

Special Issue: On Candidate Morale



FROM THE DESK OF THE PRESIDENT

By Hilli Dagony-Clark, Psy.D.

Dear Candidates,

It is my pleasure to write to you for the first time in my role as Candidate Council President, having taken office at the conclusion of the Winter 2011 meetings. I am thrilled to work alongside our skilled executive committee, comprised of President-Elect Navah Kaplan, Ph.D., Treasurer Jamie Cromer, L.C.S.W, and Secretary Valerie Golden, Ph.D. I would also like to thank and congratulate Carmela Perez, Ph.D., for her impressive efforts and successes as the previous Affiliate Council President. Her enthusiastic and hardworking leadership style helped advance the Affiliate Council's presence within APsA and provided a professional home for candidates from across the country.

During my term I hope to focus on the notion of analytic identity within the psychoanalytic world and in the broader context of the mental health field. All of us, and especially trainees, must struggle to authentically internalize a psychoanalytic self, while accurately presenting ourselves as viable competitors in the mental health community. Powerful transferences to trainers, doubts about the efficacy of budding interpretive prowess, and insecurities about economic futures constantly threaten the stability of beginning analysts. Candidates must also move nimbly between their roles as students, patients, analysts, and supervisees several times daily. In short, acquiring analytic competence and identity are challenging tasks that I hope to highlight during my term.

Since immersion is key to the development of a solid analytic identity, candidate engagement within our or-

ganization is essential. Candidates are already involved in various groups in the organization, such as the Ethics Committee, Committee on Institutes (COI), Committee on New Training Facilities (CNTF), and the Program Committee. Candidates also participate in the editorial board of *The American Psychoanalyst* (TAP). Furthermore, as President-Elect and President, Navah and I are invited to attend many of the administrative meetings of the organization, including the meetings of the Board of Professional Standards (BOPS) and Executive Council. In fact, the association is interested in proposing a by-law amendment that would permit the Candidates' Council President the right to vote in Council. This would be a historic and vital development for the organization.

In addition to direct involvement with the membership, there are also several ways of becoming involved within the Candidates' Council directly. We need submissions and reviewers for our Paper Prize, contributions for our newsletter, research for our Ethnic Diversity Committee, assistance with our Digital Media and Communications Committee, and participation in our Candidate Council study group. Our engagement both within the Candidates' Council and with the membership ensures that our voices are heard within an organization that we will inherit in the future.

To facilitate further candidate engagement I have begun promoting the involvement of candidates in several other aspects of APsA life. To this end, Candidates' Council Education Chair Caryn Schorr and I have been corresponding with Dr. Robert Michaels, chair COPE, to facilitate the integration of candidates into ongoing member

study groups. Several e-mails have been sent on the Candidate member list-serve, and I hope that you take advantage of this wonderful opportunity to sit on study groups with senior analysts from around the country. Similarly, I hope to help foster a study group within the Candidates' Council. I hope you consider joining this group as well.

Additionally, I hope to revitalize a mentorship program that would pair candidates with APsA members. These mentorship relationships are intended to help candidates develop an analytic identity and practice through their affiliation with the organization, and increase membership within the organization by personalizing that candidate's relationship with APsA. We therefore need mentors both within the membership and the Candidates' Council.

Another exciting change involves this newsletter. We are transitioning to an electronic version of the Candidate Connection. I would like to thank the new co-editors of the newsletter, Michael Garfinkle and Jamieson

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Webster, for what I know will be an informative and thought-provoking newsletter during their tenure.

Finally, I would like to introduce the new title of analytic trainees within our organization. APsaA members voted on a change in the bylaws in April involving the name of the membership category for APsaA candidates. Candidates training at APsaA institutes who joined the association were called "Affiliate

Members." With a change in the bylaws that category of membership will now be referred to as "Candidate Members," a more straightforward title. **Affiliate members are now officially called "Candidate Members."** To that end, the Affiliate's Council changed its name at the June 9, 2011 meeting to Candidates' Council.

I look forward to assisting you as best I can on issues of training, immersion

into analytic practice, and the inner workings of APsaA. Please don't hesitate to contact me if I can help with any of these issues at 917.723.5841 or e-mail me at hilli@dagony-clark.com.

Respectfully,

Hilli Dagony-Clark, Psy.D.
President, Candidates' Council

A LETTER FROM THE EDITORS

"The Educational Committee as a whole shall pass upon the final fitness of a candidate."

—The New York Psychoanalytic Society (1932)

"It was not without disquiet that, as a trainer himself, he communicated to his colleagues... his criticisms of the terrible state of affairs regarding training (Balint, 1948)... Balint proposed a diagnosis for these symptoms: analytic training had taken the form of primitive initiation ceremonies: esoteric knowledge, dogmatic exposes, authoritarian techniques, submission to, and identification with, the initiator on the part of candidates. Contrary to the official aim of analysis to produce a strong critical ego, training had become the 'formation of a superego'."

—Anne Tardits (2010)

Whatever struggles we face both as candidates and in our institution, these difficulties are most likely repetitions of earlier ones, insisting like symptoms and pointing to deeper structures, meanings, and conflicts. It is perhaps more important than ever that we candidates educate ourselves about the history of psychoanalysis; a history that we, for better or worse, inherit. Balint's response to the *Controversial Discussions* taking place between Anna Freud and Melanie Klein between 1941-1946 is a repetition of an earlier contentious debate in 1927 surrounding the question of lay analysis. Both the question of lay analysis and the split between ego-psychology and object relations theory haunt the form or forms our training takes. We are sure many of you can think of critical examples from your own institute: from the exclusive

hold psychiatry had over training a little more than 20 years ago, to the way theory breaks down along certain lines and biases.

