Quo Vadis? The Future of Psychoanalysis[+]

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It is important to distinguish between what Harry Guntrip once called psychodynamic science (Guntrip, 1971), and psychoanalysis as it exists in psychoanalytic training institutes. Whereas I feel hopeful and excited about the former, I feel pessimistic and discouraged about the latter. The reason for my pessimism is that most psychoanalytic institutes remain focused on teaching their particular brand of psychoanalysis. With a few exceptions, they are not interested in developing a dialogue with other schools of thought and moving in the direction of finding a common ground based on a conceptual and scientific integration. Of course, a productive dialogue and a move toward integration would require a spirit if inquiry whereby psychoanalytic institutes would open themselves up to the new science coming from multiple fields that are directly relevant to psychoanalysis. Many psychoanalytic institutes remain closed systems that focus on learning a set of favorite authors identified with their particular brand or brands, and learning a series of therapeutic techniques associated with the renowned members of the select club. They feel no need to go outside their schools of thought and incorporate other approaches consistent with the new science (seeKernberg, 2000 for a similar critique).

While there is much to learn from different schools and their accumulated clinical wisdom, there is also something to learn about the mechanisms of change identified by psychotherapy research. No matter how appealing a particular technique may be, we need to know how and why it works and with whom. There is a growing international effort by a group of psychoanalytic researchers that are not only looking at outcome studies comparing psychodynamic psychotherapy with other modalities, such as cognitive behavioral therapies or dialectical behavioral techniques. The leaders in this movement recognize that the real challenging and interesting scientific question is to understand the mutative factors that make psychotherapy work with different patients, regardless of the "brand" that is being used (see for instance Hofmann & Weinberger, 2007; Levy & Ablon, 2009; Mckay, 2011). This is different from confining "evidence based practice" to randomized controlled studies, often considered the gold standard in the field and set as horserace between different psychotherapy approaches. To ensure uniformity,

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treatments are manualized and exclude complicated cases, often the bread and butter of most psychotherapy practices. The results are often banal, showing that treatments confined to these pristine conditions are equivalent in their effectiveness. Moreover, they tell us nothing about the mechanisms of change (Schedler, 2010, 2011).

Psychodynamic science

By psychodynamic science I mean a multidisciplinary science that illuminates, informs and extends our understanding of core dimensions of a psychoanalytic approach:

- Developmental processes
- Unconscious processes
- Motivations and emotions
- Defensive processes
- The importance of here and now interactions that are not limited to transference and countertransference reactions.

Despite the decline of psychoanalysis in the scientific community and its declining prestige with the public, there has never been a time when so many basic insights coming from the psychoanalytic tradition are finding scientific support from a variety of fields (Cortina, 2010). We are gaining a new understanding of what is essential and has staying power in the psychoanalytic tradition, and what needs to be discarded. In my view, these are some of the most important new discoveries:

- A new understanding of unconscious processes. Unconscious processes are not limited to Freud's dynamic unconscious. There are more basic *adaptive* nonconscious processes that are implicit and not introspective in nature, and are activated automatically as needed (Cortina & Liotti, 2007; Gladwell, 2005; Stern, 2004; Wilson, 2002). This experience is coded in an implicit non-declarative, subsymbolic form of memory. This prereflective form of adaptation has evolved for millions of years based on emotional and perceptual capacities that focus attention to salient features of the environment that are necessary to survive (Damasio, 1994; Damasio, 1999).
- A new science of consciousness. While many adaptive processes are nonconscious, they are accompanied by a sentient, conscious mind (Edelman, 1989; Solms & Panksepp, 2012; Stern, 2004). Humans' reflective form of consciousness evolved with the huge expansion of the neocortex over the past 500,000 years, and allows our species to learn and make adaptive changes within a matter of days or years, not tens of thousands of years required with prereflective consciousness. This secondary reflective form of consciousness is based on symbolic capacities, language, and an autobiographical form of memory that allows us to live in the present, reflect on the past, anticipate the future, and imagine worlds that do not exist (Damasio, 1999; Markowitsch & Welzer, 2010; Suddendorf & Corballis, 1997). These dual modes of pre-reflective and reflective adaptation and consciousness coexist in humans. Reflective forms of adaptation do not replace the prereflective forms of adaptation that has evolved over the course of millions of years. Both remain present throughout life.

