

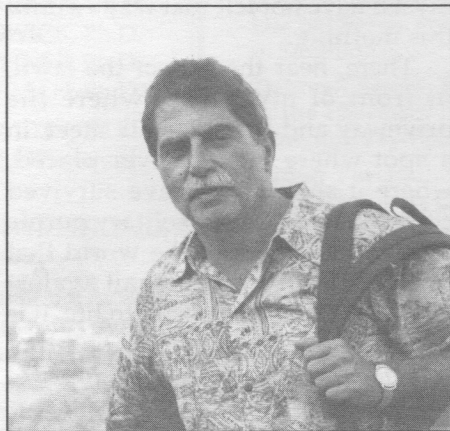
ADELPHI SOCIETY FOR PSYCHOANALYSIS & PSYCHOTHERAPY

NEWSLETTER

SPRING 2002

PRESIDENT'S MESSAGE

It may have started with the interpersonal toxic waste of the Industrial Revolution. At least that is what Virginia Goldner, Ph.D. maintained at the conference on "Creating Therapeutic Space" on February 9, 2002. Before the Industrial Revolution, work and child rearing were shared tasks of the entire family and brought about as an integrated unit at home. Eventually, a division of labor was established. Men had to become more aggressive by leaving the house and following the work and the money (power) into the factories. Women were now given the responsibility for child rearing. The woman's job was to recreate, through the children, the family structure or the unit of production for the factories. Hence, the idea that women are responsible for the child rearing and recreating the family is a recent societal adaptation that has become accepted as the word of God. Dr. Goldner maintained that to accept this "traditional" division of labor and roles as gospel for the "ideal" marital situation could present problems when working with couples. The analyst would do better to keep an open mind to any and all sorts of "marital and systems arrangements". This was one of the illustrations of how systems and psychodynamic theory should be integrated in our thinking. However, the term "integrated" is a very poor one. Dr. Goldner, maintained that a melting pot concept accompanies the word "integrated". She would prefer to view the different theories and approaches as part of a "beautiful mosaic". Each component is appealing on its own, while adding something to the total composition. It struck me as a most elegant way of



Harry Kahan, Ph.D.

thinking and working. The speaker and the conference were excellent. The room was packed, and when Dr. Goldner spoke, I did not notice the usual ruffle of papers and scrapping of chairs that goes on at these events. Throughout the morning and later, at lunch, I saw many old friends and I made a few new ones. On the way home I remember thinking that the conference was a success.

The next day before the joint meeting of the Post Doctoral and the Society Executive Boards, (yes, a full weekend at Adelphi) while discussing the conference with me, Joe Newirth mentioned that the event had not been well attended by the Society members. I was taken aback. It seems that I had become used to seeing "the usual suspects" at these events and failed to realize how few of the society members actually attended the conferences. Later at the joint meeting, the common concern was on how to improve communication and support of each other, how to increase our relatedness. At times the discussion became quite heated. Some back and forth action was noticed. Projections, denial, paranoia, scapegoating, in groups - out groups, power issues, etc., all made an appearance. One of

the most astute observations of the morning was made by Stephen Andreopolos, a first year candidate who commented that "fellowship" was at a low point in the room. It struck me that this was indeed a gathering of the peoples from the highest elfin mountains of the north shore to the hobbit sand dunes of the south, the folk had come in response to the threat and the call to arms. Representatives of the child, adult, group, couple, school-psychology, programs were present, as well as faculty, administration, and executive board members from the society. The meeting had been called to deal with a major threat to our Middle Island Kingdom. Sauron, in the guise of complacency and riding a chariot pulled the steeds of alienation, apathy and jealousy, was leading the dark forces in an attempt to destroy the institute, the society and therefore lay waste to the Middle Kingdom. With the managed care threat apparently at bay, or more likely, lurking in subterranean caves making new allies and trying for a return to power, it is easy to lapse into complacency. In a moment of clarity, Marjorie Maltin spoke the loudest by asking in a soft voice that the gathering consider that perhaps society members do not feel "... needed and appreciated." Hence the low attendance at conferences.