If training reinforces one's super-ego through identification, what room would there be for critical thought, including critical reflection on one's own experience as a candidate, especially the effects examples like these have had? It is for this reason that we proposed, as the new editors of the candidate connection, the question of candidate morale as the theme for our first issue. Whether one is disenchanted, fatigued, disillusioned, disappointed, in the throes of idealization, exuberant, or seemingly sober and contemplative, each of these responses demands reflection. In fact, we would contend that the response one has to the unique time spent as a candidate can and perhaps must be contextualized within the larger history of psychoanalysis and the debates that have surrounded the formation of its institution.

The response by candidates to training, the question of their adequate preparation to do rigorous creative psychoanalytic work and research, was always a cause of great concern to Freud—indeed up until the very end of his life. It was, it seems, a battle he felt he was losing, evident in so many of his letters. Where do we stand now? From one angle one can see a kind of reversal: In the 20s and 30s the institution was precarious and nearly non-existent, but psychoanalysis was vibrant and disseminating quickly. Now, the institution is strong and regimented, but the wider

cultural field of psychoanalysis is quite feeble.

One can imagine the effects these differing structures have on a candidate. In one case, one might feel insecure but optimistic, even excited, as to the opening the field seems to be in the midst of creating. In the other case, one can feel much less anxious, a path seems well carved out, and yet, the closure might be disheartening. New discovery is only for the initiated, but, a voice murmurs, is even that true? The gap between being a candidate and being a psychoanalyst proper, is wider or smaller in one case versus the other.

From another angle however, perhaps these opening and closings are just cycles in history, cycles that surround the birth of new scientific discoveries and their inevitable institutionalization. If that were the case, then there may be a different way to conceive of the present moment. We are at the point of a certain decline. Psychoanalysis reached a pitch during the 1950s and 60s when it had control of many hospitals and psy-

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APsaA Candidates' Council
Hilli Dagony-Clark, *President*
Navah C. Kaplan, *President-elect*
Valerie Golden, *Secretary*
Jamie Cromer, *Treasurer*

The Candidate Connection
Newsletter of the APsaA Candidates' Council
Michael Garfinkle/Jamieson Webster, *Co-Editors*

chology doctoral training programs, not to mention Hollywood and the literary and artistic elite. We have since fallen fast from this prominence. While this, to be sure, induces anxiety, perhaps it is, like all anxiety, the sign that we are approaching the threshold of something new. Like a recession, it is a moment that can be the source of reflection, as well as, reinvention.

How we approach these symptoms of hope, anxiety, reflection, and the wish to reinvent will likely determine the shape of psychoanalytic training for this generation of psychoanalytic candidates and the next. In this issue of the Candidate Connection, Vanessa Sinclair, a candidate at the New York Psychoanalytic Society & Institute, reflects on the Affiliate Forum at the last January meeting. How to conceptualize the act of psychoanalyzing, and how training programs ought best prepare candidates for this task, are both addressed. Thomas Franklin, a candidate at the Washington Center for Psychoanalysis, presents his personal process in contending with low morale. He begins by saying that “we (psychoanalysts) are dying off.” J. Todd Dean, a training and supervising analyst at the St Louis Psychoanalytic Institute,

takes up the issue of death and situates death and dying as central to thinking about what is next for psychoanalysis. He considers why the death drive has been relatively banished from psychoanalytic thinking within the American and tells of what is lost in our ability to move forward without it. Closing this special issue, Jamieson Webster interviewed Jean-Michel Rabaté, Vartan Gregorian Professor in the Humanities at the University of Pennsylvania and widely published in psychoanalysis. An effort to delineate a history of psychoanalysis is offered. Like J. Todd Dean, Rabaté argues that “death is the cure for psychoanalysis.” He goes on to offer some ideas for candidates who will become the future graduates of our societies: “launch new institutes and be creative about the future.”

This issue of the **Candidate Connection** offers glimpses of people at different stages of the psychoanalytic lifecycle: new candidate, advanced candidate, faculty member, careful observer of psychoanalysis. It is our hope that their perspectives combine to produce a tension that proves generative in thinking about candidate morale and the future of psychoanalytic training.

A final note: we hope this issue produces dialogue and we welcome letters to the editor and response papers to be published in a later issue. Please write us at michael.garfinkle@mssm.edu or jamieson.websterphd@gmail.com

Yours,

Eds.

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ON CANDIDATE MORALE

One Candidate's Response to "On Beginning the Treatment" — The January 2011 Affiliate Forum at APSA's National Meeting in New York

By Vanessa R. Sinclair, Psy.D.

Candidate Delegate, New York Psychoanalytic Society & Institute

In Sigmund Freud's seminal paper, *On Beginning the Treatment* (1913), he delineates the therapeutic frame as well as outlines obstacles that may be encountered during the opening phase of treatment. The January 2011 Affiliate Forum of the same name, chaired by Lucy LaFarge of Columbia University, explored these issues and asked the audience to contemplate at what point a patient has moved into the middle phase. With clinical material presented by Natasha Chriss, an advanced candidate at the Columbia University Center for Psychoanalytic Training and Re-

search, panel members included Anton Kris and Stephen Cooper of Harvard University.