- A dynamic memory that becomes reconstructed through experience, and the discovery of different memory systems (Mandler, 1986; Meares, 2000; Nelson, 2005; Schacter, Wagner, & Buchner, 2000; Squire, 1992; Suddendorf & Corballis, 1997; Tulving, 1983).
- New models of motivation. Some of these models are based on infant research and clinical experience (Lichtenberg, Lachmann, & Fosshage, 1992; Lichtenberg, Lachmann, & Fosshage, 2011), some are inspired by attachment and evolutionary thinking (Cortina & Liotti, 2014), and some have developed as an integration of different psychoanalytic views on motivation (Bleichmar, 1997).
- A new science of emotions (Damasio, 1994; Ekman, 2003; Ekman, 1972; Emde, 1992; Panksepp, 1998; Shore, 2003; Sroufe, 1996; Tomkins, 1962)
- An understanding of early relational patterns and how they effect development (Ainsworth, Blehar, Waters, & Wall, 1978; Sroufe, Egeland, & Carlson, 1999; Sroufe, Egeland, Carlson, & Collins, 2005). New developmental models also come from the field of development and psychopathology that sees resiliency, normalcy and psychopathology as outcomes of development and sees development in terms of pathways and not as fixed phases (Cicchetti, 1993; Sroufe & Rutter, 1984; Sroufe, 1997; Sroufe et al., 2005; Sroufe, 2009). The same developmental path may lead to multiple outcomes and the same outcome can be reached by reached through multiple pathways. Some pathways have a clear continuity and others are discontinuous (Cicchetti, 1993; Sroufe & Rutter, 1984; Sroufe, 1997; Sroufe et al., 2005; Sroufe, 2009. Sydney Blatt's developmental model identifies two poles of experience having to do with self-definition and relatedness that define central dimensions of normal and pathological development (Blatt, 2008).
- A new understanding of infancy and development. Infants come equipped with innate capacities to respond to others, a budding sense of agency and ability to differentiate self from others. The ability to communicate with caregivers is seen in charming "protoconversations" and with the use of microanalytic techniques (Beebe, 2014; Hobson, 2004; Reddy, 2008; Stern, 1985, 2004; Trevarthen, 1977; Trevarthen & Aitken, 2001; Tronick, 2007).

New models of the mind

This new science is radically changing some of the basic tenets of psychoanalysis as understood by Freud and his early followers. Were Freud alive today I think he would be thrilled by the new science, even though he would have a hard time recognizing psychoanalysis in its new scientific clothes. Perhaps the main problem would be that psychoanalysis has shifted from a 19th century mechanistic model of the mind, to 20th and 21st century models of the mind that are probabilistic, nondeterministic, and a mind driven by the need to have a coherent and organized response to the environment. An organizational model of the mind has arisen from attachment and developmental theorists (Sroufe, 1990; Sroufe et al., 2005), and from psychoanalysts. James Fosshage discuses the organizing function of dreams (2007) and of transference reactions (1994), and Stolorow and Attwood (1992)

propose the view that the mind is structured around unconscious organizational principles that develop in childhood and are invariant. This does not mean that "invariant principles" of development are immutable, but it does mean that as Freud believed, the first years of childhood leave a large footprint on personality development.

