

## The 1952–1953 Chestnut Lodge Seminar on Intuition and Empathy in the Treatment of Schizophrenia: Launching Alberta Szalita’s Focus on Empathy

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This article presents background to, and the text of an organizational meeting of, a historic Chestnut Lodge seminar organized by Frieda Fromm-Reichmann and including herself and Marvin Adland, Donald Burnham, Harold Searles, and Alberta Szalita. It forms the foundation for Szalita’s interest in empathy, which then was the organizing concept of her paper given as the 18th Frieda Fromm-Reichmann Memorial Lecture. The transcript gives us an opportunity to observe these great contributors to our understanding of the psychodynamics of schizophrenia as they exchange ideas and reactions regarding the transcript of recorded sessions.

My first draft of this invited paper commenting on Szalita’s “Some Thoughts on Empathy,” the 18th Annual Frieda Fromm-Reichmann Memorial Lecture, grew into a long history of the concepts of intuition and empathy, with little room for a discussion of Szalita’s talk. Szalita’s presentation highlighted the important contributors to that endeavor. I found myself agreeing with her clinical development of the topic and enjoying her personal reminiscences. Rather than constructing a “me too” piece, I decided, finally, to bring to public attention an introductory segment of the transcript of the seminar Fromm-Reichmann organized toward an invitation she had

received to present at a winter meeting of the American Psychoanalytic Association—a meeting which, in those days, was an intellectual and political Coliseum. Chestnut Lodge lore says that a few years earlier Fromm-Reichmann had given a paper on psychoanalytically oriented treatment of psychosis, in which she emphasized that many important events occur prior to the onset of the oedipal period. Edward Bibring stood up during the discussion to ask, “What right do you have to call yourself a psychoanalyst?” Apparently being a graduate of the Berlin Psychoanalytic Institute didn’t count if you did not believe in the centrality of the Oedipus complex. Fromm-Reichmann was still

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very upset by this on returning home to the Lodge, according to Robert Cohen, an analysand of hers who later served in her former post, director of psychotherapy at Chestnut Lodge. Fromm-Reichmann gathered her intellectual knights around her to prepare for their next entry into the Coliseum, and they recorded their proceedings, producing papers which I found to be much drier and more guarded than their other publications and more filled with psychoanalytic jargon (Burnham, 1955; Fromm-Reichmann, 1955; Searles, 1955; Szalita, 1955).

The seminar transcription I quote at length in this article began in the fall of 1952. At the time of these meetings, Marvin Adland was 33 years old, Donald Burnham was 30, Harold Searles was 34, Alberta Szalita was 42, and Frieda Fromm-Reichmann was 63 and would die five years later. Szalita lived to be 100, Adland 86, Burnham 85, Fromm-Reichmann 68, and Searles is still living at 96. I knew each of them, except for Fromm-Reichmann, who died when I was a sophomore in high school.

Marvin Adland was the supervisor for my first control case at the now Washington Center for Psychoanalysis. He was the person closest to Fromm-Reichmann among the seminar participants and was the one who found her when she died of congestive heart failure. I remember his focus on ethics and his warmth. He was reticent about presenting and publishing.

I consulted with Donald Burnham on a paper I was struggling with, on Eugene O'Neill, his psychotherapy, and his semiautobiographic play, *Long Day's Journey Into Night* (Silver, 2001). As the first director of Chestnut Lodge's research center, editor of *Psychiatry: Interpersonal and Biological Processes*, *A Journal of the Washington School of Psychiatry*, and author of *Schizophrenia and the Need-Fear Dilemma* (Burnham, Gladstone, & Gibson, 1969) Burnham was a superb teacher, a very clear and precise thinker, and gentle in his critiques.

Harold Searles was my training analyst for almost two decades. I wrote recently on my analysis with him (Silver, 2012).

My only contact with Alberta Szalita was on the occasion of the 1985 Chestnut Lodge Symposium honoring Fromm-Reichmann on the 50th anniversary of her arrival at the Lodge, which I organized and chaired, and then editing the festschrift growing from the symposium, *Psychoanalysis and Psychosis* (1989). I remember Szalita being loudly and publicly critical of some aspect of the program—perhaps it was the sequence of speakers; I can't remember now.

