ASCAP NEWSLETTER

Across-Species Comparisons And Psychiatry Newsletter
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"...we should appreciate the "helpless opportunism" of all science, awaiting the right tools, discovery or concepts which which to pursue, "frame," and tell a completed story." Daniel X. Freedman[1]

The ASCAP Newsletter[2]
is
a function of the

International Association
for the Study of
Comparative Psychopathology
(IASCAP)[3]

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Newsletter aims; 1. A free exchange of letters, notes, articles, essays or ideas in whatever brief format.
2. Elaboration of others' ideas.
3. Keeping up with productions, events, and other news.
4. Proposals for new initiatives, joint research endeavors, etc.

IASCAP Mission Statement: The society represents a group of people who view forms of psychopathology in the context of evolutionary biology and who wish to mobilize the resources of various disciplines and individuals potentially involved so as to enhance the further investigation and study of the conceptual and research questions involved. This scientific society is concerned with the basic plans of behavior that have evolved over millions of years and that have resulted in psychopathologically related states. We are interested in the integration of various methods of study ranging from that focusing on cellular processes to that focusing on individuals to that of individuals in groups.

Comment: This is The ASCAP Newsletter's fiftieth issue as we begin its fifth volume!

Some new initiatives in the offing may relate to medical education, especially because a biologic basic science should underlie the scientific specialty of psychiatry and there exists some ferment for change in US medical education. Indeed, from the beginning this has been a theme of ASCAP. A specialty medical practice is best when there is a thorough-going knowledge of the normal biology of which the pathology is a variant. Some of us have wondered how this could be best organized and put forth.

For those of you who are psychiatric educators please feel invited to provide your views. Those of you who otherwise are interested viewers of psychiatry and education more generally should not feel hesitant to share your ideas also.

Announcement: The Eleventh International Congress of ISHE (International Society of Human Ethology) will meet 26-31 July 1992 in Amsterdam, The NETHERLANDS, at the Royal Tropical Institute at the perimeter of the old City center and next door to the Tropical Museum and the Amsterdam Zoo.

Four distinguished senior scientists will cover 1) stress and the diseases of adaptation, 2) the evolutionary theory of socialization, 3) ethology and psychopathology, and 4) issues of survival and reproductive success. Papers, symposia, posters, film/video and round table submissions are welcome.

To participate, contact Congress Chair: Frans X. Plooij, Psychosocial Stress Unit, Department of Pedagogical Sciences, University of Amsterdam, IJsbaanpad 9, 1076 CV Amsterdam, The NETHERLANDS, Tel. +31 20 6643321, FAX: +31 20 6640371.

Publications: 1. Abel EL: Behavioral Teratogenesis and Behavioral Mutagenesis: A Primer in Abnormal Development. NY: Plenum Press, 1989.

2. Donald M: Origins of the Modern Mind: Three Stages in the Evolution of Culture and Cognition. Harvard U Press, 1991. (Review: Nature 1992;355:31)

3. Raleigh MJ, McGuire MT, Brammer GL, Pollack DB, Yuwiler A: Serotonergic mechanisms promote dominance acquisition in adult male vervet monkeys. Brain Research. 559: 181-190, 1991.

4. Robertson DS: Feedback theory and Darwinian evolution. J Theor Biol 1991;152:469-484.

5. Shair HN, Barr GA, Hofer MA: Developmental Psychobiology: New Methods and Changing Concepts. New York, Oxford University Press, 1991.

6. Taylor MA: Are schizophrenia and affective disorder related? A selective literature review. Am J Psychiat 1992;149:22-32.

7. Yadin E, Friedman E, Bridger WH: Spontaneous alternation behavior: An animal model for obsessive-compulsive behavior? Pharmacol Biochem Behav 1991;40:311-315.

Information from A Randrup on Europe:

Two groups in France perform ethological psychiatry. Group 1: Th. Etienne, M. Isingrini, M. Benhamou, F. Tichot, M. Brochier, Ph. Raynoud. This group works with the type A pattern associated with heart disease. They are located in Explorations Fonctionnelles Cardiaques-Hospital Trousseau-C.H.R.U. de Tours.
Group 2: M. Girard, F. Granier, P. Milleret, M. Escande. This group performed ethological observations on patients in the hospital. Medecins des Hosptaux, service de Psychiatrie et de Secteur adulte, C.H.U. Purpan-Casselardit, Toulouse.

