



Newsletter

Development through research, advocacy, education, affiliation and action.

Save the Date:



Sunday Morning Seminars (online)

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*A Therapist's Reawakened Cultural Trauma:
Rupture and Repair of the Therapeutic Relationship*

October 18th

Paula Ammerman, Ph.D, LCSW

*When Everything Seems Mad or Bad:
Restoring Goodness in the Therapeutic Dyad*

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We Invite You to Stand With Us:

We at the Illinois Society for Clinical Social Work are deeply saddened by the disheartening, tragic circumstances that have led to the unjust deaths of so many people of color across the United States. These deaths have called into focus once again the devastating legacy of violence and oppression, perpetuated by the complex multilayered impacts of systemic racism, for people of color throughout our history.

As social workers, our profession's history is steeped in the belief that all people are created equal and the ethical imperative to advocate for ALL marginalized populations:

"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty [...] social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice." — NASW Code of Ethics

Amidst this unprecedented time of pandemic, social isolation, political tension, and racial injus-

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ISCSW Statement (cont. from page 1)

tice, social workers occupy a unique position with urgent responsibilities.

We have the responsibility to create and demand change within ourselves, amongst our social service organizations, and across the divisions of society. We must not take for granted that we understand the complicated dynamics of racism and oppression within our profession. We must work harder to listen, understand, and confront racism in all its forms. One pathway to transformation is through honest dialogue with ourselves and each other, elevating and centering marginalized voices. We must give ourselves permission to struggle, make mistakes, and stretch to new understandings of our own racial identities and experiences as well as those of others. This requires empathy, compassion, self-awareness, humility and courage. We look forward to having these conversations with you as members and colleagues connected through the ISCSW.

To this end, we would like to share some resources that can help us all

become more involved in the creation of lasting change:

www.socialworkers.org/Advocacy

The *National Association of Social Workers* Advocacy and Policy Initiative page has links for Sign-On Letters and Statements, Political Action for Candidate Election, Legislative Alerts and Social Policy Initiatives.

cqrcengage.com/socialworkers/action

The *NASW* Action Center, where you can learn about current legislation and bills in congress.

naacpcfssb.org

Chicago's NAACP branch, where you can learn about membership, how to become involved in its mission, and current events.

In peace and solidarity,



Kristy Arditti
President, ISCSW

President's Message

I welcome this opportunity to connect with our members during these challenging times of isolation and uncertainty. I have been continually inspired by the ways our Board, this community and our clients have displayed remarkable resilience and compassion for ourselves and each other as we navigate through the persisting and multilayered effects of COVID-19, the racial violence and unrest throughout our nation, and the polarizing current political landscape.



Kristy Arditti

During the quarantine and recent social-political events in our country, I have found myself stretched and pulled in many directions personally and professionally. In light of this, I feel grateful for the support of such a wonderful professional community, especially the Illinois Society for Clinical Social Work. Now more than ever it is important for us to lean into hard conversations, continue to seek out opportunities for self-reflection and clinical consultation, as well as bring patience and empathy to all we come into contact with.

To that end, we are pleased that this special edition of our member Newsletter, which this month includes *Reflections on Caring for Our Clients and Ourselves During the Pandemic* from board members and fellow practitioners, is being made available as a free digital download on our website (ilclinicalsw.com) regardless of membership status. ISCSW Members will continue to receive physical, mailed copies of future issues.

This summer, ISCSW was honored to bring you our online three-part Summer Jane Roiter Sunday Morning Seminar Series, “*Transcending Calamity through Clinical Competence*.” To share a brief overview:

On **June 28th**, Michael McNulty, PhD, and Sinead Smyth, LMFT, provided a wonderful and timely presentation on “Coping with Uncertainty During COVID.” During this presentation, ambiguous loss, ambivalence, and making meaning among other constructs were illustrated and discussed.

On **July 19th**, Freddi Friedman, PhD, provided a compelling workshop on “Integrating Evidence-Based and Psychodynamic Approaches for Trauma Teletherapy.” This wonderful presentation provided a background to the neurobiology of trauma, working within the window of tolerance, and how to use techniques grounded in the relationship between therapist and client to help us stay connected when we cannot meet with our clients in person.

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President's Message (continued)

Finally, on **August 2nd**, Alissa Catiis, LCSW, from Womenscare Counseling Center provided an experientially-based workshop, “Self and Community Care During Times of Unrest.” Her workshop provided reflection and discussion on ways of maintaining a sense of well-being within ourselves and our communities while providing care to others during the intensity of a period of crisis.

Building on our successful track record of webinar programming, I am excited to announce that **this September** we will begin another online Sunday Morning Seminar Series for Fall 2020, titled “*Maintaining Empathy in the Midst of Chaos.*” Due to the necessary online nature of this series, we are pleased to continue our significantly reduced pricing from the Summer series to ensure our programming continues to be accessible to all during this time of hardship for many. You can find more information about the exciting speakers and dates for these presentations in this Newsletter (pages 12-15), on our website, and in your email.

We hope that all of our seminars will continue to enrich, provide increased education and information during these unprecedented times, and allow us to hold space for reflection, important conversations, and connection. Please stay tuned to our website and e-mail blasts for updates on our fall programming!

Lastly, in our time of growth and change, we would like to extend a formal invitation to any ISCSW member who is interested in becoming a Board member. The Board meets once a month on Tuesday evenings via Zoom, and would welcome new members with energy and excitement to help us propel the work of ISCSW forward. Please contact me directly if you are interested or have questions: kristyarditti@gmail.com

Hoping we all stay connected and healthy!


Kristy Arditti
President, ISCSW

Book Review

Maybe You Should Talk to Someone

by Lori Gottlieb (2019) - 415 pages

– Reviewed by William Kinnaird

Maybe You Should Talk to Someone by Lori Gottlieb has taken on a great deal of popularity among clinicians and in the general population. The book cover displays ringing endorsements, and it was on the *New York Times* Best Seller List for many weeks. It was also selected by Amazon as Book of the Year. *Maybe You Should Talk to Someone* is even being developed for a televised adaptation. However, much could be lost in the translation to TV. I believe that reading it first would provide the best experience.

There is something for everyone and anyone in this book. While the title suggests sound advice for anyone, the book is actually a very engaging story. But, it's more than just a *story*. It's really many interesting stories woven into one about the late-blooming author's career, her personal struggles in life, and about her failed and her successful relationships. Eventually, in her forties, Gottlieb earned a Ph.D. in clinical psychology and opened a practice. She tells about patients she has seen and how they challenged her, and she explores what it's like being a therapist. She even talks about her own decision to enter therapy and what the therapy experience was like for her. For anyone practicing or entering therapy, her story is thoughtful guidance.

While writing about her patients and her personal therapy, Gottlieb weaves in commentary

about many current theories and treatment issues. She does this in a lucid, easily understood way as she relates her theoretical and practical digressions to her practice and to herself. These digressions could be a checklist for a reader who wants to judge the breadth of their clinical knowledge and skill.

