

# The Future of Psychoanalysis: Preserving Jeremy Safran's Integrative Vision

Nancy McWilliams, PhD, ABPP  
Rutgers University

Jeremy Safran was a unique voice in our field. He exemplified the integration of diverse kinds of scholarship, clinical practice, and spiritual sensibilities. If psychoanalysis as a field is to survive and evolve, it behooves us to make the kinds of integrations that Prof. Safran did as an individual. This article examines our professional present and future, encompassing 3 meanings of the term *psychoanalysis*: as a specific type of treatment, as a knowledge base, and as an ethos, with emphasis on the last area. Psychoanalysis is conceptualized as part of a greater wisdom tradition. Suggestions are made about how we may preserve psychoanalytic practice, psychoanalytically oriented research, accumulated psychoanalytic knowledge, psychoanalytic values, and psychoanalytic wisdom.

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This article originated as the Jeremy Safran Memorial Lecture, given at the New School for Social Research on May 7, 2019, the anniversary of Prof. Safran's murder. Adrienne Harris and the late Lew Aron kindly asked me to inaugurate this annual talk. In it, I try to do justice to Prof. Safran's memory. His wife, Jenny Hunter, and his daughter, Ellie, were in the audience.

Jeremy Safran was a unique voice in psychoanalysis and psychology. He synthesized research and practice, academic and non-academic roles, immersion in both spiritual wisdom and secular sensibilities, respect for both traditional and contemporary psychoanalytic perspectives, and devout commitment to both work and domestic life. He was a clinician, supervisor, teacher, writer, husband, father, and respected and beloved colleague. In the memorial service shortly after his death, his wife Jenny characterized him as a questioner who had to find his own answers, a resister of orthodoxy, a seeker of wisdom, and a polymath—a modest one—about psychoanalytic theory. In this essay, I posit that if psychoanalysis is to survive and evolve, it behooves us as a field to make integrations comparable to those Jeremy made as an individual. I examine our professional present and future, addressing three meanings of the term *psychoanalysis*: as a specific type of treatment, as a body of knowledge, and as an ethos, with emphasis on the last.

## What Do We Mean by Psychoanalysis?

Most narrowly, the word *psychoanalysis* refers to a particular *type of treatment*. Although Sigmund Freud defined psychoanalytic technique in different ways at different times, certain understandings of psychoanalysis *as a therapy* assume a fairly rigid protocol. In midcentury America, ego psychologists depicted it in terms of the patient's coming almost daily, using the couch, and speaking freely, in the context of the analyst's neutrality, abstinence, and relative anonymity. The analyst's activity in this model is limited to encouraging free association and exploring resistances to it, especially as they arise in the patient's transference reactions. Most people outside the analytic community have this image of psychoanalysis (hence all the *New Yorker* cartoons). To differentiate more flexible analytic treatments from this so-called classical analysis, some have distinguished between "psychoanalytic" and "psychodynamic."

Contemporary analysts tend to be more flexible, to work face-to-face and often less frequently, and to define psychoanalysis, as a treatment, in terms of a deep mutual emotional investigation (e.g., Safran, 2012). The older image of the reserved analyst behind the couch, however, is how most critics use the term, when they argue that analysis is unduly expensive, too depriving for most patients, and suitable only for healthier people anyway. To them, our field is defined by a particular set of technical procedures that most of us see as long outdated.

The second use of the term refers to a *body of knowledge* that has emerged from psychoanalytically oriented clinical investigation and related empirical research and has been understood via psychoanalytic theories of maturation, conflict, defense, personality, intersubjectivity, and other areas in which unconscious processes are foundational. In parallel to Freud's intellectual development, it is an evolving, often self-correcting corpus. Our collective and ongoing psychodynamic erudition is vast. It has been relevant to, among many other topics, psychopathology, individual differences, attachment, development, emotion, neuro-

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 Nancy McWilliams, PhD, ABPP, Graduate School of Applied & Professional Psychology, Rutgers University.

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Correspondence concerning this article should be addressed to Nancy McWilliams, PhD, ABPP, 45 Clinton Street, Lambertville, NJ 08530. E-mail: [nancymcw@aol.com](mailto:nancymcw@aol.com)

science, trauma, cognition, relationship, internal and interpersonal change processes, group and organizational dynamics, culture, politics, the law, and the arts.

At a third level of abstraction, there is a psychoanalytic *ethos* that I believe requires our attention and conservation. As it has evolved over 120 years, psychoanalysis has embraced cardinal beliefs, attitudes, and values strikingly at odds with many assumptions that suffuse contemporary, technologically advanced, market-driven Western cultures. The psychoanalytic sensibility involves curiosity and awe, respect for complexity, disciplined empathy, the valuing of subjectivity and affect, appreciation of attachment, and a deep faith in devoted therapeutic collaboration. Although none of us can stand fully outside our own culture, psychoanalytic subcultures have functioned as a kind of alternative sensibility to the consumeristic, technocratic, mobile mass culture that surrounds us in this era of dizzying change. Let me address one by one the present and future of all three of these meanings.

### Psychoanalysis as a Type of Psychotherapy

Although in some countries, generally wealthy ones, long-term, high-frequency analytic treatment may be supported for individuals diagnosed with personality disorders, it is rare in today's world for intensive psychoanalytic work to be funded by either governments or insurance companies. Consequently, in-depth treatment is available only to people of a certain level of wealth or to those lucky enough to live in cities with low-cost analytic clinics (Aron & Starr, 2013). In the United States, some artists and other markedly introspective people also seek analysis and make significant sacrifices to undergo it. To accommodate such highly motivated individuals, many of us see some low-fee patients. In addition, candidates at analytic institutes, who may be attracted to the depth and range of a tradition that can help conduct *all* modes of treatment, seek personal analysis as the core element of their training, whether or not they intend eventually to practice psychoanalysis. Finally, people with deeply internalized problems may seek or be referred for psychoanalysis because all other treatment approaches have failed.