Dr. Goldner suggested that Descartes concept of, I think therefore I am," be revised to something like: "We think of you, therefore you exist." I am not quite sure of the link, except that it feels right to believe that the fellowship of the ring is crucial to our existence. The membership is needed and appreciated. If all of you cease to think of "us" as a society, we will no longer be a family or any kind of an

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President's Message

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entity. We will simply not "be". It has crossed my mind that perhaps this is part of the September 11th massacre. In view of that event, these issues, as most that we face every day, are rather trivial. In view of that event, time should be spent with our first priority — our families. Our father/mother, the institute/society failed to protect us from this danger. We are still in shock, the trauma has not allowed us to function as we normally do. Anger resides in our unconscious and pushes through. And so on

There is a way to address these thoughts. The fellowship of the ring is created and maintained by hope. In the darkest hours, when the world has been in its most desperate times, the hope that good will prevail, that the struggle will result in a better tomorrow has always won the day. It is the "it" that allows some to survive and arise from the depths of despair. It is the missing ingredient in those that elect to cease to struggle and lay down their arms.

We cannot think of where we are without considering the events of the world, the system, if you will, and the impact of our personal history. As Dr. Goldner points out, it is not always resistance to say that the system is impacting on us, that the events of this past winter are affecting us. Nor is it reasonable to fall to consider how our uniquely personal history and the strategies we have developed of integrating and coping with traumas are affecting our behaviors. Whether staying at home and eating chicken soup or rushing about trying to cram as much as possible into our day, we ultimately must face our vulnerability and our need for connection.

Our editor has asked that this be a "healing" edition of the newsletter. This message has been a struggle to compose because I do not feel healed. I do not feel reborn, even though this is the spring edition and it is a time of renewal. It is a time of growing and healing. It is a time when babies and flowers come into the world full of

optimism. A time to look around you and celebrate being alive. It is the moment to reach out, connect with those around you and affirm that you exist and it is good and proper for all to acknowledge your existence and to help give definition to who you are. And it is a time for you to do the same for all around you. And yet I myself have not felt that way — until this morning.

There, near the end of the lawn, in front of my house, where the driveway and the sidewalk meet, in a spot where it was never placed, where it should not have survived countless mowings, a solitary purple crocus announces to the world that life and beauty will prevail against all odds. As far as a paean to life, it is a most modest statement, one that could easily be overlooked. And yet for me at that moment, it was as powerful as that most strident blast from the dark that was felt this winter. Stephen Mitchell in his last book: *"Can Love Last?: The Fate of Romance Over Time"* maintains that love makes people feel unbearably vulnerable and that in order to protect ourselves we isolate love. Hope and love are as inexorably tied together as are flowers and romance. The presence of hate only confirms the existence of love, and I suppose there is a very good reason why many people fall in love and why most weddings take place in the spring. Love now and hope for the future seems to fit for me. Spring is here, love and be healed now.

*Ah, God — for the flower — air of
Spring! To see
The world in bud! To press with eager
feet
The dear, soft, thrilling green again!
To be
Once more in touch with heaven upon
earth!
One soul-toned thrush's perfect
harmony,
One little warbler's huge felicity,
One buttercup! One perfect butterfly!*

— e.e. cummings

VOL. 16, No. 3

SPRING 2002

ASPP NEWSLETTER

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Condolences

To Sally Lauve on the passing of her husband.

News**Mary Gail Frawley-O'Dea**

Appointed Executive Director, Manhattan Institute Trauma Treatment Center.

Presented 1/2 day workshop on a Relational Model of Supervision with co-author Joan Sarinat, Ph.D. to Massachusetts Association for Psychoanalysis and Psychoanalytic Psychotherapy, Boston, November 2001.

Karen Shore, Ph.D., C.G.P. presented an in-service seminar on "The Use of Dreams and Fantasy in Group Therapy" at Pedersen-Krag in Smithtown.**Deborah Serani, Psy.D.** presented a paper entitled "The Analyst in the Pharmacy" at the Division of Psychoanalysis (39) of the American Psychological Association, April 10-14, 2002.**Group Psychotherapy Program**, biannual conference held on Saturday April 6, 2002 at the Waldorf School, Garden City. The topic was *Intersubjectivity in Large and Small Groups: Implications for Group Psychotherapy. A day with the Group Therapy Faculty of The Washington School of Psychiatry*. For further information on this conference or the Group Program contact Dr. Richard Billow.**Classified Ads:****Office Space for Rent**

Psychologist in part-time practice seeking office space in Port Jefferson, Mount Sinai, Miller Place Rocky Point, Shoreham vicinity. Please call Dr. Gately at (631) 474-7479.

