



NAAP News

Uniting the Schools of Thought

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Spring 2010



The National Association for the Advancement of Psychoanalysis

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Jennifer Harper

Why We Do the Things We Do... is a conundrum that we psychoanalysts ponder all the time; about ourselves, our patients, and others. And while the question is an old one (even trite), the possibilities of new answers and fresh perspectives are never ending – indeed, they are as ongoing as the question itself is revolving.

Approaching the writing of this final column of my second presidency of NAAP, I found myself asking this question frequently enough to begin to realize that my responses were crafting my narrative for saying good bye, once Again.

In spite of the many plausible narratives that I devised, I was always, and ultimately, left with my response of 'I don't even know...'. In between these punctuations of 'I don't know,' lie many answers. These answers reaffirm, and continue to articulate my commitment to, and my rationale for, the great expenditure of time, energy, focus, and attention that this period – a decade now – of my involvement with NAAP itself, has seen in my life. My son, Max, was three when I joined the Board of Trustees in 1999. My daughter, Lucy, was born five months before my first presidency began in 2004. Max will start High School next fall (2010) and Lucy began Kindergarten this past fall. And my second NAAP presidency is ending this spring.

Of the many reasons and rationales that surfaced and submerged in my pondering why we do the things we do, two themes emerged that crystallize two passions of my own: freedom and politics. And both of these passions are joined in the work of NAAP, which has been so compelling and vitalizing in its mission in behalf of our profession. Politics and freedom: What do I mean?

NAAP is an organization; so by nature it is political. Organizations are political. People are political. Freedom is political. Even good psychoanalysis requires skill *and* politic.

PRESIDENT'S REPORT

Webster's definition enhances our comprehension of this word in describing 'politic' as the ability to be artful, ingenious, shrewd... wise, prudent, and judicious... crafty, unscrupulous, and cunning... [even] suave. Politics and Freedom are cornerstones of the profession of psychoanalysis; and neither are territories for the faint of heart.

The very mission of NAAP was born of a political struggle for the survival of psychoanalysis as an independent profession. As such, NAAP exists almost uniquely as a beacon; signaling the boundaries of a homeland that speaks to and calls out for, and resonates within, those of us who discern our calling within it as a home-front for human freedom – of the heart and mind.

So when I ask myself, 'what have I been doing, and why do I do what I do...' I find my own answer in the depths of my heart's pursuing... the delicious and satisfying pursuit of the politics of this profession that seeks to guard the freedom of our hearts and minds, for our time and forever.

My deepest thanks go to all of you who have supported (some would say suffered) the intensities of me and my passions. I hope to have offered some useful service to this Freedom that we all cherish. And I pray forward that NAAP may always carry the torch of politic for psychoanalysis and for the freedom that we need for psyche in this world. May we continue to attract this passion in our leaders. I carry the spirit of NAAP, and all of you, in my heart... Thank You.

Jennifer R. Harper

ERRATUM

In the winter edition of NAAP News, we did not identify the two people featured with Regula Muggli on the cover. They were Micah Levenson and Rebecca Mellen. We apologize for this oversight.

INTRODUCING PAMELA ARMSTRONG-MANCHESTER NAAP'S NEW PRESIDENT



Pamela Armstrong-
Manchester

We all take different paths to psychoanalysis. The Mental Health Association (MHA) set in motion my career path and psychoanalytic studies. At 16 I was president of a service club at Ft. Lauderdale High School in Florida. Our service: The MHA. I asked the MHA president, exactly what is mental health? She said, I will do better than tell you — I will take you to South Florida State Hospital (SFSH), a state mental hospital.

There I saw people as if from another planet! I asked myself two questions: How did they get this way? How could they be “cured”?

In 1956 occupational therapy (OT) had the most interesting in-depth work with the “mental hospital” population, so I decided to begin there. I received a BSOT from the University of Florida (1958-62). My internships were at the Neuropsychiatric Institute, University of Illinois, Chicago; Massachusetts Mental Health Center, Boston; Milwaukee Children's Hospital; and the Delaware Curative Workshop in Wilmington.

After completing my internships in the fall of 1963, I returned to Florida to work at SFSH. The OT department director was part of a self-identified interdisciplinary secret group referred to as “the underground.” Their goal: to change the state hospital (which met all standards of accreditation but rarely discharged anyone) from a hospital of custodial care to a hospital of dynamic treatment, one which would facilitate the patient's return to the community rather than a continual existence within SFSH.