In some parts of the world, such as urban China and many Eastern European countries, where psychoanalysis is creating excitement after decades of being devalued or even banned by political authorities, newly affluent young people are flocking to analysts with the same zeal that many older Western professionals remember from our early days in the profession. In other places, such as some South American countries, psychoanalysis continues to be appreciated and respected popularly, although again, its clinical base may be limited to wealthier people.

The bad news about the current situation for almost all regions is that psychoanalysis as an open-ended, intensive treatment will probably not survive inside most health care systems. The good news is that it will probably not die. In China, for example, there are now seven training analysts approved by the International Psychoanalytical Association—a minuscule few among China's millions, but we have seen before how psychoanalysis can spread exponentially, eventually evolving into a critical mass that becomes a nourishing professional community. I hope that what therapists are being taught in areas where psychoanalysis is currently and excitedly valued, such as in East and South Asia and Eastern Europe, is not so authoritarian and ideologically rigid that

they later become disillusioned and rejecting toward the whole analytic tradition, as has happened to many former enthusiasts in the United States. Our history attests, alas, to the attractiveness of recurrently turning psychoanalytic exploration into technical fundamentalism.

In most places, psychoanalysis will continue to exist at the margins, as has often been its fate. Analysis helps people in a profound, far-reaching way that other therapies rarely can. Those lucky enough to get intensive analytic treatment know how much they have been helped, and they will continue to spread the word. Publicly visible beneficiaries of *very* long-term psychoanalytic treatments, such as the late neurologist Oliver Sacks (2015) and the musician Bruce Springsteen (2016), both of whom have written movingly about their treatments in autobiographical works, may expedite this process.

In addition, institutes can be expected to keep insisting that candidates have intensive, long-term analyses and that they see a certain number of patients in such arrangements, irrespective of how costly it may be for both analyst and candidate to meet this training criterion. Our analytic educational system guarantees a certain "consumer base," even as institutes have mounting challenges. To attract candidates, many now offer 1- or 2-year courses in shorter-term and less intensive psychodynamic therapies. In addition to trying to be useful to therapists struggling within current health care constraints, they hope that once students see the value of thinking psychoanalytically, they will continue on for full analytic training. What some of my more cynical colleagues have called a "bait-and-switch strategy" seems to be working so far.

There will always be those for whom psychodynamic ideas simply make sense, who fall in love with our ways of understanding self and others, who are motivated enough to pursue a thoroughgoing exposure to analytic influence. There may even be an upside to the current devaluation of psychoanalysis by the general mental health community. In an earlier era, when being an analyst was a ticket to lucrative employment and prestige, our discipline attracted many who were motivated more by self-serving ambition than by gut-level resonance to analytic ideas. Now our institutes tend to attract candidates with a deep feeling for the work. They want analytic training even though it is a professional disadvantage to be seen as psychoanalytic. Because they come with less undergraduate and graduate exposure to psychoanalytic ideas, they require us to start at a more basic level of teaching. But they have the heart for what we do.

### Psychoanalysis as a Body of Knowledge

I have been gravely worried about the loss to current and future clinicians of vital, clinically precious psychoanalytic knowledge. During their graduate training, fewer and fewer mental health professionals are exposed to seminal analytic writings. My beginning graduate students now know almost nothing about early developmental phases, defenses, and levels and types of personality structure, and even the psychoanalytic concepts of transference, countertransference, and resistance are new to many of them.

At the same time, perhaps it is somewhat consoling (in addition to being irritating) that psychoanalysis is being perpetually reinvented. As the cognitive-behavioral movement matures and begins recognizing the same phenomena that analysts have explored and formulated in psychodynamic terms, basic psychoanalytic

knowledge is being rediscovered, renamed, and expropriated. Robert Bornstein (e.g., Bornstein, 2005) has been trying for years to get the analytic community to see how its ideas are being hijacked. Despite efforts of cognitive-behavioral therapy-oriented professionals not to use psychoanalytic language, they continue to coin concepts that parallel our own. For example, what we see as projection, they call “external attribution.” What we call unconscious, they term “implicit” or “out of awareness.” The upside of this process is that everyone who wants to help people with mental suffering is looking at the same human animal and is likely eventually to discover similar conceptualizations and ways of coping with clinical challenges.

Much of my work in recent decades has involved an effort to preserve and disseminate psychoanalytic knowledge, especially clinical knowledge. For example, my collaboration with Stanley Greenspan and Robert Wallerstein in 2005 and with Vittorio Lingiardi a decade later on both editions of the *Psychodynamic Diagnostic Manual (PDM)* (Lingiardi & McWilliams, 2017; PDM Task Force, 2006) reflects this concern. In those volumes, we tried to make readers of all theoretical orientations aware of the long-established “biopsychosocial” clinical tradition that views suffering dimensionally as well as categorically, is attentive to idiopathic as well as nomothetic understandings, is oriented toward finding meaning in symptoms, and construes psychological problems as at least partly a response to personal context and life events—all areas close to the heart of Jeremy Safran. We have established, from the royalties of *PDM-2*, a fund to support psychoanalytically oriented research that will be of real value to therapists; so far, we have awarded three grants for \$15,000 and one for \$8,000 to psychodynamic researchers.

