

Viewpoints

in psychoanalysis

Spring 2017

NJI
for
Training
in Psychoanalysis

Viewpoints is a publication of the NJI Institute for Training in Psychoanalysis, a forum for sharing, debating, and analyzing the historical, academic, political, and experimental aspects of the psychoanalytic experience.

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Introduction:

We are restarting Viewpoints after a six-year hiatus. There have been some changes at NJI over this time span. The Institute has relocated and there have been leadership changes. However, we are still a vibrant school and psychoanalysis remains a vibrant mode of treatment.

In this issue, we pay tribute to a dear and lovely member that we sadly lost, Harriet Diamond. Marcy Rosen, a long term friend and colleague, has written a touching memorial to her. (Page 3-4)

Of note, Burt Seitler has established a new journal, JASPER, dealing with the scientific basis of psychoanalysis. I encourage all to subscribe to it. (Page 4-7)

Alan Roland has written about Erich Fromm and his interest in Zen Buddhism for this issue. Alan was one of our initial instructors when we first started at NJI. (Page 7-8)

Millicent Lambert has moved to Colorado and her sad poem is presented. (Page 8)

Janice Victor writes very powerfully of her retirement, after so many years of practice. (Page 9)

Maya Katz is now a second year student at NJI and her article explores a film from her country of origin, Russia. (Page 10)

--Neil Wilson

The editor is open to submissions and letters. Letters to the editor may be printed in subsequent issues.

Disclaimer: Viewpoints is open to all areas of thought and views of any writer do not necessarily reflect the views of NJI.

From the Editor

Psychoanalytic Overview: What has changed over the years?

I was asked to review the field of psychoanalysis over the past many years and note what changes have occurred. I believe I was selected since I am an old-time, but perhaps not too old to remember. It is difficult to be objective since I, over the years, have evolved and my work is quite different from the early days.

The huge influence of insurance coverage has obviously impacted our work. We have outsiders looking over our shoulders and there is a breach of confidentiality. Also, our fee reimbursement is dictated by them and fees are consistently being lowered. I would note that Medicare allows for many sessions per week and thus older patients are offered more intensive care. Otherwise, psychoanalytic treatment can be watered down often to once per week sessions.

There have been a plethora of new theoretical approaches. The stereotype of the distant, quiet analyst is not taught as much at institutes. Years ago, a female analyst whose name escapes me indicated that Freudian theory is open-ended, as all sciences should be, and can and should be amended. Freud did exactly that in his many years of work. Thus we have gone in many directions. The relational school, for better or worse, has justified more emotional interaction with patients. I have wondered and taught that the interaction should in part be determined by the patient's early life. If there was a distant, depressed mother, the question arises do we stay somewhat distant and allow the replication of the trauma, create a transference neurosis, and then work it through? Or do we interact more than usual to prevent a reenactment? Also, the frequency of weekly sessions should play a role in the analysts approach. Perhaps once a week treatment would require the latter.

In my classes at the NPAP, it was rare to encounter female colleagues. The field was male dominated. The change in this has been dramatic. Currently, our first year class is comprised of 10 women. One explanation is that the increase in women has occurred in part because of a change in admission policies of institutes. There was a time when institutes in the United States restricted admission to MD's, formerly a male dominated field. With the dramatic changes in the work force in general, this is no longer the case. In addition, institutes began opening their doors to other mental health professionals traditionally dominated by women. Women may also be attracted to the flexible hours possible as analysts. Perhaps as the field has become more interactive, psychoanalysis itself feels more approachable to women. Some have suggested that men have sought more lucrative work but this rules out the many women who are also breadwinners today. Still, it remains unclear why there are so many more women in psychoanalytic training. Ideally our field would be diverse, with both men and women being represented more equally, as well as more ethnic diversity etc.

Another change relates to the advent of cell phones. So many patients do not turn them off during sessions, thus creating unnecessary interruptions. This has turned out to be a 21st century resistance. I am tempted to have a sign on the door, or make an announcement as done in theaters, that phones are to be shut off.