The book is organized into fifty-eight short chapters, so it's easy to pick up and dive back in after putting it down—although that being said, it's a hard book to put down in the first place. Poignant chapters are followed by lighter ones, making for an enjoyable reading experience.

While she notes that a personal therapy experience is recommended for anyone who becomes a therapist, the author's own decision to begin therapy was prompted by the painful breakup of a love affair. How did she ultimately resolve this? Did she go on to find true love? One must read the book to learn the resolution.

Even a seasoned therapist can glean some new angles and pointers from *Maybe You Should Talk to Someone* by Lori Gottlieb. But best of all, it's a wonderful story – or many wonderful stories.



Bill Kinnaird is a board member of ISCSW and serves as our Chair of Standards and Practices.

Advertisement:

Calling All Writers!



The Illinois Society for Clinical Social Work is looking for contributing writers! Regardless of your level of experience with writing, we believe that if you are a clinician in the field, you have something worthy to say... and our Newsletter is an excellent place to say it!

If writing a full article is not your preference, we invite you to submit a review of a book or professional journal article, or to express your opinion on cultural competence issues. In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with seasoned editors to facilitate your writing process and see your work featured in our striking new Newsletter design.

Please get in touch at iscswcontact@gmail.com for more information about submitting your work.

Membership Corner

Mentorship, Supervision & Therapy at ISCSW

One of the benefits of ISCSW membership is the opportunity to network with clinicians with a wide range of experience and expertise, who share the basic core values of social work practice. We believe no one should do this work in isolation and through our trainings and networking events, we have seen that the ISCSW can support each of us in our clinical growth and connection.

New clinicians have an especially important need to find good support and supervision as they begin their clinical careers. To address this need, we at ISCSW are creating a database of experienced professionals who are interested in providing mentorship, LCSW supervision and reduced-fee therapy to new professionals. Participation in the database also allows participants to promote their practice to other members, along with their specialization and experience.

Clinicians who are interested in working with new professionals should be Licensed Clinical Social Workers with a minimum of 5 years experience in the field of social work, and members in good standing with ISCSW. Their names, expertise, office locations and phone numbers would be listed on the database.

Please consider becoming a resource to our emerging social worker community and sign up today at the website below! Email iscswcontact@gmail.com with any questions.

www.bit.ly/ISCSW-mentorship

Reflections

on Caring for Our Clients and Ourselves During the Pandemic

Jill Gardner, PhD
Clinical Psychologist

I have found that switching from in-person to phone or video sessions has resulted in much less disruption to the work than I would have imagined. Those who are relatively stable and want to wait until we can meet in person have decided to take a break from treatment.

Everyone else is dealing with their issues, although certainly the impact of the pandemic defines more of the content of the sessions for some. My biggest concern is for people living alone. This has been very hard on them and the contact with me seems more important than ever. The fact that we are all in the same boat in terms of the changed world we are living in has also led to more sharing, joining and self-disclosure than usual. A client recommends something streaming on T.V. and I offer a recommendation of my own; we speculate together on what might or might not still be possible once social distancing lifts a little; we trade stories about where certain supplies can be found, or what apps can help facilitate better sleep. We are living with many common restrictions, concerns, losses and uncertainties. For some, this has led to a more intimate connection and the work has deepened. The fact that for several weeks I had a prominent cough led to a lot of concern and discussion about my health, again triggering more sharing, sometimes a more personal and intimate connection, and at times bringing transference issues into sharper relief.

Many therapists I know, particularly if they are doing a lot of video sessions, say they find the format exhausting and stressful. This has not been my experience, although doing more phone than video sessions may be part of what makes it easier. I have actually enjoyed working in this mode and am perfectly content to continue doing so for as long as necessary. At the same time, for a few of my patients I know this is very much a second best and they would feel much better if they could see me in person. So for their sake, if not for my own particularly, I will certainly be returning to the office when it feels safely possible to do so.

Carolyn E Gehle, LCSW
Private Practitioner with Individuals and Couples

More fear and less safety for all of us.

Missing the presence of my clients in the room.

Missing the information a face conveys and making more missteps because of it.

More sadness for the loss of connection and the losses of lives.

More time to witness the pain, anguish and anger of Black people in this country.

Wishing, at the end of my career, I could have done more to change the bigger picture.

Deciding to march with mask on and trying to stay ten feet apart.

Anna Kaspar, LCSW • Private Practitioner and ISCSW Treasurer

Among the many drastic changes that COVID-19 brought, I was fortunate in that I did not need to make any major adjustments to my therapy practice to accommodate social distancing. I happened to have transitioned to teletherapy after a recent relocation, in order to continue my work with Rock Creek Therapy in Washington, DC. My patients and I had already become accustomed to the visual and audio aspects of the teletherapy format, and I'd been able to work out all of the technological details to make those online sessions smooth and productive.

What has changed with the pandemic are the issues many patients are bringing to therapy. Of course, a number of my patients have experienced changes in employment, either being laid-off completely or being expected to continue working from home while parenting young children. COVID-19 has also brought up a range of feelings about death—panic about potential outcomes of catching the virus, the opportunity to work through the spiritual and existential issues related to fear of one's own death, and daily worry about elderly relatives' mortalities. Although many of my patients have done an excellent job coping with the current limits on social activities, depression symptoms are being exacerbated, and I saw this especially worsen just after the fourth week of social distancing.

Thus far, I have not noticed any major changes in myself as a clinician as related to the pandemic, though I don't doubt that the pandemic and social distancing affect my work in subtle ways. Like many others, I'm very aware at this time of the importance of self-care. I have been putting extra energy into checking-in with how I'm feeling, and doing things for my own mental health, in an effort to reduce any negative effects that my own stressors could have on my clinical work.

Lindsay Janowski, LCSW • Private Practitioner with Adolescents and Adults

Before the COVID-19 crisis, I never would have imagined conducting therapy over the phone or through video meetings. As a therapist with a psychodynamic framework, I could not envision phone and video sessions as an effective way to utilize the relationship between therapist and client, which I believe is an important vehicle for change. Clients would often ask for phone or video sessions, but since insurance plans would not cover this type of service, it was not difficult for me to decline a phone session and to stress the importance of in-person sessions.

In mid-March when the changes began and social distancing was strongly encouraged, I found myself struggling with the idea of continuing with in-person therapy sessions. As COVID-19 cases began soaring and new information emerged about the spreading of the virus, I wondered about the risks of exposing myself and my clients by continuing in-person sessions. I consulted with an attorney who acknowledged that while mental health services were considered an essential service at the time, it was recommended that I utilize phone and video sessions especially since most insurance companies began to cover these services.

I also wondered about how my clients would react to my decision to use phone and video meetings for therapy sessions. As I abruptly transitioned over to teletherapy, I was pleasantly surprised that all but one of my clients were in favor of phone and video sessions during this crisis. They understood that this mode of therapy was necessary to protect themselves and others. I was also surprised that not only was teletherapy less awkward and uncomfortable for me as I anticipated, I was actually feeling more connected to my clients than ever before. Perhaps it was because this new mode of therapy was new for both parties or that we had a feeling of "we're in this together." The new video sessions also provided new clinical information that I did not have access to during in-person sessions. I was now able to see client's homes, family members, and pets.