Governments, insurers, and pharmaceutical corporations all have pressing financial interests in reducing the intensity and length of psychotherapy and defining it as short-term symptom reduction. In Great Britain, for example, there has been a movement to educate therapists only in “modules.” It is much cheaper to train people in time-limited bits than in extensive postgraduate programs. A clinician might be certified, say, to do “anger management” but not “grief counseling.” The combined political influence of those trying to cut costs at all costs drowns out the voices of seasoned practitioners. Clinicians who protest antipsychoanalytic decisions may be accused of inflexibility, self-serving bias, and resistance to scientific progress. We are told we are not respecting the “evidence,” evidence defined in ways that suits the interests of the powerful to save money at any social cost.

Despite our recurrent efforts to exert influence in such critical areas as the promulgation of treatment guidelines, the promotion of manuals, and the accreditation of training programs, the American Psychological Association (APA) cannot seem to stop colluding in this process. The amount of sheer misinformation APA leaders are willing to endorse in the service of pandering to the powerful is staggering. For years, I have heard academic colleagues—not all of them ill-intentioned—opining that it is “unethical” to conduct psychodynamic therapy for conditions for which a short-term, “evidence-based” treatment exists—whether or not such treatments have been empirically found to be very effective. State licensing exams are now falling in line. Some readers have probably seen the documentary *Leaving Neverland*. Watching this film, one does not have to be an analyst to find it unimaginable that the two men it follows, both reportedly seduced by Michael Jackson as

young children, could resolve their posttraumatic stress disorder quickly via the APA guidelines for the manualized treatment for trauma.

Psychotherapy itself is being redefined. Whereas we, and the general public, once viewed therapy in terms of a healing relationship, within which a clinician might call on a range of interventions, we now are urged to view it in terms of specific technical approaches, represented by geometrically multiplying acronyms, to be taught via manuals. APA leaders are now framing therapy training in terms of developing performance skills, as in musical or athletic achievement; they recently asked me to create a manual of graduated exercises in psychodynamic therapy. We are urged to practice such skills systematically and apply them authoritatively to discrete *DSM*-defined symptom patterns. We are being pushed to be technicians, not healers of the soul. Even the norm of “therapy for the therapist” is disappearing: Many of my students have been told by a psychology professor that they should not go into treatment unless they “have a *DSM* disorder.”

This is the bad news, of which most readers of this journal are keenly aware already. The good news about the survival of our psychoanalytic knowledge base includes a few bright lights in a dim field. There is, for example, thriving research on attachment (e.g., Cassidy & Shaver, 2016), the theoretical baby of the psychoanalyst John Bowlby (1969, 1973), operationalized by his protégé, Mary Ainsworth (e.g., Ainsworth, Blehar, Waters, & Wall, 1978). In Great Britain, Peter Fonagy (e.g., Fonagy, Gergely, Jurist, & Target, 2003) has almost single-handedly preserved psychoanalytic therapy by rooting his clinical recommendations in attachment research. Mario Mikulincer in Israel and Philip Shaver in the United States (e.g., Mikulincer & Shaver, 2016) have connected their research on attachment to numerous clinical topics. Analytically oriented investigations into childhood relationships, like those of Beatrice Beebe, Norka Malberg, Johanna Malone, Karlen Lyons-Ruth, Larry Rosenberg, Stephen Seligman, Ariana Slade, Miriam and Howard Steele, and Edward Tronick, continue to have an impact (see Leo, 2018; Seligman, 2017; Steele & Steele, 2017). There are contemporary researchers, such as Phebe Cramer (e.g., Cramer, 2006) and Christopher Perry (e.g., Perry, 2014), who study defenses. And some, like Steven Huprich (e.g., Huprich, 2015; Huprich & Nelson, 2014) and Brin Grenyer (e.g., Grenyer, 2012), persist in analytically influenced empirical exploration of concepts relevant to personality styles and disorders.

There are also scientists studying specific analytic treatments for particular problems. Barbara Milrod’s group (e.g., Preter, Shapiro, & Milrod, 2018) has done this with disorders of mood; Otto Kernberg and his colleagues (e.g., Caligor, Kernberg, & Clarkin, 2007; Caligor, Kernberg, Clarkin, & Yeomans, 2018) have done so for personality pathology. Diana Fosha (e.g., Fosha, Siegel, & Solomon, 2009) and Allan Abbass (e.g., Abbass, 2015) have researched shorter, emotionally intensive analytic treatments. These studies hold their own statistically against any of the much-touted cognitive-behavioral therapy approaches so widely claimed to be the only scientifically supported therapies. Jonathan Shedler (2010) has argued, effectively and to international acclaim, that psychodynamic therapies are as evidence based as any other treatments. A few intrepid young scholars (e.g., Jessica Borelli, Nicole Cain, Tracy Prout) are committed to psychoanalytically informed research, and there is a flourishing listserv for psychoanalytic

researchers, created by Mark Hilsenroth and Andrew Gerber, whose members help them, and each other, to conduct it.

Contemporary neuroscience has supported many analytic constructs that were once more hypothetical, by locating in the brain the processes that analysts previously had to talk about in metaphors. The Nobel laureate neuroscientist Eric Kandel (e.g., Kandel, 2012) has more than once publicly stated that psychoanalysis is the only adequately comprehensive theory of mental functioning. In Australia, Russell Meares (2012a, 2012b) has developed a self-psychologically oriented treatment for borderline conditions grounded in understandings of the brain processes involved in trauma. Scholars such as Mark Solms, Allan Schore, Richard Cheftetz, and the late Jaak Panksepp (see, e.g., Davis & Panksepp, 2018; Panksepp, 2004; Panksepp & Biven, 2012) have identified areas in which groundbreaking neuroscience supports many analytic inferences about affect, memory, cognition, desire, addiction, trauma, and other mental phenomena.