Letters; *November 4, 1991*

Came across an evolutionary psychologist in an unexpected place: Virginia Demos, Harvard Educational School infancy researcher. An alliance is developing between animal psychologists and human infancy researchers. Result: all the old ideas about human infants, including Piaget's, have gone down the tube.

The issues are familiar--general learning mechanisms vs special goal directed mechanisms. The immaturity of human brains at birth compared to those of other animals may skew the picture towards general mechanisms, which then get the credit for specific behaviors that emerge with brain maturation. At any rate, here is an exciting new frontier.

Also, our group is working on the problem of pleasure in humor. We are thinking that the evolutionary stance of the pleasure is the delight in detecting deception. Detecting absurd faking in others and in ourselves gives us human beings a kick, and we laugh, delighted by our double awareness of pretense and truth. If this is correct, other mammals (certainly primates) should have a sense of humor. John Pearce, Cambridge, MA USA

Response to RG and John Birtchnell
by Paul Gilbert

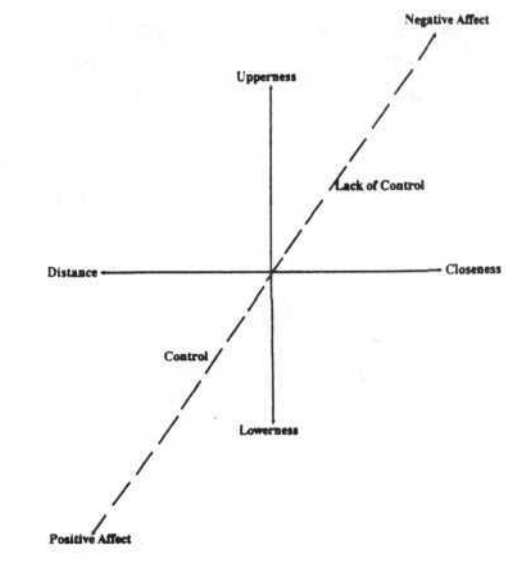
As IASCAP may know I introduced the interpersonal dimension in one of the early ASCAPs and discuss it in my book Human Nature and Suffering , so I am keen on it. John Birtchnell's (John) contribution is profound in my

view and moves us on in important ways. Russ's discussion of it shows various new ways this can be used. In discussion with John, we emerged with the idea that we need a third dimension, perhaps labeled "control." Control of the various spacings, ie, closeness, distance, upperness, or lowerness, may give rise to positive and negative affects.

Thus any of the four positions that is/was forced on someone (outside their control) can have negative affective consequences, eg, rape is forced closeness and lowerness. Involuntary lowerness may produce involuntary subordination which may result in inhibition if associated with threat. If it comes from being ignored, not attended to, passed over, or left out, (lack of positive or boosting up signals) then this is both (uncontrolled) distance and lowerness and may activate protest. Voluntary or controlled lowerness-subordination is distinct from involuntary subordination as in, say, a teacher-student situation which facilitates learning. A lover leaving one is involuntary distance, being ignored by one's lover-spouse is also involuntary distance. Various affects arising from interpersonal relating may represent this dimension.

Diagram 1.

Relationship Between Interpersonal Spacing Control **and Affect, (In Three Dimensions)**



Adapted from, and in consultation with J Birtchnell, 1990.

However, although I refer to this model briefly in my book on depression, this still needs thinking about. What about the person who is fearful of sexual behaviour and chooses to avoid members of the opposite sex? In this situation his/her avoidance is, in one sense, voluntary, yet in another it is not, since it is fear that is controlling the behaviour. So maybe a better third dimension might be **desired/not desired,** or **defensive-protective/ safety-explorative.** I think there are problems with the third dimension. However I believe that John has got the first two about right and that this is enormously helpful.

Gilbert's scheme not a subset of Birtchnell's scheme

To respond to a point made by John, let me explain WHY I DISAGREE THAT MY SYSTEM CAN BE ABSORBED IN THE INTERPERSONAL DIMENSIONS. Although I say 'my' system of course it isn't. The model is built from the work of many others. I have simply organised it in a particular way. But I will refer to it as my system to highlight that it is in the organisation of the data that is my own little contribution.