Group Health Insurance

All those interested in group rates for health insurance through the Adelphi Post-Doc Society please call Dr. Ann Gracer at 718-261-1925.

Postdoctoral Executive Board — meeting was held May 5th at 9:30 at Hy Weinberg Bld.**Adelphi Society Executive Board** — meeting was held May 5th at 9:30 at Harry Kahan's home, Rockville Centre.**NEWS & NOTES FOR AND ABOUT MEMBERS****Dates To Reserve:**

Adelphi Society	June 7th
Annual Dinner Dance	at 7:30 pm
Celebrating Graduates	The Metropolitan,
and Society Officers	Glen Cove
Honoring Dr. Robert Mendelsohn	

Postdoctoral Child, Adolescent, & Family Psychotherapy
Two workshops in psychodynamic child psychotherapy

Fridays, June 7th and June 14th, 2002 at Adelphi University Hy Weinberg Bldg. - 3rd Fl. Workshops to be led by Dr. Robert Drago, a faculty member and former Co-Director of Child & Adolescent Training Program for Psychotherapy. Open to doctoral level practitioners at no charge. To reserve a place call: Dr. Elaine Seitz at: (516) 466-3022

JUST A THOUGHT*Eleanor Roosevelt said that . . .*

"It is a curious thing in human experience but to live through a period of stress and sorrow with another person creates a bond which nothing seems able to break."

These words hold enormous implications for the way in which we, as a community, may come to enhance our relationships with one another. In those early weeks following September 11th, Estelle (Rapoport) went above and beyond her job description, expeditiously offering a way for us to gather together and in so doing enabling us to give voice and shape to our individual and collective experience. In so doing she assisted us, at least for a brief time, to live through this period of "stress and sorrow" with one another and hopefully to strengthen and create bonds within our analytic community.

— PKP

IMPORTANT REMINDER

International Conference: Dublin, Ireland
July 26 - July 28, 2002
Registrar now and share in a wonderful experience!

EXPANDING THE FRAME: PSYCHOANALYSIS AFTER SEPTEMBER 11TH

Deborah Serani, Psy.D.

"We are all one child spinning through Mother Sky". This Native American proverb suggests that we are all the same, communally held by connections to the earth. It implies that there should be innocence and playfulness in life for all people of all ages, and that inherent is an ever-present sense of safety.

On September 11, 2001 we were all one child spinning, but not with a lightness of heart. We were spinning from terror. Reeling in despair. Eyes transfixing to the destructive horror. Mouths freezing in circles of o's. The collective experience numbing the rest of our senses. The events of that day left many of us asking questions. Why this? Why us? This essay will look at terrorism, its psychoanalytic underpinnings, and offer ways for analytic treatment to expand its frame in dealing with catastrophic experiences and shared trauma.

Understanding Evil

The conscious psychological motive of terrorism is to destabilize a society. It is an extremely economical way to evoke mass reactions. Unable to achieve goals by conventional means, terrorists create a chilling and merciless way to gain recognition. The terrorists' message, whether political or religious, will be expressed in a deliberate high-profile event. There will be targeted symbols and targeted people. Equally important to the effectiveness of the terrorist act will be those that witness its wake. Through the terrorist event basic security is seized, one's connection to identity and community are shattered, and basic human functioning is gravely compromised. (Butterworth, et al. 2001; Everly & Lating, 1995; Herman, 1992; Hudson, 1999).

The unconscious psychological motive of terrorism is to destroy good objects because they are sources of unbearable feelings of envy. It has

been suggested that the terrorist's virulent, malignant projective identification serves as a defense against the collapse of his sense of self in the face of tremendous grief, hopelessness and depressive anxiety — and the need to annihilate functions to metabolize life-long feelings of dread (Alford, 1997; Casoni & Brunet, in press; Fromm, 1973; Horney, 1948; Klein, 1955; Searles, 1956; Young, 2001). Going further, Bollas (1995) contends that by finding victims to put through the machinations of such malevolence, the terrorist can transcend his earlier, intolerable psychic death. Splitting escalates to such a degree that the terrorist is altogether right, sanctioned by God, and the target is altogether wrong, beyond divinity (Young, 2001). The terrorist deforms ethics and employs evil to serve these unconscious aims so the human and the non-human are linked in a reversal: that which is human is reduced to an it, and that which is an it is rendered sacred (Grand, 2000).

