Book Reviews

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Psychoanalysts often believe that academic psychology has little to contribute to depth psychology and that assumption is often justified. Academic psychology sometimes seems to apply sophisticated scientific methodology to the study of trivial issues from the point of view of the practicing clinician. Paul Ekman, a professor of psychology at the University of California Medical School in San Francisco, is an academic psychologist whose research into the psychology of emotions is a must read for every practicing psychoanalyst. Ekman is probably the foremost expert in the scientific study of the communication of emotions through facial expressions. Ekman picked up back in the 1950s where Charles Darwin left off in 1872 in The Expression of the Emotions in Man and Animals.

In the 1950s the prevailing assumption among cultural anthropologists such as Margaret Mead was that the expression of emotion was socially learned and culturally variable. Darwin, originally, and Sylvan Tompkins, in the 1950s, claimed that facial expressions were innate and universal to our species. Ekman, a recent graduate of the doctoral program in clinical psychology of Adelphi University, set out to collect data that would settle this scientific debate. Ekman entered the Stone Age culture of the people who lived in the isolated highlands of Papua New Guinea. First, he studied many hours of films from daily life and found that their facial expressions were quite familiar and fit the context in which they were observed. Observers who viewed edited versions of the film without contextual clues were also able to correctly interpret the facial expressions. Second, he told his Stone Age research subjects a story that evoked an emotion, like a story about a child dying. Ekman then showed the subjects a variety of pictures of various facial expressions and ask them which picture matched the emotion aroused by the story. The results were clear-cut for anger, disgust, happiness, and sadness. The research subjects always
picked the facial expression that correctly matched the emotion evoked by the narrative.

Ekman suggested that the display rules for showing emotion in public are socially learned and culturally variable. Such display rules may hide or disguise the innate expression of emotions. To test this formulation he showed Japanese and American subjects films of surgery and accidents. The Japanese masked negative emotions with a smile when a scientist sat with them as they watched the film. Japanese and American subjects displayed the same facial expressions when they watched the film in private. Ekman noted that despite translation problems there has never been an instance in which a majority in two cultures ascribe a different emotion to the same expression.

In 1978, Ekman and Friesen published their Facial Action Coding System (FACS), in which facial expressions can be assessed in terms of each muscle movement involved in making each facial expression. He discovered that a face can make over 10,000 different expressions. Using the FACS he was able to discover micro expressions, facial expressions that last less than one-fifth of a second. Micro expressions are an important source of leakage, of revealing an emotion a person is trying to conceal. In addition, the micro expression of the emotion precedes conscious awareness of the emotion. Thus emotions are activated and publicly expressed in facial expressions prior to conscious or self-reflective awareness of what one is feeling.

These findings are relevant to contemporary debates in psychoanalysis with regard to issues such as containment of the countertransference and enactment. The traditional view has been that containment of the countertransference can curtail countertransference enactment. Awareness of what one is feeling can be utilized to inhibit the direct communication of what one is feeling. The more contemporary view has been that the interpersonal force field that develops in the analytic situation is so powerful that an analyst can only become aware of enactments after the fact. The clinician cannot nip enactments in the bud through containment. Ekman’s research suggests that we are all leaky containers, subtly revealing emotions we are attempting to conceal prior to our becoming aware of what we are feeling at the moment. By the time we are aware of an emotion we have already openly revealed it in a micro expression.

Ekman suggests that emotions are autoappraisers that scan the environment outside of our conscious awareness in order to provide a rapid response to situations crucial to our welfare or survival. Each emotion reflects a universal theme, a species constant, to which we have become sensitized over the course of evolution. Through experience we build up an emotion alert database that determines the situations that will trigger specific
emotional responses. Early learning significantly contributes to what is entered into the database. Once a type of situation is entered in the database it is established as an emotional trigger. Ekman wryly noted that it is much easier to get an emotional trigger in the database than it is to get it out.

