goal of treatment.

Regarding development, Dr. Lachmann rejected the classical view that begins with the images of the "id" infant having a seething cauldron of drives which needs taming by the environment, and of the narcissistic infant who needs to be awakened and drawn into the world. He also criticized what he termed the "environmental" theory of development, in which the environment "puts everything into the child." The view he favors is a "constructionist" theory, which has developed out of the growing body of research on infancy by Stern, Beebe, Silverman, and others. These observers have focused on the active, resourceful approach infants take in their effort to construct their world, and the remarkable, prewired competencies infants bring to the task. Infants and their caretakers are mutually regulating systems, in which each party signals and responds to the other. The regulation of the infant's level of arousal and engagement by the parent are accompanied by the infant's self-regulation of other functions, and in this regard Dr. Lachmann acknowledged both "one person" and "two person" processes in development. Basic regulating processes in the parent-infant dyad develop further into consistent patterns for the maintenance and regulation of self-esteem, the self-object function. From this point of view, when problems develop due to parental misattunement, intrusiveness, inconsistency, etc., the child is forced to self-regulate these basic processes prematurely and without adequate inner resources.

Dr. Lachmann concluded the first part of his lecture by summarizing how these considerations may be applied in treatment:

1. *Mutual and self-regulations.* In self-disordered patients, the importance of ongoing but mundane aspects of the interaction as a source of structure formation cannot be underestimated.

2. *Rupture and repair.* This refers to the impact on the patient when this ongoing stability in the dyad is disrupted and re-established. Such experiences build structure partly by forcing the patient to carry out the joint functions alone during the rupture, but more so by teaching the patient that the self-object tie has durability and can survive disruptions.

3. *Heightened affective moments.* These involve the crucial events which exert an influence in life and treatment, and in life they may be far in excess of their apparent significance.

Dr. Lachmann presented a treatment case in which he demonstrated the usefulness of his approach. Through warmth and persistence, he was able to establish a self-object transference with a very troubled and difficult woman who had felt that it was a self-betrayal to allow anyone ever to help her. He analyzed the appearance of representational configurations and the self-object transference and issues of self- and mutual regulation.

Of note in the audience discussion were questions about the therapist's apparent lack of concern for countertransference issues with this extremely demanding patient. Dr. Lachmann responded that he did not resent her negativity in the treatment relationship: He maintained that the provisions of his theory and his genuine admiration for the patient allowed him to endure even the most outrageous posturing on her part empathically. □



NEW POSTDOCTORALS 1989

Here are the invited introductions of our September 1989 incoming postdoctoral program candidates, six in the Adult Program, four in the Child and Adolescent Program. The sketches are brief and low key, but we hope they fortify getting acquainted with one another—"old" and new.

ADULT PROGRAM

ELYSE BILLOW, Ph.D.: Currently, I am working at Baldwin Community House treating adolescents and adults and starting a private practice. My husband, Richard, is a teacher in the Postdoc and we have three children: Jennifer (14), David (11), and Brette Ann (6). I was a professional dancer in the Charles Weidman Dance Company and still have an active interest in taking classes and attending dance performances.

MICHAEL A. CIVIN, Ph.D.: I completed my doctorate at the Derner IAPS in 1988 and now work as an assistant professor of psychology in the masters program in professional studies at New York Institute of Technology. I am also a clinical assistant professor at Adelphi, doing psychodiagnostic supervision of doctoral students. In addition, I see patients in a private practice setting in Sea Cliff. A recent article, "The Preconscious and Potential Space", which I co-wrote with my wife, Karen Lombardi, has been accepted for publication by the *Psychoanalytic Review*. I am an avid skier and antique collector (Mission).

IRIS L. GAIR, Psy.D.: I received by doctorate from Yeshiva University in 1986 and professional certification in school psychology from Queens College in 1982. I am currently working at the East Hills elementary school in Roslyn. I am also in private practice in Great Neck. I live in Great Neck with my 20 year old son. I have two children who work and live in Manhattan. I enjoy music, theatre, the arts, tennis, walking, and cooking. I like to travel and collect photos of flowers from various cities and countries.