The collective resonance of September 11th connected many people of the world in a swell of psychological crisis that has never before been seen or experienced with such mass immediacy. These tidal feelings of distress and hopelessness were induced on that day "not only because a destruction of symbols was carried out in real life . . . but also because, on an intrapsychic level, the very existence within us of good internal objects with which to identify was threatened" (Casoni & Brunet, p.3). It could be said that on that day, we all completed an apprenticeship in dying — where our souls left our bodies, though we had no knowledge of actual physical death (Bollas, 1995).

Contemporary psychoanalysis needs to understand the conscious and unconscious drives in the terrorist. In doing so, the analyst can bring light and understanding to

patients as to why such evil exists. However, understanding evil and explaining the mechanics of terror will not provide redemption (Grand, 2000). It will, though, help start the reconstruction of a sense of security for the patient, which is the "hallmark" first step toward recovery — and since such cataclysmic events overwhelm all who live through them, grasping these underpinnings will help us, as analysts, to find our grounding again. Herman (1992) thoughtfully reminds us that traumatized people are relieved to learn any information about the ordeal with which they have suffered. Analytic work can bring words and offer meaning to the "wordlessness of the trauma" (p.158), so that consolidation and mastery can begin.

Witnessing crimes against humanity does not only pull at one's goodness and innocence. Casoni & Brunet suggest that another identificatory process unravels: the identification with the aggressor. They suggest that some degree of identification with the terrorist is inevitable because of the presence within each of us for violent feelings. In essence, a survivor's psychological pain may be simultaneously experienced "from two similar, albeit divergent processes of identification" (p.4). We feel despair, but we also want revenge. As such, these identificatory movements teeter the already precarious link to one's internal objects subsequent to witnessing disaster. If such conflict exists within the patient, treatment needs to find a way to integrate these psychic states. The patient should learn that vengeful behavior serves to lead conflict on an escalatory path, causing a reciprocal chain of revenge and counter-revenge. Thus, vengeance perpetuates the cycle of evil, infecting whoever lingers in its margins. Helping the patient to reach

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an "object related hatred" (Grand, 2000) would allow the patient to reduce splitting, and see the terrorist as a whole object. Through this process, the patient can view the terrorist crime "as the inhuman act of a human soul" (p.158). Treatment that can achieve this will enable the patient to feel vengeance and move through revenge, then feel hatred and move through hate (Akhtar, 1999; Galdston, 1987; Grand, 2000).

Understanding Trauma

The literature in psychology is plentiful in the diagnosis and treatment of Post Traumatic Stress Disorder (PTSD), and will not be explored herein. The focus in this essay will be on the critical period of acute trauma. Trauma is a psychological reaction characterized by hyperarousal of the sympathetic nervous system, perching the individual in a state of permanent alert (Herman, 1992). After catastrophe, some survivors experience extreme and persistent arousal in the form of anxiety, panic, hypervigilance, irritability and insomnia. Slowing the physiological process by attending to the signs and symptoms of the heightened hyperarousal state is an extremely important step in the treatment of traumatic stress. Empirical research has shown that hyperarousal in individuals during the first few weeks following trauma raises the risk factor for the development of PTSD. It is this vein that analysts need to distinguish the levels of acute trauma and how to treat these cases (Butterworth, et. al. 2001; Everly & Mitchell, 1997; Herman, 1992; Rothschild, 2000; van der Kolk, 1996).

Acute Stress Reaction (ASR) is a psychological disorder outlined in the ICD-10th Edition. ASR is a transient condition that develops in response to severe trauma. The symptoms of ASR begin within minutes of the traumatic event and may disappear within hours or days

post-trauma. Criteria for this diagnosis require that symptoms do not present for more than 48 hours. It is imperative that survivors understand that there is a set of expected states that one will progress through. Changes in arousal, attention, perception, motor activity and emotional experience are considered normal in massive trauma. It is at this juncture that Critical Incident Stress teams are activated to reach out to those who have witnessed or survived the life-threatening events, so that they can understand the process their recovery will assume (Everly & Mitchell, 1997). Critical Incident Stress Debriefing (CISD) is not intended to be a substitute for psychotherapy. Its goal is to mobilize expression and experience of the trauma as a crisis intervention. It is also in this triage stage where analysts can help patients move toward recovery by helping them understand the biological, chemical and psychical structure of the experience with which they are enduring, or as van der Kolk (1988) calls, "the trauma spectrum". This early identification and crisis intervention can lead to prevention of PTSD. It is important to note that many trauma researchers believe that the ICD-10's diagnosis of ASR acknowledges the fluctuating course of acute trauma symptoms in its early stages, better than the DSM-IV, and can identify patients earlier for follow-up treatment (Bryant & Harvey, 2000, Solomon et. al., 1996).