Research on therapy outcome, conducted by psychoanalytic, humanistic, and cognitive-behavioral scientists, continues to show that interpersonal factors contribute to treatment success much more than *type* of therapy. *Personality* and *relationship*—the two main emphases in the psychoanalytic literature on treatment—have been empirically shown to matter much more to the outcome of any kind of intervention than the theoretical orientation of the therapist. The critical therapeutic role of the alliance, originally investigated by Jeremy Safran and Christopher Muran in a groundbreaking series of studies in the late 1990s (see Safran & Muran, 2003), continues to be empirically demonstrated. Even the APA (APA, 2012; APA Presidential Task Force on Evidence-Based Practice 2006) has acknowledged this reality, despite the fact that so many APA leaders operate in ongoing defiance of their own official statements to that effect.

The relational movement has excited many clinicians, intellectuals, and humanitarians, drawing people around the world to the analytic community. The relational turn has attracted a raft of younger people uncomfortable with their “grandfather’s psychoanalysis.” That movement continues to mature, inviting its members toward self-reflection and self-criticism (Aron, Grand, & Slochower, 2018a, 2018b). Third-wave feminist, intersectional, queer theory, and antiracist movements that appreciate the power of unconscious processes are speaking to the next generation of clinicians who viscerally know that therapy involves more than “skills training” or courses in “cultural competence” (e.g., Fors, 2018; Gherovici & Christian, 2018; Tummala-Narra, 2016).

And politically, there is enough alarm now in the clinical community about the devaluation and destruction of psychoanalytic knowledge that some are organizing as we did in the 1980s, when we challenged the exclusion of nonphysicians from mainstream analytic institutes (*Welch et al. v. American Psychoanalytic Association et al.*, 1985). The U.S. Department of Education will soon be reaccrediting the APA, making it more vulnerable to criticism and more potentially accountable. In anticipation of a more public conversation in this connection, some on the Division 39 listserv are framing APA’s position on training as tantamount to consumer fraud. A few who remember the lawsuit against the medical institutes are starting to call this “GAPP 2.0.”

Finally, there is a kind of psychoanalytic survival in the psychotherapy integration movement. The increasing influence of the Society for the Exploration of Psychotherapy Integration (SEPI),

founded by highly respected academic psychologists, attests to general interest in synthesizing psychoanalytic ideas with those of other orientations and in making research more relevant to actual clinical needs. With roots in the work of the analyst Paul Wachtel (2007, 2016) and the earlier synthesizers Dollard and Miller (1965), this movement attests to the continuation of psychodynamic ideas in still unexplored ways.

## The Psychoanalytic Ethos

Core psychoanalytic values include self-understanding (e.g., Bion, 1970; Messer & McWilliams, 2006), authenticity (e.g., Meissner, 1983), empathy and compassion (e.g., Kohut, 1977), egalitarianism (Sullivan, 1947), adaptation to unchangeable realities (Freud, 1937/1971; Yalom, 1980), growth in agency and personal responsibility (May, 1958; Schafer, 1976), acceptance of normal dependency (Aron, 1996; Ghent, 1990; Kernberg, 1970), and respect for others as subjects rather than objects (Benjamin, 1997, 2017). In 2004, Sandra Buechler explored eight core ideals guiding psychoanalytic therapies: evoking curiosity, inspiring hope, acting with kindness, promoting courage, manifesting a sense of purpose, creating emotional balance, bearing loss, and developing integrity (Buechler, 2004). Most of these values can be subsumed under the general rubric of wisdom, about which I say more shortly.

Michael Guy Thompson (2003) notes that because of the centrality of an ethic of honesty in the Freudian project, psychoanalysis is inherently subversive of its surrounding culture. In insisting that we try to tell the truth about sexuality, aggression, dependency, narcissism, and other features of human nature that post-Victorians found less than seemly, Freud exposed some hypocrisies and conceits of his era and culture. Whatever his own blind spots, he set a tone for the attempt to get beyond individual and cultural illusions into territories that are unsettling, humbling, and undermining of the pieties and complacencies of both scientific and popular habits of mind. Ultimately, he related the project of trying to be honest to the relief of psychological suffering, associating truth with freedom in an ancient equation (Rieff, 1979).

In several ways, present-day North American mass culture is a threat to the psychoanalytic ethos. Interestingly, psychoanalysis was an unusual movement to be embraced by Americans, who tend to be attracted to simpler, more pragmatic, and sometimes utopian ideas. The United States was founded on a radical Lockean metaphysics (see Makari, 2015) that assumed unlimited resources, boundless potentials, the inevitability of progress, and a confidence that all problems can be solved with common sense and individual ingenuity. One way of framing the divergence of the psychoanalytic tradition from mainstream Western cultural influences is that most Americans subscribe to a version of the comic rather than the tragic vision of human life, the pursuit of happiness rather than the graceful adaptation to inevitable pain.

In 1984, Messer and Winokur made a helpful distinction in comic-versus-tragic terms between the mind-set of psychologists from the American behavioral tradition, on one hand, and that of European-influenced psychoanalytic thinkers, on the other (Messer & Winokur, 1984). In the comic narrative, limits are challenged and overcome, and complex difficulties resolve themselves in the end. People live happily ever after. Give us a symptom, and we’ll find a technique to fix it. In the tragic narrative, we inevitably

suffer, but our suffering has meaning, and through it, we learn and grow. Much closer to Jeremy Safran's Buddhist sensibility.