Several other psychoanalytic and neurobiological models that have adopted different vertically and horizontally organized models of the mind. Examples are Wilma Bucci's multiple code theory, (2005) Karlen Lyons Ruth's two persons unconscious (1999) and Russell Meares multiple tier model based on work of Hughlings Jackson, William James and Pierre Janet (2012b). The neurobiologists Mark Solms and Jack Panksepp (2012) have developed a two-tier model of the mind in which the emotional limbic brain communicates with the cortical prefrontal brain that is the seat of executive functions and advanced cognition. Arnold Modell has put forward another model of mind that has not received the attention it deserves that puts our human capacity for imagination and metaphoric thinking at the very center of our creative potential and our need to create meaning (Modell, 2003). In these models basic emotions, cognitions, motivations and subsymbolic and symbolic capacities are embedded in a relational and intersubjective matrix that is flexible and adapted to family and cultural environments. These models are consistent with meta-psychological principles of nonlinear dynamic systems and self-organizing principles of complexity theory (Lichtenberg, Lachmann, & Fosshage, 2002; Piers, 2005; Piers, Muller, & Brent, 2007).

These models of the mind are a far cry from Freud's tragic vision of the mind divided by reason (the ego) and id, the seat of self-preservative, libidinal and destructive instincts. While the ego is weak in comparison with the strength of instinctive passions, it is the only force supporting civilizing tendencies ("where id was ego shall be"). These new models turn Freud on its head. The "id" (emotions and motivations) is based on subcortical sentient processes that are adaptive and provide the ego (prefrontal cortex) with the grounding to make rational decisions (Damasio, 1994). As Solms and Panksepp put it (2012) "The 'id' knows more than the 'ego' admits".

Important trends and contributions in psychoanalysis in the past 60 years[†]
1. The relational and intersubjective turn in psychoanalysis.
As chronicled by Steven Mitchell, and his colleagues (Aron, 1996; Greenberg & Mitchell, 1983; Mitchell, 1988; Mitchell & Aron, 1999), this turn developed on both sides of the Atlantic. In Europe and the United Kingdom with contributions from Sandor Ferenczi, Ian Sutie, W. Ronald Fairbairn, Harry Guntrip, D.W. Winnicott and John Bowlby. Together with Harry Stack Sullivan the founder of interpersonal psychology in the United States, the European immigrants Erich Fromm and Karen Horney were pioneers and founders of relational psychoanalysis, as we understand it today.

[†] I have not included Lacanian and Neo-Kleinian schools of psychoanalysis that have a large following in Europe and Latin America because their approaches work from very different basic assumptions than the ones articulated in this article.

In the United States relational psychoanalysts coalesced "officially" around the seminal figure of Steven Mitchell and developed an institutional base creating a relational track at the New York University Postdoctoral psychoanalytic program. The original faculty included Steven Mitchell, Emanuel Ghent, Bernie Friedland, Philip Bromberg and James Fosshage, but was soon joined by many of others including Lew Aron, Jessica Benjamin, Adrienne Harris, Beatrice Beebe and Neil Altman (Aron, 1996, chapter 2). The relational "tradition" grew rapidly and was joined by many other from all over the country such as Irwin Hoffman, Owen Renik, Judy Messler Davis, and Melvin Slavin and Thomas Ogden

The broad tent of the relational and intersubjective turn in psychoanalysis also includes:

- A group of psychoanalysts associated Fromm's humanistic socio-psychoanalytic and Sullivan's interpersonal approach such as Donnel Stern, Edgar Levinson, Sandra Buechler and Roger Frie.
- A loosely defined group of self psychologists that include the intersubjetive approaches of George Attwood, Robert Stolorow and Bernard Brandchaft and others such as Joseph Lichtenberg, Frank Lachmann, John Gedo, Donna Orange, Paul and Ana Ornstein, and Judith Teicholtz.

These different groups are intermixed and their members belonging to more that one group. They are by no mean homogeneous in their thinking and have significant differences between them. What they have in common is seeing development and psychoanalysis as being immersed in a relational and intersubjetive matrix.

