



From the Director

Hidefumi Kotani, Professor, Director of IASCP

Recently I received a nice letter from a new friend in England. He and I share an interest in the meaning of the human presence and the beauty and the rich possibility of understanding this presence from the viewpoints of physics and mathematics, especially quantum theory. I am happy to introduce to you Mark Harrison of Chester, England, who, in turn, introduces himself and his current interests and activities in the following in the following.

From Mark Harrison

After many years developing computer systems for heavy industry (aerospace, power stations), I decided to change to a more care orientated profession and fell into counselling. The seemingly minimalist theory of the person centered approach resonated with my philosophical position in many ways. In particular, I was drawn by the concepts of self actualization and the formative tendency, as well as the idea of power sharing and mutuality. After studying for a diploma in person centered counseling at the University of Chester, I worked in NHS placements to gain experience, whilst continuing to work as a tutor, teaching computing to people with visual impairments. I attended a PCAN encounter weekend in order to gain a greater understanding of the PCA (person centered approach) outside of the counseling room. This led to my joining the BAPCA (British Association for the Person Centered Approach) where I have been active for a couple of years. My recent activity there

Current Topics

Sensing the Formative Tendency as an Evolutionary Flow, and Sensing Beauty as Congruence

This currently unpublished paper considers the person-centered concepts of 'presence' and 'formative tendency' (Rogers, 1980) by drawing on two concepts from other fields of investigation.

First is the concept of closure. The mathematician Kurt Gödel came up with a theory of incompleteness by basically translating the paradoxical statement "this sentence is false" into mathematical form. Effectively, he highlighted that no rule set can ever be complete. This has been recognized as a problem when trying to build an artificial (computer) intelligence (Hofstadter, 1979). Bernie Neville (personal communication, 2008) offered that contemplations of such ideas (also found in Russell's paradox, and Zeno) were "the tipping point for Whitehead's big shift from seeking, with Russell, to establish an axiom-free mathematics, to contemplating a process universe."

Closure may be seen to come when a decision is made. If, for example, my hand rests on my knee and I begin to move it,

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has centered on the issue of regulation and trying to widen discussion amongst the membership. I am also a member of the BACP (British Association for Counseling and Psychotherapy). At the start of 2009 I began part time work as a hospice counselor/support worker and began a small private practice.

In my spare time I am studying for a Masters Degree in Counseling Studies. As part of this, I have opted to do heuristic research into my experience of trusting myself to work ethically whilst allowing my idiosyncrasies and spontaneity into the counseling room. This has been a deep exploration of my beliefs, and is currently highlighting the tenuous link between belief set and ethical being. What is interesting to me is how basic concepts from my past career link through Rogers' theory and directly into my relationship with clients.

Mark Harrison

a decisive event occurs when my hand is no longer in contact with my knee. Yet the actual disconnection cannot be precisely observed in space or time (which is, as I understand it, reflected in quantum theory).

The paradoxical escape that allows closure is a form of self-reference, that I recognize that my hand is no longer in contact with my knee. Closure is achieved in one system by taking a perspective from a more encompassing system. The magic of a person is maybe that they can persistently switch perspective until a way of achieving closure is found.

Of course, there is the possibility of an infinite regress where the perspective is switched an infinite number of times with no closure being found. Yet such is still contained within the entirety of what is. The ultimate (absolute) closure is maybe a self-referential recognition of the wholeness (singularity, unity) of everything.

(continued on page 4)



Special Contributor from USA : Paradigm

My Approach To Doing Psychotherapy

Harold Stern

When I first began to practice psychotherapy, I was very unsure of myself, but very determined to do all I could to be helpful to the very poor and unfortunate people referred to me by my institute's clinic. In those early days of my career, most of the patients referred to me were borderline, severe depressives, schizophrenics and overt psychotics. Although my training as a psychoanalyst was very thorough, it was unfortunately designed for mainly the treatment of neurosis, and these early patients could not lie on the couch and speak freely about their thoughts and memories. In an attempt to gain some mastery over my sense of inadequacy, I read all that I could, went to every possible lecture and had sessions with a series of supervisors.