In 1994, Acute Stress Disorder (ASD) was introduced as a formal diagnosis in the DSM-IV to help clinicians identify later stages of acute trauma reactions. ASD resembles PTSD in that the person has been traumatized, re-experiences the trauma, avoids stimuli reminiscent of the trauma, and has increased hypervigilance — but the important distinction is that ASD refers to the period of 48 hours post-trauma but not more than one month. Primary for analysts during this phase is to address the "physioneurosis"

(Kardiner, 1941) that develops from trauma via psychotherapy, and medication, if deemed necessary. Relieving hyperarousal, numbing, dissociation and the intrusive reliving of the horror can enable the patient to separate current reality from past trauma (van der Kolk, 1996). Through this "body awareness" (Rothschild, 2000), patient and analyst can learn to gauge and pace hyperarousal, as well as to separate and bridge somatic memory to conscious memory. Incidentally, analysts need to be aware of the increasing occurrence of "chain shock" (Jorgensen, 1992), where the linking of two or more traumatic events by theme or timing exponentially bear down on the already traumatized person. September 11th and subsequent terrorist acts have shown us that this trauma phenomenon will heighten.

Reality will play a new and significant role in the analytic work when terror strikes. Uncertainty concerning the possibility of future mass disasters and atrocities is amplifying and elongating the arc of Anticipatory Anxiety. Butterworth (2002) distinguishes this set of debilitating symptoms as "trauma focused not on recuperating from shocking and mind-numbing events such as those on September 11th, but from fear and uncertainty of what is to come". Analysts need to focus on blocking the cycle of anticipatory anxiety, and aim toward helping the patient restore a sense of power and control. Herman (1992) advises us that therapy should swiftly aid the patient toward establishing safety that focuses on control of the body and then safety that moves outward toward control of the environment. Treatment needs to immediately concentrate on physical health and body integrity, regulatory functions like food, sleep and motility, arranging a safe plan for living and working, and most importantly, connecting the patient to a sense of community with social support (Herman, 1992; Howell, 1993; van der

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Kolk, 1996; Volkan, 2000). Another significant treatment goal is to reduce the rippling distortions that are consequent to witnessing tragedy. Anticipatory anxiety is fear fantasized to an exponential degree. It is imperative that the analyst helps the patient identify and replace fear-promoting, irrational beliefs with more realistic and functional ones.

Steps for Recovery

It has been suggested by Bryant & Harvey (2000) that initial sessions with acute trauma patients should focus first on psychoeducation. Essentially, this means providing a biological, chemical and psychological picture for the patient about traumatic stress. The next recommended step is to describe the theoretical and technical reasons why psychoanalysis can be helpful for trauma recovery. Bryant & Harvey highlight that trauma often poses obstacles for patients to absorb treatment information because they are fearful about approaching traumatic material . . . and stress induced confusion and forgetfulness can blur understanding. They recommend that a written summary of treatment rationale and other related information is useful to mitigate these stress induced states. Once this is achieved, treatment can tend to the reinstatement of basic safety and basic security needs (Sullivan, 1968). This is the period in therapy where body awareness and anxiety management techniques will be needed to appraise hyperarousal. Again, through reduction of hypervigilance, the patient's frayed self can begin to mend. It is also suggested during this stage, that the analyst evaluate and consider when avoidant behaviors are adaptive or maladaptive for the patient.

Remembrance, reconstruction and mourning will be the goals in the next stages of recovery. The analyst who can hold and witness the patient's narrative will help achieve meaning, and most importantly, authority over

the traumatic story for the patient. Subsequent sessions will need to balance cultural, spiritual and religious beliefs so that a sense of connection to order, justice, and personal worth can flourish once again (Bryant & Harvey, 2000; Herman, 1992). This therapeutic work will be challenging and will require sensitivity to the patient's unique coping tendencies. Though a new schema for how the world operates will require elasticity, the final goal in treatment is to help the patient re-establish meaningful connections to people and things, both locally and globally.

