

The Power of Connection

By Jane Hall; International Psychoanalytic Books, 2022; 274 pages

Reviewed by F. T. Perlman, PhD

Jane Hall's most recent book, *The Power of Connection*, is a welcome addition to our professional literature. The book consists of eleven papers written over a span of ten years, along with an introduction that acquaints the reader with Hall's evolving ideas about psychoanalytic treatment. Also included are a memorable interview with Martin Bergmann and a final poem, written by Hall, that captures the heart of her ideas as developed in the preceding chapters.

In a relaxed and conversational manner, Hall invites the reader to contemplate the "power of connection" in psychotherapy—the experience of safety, understanding and relatedness a patient experiences when a therapist relates with empathy, respect, and caring love, or "caritas," a term Hall borrows from Shengold (1999). Connection, she emphasizes, can be of vital importance, especially when working with patients who have suffered deficient or injurious parenting as children. Such patients learn to cope with the adverse conditions of childhood by adopting defensive measures, such as social inhibitions or isolation, excessive compliance, or anticipatory aggressiveness, in order to manage their lives. These measures may well be the best adaptations a child can fashion when young and vulnerable, but reflexive reliance on them can saddle the adult with habitual patterns of life that are painfully maladaptive.

Hall conceptualizes these problems as "derailments of development" and, most critically, observes that patients crippled by these "derailments" will not be helped by instructions, exhortations, praise, or any of the staples of supportive treatment. Rather, she explains, they will need some form of analytic therapy that enables them to identify their maladaptive behaviors, to revisit the childhood experiences that moved them to adopt those behaviors, and ultimately, to explore prospects for new patterns of living. This process, as all therapists know, is inevitably obstructed by conscious and unconscious

experiences of psychic pain—by feelings of shame, guilt, fear and loss that trigger defensive behavior in treatment—what we call "resistance." Analysts routinely interpret resistance by observation, confrontation, and explanation. But, as Hall argues, interpretation alone does not always help.

To speak freely, some patients need a reliable feeling of safety, which can occur when a therapist listens with respect, care and empathy. This is what Hall means by "connection." An emotional connection with patients can support their freedom to reveal themselves, but the function of connection in treatment goes beyond that. Connection is also a therapeutic agent in its own right. The therapist's care, empathy, and validation all contribute to the patient's experience of being understood, valued, and reliably attuned to. Connection provides vitally needed emotional supplies for patients who feel alone and vulnerable in life. It relieves the pain of aloneness, promotes self-esteem and authenticity, reduces dependency on injurious objects, and helps "get development back on track" (p. xi).

To promote connection, Hall writes, it is important to "level the playing field"—to create a partnership of equals, with both partners working together to understand the patient's history and life problems. Toward this end, Hall recommends that analysts replace interpretations with conversation. Interpretations, she notes, can be experienced by patients as pronouncements from a higher authority. An open-ended conversation, on the other hand, is a collaborative process in which neither partner has all the answers, but working together, they endeavor to "figure out" the patient's problems and the childhood history that illuminates the genesis of those problems. Conversation is key, Hall writes. "Conversation connects us" and gives rise to "moments of laughter, tears, of feeling genuinely caring, cared about, and accepted" (p. 5). As the work proceeds, "the bond they create grows . . . and is healing in and

of itself” (p. 47). An equally important way for therapists to level the playing field, Hall writes, is to adopt an attitude of “benevolent curiosity,” a concept introduced by Sharpe in 1950. Benevolent curiosity communicates the therapist’s genuine humility, the fact that the therapist does not know everything in advance, and, accordingly, depends upon the patient’s participation in order to know. A genuinely benevolent curiosity also conveys the basic assumption that—whatever their current problems—our patients did their best to play “the cards they were dealt in childhood” (p. 13). Whatever the patient’s symptoms or character problems, there is always some good reason that these issues exist. When patients revisit and communicate the challenges of childhood, we see their maladaptive behaviors in context. We “validate” their feelings and their conduct by listening empathically and respectfully. Such validation is healing, Hall writes. It allows patients to tolerate their subjective experience and to understand the contortions of their development with self-respect and in the healing comfort of the therapist’s understanding (see page 84).

A central aim of psychoanalytic treatment is, of course, the development of insight into the origins and dynamics of problematic behavior. Hall is clearly dedicated to the pursuit of this aim. However,

she expands both our approach to the therapeutic process and our potential clinical objectives. In this way, Hall’s emphasis on “the power of connection”—both as a facilitating element in treatment and as a healing agent in and of itself—transcends traditional psychoanalytic thinking.

Hall’s book is a contribution to a more contemporary and humanistic vision of psychoanalysis, one that is contrary to the orthodoxy that has historically characterized much of American psychoanalysis. Hall is certainly not alone in challenging the orthodox model of psychoanalysis. She cites the pioneering work of Leo Stone (1961), who courageously called for analysts to be warm-hearted and open in their relationships with patients. She also cites Hans Loewald’s (1960) more radical assertion that, for some patients, an analyst can serve as a “new object,” a nurturing figure who offers needed emotional nutrients and who, over time, can be internalized by the patient and thus become a source of inner sustainment. This is a point of view Hall clearly advocates and seeks to promote (see page 49). She also cites other analysts, including Shengold, who wrote of the analyst’s love as an important factor in the treatment of some patients. Other analysts in recent decades have also written of “analytic love,” and while their definitions may differ, they all converge

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on a central idea, expressed so passionately and clearly in this book—that the traditional “rules” of analysis, such as the “rules” of abstinence and anonymity, as traditionally understood, hamper creativity, constrain relatedness, and limit the great therapeutic potential of psychoanalytic work—to help our patients attain a fuller and more authentic self. This potential is clearly demonstrated in Hall’s convincing and moving case histories. “Psychoanalysis,” she writes “is the only treatment that I know of that upholds the patient’s right to develop autonomy in a unique and individual way” (p. 204).