GLADYS B. GUARTON, Ph.D.: I am in private practice in Queens and work as a consultant for the New York City Board of Education and Nassau BOCES. I received a Ph.D. in school psychology while I worked in Queens Children's Psychiatric Center, where I was involved in training of psychology interns as a coordinator and as an instructor and supervisor of psychodiagnostics. My husband and I came from Cuba many years ago as political refugees and have raised two sons and a daughter, who also attend institutions of higher learning at present. If not working, I like being with family and friends, to read and to travel, whether it is abroad or within the city or county.

STEWART D. LIPNER, Ph.D.: I am currently the coordinator of the psychology extern and continuing education programs at Nassau County Medical Center. My wife, Beth Albrecht (also a psychologist), and I live in Sea Cliff and share private practice offices in Greenvale. I also have a part-time practice in Bayside and am an adjunct supervisor at St. John's and Yeshiva's clinical psychology programs. I completed training in clinical psychology at Yeshiva University and my interests lie in the area of supervision and training. I enjoy running, hiking, and cooking hearty meals.

JERRI V. SENDACH, Ph.D.: I am currently working as a school psychologist at SteppingStone, which is a therapeutic preschool and infant stimulation program in Kew Garden Hills, and have a private practice in Great Neck. Originally a native of Rochester, I have lived on Long Island for most of my adult life, currently in Roslyn. My husband, Barry, and I celebrated our first wedding anniversary a few months ago. In my free time, I enjoy horseback riding, swimming and gardening.

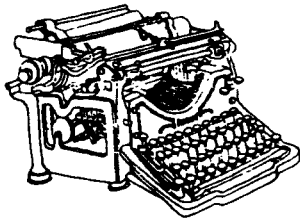
CHILD & ADOLESCENT PROGRAM

SHARON BRENNAN, Ph.D.: Professionally, I am a senior psychologist in the child/adolescent service at Maimonides Medical Center, where I have been involved in therapy, intern supervision, and some teaching. I did my doctoral work in the clinical psychology program at New York University. Right now, my private practice is in Brooklyn, but I hope to develop a practice in Manhattan in the near future. For fun, I enjoy sailing, cross-country skiing, music, theater, dinner parties, and friends.

JANET KAMIN, Ph.D.: I received my doctorate in clinical psychology at Adelphi last year. Before I knew it, I had enrolled in the postdoc program in Child and Adolescent Psychotherapy. I guess a good home is hard to leave. I am currently a co-director at South Shore Counseling and Consultation Services in Wantagh, where I also have a private practice, and I am eager to build up a private practice in my Manhattan office. On my off hours, I enjoy reading, dining with friends, and tennis.

DIANE ROMA, D.S.W.: I am the director of the Woodside Clinic of the Queens Child Guidance Center. I maintain a part-time private practice in Flushing, Queens, working with children, adolescents, and adults. My husband and I live in Riverdale, New York, with our 14 year old daughter and our 4 year old Labrador Retriever. Spare time is spent with family and friends, going to aerobics classes, and driving my daughter to the shopping mall.

PHILIP D. STEIN, Ph.D.: My current position is as a school psychologist in West Hempstead where I am primarily responsible for providing psychological services to three elementary special classes. I received my doctorate from Fordham University school psychology program in 1987 and was licensed the following year. My career goal is to eventually have a full-time private practice. I live on Staten Island where my wife Cathy and I spend most of our free time renovating our turn of the century home.



Letters



Psychoanalytic Homophobia?

To the Editor:

“Psychoanalytically sound and personal courage” are phrases that came to mind when I read Carol Sussal’s response (*ASPP Newsletter*, Fall 1989) to Suzanne B. Phillips’ review of Charles Socarides’ book, *Preoedipal Origin and Psychoanalytic Therapy of Sexual Perversions*. It brought to mind my experience in the Postdoctoral Program (graduate of ’77) when I presented a psychoanalytic patient to my class. I entitled the presentation, “The Healthy Homosexual.” The class was silent in its reaction and the next week the professor invited another professor into the class. This guest professor delivered, with incredible intensity, a diatribe about the pathology of homosexuality. No one said anything in response. I offer my respect to those supervisors who had a more healthy attitude toward Dr. Sussal and her life and work.