The transcript I have was Burnham's copy, which he hoped would reach publication in some form. He made some marginal remarks, which I include in brackets. Throughout this text I changed patient names to the pseudonyms "Max" and "Mary." I hope the 1,115 typewritten, double-spaced pages can someday be published, perhaps through the Washington School of Psychiatry, or as a monograph of *Psychiatry: Interpersonal and Biological Processes*. Reading these pages allows the reader to sit in on a seminar by major figures in the psychoanalysis of psychosis. If we consider Szalita's "Some Thoughts on Empathy" to be the pot of gold at the end of a rainbow, this seminar would be at its other end, its beginning. And one gets a sense of the Bullard family's commitment to building a beacon of hope regarding the interpersonal psychoanalytic approach to profound mental illness. It readily designated the funding for the transcription of its conferences and seminars. Our librarians were always extremely helpful, functioning as research assistants as well as the guardians of our library.

Here are the transcribed notes of one of the initial meetings of the seminar:

The group defined their goal as an attempt to "investigate the dynamics of the treatment of schizophrenia with

intensive psychoanalytically oriented psychotherapy, on the basis of recorded interviews with schizophrenic patients, and on the basis of recorded discussions about psychotherapy of schizophrenic patients, and on the basis of treatment histories of schizophrenics. A special attempt will be made to conceptualize what has been done before on an intuitive, empathic basis by perceptive and sensitive psychiatrists and psychotherapists." Dr. Searles thought that the fact that intuitive processes operate in the patient, as well as in the therapist, would be a problem. He said that certain patients foster the use of intuition on the part of the therapist, apparently related to the patient's need to conceive of a parent figure as omniscient. He thought the group might avoid ending up with "atomistic" results (about a patient's tone, body posture, facial expressions, etc.) by attempting to find out what hampers the therapist's utilization of intuition. He suggested, as a method, focussing on the way intuition works in the seminar, rather than studying situations in which the therapist utilized his intuition. (Later in the discussion, everybody agreed that both methods could be used.) Continuing the discussion of method, Dr. Burnham suggested recording the interviews of one particular patient, and having each therapist listen to the recording, write down his impressions, and then studying the cues that went into each therapist's opinion. He thought it would be valuable to find out how nearly the group had the same set of assumptions about a patient at any given point. He said this might be done by a type of content analysis, where we set up certain categories of information, and then broke down each interview into percentages of time the patient talked in each category.

Dr. Szalita said that content is the only means of communication, that extra-sensory perceptions must be

translated into words, which is, again, content, and that content might represent different feelings to different people.

Dr. Fromm-Reichmann suggested the following method for study: We hear for one hour a report about a patient; then have one hour discussion (or a mixture of report and discussion) where we discuss what may be helpful in the treatment of the patient, and also anything that may come up with regard to our special problem. Then, we read the transcription before we meet the next time. At the next meeting, we use the first hour for discussing what came to us from reading the transcript, and the second hour for continuing presentation, and so on.

The group felt that discussion of one patient, rather than two simultaneously, would enable them to establish a method sooner. They also decided that it would be a good idea to discuss problems with other patients, as they fit in.

Dr. Burnham will present Max, recording all of his hours, but, as a tentative plan having only one hour per week transcribed. This transcription should be studied by the members of the seminar between sessions.

Dr. Szalita suggested that it might be helpful, as a rule, that when some interesting interchange between the presenting doctor and his patient comes up, that all the other therapists give examples, if they have them, from other patients. FFR [Frieda Fromm-Reichmann] added that it would be useful for each therapist to speculate about what he would have done in the particular situation. Dr. Szalita said that one of the most important things to keep in mind in discussing a patient would be a distinction between the general and the particular ["one of ABS's favorite themes?"]; that is, what

is true in an individual case, and what is applicable to patients as a rule.

