

## Upcoming Events

### THE CLINICAL APPLICATION OF CONTEMPORARY SELF PSYCHOLOGICAL THEORY

with  
**Richard Geist, Ed.D. on**

Fridays, Jan, 6, 13, 20, 27; Feb. 3, 10, 17, 2012

from 11:30 a.m. to 1:00 p.m.

at the home of Richard Geist, 1905 Beacon Street, Waban, MA

REGISTRATION FEE: \$25 MAPP Members; Free to MAPP Sustaining Members

COURSE FEE: Free for MAPP members; \$100 for non-MAPP members

Contact Mary Loughlin at [mapppsych@aol.com](mailto:mapppsych@aol.com) or (781) 446-8450 for registration information.

#### MAPP

Massachusetts Association for  
Psychoanalytic Psychology  
American Psychological Association  
Massachusetts Chapter, Division 39  
c/o 1 Eagle's Nest Road  
Westford, MA 01886

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# MAPP News

Winter 2011

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## President's Column Fall 2011

Gaiana Germani, Ph.D.

### While Winnicott was Quiet

When many beloved board members left last spring, I characterized MAPP as an organization in "transition." Even with that word in play, Winnicott, at least consciously, eluded me. Perhaps he was simply being quiet as he was known to advise. Currently, MAPP steams ahead with our very competent and exciting new board members, but as MAPP's leader, the loss of the familiar inspired difficult moments. While the language of early object relationalists can sound pathologizing in their characterization of complicated states of being, I've decided to use it nonetheless to describe some of my experience with the reader's understanding that they are descriptors of states not traits.

At times, in the early days of MAPP's transition, my mind shifted to a transitional space where delusions of self-sufficiency and omnipotence dominated the landscape. It's an alone place where chaos and messiness is avoided or hidden. There were also times that space was visited by freedom, play and creativity. They were guests I'd grown to expect in my life. Not surprisingly, this space reached its potential in the company of fellow MAPPsters. While the internal organization provided by delusion is initially containing, it is not a structure that stands when reality fails to supply the supporting evidence. Stress on this structure is anxiety provoking and limiting. It was clear there was only one solution. I needed help from the MAPP community, and I would have to ask for it. The trouble was, asking for help is also anxiety provoking.

So while Winnicott was quiet, I turned to Google to help me search for a deeper understanding of my experience. She seemed like a "good enough mother," and is certainly knowledgeable. At first I did not find psychoanalytic theory proper to facilitate my exploration. Instead, I found King Whitney Jr., an unknown (as best as I could learn), but oft quoted figure. He said:

"Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better."

The first sentence was immediately comforting. Google is not afraid to use DBT techniques. She reminded me that change is difficult. Validation, soothing and simple. However, the next three gave me pause and inspired a trace of panic. "Who am I? Fearful, hopeful or confident...Bashful, Grumpy or Doc?" And there I was, "Happy" to have loose associated myself back to my sense of humor. A moment of transition to playfulness which opened the space for Google and I to remember Loewenstein's (1994) dissolution of "the myth of the unified self." It was conceivable that I could be all three (or seven) at different times or at the same time. Integration is easier when you remember that it allows for multiple states of being. The paradox is useful.

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## The Field Theory of Antonino Ferro Presented by Howard Levine, M.D.

Written by Marcia Smith Hutton

Howard Levine, M.D., presented a lecture called “An Introduction to the Field Theory of Antonino Ferro” in April 2011. Dr. Levine is in private practice in Brookline and serves on the faculties of MIP and PINE. In addition, he is on the editorial boards of *Psychoanalytic Inquiry* and the *International Journal of Psychoanalysis*. He was co-chair of the 2009 conference on Bion held in Boston and is cofounder of the Group for the Study of Psychoanalytic Process (GSPP) and the Boston Group for Psychoanalytic Studies (BGPS). Dr. Levine has published widely on psychoanalytic process and technique, the treatment of primitive character disorders, and many other topics.

In his introduction to field theory, Dr. Levine outlined the trajectory of thought from early Freud to Wilfred Bion, and from Bion to Antonino Ferro. In his early writings, Freud outlined his topographical theory, in which he understood the unconscious as being hidden and disguised by the defenses that were to be analyzed. This model of the mind, “uncovering repressed conflicts,” was adopted by neo-Freudians in North America who referred to themselves as ego psychologists.

Initially, Bion was trained as a Kleinian analyst. Gradually, however, he moved away from Kleinian theory to pick up on elements of later Freudian thinking, such as ideas on the construction of the mind with a sense of reality. Also important to Bion were Freud’s ideas on disassociation and fetishism.