2. Attachment theory

Attachment theory brought to the relational turn in psychoanalysis unique contributions based in a new evolutionary-developmental paradigm (Bowlby, 1969/1982, 1973, 1980, 1988a). The key elements of this paradigm are:

a) An evolutionary perspective. Many social animals seek protection from danger by going to their mothers in moments of danger. In turn, attachment figures will protect their offspring even at the sacrifice of their own lives. In this we are no different from many mammals and some species of birds. Infants, children and adults use their attachment figures as a safe haven and a base of security to explore the world. The secure base phenomena is the central concept of attachment theory and has been shown to be universal in all human cultures that have been studied (Posada, Carbonell, Alzate, & Plata, 2004; Posada et al., 1995).

b). A systems perspective. Attachment is conceived as a motivational system defined by four components:

- Its *function* is to provide protection and care.
- It's *goal is* proximity to attachment figures in moments of perceived danger or distress. Later in development the goal is maintained by emotional proximity that not always requires physical proximity,
- The way it activated and "deactivated". The attachment system is *activated* and thrust into the foreground by a perceived threat or stress such as being sick. Once the danger and stress is over as a result of the protective and

comforting intervention of an attachment figure, the system goes into a "stand by" condition and recedes into the background.

- A perspective on emotional regulation. Individuals with a history of secure attachment have an effective and direct way to regulate emotions. Based on countless experiences with attachment figures that are responsive to their needs and communications they "expect well" and are confident that their attachment partners will be responsive (Sroufe et al., 2005). This experience becomes generalized to other attachment figures in their lives and has a positive effect on their development, seeing themselves as lovable and worthy of care. Individuals with a history of avoidant attachment have parents that generally ignore their signals of distress and feel uncomfortable in being able to soothe or comfort them. Later in development these children tend to *minimize* and/or be dismissive of needs for protection and care, seeing this need as a weakness. Individuals with a history of an ambivalent attachment have a history of attachment figures that have been inconsistent and/or intrusive in their care. The inconsistency and unpredictability leads them to maintain the vigilant function of the attachment system in a state of perpetual alert, anxious about the availability and unpredictability of their attachment figures—a "*maximizing*" emotional strategy.This systems perspective is the basis for understanding the interplay between different motivational systems. A safe haven and secure base provided by parent's desire to care and protect their infants (the caregiving system) allows infants to explore the material world with confidence (the exploratory/competence system). It also allows them to explore the interpersonal world with caregivers and later with others through the intersubjective communicative and sharing system. Stern (2004), Lyons Ruth (1999) and Cortina and Liotti (2010) note that intersubjective relatedness is a basic motivational system that is independent from the attachment and the caregiving systems. It is related to attachment in the same way that exploration is. When there is no danger or stress, the attachment system moves into the background and intersubjetive relatedness and sharing moves into the foreground. Basic motivational systems can also interact and be coopted for defensive purposes. For instance, exploration can be used to focus attention away form caregivers who are rejecting or ignoring of their needs for protection as seen in Ainsworth's Strange Situation. Promiscuous sexuality can be used to avoid exposing attachment vulnerabilities. What Liotti and Cortina have called the ranking system (control over others, power motives) can be used defensively to establish control over others (while keeping a tight lid on self) to avoid exposing the disorganizing effects of attachment related trauma (Cortina & Liotti, 2010, 2014)

c) A relational perspective. All infants will develop an attachment to their mothers or attachment figures, even when they are abused, neglected or frightened by them. What matters is not that they develop an attachment, but the *quality* of the attachment. As Winnicott put it, "there is no such thing as a baby, only a baby with a mother". The quality of attachment is a property of the relation not of the infant.

This can be shown in many ways, but very clearly by the fact that infants may develop different attachment relations with different caregivers (Grossmann, Grossmann, & Waters, 2005; Main, 1995; Sroufe et al., 2005).

    c) A perspective on trauma and dissociative disorders. The discovery of disorganized attachment (Main & Solomon, 1986; Main & Cassidy, 1988) has led to a large body of research. A history of disorganized attachment and dysfunctional family patterns has been shown to be related to serious psychopathological conditions, including dissociative disorders (Liotti, 1995; Lyons-Ruth, 2003; Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997) and borderline personality disorders (Lyons-Ruth, 1999; Lyons-Ruth, Yellin, Melnick, & Atwood, 2005).