Among other tasks, I innovated two wards, creating in each a therapeutic community including individual OT, group and activity group therapy, patient government, and the training of each ward's staff, including the unit chief, an M.D. The result: more people discharged than ever before in the history of the hospital. I could reduce some severe symptoms, but my two burning questions were still unanswered.

Eventually I moved to NYC seeking answers. My first job there was as an occupational therapist on the psychiatric in-patient unit of the Neurological Institute, at Columbia-Presbyterian Hospital for one year.

I received a full scholarship for an MA in psychiatric OT. While my MA degree was from New York University, the academics were in a combined program between NYU and Columbia University, with a 12-month internship at the Psychiatric Institute in New York. My MA paper was “The Contrast and Fate of Two Innovations,” a socio-organizational study.

After graduation in 1967, I was hired as the OT supervisor at PHP, Partial Hospitalization Program, New York Medical College,

NYC, where I worked for 10 years. PHP, under the brilliant direction of Clifford J. Sager, M.D., received an NIMH grant to create a PHP “that worked.” The training at this amazing and unique program included many forms of therapy: individual, group, activity group, family, gestalt, and video therapy, plus psychodrama, and a 10-year staff training group. I took part in all the above training. For several years I was also director of PHP's evening program.

From my readings and experiences in Florida, Chicago, Massachusetts, and New York, I realized the profession that understood the human condition most profoundly was psychoanalysis. However, Freud denied the hope of psychoanalysis as a therapeutic method — to all who were not neurotics. I sought a psychoanalytic institute which also provided psychoanalytic training to treat people with severe disorders. From my prior clinical work, I arrived at five criteria I thought essential to a psychoanalytic training program that was teaching the treatment of schizophrenia and other preoedipal conditions.

In 1994 I graduated from the Center for Modern Psychoanalytic Studies (CMPS), which had met my five training criteria. My Final Project (i.e., dissertation) was “The Unfolding of the Narcissistic Transference: a Case Study,” an 18-year longitudinal study.

After leaving PHP, while in psychoanalytic training, I became the Team Leader (clinical and administrative director of 50 staff, 800-900 patients), of the Coney Island-Sheepshead Bay Out-patient Department at South Beach Psychiatric Center (SBPC) in Brooklyn for 5 years. I left there in 1981 for private practice.

My faculty appointments have included Adjunct Professor, New York Medical College (1968-73), where I supervised medical residents, MSW students, and psychology interns; and Adjunct Assistant Professor at NYU's OT Department (1968-73), where I taught activity group therapy, group process, group dynamics, and an overview of group therapy.

Prior to starting psychoanalytic training I attended a public meeting of the Joint Council for Mental Health. Later, I became the Joint Council's secretary. I have served on NAAP's Board of Trustees for about 10 years and on the Executive Committee for about 6 years.

It has been my observation from working in all aspects of the mental health field (in-patient: acute, intermediate, and long term; out-patient: partial hospitalization and clinic settings; and private practice) that psychoanalysis is indeed a separate profession. One application of psychoanalysis, as a therapeutic method, provides an unparalleled understanding of the human being for candidates training as psychoanalysts in psychoanalytic institutes. But how can one mental health profession, namely psychoanalysis, be considered a subspecialty, as some claim, of three other separate and different mental health professions? To do so contains, constrains,

PAMELA ARMSTRONG-MANCHESTER

continued...

and distorts the vision and views of Freud. It limits the breadth and possibilities of psychoanalysis.

Freud saw psychoanalysis as multidimensional. He saw it as a profession, a theory of mind, a theoretical system, a science, and a separate branch of knowledge. He saw it as a therapeutic method and as having other applications, e.g., applied psychoanalysis in literature, aesthetics, history, history of religion, education, etc. Freud's interest in culture is legendary. The application of psychoanalytic ideas in public relations and promotion used by Freud's nephew, Edward L. Bernays, to manipulate public opinion caused Freud distress. Freud disliked American materialism; rather, he had a high regard for *L'essentiel est invisible pour les yeux*, ("What is essential is invisible to the eye.")¹ "L'essentiel" for Freud was the mind, the unconscious, the soul, the meaning-making soul.

"There can no longer be any doubt that it (psychoanalysis) will continue; it has proved its capacity to survive and to develop both as a branch of knowledge and as a therapeutic method....the whole impression is a satisfactory one – of serious scientific work carried on at a high level."²

Psychoanalysis continues to develop in the tradition of observation, exploration, understanding, theory development, and application.