I finally appealed to my cousin, psychoanalyst Dr. Louis Ormont for some guidance in my search and described to him what I was doing in my practice. He looked at me and said very firmly, "You need rigor." I was somewhat puzzled and responded, "Where should I get rigor, Lou?" He replied, "From Dr. Hyman Spotnitz." I asked, "Who is Hyman Spotnitz?" Lou answered, "He is someone who will teach you to work with rigor." What followed was my making contact with Dr. Spotnitz and after prodding him for an appointment for almost two years, I began a supervision process that lasted once per week for over the next 25 years. I believe that this was the greatest learning experience of my life providing with an emotional sense of my patients and great self confidence.

One day in 1986 when I entered his office for my session, Dr. Spotnitz handed me a book entitled "The Modern Psychoanalysis of the Schizophrenic Patient." On reading the book on the train back to my home I realized that I now had a name and a theory for a technique that I learned from Dr. Spotnitz. On the cover page, Dr. Spotnitz wrote, "To Harold Stern with much affection." Under the direction of Dr. Spotnitz, I treated perhaps hundreds of people, many of them very disturbed and often the products of electric shock therapy, drug therapy, and many hospitalizations. I early on had patients in groups, in family therapy, and of course in individual therapy. I worked at various times in outpatient clinics and in hospitals. Each experience I had seemed to help prepare me for work with other disturbed individuals.

From the time I began my studies with Dr. Spotnitz, my work became more and more intense. Early on I accepted a position as Supervisor of Training at the Philadelphia State Hospital. I became a member of the Admission Committee at the State Intake Reception Center. In 1971 at the urging of Drs. Spotnitz and Ormont I created and became the Director of the Philadelphia School of Psychoanalysis while at the same time maintaining a full psychotherapy practice. In 1974, again at the urging of Dr. Spotnitz, I established and became Professor of the very first psychoanalytic doctoral program and kept this position until about 1991.

In 1992 I accepted a position as visiting Professor of Psychoanalysis at the East European Institute of Psychoanalysis

and every year since then have gone there two or three times each year to teach, train and supervise. During the past ten years I have traveled to many cities to teach and lecture and two of my most rewarding trips have been to Nagoya and Tokyo as an invited guest of Professor Hide Kotani.

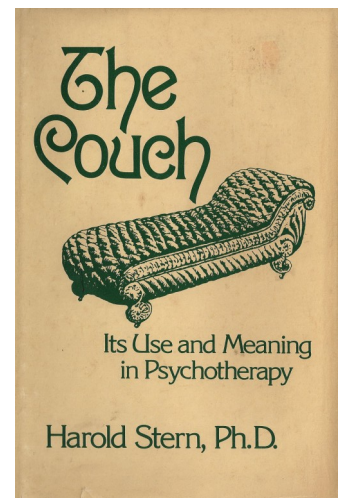
You may ask what I was doing outside of these activities. The answer is that I was attending to a full therapy practice. One of the purposes of this article is to

explain some of the techniques that I implemented that were successful. I had an array of many alternate approaches that I used when one or more were not progressive. As Dr. Spotnitz often explained, as Modern Analysts we use whatever method works for the particular patient. Here are some examples:

A schizophrenic woman in her second session stood up and said it was too warm in my office and she was going to remove her sweater. I looked away not wanting to make her feel watched as she went about it. When I looked back at her some moments later I felt instant rage at seeing her to be completely naked. I shouted that I was going to throw her clothes out of the window into the street and push her out into the street after them unless she put her clothes on immediately. It is clear that I frightened this woman who had three hospitalizations and six abortions. She remained angry with me for my abusive treatment of her for many years.