Now that I have returned to in-person sessions (following Illinois and NASW safety guidelines), I am grateful for the option of teletherapy. I believe the teletherapy will help sustain the connection between myself and my clients if the client is unable to meet in person for any reason or if therapists are required to return to teletherapy exclusively. I believe teletherapy can be an option to continue the therapeutic relationship and prevent a lapse in services.

Edie Sue Sutker, LCSW

- **Assistant Director of Jewish Child and Family Services,
Chicago's Northbrook Community Counseling Center**

As a social worker during a pandemic, I am going through the same experience as my clients, at the same time. I have been wrestling with how I can help my clients and clinicians when I am struggling.

I help myself cope by exercising throughout the day. I also learned how to help myself when waves of grief come over me. I allow these waves to come and try to be kind to myself when that happens. I stay connected to my friends and family and reach out to those who would be helpful.

Whether it is exercise, meditation, cooking or something else, it is important to practice whatever helps you regulate your own emotions.

I had to reinvent my work when the pandemic forced our agency to move from meeting in person with clients to conducting sessions over the telephone or video. I found I use much more energy when doing a video session with a client or a supervision with a clinician than I did before the pandemic. It requires more concentration to look the client or clinician in the eye through a screen and not get distracted by my feelings or by something around me. Because I am in the client's or clinician's space and they are in mine, this is different than me providing a safe space in my office. I use the space they select as a way to understand them better. I think about why they picked that space, and what they wanted me to see or understand based on that choice.

I have also learned during my telehealth work that my attitude toward telehealth is very important. I realized that I needed to embrace it, see it as worthwhile, figure out the positives and how to be creative — and not think of it as a lesser experience. Once I did this, the treatment with my clients changed and so did my supervisions. We always need to be aware of our own attitudes in order to provide effective treatment.

I use myself as an example more than ever. My clients, clinicians and I are fighting the same fight, which is how to cope during this unprecedented time. While “not knowing” has always been part of being a social worker, my clients, clinicians and I have to accept “not knowing” and uncertainty. My work with clients and clinicians has focused on how they handle uncertainty. I am aware that my clients, clinicians and I are climbing the same mountain, and I am transparent about this.

I encourage my clients and clinicians to reflect on what is important to them. What are they learning about themselves during this experience? Can they allow themselves to grieve, and what are they grieving? What feelings are they experiencing during this trauma? What can they be grateful for during this time? How can they improve the bond with their family members in their home? Can they learn how to handle conflict with the people they are living with?

I am keenly aware that everyone needs to handle this situation with their own comfort and tolerance in mind. We can't judge others for the way they are handling this pandemic or any uncertainty. I have seen the slogan, “It is okay not to be okay.” It is also okay to be okay at other times.

Margaret Fleming, LCSW • Private Practitioner

Of course, it has been impossible seeing clients face-to-face during this strange and fearful time. However, holding telephone sessions has yielded some unexpected positive results. Overall, all but one of my clients have appeared in time to have adapted surprisingly well to the change. Several have stated that they now prefer the telephone to in-person therapy. They have requested that we continue our work indefinitely by phone. One stated, “It is easier since I don’t have travel time, or difficulty finding a parking space, and once I became used to the telephone, I feel I have been able to make good progress this way.”

When I explained to my clients that I was not going to use Zoom due to my glaring lack of technical skills, I received some interesting responses. Said one, “Zoom just feels fake to me.” Another shared, “Adding Zoom and being able to see you online, would just make me miss the real thing even more.”

After several weeks of telephone sessions, I became aware that some clients seemed to be noticeably more forthcoming than I remembered their being in our previous setting. When I asked them if they too had noticed the change, one woman replied that it just felt easier to be open about the hard things, since she couldn’t see my reaction and subsequently adjust what she was saying. She added that talking by phone was a little like some of her best conversations which had occurred while riding next to her husband on long road trips. Another told me that sometimes our face-to-face time together seemed “too intense”.

For my part, I have experienced far more fatigue after three or four consecutive sessions by phone than I remember following the same number of in-person hours. I think I have come to know why. Without the visual clues that clients provide through body language during in-person therapy, I find I must listen even more carefully to not only my clients’ words, but to their nuances of speech, tone of voice and subtle inflections. All of this has required a great deal more energy and concentration. Thus, the fatigue. I have been careful of late to adjust my schedule to allow more recovery time between sessions.

In reflecting upon all of this, I have gained a new appreciation for the ability that all of us have shown in coping with the unimaginable. If there have been advantages for my clients in the midst of the changes the pandemic has wrought, perhaps these can best be seen in those struggling with depression and anxiety. It is hard to feel alone, and these days one’s individual struggles have become universal. Anxious clients have found a focus for their feelings of uncertainty and perceived loss of control. No longer do previous concerns seem so important. Everyone else is preoccupied with pretty much the same fears. There really does seem to be safety and solace in numbers. I am continually in awe of my clients’ ability to adapt to the necessary changes that this virus has demanded, not the least of which has been adjusting to a very different way of participating in therapy. Perhaps, most of all, I have learned, first hand, the superb power of the human voice.



Michelle Greene, LCSW • Private Practitioner and ISCSW Education Chair

When Governor Pritzker mandated that all residents shelter in place due to the COVID-19 pandemic, I had no idea what I would do or in what way the stay-at-home order would impact my clients and the therapeutic relationship. Out of all the possible teletherapy options, I was surprised that the majority of my clients chose to use the phone for our therapy sessions. Also, I decided not to offer teletherapy to new clients, since for me personally, I do not feel comfortable beginning therapy with a new client virtually. However, over time this may change.

During the pandemic, because I have the time and flexibility, I have increased the number of days that I work from 4 to 6 but have reduced the number of appointments each day, as I have found teletherapy to require more energy, and it can feel exhausting if I don't limit the number of sessions per day. And, especially now during the pandemic, I find it is important to continue to exercise and do things for myself in the morning.

My clients are generally high functioning, but I have noticed that the pandemic has exacerbated their anxiety due to all the uncertainty and lack of control over their environment. In the beginning, some clients who no longer had to spend time commuting to and from work were enjoying more time spent with their families and doing things they had never had the time to do. Others have felt from the beginning overwhelmed by watching the news and unable to concentrate on reading or relaxing. As the pandemic has gotten worse and continued longer, many are experiencing quarantine fatigue and feel bored, restless, agitated, and the need to take a vacation, especially those clients who have kids. Not knowing when this pandemic will end has been most difficult for everyone to deal with. For those clients with kids, the need to home school has been especially stressful, and their fears about their kids falling behind academically as well as not being able to socialize with other children have been real concerns.

Much of our time during sessions is spent talking about their current situation and how they can manage their stress and anxiety. I have recommended that they consider meditation to quiet their mind or exercise. A few clients admit to drinking and/or eating more as a way to deal with their feelings of sadness, loneliness, isolation, despair, stress, anxiety, depression and boredom. We talk about how they can take care of themselves in a healthy way and how to alleviate their stress and anxiety by getting outside, taking walks, and trying out various meditation/yoga/deep breathing apps.