1. My system attempts to understand a very different set of problems than those addressed by John. Particularly my theory is informed by the bio-psychosocial model. Consequently, I attempt to outline neural-behavioral substrates, the internal organisation or brain mechanisms, outline basic biosocial goals and typical role behaviours[6] and to explore how these give rise to forms of relating.[7]

2. I am interested in the **basic structures of mind** rather than interper-

sonal behaviour as such. If you wish to focus only interpersonal behaviour then John's model may well be the more useful.

3. I make a clear distinction between defense and safety systems and biosocial goals. ' The former are domain general systems that tag stimuli in terms of their threat/no-threat and reward possibilities. This links with the work of Gray[8] and MacDonald's concept of a social reward system[9]. In my view many evolutionary theorists have not attended enough to this aspect of functioning. This aspect is not addressed in John's model, nor are the underlying biological structures for the defense and safety.

4. My system explores how the specific biosocial goals that arise from r-K selection have given rise to special purpose processing models and algorithms. These represent the domains of:

a. Attachment between parent and offspring involving the reciprocal relationship of care giving and care eliciting.

b. Mate selection and sexual behaviour involving courting, conception and mate retention.

c. Formation of alliances; involving, inhibition of aggression, cooperative and reciprocal behaviour.

d. Ranking behaviour involving gaining rank and accommodation to those of higher rank.

I am grateful to David Buss for sending me his paper[10] which is a superb overview of evolutionary psychology and helped me clarify my thinking here. In Human Nature and Suffering,[5] I suggested four basic interpersonal biosocial goals with their own mentalities (goal + evaluative system + affective possibilities = mentality) that facilitate interpretation of social signals and coordinate behaviour in role-appropriate ways (Table 1).

Each goal can be pursued if the individual is both motivated to pursue it and understands the nature of the relationship that is sought. For example, care receiving in the infant does not require social comparison evaluations whereas competing does. There is increasing evidence that the internal mental mechanisms which orient us to these roles are modular and utilise specialised algorithms, or evaluative systems (for a review of this evidence see ref 5, chap 5. Moreover, defensive responses vary according to the biosocial goal that is active. Hence, eg, how we defend against abandonment and loss of care is usually different from how we defend against being dominated.

One further point should be made about biosocial goals. It appears that each biosocial goal can be expressed in different social contexts and domains. These vary on the dimension of **intimate, personal, social and public.** Thus intimate care

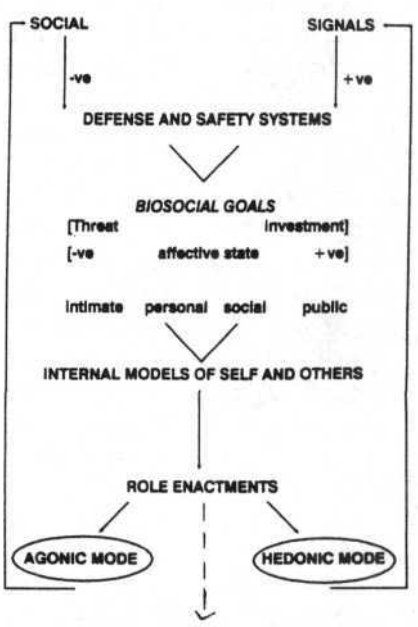
Table 1 CORE SOCIAL MENTALITIES

	SELF AS	OTHER AS
CARE ELICITING	Needing inputs from other(s): care, protection, safety, reassurance.	Source of: care, nurturance, protection, safety, reassurance.
CARE GIVING	Source of: care, nurturance. protection, safety, reassurance.	Needing inputs from other(s): care protection, safety, reassurance
COOPERATION	Of value to other, sharing, appreciating, contributing, affiliative.	Valuing, contributing, sharing, appreciating, affiliative.
COMPETITION	Contestant, inferior-superior	Contestant, inferior-superior

eliciting might include efforts towards love and affection, while public care eliciting exist when as one nation asks help to deal with a famine. Intimate cooperation might arise between friends and family relationships, while social and public forms arise from group activities (eg, armies, work organisations and nations). The algorithms and cues signalling successful enactment of the relevant roles may vary according to the nature of the domain.

5. Thus my current depiction of the biosocial mind looks like the figure in Diag 2. I'm still playing with this model so it might change as people critique it, new data arise and we try to depict the relationships in a clearer way. So I doubt this will be it's final form (all comments are strongly welcomed).

