



Indiana Society for Psychoanalytic Thought

Superficiality and the Deeper Understanding in Psychotherapy

Past

One of the more memorable of Heinz Kohut's observations about psychotherapy was this: Kohut noticed that when he felt he understood a patient well, it often turned out that Kohut's understanding was superficial whereas the patient's understanding of herself was profound. I don't believe that Kohut was disparaging our abilities as psychotherapists with this comment; rather, in addition to displaying his customary modesty, he was also alerting us to a hidden but crucial truth about psychotherapy.

Kohut came to this realization when he discerned that, despite his best efforts to follow precisely the accepted protocol for conducting a classical psychoanalysis, some of his patients were not getting any better. That is, even though Kohut was correctly interpreting the patients' libidinal and aggressive conflicts or the defenses against these (as an analyst does in classical analysis), the patients felt misunderstood. And when Kohut, believing that the patients needed to relinquish narcissistic demands and childish wishes (also a tenet of classical analysis), pressed his points further with the patients, he was met with "rage reactions" and an adversarial tone from his patients.

At first Kohut felt (as he had been taught) that the rage reactions were unavoidable sequelae to the analysis of patients' resistances. When Kohut shifted his listening stance from an implicitly adversarial one to an explicitly empathically-attuned one, however, acute symptoms dissipated, and more importantly, the patients allowed formerly hidden sectors of their personalities to become illuminated and accessible to treatment.

Kohut realized that the change in his listening stance facilitated a deeper understanding of his patients; the patients' anxiety about the integrity of their selves was at a deeper level than anxiety about intrapsychic conflict and

defense. When Kohut began to understand this and reflect it to his patients, he was met with relief rather than resistance. Kohut referred to his new understanding of his patients as a "depth psychology."

Because of the success of this depth psychology in treating patients, and because it allowed him to treat heretofore untreatable patients, Kohut felt that this change in understanding represented a significant step forward in the overall ability of the helping professions, including psychotherapists, to actually help patients. (For a detailed description of Kohut's transformation, see Kohut, H., 1979.)

The Present

More recently, several trends in mental health care have converged to favor the superficial view of patients, and psychotherapists are encouraged to eschew the deeper and embrace the superficial conceptualization of their work. The mental health industry now advocates and sometimes insists upon shorter-term treatments which generally consist of: 1) categorizing patients on the basis of their most apparent symptoms, 2) fitting them into established cookbook treatment protocols, and 3) treating them as briefly as possible, generally only as long as the initial symptoms remain. Manualized and evidence-based treatments are examples of this approach. Managed care companies, with a financial interest in keeping payments to psychotherapists low, wholeheartedly endorse these treatments, sometimes to the point of paying only those psychotherapists who perform them.

The assumptions that seem to underlie the preference for these treatments are these: 1) Patients can be understood as a collection of symptoms; 2) Longer treatments are inefficient and wasteful; 3) Evidence-based treatments are superior to those that have not been

(Continued on Page 2)

- **President: Bernie Lyon, PhD, LMHC**
317-767-1109
- **Vice-President/President Elect: David Burkhard, MA, LCSW, LMFT** 317-883-1476
- **Treasurer: Hanna Cohen, PhD, LMFT**
317-574-1157
- **Secretary: Joan M. Vanore, MA, MFT, LMHC**
317-916-1749
- **Editor: Stanley E. Osmunson, EdD, HSPP**
317-328-1200



Indiana Society for Psychoanalytic Thought

(Continued from Page 2: Superficiality and the Deeper Understanding in Psychotherapy)

proven in clinical trials; and 4) Treatment given by a seasoned clinician is not significantly better than that given by an inexperienced clinician who can follow a treatment manual closely.

Let's look at these assumptions. 1) Patients can be understood as a collection of symptoms. Understanding a patient by symptoms is like judging a book by its cover. This is the most simplistic and superficial view of a patient. A symptom represents the outward terminus of a long and braided causal chain. Even removal of the symptom means little if the cause is unaltered, because a new symptom can arise which expresses the cause, a common clinical phenomenon called symptom substitution.

2) Longer treatments are inefficient and wasteful. This common misperception doesn't fit the facts. Martin Seligman's massive, therefore compelling, Consumer Reports (1998) questionnaire study revealed conclusively that a robust positive correlation exists between length of and benefit from psychotherapy. It is unclear why patients got better with longer treatment; perhaps they felt better understood with more attention from the psychotherapist. In any event, patients apparently did not feel that the treatment was inefficient or wasteful.