One thing I have noticed when I am doing teletherapy is that I appear to be using more facial expressions and hand gestures than I think I would be doing in an in-person therapy session. This could be due to my feeling that I need to work harder to ensure that my client feels a connection through the screen. Now more than ever, I feel a greater need to provide a "holding environment" for my clients. Although logically I know that teletherapy is what we need to do in order for us and our clients to stay safe and healthy during the pandemic, as a therapist, much like a mother feels, I want to know that what I am able to provide for my clients virtually is "good enough".

I also find it very important that I talk to colleagues about these challenges. Now more than ever I feel it is important for me and therapists in general to participate in continuing education and Zoom conferences such as those provided by our organization – ISCSW. This way we can continue to have a sense of community among those in our profession. Never have we had a greater need for solidarity than during this pandemic.



The Jane Roiter Sunday Morning Seminars

Fall 2020 Webinar Series:

Maintaining Empathy in the Midst of Chaos

Location and Format: Online Webinars (Zoom)

Due to State of Illinois guidance to manage the COVID-19 outbreak, all ISCSW events will be held virtually for the foreseeable future. Please join us online from home while practicing responsible social distancing! Links and instructions to connect will be sent to registered participants in advance of the seminar dates.

When: Sunday Mornings, 9:30 AM – 12:30 PM

September 20th

October 18th

November 8th

CEUs: 3.0 each

Food: BYOBreakfast

Pricing:

	Individual Webinars	3-Webinar Package
Members	\$40	\$100
Non-Members	\$50	\$130
Students	\$15	\$35

Register Here: icsw.simpletix.com

email icswcontact@gmail.com with any questions

The Jane Roiter

Sunday Morning Seminars

Sunday, September 20

A Therapist's Reawakened Cultural Trauma:

Rupture and Repair of the Therapeutic Relationship

This presentation will explore Jessica Benjamin's conceptualization of the moral third when the therapist has been injured, and the essential nature of mutual holding for both patient and therapist. Huey Hawkins, a Black male therapist, will discuss how the recent police killings of unarmed black men reopened past traumatic cultural wounds, resulting in his dissociated retreat from the therapeutic union of a two-year treatment with a patient suffering from complex trauma. The analytic space that had previously allowed the dyad to process and explore the patient's anger became compromised during this shift from thirdness to complementarity, resulting in a stifling of the intersubjective space. The importance of the therapist taking responsibility for his part in the breakdown of the shared thirdness will be explored.

Objectives:

Participants/therapists will learn the importance of acknowledging their empathic failures to heal ruptures in the therapeutic relationship.

Participants/therapists will explore how to sit with their patient's traumas while maintaining an empathic connection.

Featured Speaker:

Huey Hawkins, Jr., MSW, LCSW



Huey is an advanced student at the Institute for Clinical Social Work, where his research and clinical interests focus on the intersection of culture, race, and psychodynamic theory and practice. His forthcoming dissertation explores unconscious messages of endangerment passed by mothers to their African American sons. An experienced clinician, he has a long history of providing psychotherapy services in multiple public and private settings including his own psychotherapy practice in St Louis. Additionally, he has advanced training from the St Louis Psychoanalytic Institute where he recently served as the 2019 Research Fellow. Huey Hawkins was also recently selected to win the 2nd place prize of the AAPCSW Diana Siskind Excellence in Writing Award for candidate papers for his paper, 'The Antisocial Tendency and the Role of Deprivation: Facilitating the Maternal Environment'.

Register Here: iscsw.simpletix.com

email iscswcontact@gmail.com with any questions

The Jane Roiter

Sunday Morning Seminars

Sunday, October 18

When Everything Seems Mad or Bad:

Restoring Goodness in the Therapeutic Dyad

When enactments happen it is hard to tell who is mad and who is bad. In truth the answer is usually "it is both of us". This presentation uses the relational perspective to focus on the nature of enactments and the chaos that ensues. Using case material, the presentation demonstrates the way in which common, unconscious, unsymbolized experiences in both the therapist and the patient join up to provide the potential for generative forms of relating and understanding if the enactment is worked through and repaired. However, in the process, a theatre of the absurd is created where the therapist is compelled to relive elements of the patient's infantile past as we become unknowing participants through our actions and words. It challenges the therapist to either create repetitions of dangerous relations from the past or in Winnicott's words to become a new object of hope and understanding.

Objectives:

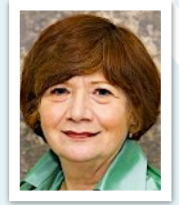
Provide an understanding of the relational concept of enactments in the therapeutic endeavor.

Provide understanding that enactments are universal in engaging unprocessed parts of the unconscious for both the therapist and the patient.

Demonstrate the way in which enactments can either impede the treatment or move it forward.

Featured Speaker:

Paula Ammerman, Ph.D, LCSW



Paula is a clinical social worker with a private practice in Hyde Park. She also serves on the faculty of the Institute for Clinical Social Work. Her research focuses on the functions of countertransference as a form of object relating and as a means of unconscious communication. She is a member of The Children's Psychotherapy Project: A Home Within, and has presented widely on this endeavor. As part of the project, she has contributed to the book *Treating Trauma: Relationship Based Psychotherapy with Children, Adolescents and Young Adults*.

Register Here: [iscsw.simplenetix.com](https://www.iscsw.simplenetix.com)

email iscswcontact@gmail.com with any questions

The Jane Roiter

Sunday Morning Seminars

Sunday, November 8

Early Trauma and Annihilation:

A Therapist's Challenge to Empathic Connection

The power of developmentally early psychological trauma is that it changes one's experience of the world. Drawing from Relational Self Psychology and Intersubjectivity Theories, this presentation examines the traumatized person's sense of "being-in-the-world" when attunement cannot be felt by the traumatized person because of the deep sense of isolation embedded in trauma. A case example will illustrate the sense of annihilation and non-existence in an adult woman who experienced a profound absence of attunement in early childhood and the therapist's difficulty to empathically connect.

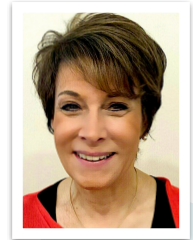
Objectives:

Provide an understanding of penetrating experiences of annihilation and isolation in developmentally early trauma.

Demonstrate the difficulties which emerge in the therapeutic dyad when connection is yearned for but aloneness is the only experience known.

Featured Speaker:

Karen Bloomberg, Ph.D, LCSW



Karen is Dean of Students at the Institute for Clinical Social Work and, as faculty, teaches Self Psychology and Couples Therapy. She is also on the faculty of the Chicago Psychoanalytic Institute and is a member of the International Association of Psychoanalytic Self Psychology. She maintains a private practice in both downtown Chicago and Hyde Park treating children, adolescents, adults and couples as well as providing consultation and supervision.