Dr. Sussal’s article was psychanalytically sound in its research—and courageous in confronting unfortunate psychoanalytically institutionalized homophobia.

Suggested readings should include Stephen A. Mitchell’s article, “The Psychoanalytic Treatment of Homosexuality: Some Technical Considerations.” (*International Review of Psychoanalysis*. (1981) 8,63)

JEAN M. HARDER, Ed.D.

HMO Bankruptcy Hazards

To the Editor:

I thought people might be interested in this:

If you’re thinking of joining an HMO, you might want to think twice. An article, “More HMOs Filing for Bankruptcy; MDs Still Bound by Contracts”, published in *Clinical Psychiatry News* (Vol. 17, No. 10, Oct. 1989), details a not uncommon situation. Physicians who have contracts with HMOs that petition for Chapter 11 bankruptcy protection are still bound to provide services even though they may not be paid until court adjudication. Furthermore, they may have to accept new patients and not be able to get out of their contracts, except by certain legal technicalities.

Be certain of your contractual rights, responsibilities, and redress should the HMO fail, if you are planning to join an HMO.

STEPHEN L. ZASLOW, M.D.

Ethnicity and Psychoanalysis

To the Editor:

Enclosed is a letter that I sent to the Editor of the *New York Times*. I think it would be of interest to the readers of the *Postdoc Society Newsletter*:

I was dismayed to read Lena Williams’ article “Psychotherapy Gaining Favor Among Blacks” (news story, Nov. 22). This article reports the view of black therapists that there is an increase in the number of middle-income blacks turning to black psychotherapists, and emphasizes that Freudian psychoanalytic theory and technique is not applicable to the lives of middle-income blacks, is biased, and not in touch with the special emotional needs of black patients. Consequently, these therapists say, they had to develop new treatment techniques and approaches for dealing with these patients. Included among these techniques are short term goal-oriented approaches with their more immediate solutions, multisystems approaches, and having to “throw out” some things learned in professional training in order to respond to patients who wanted to be hugged.

Aside from the subjective impressions of the black therapists cited, there is no research to support their contention that middle-income blacks require treatment techniques different from their white counterparts. In fact, all of the techniques mentioned are currently popular forms of treatment provided to patients without regard to racial differences.

This article is filled with contradictions and idiosyncratic personal beliefs disguised as facts; but I will only comment on the one glaring discrepancy which I find most distressing. The article closes with a quote from Dr. Alvin Poussaint of Harvard, who states after responding to black patients’ questioning of the relevance of Freud to the black experience, “The Freudian approach, even as modified, is still a relatively narrow one that may be more effective with certain segments of the population. It works well with the very well educated, those people who tend to be pretty verbal and middle-class, but less so with the poor and less educated.” If what Dr. Poussaint says is valid, then why shouldn’t this highly sophisticated form of treatment that “works well with the very well educated, those people who tend to be pretty verbal and middle-class,” be as relevant to middle-income blacks as the briefer forms of treatment emphasized by the therapists quoted in this article.

To deny the most intensive, thorough, and highly developed form of treatment to middle-income blacks constitutes an unfortunate bias against those blacks who are most likely to reap its benefits. There is absolutely no evidence to support the view that each race or cultural subgroup requires a novel treatment approach; does each group require a different treatment for diabetes?

Of course there is a need for a variety of forms of effective treatment, both of a short and long term nature. Yet, despite the rhetoric of this article, psychoanalysis should be as relevant to middle-income blacks as it is to whites. Freud’s genius is that his discoveries illuminate the basic and the universal functions of the human psyche. Modern, contemporary Freudians continue to expand, add to, and refine his formulations; these, in turn, are translated into therapeutic techniques. Is it possible that such profound discoveries as the power of the unconscious, the need to repeat the past, and the significance of transference are merely antiquated notions which are less relevant for blacks than for whites? Should these profound ideas be replaced by throwing out the book and giving hugs?