During the 1930s, Freud became more interested in the psychological relationship between the individual sense of reality and of his ability to test his own reality.

Bion’s crucial turning-point paper was on the theory of thinking. In his later work he wrote about the development of the patient’s mind with the aid of the therapist. Bion’s work on the “container- contained,” his work on alpha function, and his work on the intersubjective and interactive relationship between the mother and infant and the therapist and patient explore the division between the conscious and dynamic unconscious. What Bion and Ferro were seeking was to determine how the psychotherapist or analyst works with the patient in order to contribute to the creation of the structuring of the mind.

Like Bion, Ferro was trained in Kleinian theory, but in Italy. He was also a child analyst and was influenced by Winnicott. In addition, Ferro was influenced by the novelist and philosopher Umberto Eco, whose artful narration and study of the philosophy of language inspired Ferro in his analytic work. Ferro used the exchange of

words in the discourse between patient and therapist to create a verbal “squiggle games.” The emphasis of his work is on the creation of the mind through joint interactive and intersubjective narration. From a Bionian background, this is an example of the analyst lending his mind to the patient so as to create in the patient’s mind alpha functions, that is, to instill the capacity to imagine within patients who are limited in these areas.

Ferro stated, “I like to think of the analyst as a great storyteller who knows how to bring to life narratives and stories of the patient and of ‘the field,’ who is free to detach himself from his psychoanalytic knowledge in order to sail beyond the pillars of Hercules, beyond the psychoanalytic known toward new worlds of unsought thinkabilities, thoughts in search of a thinker that await us in the Americas of the mind.” The pillars of Hercules in Greek mythology refer to the very known limits of the ocean. Beyond the Herculean pillars, one is sailing in uncharted waters, which may lead patient and analyst to new lands of as yet unformulated thoughts which are being co-created by the patient and analyst.

The origins of “field theory” stem from philosophy credited to the French philosopher Maurice Merleau-Ponty, the American group therapist Kurt Lewin, and Wilfred Bion. Ferro explores the dyad formed by patient and therapist who co-create an interactional field of thoughts and feelings. These are often expressed symbolically; therefore the task of the analyst is to decode the meaning of the communication between them as well as through the various enactments between them.

The power of the field perspective is that the turbulence and the patient’s reaction to it are always fed back to the therapist either through unconscious communication, such as body language, or through enactments. Ferro is fond of redefining therapeutic goals, like Luigi Pirandello who stated that “the truth is a blur in motion.” For Ferro, the process in motion in itself is the nature of the treatment.

*Marcia Smith-Hutton, LICSW, BCD, is a first-year candidate at MIP and has a private practice in Brookline, MA.*

## President’s Column

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Returning to Google’s couch, I was led to Margaret Wheatley, a scholar who writes about leadership and organizational change. She said about the latter:

“This messy stage doesn’t last forever, although it can feel like that. But if we suppress the messiness at the beginning, it will find us later on, and then it will be disruptive.”

Chaos and messiness are necessary parts of the process. I had lost sight of the foundational role they play in creativity and growth. A lesson learned again, anew, or with a different spin at each challenge I face. While I’m not sure if Wheatley was influenced by Winnicott, I begin to hear him whisper nonetheless.

As Google free associations go, the route is rarely direct, and what triggers one association is not always clear, but there was something about the next bit of information that allowed me to hear Winnicott speak:

“The Three Radical Truths of Community Organizing:

1. Heart work is hard work.
2. You have to keep dancing even when you can’t hear the music.
3. The path that makes you afraid is the path to take.” (FACE, 2006).

I wasn’t sure I could get on board with the idea of “radical truths,” in fact it may have been my objection to that phrase that brought Winnicott to mind. But there was something about these three ideas that resonated with my experience of the work of analysis, the matters of my heart, and my efforts to lead myself and others. They offered a critical counterpoint to my earlier experience of the losses at MAPP. Making space for play has always been my route to creativity. In this case, my “holding environment” was the internet.

At MAPP, the holding environment is created the 4th Wednesday of every month at our board meetings. The wine and cheese we share does not hurt to facilitate a creative playful process.

Which brings me to my point:

MAPP needs you.

So, from a deeply personal, not fully understood place, I invite you to the “transitional space [of MAPP]—where nothing is known for certain and everything can be created” (Shapiro 1998).

MAPP board meetings are always open to members. Please come we’d love to have you there.