- FFR: Now, comes question number two: who thinks he has an interesting apropos patient, and who would like to present.
- Adland: Why not make a list of all our patients, and see which one we want?
- Szalita: The first thing I would suggest is that you define (to FFR) what kind of patient, from your experience that would narrow—
- FFR: I wouldn't be able to say, because what occurs to me is Mary. I think she would be a real wonderful source of possible findings, and we all know her, we all have had some or other real contacts with her. Would you like to—?
- Szalita: Well, if you all feel that she would be the best patient—all right.
- Searles: I feel relieved, myself for someone else to do the presenting. I feel highly intelligent as someone who listens to presentations; much less comfortable doing it.
- Szalita: Well what do you feel? Do you have a patient you would like to present? (to Burnham)
- Burnham: I'm still stuck on the question of whether to record the hours. It seems to me, if we are going to try to get at the problem of intuitions that we need to have a very careful record of what has gone on.
- FFR: I'll tell you, Don, I think it is this way. If, suppose we take Mary. Alberta would record the hours, and Jane would type them out as she finds time, and we would study them as we find time, it would be fine. To do it as a requirement within this right here and now, I think we will get stuck with time. But we should have them, if we can have them, for study as time goes by. I think, on the other hand that we can very much rely on Alberta's presenting—
- Searles: I would like very much to think of our focus being on what is going on right now.
- Szalita: Let me tell you something. Mary's hours I cannot record, even if I would want to. That is impossible. Because I see her either on the porch there, or sometimes she is in such a mood that before I would have time to set up the machine, I don't know where she would be. She just wouldn't be a patient—I wouldn't engage myself in it. But, if you have a patient whose hour you can record, and you want to present him, that's fine.
- Burnham: I think the question is, again, one of methodology. Whether it's that important to record.
- Szalita: First of all, you see a patient four hours a week—you have to present it in one hour. Four hours recording, you have to sit down and read the four hours to yourself to and make an hour of it, to make a selection. Your selection—there it is, that is one of the most important things, the selection of material when we talk—what do we remember, and what we don't remember.
- Adland: That's intuitive material right there—what you select, and what you don't select.
- Szalita: Then, how would it work out? It's a good thing, sometimes, for example, to have one hour, and to be able to reproduce it for us to see what really goes on there. As I say, with Mary, I wouldn't even attempt to do it. It would just spoil (—) which may be a

- subject for discussion. But I wouldn't even confine myself or her to sit—because I don't think it would work out.
- FFR: It has been done for a while with her by Dexter (Bullard, Sr., the hospital's Medical Director and hospital owner) but then she hasn't made progress, so maybe the fact that they did the recording—
- Szalita: I was thinking of taking these two books of recordings of Mary and Dexter, and examine them in the light of what I know of her now. And what I am interested in in schizophrenic thinking. Now, you see, I am interested in the thinking as such, and I am working on it as a separate subject. You might be interested in something else and you might be, etc. and, each one of us can come out, then, with some data which might be useful. You are interested in the intuition, you say; all right, outside of whatever you follow, you might follow this which might interest you more. Each one of us can find material to our delight. I could record Barbara. I could record Joe. Now, what I am coming for, as far as my patients are concerned, if you want me to present, I have two of interest, that is, Joe and Mary. Joe may be of greater interest, because it is schizophrenia, with superimposed manic depressive type, with all sorts of very elaborate, flowery pathology. Mary is a patient where you will have, par excellence, your intuition, because I am working with her mostly on flashes of intuition I am getting in talking to her. I cannot promise, for example, to be able to report a sequence hour what goes on.
- Adland: Who can? Nobody.
- Szalita: We can speculate about why this stands out in my mind, and how this goes on, it might be of interest for our investigation. But, as I say, the hours with her go on in such a way that a lot of it comes out, as if one talks about the moon, and one talks about the sun, and yet it comes together. You see something that goes together with it. As you wish—
- Searles: I would like to hear about Mary, myself.
- Adland: Let's take Mary for a while and see what happens.
- FFR: Yes, let's see what happens.
- Adland: I think we have to just see.
- Searles: How about it, Don? How do you feel about it?
- Szalita: (to Burnham) Well, did you have any other patient in mind? Say frankly. Because I'm not particularly ardent about it. I will be glad to (—) if that is what you want.
- Burnham: No, it's not a question of my wanting in particular to present someone; it's more a question of whether we are going to find out most about intuition if we rely on our memories to present what we remember, or not; or, if we have it down on record, and, then when you have a flash of intuition, go back and try to find out what the cues were. It may be just insurmountable in terms of either the mechanics of getting it recorded, or in terms of the time it would require—
- Szalita: I agree with him. Because we cannot even remember the tone of the voice, or at what point what was said sometimes . . .
- FFR: I don't think any of us can spare the time to read the recordings of a whole week, plus what else we have planned. Maybe one