Conclusion

The analytic frame after September 11th needs to be fortified in numerous ways so as not to buckle or bend from the weight of horror and despair. Analysts will have to incorporate greater mastery about acute trauma states, and the physiological representations that present within each one. The analytic frame will need to act on behalf of good and evil, for not only the patient but for the analyst as well. Treatment will be intense, but the analyst needs to hold the patient "like water carries the swimmer or the earth carries the walker" (Balint, 1968, p.167). In these uncertain times, analyst and patient will have to endure the sifting and patchwork that trauma recovery demands, and hold tightly to humanity. In doing so, there is the hope that in some new way we can, again, be one child spinning through Mother Sky.

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LEO KATZ, PH.D.

Healing takes place to the extent in which a person develops hope for regaining some of his/her well-being. Hope is helped by acknowledging whatever progress has been made. With hope, it is possible gradually to accept some of the losses, deficits, and failures of the past, which is a requirement for healing.

Building hope can be promoted by the analyst's implicit expectation that things might get better. This attitude can best be conveyed implicitly by acknowledging the person's pain, by saying, for example: "I can see how you feel like this *now*" (emphasis on the word *now*). This example comes from the writings of Harry Stack Sullivan, but I don't remember specifically where it is from. I would appreciate if someone could tell me where he said this.



NICK DELLIS, PH.D.

The importance of renewal each day and several times a day if necessary helps in any healing process. A deep, abiding faith, even or especially, toward the "enemy" is critical. I am not blind to the pestilence of psychopathy but, in the evolutionary development of the human mind, praying for enough time, I believe that human race is doomed to nobility.

I have memorized this poem by Carl Sandburg (The People, Yes) and go to it in my mind in moments of darkness.

*The people will live on.
The learning and blundering people will
live on.
They will be tricked and sold and again
sold
And go back to the nourishing earth for
rootholds,
The people so peculiar in renewal and
comeback
You can't laugh off their capacity to take
it . . .*

*Between the finite limitation of the five
senses
and the endless yearnings of man for the
beyond
the people hold to the humdrum bidding
of work and food
while reaching out when it comes their
way
for lights beyond the prison of the five
senses
for keepsakes lasting beyond any hunger
or death.
This reaching is alive . . .
The steel mill sky is alive.
The fire breaks white and zigzag
shot on a gunmetal gloaming.
Man is along time coming.
Man will yet win.
Brother may yet line up with brother . . .
In the darkness with a great bundle of
grief
the people march.
In the night, and overhead a shovel of
stars for
keeps, the people march: "Were to? What
Next?"*

— Carl Sandburg

MICHAEL ZENTMAN, PH.D.

The attack on our country in September was, perhaps, the most emotionally devastating event any of us have experienced in our lifetime. When I travel back in my mind, that morning and the weeks that followed continue to exist in a dream-like state of unreality. While not nearly as acute, the mourning process continues for me: did the towers really come down, have we really lost our (naive) sense of security, will life never be the same? The remnants of denial are undeniable. Then Pearl Prilik asked for some thoughts on healing. I was flooded with images of my trips to Manhattan in the weeks following the attack when I consulted with two companies whose offices had been in the towers.

Healing began, literally, before the dust settled in lower Manhattan. Camaraderie was evident as I traveled to the city: on the rail road, in the subway, on the streets. I believe many of us felt a sense of unity with others, with strangers. We'd all been through something together, something horrific. Our survival became a shared experience, and that was the beginning of our healing, individually and as a city. When I ran debriefing groups for one company I was awed and brought to tears not so much by stories of chaos and devastation, but by the unflinching loyalty and courage people demonstrated for each other. This particular company was organized into small work groups and not a single supervisor left the building until everyone in their group was accounted for. This same level of involvement was evident in the groups and appeared to be an important element of the healing process. The city was cohesive. People drew together allowing barriers to melt away. Shared tragedy created a common emotional space and the healing occurred in this space.

After a few weeks of feeling this kinship with passersby I became

nostalgic for the "Real New York." Much to my relief, three weeks after the attack I was standing on a corner on the way to Penn Station when a delivery van came to a screeching halt after cutting off a truck. The drivers barreled out of their cabs and the predictable flow of epithets filled the air. I turned to a woman next to me and without a word we shared a mutual sense of relief: we now knew that we would all survive this disaster.

While many of us provided an invaluable service seeing individuals and groups for post traumatic debriefing the city and it's inhabitants seemed to know, instinctively, what had to be done to heal.