References:

From FACE (2006). *Common Sense for Community Change Workbook*. Adapted from Knoster, T. (1991). Presentation at TASH Conference, Washington, D.C. Adapted by Knoster from Enterprise G.

Loewenstein, E.A. (1994). Dissolving the myth of the unified self: The fate of the subject in Freudian analysis. *Psychoanalytic Quarterly*, 63(4), 715-732.

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Wheatley, M. J. (2009). *Turning to one another: Simple conversations to restore hope to the future*. San Francisco: Berrett-Koehler Publishers, Inc.

Whitney, K. Source Unknown. [http://www.quotationspage.com/quotes/King\\_Whitney\\_Jr](http://www.quotationspage.com/quotes/King_Whitney_Jr).

## Street Car Named Desire— a literary salon

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Stanley throws a hunk of raw meat up at Stella—a kind of annunciation, then, of his potency and the baby to come. Blanche’s sudden entry onto the scene confounds things dramatically. Other triangulations abound. In addition, in both Blanche and Stanley we recognize the sexualizing of dependent longings, and the atmosphere of the play is heavy with them: Belle Reve has been lost to the “epic fornications” of the male line (the “Law of the Father”); we are pulled to our first home, but we have to survive in a world of compromise and loss.

“And so, I entered the broken world. . .,” as Williams himself speaks through his favorite poet, Hart Crane, the line serving as epigraph to the play. But I wonder, might the “broken world” not also be read as the very psyche of Blanche DuBois, tough and fragile at once? (In his *Memoirs*, Tennessee refers to her as “broken on the rock of the world”—much the way he thought of himself. And an earlier, working title for the play, as I have since read, was *The Moth*, quintessence of her character. ) We enter into her and are affected deeply, not only with her plight as victim but also with her wit, her integrity, her incandescent magic. It is the magic of the theater itself. Broken world. . . broken psyche. . . memorialized and redeemed—momentarily—through art.

*Caryl Morris, Ph.D. (comparative literature), LICSW, is in private practice in Newton Centre, MA.*

## Members at Work and Play

Compiled by MaryBelle Fisher, Ph.D.

### JOURNAL ARTICLES

**Slavin, J.** (2010) Becoming an Individual: Technically Subversive Thoughts on the Role of the Analyst's Influence. *Psychoanalytic Dialogues*, 20:308-324.

**Slavin, J.** (2011) Moments of Truth and Perverse Scenarios in Psychoanalysis: Revisiting Davies' "Love in the Afternoon." *Psychoanalytic Dialogues*. (in press)

**Slavin, J.** (2011) It's All Personal. *Psychoanalytic Dialogues*. (in press)

### PUBLICATIONS

**Layton, L.** (2011) "Resistance to Resistance." In *Free Associations*, Routledge Publishing, pp. 359-376.

**Layton, L.** (2011) "Something to Do With a Girl Named Marla Singer: Capitalism, Narcissism, and Therapeutic Discourse in David Fincher's *Fight Club*." *Free Associations*, pp. 115-135.

**Shapiro, L. & Powers, T.** (2011) Shame and the Paradox of Group Therapy. In Dearing, R. & Tangney, J. (Eds.) *Shame in the Therapy Hour*, Washington, D.C.: American Psychological Association.

**Slavin, J.** (2011) The Innocence of Sexuality. *Relational Psychoanalysis, Vol. 4: Expansion of Theory*. Taylor and Francis.

**Slavin, M.** (2011) Lullaby on the Dark Side: Existential Anxiety, Making Meaning and the Dialectic of Self and Other. In Aron, L. & Harris, A. (Eds.) *Relational Psychoanalysis IV: Expansion of Theory*. Analytic Press, pp. 391-413.

### PRESENTATIONS AND WORKSHOPS

**Barbara Keezell** "Projective Identification and Countertransference," Two day institute at AGPA conference, March, 2011.

**Barbara Keezell** "Projective Identification and Countertransference NSGP June, 2011.

**Lynne Layton** "Beyond Sameness and Difference: Normative Unconscious Processes and our Mutual Implication in Each Other's Suffering." Plenary paper at Psychology and the Other Conference in Cambridge, MA 2011.

**Suzi Naiburg** "The Poetry of What We Do and the Playground of Clinical Prose." IARPP webinar, Jan. 17-Feb. 12, 2012.

**Suzi Naiburg** "Lyric Narratives, Evocative Prose, Dialectical Thinking, and Much More: A Clinical Writing Workshop Inspired by Steven Mitchell's Ideas and Clinical Prose." IARPP New York Convergence, March 2012.