"The individual perishes from his internal conflicts, the species perishes in its struggle with the external world to which it is no longer adapted."³

Psychoanalysis in all its aspects needs to be a constructive and meaningful part of the wider culture to help people adapt and evolve, to become more fully human and mature.

¹ Saint-Exupery, Antoine de, (1943), *The Little Prince*, France: Gallimard.

² Freud, S. (1935), *Postscript*, S.E., 20:73-74.

³ Freud, S. (1941 [1938]), July 20, *Findings, Ideas, Problems*, S.E., 23:299.

PHYLLIS LANDRES, 1942-2010

The Board of Trustees of the National Association for the Advancement of Psychoanalysis wishes to acknowledge the passing on Thursday, March 11 of Phyllis Landres, our Board member, Executive Committee member, Treasurer, Legislative Liaison, Fundraiser, colleague, and friend. Her presence will be greatly missed. We wish to extend our deepest condolences to her family.

ADVERTISING RATES AND DEADLINES

Winter: November 15

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Full page (7 1/2 × 10) \$435

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Don't forget! NAAP Newsletter
Summer deadline is May 15.

NAAP'S ANALYST-IN-TRAINING COMMITTEE by Neil Friedman

NAAP established the AIT Committee as a forum where Analysts-in-Training from a broad spectrum of NAAP member institutes can discuss their thoughts, feelings, and desires about the past and present. In addition, the Committee considers the direction psychoanalysis might take in the future as it continues to develop to meet the needs of the larger culture it serves, as well as those of us who have embarked upon this journey to become psychoanalysts. The members of this committee are committed to working with NAAP in its efforts to develop psychoanalysis as an "independent profession."

Some of the topics of discussion we have had in the past include:

- "Be careful what we wish for"- Licensing and the impact it is having on training institutes and trainees;
- "Diagnosis or Die" - What diagnosis could mean to the future of Psychoanalysis as an independent profession;
- "Who we are and how we came to be" – An historical perspective of NAAP, presented by Pamela Armstrong-Manchester;
- Where and how does the AIT Committee have a part in NAAP's annual conference.

As we continue to grow and develop as an integral component of NAAP, we look forward to being joined by student representatives from each training institute.

Meetings take place on Saturdays at 12 PM. If you would like to attend, please contact Neil Friedman, Chair AIT Committee, at (917) 699-4738 or neil.friedman3@verizon.net .

AN AMERICAN ANALYST IN RUSSIA

by Harold Stern

Flying to St Petersburg, Russia each year to teach, lecture, supervise, and do therapy at the Eastern European Institute of Psychoanalysis (EEIP) is a complicated and sometimes challenging process. The first thing to think about is making sure your travel visa into Russia is in order. To neglect this is to invite a lot of trouble. Sometimes, we have to learn the hard way. Out of New York, Finn Air is probably the best way to go. It is the least expensive, quickest, and perhaps one of the most reliable ways to go.

I can state quite firmly that the EEIP and psychoanalysis are thriving in Russia. The Institute is located in a former palace in St. Petersburg with its own library and cafeteria, many classrooms and lecture halls, and it has more than 450 enrolled students in a variety of programs. EEIP offers a vibrant example of enthusiastic students and faculty. After Perestroika in 1988, Russians found that a fundamental area of psychotherapy that had been previously closed off to them was now wide open. I encountered students who were excited and determined to master this form of therapy. When I first visited the country in 1991 I learned that many visiting American analysts, members of the International Psychoanalytic Association, were visiting St. Petersburg and lecturing at the EEIP.

However, Dr Mikhail Reshetnikov, rector of the EEIP, was very frustrated at not being able to find among the IPA analysts trained supervisors to help his students. When I arrived in '91 on a social visit with my wife to see her family, and was, by sheer coincidence, invited to give a lecture there, it seemed that Dr. Reshetnikov's solution had appeared. He quickly began a campaign urging me to move to Russia and teach. My long membership at NPAP and my years of training qualified me for this work. And so, for about four years, I visited Russia several times each year, was made a full visiting Professor, and in 1996 moved to St Petersburg with my family, where we remained for one year. During this time I taught, analyzed, and supervised people, mostly psychiatrists and some psychologists. It was a stimulating, unforgettable period.