Register Here: [iscsw.simpletix.com](https://www.iscsw.simpletix.com)

email iscswcontact@gmail.com with any questions

Original Clinical Article



Metapsychology in the Age of Pluralism: Enhancing the Relevance and Vibrance of Psychoanalysis for Our Time by Harold Bendicson

Introduction and Summary

I believe our professional community will benefit greatly from the modernization of psychoanalytic metapsychology – that is, psychoanalysis and the philosophy behind it – and advance its collaboration with other domains of knowledge, specifically, nonlinear dynamic systems and neuropsychology. I believe that the modifications in our thinking I am about to propose will return a vibrance and a sense of enhanced relevance to psychoanalysis, so it can take its rightful place as a respected contributor to the scientific roundtable.

I will advocate 1) abandoning the reliance on single theory formulation and the embrace of theoretical pluralism; 2) updating Freud's dual instinct theory in which *safety* and *effectance* as drives, replace libido and aggression; and 3) creating new psychoanalytic metapsychologies consistent with Freud's encouragement to formulate new hypotheses and metaphors, as well as new developmental ideas and discoveries. In addition, these modifications will need to work alongside *non-linear dynamic systems* and *neuroscience*.

In this article, I will begin by discussing what I believe is the importance of *pluralism*, or a thoughtful theoretical inclusiveness. This will be followed by some historical background on the journey of psychoanalysis from its Freudian origin through attempts – both successful and unsuccessful – to modify it.

I will then deepen the definition of *metapsychology* which in its simplest meaning is speculation about mental processes and the mind-body relationship, speculation beyond what can be researched empirically. A closer look at its meaning in terms of a new view of psychoanalysis will help define it for the purpose of this paper.

After a discussion of Greenberg's and others' work on revising and broadening Freud's dual instinct/drive theory, I will, finally, speak to the incorporation of neuropsychanalytic theory into a pluralistic and inclusive metapsychology of psychoanalysis.

Pluralism as an Interdisciplinary Philosophy

Significant cultural and political trends were taking shape in the 1970's which contributed to the 1980's being the decade of decline and marginalization of American psychoanalysis. Beginning with the publication of DSM-III, the American Psychiatric Association succeeded in re-medicalizing psychiatry, purging the manual of psychoanalytic conceptualizations, except for the defenses. Also, the American Psychoanalytic Association was confronted with litigation demanding that psychoanalytic training be open to nonmedical practitioners. In 1989 the Psychoanalytic Division of the American Psychological Association achieved a settlement that opened training to all qualified practitioners. Overnight, diversity and inclusiveness became selection guidelines for admission to psychoanalytic training. In addition, psychoanalytic publishing houses struggled to sell books because of the proliferation of interest in other psychologies and the fractionalism within psychoanalysis itself. The expansion of competing theoretical orientations within psychoanalysis saw whatever unity that existed often devolve into bickering cohorts. In a 1987 journal it was observed that "When analysts of different theoretical persuasions came together to discuss a single case presentation, the comparative yield is little more than an underscoring of theoretical pluralism." "...The wildly divergent opinions of the case diagnosis and dynamics ... would suggest that one's theoretical stance takes precedence over other considerations" (Shane in Stepansky, p. 169). While pluralism is not uncommon in other disciplines, theoretical pluralism in psychoanalysis is endemic and seems to have evolved into explanatory pluralism in search of concord (pp.133-171). Notwithstanding Stepansky's questioning stance toward pluralism, is there hope that a contemporary pluralistic metapsychology can contribute toward a revitalized interdisciplinary role for psychoanalysis?

Can pluralism be an antidote to theoretical schism? Let us examine Samuels' (1989) position on pluralism. Reflecting on the destructive schisms in psychoanalytic theory, he maintains that the pluralistic position, as a tool or instrument, can embrace theoretical and political diversity as a counterweight to schismatic tendencies. Pluralism seeks to embrace a perspective in which diversity, not unity of schools is the goal. Rather, the goal privileges a modular approach in which different world views meet, but do not try to take over each other. In the absence of a hierarchy of theories, cooperation, not competition among theories, is emphasized. The challenge of cooperation is both intensely emotional and passionately ideological. It recognizes that there is an inherent interdependence among diverse theories with all manner of convergence and divergence of perspectives. Pluralism promotes a collegial attitude toward dispute and disagreement.

"Instead of searching for one guiding theory, we might consider using many theories in parallel up to a point where their mutual inconsistencies and incompatibilities cause this to break down. Then the breakdown becomes a focus for study. [Pluralism, author's insert] is not the same as synthesizing theories nor is it a form of eclecticism based on consensus. What is central to [pluralism] is that no one theory, nor the level of reality to which it refers, is regarded as more fundamental than any other...A physicist (read analyst) who is able to view any number of different, partially successful models without favoritism is automatically a [pluralist, author's insert]. The [pluralist] knows that it may be impossible for there to be a single theory which will work. What holds the theories together is that the subject matter somehow holds together: for the physicist, the universe; for the depth psychologist, the psyche. Passion for one approach, inevitably partial, is replaced by a passion for a plurality of approaches" (modified from Samuels, p. 39). I believe that the measure of usefulness of pluralism rests on the degree of explanatory coherence among the various orientations brought to bear on a project, as comprehensiveness of understanding is taken into consideration as the goal. See Bendicson (2013 and 2019) for examples.

Historical Background

With the expulsion of Stekel, Adler, Jung and Rank between 1912 and 1923 from the orthodox psychoanalytic circle (Gay 1988, pp. 232; 470-489; Grosskurth 1991; Barratt 2013, pp. 1-10), it was underscored that Freud's private committee of close colleagues would be the guardian of psychoanalytic orthodoxy. "The Committee was committed to safeguarding Freud's core theory involving the dynamic unconscious, repression and infantile sexuality as embodied in his two Herculean, interlocking, intellectual syntheses: the model of the mind synthesis (1900) and the psychosexual synthesis (1905)" (Makari 2008 in Palombo; Bendicson and Koch 2009, p. 13). Freud alone would be the arbiter of new ideas. This gate-keeping process led directly to the current quarrelsome, fractured state of affairs, characterized as theoretical Balkanization (Stepansky 2009) or "theoretical bedlam" (Barratt 2013, p. xiv), that we see today.

The title of this paper is paraphrased from Peter Gay's definitive biography, *Freud: A Life for Our Time* (1988). One may lament that, as one surveys the psychoanalytic theoretical field, the time when one definitive theory, *viz.*, ego psychology, held dominion over all other orientations is long past. Perhaps the time will come when we can look forward to a synergistic collaboration amongst colleagues, rather than a hostile competition amongst ideas. Bendicson (2019) has suggested such a collaboration with his *developmental algorithm* (pp. 66-68) in which a set of concepts from various theoretical persuasions are brought together in an explanatory synergy, the compatibility of which is measured by the degree of

coherence. While Litowitz (2014) welcomes theoretical diversity as "a positive source of energy for the growth of our field" (p. 6) and as having the potential to bring out the best in the marketplace of perspectives, this sunny forecast is not shared by all. Stepansky (2009) reflected from his unique publishing vantage (as Managing Director of the Analytic Press) on this state of affairs. He observed that psychoanalysts had fractured into subcommunities demarcated by respective schools of thought that he called a loose federation of *part-fields* whose proponents see the world in different and incommensurable ways. In communication with a wide range of psychoanalysts, he found that "...they expressed, to varying degrees and in various combinations, condescension, irritation, anger, disapproval, and incomprehension of colleagues who inhabited different psychoanalytic worlds. To this extent, each of the major American psychoanalytic schools – the ego psychologists, the self psychologists, the interpersonalists, the relationalists, the Kleinians, the neuropsychologists, the infant researchers, and so forth – acquired the community structure of what Thomas Kuhn famously termed a 'paradigm' or a 'disciplinary matrix'" (p. xii). However, while they fit into a paradigm, they "...never seemed to add up to a collectivity, much less to a community of like-minded professionals with a common body of knowledge. Their disputes, played out at conferences and in the pages of their journals, could and did become personal" (p. xii).