- could, let's say, record one hour per week, and then study that hour, and not the whole—
- Searles: Well, then, do you feel that you can with this patient?
- Szalita: No, I cannot. I cannot record an hour with Mary. I can only engage, if you had enough money, to have a movie camera and sound equipment,—
- FFR: So we bring up Don's question, do we want a second patient, or do we want one whom we can record, because of greater correctness.
- Adland: If we go on to a second patient, maybe we can insist that the second patient have this sort of recording.
- Szalita: I can, for example, do it with Joe. Maybe you have one?
- FFR: Joe would make the thing complicated, because we want to study the schizophrenic process. I think we have to limit ourselves somewhere, so one of the limitations . . .
- Szalita: Either I am wrong, or you have some patient in mind you want to present. (to Burnham)
- Burnham: Not especially, no. I think, off-hand, of the ones that I have, Max, I think, is the one who would be most amenable to recording. He comes to the office, and he is pretty much a pure culture of a schizophrenic. My others who come to the office either have a lot of the obsessional in them—who doesn't?—but, still, the presenting symptoms are, perhaps, more on the obsessional side than pure schizophrenic.
- FFR: What about the clinical similarity between Max and Mary? To come back to the point we had in mind.
- Burnham: In a way, they are at opposite poles. Mary, in her behavior, is frequently flamboyant and brings herself very much to the attention of people. Max shrinks into passivity and makes himself ignored and passed over unnoticed by people. In a sense, they are quite different, actually. I would tend to think of them, at least, superficially, as being quite different.
- FFR: What is the feeling of all of you? Do you prefer to begin with the recorded—at least one hour recording, and otherwise presentation as best we can from memory; or do we prefer to get Mary, because in many ways, she is especially suitable for what we want. What do you feel?
- Adland: I think I would be interested in starting with Mary, sort of as a feeler. It may be, in our work with Mary, we could see why we need recordings, what areas are lacking, that we could—
- Szalita: I will tell you right now, there will be one more difficulty if I have to present Mary, that you will hear more what I say to Mary, just the opposite of what usually happens, you will hear more what I tell Mary, than what Mary tells me. And the reason for it is that it is awfully hard for me to remember a sentence the way Mary builds it. I just cannot reproduce it. I tried, you know, sometimes to lie down. I tried to reproduce such sentences—how do they come about—because it interests me no end, to see how such sentences can be composed.
- FFR: Could you do it right after the hour, if Jane would be available to take shorthand dictation?
- Szalita: Sometimes I can. Sometimes I remember more, sometimes I

- remember less. It comes in, again, the same thing, that while I am intent on seeing what she is saying to me, and in what sequence, what is she trying to convey to me, that if I would try to remember the words, I would, in the meantime, leave out the meaning. So, you will much more hear, when I talk about Mary—as you remember, maybe, from the presentations—that I will be more apt to tell what I say to her than what she tells me.
- FFR: Well, since we want to study the working of the “intuition” in the therapist, as long as we would hear enough from her to know why it elicited that in you, it would be all right.
- Searles: That is what the question is.
- Szalita: Yes. That again remains to be tried out. I am just telling you what—when I am thinking about presenting Mary, let us say, faithfully presenting. I know one thing immediately, that I cannot even think of being able to—
- Burnham: Nobody can.
- Szalita: With her additionally. The sentences are built in such a way sometimes I get a clue from a group of words that get tied up in my mind immediately with a picture of what happened somewhere in her, and I say it, and it clicks.
- FFR: And this “it clicks” is what we want to study.
- Searles: I still feel that intuition, as we see it operating right here, in the session, may prove a more fruitful source. And if we get data from the patient-therapist relationship, which is, itself, a highly condensed, intuitive kind of data,—
- Burnham: We are going to have recorded the material that each of us has heard, from which will come the hunches that emerge here, so that we can go back over that to trace where these hunches, or intuitive flashes come from.
- Szalita: There is only one better way that we can go about studying it, and that is for us to make out of this kind of a set up a group, a multiple therapy. That is the only better way.
- Adland: Yes, that would be another very easy way.
- Szalita: That would be the best research possible, I imagine, to find this kind, of set up, where we are doing multiple therapy, talking about each other, attitudes toward each other, problems, and what not, and to have it recorded, and study the intuitive understanding.
- Burnham: Already we have begun an attenuated form of multiple therapy. I would imagine there would be a difference in what you would do with Mary when you are talking regularly to this group than it would be when you are on your own.
- Searles: You mean multiple therapy using the patient?
- FFR: Actually being with the patient.
- Szalita: No, we ourselves being patients, with no patients.
- FFR: Oh, that will follow anyhow.
- Szalita: That is what I think we will learn most, as far as our own interaction. From that, I think we will get the best understanding.
- Adland: That is what ... in the Friday conferences.
- FFR: Well, we still have to come back to the problem—do we want to use as a background, Mary, or one recorded interview per week

