

Symposium 2019: On the Psyche in Psychoanalysis

Saturday, April 13, 2019
Goldwurm Auditorium
Madison Avenue & 98th Street
New York City

Wrap-up Discussion/Q&A

Keynote:

George Makari, MD

Makari:

Dr. George Makari, Director of the DeWitt Wallace Institute for the History of Psychiatry and Professor of Psychiatry at Weill Cornell Medical College, gave a superb keynote. To the extent that psychoanalysis is its history, Dr. Makari does us an important service in distilling and synthesizing the intellectual and scientific forces that shape our present views as psychoanalysts. In his presentation and book Soul Machine, he looks at the competing forces of brain, mind and soul chronologically.

Dr. Makari identifies the birth of mentalism around 1640 and its first wave during the Enlightenment over around the next 150 years as it spread from Britain to France to Germany. With Rene Descartes and others, there was the idea that the soul and inner life were separate and could not yield to mechanical explanation. Animals were essentially machine-like in not having souls. On the other hand, humans had souls, which could be specifically located such as in the pineal gland (nowadays Mark Solms places consciousness in a few millimeters or peri-aqueductal gray matter in the brain stem, and neuroscientists focus on the inferior gyrus of the medial prefrontal cortex as where inner life and the external world interface).

Scientific luminaries like the chemist Robert Boyle adopted this Cartesian dualism. Whereas Thomas Willis, a brain anatomist and the father of neurology, and his student John Locke posited consciousness and self as of the brain-based mind. This gave rise to mentalism and doctors of that kind.

In the wake of the French Revolution, ideas not only about liberty and equality but also intentional minds arose.

The radical idea was that there was no such thing as a soul. In Germany, as natural philosophy turned to the brain, the idea grew that the mind was embodied within it and, in short, psychiatry was born. There was a tendency toward reductionism such as with Gall's phenology and scientism more generally. But we got to a better place, scientifically speaking, with the mind integrated into the brain and psychopathology having causes biological and developmental that could be studied and understood.

Panel 1: On the brain in psychic functioning

Chair/discussant:

Maggie Zellner, PhD, LP

Dr. Maggie Zellner, Executive Director of the Neuropsychoanalysis Foundation, did an excellent job in chairing our scientific panel. She and her mentor Mark Solms have made great strides in establishing a neuroscientific basis for psychoanalysis and psychology more broadly.

Presenters:

Fredric Busch, MD

Dr. Fredric Bush, Clinical Professor of Psychiatry at Weill Cornell Medical College, brings contemporary neuroscience to the treatment of a group of patients that we often deal with in psychodynamic psychiatry, namely ones that have been traumatized and suffer from Panic Disorder or PTSD. He draws from and extends the work of Antonio Damasio, Jaak Panksepp, and other clinical neuroscientists. He considers the role of the brain's fear circuitry including the amygdala and their over activation in these states as well as their modulation with the inhibitory system of the prefrontal cortex.

The idea that "raw" emotions, experienced as basic urges, become refined with representational processes of thought and learning into fantasies and emotions such as guilt, frustration and loneliness is potentially useful clinically. In our work, we tend to deal with higher mind/brain levels of emotions in images, thoughts and words. This ties in with the hyper-vigilance along

with various bodily sensations that trigger anxiety and panic. One novel way that Dr. Bush sees the therapeutic process is with the unlinking of a range of representations, cognitions and memories at higher levels with more basic emotions and responses. The idea that bodily states are linked with an experience or fantasy also provides an opening for intervening from reflexive to reflective processes. It speaks to a more neuroscientific understanding mechanisms of treatment.