EPIC MENDELSON, PH.D.

Healing is always temporary and contingent. In the face of trauma we struggle to generate sustaining perspectives and affirm and strengthen our vital commitments knowing that these human assertions can themselves be obliterated by the randomness and relentlessness of events. Our very ability to have perspectives, to think, and to love is subject to events largely independent of our design or control.

In many important respects, of course, nothing has changed. We know that we are mortal, and that much of what we cherish is accessible and usable through accidents of fate. Those of our patients who have survived personal and historical holocausts will point out: So, what is new here? Isn't this how life is?

Our capacity for healing emerges from our struggles to dispute, and surrender to, these truths.



JUST A THOUGHT

It occurs to me that along with the collapse of the Twin Towers, the crash into the Pentagon and the nose-dive into the ground in Pennsylvania there was also the collapse of moral relativism. At least for a brief historical instant it appeared that the prior luxury of inclusiveness of all actions as simply a matter of differing perspectives crashed and burned. As the towers collapsed, so did the former misbegotten illusion that all view-points can be safely entertained with equanimity. For a brief instant, an instant that has continued for some and for others has cleared as the smoke from the fires, there was no confusion between what was right and what was wrong.

— PKP

TED SARETSKY, PH.D.

Sigmund Freud found that a sense of humor and a firm grasp of the absurd were significant tools in maintaining one's sanity in the midst of irrationality and chaos. The healing power of the following experience is left to the reader's imagination.

Making Small Talk With A Terrorist

Walking towards the Jet Blue plane bound for Ft. Lauderdale, a large man was arguing with the attendant. It was two weeks after the incident where a man tried to ignite explosives hidden in his sneakers. The large man who was maybe 75, had been asked to remove his sneakers. In a mocking Yiddish accent, he asked, "Do you want me to take off my pants next?"

My wife, who is ordinarily nervous about flying, was telling me she wasn't particularly apprehensive since September 11. Nevertheless, we sat in the lounge scrutinizing our fellow passengers for likely suspects. Nobody fit the profile. When we finally boarded the plane and went down the aisle toward our seats, there he was. Scuffily dressed, looking Middle Eastern, eyes closed, absorbed in listening to the music coming through his earphone, this could be the real thing. Besides everything else, he looked like he had arrived earlier than all the rest of the passengers and felt as if he didn't have any luggage. My wife could hardly take her seat. She waited until she could catch the attention of the flight steward. She told him of her concerns and he moved down the aisle close to us to get a better look. What he saw couldn't have reassured him, one of the stewardesses joined the posse, studying him from another angle. "Don't worry; we'll keep our eyes on him," they told my wife.

My wife and I are both psychoanalysts. I decided to gather all my clinical skills to make a professional judgment about my fellow passenger. Looking for an opening. I noticed him peering at the race results from Aqueduct posted in the Daily News. Are terrorists interested in win, place or show from the day before? If he was going to blow us up, he'll never collect. So far so good. Now he turned to an article about Miami's lopsided victory over Nebraska. Here's my chance. "Did

you watch the game?" I asked. He gave me a short grunt of an answer that wasn't very encouraging, but I continued. "They looked great," I said. Paydirt. "Yeah," he said. "They look like a bunch of pros." "Who's your favorite team?" I asked. "The Jets," he said. "What do you think is going to happen Sunday?" I asked. "Oakland is going to kill them," he replied. Kill? Would a real terrorist use the word "kill"? Isn't it too self-revealing? And for the man to know that Oakland has a long history of mauling the Jets, is not consistent with being a fundamentalist. No, this man wasn't going to blow up the plane. But he was strange looking, and why was he going to Ft. Lauderdale?



PEARL KETOVER PRILIK, DSW

On hypervigilance and hope

In the days, weeks and months following September 11th, it has come to me that those people who felt more at home on the anxious side of the human experiential continuum actually fared far better than those who live within a more contained and secure world-view. In appeared that in those early days, those who had battled anticipatory anxiety, living their lives in a somewhat or outright hypervigilant state suddenly seemed to find a kind of peace in the company of so many new compatriots who apparently now viewed the world, as they always had.