**Dolan Power** "Hoodwinked: The Use of the Analyst as Autistic Shape." Presented at the Psychoanalytic Center of California, Nov. 12, 2011.

**Dolan Power** "Negotiating Tight Spaces: Working from Within Patients' Rules and Restrictions." Grand Rounds presentation at Cambridge Health Alliance Psychiatry, March 16, 2011.

**Dolan Power** "When the Other is Out of Reach." Presented at the Psychology and the Other Conference, Cambridge, Oct. 1-3, 2011.

**Jonathan Slavin** "My Aunt Sophie and the Place of Agency in Human Life." At the Western Pennsylvania Forum

for Relational and Body-Centered Psychotherapy, and the C.G. Jung Institute of Pittsburgh, PA, Sept. 17, 2011.

**Jonathan Slavin** "On Finding and Having One's Own Mind." Psychology and the Other conference, Cambridge, MA, Oct. 01, 2011.

**Malcolm Slavin** "Erotic Transference: The Quest for Realness and Reciprocity." National Institute for Psychotherapy and Psychoanalysis, NIP, New York, NY, April, 2011.

**Malcolm Slavin** "Lullaby on the Dark Side: Existential Anxiety and the Dialect of Self and Other." Panel presentation for Division of Psychoanalysis, Div. 39, American Psychological Association, Spring Mt., New York, NY, April, 2011.

**Malcolm Slavin** "Mortality and Relationality as Aspects of Our Existential Condition." Discussion of Peter Maduro's paper at Conference on Psychology and the Other, Cambridge, MA, Oct. 2011.

**Malcolm Slavin** "A Creative Clash of Cultures: Preserving the Dialectical Tensions Between Self Psychology and Relational Sensibilities." Annual Conference of the International Association for Psychology of the Self, Los Angeles, CA, Oct. 2011.

### APPOINTMENTS AND AWARDS

**Barbara Keezell, LICSW** was made a Fellow of the AGPA in March 2011.

**Lynne Layton, Ph.D.** was made a Fellow at the Centre for Advanced Studies, Oslo, Norway, 2010-2011.

**Dolan Power, Ph.D.** was awarded the Frances Tustin Memorial Prize at the Psychoanalytic Center, Los Angeles, CA, Nov. 12, 2011.

## Playing with Attachment Theory and Research: Exploring Relevance to Clinical Process... Pros, Cons, and Nons... Presented by Susan Warshaw, Ed.D., ABPP

Written by Caryn Brady, LICSW

On May 14th, 2011 Susan Warshaw, Ed.D., ABPP gave an engaging and conversational presentation on attachment research and its relevance to psychoanalytic practice. It feels to me impossible to present a complete account of the workshop's wide-ranging discussion, including many lively contributions from the participants. Much is left out in what follows—but I offer a sampling of the ideas and material presented.

Before diving into her material, Dr. Warshaw emphasized the importance of holding attachment theory lightly. In particular, she warned of the misguided belief that knowing (or presuming) the attachment style of a patient might allow the therapist to map out an expectable course of treatment. The presumable con (or non!) of her talk's title is the use of attachment theory in a way that forecloses possibilities and complexity in one's understanding of any treatment. Instead, she argued for the use of attachment theory in a way that always allows for surprise as the treatment unfolds.

After this caveat, Dr. Warshaw gave an historical account of her own process of integrating attachment research with the psychoanalytic theories she has been steeped in over the years. Her introduction seemed particularly fitting given one of the points of the talk: that attachment relationships (including those constructed within psychotherapy) foster the capacity for telling just that sort of narrative—complex, coherent, able to integrate events and influences over time. Dr. Warshaw's professional evolution included her early interest in the British Object Relations school, Bowlby's early attachment work, and the interpersonal theorists, particularly Harry Stack Sullivan and Edgar Levenson. She has studied attachment theory and research over the past two decades and was trained in the coding of the Adult Attachment Interview—a training she describes as having given her a new filter for listening to patients' narratives.

Dr. Warshaw pointed out that attachment theory gained interest amongst psychoanalysts because of Mary Main's research with adults, which paid attention to attachment at the level of representation. As measured by the Adult Attachment Interview, attachment category is a state of mind with regard to attachment, rather than a description of actual behavior or relationship. Main's work made attachment theory more relevant to analysis because of the analytic emphasis on mental content (fantasies, dreams, etc.) rather than actual behavior.