- of somebody whom we can record.
- Searles: Or multiple therapy without a patient.
- Szalita: Frieda wants to study schizophrenics, not us.
- Searles: That's right.
- Burnham: Do you think that disqualifies us?
- Searles: What was the question again?
- FFR: Multiple therapy, if we are sincere with each other, will evolve out of this, anyhow; whether the background we use for this is Mary or a recording.
- Searles: Do you know Max?
- FFR: No. I would go and meet him.
- Szalita: Let's have Don present Max.
- Searles: Well, I am impressed by the fact that Don could get the hours recorded, if we found it would be useful; secondly, with the fact that at least, Don hasn't said—that Max constructs sentences in such an unconventional way that they would be particularly hard to—
- Burnham: Well, he does. Perhaps the actual sentences aren't—well, yes they are—I'll hear a sentence and it just isn't in the usual grammatical form.
- Szalita: But you hear a sentence, and I hear a constant—I just want to tell you that this would be that kind of a case. Now, I would be delighted if you present Max and I listen, rather than—
- Adland: Max always puts his question marks in the middle of a sentence.
- Burnham: Well, hell, I think we all have the feeling that it would be nice to say, "Here, you take it."
- FFR: Now, I think something can be said for the greater correctness of starting with a recorded case, of its being, since we want to try to translate art into science, of its being scientifically more valuable. Therefore, if you would like to do it, present the man, and have one recorded hour.
- Burnham: I think I'll record all of them, but not transcribe all of them.
- Searles: I would be against our getting immersed, as I tried to bring out, in a lot of atomistic words—I think we would get lost.
- Burnham: I think Harold's point of studying flashes of intuition as they occur here, is a very good one. We are going to have that material recorded and transcribed.
- FFR: Sure, we will get a lot out of that, but, since we want to study schizophrenics, with our reactions to one, sure, you would record all of (—) you would give us a condensed report, you would give us a transcription of one hour, yes?
- Burnham: Or parts of an hour.
- FFR: Or whatever. And that we use as a center of the—
- Adland: —
- Searles: I think that would be much more convincing to anyone reading any work we turn out, if we are working partially with recorded hours.
- FFR: More convincing if we do a recording.
- Adland: I might make one practical suggestion. We ought to get another machine right off the bat.
- Burkhard: (transcriptionist). We are getting one next week.
- FFR: And for recording at the hospital, there is one available there. ... Now, does anybody feel, out of this conversation today, we have learned something as to, first, multiple therapy, I mean therapeutic attitudes towards each other and what we could say about each other; and, second,