As an example, one such patient, following a government request to 'be on the alert' earnestly asked how she should prepare. This individual was proactive in her own concerns and had (prior to September 11th) requested the testing of air quality in the Long Island Railroad tunnel, as well as spear-heading an investigation into safety regulations in her university. How could she prepare to 'be on the alert'? I was able to suggest that she needed no such preparation. The world had apparently caught up with her sense of potentially impending disaster. As the months have passed however, I noticed that these same individuals, initially comforted by the seemingly collective anxiety, began to experience a flattening of feeling that at times slipped into a gray depression. The

common experience among many individual reactions seemed to be under all the protestations and defenses of hypervigilance, all at some level, wanted to be reassured that their fears were self created.

For those of us, (yes there is an inclusive "I" present) who automatically think about what could be lurking around the snaking 's' curve on a high country road, who wonder at the potential of human beings for creating chaos, who truly believe that it is the event of nothing happening that is the true wonder rather than the possibility of immediate catastrophe, there has always been the containing, calming rationality that such thinking is, well more than a little over the top. The horrific events of September 11th, unfortunately validated or even superceded most many individual's worst case scenarios, moving the unthinkable, into the actual, in the space of a few minutes.

Of course there are some watchers of the world, who had secretly and even somewhat smugly attributed such pre-September 11th, hyper-awareness to their artistic, heightened creative sensitivity. And of course, there are those who have the memory or current experience of their analysis which supports the flowering of such imaginings. There are those who enjoy walking their inner gardens stopping occasionally to lovingly touch a velvet petal of a pet neurosis, deeply inhaling the fragrance of their own accepted idiosyncrasies. Obviously, the province of creative thought is not limited to the perfumed bliss of an impressionistic garden, for the garden is after all planted around the edges of an acknowledged and ever presently looming abyss of mortality. And yet, both the garden and the knowledge of the abyss exist in a more or less peaceable balance, and if at times, there were jolts of icy threat or even downright existential terror, well such, one might consider, is the cost for an enhanced experiential sense of self and the world.

Yet, part of acknowledging fear as a creation is to acknowledge that at some level, the basis for fear is simply untrue, a luxury of one's imagination in a world that is 'really' safe and benign. Even Stephen King leaves a piece of writing unfinished expecting another day to arrive. And so, even the

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most macabrely imaginative, even the most hypervigilant, employ a sense of plausible deniability of the looming mortal abyss and the very actual possibility of catastrophe either personal or cosmic. If and when the abyss comes too brightly into focus it has always been easy to apply a hearty psychic slap upside one's head, acknowledging Mark Twain's philosophy that most of the things people fear never happen at all.

What a marvelous luxury it is for fear to be truly a figment of one's imagination. When personal crisis arrives, an illness, an injury, a death, this luxury of imagined fear is brutally crushed. September 11th was a day unlike others in that it brought about a collective personal crisis. The bogeyman in all our childhood closets seemed to have maybe been really there after all. And so, it appeared that the social safety counted on to exist outside wanderings of one's imagination was suddenly itself suddenly the figment of imagination itself. As the nightmare unfolded, the

fall of the Twin Towers, was as terrifying and incomprehensible as a set of incinerated parents before the eyes of a small child crying out for protection. The towers and their concurrent inability to protect those they held within was a deeply unsettling validation of the most basic of insecurities.

And, yet, there is something essentially life affirming in accepting the fragility of life, a clear clarion call to plant our own gardens, and savor each fragrant moment, a reminder that even that which was formerly considered mundane or ordinary is exalted when extinguished. So many of us wonder how we shall heal. Yet, I am drawn to the very impetus that we as humans have both the capacity and desire to heal. For perhaps it is this desire to heal one's self, perhaps it is the keen longing and yearning for integrated wholeness, and well-being that is at the root of what is fundamentally positive in humanity. Perhaps the desire to heal, to be whole, to have a sense of "well-being" is a

definition of life itself. Perhaps, now at this time, when the presence of the looming abyss was starkly illuminated for all to see; perhaps in the wake of those who have perished, humanity will collectively and individually seize this opportunity to more consciously accept the responsibility, magnificence, beauty and sparkling complexity of living life with imagination and wonder for what was, for what is and for what could be.



The theme being considered for the summer edition of the newsletter will be "Relaxing, Recharging, Transformations and Changes." Please send submissions on this theme, ideas for upcoming editions, news, letters to the editor or any other communications to: Dr.PKP@aol.com or failing internet access to: Dr. Pearl Ketover Prilik, 226 Garden City, New York 11530. (Deadline for Summer Edition: June 28, 2002).

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