Currently, psychoanalytic candidates not only face the difficulties originally delineated by Freud but also a whole new set of challenges. Psychoanalysis is not as popular as it once was and candidate morale has seen a decline. Many candidates experience difficulty securing control cases and more and more patients are being transitioned into psychoanalysis from psychotherapy. Oftentimes, patients are beginning psychoanalysis at a later stage in their lives

and come to us having undergone prior psychoanalytic treatment. Facing such challenges, it remains essential that we, as analysts, continue to apply the fundamental rules delineated by Freud, while simultaneously encouraging the development of personal analytic style, fostering the creativity and critical thinking skills needed to navigate this changing psychoanalytic climate.

The opening phase of an analysis is a critical period and must be navigated with care. Freud's classic railway

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metaphor remains the best guideline for delineating the analytic process upon beginning the treatment. Even if the analysand has experience with psychotherapy or psychoanalysis, it remains an eloquent verse with which to set the stage: “Say whatever goes through your mind. Act as though, for instance, you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside.”

In *The Train Ride: A Study of One of Freud's Figures of Speech* (1970), Bertram Lewin takes this idea a step further when he reminds us that there are two persons in the railway carriage:

I shall only point out that there are two sides to a train, therefore a second window and corresponding landscape. The passenger at the window in the original figure, concentrating on his side of the road, would not perceive the second window. The inside passenger, passively attentive to the verbal messages, would be inattentive to this window too—but not unaffected. He would... register images received from the window through the corner of his eye; that is, by ‘indirect [peripheral] vision’, which, then, he might or might not combine with the messages from the other passenger on the train, while they are traveling companions on the terminable or interminable journey.

Reflective of Otto Isakower's concept of *the analyzing instrument*, we are encouraged to attend to our own associations to the material presented, lending credence to thoughts that arise verbally as well as visually. Cooper encourages us to utilize our imagination, expanding the way we think about the clinical material. The patient presented by Chriss had a largely absent father, who when present was terrifying, and a mother who was emotionally absent and severely depressed. Imagine what it is like for this patient to be in the room

with the analyst, to have a mother who doesn't collapse immediately. Envision the subjective experience of the patient; take note of inner experiences and fantasies. These practices help to both enrich and deepen the treatment.

In *The Analyzing Instrument...* (1992), Herbert Wyman reminds us that for many years countertransference was regarded as an obstacle to the analytic process to be cleared away by the self-analysis or further analysis of the analyst. However, currently analysts are encouraged to view countertransference reactions as additional data to be utilized in treatment. The countertransference response need not be viewed as an isolated reaction of the analyst but, accompanied by its self-analysis, could function as a continuous “silent counterpoint, an integral part of all good analytic work,” citing Leo Stone's *The Psychoanalytic Situation* (1961).

While retaining the fundamental importance of the therapeutic frame in psychoanalytic treatment, we must simultaneously cultivate a culture where the creativity and clinical judgment of the analyst is supported. The process of psychoanalysis as unique to each individual should be emphasized. We must be careful not to be too loose nor adhere too stringently to the rules, for each is fraught with its own pitfalls. As Sacha Nacht relates in *Variations in Technique* (1958), the particular type of analyst-analysand relationship established within the therapeutic framework reproduces the very relationship the patient has with the outside world via the transference, renewing it in order to correct and improve it. We must keep in mind that each patient experiences this relationship in an individual way. Therefore, applying the same rules indiscriminately to all patients would be a mistake and may jeopardize the result of the treatment.

During the beginning phase of treatment, one of the main objectives is to prevent the patient's unconscious resistances and masochistic attitudes from overcoming the conscious desire to get well. As analysts, we can all agree on the primary importance of the attitude of

neutrality in the treatment and towards the patient. We must maintain a non-judgmental stance and avoid any attitudes that may alter the spontaneous development of the transference. If neutrality is not maintained, especially during the opening phase of treatment, we may be lured into enactment. LaFarge emphasizes the importance of sustaining awareness that the transference tends to be expressed in a patient's actions rather than words. As the transference and countertransference arise together, we may experience a pull towards action. We must remain receptive to the patient's projections while maintaining awareness of our countertransference, neither fully resistant to acting upon it nor swept away by it. If we are pulled into enactment early on in the treatment, Nacht (1958) warns us that the patient may quickly settle oneself comfortably into the analysis, which has provided a familiar pattern of unconscious and neurotic satisfactions. This may become an end in itself. However, adhering too rigidly to rules may pose its own set of difficulties. Even certain minor rules, when too strictly applied, may give rise to serious trouble. Aspects of treatment may be turned into a veritable ritual which suits certain types of patients only too well. These rituals may become a screen behind which the patient conceals and thus eludes the treatment. It therefore seems necessary to, at times, upset this ritual when the opportunity presents itself, thereby preventing rules of technique from getting into a rut and jeopardizing the treatment.

The patient Chriss chose to present was transitioned from psychotherapy to psychoanalysis. The first session the couch was to be utilized, the patient entered the treatment room and stated, “It feels like an abortion clinic in here.” By beginning the analysis in such a way, the patient exhibited a need to ensure the analyst would be able to handle the intensity of her affect and not be put off by such images of violence and aggression. Chriss described initially feeling overwhelmed, experiencing difficulty

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managing the patient's projection and containing her neediness and aggression.

I encountered a similar experience with my first control case: The patient had undergone a previous analysis, which terminated due to the retirement of the analyst. The patient harbored feelings of anger, resentment and abandonment; in turn, I became the target of her rage. As she ruthlessly berated me session after session, attacking my relative lack of experience as a candidate, as well as my age and appearance, I felt defensive, angry and overwhelmed. As the treatment progressed, I became better able to observe the situation more clearly and recognize that the patient needed to ensure I was able to handle the intensity of her aggression and would not abandon her as she felt her previous analyst had.