Such deeper understanding can inform the interventions we make and lead to a more integrative model of treatment and care. For example, the process of working through—or change—with its recalling a traumatic experience, reconsolidating the memory, and reinforcing new ways of experiencing and behaving in the world can be augmented with breathing exercises, meditation, or medications. It may also foster greater insight for a patient to realize that his current sense of threat or abandonment is rooted in a particular experience or relationship from the past, which can contribute to fearful or problematic behaviors. It's informative that with traumatized patients, part of the work is in translating bodily experiences (somatosensory signals) into mind (mental representation) and that attending to affects and affective states are key to this work. Transference and counter-transference experience may be integral to the context in when such treatment occurs. The idea of linkage is potentially a useful one in bridging the mind-body gap.

Cristina Alberini, PhD

Dr. Cristina Alberini, Professor of Neuroscience at the Center for Neural Science, and her lab study brain systems of memory. In particular, they focus on the biological mechanisms that accompany long-term memory formation, storage and retrieval. We know that memory, a biological function, is a critical component of our identity. Understanding the physical changes that underlie the formation and storage of long-term memory is important for developing therapeutic approaches for psychopathology, for example those occurring in PTSD.

The neuroscience of understanding how long-term memories is encoded is fascinating and profound because it is conserved throughout evolution. Considering the biological mechanisms that accompany memory consolidation, retrieval and reorganization (reconsolidation) has direct implications

for our work. For example, in the window between memory retrieval and re-consolidation is an opportunity to intervene therapeutically. Maybe that is through an interpretation—or even perhaps the use of meditation techniques or a Beta-blocker such as propranolol that decreases the intensity or emotionality when the memory is reconsolidated.

Of note with Dr. Alberini's work is that some of the most significant contributions to psychoanalysis today come from other disciplines. No longer does the arrogant view hold that only psychoanalysts who understand what psychoanalysis can contribute to its foundations and fundamentals. Other types of psychotherapies, neuroscience, child development, and various fields inform, deepen and potentially improve our work.

Terrence Rogers, PhD

In his presentation Dr. Terrence Rogers, Assistant Clinical Professor of Psychiatry at Mount Sinai, takes an important step towards a novel and integrated model of the mind. His work incorporates recent advances in neuroscience into psychoanalytic models of the mind. Or perhaps more accurately, it creates a framework within which those traditional models can be viewed through the lens of contemporary understandings of brain science. He sees the human mind as a special case of the animal mind more broadly. By finding a right conceptual level to integrate the two, Dr. Rogers brings neuroscience and psychoanalysis together in a contemporary model, solidly rooted in brain science and based in evolutionary theory. No small task—and an original contribution. He begins by considering questions such as: 1) What is a mind and how does it relate to the brain? 2) What is consciousness and how does the mind incorporate it? and 3) How does the mind determine salient information for decision making?

With a physicist's clarity, he considers the nature of mind and subjective experience, seeing the mind as a concept with no physical reality like a wave formation is to an ocean. His model applies to all animals including our human species. His In-the-Moment Model offers us a core mind as a signaling network rather than one based on notions of psychic energy. The consciousness mechanism acts as a referee for what at any moment becomes part of a conscious state. Trial and error learning is fundamental to this model of mind. The animal mind is oriented toward prediction and determining a right course of behavior. Both a top down approach (Hierarchical, Bayesian Model) and a bottom up (Associative Model) are part of an

endless loop of thought, feeling and decision making that leads one to act with variable conviction in the world.

Dr. Rogers then extends it into a Self Aware Model that includes and incorporates human consciousness. The overall architecture of mind is represented by three major components: the Memory and Management System, the External System and the Internal System. The capacity for self awareness does seem to be a distinguishing feature of human consciousness. His model is consistent with and considerate of useful psychoanalytic ideas such as the dynamic unconscious, wishes and fantasies, transference, and repression. Certainly, the integration of advances in neuroscience into psychoanalytic theory and practice is necessary, even essential to best clinical practices and care.

Panel 2: On the mind in psyche

Chair/discussant:

Richard Friedman, MD

Dr. Richard Friedman, Clinical Professor of Psychiatry at Cornell Weill School of Medicine, is one of those rare clinician-scientists to help define a new field, namely psychodynamic psychiatry. He brought together three panelists that are leaders in this burgeoning area (Just to say, I, a psychiatrist and psychoanalyst, now describe myself as a psychodynamic psychiatrist).