Diagnostic codes have changed over the years. Psychoanalytic terminology has been replaced almost completely in favor of diagnoses that lend themselves more readily to medications. Many new patients are already on various meds, which are often of very little help. Also, many meds lead to weight gain. It doesn't take a genius to figure out the lucrative motivations behind this change. The diagnosis of autism, bipolar disorder and Asperger's syndrome has increased dramatically in recent years. Eventually, we will all be diagnosed with something or other. Of course, the ultimate diagnosis is: "being human."

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Societal changes have influenced our view of sexuality. In the past a gay patient would invariably start treatment with the request that he or she be "straightened out". We would clearly view the Oedipal situation for an understanding of its causality, as did Freud. We sometimes "cured" the patient as they desired. Today there has been a dramatic shift. Gay patients now usually ask for help in getting on better with a partner. Society has almost accepted someone's choice and gay marriage is in the works and the idea is more accepted. There is, however, a limit to society's openness. I had a woman patient who was "happily" sadomasochistic. After several sessions, she switched to a therapist who advertised herself as

“Eventually, we will all be diagnosed with something or other. Of course, the ultimate diagnosis is: “being human.”

sadomasochistic and offered to instruct her in the proper method of lovemaking to satisfy her needs. Clearly this is going too far.

In recent years, laws have changed and we now must turn in patients who have broken various laws. This is a difficult decision since revelations may well be withheld by the patient due to this new requirement. In past years, as a school psychologist, I was informed by a 16-year old girl that her stepfather was sexually molesting her. I helped her and it ceased. Today I would have to call the police. Another time, a young teen told me he was sexually molested by his priest at summer camp. I did inform his parents and they told higher authorities of the church. He was transferred and the parents were given hush money. Again, today, there would be a different outcome.

Finally, I will disclose a phrase used more and more by usually younger patients. The phrase makes me shudder every time it is voiced. "It is what it is," is the statement we all hear these days. It purportedly seems that there is an implied acceptance of one's situation. However, it has the disguised message of pushing the analyst and the analysis aside.

So, with all the changes that have occurred I would say, "be that as it may."

– Neil Wilson

On Harriet, By Marcy Rosen

Harriet Diamond, who passed away last year on August 23, 2015, was a beloved psychoanalyst, teacher, supervisor/ control analyst, and co-founder and co-director of the Group Therapy Program at NJI. She had a long history with NJI, beginning in the earliest years of the Institute as a candidate, graduating in the 1980's, after which she became a supervisor, then a control and teacher. She loved the institute and enjoyed teaching.

As a teacher, Harriet specialized in the second year course, Child and Adolescent Development. This course was foundational in the training of analysts, and was and is the basis for understanding adult developmental problems universally seen in our patients. This course was quite meaningful to the candidates, and led to many of them seeking supervisory control with her.

However, Harriet had a secret life known only to her friends, which might surprise her patients and students: she and another NJI psychoanalyst were co-owners of a sail boat moored at the City Island Boat Club, in NY. Their first boat was a 25-foot sloop which was owned for several years; then, ambitiously, they sold it and bought a 35-footer, which they named Mahari.

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For many years, she and her boat partner sailed around the Long Island Sound, sleeping and cooking aboard. By Captains, they were Captains! As they aged out of sailing, they regretfully sold the Mahari.

Other little known aspects of Harriet: she had a great sense of humor, she played the piano and had a good singing voice, she loved sushi and ate it as often as was reasonable, and was an excellent cook. She was interested in politics: local, national and international, although in her later years, she became somewhat disillusioned. She left us too quickly, and her loss is still keenly felt.

– Marcy Rosen

Dissension within the Sanctum Sanctorum: The Psychoanalytic Institute,
by Burton Norman Seitler, Ph.D.

Why is it that supposedly well-analyzed individuals sometimes stimulate in each other the most primitive urges when working together in, of all places, the sanctum sanctorum of intellectual, educational, personal, and professional learning, the psychoanalytic institute? Does it not seem ironic that the very place where people congregate to immerse themselves in a putatively safe atmosphere of nurturance, holding, attunement, collegial support and learning are sometimes not “good enough” containers of their own Oedipal conflicts, narcissistic wounds, or sibling rivalry? Are there some things that we can take note of--either to prevent the forces of dissension and destabilization from occurring--or from holding sway in the analytic family?