During and after World War II, North America was the beneficiary of some brilliant refugees in the sciences, humanities, arts, and social sciences. The analysts among these immigrants brought a European mind-set to our clinical intellectual life that lasted for more than a generation. That group has mostly died off now, leaving the United States with its prior, less nuanced habits of thought. Psychoanalysis is at this point an older discipline. The United States is a young—some would say adolescent—society, originally defined by our rebellion against the “mother country” and older European norms. We crave the latest thing and disdain earlier trends. When psychoanalysis was the latest thing, many Americans embraced it with uncritical enthusiasm—claiming too much for it, treating competing ideas contemptuously, and making inevitable the disillusionment that followed. Now that psychoanalysis is no longer new, now that its quirkiest ideas have been debunked and its better ones have been absorbed into the pool of knowledge we consider common sense rather than psychoanalytic revelation, many have relegated Freud's cherished movement to the scrap heap of ancient and failed ideologies.

Few contemporary publishers are interested in psychoanalytic books. Academic departments of medicine, psychology, and social work are rapidly replacing psychoanalytic scholars with intellectuals of other theoretical orientations. Psychoanalytically oriented graduate programs, internship sites, and postgraduate fellowships are now rare. Whether or not psychoanalysis ever regains widespread respect as a scholarly theoretical discipline, there is a larger question of whether the general psychotherapeutic sensibility that the psychoanalytic movement set in motion will be similarly devalued. If it is, the life work of most of us is at risk.

### Psychoanalysis and Wisdom

Much of our psychoanalytic knowledge and practice is more expressive of communally shared clinical wisdom than of the accumulation of “data.” To keep the psychoanalytic ethos alive, we need to save an appreciation of wisdom in an era when we are all inundated not by wise reflection but by information. All our recent technical and scientific innovations have so far proven insufficient to preserve a civil political discourse and solve together some glaring human problems, including the survival of our planet. We need urgently to be wise, not just smart.

In 2007, Cynthia Baum-Baicker (see Baum-Baicker & Sisti, 2012) launched what the Division of Psychoanalysis came to call the “Wisdom Project.” Her idea was to do a clinical oral history with psychoanalytic “wise elders.” She solicited names of therapists acclaimed for their clinical wisdom—not necessarily famous analysts, but those sought out as “analysts’ analysts” or “supervisors’ supervisors.” Interestingly, when she researched the phrase “clinical wisdom,” she found almost nothing in the psychology literature. She spent several hours with 18 of these individuals (then in their seventies, eighties, and nineties, some of whom are now dead), asking them to reflect on their careers, their satisfactions and disappointments, the lessons of their years of practice, and their advice to the next generation. Some of what I posit about wisdom is based on Dr. Baum-Baicker's content analysis of these conversations. Some of it reflects my own take on how wisdom differs from both intelligence and knowledge and on how—in our

age of technologically driven, consumerist, mass culture—we may currently tilt problematically toward valuing intellectual brilliance and knowledge of specific information over wisdom.

Let me begin, like a good psychologist, with the empirical literature. Robert Sternberg (2003; Sternberg & Jordan, 2005), who has studied wisdom for years, views it as

the value-laden application of tacit knowledge not only for one's own benefit . . . but also for the benefit of others, in order to attain a common good. The wise person realizes that what matters is not just knowledge, or the intellectual skills one applies to this knowledge, but how the knowledge is used. (Sternberg, 2003, p. xviii)

According to Sternberg, wisdom differs from knowledge, involves a sense of balance, and is integrally connected with what Plato would have called, simply, “the good.”

The Berlin Wisdom Project (e.g., Baltes, Glück, & Kunzmann, 2002), another major empirical effort, concluded that wisdom is a complex construct with several interpenetrating elements. Here are seven characteristics that Ute Kunzmann and Paul Baltes (2005) of that project identified in a cultural-historical analysis. Wisdom:

Addresses difficult problems regarding the meaning and conduct of life;

Represents truly outstanding knowledge, judgment, and advice;

Is a perfect integration of knowledge and character, mind and virtue;

Coordinates and promotes individual and societal growth;

Involves balance and moderation;

Includes awareness about the limits of knowledge and the uncertainties of the world;

Is difficult to achieve but easily recognized. (Kunzmann & Baltes, 2005, p. 112)

Except for the dubious reference to perfection, they could have been describing psychoanalysis. Csikszentmihalyi and Rathunde (1990) studied Sternberg's work, along with wisdom texts from the Bible to current philosophers, concluding that what typifies the wise include the abilities to contextualize information, understand the limits of what is known, be aware of ambiguities and moderating conditions, and get at the deeper meanings beyond superficial appearances. Csikszentmihalyi and Nakamura (2005) note that wisdom is “a concept used to define mental activity that is directed by values and emotion,” adding that

the limitations of reason have been well understood since ancient times. As any high school debater learns, depending on the premises chosen and what evidence is suppressed or advanced, diametrically opposite conclusions can be reached logically from the same array of facts. The concept of wisdom is usually defined in contrast with overly narrow perspectives on rationality. (p. 222)

Psychological scholars thus seem to agree that there cannot be wisdom in the absence of introspection, judgment, and a valued subjective life, the sine qua non of our discipline.