Presenters:

Joanna Chambers, MD

Dr. Joanna Chambers, Associate Professor of Clinical Psychiatry at Indiana University School of Medicine, gave an excellent presentation on the neurobiology of attachment and how it relates to psychodynamic psychiatry. She extends the work of Harry Harlow, Mary Ainsworth and others to our clinical realm. Not surprisingly, there is a neurodevelopmental component to attachment, which includes hypothalamus, hippocampus and amygdala brain regions and associated hormones. Early trauma has an impact on reward and attachment circuitry. For example, oxytocin increases during parturition and nursing mothers and is lower during periods of stress.

Insecure attachment in infants leads to poor mental health outcomes such as anxiety and depression, addictions, and personality disorders. Epigenetics, the immune system, and neurocircuitry all play a role. There is also a psychodynamic component to internal conflicts, difficulty integrating affects, and primitive defenses. In psychodynamic treatments, we're ultimately making changes to the brain. Words in the form of understanding, empathy, and ideas are the most targeted interventions we have. Our pills and potions make global changes to brain chemistry. Insight can lead to internal change—physically as well as psychologically—and longterm improvements in mental health.

Andrew Gerber, MD, PhD

Dr. Andrew Gerber gave a terrific presentation on the brain's basis of psychic conflict. His thinking exemplifies a clinician-scientist at his best. He brings a broad base of neuroscientific knowledge to clinical technique. Dr. Gerber focuses on basic mechanisms of mind-brain functioning including repression, attention and memory. He distinguishes different types of unconscious systems, which are often conflated in conversation. He describes an evolutionary basis for repression—a subject that Terry Rogers and I are exploring—and seeks a unified clinical and scientific understanding. It's probably fair to say, evolutionarily speaking, that repression has an adaptive function that allows us to attend to what is important in a given moment. Still, to deal best with reality over time, the repressed experience is usefully remembered and understood. We help with that process in psychodynamic and psychoanalytic work.

Likewise, attention has an adaptive function. The different types—voluntary, reflexive, overt and covert—form part of the basis of our learning. Dr. Gerber's analogies of "spotlight" and "zoom" show issues that come up in the cognitive processing of information. Pointing out such issues in detailed or big picture is integral to clinical technique. The schemas that we have both from either side of the proverbial couch help us to organize and perceive information and interpret the world. So another aspect of psychodynamic work is in helping to frame new paradigms for seeing things. Certainly, maladaptive schemas from childhood can be looked at, questioned, and understood as part of the therapeutic process. In fact, it's probably necessary to change certain personality traits, negative affects, and chronic dysfunctional patterns.

Vladan Novakovic, MD

Dr. Vladan Novakovic's rich clinical presentation illustrates the kind of psychopathology that may develop when attachment is inadequate or problematic (so a nice pairing with Joanna Chambers' presentation). In his view, this patient with borderline personality organization reflects a failure in the capacity to mentalize experience, which is based in childhood trauma. For example, the mother or another attachment figure may fail to adequately mirror the developing child, who doesn't internalize a cohesive sense of herself in relation to the world.

So Dr. Novakovic's patient did not learn during development to distinguish between ideas and feelings influenced (distorted) by fantasy and external reality, both in the consulting room and the rest of her life. This "psychic equivalence" with external reality is the subject of much of the analytic work, grist for the proverbial therapeutic mill. In the course of treatment, the patient learns to reflect of her sense of vacuousness and fragmentation rather than compensate for it with self-destructive actions. Dr. Novakovic does noble analytic work in helping the patient deal with these unprocessed states—in part by interpreting the maternal transference and in part by giving her an authentic relationship—and helping her to become a person with a more stable and independent sense of herself. (It's also interesting to consider how Cristina Alberini's work might facilitate such long and challenging clinical efforts).