Dr. Warshaw noted that many divergent schools of analysis have found attachment research useful in elaborating or supporting their perspectives. She reflected on the interplay between the attachment field and the interpersonalists, particularly with respect to thinking about the roots of anxiety. Psychoanalytic and attachment theories share the common interests of anxiety and early parent-child relationship. Attachment research has developed our understanding of the human need for relationship; at the most basic level, we need an attachment figure to help us modulate fearful arousal. Through the intergenerational transmission of attachment style, infants also unconsciously adopt their caretakers' strategies to manage anxiety—and maintain security of the attachment relationship. From an interpersonalist perspective, Sullivan understood anxiety in childhood as developing out of the empathic absorption of the parent's anxiety. For Sullivan, anxiety develops and is modulated in an interpersonal matrix—much as Mary Ainsworth's attachment research has demonstrated. In a quite different way, Levenson described the source of anxiety as the mystification of experience; anxiety arises when an individual cannot figure out how to know what is happening in the world around her.

Levenson's work in particular speaks to Peter Fonagy's idea that a major evolutionary function of the attachment relationship is to foster the capacity to interpret interpersonal situations and events. Fonagy calls this capacity the Interpersonal Interpretive Function, though it seems closely related to the more frequently referenced Reflective Functioning, a concept developed by Fonagy and Miriam and Howard Steele. Reflective Functioning is the psychological process underlying the capacity to mentalize—to be aware of mental states in self and other, and to know that mental states underlie behaviors. Reflective Functioning develops within the context of the attachment relationship. On the most basic level of survival, the attachment relationship provides physical safety and modulates fearful arousal. On another level, attachment fosters the capacity to understand, to narrate, to make sense of events and people. We might think of this function of attachment as protecting against Levenson's "mystification of experience" and its ensuing anxiety.

How does reflective functioning develop? The capacity to mentalize develops through the child's repeated experience of having her affectively latent state identi-

fied and commented upon by the parent. Dr. Warshaw gave a particularly useful description of the two functions of marked mirroring by the parent. Marked mirroring provides both a merger with the child (“I understand your experience, I feel what you feel”) and a suggestion of autonomy (“We are not the same, my mind is separate from yours”). Over time, the child develops an ability to understand and regulate her own affect, as well as the ability to interpret the behavior of others.

Part of the talk focused on the sequelae of disorganized attachment. Out of Mary Ainsworth’s research on infants came the now well-known attachment style categories: secure, insecure/avoidant, and insecure/anxious. Subsequently a final category was identified—that of insecure/disorganized. The first two insecure categories (avoidant and anxious) develop in the context of parental behavior that is somewhat insensitive. Disorganized attachment, on the other hand, develops in response to parental behavior that is either frightening or frightened. This attachment style may develop in situations of egregious abuse; however, it also occurs in more low-risk populations in which the caregiver exhibits behaviors of passivity and helplessness. One of the recommended readings for the talk, an article by Karlen Lyons-Ruth, gave an extremely useful discussion of these two subsets of parents and children at risk for disorganized attachment. For anyone interested in this topic and who was unable to attend the talk, I highly recommend her succinct and quite brilliant paper, cited at the end of this article.

Dr. Warshaw talked about two related sequelae of disorganized attachment. As the disorganized infant grows into childhood, the child often attempts to cope by efforts to control the other. These efforts may be overtly controlling, aggressive behaviors or solicitous caretaking strategies. Children raised by abusive parents are likely to develop hostile behaviors and to themselves become coercive, hostile parents. Children raised by passive, easily overwhelmed, withdrawn parents are likely to develop an excessive focus on the needs of others and may be at risk of using dissociation as a means of coping with their own affective arousal.

The second major result of disorganized attachment discussed in the workshop was the failure to develop reflective functioning. Dr. Warshaw showed video vignettes of a talk by Peter Fonagy in which he shared brief case examples of prison inmates who had been interviewed about their early attachment experiences. The histories of these inmates were stories of horrifyingly violent abuse by their parents. The bits of interviews shared strikingly demonstrated how in adulthood, these men were utterly unable to make sense of what had happened to them in childhood. Fonagy’s point was that because of their egregiously traumatizing attachment re-

lationships, these men had failed to develop the capacity for reflection functioning.