3) Evidence-based treatments are superior to those that have not been proven in clinical trials. Thirty years of psychotherapy outcome research has failed to find one type of psychotherapy superior to all others, with the possible exception of the case of highly homogeneous subject groups carefully selected to be pure-form diagnostic cohorts. This type of single diagnosis patient is rare in clinical settings, however,

so the "generalizability" of these findings to a broader clinical population is questionable. There is also evidence that while evidence-based treatments can result in symptom removal in some clinical trials, these same symptoms can reappear in an interval as short as three months after treatment stops (Psychodynamic Diagnostic Manual, 2006). This also lends credence to the idea that evidence-based treatments may address symptoms superficially without healing the deeper, underlying cause of the symptoms, resulting in symptom reappearance.

4) Treatment by a seasoned clinician is not significantly better than that given by an inexperienced clinician who can follow a treatment manual closely. Managed care puts emphasis on the type of treatment to ensure patient care and de-emphasizes the experience of the clinician. In clinical practice, most seasoned clinicians de-emphasize any particular type of treatment, choosing instead to form a firm alliance with the patient through empathic listening and then intervening from a variety of theoretical stances that closely match the individual patient's particular needs. The seasoned clinician can tailor her interventions to fit the patient rather than insisting on a procrustean, one-size-fits-all treatment. This approach is also consistent with the body of psychotherapy outcome research which indicates that a good fit between unique patient characteristics and the treatment offered accounts for much of the variance in outcome.

The Future

The next breakthrough in psychotherapy will not come from manuals or evidence-based practices, no matter how assiduously they are followed. Manualized and evidence-based treatments can only retrace the old path; they cannot blaze a new trail. As Kohut discovered, he had to leave the old paradigm behind and listen with fresh ears to his patients to hear at a

deeper level what they were feeling. Only by being willing to forgo the standard treatment could he glimpse a new treatment, a treatment which has proved to be invaluable in our understanding of psychopathology and its remedy.

If we as psychotherapists are going to give our patients the best we have and the best chance at healing, we must not be handcuffed by forces that limit our options. We must resist those who say they have the "best" treatment and in so doing restrict our ability to listen to and react with our patients with empathy and freshness. Similarly, managed care is in the business of controlling benefits and payments. It is a conflict of interest, then, for managed care to also be deciding what is the "best" treatment, and we should be skeptical of managed care's motives in this dual relationship.

Psychotherapy will never be a recursive algorithm with simple variables and contingencies that a manual can cover. Psychotherapy involves going deeper, always looking one layer deeper, at what is behind the surface, processes that would befuddle a treatment manual. As psychotherapists, our stock in trade is getting to the deeper meaning. Let's not succumb to the forces of "superficialization."

David Frauman, PhD

For References contact:
dcfrauman66@iquest.net

ISPT: In Search of a Model for Continuing Education



As I undertook the task, in the office of president-elect for ISPT this Summer, of recruiting speakers for our monthly meetings, I ran across an article on the International Federation for Psychoanalytic Educa-

tion web site (<http://www.ifpe.org/> - see March 2001 Newsletter). The article was written by Michael Guy Thompson, Ph.D. entitled, "Free Association: A Technical Principle, or Model for Psychoanalytic Education?" I found the major themes of the author to be insightful and I think they can be applied to our monthly meetings. While I've tried to remain true to the spirit of Dr. Thompson's article, I confess that I'm no doubt guilty of "proof-texting" as I try to make the point that rational thinking and free association are different processes, and that the latter process is too often slighted in favor of the former process in our monthly ISPT gatherings.

Thompson writes, "We learn about human misery from our own suffering, and we learn to relieve it by coming to terms with the suffering that we have experienced, and continue to experience every day of our lives." It seems to me, in the light of this statement, that we members of ISPT have much to learn from each other's experiences of dealing with our personal suffering

and the suffering of our clients, (while maintaining appropriate confidentiality). As members of ISPT, we differ in our psychoanalytic knowledge, training, and number of years spent practicing therapy. But what we all have in common is the experience of suffering in ourselves and in our clients. I suggest that theoretical presentations be linked to one's personal experience of suffering in order for each of us individually to learn new insights that we can integrate into our lives.

How will we accomplish this? Perhaps we can use the process of free association. Thompson describes it as follows: "The process of self-disclosure to which the act of free association refers provides analytic patients the freedom to simply speak their own minds and to think their own thoughts, while making whatever sense of their experience they are able to, for whatever length of time it may take, for however long that may be." Granted, our ISPT meetings require appropriate boundaries, (i.e. we don't have time for each of us to speak our own minds, make sense of our personal experience, or take up as much of the airwave time as we might desire at our monthly meetings.) Nevertheless, I think all of us can benefit greatly from the sharing of our personal insights that connect theory with our personal lives.