Panel 3: On the soul in psyche

Chair/discussant:

Jennifer Harper, MA

I can think of no one better to have lead the panel on the soul than Jennifer Harper. In addition to being a terrific psychoanalytic clinician and the past President of NAAP, she is also a minister. She did a wonderful job in bringing together her panel beforehand to dialogue and discourse.

Presenters:

Heather Berlin, PhD

Dr. Berlin began her talk with sharing a story about how her own normal fear of death at an early age motivated her to become a neuroscientist. Led by her search for life after death, she gave an overview of what we know scientifically about the neural basis of religious/spiritual, out-of-body, and near-death experiences. She touched on studies about the use of psychedelics (e.g. MDMA, ketamine, psilocybin) in assisted psychotherapy for refractory PTSD, depression and anxiety. A considerable part of the therapeutic effect seems related to the patient's subjective "spiritual" experience, rather than any long-lasting psychopharmacological effects. Furthermore, ideas about spirituality/religiosity may have therapeutic benefits, whether or not the beliefs they're based on have any scientific validity. What gives comfort and solace to those we work with may enhance healing and the hope for more and better life. Clearly, even as a neuroscientist, Dr. Berlin is open to the notion that there may be phenomena that at this point are beyond human grasp. As the poet Robert Browning asked, "Or what's a heaven for?"

Michelle Friedman, MD

Dr. Michelle Friedman, a psychiatrist and psychoanalyst in private practice, focused on the clinical, namely how clergy, i.e. "soul practitioners", are taught basic principles of psychodynamics and mental health in their role as pastoral counselors, teachers, and first responders. She drew from her extensive work as Chair of Pastoral Counseling at YCT Rabbinical School. With deep experiential knowledge of religious life—its beliefs and practices—she discussed the experience of clergy, who minister to people with diverse issues not only of faith but also loss, loneliness, love and the spectrum of human feelings and experiences that we all struggle and deal with as practitioners and people. Dr. Friedman raises questions about the nature of holiness and the sacred, particular conflicts that observant rabbis may have, and spiritual understanding of life cycle events from cradle to grave. There are common denominators in the work we do as psychotherapists with that of ministers as well as teachers and mentors in helping others to become better, more resilient and whole. (It's interesting to think about some of the similarities and differences in our ministering to people in need).

Alan Roland, PhD

Finally, in his talk Dr. Roland, Faculty Member of NPAP and a Training Analyst, takes up the subject of the spiritual self in psychoanalysis. He generously shared of his own background and spiritual awakening. It's a complex relationship between the spiritual and everyday self, and it can be hard to distinguish regressive experiences from spiritual ones. Likewise, tracing psychopathy back through family, culture and the history of one's soul may seem a cosmic journey. As he notes this topic has been denigrated in psychoanalysis in part because its founding fathers saw religion as primitive in contrast to rationality and science (Think Freud's The Future of an Illusion). There were some notable exceptions with Jung, Horney Fromm and the like. In more recent years, with the influence of Buddhism and other teachings, meditation and other mindfulness practices are becoming more integral to psychoanalytic work (I myself have a small, daily meditative practice and use breathing techniques in my work with patients with PTSD and anxiety conditions). Perhaps the psyche in psychoanalysis has growing room for a spiritual aspect of the self.

Certainly, death and the idea of an afterlife are important subjects for patients. Religious or spiritual belief systems are often part of bolstering a person's resilience and helping find a right path in one's life. So it's probably fair to say at least that spiritual philosophies and practices are not necessarily regressive or pathological. They may even go hand in hand or be enhancing of psychoanalytic work. Certainly, Bion's idea of "no memory, no desire", based in a Buddhist tradition, is useful in the art of psychoanalytic listening. Obviously, there's more than one way to practice psychoanalysis and the healing of the soul. And perhaps, along the line of Laozi's Tao Te Ching, "The way which can be told is not the way."