Ekman also found that emotions create a refractory state in which our thinking cannot incorporate information that does not fit, maintain, or justify the emotion we are feeling. Lengthy refractory states create quite a challenge for the practicing clinician. How do you help individuals swept away by their rage, their anxiety, their manic excitement, etc., when they are unable to think in ways that do not justify what they are feeling at the moment? Ekman suggests that reflective appraisal gives the conscious mind an opportunity to regulate emotions by putting them in perspective. We can try to become aware of our emotional triggers, our hot spots, and try to weaken them. This can only be accomplished after the fact of emotional arousal since emotions are triggered automatically without conscious awareness. Impulse awareness can generate a moment of choice in which the rationality of the emotional response is assessed and a decision is made as to whether or not to engage in emotional behavior. Ekman cites the Buddhist idea that there is brief moment before the spark turns into a flame. Impulse awareness creates the possibility of consciously avoiding an emotional conflagration. There is much similarity between Ekman’s thinking and Peter Fonagy’s on the relationship between reflective functioning and affect regulation.

Emotions Revealed sums up decades of research and is full of many other interesting findings and ideas that have clinical applicability. The book is written for the educated public so it is a clearly written and engaging read. It also shows that academic psychologists can successfully study areas of psychology that are important to the practicing psychoanalyst. Sometimes that research may simply validate what we already believe from clinical experience. Sometimes it may sharpen our thinking as well as our capacity for clinical observation (i.e., attunement to micro expressions). And on occasion it might require us to alter some preexisting beliefs if the accumulating evidence is just too much to ignore.

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Perhaps there was a time when psychoanalytic treatment was largely an option for the intelligentsia and the working well. Some, in America, may indeed have considered those years psychoanalysis’ heyday. A number of recent thinkers, however, have reminded us of the origins of our work (e.g., Wurmser, 2000). Analysis was not created for the treatment of the working well and it was not designed to necessarily work independently of other treatment techniques (other than interpretation, that is). There are those of us who regularly treat those suffering from the severer disturbances while recognizing the need to refer certain such patients for adjunctive behavioral, pharmacotherapeutic, or hospital treatments, while the analysis of defense, transference, and resistance continues (e.g., Wurmser, 2000). Psychoanalysis, indeed, began with the treatment of Anna O. (Breuer and Freud 1893–1895), a woman whose dissociative states threatened her life and discontinued her everyday functioning. Most of us cut our theoretical teeth on the treatment of young Dora, whose borderline-like vengefulness carried over into a life of misery and complaint (Freud 1905, F. Deutsch 1957), just as we studied the work of The Master (Freud 1918B) in the analysis of a young Russian who was sufficiently ill so that he couldn’t travel alone to Vienna to see Dr. Freud—requiring, as he did, the services of a traveling psychiatrist and an attendant to dress him. These were our origins. The early analysts treated those for whom other treatments had already failed. Ira Brenner’s Psychic Trauma follows in this tradition with recommendations for the treatment of patients suffering from multiple personality disorder (MPD) or, in the language of today’s taxonomies, dissociative identity disorder (DID).

Early on (pp. 7–8), Brenner outlines an ambitious goal for this volume:

In contrast to the classic views regarding the organization and structure of the mind—(1) the structural theory of id, ego and superego, and the central role of the defense of repression; and (2) the object relations theory and the role of defensive splitting—I hypothesize an additional model of the mind. In this model, dissociation is the central defensive operation along a continuum of what I term the “dissociative character.” At the most severe end of this spectrum would be the ... multiple personality.

Brenner’s task, this one that he sets out for himself, is a bold one. He seeks to demonstrate not only that it is possible to univocally describe
“dynamics, symptoms and treatment” (the work’s subtitle) for those suffering from dissociative states, but that, indeed, levels or types of dissociation can be brought to use in order to represent a continuum of human disturbances to awareness of identity, time, and space.

Consider the complexity of this project. For Brenner to accomplish his task, he would need to demonstrate that this dissociative continuum (just as was the case with Freud’s tripartite model, with his earlier psychosexual phases, or with the spectrum of object relations models described by more contemporary clinicians) can be used to represent a range of functioning from the analytic couch to the analytic chair and from well-baby clinics to hospitals populated by those who have fallen sufficiently ill to require a protected environment.

Let me be direct—cut to the chase, so to speak. Psychic Trauma, in my mind, represents an elegant and compelling piece of thinking that accomplishes this task. Furthermore, this elegance is not restricted to the manner in which Brenner chooses to demonstrate the existence of this or that defense as it acts in a single given situation (citing Waelder’s [1936] notion of multiple function, Brenner consistently shows that dissociation is both symptom and defense); the structure of the argument itself deserves kudos.