A man in his early thirties who had been hospitalized for schizophrenia, who had about 36 electric shock therapies came for me to help him keep his recent job with the city. He was terrified of losing this job. As an attorney and public accountant he easily got jobs but lost them when his psychotic behavior was apparent. I agreed to treat him and help him keep his job. Right from the start he began phoning me about three or four times each day. I told him I was determined to make sure he kept this job and that he had to phone me at least 10 times each day and night including weekends to make sure he was behaving properly. After a while as he felt more secure in his job, he began to complain that calling me so often was a burden and he did not know what to talk about. I told him he had to talk about what he was doing not to lose his job. He began to assure me that he was too valuable to be fired. During the five years I treated him, he got several promotions and became head of a small computer department, met a nice woman, got married and ended his therapy.

In my book, "The Use of the Couch in Psychoanalysis" I describe a woman who needed to constantly hide her face because she psychotically saw herself as having a huge nose. After one year of painful (for me) treatment and getting nowhere, I got the inspiration to ask her to lie on the couch (against all rules). Immediately the treatment was transformed





atic Approach in Modern Psychoanalysis

and she began to speak to me spontaneously and openly. She began to complain that because of her big nose she could never get a good job and could never get married. I then suggested to her that she get plastic surgery and change her nose. I was very surprised when she told me that she had already had plastic surgery, but it did not work. I then asked her if she had properly directed the surgeon to re-make her nose the way she wanted it made. She said that she had not done this. I insisted that we needed to have further surgery and needed to do it right this time. She inquired as to what I meant and then I explained my plan to her. We would take photos of her nose as it was now, then trace the picture on an overlay of paper, and then redesign her nose to look normal. She arrived with a camera one day and pleaded with me to take the photos. We went into the basement of the clinic building where she stood against a white wall while I took the photos from every angle. At first she brought in tracing of her nose and it was clear that she was having difficulty making any changes. In reality, I always thought that she had a pretty nose. In any case she stopped complaining about her nose, made much progress and got married a few years later. My last report was that she had four children.

About six months ago while out walking with a friend, I received a call on my mobile phone from a woman who was crying hysterically, said she desperately needed help. She told me that she had discovered that her husband was having an affair with her office assistant and now everything in her life was ruined. She asked if she could come in to see me. When I agreed she asked if she could bring her husband too. I agreed to this and she came with her husband the next day. She started out explaining that they had been intimate and had four years of a wonderful relationship. Then they got married and he seemed to lose interest in her. I cut in that actually after they were married he lost sexual interest in her. She explained, "That is

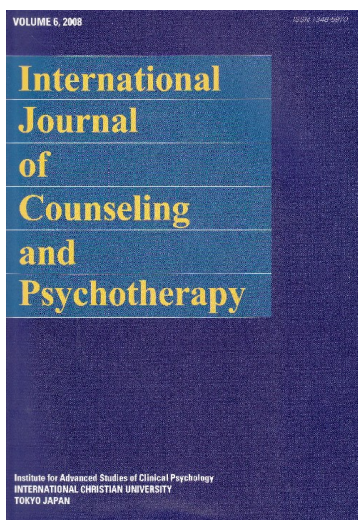
crazy. It does not make sense." Then I said it makes sense to me. She asked, "How?" I explained that he had a phobia against having sex with married women. She asked how could this be? He said that he noticed that when he was shopping and saw an attractive woman, the first thing he did was to look at her hands to see if she wore a ring. If the woman had a wedding ring, or a child, he quickly lost all interest in her. I continue to see each of them separately and their relationship is now restored and they are mainly interested in working on their careers with me.

SOME PRINCIPLES CONNECTED WITH MY WORK

- 1) With very disturbed patients, there is always the issue of unconscious aggression that needs to be considered and resolved in the therapeutic relationship.
- 2) Almost all symptoms and negative behaviors and feelings are a result of early disturbances.
- 3) Interpretations or non-emotional explanations are not helpful. Insights with emotional meaning are more important.
- 4) Modern Analytic theories of resistance and narcissistic transference and counter-transference are very useful in resolving issues caused by early experiences in the family.
- 5) The therapist's feelings and counter-transference issues are very helpful in the effective use of the therapist's creativity and dealing with difficult situations.
- 6) An avoidance of dogma and the embracing of all possible approaches are very helpful in making sense out of the patient's behaviors and feelings.
- 7) Special techniques like the "toxoid response" for certain conditions and also people who have the trait of "negative suggestibility."