Such work belongs in a long tradition of trying to put words around what contemplative human beings—philosophers, social theorists, mystics, poets, judges, theologians, and others—have struggled to articulate over centuries. The great religious move-

ments, both Western and Eastern, are often referred to as wisdom traditions. Despite their differences, they have certain shared beliefs about the good life. Perhaps, as Karen Armstrong (2001, 2011) has suggested, the most universally endorsed core value of the major spiritual and cultural wisdom traditions is compassion—surely a central therapeutic value. But those traditions also try to articulate wisdom, emphasizing mainly humility, openness to learning, and acceptance of human limitation. I am not alone in viewing psychoanalysis as a secular wisdom tradition (see, e.g., Auerbach, 2014; Colman, 2013; Gargiulo, 2004; Safran, 2009). Over the decades, it has indeed come to emphasize humility, the attitude of “not knowing,” and the acceptance of painful realities about what is possible for human beings.

Dr. Baum-Baicker found that, unprompted by her, her interviewees mentioned certain common themes spontaneously: openness to experience, capacity to tolerate uncertainty and paradox, sensitivity to complexity, respect for conventional rules coexisting with the willingness to challenge them, and a sense of balance between immersion in experience and critical reflection. Many noted the pivotal role of mental and emotional suffering in their own growth. These themes resonate with those of others who have tried to articulate the essence of wisdom (the following quotes come from a Google search):

Aeschylus: “Wisdom comes only through suffering.” (from *Agamemnon*)

Sophocles: “The kind of man who always thinks that he is right, that his opinions, his pronouncements, are the final word, when once exposed shows nothing there. But a wise man has much to learn without a loss of dignity.” (from *Antigone*)

Confucius: “To know what you know, and to know what you do not know, that is wisdom.”

From Proverbs in the Judeo-Christian Bible: “When pride comes, then comes disgrace, but with humility comes wisdom.” (11:2, New International Version)

And from Buddha: “Even as a solid rock is unshaken by the wind, so are the wise unshaken by praise or blame” and “Wear your ego like a loose-fitting garment.”

One more psychoanalytically relevant observation, from a source less widely noted for wisdom: “Knowledge speaks, but wisdom listens.” (Jimi Hendrix)

When psychoanalysis was the dominant mental health paradigm, one way we failed the larger society involved a lack of humility and an overconfident overvaluation of what psychoanalysis can do. Although most analysts I have known are far from arrogant, there have been enough self-important voices among us to alienate many outsiders from our ways of understanding both psychopathology and larger human issues. This has created an antipsychoanalytic backlash that has cost us greatly, with which we are still dealing.

### Wisdom Versus Knowledge and Intelligence

From at least the time of Aristotle, who famously distinguished between knowledge (*episteme*) and wisdom (*sophia*), both great thinkers and empirical scientists have differentiated between being smart and being wise. We all know of people who are impressively

bright, whose behavior can show a terrible lack of wisdom. Therapists frequently deal with brilliant patients who just do not seem to “get it” about what is important in life and what is not, like the perplexed man in his fifties I interviewed a few years ago who complained, “I don’t know what I’m doing wrong! I have lots of money, two vacation houses, and a yacht; I’m friends with celebrities; I’ve had four beautiful wives! Why am I not feeling happy?”

A striking feature of wisdom is that we tend to experience it as “received.” We cannot pursue it as we would pursue information or data; it comes to us from life experience. It accumulates as we learn lessons that are often painful. As analysts know well, Sophocles was right: It does come from suffering, especially from suffering witnessed by a caring other who can help us put words to the pain.

Cultures differ in how they transmit wisdom, but usually it comes via stories. A few years ago, I visited New Zealand, where a Maori man talked with me about how the sensibility of the elders is passed down in his tribe. Most of their wisdom comes through myths, stories about ancestors, and fables about animals. (Interestingly, as in many cultures, their symbol of wisdom is the owl. When I asked why, I was told that the owl inhabits the night and speaks for the dead; when he hoots, he is telling listeners that their departed wise ancestors are still with them.) When I spoke there to an audience that included several Maori therapists, they wanted to know about my parents and my upbringing, because otherwise, how could they understand where I was coming from and evaluate what I was saying? A very different, more intimate sensibility than ours with respect to public presentations, but strikingly parallel to our psychoanalytic assumption that to understand a person’s suffering, we have to know about family, history, and context.

Arnold Keyserling, a 20th-century philosopher, was much concerned with the damage suffered by traditional cultures and their wisdom traditions under the onslaught of colonialism and the “civilized” cultures’ assumptions of superiority:

The scientific method, created in the 15th century by the Neapolitan philosopher, Telesius, the father of all the subservient academies of science, essentially means repeatable experiments, verified by logic and mathematics, and giving rise to ‘heuristic’ theories replaced when necessary by new ones. This is an ideal paradigm for science, but the lack of a coherent theoretical frame of reference destroyed the basis of civilizations which existed before the 15th century. In the last 300 years of critical rationalism, from Newton to Mandelbrot, the incomplete paradigm of science led to the colonialist destruction of countless archaic civilizations. (<http://www.lawsofwisdom.com/epilogue.html>)

One could argue that something rather similar has happened to psychoanalysis. The first thing most colonizers do is discourage indigenous languages; currently, it is very hard to get anything published in mainstream clinical journals that uses psychoanalytic terminology. With insurance companies and with academic publishers, we have learned to talk in terms of *DSM* categories, “target symptoms,” “comorbidities,” and similar locutions that disguise our identifications.

The scientific method is a precious achievement of our civilization. I am not attacking it here. But I *am* attacking the arrogance that it provides the only route to valuable understandings. Before we had it, the survival of human communities depended on wisdom. The South Sea islanders somehow managed to go vast

distances in small crafts, read the stars, recognize which plants to eat and which to avoid, and know which natural substances had medicinal properties. The anthropologist [Wade Davis \(2009\)](#) urges us to learn from indigenous cultures before they are destroyed and we then have no wisdom to balance the knowledge conferred by the scientific method. As we contemplate the looming climate catastrophe, we may be reminded that Native American leaders, most of whom were appalled by the idea of individual ownership of land, spoke presciently of “White man’s greed,” predicting it would be the undoing of the earth.

