Psych - *e* - News

Virtual Help for the Real World

A Bi-Monthly Magazine from the
New York State Psychological Association
Division of Psychoanalysis

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This newsletter shares with the public useful understandings of psychological matters that are part of living today. It comes from the New York State Psychological Association, Division of Psychoanalysis.

Our core membership includes hundreds of highly trained, licensed clinical psychologists and psychoanalysts practicing in New York at this time. We offer you fresh, effective understandings based on our current and cumulative experience and knowledge. Each topic is covered by a contemporary expert in the chosen area. We hope it helps.

We welcome your feedback, comments and questions at NYSPADIV@gmail.com

When the Mind Heals the Body

Pamela, 36, a physically-fit, accomplished professional woman juggling career and two children under age 4, is sitting at the holiday dinner table in her home, listening to her adored and adoring father regale the family with anecdotes from childhood about her and her brother, 2 years younger. He turns to her and says, "Oh, Pamela, you know you were never good in math and geography." Only a few minutes later she feels sharp pain in her back The pain is so severe

that she excuses herself and goes into her kitchen to calm her reaction to the pain and to identify the emotional trigger for its sudden onset.

Using the work we have done in psychoanalytic psychotherapy for the past year, she quickly realizes that she is furious at her father for his "sexist" point of view. How could he say that, knowing so well her passionate feminist leanings? Within a few minutes, the pain vanishes and she's able to return to the dining table.

This is one of numerous, dramatic examples of the relationship between bodily pain and emotions that I have witnessed in the past 28 years while using a psychoanalytically-informed approach to treat bodily pain in psychotherapy and in psychoanalysis. Pamela was referred to me by her physiatrist. He had diagnosed her back pain as a physical condition, Tension Myoneural Syndrome (TMS), mediated by feelings, or emotions, that are so unacceptable, so threatening, (e.g., anger, fear, shame, guilt, or even love).

In my work with patients with musculoskeletal pain, I have found that feelings that have been foreclosed from awareness can lead to somatic pain, which distracts the sufferer from those feelings. I write about my own experience of developing a pain symptom and show how it was related to overwhelming feelings that were difficult to experience fully.

My patient, Pamela, would probably have searched immediately for a "physical" reason for her pain, e.g., "I probably strained my back while doing all of that hard physical work

preparing for the family holiday meal." Searching for a "physical" or "structural" cause of musculoskeletal pain reflects the traditional biomedical model of disease that has dominated Western medicine for centuries.

In that model of pain, there is a one-to-one correspondence between physical disease or injury and pain. That model has been challenged since the mid-1960's, beginning and continuing with the work of the psychologist, Dr. Ronald Melzack. He and subsequent generations of pain researchers shows that "pain" is the outcome of a perceptual process generated by the brain, even in the absence of external stimulation and/or injury and disease. Further support for this argument comes from studies of people who have "phantom limb pain," paraplegics who experience pain below the level of their severed spinal cord, and people born without limbs who feel pain "extremities" they do not have. Numerous researchers have also demonstrated that our perception of "painful" sensations is influenced by our mood, by memories of other painful sensations, by our level of motivation, and by social and cultural learning.

Contemporary psychoanalysis gets the importance of all of these factors in understanding how we function as adults. Pamela learned to use the pain as a "signal" that she had experienced an emotional reaction to something that had just happened. Once she had identified and experienced anger at her father, the pain disappeared. When her psychotherapy began, she would not have been able to tolerate experiencing "conflicting" feelings toward her father, i.e., she loves him AND she can feel angry at him simultaneously.

Frances Sommer Anderson, Ph.D.

Marriage Today: The Fragility of Intimacy

An article in the New York Times at the end of summer, heralding the new television series season was headlined "Television, in a darkening mood, looks at marriage and finds despair." Characterizing the new, chiaroscuro landscape was a sense of isolation and loneliness within the very institution that promises a deep and lasting attachment.

Marriage as an institution has had quite an interesting history. A contemporary sociologist, Dr. Stephanie Coontz, notes that until 200 years ago marriage was an arrangement which served political, social and economic functions. Individual needs were barely in view. Beginning in the 18th century, there was a revolutionary idea afoot which was that couples were supposed to be more interested in each other than in friends, their extended families, or their associates in commerce.

This concept traveled through an era of industrial development and the separation of male (workplace) and female (home guardian) spheres emerging as the essential "love-based, male breadwinner family" that lasted until it was challenged by the cultural revolution of the 1960's.

Today we know that the sands are shifting under and around this institution. Though the number of married couples as a proportion of households has been declining for decades, since 2005 more

American women are living without a husband than with one. "This would seem to close the book on the Ozzie and Harriet era that characterized much of the last century."