- about any kind of workings of intuition we could put our finger on?
- Adland: Would you classify Don's questioning attitude as an intuitive—
- Szalita: Yes, that's what I felt. That Don wanted to present.
- Burnham: As far as I can tell, I feel quite ambivalent about it. On the one hand, I am rather scared to present, and scared to expose myself; on the other hand, I suspect that I would get a lot out of presenting. So I am of two minds. On the one hand, I would rather like to; on the other hand, part of me is kind of scared and would be quite glad if Alberta would present Mary. As far as I know, I feel kind of two minds.
- FFR: What are the reasons for the negative—fear of the negative criticism here?(Everybody laughs.)
- Adland: Give me a couple of sheets of foolscap.
- Szalita: I think that would be a most valid exchange if we go on doing it.
- FFR: Yes, what is it? It would imply that we are afraid of each other, which I am afraid we are. Because if you weren't afraid of what goddamned negative criticism you would hear, why should you, since you think you will get something out of it, and you are interested, in the project, feel ambivalent?
- Burnham: Well, the fact is, I am afraid.
- FFR: Yes. So what are we doing to each other, that we think that there is reason to be afraid of the reactions of the four others? What do you think any of us can do to you? If you want to tell us.
- Burnham: Well, one of the things that comes to mind. [Laughter]— [Harold picks up the scissors.]
- Szalita: . . . . Castrating. I said once to somebody, "If people feel their organs are so fragile . . . you don't need to castrate at all. But I don't think that was—you started out from a sentence (he took the scissors, that's why I said it) you started out from a sentence "expose yourself," you don't want to expose yourself.
- FFR: Expose yourself to what?
- Burnham: I was going to say, what I have more in mind, is what I don't want to expose, rather than to what. (change of record) . . . It's been kind of nice, in a way, that other people don't know, because I haven't told them, that with Max sometimes I can hardly keep awake, and that at other times, I will find myself drifting off and thinking of Christ knows what, that has nothing to do with Max. Then I find myself wishing that he would just get on the ball and present something pertinent, and then I will be terribly dismayed to find that, when he does present something awfully pertinent, then I am likely to find myself still drifting off, falling asleep, wishing the goddamned hour would be over. Some of these feelings have been accentuated, because this is a family who have been scraping along, paying less than cost, and where there is frequent pressure, are we doing the right thing, this may make us go broke, this may mean that we are taking money away from the other son; and I find myself falling asleep in the hour—
- Adland: This just gives me another thought, too. Max has come up as a question from time to time, because he is paying low-cost, should we keep on, or shouldn't we keep on? The question in my

mind is, if he is presented here, he has to remain at the hospital. . . . If he is studied by this project, he is good for the next five years.

FFR: But I have another question on my mind. What makes you think you are the only one who drifts off, or who is in danger of falling asleep—

Burnham: But I don't think I am. But it happens with Max just a hell of a lot more than it does with any other patient.

FFR: It happens to you more with him?.

Burnham: I can be feeling top of the day, and—

FFR: It would be interesting to investigate what he does to you to make it happen. You were mentioning this as a reason why you don't want to expose your therapeutic process, and that would have the, I think, silent assumption that you are the only one. It happens to all of us. Maybe it never happens to Alberta? Fall asleep or drift off?

Szalita: That was supposed to tease me?

FFR: No, no. I was not teasing.

Szalita: With Mary, he wouldn't fall asleep, either. That is the type of a patient.

FFR: The one thing is: what does he do to you to make it happen; the second problem is, what makes you reluctant to expose that fact? The first is certainly something which is interesting to study and quite apropos. Marvin has some fight with sleep right here and now. Maybe that will—

Adland: No, I was just wondering: Does this guy make you feel guilty?

Szalita: Well, he certainly makes him feel guilty from time to time, but as far as our concern is, the association I have is that none of us likes to display in front of

other people, situations where he doesn't feel he is at his best. We don't like it. We do it, but we don't necessarily like it.

Burnham: Well, for instance, I would feel that the fact that Max is a patient with whom this happens much more, I feel much more reluctant to present him than I would, say, Sam. As far as I'm concerned, I would do much better presenting Sam. I might show off a bit by presenting Sam here, and show you what a great therapist I am.

Szalita: As a matter of fact, I was reluctant to come out with Mary here, for exactly this reason. I would have had too much to show off with, even though she goes at a slow pace. But, as far as intuition, and this kind of thing, there would be a constant display of brilliancy at times, which I didn't want to come out with, either. You see, when I was examining my own reluctance, much as I felt he wanted to present—as far as intuition goes—I thought, my God, I will start on—from the day I returned from my vacation—I will start with a display of fireworks of intuitive understanding of her. Maybe it's no good. But still, it came to my mind. Well, I prefer not to be this much on the stage. Here, again, we might find that is the same reason.

Searles: I feel Don has already been showing off. By expressing guilt, or something akin to that, over things that are so obviously part of all of us. The implication is that this is the worst that he has to feel guilty about.

FFR: That was very nicely put, but I don't know whether it's quite wrong.