    d) The development of instruments that capture adult states of mind in relation to attachment. The Adult Attachment Interview (AAI) has helped us understand how attachment patterns and trauma are transmitted from one generation to the next (Fonagy, Steele, & Steele, 1991; Main, 1995). The mental states in regard to attachment related memories of parents in the AAI predict how infants will behave toward them in the Strange Situation (Fonagy, Steele, Moran, Steele, & Huiggit, 1991; Main & Cassidy, 1988). The AAI has turned out to be a good instrument to "surprise the unconscious", showing how incoherent narratives in the AAI are related to preoccupied, dismissive and unresolved states of mind. Main also discovered that the metacognitive monitoring function collapses in some individuals when a significant loss or trauma is elicited in the AAI (Main, 1991). Fonagy extended these findings showing a reflective functioning of mothers in the AAI (Fonagy, Steele, Moran, et al., 1991) and broadened the reflective functioning construct to include understanding the minds of others ("mentalization"). There is a growing literature on mentalization that includes its developmental origins (Fonagy, 2006) and support for its use in clinical practice (Allen, 2006; Fonagy & Target, 2008; Jurist, 2008). Besides the Strange Situation and the AAI, there are now many instruments to study attachment (Solomon & George, 2008). There are also many good books and many articles on the application of attachment theory to clinical work (Allen, 2013; Cortina, 2013; Eagel, 2013; Holmes, 2001; Liotti, 1995, 2011, 2014; Marrone, 1998; Renn, 2012; Wallon, 2007)[‡]. There is almost no aspect of the relational turn in psychoanalysis that attachment theory hasn't touched in one way or another.

3. Infant research

Infant research has had a very large impact on relational and intersubjective approaches in psychoanalysis. Daniel Stern's book *The Interpersonal World of The Infant* (1985) produced a paradigm shift in how we see and understand infants. Consistent with attachment theory, he saw the interpersonal world of infants as being mutually constructed by parents and infants, not as Mahler and many psychoanalysts believed, as developing from an undifferentiated symbiotic tie with their mothers (Mahler, Pine, & Bergmann, 1975). Stern views infants as developing generalized expectations of others based on their experience with primary

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[‡] This list of clinical books and articles does not include half a dozen promising interventions based on attachment theory that have evidence of being effective with young children and parents. For review see (Berlin, Zeanah, & Liebraman, 2008)

caregivers—representations of interactions are generalized or RIG's as he called them. Stern showed that infants develop an emergent sense of self and agency capable of differentiating self from others from very early in development. He also showed that infants are much more competent than most psychoanalytic theories thought possible. Most impressive is an integrated cross-modal perceptual (visual, tactile, hearing) capacity that allows infants to have a coherent response to their environment. Lichtenberg and his colleagues have emphasized the infant as a doer doing in the world: "I do it, I start it, I create it, and now that is repeated, I recreate it" (Lichtenberg, Lachmann & Fosshage 2002, p. 12). This becomes the nucleus of initiative and agency through live. Stern brought in research showing that there are ways of asking infants "questions" with techniques such as looking time. This opened a whole new line of research that would have been unthinkable 50 years ago.

Daniel Stern, Colwyn Trevarthen, Edward Tronick, Vasudevi Reedy and Beatriz Beebe, are some of the main researchers of parent-infant intersubjective communications. Films on these interactions and the use of split-second "microanalytic" technology reveal fascinating details of these interactions that otherwise would be lost by ordinary viewing (Beebe, 2014). These communications are present a few months after birth and have all the characteristics of a "real" conversation, except that infants can't talk. When infants are in an alert state they take turns in responding emotionally to their caregivers nonverbal cues and vocalizations in a well-synchronized dance and caregivers respond in kind to their intentions, gestures and vocalizations. Tronick showed that when mothers are instructed to remain unresponsive to their infant's cues and communications for a few moments, infants try through all their means to reengage their mothers. When these efforts fail they are so distressed that they collapse into a listless state (Tronick, Als, Adamson, Wise, & Brazelton, 1978). Robert Emde also made important contributions to infant research. He showed, contrary to prevailing psychoanalytic views, that positive emotions during infancy played a huge role in development, creating the scaffolding for future playful attempts to grasp and master their environment (Emde, 1988, 1992).