It seems to me that if we active ISPT members are to achieve maximum benefit from our monthly gatherings, then we need to create for one another

the kind of space that we create for our clients – a safe space in which free association can occur. Otherwise, we run the risk of attempting to escape from our shared human condition of suffering in the manner Thompson describes when he writes, "Perhaps this is a product of human nature, that there is no model, schema, or program that can prevent us from seeking what we crave from others, both in therapy and in training (*and even at monthly ISPT continuing education meetings, I might add*): reward, prestige, and a leg up against the perpetual feeling of isolation and failure." Who are the primary teachers for we therapists? Our clients. I invite us to learn from each other in the same way we learn from our clients as we journey together in the coming ISPT program year.

David J. Burkhard, M.A.



Process, Pause and Essence

The three concepts of process, cause, and essence are often confused with each other. For instance worldly science is empirical; it is based on that which can be seen. Science tells us about the physical universe from galaxies to sub-atomic particles. Its subject is a description of process just as our own personal histories reveal the developmental process within our own human experience.

Description of process reveals to us how things look at different times in their development; how stars look at different stages in their evolution, how a chicken looks as it evolves through the various stages of life, and finally how human development proceeds from embryo through to old age and physical death.

Process, sometimes referred to as evolution, is not to be confused with cause. For instance an assemblage of world class veterinarians would be able to tell you all about a cow, from the initial fertilization of the egg to the end of the animal's life. They could describe socialization, personality, sexual behavior, etc. these all are process considerations, they would not be able, however, to answer the question, "Why is a cow"!

"Why" questions all relate to cause rather than process. This distinction, which is most important to any real appreciation of the human experience, is often lost to us. The reflexive position and usual intuitive view is to equate observable process with assumed cause. Yet, this may be both a physically and a spiritually erroneous position. Perceptions, all that can be seen, are true

experiences, often quite vivid and compelling of attention. However, a true experience need not be an experience of truth!

As a kid in school I could take a pad of paper and draw a stick figure on successive pages so when the sheets were quickly flipped the stick figure would appear to walk, jump, and move in various ways. The stick figure image has visual consistency, that is, it remained the same image, yet at each moment that the page is flipped the actual figure is different. The true experience, in this instance, is that the figure is moving; however the "figure" is made up of a succession of distinct and separate pictures. The illusion is not in the scenario itself but in the unquestioned assumption that the cause of the scenario is in the perceived process.

Each page is a separate and discrete moment, each frame in a motion picture film is separate and discrete from the others, and each living moment has its own separate creative power behind it. The physicist would relate this to quantum theory and the uncertainty principle. we can observe the ongoing process but it is forever beyond human capacity to know the cause from whence that process springs. It follows, then, that all answers to "why" questions are judgments. Judgment reflects personal interpretation as, for example does a response to a Rorschach card.

Essence is that which I really am. It is this essence which looks out of my eyes and experiences the scenario of my life. This true self, this individual-ness, is not of this physical world but resides in another dimension. At the deepest level, self is one with source. The self is an uncreated aspect of source and eternally remains so. It is from source through

individual-ness that the created flow of our individual experience emanates.

Individual essence, the truth of one's self, is in the image of source. True self shares the eternal-ness, perceptual void-ness, unconditioned-ness and the mystical "am-ness" of creator. We "have" nothing, we simply "are". For instance we don't "have" consciousness, we "are" consciousness. We don't "have" life, we "are" life. We don't "have" wisdom, we are it! Our worldly experience is a perceptual point of view and not an absolute. In other words, things are never what they appear to be.

Essence, individual-ness, infuses the garment of individuality which it has been given, given by divine wisdom. Individual-ness does not reside within individuality rather infuses it with an aspect of itself. Individual-ness has no definable parameters than does all-ness.

When the perceptual point of view of consciousness is awakened to itself then it leaves the arena of discursive thought and worldly perception and knows itself. At those moments self knows that it is the viewer and not the doer of the scenario of its worldly journey. Everything we perceive, both internal and external, is intuited by us as it appears to be and not as it is in itself. Awakening to these considerations requires turning the act of awareness inward and appreciating the true nature of ones self and ones relationship to source. For the brief time that this position is held our experience is transformed and all anguish is healed.