The readers of this book are presented with a point of view that is at odds with the model of treatment that many of us, including Hall, learned and internalized during analytic training—ideas about love, a level playing field, conversation instead of interpretation—may cause discomfort among traditionally trained analysts, as if Hall were calling for an abandonment of psychoanalysis as we know it. This is not the case, however. Hall is advocating for an expansion of our analytic vision. The traditional repertoire of techniques, such as use of the couch, silence, anonymity, can be helpful, but not at all times and not for all patients. Professional education must be broadened to encompass a wider scope of opinions and encourage creativity among both students and faculty. “I think ‘psychoanalysis’ has lost its way,” Hall writes, “if it cannot be flexible” (p. xii).

Hall is clear in her view that orthodoxy is a problem. This raises an important question: How did psychoanalysis come to be constrained by rules of practice that are more than a hundred years old? Hall attributes the origins of this orthodoxy to the fact that when psychoanalysis was first established as a profession in the United States, it was dominated by psychiatrists, whose approach to treatment was shaped by their professional identities as authoritative experts. American psychoanalysis conformed to this medical mode, as if it *were* the only acceptable model. In her interview with Martin Bergmann, memorable for many reasons, Bergmann frames the question in a larger historical perspective:

Freud was interested in creating a science. A science is based on repetitive phenomena. Science does not prepare us for the unique and special, at least not in an obvious way. So that, to some extent, Freud’s eagerness to have psychoanalysis

recognized as a science tended to work against the recognition of the uniqueness of the analyst and the uniqueness of the patient.

This passage reminds me of another comment Bergmann made. Some years after this interview, in the mid-1900s, Bergmann addressed the issue of psychoanalytic orthodoxy with his “Thursday Seminar” (of which I was a member). At that time, he traced the authoritarian character of psychoanalysis to Freud’s premature decision in 1910 to establish psychoanalysis as an independent profession. Professionalization inevitably entails the institutionalization of standardized procedures to regulate both practice and professional education. But psychoanalysis at that time was in its infancy. What drove Freud to conclude that psychoanalysis must be professionalized? In 1910, Freud writes of “Wild Analysis,” noting that

in [the] face of the dangers to patients and to the cause of psycho-analysis which are inherent in the practice that is to be foreseen of a “wild” psycho-analysis, we have had no other choice. In the spring of 1910 we founded an International Psycho-Analytical Association, to which its members declare their adherence by the publication of their names, in order to be able to repudiate responsibility for what is done by those who do not belong to us and yet call their medical procedure “psycho-analysis.” (226–227)

I would add that, in my view, professionalization was a response not only to “wild analysis” but also to the growing array of competing psychotherapies taking shape in those early years. Shamdasani (2012) argues that psychoanalysis, neither clearly defined nor differentiated from other therapies in 1910, was in danger of being absorbed by the heterogeneous universe of psychotherapies. In 1909, in fact, August Forel founded the International Society for Medical Psychology and Psychotherapy. It seems clear that Freud founded the International Psychoanalytical Association in 1910 in order to establish psychoanalysis as a discrete and defined profession, and accordingly, began writing his papers on technique the following year.

Hall raises a curious point about Freud and his technique in this book, citing the fact that Freud’s behavior with many patients, including Gustav Mahler and Max Eitingon, did not conform to his

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membernews

Carl Bagnini, LCSW, BCD, contributed three chapters to *An Introduction to Child and Adolescent Psychoanalytic Psychotherapy* (Karnac Books, 2025), edited by Jill Savege Scharff, and co-wrote, with Michael D. Reiter, the chapter “Object Relations Couple Therapy” in *Case Conceptualization in Couple Therapy: Comparing and Contrasting Theories* (Routledge, 2025), edited by Michael D. Reiter. Carl continues as teaching and supervising faculty at the Adelphi Post-graduate Programs in Psychoanalysis, Psychotherapy, and Couple Therapy, where he is teaching his new course, “Planned and Unplanned Endings in Psychoanalytic Psychotherapy.” His seminar “The Seasons of a Couple Therapy” will be offered in Spring 2026.

Jonathan Lebolt, PhD, LCSW, CGP, became Membership Chair of the New Jersey Society for Clinical Social Work and the Eastern Group Psychotherapy Society, and Credentialing Chair of the Center for Psychotherapy and Psychoanalysis of New Jersey last year. He was recently licensed in Massachusetts, bringing the number of jurisdictions in which he is approved to practice to fifteen.



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technical procedures. In fact, many of his cases reflect conduct that appears to me to be very sociable and relaxed—a bit like the kind of relatedness that Hall promotes in this book. Was Freud hypocritical? Or is it possible that later followers interpreted his recommendations to be far more restrictive than he ever intended? Samuel Lipton (1977), writing about “the advantages of Freud’s technique with the Rat Man,” suggested that Freud meant his recommendations to apply only to the specific technical procedures employed in analysis, not to the non-technical aspects of his doctor-patient relationship. In Lipton’s view, it was the later analysts, not Freud, who promulgated the orthodoxy that Hall challenges. If Lipton is right, Hall’s unorthodox approach might put her in good company with Freud himself.

Fredric T. Perlman, PhD, FABP, is a psychoanalyst on the faculties of the Psychoanalytic Association of New York (affiliated with NYU Medical School), the American Institute for Psychoanalysis, and the Westchester Center for the Study of Psychoanalysis and

Psychotherapy. He is a member of the American Psychoanalytic Association, a Fellow of the International Psychoanalytical Association, and a Distinguished Life Member of the Confederation of Independent Psychoanalytic Societies.

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