Diagram 2



INTERPERSONAL BEHAVIOUR (as in JB's model)

Beginning at the top of the model, all animals are surrounded with social stimuli. These have either threat properties (eg, what John Price calls putting down signals) are neutral, or have possible reward properties (eg, what John Price calls boosting up signals, of investment, reassurance, support, approval, admiration, etc). These signals are relevant to and activate various biosocial goals. For example if I am cooperating but someone starts competing I may switch from cooperating to competing. Threat now comes from whether I can win or not, or whether I can get a desired relationship back to a cooperative one. A care giving signal might be a put down if I think I don't need help or care etc. The way we care for the elderly can be like this. By 'caring' for them we may reduce their sense that they can make a contribution, reduce their dignity and that they have a valued role to play. Thus some elderly, although well cared for, become depressed because they feel that no-one is interested in their views or that they have no valued contribution to make.

The way defensive and safety behaviour blend with biosocial goals gives rise in them to various internal models of self and others and role enactments: I behave this way with my lover, that way with my boss, this way with friends, and that way with enemies, etc. I might have a defensive relationship with my lover, constantly checking for cues of rejection, cheating and needing her attentions to boost me up. My behaviour is controlling and defensive rather than loving, open and trusting. I might behave as a voluntary subordinate with my boss, or might be a resentful subordinate, etc. Thus role enactments reflect underlying activity in the defense and safety systems. This is where I see John's model as overlapping and informing mine.

What about the self?

6. Another difference between John and I is that I am interested in the concepts of **the self.** How do we come to form self-representations and gain

a sense of who or what we are? What is the evolved function of a conscious aware self (how and why did it evolve)? Though these questions remain open, I argue that role enactments, which change with maturity and experience, (especially experience of positive investment and reassurance) and negative (putting down, ignoring and abandoning) cues and events are fundamental to maturation of self-understanding and internal working models of self and others. Here I show interest in Archetype Psychology and Self psychology.

7. It is via the integrated working of the defense and safety system in relationship with species-typic social behaviours (biosocial goals) that give rise to the kinds of interpersonal style that John discusses.

This brief review (expanded in another article) outlines that, although John's ideas overlap with mine, we in many respects are addressing a very different set of questions and my schema cannot be absorbed into his. Nor can his be absorbed into mine. They are different conceptual schema that may have (indeed have had and I hope will continue to have) the effect of informing each other but cannot be reduced into one or the other. Thus we have a cooperative overlap rather than an absorbing one.

A reunion in a psychoanalytic institution

Enjoying The Rapaport-Klein Study Group by John K Pearce

A stay-at-home, I seldom travel to meetings, but when Frank Sulloway, eminent historian of science, invited me to attend the annual meeting of the Rapaport-Klein Study Group at Austen Riggs Center in Stockbridge I was pleased and flattered. I had been a Fellow at Riggs, a 3rd and 4th year psychiatric resident, in the mid 1960's. After two years of eclectic residency at Yale, I came to Riggs because the approach to psychoanalytic theory was systematic and more sophisticated than at Yale. I was not a true believer, but I was an enthusiastic student.

David Rapaport had been the chief psychologist at Riggs, dying young of heart disease at 49 in Stockbridge only four years before our group of Fellows arrived. He was a grumpy, brilliant psychoanalytic theorist who had applied the modern conceptual tools of science to the muddled world of psychoanalysis. He had intended to pull together the hodgepodge of ideas that comprised psychoanalytic tradition into a systematic general psychology. Rapaport had grown up a student of the Talmud, trained in the tradition of spirited, competitive disputation. Then he had joined the modern world as a physics graduate student, and, finally, as a psychoanalytic psychologist. George Klein, a mellower sort of person, was Rapaport's student and colleague. After Klein's death in 1973 the group became the Rapaport-Klein Study Group. This blending of Talmud, physics, and psychoanalytic psychology was what appealed to me. It was rigorous, lively, and sophisticated.

Each summer, Rapaport's students returned to Riggs. We, the Riggs residents, admired these scholars, but we were too junior to be allowed to attend the meetings. Now, I see I should have tried harder to get in, at least to listen, but, as an obedient resident, I did as I was told and stayed away. This would be my first opportunity to attend.

Twenty five years ago we all thought psychoanalysis had a future as a science, indeed that it was the only proper basis for a psychological science. Rapaport's students would have been the leaders of that new psychoanalytic science.