- Szalita: The (—) is, again, that Harold wanted to get on the stage for a moment.
- FFR: And, he did it cleverly, maybe not quite correct, but very cleverly.
- Burnham: I think you are probably right, that in presenting those, I am presenting something that is fairly airtight. I can remember a time, when I presented a private patient in our little group, and told everyone how terribly it was going, and then the content of hours that I presented, supposedly to back that up, instead indicated that all was going fine. Somewhere there was material that might have been presented that would, perhaps, have substantiated the idea that it wasn't going all right.
- FFR: You know, now you bring up an interesting question. If this kind of patient is so withdrawn and isolated that maybe it is not the best therapeutic move to leave him alone at times by drifting away yourself. Maybe you were saying there, by implication, that you think it has its therapeutic value.
- Burnham: I don't think so, because I think one thing he is extremely adept at, is shifting from the subject, and shifting and drifting all over the lot, and getting you all tangled up, just like yards and yards of flypaper, with just all kinds of vague things, and then you can't remember where the hell you started. The few times that I am alert enough to sense this shifting, and say, "Yes, I'm still kind of interested in this you mentioned earlier," he responds much better by coming back. If you keep after him, and practically back him into a corner on it, he will finally come out with something. But if you drift off—if you let him drift off the point, then I think he is really rather disappointed that—because I think he wants to be held to the point, this fellow. And so, when I drift along and can't even remember what in hell he started with, I think I am doing him a disservice.
- FFR: So, then, let's ask, what do you think it is in him which makes you sleepy and drift away, that you get too fatigued to chase? That brings up the general question . . .
- Burnham: There is something about his language that does it. He has a peculiar way of saying things in what strikes me as being a complicated sort of way. Complicated way of expressing what in ordinary language would be said much more simply. Sometimes there is great beauty to this complicated way, but, at the same time, it is sufficiently complicated so that I think it is—I don't know whether it is anxiety about not understanding, or what there is about this, about his language, that just—it bores me, or pushes me off, I don't know. There is something about his language.
- Szalita: . . . I think Don is not particularly pleased with himself in connection with Max.
- Burnham: I think that's so, and I'm probably not able to say why.
- Szalita: We might try to find out why he thinks he is a suitable case for this investigation . . . recall your last presentation in the conference . . .
- Searles: What I heard in it, was that it is as if he were trying to tell you something very simply. And my thought was that he is trying to tell you he loves you. Which is a

- different slant on it. But I wonder, if putting them both together, is he trying to deal with extremely intense ambivalent feelings.
- FFR: Would you run from that? By getting sleepy?
- Adland: It makes sense to me.
- FFR: It might very well be.
- Adland: Presenting the ambivalent feelings, and creating the same feeling of ambivalence in Don.
- Searles: So often, it seems to me, that what we react to is not the defense, such [as] his drifting away, but it is as if something else senses, let's say the opposite.
- FFR: Is it the love offered per se, or the obligation that it puts us under? The expectation which is implied in the love?
- Searles: To me it would be the idea of stirring up comparable ambivalent feelings in me, I believe, would be the stress.
- FFR: Do you mean to say that is what you would react to with getting sleepy? Or drifting away?
- Adland: I began to get a feeling of sleepiness just a few minutes ago.
- Szalita: It is quite possible that Max's face brings up this sleepiness. . . . As we talk about Max, it brings about a mood of sleepiness in all of us. I wouldn't get excited when I think of Max.
- FFR: Do you have photographs of him before he got sick? Might be interesting to get, if you think actually his physical appearance—
- Szalita: Just see what happened to all of us when you started to talk about Max and Max's making you sleepy. Now, maybe we are so suggestible.
- Searles: I think you are paying him back for doing the presenting.
- Szalita: No.
- FFR: What was it?
- Searles: I thought Alberta was retaliating.
- Szalita: No. I wasn't sleepy. You were, you were . . . she was bored, she says.
- FFR: When we all get sleepy, it means that our discussion doesn't meet our needs or wishes.
- Burnham: Another thing that may cause sleepiness and boredom is something that is hard—that isn't clear-cut, that isn't well-defined.
- FFR: That's what we get together for.
- Burnham: When you grab at it, it just slips between your fingers.
- Szalita: But it all comes back to methodology. That's what we all invariably do, one following the other, wanting to be sweet and nice towards each other. Here, he is already presenting a problem: Max makes him sleepy. We have forgotten that we are trying to elucidate whether Max is suitable or not suitable for our investigation. But here Don is presenting a problem: Max makes him sleepy, he makes him guilty, he makes him—I say he is enraged at him, he says he runs away from the love, and we are already extending these helping hands which are absolutely not at all what we aimed at, that's not what we are looking for, so he starts somehow, to be disappointed in us. And I think that is something for us to watch, because that is an invariable thing that happens in our staff conference discussion. There isn't a defined—and you came, yourself, in a roundabout way, to it, it's not defined. Because we find ourselves swimming around in undefined areas, not trying to define the indefinable, but just going away from it.
- FFR: Did we hear ourselves, and Don, say, "Here is a patient