But 93% of Americans say they still hope and plan on forming a lasting and happy union with one person. What challenges will they face? The following list is not exhaustive by any means:

--In an era when men and women are both in the workforce at the intensity in which many jobs must be performed today, there is often precious little time for intimacy, "hanging out" together.

--Feminist principles are still being absorbed into marital culture: Is it o.k. if she makes more money? Why isn't he responsible for an equal amount of childcare?

--The explosion of electronic and media formats burden and distract partners who now often spend more time on their computers that in face time with partners.

--The delay in childbearing has led to an unprecedented involvement in fertility treatments, a known stressor of coupling.

--As the population ages, partners become not only are responsible for each other and offspring, but are often crucial caretakers to their aging parents or other relatives.

In the face of these challenges, how can marriage remain a source of growth, security and nurturance to individuals?

From a psychodynamic perspective, the new challenges of marriage call for self-reflection in a way that more clearly scripted versions of bonding have not

required in the past.

For instance, if you want to negotiate equitable gender arrangements, you will need to think deeply and honestly about the models your parents presented: the hidden resentments, unwilling accommodations. In general, we find ourselves replaying unfinished childhood struggles with our parents, and between our parents, in our adult intimate relationships.

In an era in which self-actualization, self-realization and even self-creation are held up as cultural ideals, it is daunting to face the necessary dependency of intimate relationships. To tolerate, let alone enjoy dependency on another, necessitates being honest with oneself about the fears evoked by relying on another: disappointment, humiliation, at the worst - abandonment.

It's crucial that each partner try to be as honest as possible about his or her wishes, longings and irritations and discuss these as tactfully and openly as possible. Generally, what is not "owned" becomes "disowned" and projected onto a partner. "It's not my rage or selfishness that's the problem, but yours, or at the very least that you make me act this way."

Open discussion can lead to argument, but it is wise to remember that marital research indicates that it is the way couples argue that causes distress, not what they argue about. Balancing positive with negative statements about one's partner is important; much damage can be avoided or done in the style of disagreement. Withdrawing and stone-walling is off-limits when the goal is relationship health. The common advice proffered today to "work at marriage" might seem a bit dreary

and unromantic. But "working" at how we confront our disappointments and how we criticize our partners is essential.

Mary-Joan Gerson, Ph.D., ABPP

From Freud to Gay Friendly: A Brief History of Psychoanalysis and Homosexuality

Psychoanalysis has had a tarnished reputation in the gay community. This is understandable in light of historic analytic attitudes toward homosexuality. Freud's Three Essays on the Theory of Sexuality was published in 1905, a time when two theories about homosexuality predominated. Freud disagreed with both.

"Third sex" theories originated among the 19th century equivalent of today's gay rights activists. They believed gay people were a "third sex," the other two being straight men and straight women, and argued that homosexuality was normal and should not be criminalized.

In contrast, many physicians of Freud's era believed homosexuality a form of hereditary, nervous "degeneracy," that it was not normal, and labeled it an illness.

Freud, arguing against degeneracy theory, noted that homosexuality was found in people with no other mental problems and in individuals "distinguished by especially high intellectual development and ethical culture." However, he also rejected third-sex theories, or "any attempt at separating off homosexuals from the rest of mankind as a group of special character." Instead, Freud, believing everyone was bisexual to some degree, said homosexuality

"cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development." Not normal, not an illness, but a form of psychological immaturity.

Freud's beliefs, contradictory by today's standards, were progressive for his time. Yes, he thought heterosexuality the culmination of evolutionary design, including homosexuality with pedophilia and bestiality as "deviations" in respect to an adult heterosexual object. However, though he did not accept homosexuality as normal, he publicly opposed its criminalization. He also expressed pessimism about changing sexual orientation with psychoanalysis.

Following his death in 1939, psychoanalysts disputed Freud's theory of bisexuality, claimed only heterosexuality as normal, and labeled homosexuality a mental disorder-a phobic avoidance of heterosexuality due to inadequate, early parenting.
This illness theory predominated in the 1950s and 1960s and informed analytic efforts to "cure" homosexuality. In 1973, this theory was publicly repudiated when the American Psychiatric Association officially removed "homosexuality" from its diagnostic manual.
Gradually, a shift in psychoanalytic attitudes and theorizing about homosexuality ensued.
In the late 1980s and early '90s, openly gay analysts began coming out. They raised new issues and asked different questions: Should analysts come out to their patients? Is there a "cause" of heterosexuality? What do we mean by masculine and feminine? What is normal and who decides? What is the psychological impact of not being able to marry? How do

antihomosexual attitudes affect a gay person's development and self-esteem? Can psychoanalysis help people with HIV?
In the last two decades, gay and lesbian analysts have been strong advocates for the psychological needs of gay and lesbian patients. As a result, most analysts no longer try "curing" gay people, but instead help them achieve Freud's original goals of psychoanalysis: to work well and love well.

Jack Drescher, MD

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