The argument, again, goes something like this. If one can demonstrate the ubiquity of a certain symptom/defense constellation, it is not unreasonable to suggest the possibility of a new central organizing metapsychological paradigm (e.g., the dissociative continuum) for psychic functioning. And further to Brenner’s credit, he does not beat this drum repeatedly or too loudly, but rather works with it.

Brenner presents a reasoned way of examining situations as diverse as DID; responses to genocidal atrocities in survivors, children of survivors, and children of perpetrators (continuing his earlier work); and enactments in both patient-survivors and analytic clinicians treating trauma. One convincing and compelling chapter follows another—many with extensive verbatim transcripts of sessions. Together, they demonstrate Brenner’s thinking in arriving in each case at the conclusion that the dissociative process has its etiology in psychic trauma, a process which he dynamically correlates with dream formation.

Nothing does justice to an elegant book other than reading and engaging it. Brenner did carry out this research agenda, and while our psychoanalytic epistemologies always leave us with a healthy degree of skepticism about works whose logic is based in our fundamental tool, interpretation, it behooves us to remember that essentially all our thinking is based in this method. Brenner cites a further microanalytic method for testing such hypotheses which I shall not discuss. While I look forward to following the further development of particulars in Brenner’s thinking, I
shall be satisfied, in this review, to introduce Brenner’s work and, before closing, to offer some historical comments on a method he skeptically introduces as a type of Eisslerian parameter (Eissler, 1953) in a selected few of his treatments.

Part I (Chapters 1–3) begins with the bloodcurdling case of a self-mutilating and suicidal Mrs. A. Brenner, thereby presenting the clinical picture for this class of disorders and his own understanding of the manner by which trauma transforms into DID, including his view (and case material supporting this view) that maternal incest may be more prevalent than had previously been suggested. During this introduction, he argues, also, that the psychoanalytic community, itself, engaged a type of theoretical dissociation in disenfranchising Ferenczi and burying his views about the processes of dissociation, in spite of the fact that already in The Studies (Breuer and Freud 1893–1895), dissociative process played a major role.

Brenner does not overly belabor the question of whether DID exists and a review in this journal is no place to tackle the question of false memory syndromes. Brenner (p. 14) does note that “there is not one documented case of iatrogenic DID” to his knowledge. The reader, I suppose, has a right to know that this reviewer was, at best, agnostic in his views about the existence of DID/MPD (as Brenner was until some 20 years ago) until, that is, the first such patient entered my consultation room.

Part II (Chapters 4–6) presents a continuation of Brenner’s previous work on survivors, as well as children of both survivors and persecutors of the Holocaust and other genocidal atrocities and large-scale traumas (e.g., America’s 9/11). The book begins (p. xi), in fact, recounting Brenner’s meeting of a Holocaust survivor just returning on a Ground-Zero shuttle from having visited the site of her own son’s death. And thus compellingly continuing his argument for a continuum of dissociative phenomena, Brenner demonstrates the existence of dissociation in the defensive armamentarium of these people, as well. The poignancy of these cases is obvious not only from the content of the stories thus told, but from a change in Brenner’s voice, in his style of writing. While the other sections of this well-written volume (though printing errors, as I find with other contemporary works, seem to be all too prevalent) are expository and direct, Brenner’s tone is far more prosaic—maybe I’d use the word loving, as in a labor of love—when writing about the psychic aftermath of the Holocaust. (I pause to fascinate: Are we not all different clinicians with different patients and different writers with differing material? And isn’t that, in and of itself, a form of dissociation?)

Part III can be thought of as the joining-together of two matters. Its first two chapters center on countertransference enactments that relate to cli-
nicians' own or their parents' history of trauma. Chapter 7 recounts the dissociative occurrences that obtained when a patient with a traumatic childhood was treated by an analytic therapist who was the child of Holocaust survivors. Treatment success hinged, in Brenner's estimation, on working through this synchrony, and Brenner reasons that without such work certain dissociative propensities would not have been successfully worked through. In Chapter 8, Brenner demonstrates the manner in which his thinking about similar matters was communicated to the patient and allowed for a similar working-through of the therapist's propensity to nearly fall asleep during sessions with this patient.