In parallel to such processes, contemporary therapists feel we are being asked to accept what philosophers, after [Gilbert Ryle \(1949\)](#), might call a “category mistake” (an error in logic in which one category of a thing is presented as belonging to another category). To do randomized controlled trials of alternative therapies, it is a *research* demand to be highly specific about the problem to be studied (to “cherry-pick” subjects with the same, single *DSM* diagnosis), to take objective measures of reportable symptoms at the beginning of treatment, to manualize what is done, to end the research after a certain number of sessions (both because of limitations of one’s grant and because of pressures to publish quickly and often), and to judge progress by reduction of objectively measured symptoms reported at the beginning of the study.

In contrast, therapists rarely see clients with one discrete disorder, not comorbid with anything else—we cannot isolate client variables. We often depend for our sense of a clinical baseline more on a disciplined subjectivity and clinical inference than on objective measures. We appreciate that clients cannot always articulate what ails them. We work from general principles and deviate as needed from manuals—which, as [Paul Wachtel](#) noted in a conversation at a 2015 SEPI meeting (personal communication, June 19), we tend to call “books.” When possible, we let therapy come to a natural termination by mutual decision. And we judge improvement not only by symptom reduction but also by changes in overall life satisfaction, attachment security, self and object constancy, authenticity, emotion tolerance and regulation, resilience, capacity to reflect on the self, capacity to mentalize others, flexibility of response to stress, realistically based self-esteem, vitality, acceptance of what cannot be changed, capacity for gratitude and forgiveness, and other aspects of general psychological wellness.

Most clinicians agree that therapy should be based on research, not simply on what idealized mentors have said. [Jeremy Safran](#) took this position earnestly. But being based on research is not being *like* research. Current pressures to define a patient’s suffering via a single categorical label, to take objective measures based on self-report, to manualize what we do, to work in the shortest time possible, and to judge progress by change in overt symptoms constitute the misapplication of a research paradigm to a clinical one—in other words, a category mistake. These demands that clinicians conduct our work as if it were like doing randomized controlled trials has been painfully burdensome, especially as insurance companies, politicians, and other potential funders of psychotherapy have picked up this formula.

A related problem is that because scientists need to isolate variables, eliminating people with “comorbidities” from research samples, most investigations that meet criteria for “evidence-based treatments” have been conducted with those at the healthier end of

the spectrum of any disorder category. Almost all the currently touted “evidence-based” treatments for *DSM* pathologies are based on patients with the least severe versions of a given syndrome. Such individuals are much more cooperative research subjects, after all, and have lower dropout rates from studies. More severely troubled people in any symptom category tend to have “comorbid” personality disorders, posttraumatic conditions, and substance use disorders. The recent APA guidelines for treating trauma are heavily based on studies that rejected participants with the severe, complex traumatic histories that therapists typically see (see [Norcross & Wampold, in press](#), for a scholarly, passionate critique). Those who consider it “unethical” not to use an “evidence-based treatment” might consider the dubious ethics of prescribing for devastated, mistrustful people a technique that has been researched only on high-functioning, cooperative ones.

Urging therapists toward such approaches with all patients in a given diagnostic category is dangerous. Clinicians who use them with their more deeply disturbed clients tend to fail, often concluding that some more talented or experienced practitioner could have made them work. Their demoralization can then prevent their learning what would actually help. And their clients tend to conclude that therapy itself is ineffective—after all, they’ve gotten the “best” treatment, and it failed. When, for example, severely obsessive-compulsive patients with psychotic-level personality structure are urged uncritically or too early into exposure paradigms, they tend to react with profound resistance, paranoid distrust, or despair. Psychoanalysts know a lot about helping complexly troubled people. Keeping alive what we know is central to the public interest.

Psychoanalytic wisdom involves mature acceptance of unwellcome realities. Miracles of healing do not happen in a few weeks. Change in therapy involves not just behavioral and symptomatic alterations but, foundationally, a coming to terms with things that *cannot* be changed. Analysts foster acceptance of limitation in trivial ways, such as via off-hand comments to patients like, “Yes, I suspect your partner is never going to become as fastidious as you are,” and also in dramatically consequential ways, such as the frank admission to a multiply traumatized man that although he can look toward having a good-enough life, he will never again be the self he was before the traumas. Wisdom about limitation is an old emphasis in our tradition, going back at least to Freud’s framing of maturation in terms of giving up the pleasure principle for the reality principle, or framing the goal of psychotherapy as replacing neurotic suffering with “ordinary human unhappiness.” As I have noted, his stance epitomizes a temperate, cautious, mature European intellectual perspective greatly at odds with the more adolescent American sensibilities that are starting to dominate mental health approaches worldwide, which can include a baseless optimism about “doing more with less.”

[Steven Reisner \(2016\)](#) recently lamented the “commodification of the symptom”—that is, conceptualizing mental distress as a commodity requiring elimination by a manualized treatment offered by a “provider” of that commodity. He notes that this way of construing suffering obliterates the possibility of seeing any larger meanings in it. Not exactly the vision of the ancient Greeks, who venerated the constraints of time, fate, and acts of the gods and ascribed the most painful life outcomes to hubris, the human tendency to deny limitation.