4. **The role of shame**.

Discovering the significance of shame in personality development and its role in therapy has been one of the most important contributions to the field of psychotherapy. Helen Block Lewis was a pioneer, showing that bypassed shame is at the root of many anxiety and depressive symptoms and of narcissistic rage (Block, 1981). Pathological shame is often a result of a perceived gap between an idealized self and an actual self, in which the actual self is seen as inadequate and falling short of the idealized self. This perceived gap is often at the root of many narcissistic and self-esteem disorders, and its exploration can lead to a more accepting, realistic and compassionate view of oneself. The very nature of shame makes this exploration difficult, since the instinctive reaction of shame is to hide. There are many fine contributions that followed the pioneering work of Helen Block Lewis such as Morrison's (1989), Nathanson's (1992) and Broucek's (1991) books on shame. Broucek points out that shame can have a positive value for individuals and society when it functions to support a moral compass. We should feel ashamed when we fail

to live up to our better selves and violate values that are dear to us—what Erich Fromm called a humanistic conscience (1947). Feeling shame in these circumstances is a mature reaction. This is not pathological shame, or the shamelessness of individuals who lack a moral compass or are sociopaths. Shame probably played an important role during the course of human evolution in as we become cultural creatures (Cortina, 2015a, 2015b)

5. **Developmental trauma**

Trauma has a long history with Pierre Janet and Sigmund Freud establishing its connection with dissociative states (Janet) and somatic conversion symptoms (Freud). As Judith Lewis Herman notes, the story of the effects of trauma is "one active investigation and periods of oblivion"(Lewis Herman, 1992, p. 7). The last few decades has seen a resurgence of interest in developmental trauma and its connection with Post Traumatic Stress Disorders (PTSD). A new focus on developmental trauma and PTSD has been an important factor in efforts to integrate attachment theory and the discovery of disorganized attachment, with neuroscience, emotional regulatory disorders, the role of the autonomic nervous system and its parasympathic branch in creating fight/flight/freeze responses (Porges, 2011), and somatic approaches aimed to provide safety and emotional grounding. This scholarly work and research has confirmed Janet's findings over a century ago that loss of an integrated sense of self and a fluid stream of consciousness (William James) can give way to altered states of consciousness. The breakdown of integrated self-states can also be accompanied by severe emotional dysregulation and a collapse of metacognitive and self-reflective functions. There are many fine books and much research on developmental trauma and PTSD. A few examples are Marion Solomon and Daniel Siegel's edited book *Healing Trauma* (2003) Giovanni Liotti's work (2008; 1999, 2000, 2004, 2014) Bessel van Der Kolk's book *The Body Keeps the Score, (2014),* Van der Hart*,* Nijenhuis & Steele's *The Haunted Self (2006),* and Richard Chefetz's *Intensive Psychotherapy for Persistent Dissociative Processes* (2015).

6. **Socio-cultural and historical dimensions**

One aspect missing from contemporary psychoanalysis is the dimension that Erich Fromm and Erik Erikson brought in, understanding the relation between culture, the economic base of society and personality development.§ Fromm's theory of social character was the most sophisticated effort in this direction. His basic idea is that individuals internalize shared values and cultural practices that are adapted to the prevailing socio-economic conditions of their society. The result is that "people will want to do what they have to do" in order to adapt to these conditions. Society is not monolithic and individuals that grow up within different socio-economic conditions will have different *shared* character traits (their social character). Social

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§ There have been a few psychoanalytic efforts to seriously take into consideration cultural, and historical conditions, such as the work of Paul Cushman (Cushman, 1995) and Neil Altman (Altman, 2010). Neither of these contributions, however, integrate their analysis with Fromm's Freud-Mark synthesis (social character) nor Erikson's view of developmental tasks as they become influenced and molded by culture and society (Erikson, 1950)

character theory is not just descriptive, it has *predictive* value. Fromm and Maccoby showed this in their anthropological-psychoanalytic study of a Mexican village (Fromm & Maccoby, 1970). Peasants that came from the semi-slavery conditions of the hacienda system were not able to take advantages of land given to them after the Mexican revolution. They sold their land or worked for somebody else, were more violent in their families and had greater indices of alcoholism. The peasants that had escaped working in haciendas by living in less fertile lands, kept their lands, were more entrepreneurial, had better marriages, were less violent and had lower indices of alcoholism.