who is schizophrenic," whose talk he part of the time does not understand, makes him sleepy, makes him drift away, but he would be, if it weren't that he were embarrassed to let us now about that, he would be suitable for our purposes, because one could record the hours, and without Don thinking that the recording would interfere, and because we get a good deal of schizophrenic expression, and can see what he does with it, and what we would do with it. Did we get that far?

Szalita: We got to the point where we asked Don: you asked us a question, what about intuition, what about therapy ... interchange between us. I said at this point, my intuition went this far—that Don wanted to present. Don started out from a sentence that he isn't doing well. Now, if I wanted to direct my attention toward it, the patient's presentation, then I listen what goes on; if I wanted to take it in terms of what was the question? what do we learn about each other?—then I say, "Don is talking about his ambivalence toward me." It naturally comes out afterwards that somewhere you get lost, because you don't follow the part that you started on in the beginning.

FFR: I must confess that I thought it was settled that Don would present.

Szalita: It is settled. Of course, it is settled.

Adland: Yes, that's settled. (or Searles) But I think Alberta was bringing out something I missed, which was where we veered away from attempting to answer—

Burnham: I think the point where we veered was when it became clear that there was something I was scared of—you and you

and you. Then we didn't talk about that anymore. We talked about—

Searles: The problem with Max.

FFR: Whereas, you thought it was not so much his being scared of this or that or the other—his ambivalence—but that it was an expression of an ambivalence towards you. (to Szalita)

Szalita: Well, it was an exchange—if you want to take it right there to the dynamics, it was a question of whether I was to present Mary, and he wanted to—or, both, wanted to and not wanted to—present Max. So, automatically, it becomes an issue, of such or another degree, between both of us. I think it is a good thing to see it for what it is. But this does not mean that we did not settle the problem of presenting Max.

Adland: And I have one other thought—as to whether the ambivalence Max presents, which causes anxiety in Don—is what he is "intuitively" presenting to us today by his ambivalence about the group. He is afraid of the group, but he also wants to be accepted by the group.

Searles: Is that a reflection of Max's—  
FFR: Max to him.

Adland: Max to him to us.

Szalita: That's right. We use Max as a dramatization of our own feelings, just like we use at any point our patients.

FFR: Yes, but I think Marvin means something more. What is going here is a direct reflection of the type of relationship between Don and Max.

Burnham: I think I would feel that way about the group, regardless of whether Max was on this earth or not.

Szalita: I would say what Spinoza said, "When Paul talks about Peter,

we don't learn about Peter, we learn about Paul."

FFR: That we know. That's one of the basic teachings of analysis.

Adland: Now, next week, you start with a presentation. [End of conference]

### CONCLUDING COMMENTS

We can see each clinician's style within the group, the way each of them handles the competitive pressure in this intellectual group, all of them individually struggling to find a strong and unique voice, an authority in a small but highly competitive field, and they have chosen to focus on a patient who is

almost totally unable to compete, who swirls around in his ideas, stumbling around in a dense fog. But he is not given up for lost; medications were not yet an issue on the larger professional scene. If the reader is discovering Chestnut Lodge for the first time, or wishes to pursue further readings, I suggest the following: Fromm-Reichmann (1950); Greenberg (1964); Bullard (1959); Searles (1960, 1965, 1979); Silver (1989), especially the introduction and chapters 1, 22, and 25. This project represents one of very many issuing from Chestnut Lodge, a literature which is now falling into a forgotten swamp, and yet delving into it will inevitably change the clinician's work with each person and will create a deeper awareness of the complex forces at play as we interact with every human being.

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