In cases such as these, where the analysand has undergone a prior course of psychoanalysis or psychotherapy, another layer of complexity is added to the current treatment. Not only will the transference relationship to the primary caregivers have to be navigated, but unresolved transference issues between the patient and previous analyst will have to be confronted as well.

"Once established, the transference forms an intermediate realm between illness and real life," states LaFarge. "Wishes initially formed in childhood take the same shape when formed in the analytic process in relation to the doctor." In facilitating this process, we, as analysts, come to be a part of it while concurrently remaining apart from it. We

supervise this process but must remain aware that we are observers, facilitators, and not the directors of this process. Freud (1913) states that the analyst "sets in motion a process, that of resolving existing repressions. He can supervise this process, further it, remove obstacles in its way, and he can undoubtedly vitiate much of it. But on the whole, once begun, it goes its own way and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it."

As the treatment moves into the middle phase, the patient's affective experience in the transference often intensifies. When this occurs, the patient may become aware of increased anxiety regarding regression. At other times, we may know less about how the patient feels due to increased defenses. LaFarge advises us to remain aware that, as the treatment progresses, we may be overly lured into viewing the treatment from the patient's perspective. We may concurrently display resistance, avoiding the multi-faceted layers of meaning present in the clinical material.

Throughout our training, we develop the skills needed to determine when it is appropriate and in the best interest of the patient to modify the therapeutic frame. As there is no sure prescription for the course of treatment in psychoanalysis, we are reminded of Freud's (1913) metaphor of a game of chess:

Anyone who hopes to learn the noble game of chess from books

will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. This gap in instruction can only be filled by a diligent study of games fought out by masters. The rules which can be laid down for the practice of psycho-analytic treatment are subject to similar limitations.

As Kris so aptly stated, "Just make the best move, that's how to deepen the analysis."

Psychoanalysis will continue to be fraught with challenges and debate, as is necessary for the advancement of the field. As candidates, we are the future of psychoanalysis. We must encourage our fellow candidates to become actively involved in this process by nourishing critical thinking, immersion in psychoanalytic theory, writing and presentation.

Just as we combine our clinical skills and clinical judgment with intuition and creativity to provide the optimal treatment for our patients, we must also apply these skills in the development of psychoanalytic theory and practice, continually challenging ourselves as well as our predecessors.

Candidate Morale; a complicated thing...

By Thomas N. Franklin, MD

Candidate, Washington Center for Psychoanalysis; The Retreat at Sheppard Pratt

We are dying off.

This is something I noticed even before I started at the institute. APsaA and our local society elegantly memorialize the dead. They also celebrate new members, new candidates, graduations, and certifications. Unfortunately, the deaths are outnumbering the new members

quite decisively, and have for some time. Look around at any meeting of the American, and you will see a sea of wise, kind faces. Most of these folks are over 60. I have had a sinking feeling as I have pursued my training that I have boarded a ship that has been taking on water for some time while its leaders spent years in committee rearranging the proverbial deck chairs. Every time I

get the quaint ballot asking me to give my proxy to vote at each meeting of the American, I just shake my head and wonder how long it will take for our organization to finally enter the 21st century and do these kinds of things via computer. There are several institutes in the Washington, D.C. area that can

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likely agree on 75% of what they believe in and share myriad common goals, but with rare exception there is still a Mexican standoff between us when what we should be doing is joining forces. My wife doesn't ask me anymore, but for the longest time she helpfully inquired as to why I was pursuing training that costs tens of thousands of dollars in direct costs and lost income and has me spending hours away from my family each week, just to be qualified to make less money practicing when I was done. My colleagues have been supportive, some amazingly so, but the younger ones wonder aloud why I am pursuing a qualification that in most quarters will not advance my career but instead brand me as some kind of throwback.

Despite all this, I persevere.

Why, you might ask, after what I wrote above? Well, my personal analysis has taught me to make the most of this life, and I believe that analytic training will allow me to help others get the most out of their lives as well. My col-

leagues at the Washington Center for Psychoanalysis are some of the most skillful, smart, empathic, thoughtful, nicest people I have known. I am proud to be associated with them. My fellow candidates, both at my own institute and that I see at meetings are similarly impressive. These are my people. I got the letter from our APsaA president, Warren Procci, M.D. yesterday outlining some of the strategic planning going on within the organization, and I was heartened that we seem to have focused leadership that isn't just identifying the problems, but is on a path to offering real solutions. Hopefully this process will replace the glacial pace of change that seems to have prevailed for the last 100 years.

In the near future I hope we will have an organization and profession that looks for ways to be more inclusive instead of putting up various roadblocks to keep people out. While many tenets of psychoanalytic thought have been co-opted by other thinkers, psychoanalysis as a whole has been losing decisively in the marketplace of ideas. While we meet, talk, and publish amongst ourselves, other thinkers in the various related disciplines are

setting the tone of the debate in the wider world. Why does the American meet twice a year? We should be spending more time in other organizations and our communities keeping psychoanalytic thought and ideas on the front burner instead of just preaching to the choir every six months. If we want to turn the membership numbers around we need to be more attractive to people at all stages of their careers. Young clinicians don't need us – We need them! This may mean a different course of psychoanalytic training that doesn't take 5–7 years and cost \$50–100,000. It would seem that to maintain the purity of the profession, some would be willing to let it literally die out.