For starters, the notion of being fully analyzed is a delightful, yet idealized fiction, no matter how expert the analyst may be and no matter how conscientious, cooperative, and analyzable the patient. It was Lucia Tower (1956) who made these insightful comments:

"No analyst has been presumed to have been so perfectly analyzed that he no longer has an unconscious, or is without susceptibility to the stirring up of instinctual impulses and defenses against them" (p. 225).

Therefore, we should not be too surprised that even analysts have “blind spots.” I believe that many “blind spots” are located in pre-verbal, or even pre-symbolic areas, thus making them a source of resistance to traditional talk therapy, and thus accounting for the primitiveness of the urges and behaviors noted above.

Based on a microanalysis of Little Hans’s phantasy, Wakefield (2007) asserts that an attachment account of the “phantasy” produces an explanation with much greater explanatory power than the strictly Oedipal one. Wakefield’s evidence suggests that Hans’s giraffe phantasy is about the sibling rivalry triangle involving access and attachment to the caregiver.

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This is not necessarily in place of any Oedipal strivings, but it seems to occur along with the existence of Oedipal urges. Thus, the issue of multiple factors, and multiple meanings of those factors may need to be given equal (or perhaps greater) regard as the up-to-now reflexive knee-jerk invocation of the Oedipal explanation for all things conflictual. And even if the Oedipal is deemed to be universal, should all Oedipal complexes be regarded as equal? This is one of the questions considered in great depth by my good friend, Howard Covitz, in his meticulously thought out paper (2007), and extensively researched book (1997), which suggests that there are many types of Oedipals.

Thus, it may not fully satisfy our appetite for deeper understanding to point to Oedipal conflicts being behind the strife within some institutes. A broader menu may be necessary to sate our intellectual palate. Other potentially contributing factors seem to involve narcissistic wounds and ensuing rage. Developmentally, the very first narcissistic wound occurs at birth. Where before, everything was Eden-like; all needs were automatically met, there was no waiting to be fed, temperature was regulated, visual stimuli were toned down, and sounds were muffled. Then kaboom, the child is suddenly thrust out into the world and is bombarded by a sensory kaleidoscope of simultaneously impinging stimuli, which an external object (the mother) then must somehow intuitively recognize and figure out how to modulate on behalf of the infant. More narcissistic wounds follow. The child as s/he matures, again through the mother's ministrations, must learn to delay gratification, tolerate ambiguity, and learn to communicate his or her needs verbally. If rage at being thwarted occurs at a pre-verbal, or even further back—at a pre-symbolic level, its expression may take either an "acting out" appearance (e.g., crying jags or tantrums), or an "acting in" form (such as in somaticization). I regard the latter as "attacks" against the body.

If inner conflicts are so great that they cannot be expressed in any other manner, or if they occur at a pre-symbolic or pre-verbal level—and verbal mitigation is unable to take place—they may take their petition to the court of last resort, namely, the body. In so doing, the body acts "crazy," thus sparing the rest of the self from disintegration into psychosis. Is it possible then that some of the irrationality that we sometimes see in the negative interactions within and between institutes may be related to similar forms of attacks against the body psychoanalytic? This may not be so far-fetched when we consider that institutes may recreate, foster, and exacerbate the above themes due to their very incestuous nature and structure. There are predictable conditions that give rise to the incestuous climate of institutes. Furthermore, the resulting problems are undoubtedly associated with the very manner in which psychoanalytic training is often conducted.

In the above regard, psychoanalytic institutes require candidates to be in their own analysis. Most often, the analyst must be a member of the institute in which the student is a candidate. The same set of circumstances usually applies with respect to the choice of supervisors. That is, the supervisor is typically a training analyst at the very same institute that the student attends. The potential for in-breeding, in fact its likelihood, is unmistakable, the consequences of which are as numerous as they are profound. Breach of confidentiality, for one thing, may be an "accidental" artifact of the structure of an analytic institute.