Here is one of my many experiences: I noticed in one of my classes a quiet student who sat in the back of the class and never spoke. During a class break, I saw this man standing in the hall and began to speak with him. I found that he spoke excellent English, was widely-read, and was very knowledgeable about psychoanalysis. I asked him why he never spoke in class and he explained that he felt very shy. Soon afterwards, I learned that my wife could not join me and translate. I was very fortunate in having a wife who could sit with me and translate the two languages back and forth, but on this occasion she was unavailable. On an inspiration I asked this shy fellow if he would be kind enough to translate for me. He reluctantly agreed. After class I praised him and in almost every class afterward I would call upon him to express his thoughts or opinions and gradually he became more confident. Now, years later, he is one of the most popular instructors at EEIP, the editor of and contributor to a psychoanalytic journal, and he has his own private practice.

Since returning to the States I have continued my flights to St. Petersburg three times each year to work with students and graduates. Also, as a faculty member of the Center for Group Studies (CGS) in New York, I have organized a series of workshops to teach the Center's special approach to group therapy. Whenever I and other visiting faculty members have presented these workshops in Russia, we have enjoyed large attendances.

The Eastern European Institute of Psychoanalysis is a founding member of the Russian Federation of Psychoanalysis, which has member institutes from many parts of Russia, and is also a member of the European Confederation of Psychoanalytic Psychotherapies.

Both classic and modern psychoanalytic techniques are taught at EEIP, and students come from across the nation to study there. As a result, I have become acquainted with people from all over the former Soviet Union. The students, most of whom are psychiatrists with a large mixture of psychologists, tend to be bright and dedicated people interested in acquiring analytic skills. It has been a pleasure for me over the years to work with them and to see the flowering of psychoanalysis in Russia, and especially to see those who were once my students now training analysts themselves.

Harold Stern is a member of NPAP; was a founding member of CMPS with Phyllis Meadow; a founding member of NAAP; and was founder and director of the Philadelphia School of Psychoanalysis for almost 20 years. He is a full Professor of Psychoanalysis at the East European Institute of Psychoanalysis in Russia and has received a number of awards for his teaching and training there.

Celebrating a Life

Phyllis Landres

An Evening for her Friends and Colleagues

Thursday, May 6, 2010, 6:30-8:30 PM
at Ilene Lander's "The Party Loft"
73 Fifth Avenue, corner of 15th Street
New York, NY 10011

Seating is limited. RSVP as soon as possible to
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NAAP, 80 Eighth Avenue, Suite 1501,
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SYMPOSIUM 2010:
LOVE, SEX AND PASSION:
THE ANATOMY OF DESIRE
by Lucinda Antrim

Among many rich tidbits at the International Psychoanalytic Association's thirteenth annual Symposium was this from Arlene Kramer Richards: "Each client is her own Scheherazade, telling the stories that keep her alive."

For two days at Mount Sinai Medical Center in New York City, we told each other the stories that keep us, and our profession of psychoanalysis, alive. From Jonathan House we heard excitement about Jean Laplanche's contributions to our understanding of psychosexuality; from Martin Bergmann his exploration of the fate of desire in long-term relationships; from Helen Fisher a report on her research on the neurophysiology of desire. We were entranced by the story-tellers extraordinaire of our profession, the writers of the Israeli television series *Be Tipul (In Treatment)*. Nir Bergman (who also co-created and directed the series) and Yael Hedaya, along with their consultant, Roni Baht, spoke of the ways their own stories of analysis entered the screen dialogue, bringing, perhaps, new meaning to the term "screen memory."

Ken Corbett told a story with pictures, beginning with the painting that framed the symposium (Pierre-Auguste Cot's *The Storm*) and continuing through Masaccio's *Expulsion from the Garden of Eden* to Kara Walker's silhouette of a rebel soldier with a slave woman, illustrating an answer to the question "Are We Polymorphously Perverse?" Richard Friedman challenged us, as part of the same panel, to look at our profession's perverse (perhaps) attachment to theory at the expense of psychiatric research.

Contributors too numerous to name here enriched the story. Lively questions included this final one: While we told together a story of the analyst's desires, where was the story of our own desire? We were left with much on which to ruminate — food to carry us through to Symposium 2011.

Lucinda Antrim is on the faculty of the Blanton-Peale Institute and of the Blanton-Peale Pastoral Care and Counseling Program. She serves on the NAAP board and is in private practice in New York and Dobbs Ferry.

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Earlier this winter, the New Jersey Institute for Training in Psychoanalysis presented its 31st Annual Conference, co-sponsored by the NJ Society for Clinical Social Work, in Teaneck, NJ.