Two case examples were discussed, both patients who demonstrated some aspects of disorganized attachment in very different ways. Interestingly, one case was jointly presented by Dr. Warshaw and one of the workshop participants. Dr. Warshaw had seen the patient as a young boy for just a single (memorable) session; the patient, now a young man, is in treatment with the other clinician. I will not discuss the cases in any detail here, particularly given Dr. Warshaw’s expressed concern for the confidentiality of her patients. Instead, I will end with a summary of Dr. Warshaw’s thoughts about how what she actually does in treatment has been informed by her study of attachment research. She reminded us to think of attachment styles as strategies—often the ramping up or inhibiting of attachment behavior. In her clinical work, she pays attention to how a patient may be feeling not sufficiently recognized or known in relationships—and how that lack of recognition may propel either the ramping up of attachment behavior (increased anxiety, anger, demands) or inhibition of attachment behavior (withdrawal, diminished expression of needs). She asks herself these questions: What was missing in the patient’s dyadic developmental experience? What aspect of experience was not being adequately held or recognized? Finally, Dr. Warshaw returned to her earlier discussion of marked mirroring to describe what she often attempts to provide in a clinical intervention: both some sense of connection to the patient’s experience and some suggestion of the patient’s autonomy—particularly the patient’s capacity to find a solution to distressing experience.

*Caryn Brady, LICSW is in private practice in Cambridge and also works at MGH Chelsea-HealthCare Center in the outpatient mental health clinic.*

about “shrinks.” What impressed him immediately was her strength which manifest in the desire to be her own person, not someone scripted by others. She told Dr. Geist she would make a deal with him. The deal was that she would continue to come to treatment if he would agree to meet her friends. He agreed to go to her school where he spend half an hour or so with her friends. (He added that later several of them were self referred to him for their own therapy.) They worked together for three years during which her depression lifted and the sexual provocativeness diminished.

At age 23, Jamie returned to see him to talk about someone she wanted to marry. At the end of that conversation she left saying that she was relieved that he trusted her ability to choose one person she really could love. Unfortunately, her husband died very young from radiation leukemia. They had one son together. Jamie returned to treatment at that point. She is again in her own way provocative with Dr. Geist, and they understand this as her continued efforts to be her whole self. It is important to her that she is remembered by Dr. Geist. She is aware that she forces people to remember her by being provocative, which Geist is able to see as strength. She is able to use provocation as a way to create stimulus when she doesn’t feel anything inside. Outside of therapy she forces people to notice her and then turns off. The one time she did not was with her husband, and now he is gone. Geist is able to stay engaged with her. During this phase of treatment which lasted about three and a half years, she is able to mourn her husband with Geist’s help, and the to take good care of her son while dressing less provocatively and to begin dating again. Unfortunately, there is a tragic ending in that she dies of the same radiation leukemia as her late husband about three years after therapy ended.

Dr. Geist began his discussion of this fascinating case material by talking about initial therapeutic encounters which yield chances to connect and to create a dyadic intersubjective connectedness with transformative bits and pieces which leads to understanding which both share which creates a kinship connectedness where both risk reaching out. This kinship connectedness sustains the treatment. The two people discover an essential sameness which is a safety net for future empathic disruptions. From the beginning Geist heard Jamie’s provocativeness as a desire to be her own person in a response to her mother’s criticisms and focus on what she didn’t like about Jamie. Because of his response she saw she could influence him even though she was agreeing to do something her parents wanted. This allowed an initial connectedness. As she talked about herself in ongoing therapy he focused on her strength which was the wish to be herself rather than someone scripted by others. He

did not feel there was a need to focus on her behavior as self destructive, that she already knew. This mutual empathic connectedness is a very different experience from being understood from the outside by the therapist. It requires that the therapist is able to allow boundaries to be permeable which then makes the experience mutual.

In order for therapists of allow boundaries to be permeable the therapist must allow the experience of the patient’s self object needs as a force in one’s own life. This prevents premature focus on the patient’s otherness rather than connectedness. Therapists can then respond to the initial mirroring needs of the patient rather than the pathology. The responses are felt as part of the patient’s own sense of self with pride in aspects of the self. Dr. Geist validated Jamie’s own importance which he says can be uncomfortable for therapists. He sees mirroring as optimal response which has the therapeutic capacity to enhance a sense of self; it makes real the patient’s sense of herself. The therapist welcomes the mirroring needs as a reemergence of thwarted self object needs. Self esteem grows in the context of a connected relationship. Jamie forces him to notice her, and he allows her to shape him to meet her need for recognition.