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But even an unwitting breach of confidentiality, is no small matter. And yet, under the present system, it may be virtually impossible to completely safeguard an analysand's privilege. For example, if an analyst is a sitting member of a committee that discusses the progress of students and the analysand's name comes up, as it must as a matter of course, the analyst must recuse himself from the discussion (i.e. by leaving the room, etc...) In so doing, the analyst has implicitly disclosed that the student under discussion is that analyst's patient. Also, what happens when an analyst of a particular student is the analysand's teacher? How does this effect the nature of the transference and/or countertransference.? What resistances may arise, but go unmentioned in therapy? How are other students affected when they know (as they always seem to) that a particular student is the analysand of the instructor? Are there jealousies; is there envy; sibling rivalry; competitiveness; feelings of favoritism? Since the rest of the students are not the teacher's patients, and thus have not entered into a "therapeutic covenant" with the instructor nor have a relationship beyond the class that safeguards their status, how are these matters to be worked out? Even though we say, "everything is grist for the mill," there are enough things that are going on without additional variables being thrust into the mix, many of which could be avoided with a few simple procedural modifications.

For instance, what if an institute continued to require that its students be in analysis, but stipulated that it must be with an approved analyst who was not affiliated with the student's own institute? Of course, such a radical proposal could be expected to meet a sudden, rather unceremonious demise. The reasons for this are extensive. Briefly they are: the potential for narcissistic injury, feelings of paranoia, competitiveness, and/or basic distrust, etc...

Nonetheless, the implementation of such a seemingly radical procedural modification would drastically minimize a fair amount of the systemic Oedipal overtones associated with the way institutes are currently designed. But even if such measures are not taken, institutes would be well advised to recognize the self-destructiveness of unprocessed, unresolved Oedipal conflicts and presence of pre-Oedipal issues, such as sibling rivalry and so on, are often inherent in, and a systemic part of most psychoanalytic institutes as they are presently constituted.

It is ironic that freestanding psychoanalytic institutes were developed historically so that psychoanalysis could be safe from political, economic, or other influences. This was designed so that analysts, and those in training to become analysts, could feel free to think thoughts, openly express ideas, and ultimately be creative in developing and refining their craft.

Now, more than ever, psychoanalysis needs to deeply consider the latent forces contributing to our divide—pre-Oedipal and Oedipal alike, to identify and to work through our differences. Although psychoanalysis has lasted this long despite numerous reports of our demise, we must not take our longevity and ourselves too seriously, or our continued existence for granted.

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The Talking Cure
By Neil Wilson

– Burton Norman Seitler

It is odd to converse with a man who is
terse
He may be adverse to talking in verse
But to talk and be terse
Is simply the reverse
And might deserve a curse.
He well may need a nurse
Since nothing is worse.

Erich Fromm's involvement with Zen Buddhism, by Alan Roland, Ph.D.

Erich Fromm was the first major psychoanalyst to become involved in a meditative tradition, Zen Buddhism. To fully appreciate his ground-breaking endeavor in the 1950s, one must take into account the pervasive psychoanalytic denigration then of spiritual philosophies, practices and experiences. This stemmed from Freud's reactions to Social Evolutionism, the prevailing 19th and early 20th century social theory that fully justified Western colonialism. On one hand, Freud countered Social Evolutionism's positing that rationality, science, and technology were the epitome of evolution – all except Northern European and North American countries being inferior (Jews, Slavs, and Southern Europeans), primitive or savage (Asians, Africans, and South Americans) – with the psychic unity of mankind. On the other hand, he agreed with Social Evolutionism that religion, spiritual philosophies, practices, and experiences are primitive. Thus, when Romain Rolland wrote to Freud for his views on the "oceanic feeling," his phrase for the advanced spiritual states of major Indian spiritual figures such as Ramakrishna, Freud replied that he had never had this experience, but regarded it as a regressed early childhood, primitive ego state.