Mostly, these schools operated as separate institutes, closed systems of thought insulated from traditional academia. Consequently, without a unifying center, and as a result of the internal squabbling and the pressure from well-known nonpsychoanalytic forces (managed care, psychopharmacology, etc.), psychoanalysis as a discipline is contracting and some believe may be near demise (Schechter 2014).

It seems to me that there may be a window of opportunity to slow, if not reverse, this trend. The varied schools of psychoanalysis have not yet formulated a common metapsychology, and it seems unlikely to expect they will anytime soon. Since 1990 with the emergence of the "Decade of the Brain" neuropsychology has emerged as a viable domain of knowledge. As new bridging concepts appear between neuroscience and psychoanalysis, an accompanying metapsychology is necessary to breathe metaphoric life into this enterprise. Let us take a closer look at metapsychology, a concept some believe foreign to other disciplines. What can we say about metapsychology to further our understanding of this concept?

Metapsychology

Laplanche and Pontalis (1973) define metapsychology as follows: "Term invented by Freud to refer to the psychology of which he was the founder when it is viewed in its most theoretical dimension. Metapsychology constructs

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an ensemble of conceptual models which are more or less far-removed from empirical reality..." (p. 249).

Gay (1988) explains metapsychology as follows: "As Freud worked with his coinage 'metapsychology,'...he defined it more and more strictly, as a psychology that analyzes the workings of the mind from three perspectives: the dynamic, the economic, and the topographic. The first of these perspectives entails probing mental phenomenon to their roots in conflict-ridden unconscious forces mainly originating in, but not confined to, the drives; the second attempts to specify the quantities and vicissitudes of mental energies; the third undertakes to differentiate distinct domains within the mind. Together, these defining perspectives sharply distinguished psychoanalysis from other psychologies" (Gay, p. 362).

Clark (1980) mentions that Freud described metapsychology as the "psychology which leads behind consciousness... Freud, however, used the word specifically to describe mental phenomena in their relationship to the psychic apparatus, to the instincts involved and to the distribution within the apparatus of the energy generated" (p. 378).

Klein (1973) makes the case that Freud's creation of two psychologies was a direct result of his training in which the scientific medical researcher was to explain biological phenomena by probing into the very fundamentals of existence, usually in physical-chemical dynamics in a physiological model. In Freud's scientific mind, as clinical discoveries were formulated a philosophical underpinning was required to explain *how* they worked, hence the metapsychology. We need to remember that the origins of science are in philosophy and that the microscope was once called a philosophical instrument. Galatzer-Levy (1976) clarified the philosophical issue by elaborating on the intellectual milieu of Freud's training and early career and its influence on his struggle to explain the transformations of psychic energy, as had been done for physical energy. Klein believes metapsychology to be irrelevant to the clinical psychoanalytic enterprise and could be successfully disconnected from its psychology (p. 107).

In disagreement with Klein, I believe philosophy adds a necessary bridge linking the empirical, objective, clinical data with the intersubjective, hermeneutic impulse to explain; in joining the objective with the subjective, psychoanalysis represents an impelling force in human nature to generate self-realization and to make positive meaning out of our existence.

Notwithstanding Klein's position, metapsychology, then, is an enriching dimension of and a dialectical exercise in intellectual elaboration which adds a level of abstraction to clinical phenomenon for the purpose of deepening understanding. Metapsychology can shape the intersubjectivity of experience in that the experience can be located in delineated fields of perception which lend

coherence to theoretical flights of fancy or personal mythology creation. (Personal communication with William Gieseke) It is an adventure into metaphorical meaning making which contributes to self-narrative construction. However, with the introduction of neuropsychology and its relationship to empiricism, it seems that metapsychology as a philosophy will be taking on more concrete dimensions.

Galatzer-Levy's work entitled *Nonlinear Psychoanalysis* (2017) suggests the emergence of another, yet to be formed, metapsychology. He begins with describing how Freud's indomitable metapsychology and its linkage to linear developmental thinking came to be questioned. "In the 1980s Merton Gill, Philip Holtzman, George Klein, and Roy Schafer, launched a brilliant attack on the ego psychology edifice that showed how it added little to the understanding of people, masked areas of real ignorance, and interfered with the study of how people make meaning" (p. 34). "The combination of its apparent distance from clinical work and the enormous loss of reputation of abstract psychoanalytic thought that resulted from the demolition of American ego psychology left most American psychoanalysts with little taste for abstract conceptualizations" (p. 34). It is Galatzer-Levy's opinion that abstract ideas do not just fade away. Rather, they become hidden as common sense, unarticulated principles that continue to exert a shaping force in clinical work. "Being unarticulated, they are immune from examination, questioning and development" (p. 35). What would likely elements in a nonlinear dynamic systems metapsychology include: "...a world with abrupt changes, discontinuities, idiosyncratic developmental lines, and disproportions between causes and effects" (p. 64). While the marginalization of classical psychoanalysis was underway, pathways for the collaboration of clinical and developmental psychoanalysis with other domains of knowledge were opened, namely with nonepigenetic, nonlinear dynamic systems theory and neuropsychology analysis.

A significant impediment to developing contemporary models of metapsychology is the adhesiveness of Freud's dual instinct theory. Greenberg (1991) has laid out his argument for dealing with this. He provides a fresh appraisal of the developmental forces impacting instinctual life. Considering the resistances to revising drive theory, let's spend some time examining Greenberg's work on this subject.

Greenberg's Revision of Dual Instinct Theory

Greenberg begins by summarizing the four characteristics that define Freud's concept of drive:

- 1) "Drive is a demand made upon the mind for work. It is the only source of the energy that fuels the workings of the mind." It is the sole source of our primary motivations and all behavior.
- 2) "Drive has a qualitatively specific nature manifested by its aims; they drive us in a particular direction." There were always two drives in the system: sexual and self-preserved, later renamed sexuality and aggression.

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3) "Drive aims precede experience; the drives are with us at birth and their nature is fixed phylogenetically." They are psychologically irreducible.

4) "Drive is a constitutional variable. Drive endowment, the strength and balance of the two drives differs among different individuals" (Greenberg, pp. 37-38).

