

# HOW THE MIND WORKS

Concepts and Cases in  
Psychoanalysis and Psychotherapy

*Kevin Volkan and Vamik Volkan*



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# Contents

About the authors	vii
About this book	xi
1. Psychoanalysis and psychoanalytic psychotherapy: Five therapeutic principles	1
2. Id, ego, superego	11
3. Psychotherapeutic identity, confidentiality, and psychotherapist disclosure	15
4. Neutrality, transference, countertransference, counterresponse	25
5. The psychoanalytic clinician's office	41
6. Developmental levels	47
7. Defense mechanisms	57
8. Resistances	59
9. Making formulations, interpretations, and working through	77
10. The separation–individuation level and psychosocial development	87

11. Individual identity and large-group identity	93
12. Traumas and transgenerational transmissions	103
13. Two case stories illustrating transgenerational transmissions	109
14. Dreams and unconscious fantasies	117
15. Therapeutic play	127
16. Personality organizations	131
17. A story of a psychoanalysis illustrating psychoanalytic terms and concepts	149
18. Two brief psychoanalytic psychotherapy cases	171
19. A psychotherapy case with cultural considerations	181
20. Psychoanalytic ideas related to organizations and groups	191
21. Concepts related to psychoanalytic group psychotherapy	205
Coda	223
References	227
Index	245

## About the authors

**Kevin Volkan**, EdD, PhD, MPH is a founding faculty member and professor of psychology at California State University Channel Islands, where he researches and teaches courses on psychopathology and atypical behaviors, personality theory, as well as Nazi Germany and Eastern philosophy. Dr. Volkan also currently serves on the Graduate Medical Education faculty for the Community Memorial Hospital System in Ventura, CA, where he teaches and conducts research with medical residents, and as Adjunct Professor of Clinical Psychology in California Lutheran University's clinical psychology doctorate program.

He holds doctorates in clinical and quantitative psychology and is a graduate of the Harvard School of Public Health and a former Harvard Medical School faculty member and administrator. Dr. Volkan is an expert on extreme psychopathologies and has testified before the United States Senate on pathological and dangerous fetishes. He serves as a forensic psychology consultant to both state and federal law enforcement agencies. Dr. Volkan has made numerous appearances on television, radio, and podcasts as a psychological expert.

Although Dr. Volkan's clinical training and experience is in psychoanalytic psychotherapy, he has used other modalities in clinical practice. He has practiced clinical psychology as a staff psychologist in

a state hospital and in private practice. Dr. Volkan's clients included a diverse population of people representing a wide variety of socioeconomic strata and psychological distress. He has worked with people suffering from drug addiction, neuroses, and personality disorders as well as individuals suffering from autism, organic brain injury, and schizophrenia. Dr. Volkan was awarded the Sustained Superior Accomplishment Award from the State of California for his clinical work. His current practice is centered upon psychodynamic embodied dreamwork.

**Vamık Volkan, MD, DFLAPA**, was born to Turkish parents in Cyprus. Before coming to the United States in 1957 he received his medical education at the School of Medicine, University of Ankara, Turkey.

He is an emeritus professor of psychiatry at the University of Virginia, Charlottesville, Virginia and an emeritus training and supervising analyst at the Washington Baltimore Psychoanalytic Center.

For eighteen of his thirty-nine years at the University of Virginia, Dr. Volkan was the medical director of the University's Blue Ridge Hospital. In 1987, he established the Center for the Study of Mind and Human Interaction (CSMHI). CSMHI applied a growing theoretical and field-proven base of knowledge to issues such as ethnic tension, racism, large-group identity, terrorism, societal trauma, immigration, mourning, transgenerational transmissions, leader-follower relationships, and other aspects of national and international conflict.

A year after his 2002 retirement, Dr. Volkan became the Senior Erik Erikson Scholar at the Erikson Institute of the Austen Riggs Center in Stockbridge, Massachusetts for ten years.

Dr. Volkan is a former president of the Turkish-American Neuropsychiatric Society, the International Society of Political Psychology, the Virginia Psychoanalytic Society, and the American College of Psychoanalysts.

He was an inaugural Yitzhak Rabin Fellow at the Rabin Center, Tel Aviv, Israel; a visiting professor of law at Harvard University, Boston, Massachusetts; a visiting professor of political science at the University of Vienna, Vienna, Austria and at Bahçeşehir University, Istanbul, Turkey. He worked as a visiting professor of psychiatry at three universities in

Turkey. In 2006, he was Fulbright/Sigmund Freud-Privatstiftung Visiting Scholar of Psychoanalysis in Vienna, Austria. In 2015, he became a visiting professor at El Bosque University, Bogota, Colombia.

