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Special Issue: What is effective in psychoanalytical psychotherapy? A Historical Reprise

Issue Editor: Robert M. Prince


In the evolution of psychoanalysis, and in our own clinical experience, we have seen much change. As we look back on the 75 years of this journal, we wonder what has changed in our clinical work and how our positions differ from the ones held by some of our predecessors. How do we understand the way our foremothers and fathers worked and thought? To find out, we thought of going back to a pivotal time in North American psychoanalysis, to a time when this journal represented an alternative voice in psychoanalysis, to the days of psychoanalytic pioneers, who practiced largely without prescribing medications...


An apt endeavor for this 75th Anniversary of the *American Journal of Psychoanalysis* is to re-experience the thinking in 1956 ([Van Bark, 1957](#)) and again in 1964 ([Boigon, 1965](#)) via representing two historic Roundtables, 10 years apart, by a group of psychoanalysts, addressing the related but not identical questions, what is effective, what leads to basic change in psychoanalytic psychotherapy? The Roundtable format is very different from a single article or even focused collection in that it expresses the entire Gestalt of the participants everyday clinical thinking in the context of their social matrix and the subject here draws to the slippery slope of the psychoanalytic project, that is, the concept of psychological health. Participating in our contemporary Roundtable discussion, more than half a century after the original, constitutes a trip through a time tunnel, bringing the sensibilities of today’s context to an earlier historical era where implicit assumptions lurk in the background and the established authorities are articulating, in condensed form, their bedrock ideas that define the prevailing climate. Our first question should be: What is the experience of going back in time? Going back in time to the generation of our teachers, to world views that were generative but also fomented our rebellion, and may have inspired us to start our own quest, to try to go further and make judgments about our progress...
Articles:


Abstract: While psychoanalysis as a field has moved from the ideal of technical neutrality to a vision of the therapist as more human, real, and empathically engaged, relatively little attention has been paid to the implications of this evolution. For Freud, technical neutrality provided an important protection against bias and suggestion, one problematized by a view of the psychoanalyst’s participation and influence as intrinsic to the therapeutic enterprise. The impact of this change on the evaluation of mechanisms of change is contextualized and discussed by the author.


Abstract: The papers from the *American Journal of Psychoanalysis* 1956 and 1965 roundtables on what is effective in the therapeutic process are viewed through the lens of psychoanalysis’ evolution over the past 50–60 years. With the passage of time, the contributions of the Interpersonal School to mainstream psychoanalysis have become clearer, especially with respect to mutative factors in the patient-analyst relationship. These papers from the 50s and 60s are also products of the internecine battles of the time, in which the different schools of psychoanalysis tried to claim absolute truth and assert hegemony in the field. The author argues that real progress in psychoanalysis has occurred through research and clinical/theoretical discovery, yielding an informed pluralism that mirrors the diversity and complexity of our work with patients.


Abstract: As a reflection on two roundtable discussions published in the *American Journal of Psychoanalysis* in 1957 and 1965, the author seeks to provide historical context for what has taken place within the culture, within the profession, and within himself over this period of time. The struggle to define “effectiveness” is addressed and an argument made for the inclusion of empirical research into our work, but with simultaneous appreciation for the difficulty in objectively defining and measuring what takes place within the therapeutic relationship. This difficulty is hypothesized, in part, to be a function of the non-verbal and preverbal experiences of both patient and therapist.


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Abstract: In his response to the Roundtable Discussions on what is effective in psychoanalytic psychotherapy, the author focuses on the renewed interest in the concept of dissociation that began to emerge toward the end of the 20th century. A contemporary psychoanalytic position informed by the impact of developmental trauma has led to an understanding of and interest in the dissociative mind. The actuality of trauma during infancy and early childhood is recognized as a key factor leading to the emergence of dissociative processes, the potential dissociative structuring of the mind, and mind being characterized by multiple, discontinuous, centers of consciousness. The therapeutic goal in the psychoanalytic work with fragmented patients is to establish communication and understanding between the dissociated self-states. The author offers two brief clinical examples of working with dissociated self-states.

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Abstract: Both Dr. Kuriloff’s initial contribution to the Roundtable, and her later response to her fellow discussants focus on the social construction of psychoanalytic theories of therapeutic action. She notes the promise of the enlightenment/modern era as impetus for an initially positivist “science” of psychoanalysis, and then implicates the scourge of the Shoah as that which galvanized the largely Jewish seminal community to cling to universal, versus contextual theories and technique. That the deconstruction of truth and authority, beginning with the post-war “baby boom” and student movements in the United States and Europe, put an end to one metapsychology is yet another example of the power of context upon ideas and praxis. This seemingly haphazard pairing of context and content determines the degree to which theories are embraced or ignored within any particular body politic, or within our tiny community at one time or another, prompting Kuriloff to warn against over valuing and/or excluding any theory, theorist, or technique from what we need to know and do to be helpful to people. This tension—between immersion in, and observation of the field—is what psychoanalytic theory and praxis ought to allow.