In therapy, we create a relationship in which clients can name their desires, rage about the gratifications they may have deserved but did not get, and bear a grief process that culminates in moving on to satisfactions that *are* possible—rather than staying frozen in either resentment or chronic victimhood. In one of his arguably most brilliant insights, Freud framed mourning as “work.” The “mourning labor” is a toil that we both resist and seek out when we engage in what he called “working through.” Martha Stark (e.g., Stark, 1994) and others have gone so far as to say that psychoanalytic therapy itself is an extended process of grieving. Real mourning requires a devoted witness, a person who shares deep human vulnerabilities, not an expert with a manual.

The consumerism that has dominated American—and then global—economic life since the mid-20th century exploits our infantile tendencies to imagine unlimited gratifications. Public discourse is replete with the idea that getting what one wants—what one is “entitled to,” what one “deserves”—equates with life satisfaction. As a contrast with this American consumerist pathology, consider Epicurus’s observation that suffering comes from wanting what you cannot have and happiness from enjoying what you do have. Or the Japanese adage that true happiness is not getting what you want but coming to want what you have—not a naturally resonant observation to most Westerners, but not strange to most psychoanalysts, given what we witness again and again in our offices, as our clients become satisfied with their lives in direct proportion to their capacity to accept frustrating realities and appreciate available pleasures.

### Implications for the Future of Psychoanalysis

What can we do to preserve the psychoanalytic tradition that so infused Jeremy Safran’s work? In terms of psychoanalysis *as a clinical technique*, there is great variation among different countries and cultures, but in many, including ours, we need to accept that its continuation will probably be limited to therapists in training and a few highly motivated, introspectively curious, psychologically talented individuals with adequate financial resources. In terms of the second and third meanings, however, there are a few ways we may be able to keep alive both the psychoanalytic knowledge base and the psychoanalytic ethos.

First, we need to challenge perceptions that psychoanalytic thinking is irrelevant to most mental health issues or is germane only to the problems of those who are psychologically and financially able to undertake classical psychoanalysis. We need to keep raising questions about what is considered “evidence.” We should resist the reduction of all psychological suffering to narrow *DSM* categories and insist on talking about the whole person, in each person’s context. We need to confront the desiccation and misunderstanding of science, demanding that it not be defined exclusively by statistical hypothesis testing and that it include what Reichenbach (1938) called the “context of discovery”—that is, hypothesis *generation*—as well. We need to make alliances with psychologists of other theoretical orientations who share our values and with professionals outside psychology, including psychoanalytic psychiatrists, currently a devalued minority in a field permeated by biological reductionism, and psychoanalytic social workers, most of whose training programs systematically dissuade them from a clinical career.

Second, we must become more involved with researchers. We need to tell our scientist colleagues about the kinds of problems we actually struggle with and ask their help in studying the issues that really matter to us. We need to educate them about the poverty of *DSM* labels, the problems of cherry-picking in clinical research, the limitations of symptom reduction as the criterion of improvement. We need to highlight the damage that can ensue when patients are told their treatments represent the best “evidence-based practice” and then realize they are not better. Fortunately, there is a movement afoot among many clinically sophisticated researchers for “practice-based evidence” (see Levy, Ablon, & Kächele, 2011)—that is, research like Jeremy Safran’s, based on real clinical experience—that has a chance to counteract what many in SEPI have called “empirical imperialism” (Castonguay, Youn, Xiao, Muran, & Barber, 2015).

Third, we need to get out of our offices and talk to mental health groups and interested organizations about the value of thinking psychoanalytically about the diverse problems they face. Helping other professionals with their difficult or incomprehensible patients is the most effective way I have found to convey the value of our tradition. We can let colleagues know how we might construe and address their clinical problems, and we can recommend books and articles in our literature that may help them with therapeutic challenges. Rather than approaching them with the attitude, “We have a lot to offer you,” we need to ask them questions such as, “What problems do you face, and how might we help?”

When we have such conversations, we cannot be arrogant or disrespectful, as so many outside the psychoanalytic world expect analysts to be, and we cannot get defensive. We can explore with colleagues how the language we use often captures similar concepts to those that have arisen from their own epistemologies. We can be open to combining different approaches, refusing to reduce the discussion to an either/or competition. In a similar vein, we cannot spend all our energies fighting with other analysts over whose theoretical orientation is superior. And even if we have strong feelings on the topics, we cannot get bogged down in what some have called “the frequency wars” and “the furniture wars”—that is, how many meetings a week should be the standard or whether analysis is really analysis without the couch. While we fight battles that the rest of the world sees as self-absorbed and arcane, life moves on without us.

If we cannot embody psychoanalytic wisdom, we cannot expect others to be impressed by the psychoanalytic ethos of humility, curiosity, and openness to experience. We need to “walk the walk.” Generalizing from my own feelings, I think we would rather do the clinical work that we know reduces and prevents mental suffering, teach what we have learned to the next generation of healers, and continue ingesting ideas and absorbing wisdom relevant to our compelling vocation. We do not want to spend our time defending our techniques, our knowledge base, and our ethos. But as Jeremy Safran knew, the going-on-being of our beloved profession may require that we do just that.

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### 摘要

Jeremy Safran是我们这个领域里的一个独特的声音。他代表了多种学术、临床实践和精神情感的融合。如果精神分析的领域要生存和

发展,我们理当去做Safran教授个人做到的各种整合。本文考察了我们的专业现状和未来,包括了“精神分析”一词的三个含义:作为一种特定类型的治疗,作为一个知识基础,以及作为一种社会思潮。特别强调最后这一点。精神分析被概念化为更宏大的智慧传统的一部分。本文建议了我们可以如何保存精神分析实践,精神分析取向的研究,积累的精神分析知识,精神分析价值观和精神分析的智慧。

关键词: 精神分析, 精神动力取向治疗, 精神分析思潮, 智慧, 心理治疗整合

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