A Long Road to an Awakening: Therapeutic Transformation through Surrender of the Therapist's Despair was an exciting exploration into transference and countertransference from a Relational Perspective. Through review of theory and case material the conference, presenters examined the dynamic dialectic of hope and despair in forming the intimate analytic attachment through the psychoanalytic relational perspective.

Keynote presenter Etty Cohen, Ph.D., is a Training and Supervising Analyst at the American Institute for Psychoanalysis of The Karen Horney Psychoanalytic Center, and a faculty member of the William Alanson White Institute. She is an associate editor of *American Journal of Psychoanalysis* and author of *Playing Hard at Life*.

From her experience as an Israeli Mental Health Officer, and with traumatic events from her own life, Dr. Cohen spoke about her approach of viewing the patient as an equal partner in their complex struggle within the treatment relationship. Dr. Cohen discussed the case of a 28-year-old Hispanic woman she called Dana, a survivor of sexual trauma, who had been working as a "call girl." She had repressed much of the horror to which she had been exposed and was very resistant to the therapy. Dr. Cohen skillfully worked with Dana at a pace the patient could tolerate. Dr. Cohen examined her own conflicts in working outside of the parameters of a more traditional analytic framework, such as allowing for inconsistency in attending sessions and extending session time, as well as phone conversations between meetings.

Two years into therapy an impasse was reached, and Dana wanted to have breast reduction surgery. This surgery had an important underlying meaning in Dana's pathology that would be revealed in the working through of this experience. During her recovery, Dr. Cohen had phone sessions with her patient four times a week. Throughout this time, Dana had extremely evocative dreams and she was able to remember and share more of her traumatic past. While she did not remember specific details, one dream helped her to remember sexual abuse by her father, as well as other repressed emotional injuries.

Unconsciously, Dana was looking for mutual dissociation, much like how a prostitute would function with a client. Dr. Cohen realized that both she and Dana were resistant to surrendering to the despair that needed to be experienced in order to be transformative. Her patient's extreme loneliness resonated with her own feelings when she first came to the United States, and she spoke of the importance for the analyst to surrender, yet still contain, his/her own despair. Dr. Cohen used the concept of co-con-

struction to act as an anchor in helping with self-regulation and sustaining hope. While treatment of a patient may be imperfect, it is still possible to be a helpful therapeutic experience.

The second discussant, Irwin Hirsch, Ph.D., is a Distinguished Visiting Faculty member at the William Alanson White Institute and faculty member, supervisor, and former director of the Manhattan Institute for Psychoanalysis. He is currently an adjunct clinical professor of psychology and a supervisor at the NYU postdoctoral program. Dr. Hirsch is on the editorial board of several psychoanalytical journals and is the author of a number of books.

Dr. Hirsch referenced Ferenczi in emphasizing that the use of countertransference can be key in creating therapeutic progress. The quality of the relationship, not the insight, is what is most effective in the therapeutic encounter. Further, "meaning making" is tremendously helpful, not only for victims of trauma, but for all patients. Dr. Hirsch spoke of the difficulties in knowing when to interpret and when to leave alone the patient's material, and that the "rules of engagement are not absolute." He acknowledged that, "We can never know how a patient would have reacted if we handled a situation differently," as we cannot be totally clear as to what is wished for and what is needed. Dr. Hirsch mentioned being cautious about creating a symmetrical relationship within the analytic dyad. What is preferable is to be "mutually effectively engaged," without equal verbal contribution.

Dr. Hirsch acknowledged Dr. Cohen's admirable work with Dana, agreeing that it is important to work with each patient on a case by case basis. It was Dr. Cohen's willingness to have the patient direct her, in some ways, that helped Dana to open up. Using a relational approach, the loneliness that Dr. Cohen felt in working with Dana, informed her as to how to proceed in the therapy. He emphasized that the transference is never the pure culture of the patient.

Dr. Hirsch discussed Gary, who was a patient of his for five years. Gary came to treatment having lost a lot of weight and sleeping poorly. His wife had adopted a baby with Down's syndrome, later had a baby who had a life-threatening illness, and then had a miscarriage after a six-month pregnancy. He was in deep despair and expected Dr. Hirsch to somehow magically cure him. Dr. Hirsch was able to join with him in his despair in order to help contain it. He referenced Kierkegaard, saying that despair is a sickness of the self. There is a fear that the self might be lost, as the false self is killing the real self. The real fear is that of nothingness, yet still, there must be an emersion in that despair. Citing Horney and White, Dr. Hirsch says that growth comes from despair and hope. As analysts, Dr. Hirsch reminds us that we must all be aware of how our own personalities and emotional states play out in our work. We must not only embrace but surrender to who we are.