Can we think of more than two instincts? "In his second dual instinct theory Freud chose sexuality and aggression as his motivational and experiential first principles. This is the most controversial step along the path. One can follow Freud even as far as instinct without following him to the primacy of sexuality and aggression. Many analysts have suggested alternative theories: dependency drives, competence or mastery drives, drives for self-cohesion, and drives for individuation are prominent in the literature, along with many others. Generally, however, the theorists who propose these alternatives have been relegated to the role of dissenter" (Greenberg, p. 29).

After eighty years since Freud's death, I think it is high time to bypass the tragic "theoretical bedlam" (Barratt 2013) so closely associated with attempts to accommodate alternate, evolving psychoanalytic propositions (Bendicson 2019, pp. 3-21). I support Greenberg's suggestion to broaden drive theory to include both wider contemporary thinking on human motivation and those fantasies, wishes, memories, etc., originating internally, as well as those based in environmental adaptation. Greenberg begins by evaluating various single-drive, multiple-drive and mixed-model theories of motivation as alternatives to classical drive dualism, sexuality and aggression.

Greenberg writes, "It is not only the narrowness of dualism that empowers it. More important, human experience is indelibly marked with the radical polarities that are most poignant at the very beginning of life. For the infant, things are good or bad, and they are present or absent. The pleasure and reality principles respectively address these unbridgeable alternatives and the way they continue to govern the mind forever. Smith puts it this way: 'the interval between wish (absence of the object) and satisfaction (presence of the object) [is where] it all begins - desire, rage, imaging, thinking, language, object relations, and structural development' (in Greenberg, p. 128 from Smith 1986, p. 563).

"I think, however, in rejecting dualism we lose our sense of the dilemma of 'yes or no' as it shapes the origin of experience and of life itself. And we lose the persistence of polarity in the organization even of adult experience. I agree with Smith, who concludes that he cannot 'quickly dismiss the idea that life is organized around and in terms of great polarities like presence -absence, danger - defense, pathologically narcissistic - object related, progression - regression, and so on'" (in Greenberg, p. 128 from Smith 1986, p. 566).

So the stage is set for a new dualism, an alternative to the libido - aggression theory. Greenberg begins by refer-

encing and building on the work of Joffe and Sandler's (1968) concept of *feeling states*. Feeling states reference a wide range of physiological and psychological needs which are linked to the general condition of the body; they can be either conscious or unconscious, are multiply determined and shaped by both internal and external impingements.

"Feeling states are organizers of the drives; they are experiential indicators of how well the drive needs are being met. The quality of a person's feeling state at any time reflects a subjective assessment of personal circumstances; in so doing, they may guide action. An important determinant of feeling states is the status (actual, anticipated, and potential satisfactions or frustrations) of motives. They are like highway signs, conveying information about where we are and perhaps where we will get if we continue along the same route. But they don't say anything about where we want to go and they don't provide the energy to get us there. This is where drives enter the theoretical picture: we can think of drives as aiming at the creation of specific feeling states" (Greenberg, p. 129).

"I believe there are two quite different feeling states that can be usefully thought of as the aims of the fundamental drives. One is the sense of physical and emotional well-being - freedom from the pressure of any urgent need and the absence of unpleasant affects of which anxiety is the prototype. There is a conviction that one can relax, that it is all right to surrender, actively, to circumstances. There is a sense of continuity that verges on timelessness; neither the well - being nor the conditions that produce it will ever change. I call the search for this feeling state - the safety drive" (Greenberg, pp. 129-130).

"The second feeling state, in contrast, involves the sense of vitality and vigorousness; the experience of being alive and active. It is the feeling that Mahler caught so accurately and poignantly in her description of the child's exuberance during the practicing subphase of separation-individuation (1968). We see it in the athlete who has just won a race, arms raised and head tilted back, feeling the fullest sense of self. And we each experience it in our everyday lives when we have achieved a goal, overcome an obstacle, felt that we have used ourselves well. It is a feeling of being effective, stimulated, perhaps excited. In contrast to the timelessness of the first feeling state, time seems to fly by. The underlying conviction is not that circumstances will stay the same, but that they will change, and change for the better. I will use a term coined by Robert White (1959, 1963) and call the search for this state the 'effectance drive'" (Greenberg, p. 130).

To restate this, Greenberg continues, "I have suggested that because it aims at feelings of physical, intellectual and psychological relaxation, the safety drive moves us closer to other people. In contrast, the feeling state that is the aim of effectance is characterized by a feeling of self-sufficiency, autonomy, and individuation...it can be conceived as an urge away from the necessity for being mothered" (Greenberg, p. 133).

Greenberg believes that a safety and effectance dualism offers a better, more comfortable explanatory fit

with Freud's universality of conflict in both intrapsychic and interpersonal life. Three types of conflict are considered: "conflict between opposing feeling states that is pre-experiential and may have little or no connection with other people; conflict about the object that precedes relatedness itself and contributes to the characteristics of whatever relationship is established; and conflict with the object, or interpersonal conflict" (Greenberg, pp. 137-140). As an aside, I prefer the terms *attachment-safety* and *mastery-effectance* which lay emphasis upon the two main forces in our evolutionary struggle: bonding and reproducing with each other, and surviving and adapting with each other to meet the vicissitudes of life.

How does Greenberg relate his revision of drive dualism to the oedipus complex? "Most triangular events occur in the physical presence of only two people. But when the child becomes capable of triangular experience, *there is always a relationship with the person who is not there.*"

Greenberg considers triangulation in the context of the centrality of agency, fantasy and conflict. In the role of agency, conflicting pressures lie behind all actions. As the oedipal drama escalates toward resolution a cascading set of choices confront all in the triangle, but especially the child. Alternative perspectives abound including those of wishes, desires, attachments, loyalties, fears and hostilities. Inevitably, choices need to be made and so agency assumes structural shape. Fantasy always involves the child self, the mother object and the absent third person. The triangular details are always partial, incomplete and changing leaving the vulnerable child in alternating states of anxiety, contentment, feeling grandiose and victorious and then fearful. Omnipotent destructive wishes are easier to repair in dyadic relationships because of the more immediate availability of the ambivalently held object. But in the case of triangulation, attunement repair with the absent object is more formidable and challenging. The fantasies of all three oedipal parties are multiply determined; empathic ruptures can elude correction leaving the effects of the fantasies "encoded and fixed as essential components of the represented experience" (Greenberg, p.183). "...because of the tension between the safety and effectance drives, some degree of conflict can be presumed from the beginning of life. In triangulated relationships conflict is ubiquitous and significant. Triangulated experience can be unconflicted only if there is perfect attunement among the people involved. This can never happen, so there will always be some conflict of interpersonal origin" (p. 184). The nature of the mixed safety and effectance drives move us in an alternate direction shaping an oedipal narrative with a corrective emphasis on attachment and exploration/mastery rather than a focus on incest and parricide (Greenberg, pp. 179-184).