I will soldier on. But for our profession, our way of thinking, to come back from the brink we must continue soul searching and decisively take action at the local and national level to attract more candidates, consider offering full-membership to institute-trained psychoanalytic psychotherapists, and take our knowledge and message outside of our organization and be the thought leaders that psychoanalysts once were.

On Failing Better

By J. Todd Dean, MD

J. Todd Dean, MD is a psychiatrist and psychoanalyst in private practice in St. Louis, MO, where he is director of the St. Louis Lacan Study Group. He is a training and supervising analyst at the St. Louis Psychoanalytic Institute, and a clinical instructor at the Washington University School of Medicine's psychiatry department.

There came a point, about the time I graduated from analytic training, when I started to have a queasy feeling. My analytic cases weren't working out quite the way I had expected. One analysis spent years and lots of money only to try to discover what would make me happy; at the end of her analysis, anger at not solving this mystery was her strongest feeling. Another seemed perfectly happy

to fall into a deep sleep while lying on the couch as soon as I spoke, day after day, for years. A depressed patient was actually nostalgic for his old symptoms and the psychiatrist who put him on a new medicine every week, the very reasons he came to analysis in the first place. It was with considerable trepidation that I realized there was not one case in my practice that didn't call into question my understanding of how analysis is supposed to work. How can people who are willing to put all this time, money and effort into changing their lives be so set on never changing or, perhaps more surprising, being resentful of change when it happens? Jumping through the various analytical hoops – graduating, becoming certified, passing

the vetting for training and supervising analyst – made little difference, here: I felt no more certain of my understanding, and people I presumed knew better than I were allowing me a pass. Either I was able to disguise my uncertainty better than I realized or intended, or everybody else was in the same boat.

As it happens, my interest in psychoanalysis began under similar circumstances. I had trained at, and subsequently joined the faculty of, a decidedly non-psychoanalytic psychiatry department. While there I became interested in psychosomatics, eventually working with the university's pain management center. Over a period of several

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years, it became unavoidably clear to me that a substantial number of the people I was asked to see made choices that perpetuated their pain, and that this could not be explained away as a form of manipulation for secondary gain, nor could it be changed by explaining how things could be better. In fact, if a therapy – pharmacological, physical or psychological – helped, a significant number of the people I saw either stopped it or developed a new symptom.

This completely contradicted anything I had been taught (or chose to believe) about how the mind deals with suffering: whatever its source, the mind of the sufferer would naturally choose to pursue its remission. When that didn't happen, it was always because of ignorance: the patient quit taking his medication because his symptoms were better, or refused treatment because of the stigma of seeing a psychiatrist, or stopped the treatment because he thought he should spend the money elsewhere. But if, in fact, the patient made choices *in order to* perpetuate his suffering, then the problem was not a simple matter of correcting ignorance and doing our best till a better treatment was discovered.

Of course, Freud also asked, in almost every volume of the Standard Edition, why people were driven to do things that were manifestly unpleasurable. In **Beyond the Pleasure Principle** he came up with a provisional answer to this question that he would continue to call on till his own death – the *Todestrieb* or death drive. That text itself is problematic beyond words, as though its author, like an analysand at certain moments in the treatment, couldn't believe what he was saying, couldn't believe he was saying *this*. Jean Laplanche calls it “the most fascinating and baffling text of the entire Freudian corpus”, adding, “Freud's discourse is only sporadically and superficially subordinated to logical imperatives.” Not exactly a ringing endorsement for a scientific paper, but arguably the only way in to the topic.

I recall the subject of the death drive coming up only a few times during my

analytic training, mostly to be dismissed. It was something Kleinians got excited about, but, for the rest, it was a quirk of Freud's teaching that didn't need to concern analysts today.

What drew me back to **Beyond** and the death drive – the realization that my theory had not worked out as well as I had expected – is not unlike where Freud found himself, circa 1920. If the definition of the death drive seems hopelessly muddled, Freud's reason for spending time on the concept in the first place is pellucid: psychoanalysis wasn't working out the way he thought it should. He had to admit that there were things in any given treatment that prevented the work going well, no matter how he theorized the talking cure.

It would be more than thirty years after Freud wrote this paper, as best I can tell, that analytic theorists would be able to describe the death drive in a way that made it more clinically relevant, while still consistent with Freud's own conception. For Loewald, the death drive was, in its aim-inhibited expression, a necessary force for unbinding the ego's structures. Lacan, also writing in the early 50s, saw the death drive as an essential concept, if the psyche was to be capable of change at all. For both authors, a force for breaking down previously generated structure, so that subjectivity can in fact change, rather than

Most critics of the death drive (like most proponents of it, though for different reasons) miss the point here: Freud, as I see it, is not saying he still couldn't find the silver bullet, but that, no matter what silver bullet one contrived, there was something inherent in psychic life that pushed for disruption, even of eagerly sought-after silver bullets.

be entirely determined by the subject's historical, biological, and sociological circumstances, is a necessary element in psychoanalysis.

But in most schools of analytic thought, at least in the Anglophone world, this remains a road not taken. No other development of Freud's thought was so completely rejected by even his most devoted followers from the beginning; further, it continues to be dismissed, or, as in the Kleinian interpretation, reconfigured to mean something largely unlike what Freud was trying to do. Why should this be the case? I would like to conclude by addressing this question.

In explaining what had brought him to formulate the idea of the death drive,

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Freud describes three earlier positions he had thought were the means to therapeutic action in psychoanalysis. In each case, he writes, his assumptions were proved wrong. What Freud calls the death drive is the culmination of a repetition, a marker of that failure. I believe we can say that here Freud is in a particularly Oedipal situation.