**David L. Blumenthal,
Sc.D., Rel.D.**

International Psychoanalytic Association 45th Congress—Berlin



Indiana Society for Psychoanalytic Thought

On a hot dry summer's afternoon in July, I departed for Berlin. My plane climbed high into the Mid-western sky and arrived the next morning descending through the cool blue green Bavarian sky of Germany. The small Mercedes taxi I had hired careened through the streets of Berlin dodging German Smart Cars, French Peugeots, and Italian bicycles all commuting to work along the Staufenbergstrasse. The taxi arrived at 10 Strauffenbergstrasse and the Hotel Maritim directly opposite the German Resistance Memorial Center. In the hotel lobby men with gray beards and diminutive older women with alert eyes appeared, while accents and languages of every conceivable kind echoed off the walls of the hotel lobby. The International Psychoanalytic Association's 45th Congress was exactly as I had imagined.

More than 2700 participants from around the world attended the International Psychoanalytic Association 45th Congress. Among the countries represented were Brazil, Argentina, Poland, Sweden, UK, Belgium, Israel, France, Peru, Italy, Korea, and even Kyrgyzstan, to name a few. Presenters and participants included such prominent names in the field of psychoanalysis as: Margarete Mitscherlich, Judith Butler, Mark Solms, Harold Blum (I was seated with Dr. Blum and his wife at the Gala Dinner) Lester Friedman, Nancy Chodorow, Fred Busch,

Stephano Bolognini, and others. In fact, this was the first time since 1922 that the International Psychoanalytic Association Congress was held in Berlin, Germany, because in the 1930's psychoanalysis and its Jewish analysts were driven out of Germany by the Third Reich.

Horst Köhler, the President of the Federal Republic of Germany, wrote, "I am very pleased that the International Psychoanalytical Association has decided to hold its 45th Congress in Berlin. I am aware of the particular significance of this choice of venue, having regard to the history of the discipline and the persecution of many of its representatives under the Third Reich. Berlin is the right place for a congress devoted to the importance of remembering not only for individual mental and physical health but also for enabling a society to find its intellectual bearings. Berlin is associated, on the one hand, with significant developments in psychoanalysis, as well as, on the other, with the deliberate marginalization of that discipline and the relentless persecution of its adherents in the National Socialist period. The remembering of those events will also be a theme of this international congress on individual and collective memory."

Cláudio Laks Eizirik, President of the International Psychoanalytic Association, wrote: "I hope that this historical event – the first IPA congress in Berlin in 85 years – will be an opportunity for all of us to reflect, discuss and work through the complexities and challenges we face with clinical practice and

our psychoanalytic theories, with research and our interface with culture. It is also a unique occasion to reflect psychoanalytically on some of the most difficult issues of our times: Nazism, the Holocaust and other forms of violence, oppression, terror and destructiveness."

The theme of the Congress was aptly described by the Program Committee which included: Georg Brun, Chair of the Program Committee, Juan Pablo Jiménez de la Jara, Chair for Latin America, Paul Denis, Chair for Europe, Barbara Stimmel, Chair for North America, and Anna Christopoulos, IPSO Chair. They wrote: "The program of this Congress seeks to combine two important fields of psychoanalysis, the clinical sphere and that concerned with the theory of culture. Freud's essay 'Remembering, repeating and working through' seemed to us to be the ideal basis for bringing the two together. It describes some of the fundamentals of clinical work and also presents recommendations on the technique of psychoanalysis. It provides us with a superb comparative yardstick for determining the progress made by the psychoanalytic method since the publication of Freud's text in 1914.

This comparison immediately confronts us with some of the present-day controversies of psychoanalysis – for instance, on striking the right balance between a patient's life history and the intersubjective process in analysis.

Today, we know better than Freud and his

(Continued on Page 6)



Indiana Society for Psychoanalytic Thought

(International Psychoanalytic Association Congress continued from Page 5)

contemporaries what lasting effects traumatic events have on a person's mental life, and have learned that these can still be observed in the next and the "next-but-one" generation as a form of implicit memory. Research on the Holocaust, violence and terrorism has hugely expanded our knowledge. Many psychoanalysts and their families, as well as the psychoanalytic community itself, were victims of National Socialist persecution. Berlin, as the location where the Nazi terror arose and at the same time one of the original centers of psychoanalysis, is the right place to enquire into the effects and consequences of this severe trauma – the worst suffered by psychoanalysis to date.

However, Berlin is also a city of culture. For this reason, a comprehensive cultural program accompanies the Congress, extending even to psychoanalytic investigations of works of art, philosophy and architecture.