In summary, a substantial majority in the psychoanalytic establishment no longer accept libido/aggression theory. Greenberg addresses this issue by introducing a modification. In his reformulation, three of Freud's four core principles are retained: psychic determinism, un-

conscious motivation, ubiquitous conflict; the fourth, libido/aggression theory is exchanged for safety/effectance theory, a revised dual-drive theory that is more compatible with the expansion of new knowledge, in particular neuroscience and non-linear dynamic systems theory, and advances in philosophy and psychological theory, especially postmodern thought, hermeneutics, narrative and relational theories. Greenberg's modified theories can continue to offer the promise that "...psychoanalysis still represents the most coherent and intellectually satisfying view of the mind" (Kandel 1999, p. 505).

Making the Link with Neuroscience to Anticipate a Neuropsychanalytic Metapsychology

Freud's "Papers on Metapsychology" (1915) continued his thinking on creating a grand psychological theory that began with the "Project for a Scientific Psychology" (1895a) and extended through the well-known seventh chapter of the Interpretation of Dreams (1900a) (Freud 1915, pp. 105-107). Freud wanted his psychology to be accepted by the scientific establishment and to do so grounded his conceptual framework in the dominant hydraulic-energy-drive/instinct-evolution paradigms of his day. To distinguish his clinical psychological observations, obtained through empirical data gathering, from theoretical speculations, he used the term metapsychology (meta = beyond) to denote a higher level of abstraction in explaining his metaphor laced paradigm. Freud's elegant model, over 100 years old, has demonstrated remarkable adhesive power (Prochnik August, 14, 2017). However, it is considered anachronistic judging by the advancements in science today. Challenges specifically to Freud's "energy-drive" model and to psychoanalysis in general, are well known, formidable and growing (Kernberg 2011; Schechter 2014). Theorists struggle to reconfigure the once monumental model as bridging concepts are sought to establish explanatory compatibility with diverse knowledge domains such as biological psychiatry, academic psychology, nonlinear dynamic systems theory and neurobiology, to name a few. Can psychoanalysis survive as a stand-alone discipline? Where are the emerging mind-brain metapsychologies? Let us examine one of the most recent.

Imbasciati's Protomentality Theory

Imbasciati (2017) has advanced his Protomentality Theory, a framework consistent with neuroscience. "My theory ...is a hypothesis (as was Freud's one) which attempts to connect the discoveries and concepts of the different sciences of the mind in a general explanatory theory of the origins and functioning of the mind, so that by drawing on a comparison with the various sciences, it can be useful for psychoanalysis: for the clinical practice of psychoanalysis and above all for the public image of psychoanalysis in the general scientific panorama" (Imbasciati 2017, p. 150).

Standing in the way of a new neuropsychanalytic metapsychology is the adherence, on the part of the psychoanalytic

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establishment, to the "energy-drive" model. The distinction between "empirical discovery" and metaphoric "instrumental invention" with respect to key concepts such as repression, drive and libido, is raised as a critical epistemological question. Discovery should not be confused with theory. "...theory is the terminal of a series of hypotheses connected organically between one another, invented to give better comprehensible form to what has been observed" (Imbasciati 2017, p.196). "A theory is a conceptual invention, an instrument to understand new discoveries, to refine the method, to make a science progress: an instrument which is therefore provisional, as well as hypothetical" (Imbasciati 2017, p. 202). Core concepts in his metapsychological theory include:

- 1) the mind and brain are a functional unity with reciprocating influences;
- 2) the vast majority (95%) of our mindbrain works beyond consciousness;
- 3) while genetic expressivity/biological heritage is the same for all homo sapiens, epigenetic variability/individual experience allows for an infinite possibility of differentiation; in other words, while the macro-morphology of the human brain is determined by the genome, its micro-morphology, and specifically its physiology, are structured according to an individual processing function determined by the experience of each individual subject;
- 4) all human mindbrains are different; there is no normal mindbrain, but its mental expressions and behavior enable us to speak of what appears as average for all adult human beings;
- 5) experience is understood idiosyncratically and never corresponds exactly to external reality;
- 6) in the experience that has structured the mindbrain, the most comes from the emotional information derived from inter-human relations;
- 7) the structuring begins in the fetus with its greatest impact in the first eighteen months and continues throughout life; given a suitable emotional level the mind brain is in a constant state of being restructured;
- 8) every single detail of all mental life and behavior is regulated by the mindbrain including temperament, character, affect and cognition;
- 9) what is scientifically called "mind" today does not correspond to what the individual believes is happening inside him, or what he believes is happening or what he is conscious of;
- 10) what are called emotions do not coincide with what we are feeling; most of the work done by the mindbrain is emotional and, at the biochemical level, is beyond our awareness;
- 11) all of the right hemisphere and most of the left hemisphere constitute the emotional brain; the processing of the emotional brain is transformed, in circuits in the left brain, into cognitive operational skills which are possibly conscious; so that it can be said that a human being "reasons" on the basis of the emotional work of the mindbrain;
- 12) in the first eighteen months the mindbrain is operationalized and regulated by emotions which are encoded

into functional, implicit memory, not memory of contents which can possibly be re-evoked.

13) the mindbrain's work depends on the interconnectivity of billions of neurons which are constructed by experience; each experience constructs new neural connections or assemblies; the genome determines the number of neurons while experience generates their connections called the "connectome".

14) memory also depends on the connectome; what is remembered may not correspond to what is memorized. Memory is a continuous, ever changing activity, not a warehouse. Even though memory regulates all our abilities, very little of it is remembered (Imbasciati 2017, pp. 61-63).

It is apparent that Imbasciati is *not attempting to fashion an integration* among the sciences with psychoanalysis. The question of understanding the origins and functioning of the mindbrain will, in all likelihood, rest on *collaborative efforts organized according to a pluralistic approach*.

Summary and Conclusion:

With influential thinkers and organizational leaders abandoning psychoanalysis' one-hundred-year-old anachronistic energy-drive model, its contribution to today's rapidly increasing knowledge base is expanding. Psychoanalysis urgently needs a new, contemporary metapsychology. When that day arrives psychoanalysis will reclaim its relevance and its vital role at the multi-theoretical table.

I have attempted to put forward an argument for a modernization of psychoanalytic metapsychology, as an element of a general theory, that accommodates advances in its collaboration with other domains of knowledge, specifically, nonlinear dynamic systems and neuropsychology. To reiterate, I advocate 1) abandoning the reliance on single theory formulation and the embrace of theoretical pluralism, already endemic to contemporary psychoanalysis; 2) updating Freud's dual instinct theory in which safety and effectance as drives, replace libido and aggression; and 3) creating new metapsychologies consistent with Freud's encouragement to formulate new hypotheses and metaphors as we embrace new ideas and discoveries. It is hoped that these modifications in our thinking will, as I said in my introduction, return a vibrance and a sense of enhanced relevance to psychoanalysis as it takes its place as a respected contributor to the scientific roundtable.

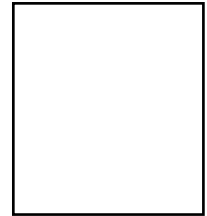
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Harold Bendicson, LCSW, practices psychotherapy in Elmhurst, IL, has authored books on development from a psychoanalytic perspective, and is on the faculty of the Child and Adolescent Psychotherapy Training Program at the Chicago Psychoanalytic Institute.

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