MARTIN GREENE, D.S.W., C.S.W.

HAPPY NEW YEAR!

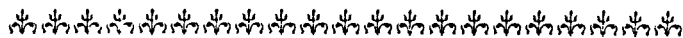
*An die Freude*

Freude, schöner Götterfunken,
Tochter aus Elysium,
Wir betreten feuer-trunken,
Himmlische, dein Heiligtum!
Deine Zauber binden wieder,
Was die Mode streng geteilt;
Alle Menschen werden Brüder,
Wo dein sanfter Flügel weilt.
—Schiller

*Ode to Joy*

Joy, thou source of light immortal,
Daughter of Elysium,
Touched with fire, to the portal
Of thy radiant shrine we come.
Thy pure magic frees all others
Held in Custom's rigid rings;
Men throughout the world are brothers
In the haven of thy wings.

The English text is a free translation by Louis Untermeyer.



NEWS AND NOTES

*By Bruce C. Kopp, Ph.D.
Presentations Editor*

DR. ELIZABETH A. SHARPLESS has been appointed to the faculty of the Advanced Training Program in Child and Family Therapy at the Jewish Board of Family and Children's Services. She will be teaching a course on the treatment of learning disabled children in the Child Track sequence.

DR. CHERYL L. THOMPSON chaired a symposium for Divisions 45, 12, and 17 on "Blacks in Psychotherapy: Views from Three Major Clinical Approaches" at the APA Annual Convention in New Orleans last summer. She also presented her own paper "Usefulness of Psychoanalytic Theory and Treatment for Black Patients."

DR. RICHARD A. LERNER was appointed to the Derner Institute Postdoctoral Program faculty last September, and he is also on the faculty of the Long Island Institute of Psychoanalysis.

DRS. ROBERT C. LANE and SARALEA E. CHAZAN have recently published two articles, and a third has been accepted for publication: "Symbols of Terror: The Witch/Vampire, the Spider, and the Shark" appeared in Summer 1989 *Psychoanalytic Psychology*, and "Psychoanalytic Perspectives on the Treatment of Early Adolescent Girls" appeared in the *Journal of Contemporary Psychotherapy* (18:1). The third article is entitled "On Fixing and Being Fixed."

DRS. EPHRAIM BIBLOW, BRUCE HAMMER, and ANNA LEIFER are three of the four founders of the Suffolk Institute for Psychoanalysis and Psychotherapy. The Institute, based on eastern Long Island, has been granted a provisional charter from the New York State Education Department and will begin operating in September, 1990.

DR. NEIL S. GROSSMAN has recently presented workshops on the following topics: Group Process and Family Therapy; Parent/Child Communications; and the Dynamics of Family Relationships. He has also combined his interests in canoeing and psychotherapy to present workshops entitled "How to Survive in White Water Paddling, Family Therapy and Other Assorted Systems". Dr. Grossman is on the faculty of the Long Island Institute of Psychoanalysis.

DR. DARRYL FELDMAN has been appointed director of the Pederson-Krag Institute for Psychotherapy. He also gave a grand rounds at the Northport VA Hospital entitled: "Countertransference Reactions and Projective Identification in the Treatment of the Borderline Patient."

DR. TED SARETSKY gave a workshop entitled "The Seduction of the Analyst's Working Ego" at the Eastern Group Psychotherapy Society Annual Conference, October 1989.

CLASSIFIED ADS

FOREST HILLS—Office available. Full-time or part-time. Private waiting room; excellent location. Call Dr. Morton Kissen, (718) 261-3096.

HUNTINGTON—FT/PT. Unique old colonial renovated into offices, full furnishings and services, A/C, waiting room, bathroom, ample parking. David Byrom, Ph.D. (516) 423-3836.

JERICHO-NASSAU COUNTY—Office for rent. Full-time or part-time. Excellent location adjacent to Long Island Expressway and Northern State Parkway. Suitable for Psychologist, Social Worker, Psychiatric Nurse, or Psychiatrist. Contact Dr. Michael Zentman (516) 754-3880.

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