Mid-June in Stockbridge can be beautiful. This week-end was. The town is now richer, more polished. The Red Lion Inn, the town's big hotel, is in beautiful shape. It has been enlarged and redecorated, patronized by prosperous vacationers from New York and Connecticut. The Austen Riggs Center is across the street from the Red Lion Inn. Riggs looks elegant too. The once gleaming white Doctors' Office Building isn't exactly gleaming, but it only needs touching up. The Inn, where the patients live, has been refurbished and looks great. The grounds are handsome, trimmed and green.

The study group participants and quests, about 30 in all, were mostly in their 50's and 60's. About half came with spouses, as I did. A few were young--a Riggs Fellow and his guest, an attractive young psychologist from Michigan, and Susy Shapiro, an energetic psychologist from NYC (all three guests). Most seemed to be in their sixties. A few were old, moving slowly. One sported a burled cane. I felt young, but at 56 am not.

Everyone was feeling good. The group was elegant, friendly and expansive. Old friends were glad to see each other. It was a holiday atmosphere flavored with the promise of the exercise of diligent intellectuality.

Six papers were presented in three days. There was no central theme. Most of the papers were presented by invited guests, since the regular members of the study group had declined to present papers themselves. Were the regular members tired out? Maybe, but it's no problem; new people are delighted to come to present their work.

What was said? I'll talk about the papers in some detail, but first I want to describe a key theoretical doctrine that appears to be unchanged in the 25 years since I was a resident. Freud's tradition holds that the only permanent cure of human ills is proper psychoanalytic interpretation of unconscious conflicts. There is no cure outside of psychoanalysis.

"...no cure outside of psychoanalysis"

Those who are unanalyzed are forever limited. Those who are treated without the correct interpretations are forever limited. This eccentric doctrine is the legitimizing myth of psychoanalysis as a unique cure. There was no evidence to support these claims 25 years ago; there is none today. Then and now, this doctrine is important. It is a mythology accepted by true believers.

One paper, "Developmental Aspects of the Supportive Function of Psychotherapy" by Dr. Ann Appelbaum argued that (in addition to interpretation of conflict) support was also curative. It seems odd to me that anyone would not agree with Dr. Appelbaum. In fact, as a practical clinician, I like the metaphor of psychotherapy as agriculture. Therapy supports growth; the therapist does his/her best to supply what is needed--the light of insight, psychic nutrients and appreciative watching. The patient grows, and so does the therapist. From this point of view, therapy is a natural process in which everything is support for growth. To be sure, this agricultural metaphor is too fruity to be respectable but regular talk about "support" should be entirely respectable. Dr. Appelbaum explained that she expressed a minority view. She said this was "something that needed to be said" as if it were daring.

What ever has been going on in psychoanalysis? I guess there are two answers: 1) in mainstream psychoanalysis the traditional doctrine of interpretive efficacy (as outlined above) is still embraced and

has the effect of driving out ordinary good sense. 2) what good sense there is has been diverted into the radical revisionist movement of Self Psychology. Self Psychology holds that problems of self-esteem are crucial for analysis. They then legitimize "support" by wrapping it in a fancy package. They advocate establishment of an idealizing transference as a necessary step toward cure. In effect "You think I'm great; in time you'll think you are OK."

One could say the development of Self Psychology is progress in a sensible direction, but it retains obsolete analytic metapsychology while adding a new batch of dogmas. It does not move toward simplicity, clarity and testability. Psychoanalysis has retained pretentiousness.

Several papers were on technical philosophical issues. (I couldn't follow them. I dozed off. My wife, Susy, did much better at listening than I did.) Two philosophical papers were, "The Concept of Truth in Psychoanalysis" by C Hanly, and "Do Unconscious Mental States Exist?" by J Wakefield. I could not follow the technical distinctions they made, nor understand why they were worth making. It seemed to be the belaboring of old fashioned ideas. The philosophers would reply by saying, "there are no old ideas; the same ideas keep on coming around." Certainly philosophers are wonderful talkers--masters of intellectual genealogy and comparative anatomy. Their virtuosity was impressive.