Dr. Geist thinks that in the connectedness there is only one reality in the room, that of the patient. The therapist leaves one’s own reality to respond to the reality of the patient which defines the treatment situation. This is not a psychotic merger. Recognition of the otherness exists, but it is connectedness that fuels the treatment. In this model interpretations focus on one’s sense of self in the therapeutic relationship. Interpretations are in the service of restoring a sense of self. They come out of a two person relationship including the therapist’s history.

The audience was very enthusiastic about Dr. Geist’s presentation asking for further clarification of some concepts.

*MaryBelle Fisher, Ph.D. is in private practice in Cambridge and Hingham, MA.*

## CONNECTEDNESS AND THE FORWARD EDGE IN THE THERAPEUTIC PROCESS

Presented by Richard Geist, Ed.D.

Written by MaryBelle Fisher, Ph.D.

On Saturday morning, December 10, 2011 Richard Geist, Ed.D. presented an engaging paper about his ideas about the therapeutic process which come from his thinking and work in the area of Psychoanalytic Self Psychology. The paper he presented had originally been presented at a Self Psychology Conference as the Marian Tolpin Memorial paper.

Dr. Geist began by telling us about his discovery of Self Psychology via the writings of Heinz Kohut, M.D. in the Mandrake's Book Store in Harvard Square. On finding himself immediately engrossed in the reading of Kohut's first book, he felt he understood what had been the problem with his analysis and his analytic training. He was very influenced by the original thinkers in Self Psychology including Marian Tolpin who proposed an expanded theoretical framework for treating what she and her colleagues regarded as self disorders. She emphasized the use of the method of empathic connection which she theorized resuscitated thwarted earlier development self/self object needs such as mirroring and idealizing. Dr. Geist proposes that the change in focus is one in which there is a change from emphasizing pathology to emphasizing the healthy developmental urges of the patient.

To orient the audience Dr. Geist reminded us of five basic concepts of Self Psychology:

1) Sense of Self which refers to self structure or self organization which are the qualities one feels or doesn't feel when the self is whole, e.g. ongoing self esteem which is resistant to bumps in life, feeling like the same person through time and space, mind-body integration, feeling whole, alive, all parts glued together in a cohesive sense rather than feeling fragmented.

2) Self Object which refers to the functions performed by persons which help to sustain one's sense of self which can then be internalized to be able to do these functions for oneself. The functions are mirroring, idealizing, and kinship or twinship. The basis of treatment in Self Psychology is the patient ultimately taking over these functions which are at first performed by the therapist, i.e., transmuting internalization is the essence of cure. Pathological connections cannot be metabolized so no growth is gained in the repeating of them.

3) Transference is not thought of as pathological but rather as the remobilization of early self object needs which were thwarted and now rekindled which allows for growth. This approach welcomes early needs rather than

thinking of them as something distorted. Transference is an attempt at self healing, which is what Tolpin thought of as focusing on health rather than pathology.

4) Empathy is the foundation of Self Psychological treatment. It is a methodological tool for collecting data by trying to feel and think one's way into the world of the other and to see it from the patient's perspective. There will be empathic failures and change happens when these failures are understood. The therapist needs to find the kernel of truth in what the patient says about what is going on between the two of them to understand the self object need that being was thwarted and is being mobilized.

5) Connectedness, which is his term, and by which he means one experiences the patient as part of one's own sense of self and the patient experiences the therapist as part of one's own sense of self in a therapeutic dyad in which the subjectivity of each gets internalized. The boundaries are permeable between the therapist and the patient. The more connected one feels on both sides the deeper and more expansive the treatment can become. Part of the purpose is to be aware of one's self as experienced by the patient. The patient can then be more empathic with parts of him/herself—the malfunctioning parts—in which we recognize our mistakes as therapists to help the patient be more accepting of their own mistakes.

Geist then refocused on Tolpin's contribution in which she felt we were too focused on pathology, and that what we really want is to work with strengths which she felt presented themselves in the remobilization of early self object needs so that the patient could resume normal, healthy development. Much of treatment is a reactivation of healthy development in the context of connectedness, where both patient and therapist are experienced as participating in self life. This becomes "experience near." This change in emphasis changes how we listen to and respond to patients. The therapeutic atmosphere evokes healthy aspects of the sense of self in the transference. The quality of engagement supports mutual engagement. Interpretations happen from within the patient's subjective reality.

Dr. Geist presented case material from a treatment which spanned 20 years. He first met the patient when she was 13 years old. She was referred because she was being seductive and sexually acting out. Jamie came to therapy reluctantly, but was very engaging and pejorative

## Street Car Named Desire—a literary salon

Presented by Daniel Jacobs, M.D.