How is this relevant for therapists? Aside form the intrinsic value of applying a critical psychoanalytic lens to society, it is important to understand the social character of patients willing to engage in psychodynamic treatments. Patients seeking treatments in private practices today have a very different social character from patients seeking therapy a generation or two ago. Many of them work for companies competing in a global economy and have a cosmopolitan outlook. Their workplaces are less bureaucratic and hierarchical than a generation ago. They often work in teams that value innovation and cooperation. Michael Maccoby describes this new social character as the "interactive social character" (Maccoby, 1988). These patients will feel more comfortable working with therapists that understand the demands and opportunities of working in a global economy and are wiling to be flexible. They are resourceful and know how to search for information they need. They are not impressed by experts and want to be treated as equals. They will value contemporary approaches that emphasize mutuality and cooperative spirit of inquiry (Aron, 1996).

A new clinical and therapeutic sensibility

The relational-intersubjetive turn in psychoanalysis brought in a breath of fresh air to the stultified role of the classical analysts as an objective interpreter that maintained a detached and neutral stance in order to not contaminate the transference. I will mention just some of the authors and approaches that have influenced me the most, recognizing that this is not an impartial list and that it leaves out many important contributions.

Frieda Fromm Reichmann's *Principles of Intensive Psychotherapy* had a large impact while I was psychiatric resident at Menninger's learning the basics of becoming a psychotherapist. I have already mentioned the books on shame. These books were of great help for me personally and in my work with patients. Discovering attachment theory had a large impact on my work. Although Bowlby did not write much about how attachment theory influences the practice of psychotherapy, he does have two very useful chapters in his book, *A Secure Base (Bowlby, 1988b).* Chapter 8, *Attachment Communication and the Therapeutic Process* lays out five important tasks for psychotherapists informed by attachment theory, including the need to create a secure base with the patient in order to explore the many issues that bring them to seek help. I frequently recommend chapter 6, *On knowing what you are not supposed to know and feeling what you are not supposed to feel*, that I think best reflects the spirit of inquiry and humanity of Bowlby's approach to clinical work. There is another aspect about attachment theory that has very significant implications for the practice of psychotherapy and has not received

the attention it deserves. That is the importance of sensitive responsiveness that Mary Ainsworth discovered as the essential characteristic of mothers who are able to develop a secure attachment with their infants. Ainsworth and other attachment researchers have made the point that parents who are sensitively responsive to their infants intentions, nonverbal communications and signs of distress tend to be flexible, and are able to adapt to infants with different temperaments and characteristics. The same flexibility and sensitive responsiveness is essential for therapists working with patients who bring with them different temperaments, personalities and vulnerabilities. What may be a sensitive response to one patient might by aversive or insensitive to another. Discovering what patients need from us and how to be responsive to them is a good part of what the art of psychotherapy is all about. It is also what allows us to develop trust and a safe haven and secure base from which to explore with our patients the myriad problems that bring them to therapy.