The concluding Chapter 9, "Eye Movement Desensitization and Reprocessing (EMDR)," is decidedly different from the previous nine chapters and I shall close this review with some psychoanalytic-historical comments related to Francine Shapiro's (1989) short-term technique for the treatment of PTSD and other trauma-related disorders. Brenner presents his experimental usage of this treatment with an artist suffering from a lengthy history of severe dissociation. The reproduced paintings that complement the treatment and Brenner's discussion add another dimension to this, as I've already said, elegant work, which I commend without reservation to psychoanalytic audiences. This is a work that deserves to be read. But back to EMDR. In EMDR, the clinician has patients follow their moving finger (or some other guide) as traumatic memories are kept in mind. Brenner presents a brief overview of this technique and information about it can be found from many sources.

My own introduction to EMDR was fortuitous, as was Brenner's. I had been, for some time, using a modification of the Freud/Breuer pressure technique (see below), wherein I would use what might be designated sequential unguided breathing-focused imagery with patients who were, for a variety of practical reasons, unable to pursue a regimen of either analysis or long-term analytic therapy. I was, in my mind, following Freud's sense (S.E. 2:271) that his own short-term therapy pressure technique "could be replaced by any other signal or by some other exercise of physical influence on the patient."

A brief comment is in order for those for whom this early work of Freud (S.E. 2:109ff) has not been recently examined. After embarrassing moments with hypnotized patients who reported not having been asleep when Freud said "You're asleep," Freud had decided in his early work with hysteric's to proceed as follows with patients who couldn't remember:

I placed my hands on the patient's forehead or took her head between my hands and said "You will think of it under the pressure of my hand. At the moment at which I relax the pressure you will see something in front of you or
something will come into your head. Catch hold of it. It will be what we are looking for.”

Freud would repeat this procedure until the series of recollections yielded a connected flow of images centering on the pathogenic introjects that were blocking catharsis in this particular person and treatment. In the Studies (S.E. 2:273ff), he reported on the use of this early cathartic technique for a variety of disturbances, ranging from tussis nervosa and other somatic complaints to the anxiety disorders, obsessions, and phobias, and even in the treatment of a young woman suffering from transient stuporous states. The majority of these reported cases may well have been similar in etiology to the anxiety- and PTSD-related disorders whose treatment with EMDR has been suggested by Francine Shapiro and the more than 10,000 clinicians who have been trained in her method.

To backstep, in my idiosyncratic application of Freud’s suggestions, beginning with patients’ central anxietizing image, I would ask them to follow their breathing with eyes closed and while paying attention to the thoughts and images that this process captured. After discussing this newest image briefly, I would, thereafter and sequentially, ask them to follow this new image with the same instructions. This procedure would continue until such a time that it appeared to me that the process would yield no additional data. Freud’s method for determining when the patient was truly on empty appears in the Studies (S.E. 2:281), as follows.

We can avoid doing the patient an injustice [claiming that there is additional data when none exists] if we make it a quite general rule all through the analysis to keep an eye on his facial expression as he lies quietly before us. We can then learn to distinguish without any difficulty [well, maybe with some?] the restful state of mind that accompanies the real absence of a recollection from the tension and signs of emotion with which he tries to disavow the emerging recollection, in obedience to defense.

After hearing about EMDR, I contacted Shapiro in 1994 explaining my interest in the relationship of the Freud/Breuer technique to her own method and was invited to Pittsburgh for some training. There, while even more convinced of the homology among these three techniques (Freud’s, Shapiro’s, and my own modification of the pressure technique), I was impressed by Shapiro’s protocols. Freud, it should be noted, had not specified such protocols except impressionistically and by example.

All this is not to demonstrate that Freud is the font of all that is good in psychotherapy and psychoanalysis but rather to place EMDR in an historical context and to support Brenner and others’ contentions that it is
consistent, at least historically, with models of analysis and may be useful as an adjunct to treatment—again, as an Eisslerian (Eissler, 1953) parameter.

I close, then, with two additional related thoughts.

First: It remains an interesting question for historians of psychoanalysis to determine whether Freud ever relinquished his hypnotic technique, entirely. The reader reviewing the *Studies* (S.E. 2:281) may well be impressed by the centrality of the pressure technique to the development of Freud’s thinking and by the extent to which Freud’s foray into this technique gave rise to his exploration of resistance in the therapeutic encounter.

Second: While Freud and many of us, his followers (such as Ira Brenner), are convinced of the therapeutic value of lifting repressions, it is by no means obvious that Freud, in *The Studies*, was not seeking as much to bind dissociative states as he was intending to remove repressions, giving all the more credence to Brenner’s suggestion for the existence of a dissociative continuum.

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REFERENCES


