

Her research has shown that regular meditation benefits the analyst by helping him stay alert hour after hour and increases his tolerance for primary process thinking and sudden outbursts of negative transference from patients. He can also better tolerate close involvement with patients without fear of being absorbed. The patient benefits from regular meditation by being better able to tolerate anxiety-producing material and to sustain the focus longer on his inner self. When interpretations of resistance have not worked in a session, she suggested that ten minutes of meditation by both parties can reduce the anxiety, help relieve the struggle going on between them, and facilitate nonverbal communication between the patient and the analyst.

#### FROM THE BOARD ROOM

##### Board of Directors Meeting of N.P.A.P. Membership April 1978.

Mary Weisstein was accepted for Senior Membership. Isabel Epstein and Anne Benson were approved as Associate Members.

Hella Ossenberg was accepted as an Associate Member.

Lee Minoff was accepted as an Associate Member.

The Corporation voted to absorb the increased cost (4.00) of the Psychoanalytic Review for the year only for all members.

The Board authorized a forthcoming event in recognition of Annabella Nelken's 25 years of service. Past officers who have worked with Annabella will be invited to share in the celebration which will be attended by all of NPAP.

The program committee is planning a social event, probably for the fall.

Two books growing out of N.P.A.P. sponsored meetings were published: Career & Motherhood; Literature and Psychoanalysis.

The Board requested Len Strahl and the Public Relations Committee look into purchasing discount books for Corporation members and others.

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##### Board of Directors Meeting of N.P.A.P. Membership May 1978.

Martin Manasse was elected a Senior Member. Elaine Rusken, Robert Mollinger were elected Associate Members.

Elizabeth Thorne, President

#### SOME THOUGHTS ON PSYCHOANALYTIC LEARNING

by Gerald J. Gargiulo

(The column prepared for this edition by Gerry Gargiulo will be seen in the October issue. This column was the basis of his address to the Graduating Class of 1978. Other addresses and comments will be included in the Graduation feature of the October issue. L.E.S.)

Continued on page 8

As I thought about what I might say today that would be of some use to you, I decided to share with you some thoughts which have occurred to me as I have tried to relate theory to clinical practice. It is certainly a truism to say that psychoanalysis today addresses itself to the preoedipal patient, to the patient whose conflicts reflect issues regarding developmental needs rather than instinctual disturbances. In trying to get a clearer picture of how we can best interact with patients of this type, I have concluded, after some years in private practice, that it is the simple things which escape our notice, the obvious tucked away in the ordinary, which so often eludes our grasp. Any analyst who has escaped the entrapment of ideological safety responds, I believe, to his patient's developmental needs in ways which have not yet been articulated in analytic literature. Actually, I suspect that the profound subjectivity involved in our analytic work has been one of the contributing reasons for our highly developed metapsychological models: an intellectual corrective, as it were, to ideosyncratic subjectivism in contradistinction to the disciplined subjectivity we need both to practice and to survive our jobs. Yet we have to recognize, I feel, that as necessary as metapsychological assumptions are for descriptive and diagnostic purposes, metapsychology is frequently a distraction from the obvious--an intellectual articulation which can, all too often, aid us in missing the ordinary. Complicated theories of nosology, which are helpful and necessary for psychoanalytic discourse among colleagues, can paradoxically, be a positive hindrance to seeing the theatre which the patient is enacting or experiencing the roles the patient has cast us into. If we miss our cues because we are reading the script, so to speak, or stumble over the lines because we have to run to a dictionary to translate them into our language, then we will not hear our patients.

Obviously there is a dilemma here, in our learning and our practice, that needs resolving. I would like to suggest the following thoughts as a possible beginning for resolving this issue. We master theory, in detail, in order to forget it; we learn diagnostic distinctions and prognostic implications in order to get beyond them; we learn from our control analysts in order to find out what we can teach ourselves (for, obviously, the only things which others can teach us are what we allow ourselves to learn). We learn like the young child, when we create what was there waiting to be created. We learn when we can play with what the world gives us. And, of course, there is a paradox in all of this: if we refuse to learn theory and technique, we can never forget them. And in not forgetting them, so to speak, we preclude the possibility of playing with what the world has given us to create anew--for ourselves.