Given the psychoanalytic situations in the 1950s, what enabled Fromm to become involved in Zen Buddhism? It must be noted that Fromm, himself, was one of the extremely rare Freudian or neo-Freudian psychoanalysts then to be steeped in Jewish mysticism, Hasidism. In the early 1950s, the only psychoanalytic institute besides Jungian ones in the United States to be deeply involved in spiritual philosophies and practices was the Karen Horney Institute. This was in good part due to a senior training analyst, Antonio Wenkart, a refugee analyst from Vienna, and a direct descendant through a rabbinical family of the Ba'al Shem-Tov, the founder of Hasidism. The Horney Institute in the early 1950s had an ongoing seminar on Martin Buber and Hasidism.

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However, the person most relevant to Fromm's interest in Zen Buddhism was a Japanese psychiatrist, Akahisa Kondo, who came for training at the Horney Institute in the late 1940s. Kondo was a serious practitioner of Zen Buddhism, having spent summer vacations in Zen monasteries. He introduced both Fromm and Horney to D. T. Suzuki, who was teaching Zen Buddhism at Columbia University. Fromm was very much taken with Suzuki, who at the time was one of the only spiritual teachers to be deeply respectful of psychoanalysis. They coauthored a book with DeMartino, *Zen Buddhism and Psychoanalysis* in 1960.

Fromm saw psychoanalysis as needing a broader vision of life than simply resolving symptoms, character problems, and other kinds of psychopathology. He saw Zen Buddhism as having the positive goal of Enlightenment, transcending subject-object duality, of seeing an object from the inside. Zen emphasized the goal in life is to be rather than to have, which Fromm very much agreed with. He also realized that Zen, like psychoanalysis, did not have the Zen Master as an authoritarian person, but rather as a guide. It also implied a more intuitive way of working in psychoanalysis that transcends theory. But it wasn't until some 30 years after their publication that there began to be a significant psychoanalytic literature dealing with psychoanalysis and one or another spiritual tradition.

- Alan Roland

Red, White, and the Blues

I listen to the blues way down in Dixie,	The haves aren't kidding --
Where hatred hangs like kudzu from the trees,	The have-nots do their bidding,
Where no one is free, be they black, or brown, or thee,	They pick the produce and they mow the well-kept lawns.
And nothing's really as good at it may seem.	They drive the city taxis, clean the toilets, work as nannies, And are urged to accept their lot in life.
What is the reason	
For a human-killing season?	The haves protect the things that they've acquired,
Why do old pols send the young to fight?	A result of their hard work and deceit,
We have to have our oil,	They're rarely ever jailed,
With our SUVs we're spoiled,	But don't mind if they impale
It's not OK to let our children die.	The have-nots, whom they hope will hide away.
Division is rampant in our nation,	Discrimination is rampant in our nation,
The haves think the have-nots are quite rude.	Racism's real, but who dare says?
They live on very low wages,	
And want to climb, in stages,	---- Millicent Lambert
The ladder of success – but first they're screwed.	

Further Thoughts About Retiring From Private Practice

Janice Victor, LCSW, NCPsyA

The workshop that I gave for the New Jersey Society for Clinical Social Work in 2007, on Professional Wills, required me to read a number of articles on attachment, and to consider my attachment to my patients, and their attachment to me.

As time passed and I experienced more senior moments, I recalled Paul Dewald's paper called, "Ageing and Psychoanalytic Competence". Dewald questioned his own skill, and decided to forgo seeing psychoanalytic patients.

Just what is it that I am concerned about? I have often told friends and patients that all important decisions are multiply determined. This must be one of those situations. I know I recently read somewhere about the awfulness of coming to one's therapist's office and finding a note on the door, either that the therapist is suddenly so ill that she cannot phone and cancel for herself, or that she is dead. I really can't bear that happening. It seems so dismal. A close friend and peer group member died, suddenly. She had told her patients that she was on vacation, not that she was having surgery, so we didn't know what appointments she had, and some people did come to the door, looking for her. I don't want that to happen on my watch.

I am getting tired more easily, find a full day's work too much, and have lost my patience dealing with insurance companies. I do remember the details of my patients' lives but I am in danger of double booking my appointments. These are some of my concerns as I contemplate this difficult decision. I want to leave while I am still at the top of my game, not while I am struggling.