One paper, "A Multiple Coding Model for Psychoanalytic Theory" by Wilma Bucci, a psychologist from New York, seemed more up to date. Bucci is influenced by modern neurobiology and cognitive science. Instead of trying to prop up fatally outdated, constructs, as did most of the papers, she started out with current ideas. She assumed a modular brain. She contrasted the sequential processing of the talking module (what you are using when you talk to yourself or anyone else--the left brain explainer) with the another module, the feeling module that processes images, smells, feelings, and memories. The feeling module is a parallel processor where all kinds of things can happen at once. The work of therapy is to access stuff from the feeling module of the brain and then talk about it, thereby linking the two modules. She argued that the best therapy involves alternation of image accessing followed by reflective talk. This is intrapsychic integration, but looked at differently.

This approach has a future--it provides a way of linking up different kinds of talk in therapy to neurophysiological measures (like data from a portable MRI machine).

(My wife objects to this summary because this translates Bucci's abstract terminology into a biological language I prefer. That's true: I can't recall the way Bucci put it.)

Greenspan discussed infant propensities and disorders

One paper was about a study of analytic process that involved so few subjects that no valid conclusions could ever be drawn from the results. Frank Sulloway was surprised that the Rapaport researchers often seemed to be content with small research samples. Well, such research does produce good stories.

One paper, "Development of the Ego: Implications for Psychoanalytic Theory and the Therapeutic Process" by Stan Greenspan of George Washington University of Washington, DC, presented material that would be of interest to any psychiatrist. Greenspan is a lively guy and a pioneer in the practice of psychotherapy with infants and very young children. He has identified a number of straightforward problems,

eg, sensory over-sensitivity and under-sensitivity, unusual rejection sensitivity, separation sensitivity, receptive learning disorders, spatial orientation problems, etc, and then described both developmental consequences and effective treatments. He will be publishing a manual on infant psychiatry--to be published by the International Universities Press, a psychoanalytic publisher. His book surely will be full of splendid observations.

As you can see from the title, Greenspan tried to make his practical observations a theoretical contribution to the psychoanalytical theory of the development of the Ego. A committed and loyal psychoanalyst, he wants to label his work as psychoanalytic. I thought the disorders that he has identified would be better thought of as stuff to go into a conventional medical decision tree. The standard medical paradigm: 1. Signs, symptoms, and examination findings suggest a list of possibilities, the differential diagnosis.

2. From the possibilities, a provisional etiological diagnosis is selected and a specific treatment is started based on the presumed etiology. (This stands in contrast to the non-specific treatments that are so common in both child and adult psychotherapy.)

3. Therapeutic success is regarded as a confirmation of the essential correctness of the etiological diagnosis.

Motivation. Throughout the discussions, and explicitly in Wilma Bucci's presentation, motivation gets scant attention. By motivation I mean the ordinary motivations that constitute our daily lives: getting breakfast, getting to work, checking out the kids, checking out the dispositions of friends and enemies, checking out the girls (or boys) for someone attractive, trying to look busy when people expect us to be working, finding a good book to read, preparing a face to meet the faces that we meet, etc.

Of course, psychoanalysis has a theory of motivation, a "deep" theory, inspired by 19th century biology (unobservable drives, psychic structures mediating the hidden forces, etc). Motivations, in this deep theory, are actors on a meta-psychological stage; they are a very long way from ordinary goals and ordinary appetites. Turn-of-the-century psychologists, influenced by the successes of turn-of-the-century physics, thought a motivational theory would have to be deep to be worth anything. In fact, to this day, the spatial metaphor, "deep", has a prominent place in psychoanalytic values. Deeper is better. (Parenthetically, "careful" is a buzz word used to praise orthodox dullness.)

"Deeper is better."

Evolutionary psychology has a common sense theory of motivation. Ethology taught us that animals are always up to something. Animals orient themselves to their usual goals--to do the things that they have evolved to do, in the ways that they have evolved to do them. People are like that too. In this view, motivation is usually not a deep problem. You can usually find out someone's motivations by just asking. If that is not sufficient, some commonsense observations will probably do the trick.

This approach to motivation asks what people enjoy, what gives them pleasure? Evolutionary psychology takes human pleasures seriously. People evolved to find pleasure in what was in their interest in the environment of evolutionary adaptedness. As ancient fruit-eaters, we like sweets. We like striving hard to get things that we want. We like

our kids. This is a "deep" theory in the sense that it relates to the deeply buried history of ours species, but not "deep" in the psychoanalytic sense of coming out of the dynamic unconscious--though, indeed, people may not know what it is that they crave.