It is in view of these thoughts that I said that metapsychology can be a distraction from the obvious--if we are remembering theory, we cannot play with what the patient is communicating. If our technical interventions are circumscribed by prescribed caveats, it is all too easy not to hear the script the patient is enacting and to hear, instead, the echoes of our own directing. (And, of course, this clinical play has nothing to do with games.) Little of this is new. The language may be different, but the thrust of what I mean when I say that only when we can play with what the patient is communicating to us can we hear the other side of his communications, his unconscious, is essentially what Theodor Reik said, in his own time and with the perspectives available to him. He made it quite clear that only in listening to what patients were not saying to us could we tell them what they were letting us in on.

In connection with these thoughts on clinical play, a favorite quote comes to mind, from the poet Tagore: "On the seashores of endless worlds, children play." We can certainly elaborate upon that metaphor, as D. W. Winnicott suggests, in saying that friendship and language, art and philosophy are the heirs of that play. The type of play I am suggesting is essential to our work as psychoanalysts prepares us, I believe, to appreciate what Eric Erikson means when he speaks about wisdom and what Montaigne means when he speaks about philosophy. Erikson, as you know, in his delineation of the life cycle, notes that wisdom is achieved, rather than despair, when we can pass on to the oncoming generation the insights we have achieved while aware of the relativity of those insights. And to recognize the relativity of our knowledge and not despair over not having found perennial truth is no small accomplishment. It means, minimally, a mature integration of infantile omnipotence into a generous commitment to the development of human culture. Montaigne, from his own much earlier vantage

point, echoes many of these ideas when he writes, "Wonder is the foundation of philosophy, inquiry its progress, ignorance its end."

Now if ignorance is our end, and relativity our norm, then of course content must be secondary to process; and what I have tried to touch on in my mentioning the need for what we can speak of as clinical play is the process of psychoanalysis. Obviously, each of you will have to find the process which works for you. What I have tried to highlight, if we go back to Tagore's image, is the fact that sandcastles are constantly being made and remade and will be washed away, in any event.

In our pursuit of wisdom, then, there is a painful and playful chase after our own ignorance. And in the common recognition of our ignorance, there is a kind of strength and solidarity. I wish you, on this graduation day, much strength and solidarity.

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### GIVING SOMETHING BACK

by Leonard E. Strahl

Most of us have been given our training, our analysis and our supervision as well as the beginnings of a practice by NPAP. All of us acknowledge that. But too few of us give enough back to nurture our institute. Thus, it is with pride that in this issue we can turn in appreciative attention to what Martin Manasse has given back. We applaud his \$500 gift to the Institute as our newest "Founder". His name will be inscribed on our contributors board to stand with the other generous members who have also given something back. We could use more space at N.P.A.P. and if Martin's contribution could be the beginning of a new building fund drive, it would provide a way for all of us to give something to N.P.A.P.'s future in recognition of what it has given us in the past and what it continues to give us in the present. This is not to gainsay other kinds of contributions our members and MITs make but rather to encourage this additional tangible way to build something more to be proud of.

### LETTER FROM CALIFORNIA

by Beverly Dennis

Hello to all at N.P.A.P.:

I went to the AOA conference in San Francisco, (Amer. Orthopsychiatric Assoc. Inc.) in March and attended the panel on Therapy with Couples which Selma Belenky moderated, and innovated. Two of our members were on it and as usual were standouts. Elizabeth Mintz gave a particularly brilliant lecture which was much talked about later. Harold Greenwald was, as usual, extremely entertaining and provocative. The theme of the conference was New Currents. The panel I heard discussed the success of counseling married or unmarried couples and facilitating their finding new patterns of communicating with each other which either deepened their relationship, or led them to realize the relationship had lost its original viability. The therapists discussed dealing with couples using dual therapists. The dual therapists used their relationship as a model for communication.

I appeared with Charles Ansell in a workshop presentation for the Association for Advanced Training in the Behavioral Sciences April 8th. They were interested in presenting current psychotherapies (Existential, Direct Confrontation, Direct Decision (Greenwald), Gestalt Family Therapy, Group Psychotherapy, and Rational Emotive) to Social Workers, Marriage, Family, and Child Counselors, Psychiatrists, Psychotherapists from Psychology and/or other disciplines.

A colleague of ours at NPAP, Dr. Charles Ansell, and I did a dramatization of a patient-therapist transaction and then fielded questions from the floor on Psychoanalytic