I find myself wondering about the patients I would be terminating, my own feelings about leaving and being left. I don't think I ever read this anywhere, but experience has convinced me that the unconscious can't tell who instigated a separation, who is left and who is leaving.

I told my patients of my plan to retire a year before I closed my practice. Of course, denial ruled for some time, but a good ending was a challenge, an opportunity for growth.

As I reconsider these thoughts, I notice that control issues seem to predominate for me. The desire to retire before illness or death requires it, reminds me of when people will talk about leaving before he leaves me, the desire to control my own time, to go to the theater or the doctor, to wake up or go to sleep without consideration of my patients' needs. How far have I come from the child who didn't want to eat her prunes or go to bed when her mother told her to?

My advanced age makes memory loss, illness, and sudden death more a likelihood than a masochistic fantasy, although I won't deny the masochism involved in the fantasy. That aspect remains constant in my character. Let's hope it does not interfere in appropriate counter transference behavior as my patients and I work through a good enough ending, meaning in Winnicott world, an ending good enough to grow on.

Dewald, P. "Aging and Psychoanalytic Competence", Round Robin, Dev. 39, APA, Vol. XIX, 3, p.3&12.

Animating Analysis in Cold War Soviet Union

As a Jewish art historian and psychoanalytic candidate from the Former Soviet Union, I understand that official “Soviet art” seeks accessible works marked by an aspirational realism, and that the practitioners of so-called “Jewish art,” *a priori* a suspect category, are generally considered dissidents against a totalitarian state. More power to them! Soviet culture also tends to reject psychoanalysis as an analytic lens because of its ideologically-limited focus on the individual psyche. Just ask any Soviet-Jewish émigré art historian with a penchant for psychoanalysis!

So...you can imagine my surprise when a graduate student of mine at Touro College introduced me to the animated film *Tale of Tales* (1979). Directed by an openly Jewish artist, produced by Moscow’s centralized animation studio Soyuzmultfilm, and considered one of the most Jewish works of art made in the Soviet Union, *Tale of Tales* also breaks ground as arguably the most psychoanalytically-informed animated films ever made anywhere in the world.

The film is based on director Yuri Norstein’s memory content of his postwar Jewish upbringing and assumes the perceptual world of an alienated wolf cub. Norstein uses a range of cinematic modes associated with the representation of inner life such as nonlinear narratives, time distortions, dream states, associative linking between objects, and complex symbol systems such as a burning light, a green apple moist with condensation, and a breast dripping with milk. The film has a rich soundtrack and musical score, but it is primarily non-verbal; the only recognizable words in the entire film are the two renditions of the popular Russian lullaby, “The Little Grey Wolf will Come,” sung at the beginning of the film to a baby as it suckles his mother’s breast and, again at the end of the film, to relieve the baby’s frenetic crying.

Yet, the most striking psychoanalytic trope in the film is neither the general non-linear structure nor the representation of the mother-infant relationship, but Norstein’s use of French psychoanalyst Jacques Lacan’s “Mirror Stage,” which offers the key to the whole film. When the Little Grey Wolf first hears the lullaby, “The Little Grey Wolf will Come,” his eyes widen in fear and he looks into the face of a reflective hubcap in which he sees himself. As Lacan theorized the mirror stage in his “Three Orders”—the Imaginary, the Symbolic, and the Real—the rest of the film assumes the experience of the pre-verbal child as he tries to make sense of his place in the world in these three perceptual registers. The film visualizes the Imaginary as an ethereal space where a family offers soup to a stranger, the Symbolic through the wolf’s processing his confusion through the conventions of classic tragedy, and the Real through the wolf’s perpetuation of the stereotypes that led to his identity crisis in the first place. As per Lacan, the Little Grey Wolf’s passage through the Three Orders enacts a sense of experiencing “the whole world at all times,” represented in the film through the four seasons, the ages of man, and the broad aesthetic categories of the history of art.