Learning is a part of this theory of motivation too. People do what they have been taught to do, and what they have been rewarded for doing. This is not a theory of crude genetic determinism, but of the blending of experience and in-born disposition.

Let's look at psychoanalysis from the point of view of this ordinary theory of motivation. In psychoanalysis, patients are expected to be motivated to recall life experiences (with feeling), to free associate and then reflect on the meaning of it all. Analysts believe that this is (or should be) a normal human activity, one that is particularly appropriate for exhaustive study. In contrast, usual human motivations--showing off, flirting, trying to evoke sympathy, etc--are viewed as resistance to the work of analysis.

What a distorted perspective! Although the desired analytic behavior is admirable, it is no more characteristic of human life than is the behavior of a pigeon in a Skinner box characteristic of pigeon life, or the running of mazes characteristic of rat life. It is life within artificial constraints. It can be done, but not easily.

Behaving normally, analytic patients disobey the basic rules. They smuggle into the analytic situation typical human goals. They try to please the analyst, seduce the analyst, annoy the analyst, demonstrate indifference to the analyst, etc, etc. Of course, all this is well known by everyone and expected. Indeed, such behaviors are considered grist for the mill and a standard part of analysis.

Of course I am not saying anything new here, but I urge a shift of perspective. The analytic goal, the goal of trying to get people to stop acting out the usual, grubby human motivations and embrace the exceptional goal of talking about it all, should be seen as quite odd. It may be admirable (I think it is) but it is very unusual. The study of humans in analysis should not be regarded as anything like a base-line in the study of humankind. Analysis should be regarded as an exotic special case of human behavior.

Psychic Integration. Since analytic process does promote psychic integration, the psychoanalytic view of life overemphasizes the importance of psychic integration. This has consequences. Several discussants asserted that childhood and adult disorders are not the same, presumably since integration had occurred in the process of growing up. This would seem to be true of neurotic disorders like self-defeating behavior, but is not true of obsessive compulsive disorders (OCD). OCD appears to be the same in both children and adults. OCD is almost certainly a brain disorder; the brain modules do not appear to change with time, as least as far as the form of the disorder goes. Much the same can be said for affective disorders.

Still, there is a long term integrative aspect to having brain disorders. Two examples: A 21 year old man who has been cured of life-long OCD rituals by Prozac retains a few of the rituals that he most enjoys. He is fond of them. A 37 year old women with severe depression stopped successful antidepressant medication because she "was used to being depressed". She found she could hardly relate to herself when she was feeling better. These are unusual outcomes; most people seem able to drop old disorders without regret.

The over-emphasis on integration is

one of the reasons for psychoanalytic opposition to antidepressant medications, a bias that has become a major professional embarrassment. The opposition is due to a narrow application of the model of cure-as-integration. From the integration point-of-view medications should not help. The brain is changed and the proper integration cannot occur in the altered brain. In this matter, bad theory inspires bad practice. Useful medications are spurned.

Integration over-emphasized

The truth seems to be the opposite; after improvement on medication, integration is certainly possible. In fact, what may be integrated is the possibility of a better life--life without depression.

The papers, the discussions, the lunches, the dinners--they were all really fun. Like other intellectually talented people, the Rapaport group was impressive. I especially enjoyed meeting Frank Sulloway's friends--the philosophers of science, Adolph Grunbaum and Jerry Wakefield. Wakefield had even heard of our book, Exiles From Eden, and promised to give it a close reading.

The economy is in bad shape in 1991. Times are bad for psychoanalysts as they are for most doctors, but these well established people did not seem demoralized as are some of my Boston colleagues. There were some signs of strain. Dan Schwartz, the director of Austen Riggs Center, where the recommended length of stay was two years when I was a Riggs Fellow (and is probably something like that today), spoke darkly of the destruction of American psychiatry by utilization review. He spoke of injustices people pay for their health insurance and then utilization review takes away their benefits. Unfair. Ess White, a long-time Riggs psychiatrist, said of the same issue, "You can hardly do a decent treatment nowadays."

The problem with treatments like those at Riggs is that follow-up studies (as far as I know) do not show efficacy. The cost of years of treatment of several such patients can bankrupt the health insurance plans of even fairly large businesses. In the absence of demonstrated efficacy, there is no chance in the world that insurance companies will continue to support long in-patient stays for patients who can be treated on an out-patient basis (with only occasional hospitalizations).