Written by Caryl Morris, Ph.D.

On Sunday, June 12, 2011, Janet Sand and Peter Lawner graciously opened their home to MAPP's second literary salon, devoted to an exploration of Tennessee Williams's *A Streetcar Named Desire* (1947). Eleven members and guests gathered in the morning to watch the film version of the play (1951), with its luminous performances by Vivien Leigh and Marlon Brando; our discussant, Dr. Dan Jacobs, M.D., training and supervising analyst at BPSI, came to join us later in the day.

Originally from New York City, Dr. Jacobs, who also holds an M.A. in English, related that he has been immersed in Williams's plays since adolescence when, encouraged by his family, he became an avid theatergoer. In fact, he was eventually to meet his wife, Susan, in the theater: he explained that she had been an actress at the Cleveland Playhouse while he was a medical student and a "stage door Johnny." The two have recently co-authored a play of their own about Hallie Flanagan, Director of the WPA Theater Project during the Great Depression.

Regarding Williams, Dr. Jacobs has already published two articles, the first dealing with aspects of memory in *The Glass Menagerie* and the second, with the fraught sibling relationship in *Streetcar*... as mirror for the quasi symbiotic, ambivalently held bond between Tennessee and his own sister, Rose. And he is currently working on a third paper, highlighting the pervasiveness of "the unsettling introduction of the third into a dyad" throughout the play, replete as it is with the realities of loss, abandonment, and, as he interprets it, the "resurrection of the wish for the bliss of dyadic relationship."

To review the action of *Streetcar*..., Blanche DuBois, a spirited but fading Southern belle who has lost her cherished ancestral home, Belle Reve ("beautiful dream"), descends upon her somewhat younger sister, Stella, and the man she has married, the brutish Stanley Kowalski, for an indefinite stay at their cramped apartment in the French Quarter of New Orleans. Friction ensues almost immediately between the refined, cultured Blanche and the crude, working-class Stanley—a "gaudy seed-bearer," in Williams's stage notes. Blanche is appalled by her sister's fascination with him—even though she herself is certainly no stranger to that streetcar named Desire: Blanche's secret, which Stanley is soon to unearth, is that she has been promiscuous with many strangers, and that she has lost her teaching job because of an affair with a 17-year-old boy. What he could care less about: this behavior has been driven by panic and by guilt over the death of her sensitive young husband, whose suicide was

triggered by a cruel remark of her own when she discovered his homosexuality. Despising Blanche for her pretensions and fantasies, and threatened by her influence on Stella, whom she is hoping to "rescue," Stanley retaliates by exposing her to his friend Mitch, until then a serious prospect. Blanche's only chance of finding a new life and final haven in love is thereby ruined. Ultimately, on the night that Stella is delivering their first child at the hospital, Stanley rapes Blanche, proving his dominance in the only way he knows. With this act, Blanche is irremediably wounded, her fragile hold on reality completely broken. Stella, who could not believe Blanche's story and go on living with Stanley, takes her sister to be delusional and acquiesces to her institutionalization. "Dependent on the kindness of strangers" once again, Blanche is led off by anonymous medical staff, impervious to Stella's belated and anguished cries.

As Jacobs explained, Tennessee the writer identified with and was split between all his key characters—Blanche, above all; Stella; even Stanley—the creation of *Streetcar*... representing a purification of and escape from the pain of his own life, a "momentary stay against confusion," in Robert Frost's words. Tormenting Williams above all was guilt over his beloved sister, Rose. Both imaginative and high-strung, the two were inseparable as children, growing apart somewhat in adolescence when Rose (like Tennessee) began to favor boys. But whereas Tennessee was able to separate from their parents' chaotic household to pursue his own studies, Rose became more and more unstable; she was labeled as schizophrenic and institutionalized—ultimately lobotomized, with the consent of their mother, after having "talked dirty" and accused their father of sexual molestation. Tennessee was to provide for her for the rest of his life.

As Rose is violated, then, so is Blanche—both "castrated" dreamers, sacrificial victims to "life going on": Blanche is destroyed so that Stella may live. And this desperate choice, Jacobs relates, reflected the conflict of loyalties in Tennessee—linked to Rose, yet terrified of merger and struggling to form an identity of his own. Often promiscuous, drinking and drugging, he nevertheless wrote every day—and it was writing that saved him.

Our discussion was structured loosely around Jacobs's current interest—as mentioned, the disruptive but inevitable intrusion of "the third." He pointed to this dynamic in the very first scene (play, not movie), where

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