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Abstract: In this contemporary Roundtable Discussion of “What’s effective in the therapeutic process” and “What Leads to Basic Change in Psychoanalytic Therapy?”, Drs. Ronald C. Naso, Steven D. Axelrod, Larry M. Rosenberg, Sheldon Itzkowitz, and
Emily Kuriloff respond to each other and to Dr. Robert M. Prince, the editor of the Special Issue.

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I am deeply grateful to the five participants in the contemporary Roundtable. The sheer range of their responses testifies to the scope and complexity of the task. Over 50 years from the original Roundtables (Van Bark, 1957; Boigon, 1965) the diversity of orientation has enlarged not narrowed; yet this group is, if anything more open to and considerate of their differences while their contributions are studded with lapidary insights...

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From Our Archives:

Abstract: The Round Table Discussion on “What is effective in the therapeutic process?” was held at the 1956 Annual Meeting of the American Psychiatric Association. It was moderated by Bella S. Van Bark, M.D., who outlined in her introduction the existence of a variety of opinions on what kind of help leads to effective therapy. Effectiveness is defined in terms of personality change and growth. Dr. Van Bark acknowledged that different theoretical approaches would consider different factors of primary importance in the effectiveness of the process: doctor-patient relationship; personality of the therapist; the activation of the constructive forces in the patient; diminishing of the destructive forces in the patient. She focused the discussion by posing some poignant questions regarding the forces at play in the therapeutic process.

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Abstract: In her contribution to the 1956 Roundtable, Elizabeth Kilpatrick outlines her theoretical understanding of neurosis and points out that self-protective solutions, used to keep painful conflicts out of awareness, gradually alienate the suffering persons from their inner resources. Guided by her understanding of the Horneyan framework of personality, Dr. Kilpatrick identifies two major tasks for treatment: the strengthening of the patient’s constructive incentives for self-fulfillment, which helps nurture the potential for the gradual resolution of the neurotic structure. She elaborates that much depends upon the establishment and maintenance of a unique, sensitive relatedness between patient and therapist. The therapist’s skill to create an accepting atmosphere gradually
helps patients to become more connected and increasingly able to utilize their inner constructiveness.

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Abstract: In his presentation at the Round Table Discussion in 1956, Lewis R. Wolberg addresses some factors that can make psychotherapy successful. He focuses on factors that are common in all good therapies irrespective of their specific theoretic and methodological systems. In Dr. Wolberg’s view, therapeutic improvement is a process of restoration of the patient’s sense of mastery, the result of a constructive use of the therapeutic relationship. He sees the function of the therapist as a catalyst for change during the therapeutic process and emphasizes the importance of therapist’s personality and technical skills.

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Abstract: In her contribution to the Round Table Discussion in 1956, Marianne Horney Eckardt brings into focus the need to respect the unique qualities of the patient as a human being and to be cognizant of the uniqueness of each patient-therapist relationship. In discussing the subtler aspects of technique, Dr. Eckardt reminds us that there is no neutral technique and that what is effective and what brings change in treatment needs to be viewed in the specific context of the dynamic interaction of the patient-therapist dyad. She also appeals for humility in the therapist and reminds clinicians to keep in awareness the one-sidedness of the relationship.

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Abstract: In his contribution to the 1956 Roundtable Discussions, Weiss considers the seeming gap between scientific progress and therapeutic effectiveness. He points to the splits that affect psychoanalysis— the split between soma and psyche and the split between science and humanism. He is concerned of losing the patient and the existential richness of human life, while being caught up in conflicting theories. Weiss is a proponent of a holistic and dynamic concept of human nature, in which the person is seen as a complex bio-psycho-social individual. In his view, the goal of treatment is helping the patient find his way to self-realization and the doctor-patient relationship is paramount in this process. Weiss emphasizes the therapist’s ability to enter the “inner
world” of the patient, and to provide the experience of acceptance, which can allow for repression to be lifted and for discovering his own emotional insights, which leads to reintegrating repressed and rejected aspects of the self and makes self-realization possible.

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Abstract: In his contribution to the 1956 Roundtable, Leslie H. Farber asserts that what lies beyond theory and training is the ability of the therapist to know the patient, not just know about the person. This provides the possibility of meeting, the mutual encounter, which Buber calls the *I-Thou* relationship. Farber also explores the relationship of meeting to transference and talks about the importance of both speaking truthfully and the mutuality of the relationship to be defined in terms of human experience.