Psychoanalysis will stay the way it is

Changing times will change hospitals. Will changing times change psychoanalysis? Not a chance. (Keep in mind, I mean analysis, not psychotherapy. Analysis means a couch, 3-5 visits a week, a silent analyst, and strict rules concerning neutrality and abstinence.) Analysis will not change as long as there are patients and candidates still willing to go along with the traditional ideas. There may not be as many patients or candidates now, but there are enough to carry on. I see no reason why the psychoanalytic species should become extinct.

Claims of psychoanalytic superiority might become undermined. Apparently, the revelations that Freud had his faults has had an impact on believers. Claims of impeccable moral superiority are certainly diluted by stories of Freud's deceptions. Also, in a world where outcome studies are likely to become increasingly important, the lack of documentation of good results from psychoanalysis is a problem.

What About Superiority?

People like to be superior, it is one of those commonplace motivations

that we probably share with all other social animals. But claims of superiority do need justification. Psychoanalysis cannot convincingly claim superiority because of its traditional theory. Frank Sulloway (in Freud, Biologist of the Mind; Beyond the Psychoanalytic Legend) has demonstrated that the theory is a smeared carbon copy of conventional 19th century evolutionary biology. It cannot claim scientific currency: psychoanalysis has dead-ended as science. What about superior therapeutic results? Claims of therapeutic efficacy are made informally and with conviction, but have not been supported by outcome research. The fall-back position: superior analysts get superior results with superior analysands.

Psychoanalysis does have a valid claim to one kind of superiority, a heroic superiority: It takes the examined life to heroic extremes.

Psychoanalysis: the examined life at heroic extremes

Does the examined life sound good to you? Sounds fine to me. Does it make people better? I'd think so. It may be the reason why this remarkable group of people are attracted to psychoanalysis. There is no question that psychoanalysis has attracted smart and thoughtful people.

The human importance of superiority can hardly be overstated. As I say, it has its roots in biology, in the pecking orders of social animals. However, different people and different cultures do not agree about what is superior. In liberal American, superiority tends to mean getting better, richer, more attractive...heading towards something like human perfection. French psychoanalysis finds this upbeat emphasis odious and has created its own version of psychoanalysis. So it goes--there are bound to be competing claims about what is superior. There are also, as it happen, always competing claims about what, exactly, is psychoanalysis. What is constant, no matter what psychoanalysis is said to be, is claims of superiority.

Superiority and Ridicule.

If I say you are superior, particularly if I say so discretely, it's ok. If you say you are superior you're bragging and treading on dangerous ground. You are vulnerable to ridicule. In fact, talking about superiority, especially when done be an outsider, is tiresome and gradually begins to sound like ridicule. Consider a sentence from an earlier draft of this essay: "Who would be so indifferent to superiority as to not enjoy the fluent talk, impressive knowledge, good connections, good manners and clubby elegance of this distinguished band?" I wrote intending to praise. Reading it over, I find what was written sincerely ends up sounding like irony, if not ridicule. It is awkward to talk baldly about claims of superiority.

The bottom line: As I see it, these people are valuable. They are intellectually superior and they embrace a moth-eaten ideology. The ideology is certainly a part of what makes them valuable. They take the examined life to extremes and benefit thereby. The result: good company, bad science.

Addendum: A comment by Harvey Cox: "I especially responded to the stuff by Wilma Bucci on intrapsychic integration and accessing the iconic/ imagistic module. Great! These are waters that theologians love to cruise. On some days, when you're in a good mood, a ritual, done right, really hits the spot. Forget the God figure for a moment. Rituals--large, small, public, private, vivid, blurry, boring, riveting--were around before theism. (I just attended a baptism in the local river and was knocked over by it!)"

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2. c/o R Gardner, 1.200 Graves Building (D29), University of Texas Medical Branch, Galveston, TX 77550 FAX: 409-772-4288. For ASCAP Newsletter Volume 4 (Jan through Dec, 1991) please send $18 (or equivalent) for the 12 issues. For subscription to the ASCAP Newsletter, make checks or money orders out to "Department of Psychiatry and Behavioral Sciences, UTMB."

3. EXECUTIVE COUNCIL:
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At this time this "informal" organization has no official budget.

4. Gilbert P: Human Nature and Suffering Hove:Lawrence Erlbaum Associates, 1989

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