Leah Slivko, CSW, Psy.A, is a graduate, faculty member, and control analyst at NJITP. A member of the Israeli and International Psychoanalytic Association, and the Massachusetts Institute for Psychoanalysis, Ms. Slivko is also on the faculties at St. Elizabeth's Hospital, an affiliate of Tufts University and EGPS, and is an adjunct professor at NYU and Boston College schools of social work.

As third presenter, Ms. Slivko offered a provocative and poetic case presentation reflecting on a four-year treatment of a patient she referred to as "Dr. Brown." The case material focused on the patient's struggle to find meaning in his life, feeling unloved and unlovable, and with a deep existential depression that plagued him throughout his adulthood. A highly intelligent academic, Dr. Brown felt stupid, unworthy, and unappreciated, having given up both women and music. He had been in a long-term marriage and came into treatment saying, "Help me leave my wife." Feeling stuck between what he wanted and what was expected of him, he left both his wife and his job.

The patient often made "demands" on the analyst, indicating he was not being listened to or understood. Ms. Slivko candidly spoke of her difficulty and frustration with such a patient over time, even though she felt some empathy for his struggle. The treatment was punctuated by the patient's verbal attacks and demeaning attitude, as well as suicidal threats, and culminated dramatically with his bringing "a gun to session."

Dr. Brown took a gun out from his pocket. He looked at Ms. Slivko with a smirk and said, "I could shoot you and I could shoot myself, right now."

"Yes, you could," she confirmed steadily.

"But, I won't. You don't have to worry, Leah. It's not loaded. I promised you I never would kill myself or anyone, but I do feel like a murderer as I killed my marriage. It's over."

Dr. Brown put the gun on her desk and then sat down on the couch with his hands covering his face.

Although frightened, Ms. Slivko stood her ground, remaining centered, and acknowledging her feelings: "You scare me."

While that situation was resolved, she realized that despite his protests she had to set limits on his access to her, such as addressing his phone calls between sessions. At that point he left therapy.

One year later Dr. Brown came back to therapy with Ms. Slivko. At this juncture, Ms. Slivko no longer felt compelled to give him answers, and he was satisfied just to have her listen to him. There was a movement from a place of experience to a place of under-

standing. Using her countertransference feelings of despair, Ms. Slivko was able to create an emotional bridge enabling Dr. Brown to feel completely understood. Through Ms. Slivko's emotional self-awareness she was able to move beyond the patient's provocative, contemptuous, and despairing attitude, in turn enabling her to contain what he brought to sessions. Ms. Slivko reflected on the vicissitudes of working with a patient who often responded to her in a contemptuous and aggressive manner. In touch with her own fear and sense of helplessness, she was able to admit to the patient that she did not know how to respond to him, and through this admission she was able to resonate with the patient's underlying sense of helplessness, thus facilitating a better understanding and alliance with the patient.

In response to Ms. Slivko's presentation, Dr. Hirsch emphasized greater awareness of the analyst's personal vulnerabilities and countertransference reactions, which can ultimately inform the analyst what is happening within the patient and the treatment process. Dr. Hirsch reflected, also, that patients often defend against their intense dependency needs, masking them through aggressiveness or acting out behavior.

The afternoon ended with a lively discussion of the case material, emphasizing Ferenczi's notion of how treatment parameters sometimes need to be extended, which may include between-session phone calls and the use of the analyst's countertransference reactions, such as feelings of hopelessness and fear. Ferenczi wrote about how the treatment can serve as a "corrective emotional experience," providing, in a Winnicottian sense, a "holding environment". Questions about oedipal conflicts and sexual issues arose, but the greater focus of the respective treatments was on the understanding of pre-verbal communications, emphasizing the practitioner's need to acknowledge their countertransference feelings at critical junctures, and on how the patient will defend against forming a relationship, preferring "enactments" of the earlier pathological attachments.

Throughout this compelling and informative conference, the common thread was the important relational approach of both patients and analysts surrendering and regressing into despair together, in an effort to find the hope that will help in the healing process. While not totally disregarding the analytic frame, this therapeutic alliance brings together two human beings in an honest and intimate relationship. It is through this deep relationship that true growth is possible.

Marlene Colonno, LCSW, is a Candidate at the New Jersey Institute for Training in Psychoanalysis and is currently in private practice in Ridgewood and Montclair, NJ.