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We have newly published the Volume 6 of IJCP. If you wish to subscribe IJCP, please refer to the website of IASCP for more information.

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Second is the concept of beauty. In her book “The sovereignty of Good”, Iris Murdoch (1970) offers the concept that to experience beauty is simply to find acceptance of what is. For me, this perception aligns with being congruent. In effect then, I perceive that if I achieve congruence with what is (the wholeness, singularity or unity of everything), then it comes with an incredible sense of beauty. This might be

compared with Rogers’ using the term ‘warmth’ in relation to experiencing unconditional positive regard.

The paper thus proposes that there is a oneness to everything (wholeness), and that striving to be open to, and to hold a sense or understanding of this oneness is ethically sound. Without such self-reference, there is maybe no closure to our existence.

Psychoanalysis is alive and well in Japan and the United States

How is Psychoanalysis doing in Japan and the United States?

Dr. Morton Kissen,

The initial impression might be that our two countries are culturally quite different and therefore our patients and the psychological treatments they require are very different as well. Japan is outwardly a very group oriented society and some times the individual is expected to take a back seat. The United States, on the other hand, seems outwardly very individually oriented.

A recent live teleconference between the International Christian University and the Derner Institute of Adelphi University, to me at least, suggested that we may not be as different as we are supposed to be. The conference was held on November 19th 2009 and participants were professors and students from our two universities. The format involved the presentation of two severely self destructive patients who were currently being seen in treatment by advanced doctoral students at each university. Case presenters were Kazunori Hashimoto for ICU and Lauren Wolf for Derner. Each presented their case material and fielded questions very clearly and confidently.

The case presentations were followed by an open and interactive exchange of ideas that moved back and forth between participants from Japan and the United States. The very lively discussion was led by me and Professor Kotani and an essential psycho-dynamic model as envisioned and practiced at each institute was articulated. The only frustration expressed was about the lack of time to truly communicate our thoughts and feelings in a clear fashion to each other.

It is very interesting that both cases involved severe eating disorders and also that the treatment modalities chosen involved a combination of individual and group psychotherapy. Despite some theoretical differences, a broadly defined psycho-dynamic model seemed helpful to understand and alleviate the character difficulties and symptoms manifested by both patients. The fact that self destructive tendencies are underlying factors in almost all types of psychopathology and that they can lead to severe resistances to “loving and working” was also very evident.

Psychoanalysis as a primary form of treatment has seen better days across the world. It is very costly and labor and time -intensive and Freud’s early and even later ideas have been under attack for many years. Cognitive and behavioral approaches have most recently been depicted as both more cost effective and scientific evidence based. I do not believe that this is true and rather feel that the “easiest” and quickest solutions to complex problems are highly valued throughout the world. There is very little patience for the more difficult problem solving approach of probing emotional difficulties as deeply as possible. But often that is exactly what must be done to truly alleviate the suffering and adaptive limitations inherent in difficult character problems and symptoms.

I am grateful that at least two institutes for clinical training and practice (ICU and Derner) have the patience and discipline necessary to implement a psycho-dynamic treatment approach. Even more so, both institutes deeply value such an approach. Despite our supposedly different cultures, we have the institutional support to conduct a lively video-conference such as the one just held. Indeed, there is a very strong desire in both places to continue these lively interactive and communication exchanges. The one held in November is the second in a series of live teleconferences and future such meetings are being planned.

To return to my original question, I feel that we have at least begun to answer it. Psychoanalysis is alive and well (and even thriving) in both countries thanks, in part, to our two educational programs and conferences such as the one we just had. I, personally (and my students and colleagues agree), look forward to many more such meetings in the near future. My hunch from the various discussant comments that I have seen (for the symposium being planned in the upcoming ICU journal issue) is that Professor Kotani and ICU professors and students feel the same about continuing this very exciting form of communicative and interactive exchange.

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