Who knows what was understood in the production, editing, and reception stages of the film that allowed Norstein to make his masterpiece, but so much for what I thought I knew about Soviet-Jewish art before I saw *Tale of Tales*. Maybe Lacan even saw the film, which won the Grand Prize in Lille (France) and enjoyed unprecedented critical attention in French intellectual circles the year before Lacan passed away in Paris. I imagine that Norstein’s blending of his theory with the surreal would have suited Lacan, who included Salvador Dali and Pablo Picasso among his associates. I hope you too may have the opportunity to experience “the whole world at all times” in this lyrical film.

Maya Balakirsky Katz

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NJI UPDATE

Compiled by Neil Wilson

Recent Publications

Viewpoints is happy to congratulate NJI members upon their publications and presentations relating to psychoanalysis.

Neil Wilson

- Book review, *Is there life without mother?* By Leonard Shengold. In Journal of Psychohistory.
- Reflections on happiness from my clinical practice*, In Clio's Psyche.
- Hate and its Ramifications*, in Clio's Psyche.

Lester Barbanell

- Book to be published: *Return to Harmony. A Guide for Couples*.

Rick Alperin

- Review of *The Anatomy of Regret: From Death Instinct to Reparation and Symbolization through Vivid Case Studies* by Susan Kavalier Adler in The American Journal of Psychoanalysis, 74, 2014
- "Forward" in *The Klein-Winnicott Dialectic: Transformative New Metapsychology and Interactive Clinical Theory* by Susan Kavalier Adler, 2014
- "Jewish Self- Hatred: The Internalization of Prejudice", Clinical Social Work Journal, 2016.

Maya Katz

- Drawing the Iron Curtain: Jews and the Golden Age of Soviet Animation*, 2016.

Burton N. Seidler

- Founder and Editor-in-Chief, The Journal for the Advancement of Scientific Psychoanalytic Empirical Research (JASPER), Mar., 2017.
- "Standing on the Shoulders of Freud". In JASPER, 2017
- "Essays from Cradle to Couch" in Honor of the Psychoanalytic Developmental Psychology of Sylvia Brody [ED. With Kim Kleinman], 2017.
- "Sophistry and ADHD: The Dual Myths of Organicity and Biochemical Imbalance and the Ensuing Medication Tidal Wave" (Chap. In, *Essays From Cradle to Couch*), 2017.
- "When Words Were Wanted, but Woefully Wanting We Waged War with Chess". Amer J. Psychoanalysis, 2016.
- "When the Pain is Greater than the Gain, Change Takes Place". Clio's Psyche, 2016.

Other News

- Bon voyage to Liora Moshe, a recent NJI graduate who recently moved back to Israel, her native country.
- A special hello to Harriet Lenzig, our first NJI graduate.

Sadly, a premature "adieu" to two old comrades in arms:

- Harriet Diamond, colleague, mentor, teacher and friend, who left us too soon in August of 2015. Harriet is dearly missed.
- Dr Joel Bernstein, who was one of the co-founders of the institute and clinic, died early in February, 2017. Our next issue will include an informative article about our co-founder.

NJI Conference **March 4th Event: Dylan & Winnicott**

The New Jersey Institute for Training in Psychoanalysis and the New Jersey Society for Clinical Social Work will host a multi-media presentation on the works of Bob Dylan and D.W. Winnicott. Portrait of the Therapist as Artist: Creativity, Love and Wisdom Throughout the Lifecycle will be presented by Elizabeth Wolfson, PhD, LCSW at 7:30pm at the Center for Ethical Culture at 687 Larch Avenue in Teaneck, New Jersey. Wine and cheese reception. CEU credit available. To register: please call 201-836-1065 or online at www.njinstitute.com

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The Clinic provides psychotherapy and psychoanalysis to those seeking professional mental health treatment. Our Clinic Affiliates are in post-graduate training in psychoanalysis and psychotherapy.

Please contact the clinic at 201-836-1065.
121 Cedar Lane, Suite 3-A (entrance on Prince St.)
Teaneck, NJ 07666

The Clinic of NJI is located in a handicap-accessible building.