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Abstract: In his presentation at the Round Table in 1956, Louis DeRosis addresses the importance of creating mutual trust in the therapeutic process in order to help the patient to develop a full range of feelings and nurture greater inner relatedness. These changes increasingly enable the patient to let go of their self-idealizations that have outlived their self-protective usefulness and gradually reduce their inner alienation. Dr. DeRosis describes the therapeutic connection not as a mere technique but as an expression of the life process, which allows the patient to connect more and more within himself and to broaden their hold on life in general.

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Abstract: In his contribution to the 1956 Round Table Discussion, Silvano Arieti outlines some ideas that he considers effective in working with psychically fragmented patients. He speculates that the most effective tool in such a treatment is the creation of a certain atmosphere, based on the transference–countertransference relationship. In the spirit of this atmosphere, communication can be reestablished, genetic interpretations are linked together, and the patient has the potential to recover his social self by rebuilding trust in the *I-Thou* relationship. Arieti also addresses the importance of the analyst’s faith in the actualization of the potentialities of the patient who is struggling with primitive mental processes.

Abstract: The Scientific Program Committee of the Association for the Advancement of Psychoanalysis, under the chairmanship of Frederick A. Weiss, arranged the Scientific Program in the academic year of 1963–1964. On April 29, 1964, one of the eight events at the New York Academy of Medicine was the Roundtable Discussion: “What Leads to Basic Change in Psychoanalytic Therapy?” Melvin Boigon was the Moderator of the Roundtable and in that role he supported the variety of philosophical and theoretical frames that could be used in defining what is “basic” and evaluating what constitutes “change” in therapy. He explained that in his understanding basic change implied a shift in the direction of greater self-acceptance and an increased capacity for actualizing one’s potentials.


Abstract: At the Round Table discussion William V. Silverberg speculated that insight and experience in the interaction between patient and therapist are two main factors in change in psychoanalytic therapy. The two factors work hand in hand, according to Silverberg. Insight contributes to the uncovering of the existence of unconsciously held convictions and “life experience” is the trust that develops between patient and therapist, helped by the good will of the analyst. Silverberg calls this the “silent” aspect of psychoanalysis. The trustworthiness of the therapist serves to confirm the new insight and to enable the patient to act upon it. Insight is an understanding, experienced in the process of dealing in new ways with old situations.


As noted in the Acknowledgments, this book is based on transcripts of audio tape recordings during four seminars and a group supervision in Los Angeles during April 1967 and recorded by Arthur Malin. As Barnet Malin notes in the Acknowledgments: “In addition to their value as archival Bion material, these recordings register part of the history of psychoanalysis in Los Angeles” (p. vii)...

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Sometimes a person in psychoanalytic therapy has an experience that precipitates a psychological breakdown, in which the competence and coherence of their sense of self begins to unravel. In *Catch Them Before They Fall: The Psychoanalysis of Breakdown*, Christopher Bollas evocatively describes patients entering into this distressing but potentially transformative state. His central point is that breakdown, if met with psychoanalysis, can become an important break-through. If it is deflected with drugs, hospitalization, or cognitive homework, it is more likely to result in a permanently “broken self” (p. 13), one that is detached, resigned, “indifferent to their life,” (p. 16), and inaccessible to further analysis. The fundamental task in situations of impending breakdown remains familiar: to understand the unconscious meanings embedded in the precipitating event, which recalls an overwhelming emotional experience from early life. “A breakdown is a paradoxical gestalt: a moment of self-fragmentation is, at the same time, a moment of coming together inside the self,” (p. 69).

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This book lends knowledge to a shrouded terrain of psychoanalytic literature and clinically neglected aspect of human experience. The first section, “Positive Attributes,” examines the character traits of courage, resilience, and gratitude. The second, “Positive Actions,” interrogates generosity, forgiveness, and sacrifice. Each subsection elaborates the definition of each concept, its epistemology, psychological origins, maturational path, and clinical import. How do childhood experiences inform these abilities and treasured traits of character? What social supports sustain and enhance them in adult life?

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Robert Waska has written numerous books and articles defining, exploring, and expanding Kleinian principles and applications in psychoanalytic work. His commitment to the ideas of Melanie Klein is matched by his commitment to his clinical practice, and the people with
whom he works. His clinical work is imbued with understanding, resonance, respect, and courage. Waska’s dedication to Kleinian thought is neither parochial nor exclusionary. His thinking encompasses a wide range of psychoanalytic theory. He offers his clinical work and his understanding of Kleinian theory in a broader context, embedded in a general psychoanalytic perspective, but exquisitely focused on how he uses Kleinian theory. As all gifted psychoanalysts do, he lives his passion, entering into the psychoanalytic encounter with full emotional resonance and aliveness, and full intellectual awareness...

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