I have found many psychotherapists and psychoanalysts that share a similar clinical sensitivity and outlook. Perhaps not surprisingly, many of them have been influenced to a lesser or greater degree by Heinz Kohut and his advocacy for empathic immersion into patient's lives as a vehicle for understanding and a powerful medium for change. From the intersubjetive perspective of Attwood and Stolorow (1984), Bernard Brandchaft focuses on how to be responsive to each patient from within their subjective world (Brandchaft, Doctorrs, & Sorter, 2010). Along similar lines Howard Bacal has called for optimal responsiveness focused on the specificity of patients needs and vulnerabilities (Bacal, 1985, 2006). Joseph Lichtenberg and his colleagues Frank Lachman and James Fosshage have gathered a valuable list of techniques that are "user friendly" and full of clinical wisdom (Lichtenberg, Lachmann, & Fosshage, 1996; Lichtenberg et al., 2002). They advocate a careful tracking of patient's intentions, emotions and moods as a way to enter into their inner worlds.

There are other clinical books that I treasure but don't belong to any particular school of psychotherapy. Among them Emanuel Peterfreund's (1983), *The Process of Psychoanalytic Therapy: Models and Strategies*. Peterfreund offers one of the clearest statements of the dangers of shoehorning patients into clinical straitjackets. Peterfreund shows how to use heuristic search strategies in order to understand patient's points of view and engage them in therapy. Patrick Casement's book (1985) *Learning from the Patient,* is replete with examples of clinical wisdom and sensitive listening. Nancy McWilliams *Psychoanalytic Psychotherapy* (2004) is one of the best books for beginning students that I can think off, but one that seasoned clinicians can also learn and profit from. Sandra Buechler's books *Making a Difference in People Lives* (2008), and *Clinical Values. Emotions that Guide Psychoanalytic Treatment* (2004) are a wonderful blend of clinical theory and clinical sensitivity. She has put clinical and human values in the forefront of our clinical work. I resonate with Russell Meares conversational model of psychotherapy that is at once profound and humble (Meares, 2012a). A similar communication model has also been proposed by Lichtenberg, Lachman and Fosshage (Lichtenberg et al., 2002). There are many more authors that I have read and had the privilege to know as colleagues with whom I feel a deep kinship. They

tend to develop a humane and authentic relation with their patients, and approach clinical work with tentative explorations that need to be confirmed by their patient's reactions and corrected to incorporate their views. Listing these authors and colleagues would exceed the limits of this essay. I apologize for not giving them the credit they deserve.

Rethinking training in psychodynamic psychotherapy and psychoanalysis
I would like to close by offering some thoughts on what I think an "ideal" training program would look like and would be consistent with the views that I have expressed.

a) A core curriculum would teach the basic psychodynamic science that every psychotherapist and psychoanalysts should know about. As outlined above, the science would include major contributions in regard to infant research, attachment theory and other developmental approaches, neuroscience and contemporary models of the minds that have tried to integrate emotion, motivation, cognition, imagination, memory and unconscious and conscious processes. Students would also be exposed to research that looks into what makes therapy effective and what we know about mutative ingredients that are transformative in therapy.

b) The training programs could offer a three to four year program, but beginning in the first year students would learn basic concepts and clinical skills in psychodynamic psychotherapy, and would receive a diploma for each year completed. The program would offer the flexibility to move along several tracks and offer students the possibility of declaring during the first year a "major" in a particular therapeutic modality (for instance, individual psychodynamic psychotherapy after two or three years, or a psychoanalytic degree after the completion of a four-year program, and a "minor" in a second therapeutic modality (couples, groups, or family therapy). A second type of learning possibilities could consist of students being able to obtain a basic 6-month to one year training in cognitive behavioral techniques, dialectical behavioral techniques or other techniques with good track records. Each student would have a mentor (separate from clinical supervision) that could act as a guide through the program. Very few training programs have the resources to offer all these training possibilities, but they could develop partnerships with other programs that would complement each other. Needless to say an in-depth personal experience in psychodynamic therapy is an essential part of learning.

I believe these kinds of programs could attract the best and the brightest of a new generation of aspiring psychotherapists who are used to living in an interactive world that supports flexibility and innovation, and resents bureaucratic organizations and authoritarian teachers (Maccoby, 2007). Students would be challenged intellectually by learning psychodynamic science and emotionally by learning to become psychotherapists within a humanistic tradition in which compassion, empathy and respect for human dignity are core values and the basis for every good psychotherapy intervention.

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