One of the more astounding currents that ran throughout the Congress were comments like this by Ingo Way: "...survival and how to treat the trauma experienced by victims and their descendants would run like a thread through the proceedings. A psychoanalyst from New York, originally from Poland, returned to Germany for the first time since 1945, when she waited in a displaced persons camp for her emigration papers to the United States..., exemplifies this generation [of

analysts]....Many of the older Jewish participants found it difficult to return to Germany...Still, this is one of the best IPA congresses ever attended.

...Naturally, the often difficult relationship between German and Jewish psychoanalysts comes up again and again...[in the Congress]"

"Erich-Ginor from Israel presented her work on the so-called Nazareth conferences at which German and Israeli analysts convened a total of five times. Erlich-Ginor talked about the deep distrust, even hate, toward the Germans at the first Nazareth conference. She tells of her ambivalent relationship to her own negative emotions, how hate lent her a sense of power, how her clear image of the enemy strengthened her sense of identity. At the same time, the Germans' "guilt exhibitionism" got on the Israelis' nerves because it was perceived by them as submissiveness. Kreuzer-Haustein talked about the deep desire of the German participants to be recognized by the Israelis, and to receive absolution from them. Their reserve, however, continually triggered anger in the Germans. Nonetheless, both the Germans and the Israelis viewed the Nazareth conferences as largely positive."

These thoughts underscored the dynamic and emotional tone of an extremely historic Congress.

Stanley E. Osmunson, EdD

ISPT will be sponsoring a Trauma Study Group beginning this fall.

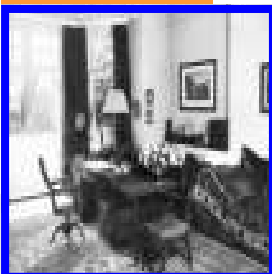
The group will explore recent psychoanalytic literature on trauma and its treatment as well as members' cases. If you are interested, please **contact Bernie Lyon at 767-7709**. The first meeting will be at the office of Hanna Cohen at 9102 N Meridian, Suite 525 on Thursday, October 18 at 8:30 am. The group will meet for 1 1/2 hours. Space is limited to ten members, so let us know soon if you are interested in participating.

Indygroupwork is

offering the third year of psychodynamic training in groups & systems beginning in January. Space is very limited in this seminar, so if you are interested in learning more about the complexity of relationships, group dynamics and systems, and small process group experiences, don't delay signing up for this! Mailings will go out soon so ISPT members get a bit of an advance opportunity to sign up. Previous participants give this program an excellent evaluations. **Contact Karis Klassen, MA317-259-0911**

Vol 4 Issue 4

Fall 2007



PSYCHOANALYTIC INQUIRY: WHERE MIND AND BRAIN MEET ON THE FRONTIER OF THOUGHT™

Indiana Society for Psychoanalytic Thought

BECOME
A
MEMBER
OF
THE
INDIANA
SOCIETY
FOR
PSYCHO-
ANALYTIC
THOUGHT
AND
LEARN
ABOUT
THE
ART
AND
SCIENCE
OF THE
MIND

The International
Federation for Psychoanalytic Education
Eighteenth Annual
Interdisciplinary
Conference

October 19-21, 2007
at the Renaissance
Toronto Hotel Downtown

Toronto, Ontario,
Canada

2007 IFPE CONFERENCE
THEME: *THE REACH OF
THE MIND*

FEATURING KEYNOTE
SPEAKER MARK SOLMS
ON SIGMUND FREUD'S
DREAM THEORY TODAY.

For information and questions, contact Sue Saperstein, Conference Co-Chair
Tel: 415- 641-4146

Calendar of Events for ISPT Monthly meetings

Indiana Society for Psychoanalytic Thought
www.ispt-news.org

10/08/07 Felicity Brock Kelcourse,
PhD

Dreamwork in the context of an In-sight-oriented Case

Dr. Kelcourse's presentation will explore an individual case in which dream work played a central role. Dream material will be considered from the psychoanalytic standpoint of body-based memories as well as from the more symbolic standpoint of analytical psychology. The presenter's orientation includes concern for psychological health as well as more spiritual and theological understandings of wholeness.

11/12/2007 David Blumenthal, Sc.D.,
Rel.D.

The Ground of Consciousness: Reflections on Psychoanalysis and Spirituality

12/10/2007 David J. Burkhard, MA

Reflections on Incarnation from a Self Psychological Perspective

March 7 & 8 Spring Conference Featuring Johnathan Lear

American Psychological Association Div 39
www.apa.org

American Psychoanalytic Association
www.apsa.org

Chicago Psychoanalytic Society
www.3b.com/cps

International Psychoanalytic Association
www.ipa.org