Like Oedipus, Freud had solved many mysteries. He thought he had, or would eventually have, all the answers he needed to solve the mystery of the unconscious. But at this point, his mystery solving has not worked according to plan. From 1920 on, he is rather in the position of Oedipus after he realizes who his wife really is and what happened to his father. It is commonly acknowledged that Freud was never entirely comfortable with the death drive. It is not hard to understand why.

The death drive, then, is a blow to the narcissism of the analyst: it implies a point where our efforts break down. However, as both Loewald and Lacan, among others, came to see, it is also the means to making something new happen. To refer to my own experience, it was the failure of my theories of how the mind works that led me to psychoanalysis in the first place; it was only because of persistent breakdowns in my understanding that I continued to look for new and better ways to do the work. I hope I have failed better, but nothing would have happened at all if I hadn't failed to begin with.

In postulating the drive, Freud is allowing for a possibility of change that is otherwise unavailable – a possibility that can only be realized through the disruption of a previous state of affairs. As I see it, if the death drive is a valid concept, then goals of understanding – the analyst understanding the patient, the patient understanding himself, the analytic dyad experiencing rapport – are not so important. Instead of striving always for more insight, analysis becomes a kind of action whose goal is the disruption of the arrangement that got the patient to the analyst in the first place. The patient's acting out, for example, is disrupted not by the analyst's interpretations, but by the analyst putting into words (which are, Lacan wrote in 1953, "the death of the thing") the impulse that got him to this point. To refer back to an earlier example: I did not need to search, day after day, for the interpretation – of internal conflict, of transference, of resistance – the three kinds of therapeutic action Freud found wanting by 1920, or of anything else – that would keep my patient from falling asleep: that is really his job. I just needed to keep him awake and talking. If anything disrupts his soporific equilibrium, it will come through his words, not my interpretations, which can do no more than set the stage. As an aside, I would suggest that there are several examples of this in the clinical literature, by authors who would never have

anything good to say about the death drive, but that this fact is almost never remarked on.

Of course, the death drive flies in the face of many other models of psychological medicine, such as psychopharmacology. But is it not at least possible that Freud got something right, with the death drive, in a way that so-called evidence-based models of mental health care do not? To take only one example: the suicide rate has not changed significantly since the introduction of SSRI antidepressants, which, more than 20 years on, are now ubiquitous. In fact, a recent article in *The New York Times* suggests that the use of polypharmacy may have contributed to the increase suicide rate among soldiers returning from war; certainly, it has not helped. This suggests to me that holding the depressed subject together by trying to make him not feel bad – the aim of most models of mental health care – is not obviously such a good thing, even when it is successful, as the literature of general psychiatry suggests it is.

In a sense, it is not a complicated idea: for something new to come to fruition, something old must die, in the psyche as in horticulture and the Gospel. The corollary, too, is straightforward: if old ego structures do not break down, if the death drive is successfully denied, then nothing new can happen at all. Instead, there is the unsublimated realization of the drive's aim – a return of the repressed, if there ever was one.

The Death or Obsolescence of Psychoanalysis? Interview with Jean-Michel Rabaté

By Jamieson Webster

Jean-Michel Rabaté is Vartan Gregorian Professor in the Humanities at the University of Pennsylvania where he teaches comparative literature. He is a managing editor of the Journal of Modern Literature and a senior curator of Slough Foundation. He has authored or edited more than twenty books on Modernism, literary theory, psychoanalysis and contemporary art. Recent titles include: The Future of Theory

(2002); Ed. The Cambridge Companion to Jacques Lacan (2003), The Palgrave Guide to Joyce Studies (2004), Logiques du Mensonge (2005), and 1913 (forthcoming).

Jamieson Webster (JW): You hear much these days about how psychoanalysis has lost its prominence over the last 20 years, not just in its clinical dimension

but in its applied form as well - in philosophy, literature, and the arts. You've lived through its heyday, especially in France in the 60s and 70s, through to its current form, also here in America in the 21st century. Can you tell us some of your experience and thoughts on the place of psychoanalysis past and present?

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Jean-Michel Rabaté (JMR): My reaction is the same as when I hear people talk about the death of Theory. I try to distinguish between what has been caused by past excesses, arrogance or hubris among devotees of Theory or Psychoanalysis, and what has been caused by the logic of history, with its changing fashions. The first half of the diptych is not to be regretted and can be discarded, but the second panel needs to be repainted. We are entering a fully globalized world, and it is interesting to note that psychoanalysis is doing well in emerging cultures, as say in Brazil, China and Australia. The North American situation is an exception—it was in the US that psychoanalysis became a dominant discourse just after WWII, and this model, although successful, was terrible. Lacan had a point when he attacked it. One cannot read

the books or journals published in the US at the time without feeling nauseated by the most stupid trivialization of Freud's ideas. All this had to go, to vanish before something else would emerge. I see that as still a possibility.

JW: Can you tell us what brought you to psychoanalysis, your path to Freud and Lacan? What was it in Freud or Lacan that touched you in particular?

JMR: I was touched by Lacan himself, or rather by his speech. I am not sure that I would have been interested if I hadn't heard him speak at his Paris seminar. He had an enormous charisma, a little like Bill Clinton, if you want. You felt that here was someone who had no fear and who kept on probing the most difficult issues with an extraordinary vision. Later, I read

Freud in German, and that is when I discovered a master as well, but the French translations left me unsatisfied. Most of the English translations are better, but they nevertheless miss a great sense of style.

JW: I've been surprised that many philosophers who are interested in psychoanalysis never go into analysis. I know you are an exception. Can you tell us anything about how this experience has changed your work?

JMR: Yes, this experience has changed me, quite simply. On the one hand, I had imagined that I needed to know first hand what psychoanalysis was about and could not just content myself with reading the texts. But it's true that one does-

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n't decide to begin an analysis in the name of intellectual curiosity only. I needed it, after a divorce, the death of my father, and a complicated affair with a beautiful but border-line woman. It is out of such situations, banal as they are, that one tries to stop repeating the same mistakes over and over again. I am not sure whether I succeeded, but at least I understood the phenomenon of repetition.

Moreover, one can soon understand that it's not enough to understand. For instance, I once had had a girlfriend who had a snake phobia. She would pass out every time she saw a snake or the picture of a snake. She has been told that this was sexual, that this had something to do with the penis, castration, and so on. She agreed that the interpretation was correct, nevertheless this did not prevent her from passing out each time she saw a snake. This simple example shows why one needs the dynamics brought by transference, it is the only force that permits one to act upon similar moments of insight.

Being in analysis with a very smart Lacanian allowed me to understand transference, which should not be confused with love since it is generated almost automatically by the analytic apparatus, when it works. This has proved invaluable for me as a teacher for instance. I have learned thanks to this that a few well-chosen words, chiseled by silence and spoken with a sudden conviction borne out of the dialogic moment can touch you deeply. So deeply that you'll spend month figuring out their implications. I have learned that language has an impact on bodies, and to me this is the whole issue.

JW: What thoughts do you have about the future of psychoanalysis?

JMR: Psychoanalysis has a future, even in the US. It will be different, to be sure. Practitioners will make less money, and cures will be more flexible, even if they do not follow the model of Lacan's variable session (although I find it better, having had the experience of the classical schedule, fifty minutes

each session, and the Lacanian time, from ten minutes to forty, and I prefer the second). But there is a need for a technique that avoids heavy medication with all the negative side-effects and that allows a person to hear what he or she says from the outside. In many cases, it amounts to giving a person the benefit of truthful remarks that are often made from an exterior point of view and can never be communicated directly. In common enough cases such as addiction to drugs or alcohol, anorexia, bulimia, impotence, frigidity, ADD, hyperactivity, I am sure that in the long run even health insurance people will understand that it is cheaper and more effective to work via the fine comprehension of individual's knots than providing all of them heavy medication in bulk that simply displaces the issue.

JW: You've written a wonderful paper on the death of psychoanalysis vs its obsolescence. Can you tell our readers a little about your thoughts in that paper?

JMR: I start from the apparent paradox that death is the cure for psychoanalysis. It cures its obsolescence. By this, I mean the theory of the death drive and everything that derives from it. Freud's theories were lost when most second generation psychoanalysts wanted to erase this aspect that they blamed on the master's innate pessimism. Similarly, they wanted to replace the sexual issues with social issues of adaptation to norms. On this point, Lacan and Adorno agree. There is also the fact that because Freudianism has been so successful in the fifties and sixties, today you cannot have an impact on a patient by either explaining Freud's concepts (as he would do) or by saying things like: "You are in love with your mother," "You want to have a bigger penis than your father," etc. Freud still believed that explanations of this kind would help the analysand to be "enlightened," and would then help him get rid of his or her symptoms. Today, such statements cannot have the effect of a discovery or of novelty. Those "in-

terpretations," no matter how true or relevant they may be, will sound like clichés. Also the practical handling of the cure along strictly Freudian lines, fifty minute sessions five times a week, is not adapted to conditions of life in our society. Fewer people have the luxury of jeopardizing their careers and family lives to accomplish this. And finally, the main concepts of Freud's topic like the ego, the id, and the superego, look and feel tired. Moreover, they are frequently misunderstood; how many psychoanalysts act upon Freud's belief that it was the ego that contained the death drive? Lacan had rather cynically concluded that the only two elements that could be used were time and money, and he used them very well. I would add a new sense of the links between theory and practice.

JW: I think its very important message for candidates in particular who may feel disillusioned with psychoanalysis, or may have to confront disillusionment, especially in the problems institutionally? What would you tell them about psychoanalysis as a theory and practice vs its institutional form?

JMR: One should launch new institutions and be creative about the theory. That is very simple and very difficult at once, but it is high time, and also worth trying. I have seen many rabid converts either to Freud or to Lacan reject every-

Jean-Luc Nancy has a wonderful insight about Freud's "invention": he states that psychoanalysis is the only consistently atheistic discourse of the 20th century. Because of that, it cannot even believe in itself. Thus, the danger is the flight into the opposite, into a quasi religious enthusiasm for a theory supposed to cure everything and explain everything.

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thing five years later. They would then burn what they had adored. Their conversion had been purely religious, hence situated wrongly. But one needs to remain intelligent at the same time, that is that one needs to think through all the concepts and issues. Whereas any religion will require at some point that you stop thinking. To go along with this process, one needs to have a few friends, a group of strong characters

who help each other facing the enormous pressure from inside and outside, hence one needs new institutions.

One needs to go deeper into oneself, into one's past to eradicate the adolescent dream of a new beginning.

JW: Is there anything else you would like to say to candidates who are confronting this strange passage through becoming a psychoanalyst?

JMR: That they have a unique chance of taking a wonderful trip, of starting on a tour of themselves. They will travel very far without moving from their couches or armchairs...

Dream Over at The Rubin

By Vanessa Sinclair, Psy.D.

The first annual Dream Over was held at The Rubin Museum of Art: Art of the Himalayas in New York City, as part of the museum's Brainwave series. Approximately 90 participants were welcomed into the museum at 9:15PM on Saturday, March 5, 2011, to spend an evening centered around the interaction between artwork and dreaming. Based on previously answered questions regarding life experiences, reasons for participating in this event and what color resonates most strongly with them, participants were assigned a piece of artwork to sleep beneath. Four floors of the museum were utilized, covering a range of art pieces from the traditional to the contemporary. Exhibitions included *Gateway to Himalayan Art and the Tibetan Shrine Room*, *The Nepalese Legacy in Tibetan Painting*, *Grain of Emptiness: Buddhism-Inspired Contemporary Art*, and *Embodying the Holy*, which explored the similarities and differences between sacral representations in the Eastern Orthodox Christian and Tibetan Buddhist traditions. At 10 PM, the dreamers gathered in the museum's theater for a discussion of the psychoanalytic view of dreamwork and techniques for uncovering the latent content of dreams led by Dr. Edward Nersessian, Director of the Philoctetes Center and Training & Supervising Psychoanalyst at The New York Psy-

choanalytic Institute. He was accompanied by Dr. Cristina Alberini, Professor of Neuroscience at Mount Sinai Medical Center, who lectured on dreams and memory. The participants then met in groups to discuss prior experiences with dreamwork and their expectations for this event, under the guidance of Dr. Nersessian and his assistants, Dr. Jamieson Webster, Dr. Will Braun and Mr. Matthew Von Unwerth of The New York Psychoanalytic Institute. Following a group meditation and midnight snack, participants retired to their assigned floors for the evening. Docents from the museum read each participant individually crafted bedtime stories, which related the history of each piece of artwork. Participants were asked to meditate on their art piece before going to sleep and were provided with dream journals to record their thoughts, dreams and experiences. Psychoanalysts, analytic candidates and graduate students from the New York area volunteered to facilitate dream groups and discuss the participants' experiences upon awakening in the morning. Several of the volunteers opted to stay overnight in the museum ourselves. We awoke at around 5:20 AM and, after our morning preparations of freshening up and coffee, climbed the spiral staircase to our assigned floors. All of the dreamers remained fast asleep, so we roamed the museum floors, waiting for the dreamers to stir.

Upon waking, participants were asked to write down any dreams or thoughts they experienced over the course of the night. Many dreamers reported integrating the artwork or experience of sleeping in the museum into their dreams. One dreamer related, "I dreamt that I was here, in the museum, running around the floor and calling his name, Milarepa. I never did find him." She found it fascinating that the museum itself had appeared in her dream. Participants came from a wide variety of backgrounds and had varying levels of experience with dreamwork. One dreamer reported that analyzing her dreams has had a significant impact on her throughout her life. "My family is Italian and dreams have always been an important part of my life and cultural tradition. As a child, my mother and grandmother would ask me to tell them my dreams. They imparted to me that deceased relatives communicated to the living through dreams and always emphasized how important it was to pay attention to one's dreams." While in college, she spent time studying abroad in Venice, Italy, and reported that 99% of the art she produced during that time came directly from her dreams. During this time, she painted a series of mandalas, nine in total. She also related a dream that involved the Dalai Lama performing a long life ritual, which

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prompted her to study Buddhism seriously. A deceased friend also appeared to her in a dream chanting the mantra of compassion, which she had tattooed on her right forearm. She showed me the tattoo and described the experience as “profound.”

Another dreamer reported that she was ecstatic to be able to sleep under the Tibetan *Wheel of Life*, as she has “always had an affinity for this piece.” She traveled to New York from a Midwestern state to partake in the Dream Over. “I was awake almost all night. I’ve been laying here awake.” She reported that she dreamt that she was with a “youngish man” who was holding a

stone. “He was pressing his thumb and then each finger into the stone, taking up the salt from the stone.” She repeatedly made the pressing motion with the fingers of her right hand. When asked for her associations, she explained that she had recently taken an alchemy class and that salt was a poison. The man in the dream was taking the poison up into himself but was not harmed by it. It reminded her of an exhibit in the museum that she had seen earlier that day, a performance piece of milk being poured onto stones and then slowly blotted up by a man over the course of the day. As part of this art piece, which was located on another floor, there were

“27 bowls of grain and one bowl of salt. Salt represents grief. We are salt, salt and water.” The man in her dream was taking the salt into himself, taking in the poison, and transforming it. She continued to make the pressing motion with the fingers of her right hand, rhythmically, while relating the dream and her associations to me. “This motion is a pressing motion... pressing down... depressing... depressing, like depression.” She reported that the last man she dated was severely depressed. “I was just speaking about him before coming here. He made an impression on me.” When I asked if she felt that the man in the dream represented herself and that perhaps she was able to take in the poison of this relationship without being much affected by it, she stated, “No. In fact I was deeply affected by it. I’m just coming out of a serious period of depression now myself, and we broke up over a year ago. He was like poison.” During the group session in the morning, this participant reported that after speaking with me she looked back at the notes she had taken in her dream journal and found that the man in her dream had spoken to her. He spoke with a British accent and told her that he “really wasn’t feeling very well,” which was in contrast to her verbal report that “although he was taking up the poison he wasn’t affected by it,” showing her wish to not have been so affected by him.

These are just a few accounts of the rich material collected in the Dream Over. In addition to the individual and group sessions of the morning, participants were provided with a traditional Tibetan breakfast of Tsampa and butter tea. Most participants agreed this was quite a unique experience, and many related that they would like to participate in such an event again in the future.

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