Dr. Volkan holds honorary doctorate degrees from Kuopio University (now called the University of Eastern Finland), Finland; from Ankara University, Turkey; and the Eastern European Psychoanalytic Institute, Russia. He was a member of the Working Group on Terror and Terrorism, International Psychoanalytical Association. He was a temporary consultant to the World Health Organization (WHO) in Albania and Macedonia.

He received the Nevitt Sanford Award, Elise M. Hayman Award, L. Bryce Boyer Award, Margaret Mahler Literature Prize, Hans H. Strupp Award, and American College of Psychoanalysts' Distinguished Officer Award for 2014 and Gravida 2021 Best Book Award. He also received the Sigmund Freud Award given by the city of Vienna, Austria in collaboration with the World Council of Psychotherapy and the Mary S. Sigourney Award for 2015. The Sigourney Award was given to him for his role as a "seminal contributor to the application of psychoanalytic thinking to conflicts between countries and cultures," and because "his clinical thinking about the use of object relations theory in primitive mental states has advanced our understanding of severe personality disorders." He also was honored on several occasions by being nominated for the Nobel Peace Prize, with letters of support from twenty-seven countries.

Dr. Volkan is the author, coauthor, editor, or coeditor of sixty-two psychoanalytic and psychopolitical books, some of which have been translated into Turkish, Finnish, German, Serbian, Spanish, Chinese, Portuguese, Russian, Japanese, and Greek. He has written hundreds of published papers and book chapters. He has served on the editorial boards of sixteen national or international professional journals, including the *Journal of the American Psychoanalytic Association*, and was the guest editor of the Diamond Jubilee Special Issue of the *American Journal of Psychoanalysis*, 2015.

Dr. Volkan continues to lecture nationally and internationally.

## About this book

In the literature related to helping people to have a more comfortable mental state, we see references to many types of psychotherapies, such as supportive therapy, cognitive behavior therapy, dialectical behavior therapy, existential therapy, aversion therapy, Gestalt therapy, hypnotherapy, art therapy, systematic desensitization, psychodrama, family therapy, marriage therapy, group therapy, and even nude therapy. This book examines and describes psychoanalytic concepts, psychoanalytic psychotherapy (sometimes called psychodynamic psychotherapy, dynamic psychotherapy, or insight therapy), and psychoanalytic group therapy.

Over a decade ago, based on decades-long clinical experiences starting in the early 1960s, Vamik Volkan published a textbook on psychoanalytic treatment that includes stories of psychoanalytic processes from the first to the last day of treatments of various types of analysands (V. D. Volkan, 2010). He has also written other books of psychoanalytic cases spanning the first to the last days of psychoanalysis and reporting what comes to the psychoanalyst's mind—and when cases were supervised, also the supervisor's mind—as the analytic process continued (V. D. Volkan, 2005, 2010, 2013, 2019a, 2019b, 2021a, 2021b; V. D. Volkan & Fowler, 2009). Writing total case histories allows the



reader to question the validity of the link between clinical observations, the psychodynamic understanding of them, and technical considerations based on such observations. The best way to describe major changes in a person's internal world, we believe, is to recount total psychoanalytic processes.

In addition to conducting psychoanalytic psychotherapy, Kevin Volkan has worked in a wide variety of positions with many kinds of patients in situations that were not only non-psychoanalytic but also antithetical to psychoanalysis in general. Nevertheless, even in the presence of hostility toward psychoanalytic clinical approaches, he has found that psychoanalysis offered key insights and techniques that helped the people with whom he was working.

Kevin Volkan has written psychoanalytic books exploring drug addiction and schizophrenia, as well as numerous psychoanalytic articles examining demonic possession, dissociative disorders, hoarding, personality disorders, sexual fetishes, and also non-clinical applications of psychoanalysis to Buddhism, organizational psychology, and even reality television (K. Volkan, 1994a, 1994b, 2013a, 2013b, 2014, 2016, 2020a, 2020b, 2021a, 2021b; K. Volkan & V. D. Volkan, 2022). In addition to case histories, quantitative scientific studies inform his work.

This book tells the reader how the human mind works, illustrates psychoanalytic terms and concepts with case examples, describes how psychoanalytic psychotherapy is conducted, and compares psychoanalytic psychotherapy to psychoanalysis proper. Its aim is to improve psychoanalytic psychotherapists' professional identities as well as their approaches to their patients. The book explores psychotherapeutic approaches to individuals with various types of traumas and personality organizations. It is our sincere hope that this book will be of benefit to students of all therapeutic persuasions studying clinical psychology as well as members of the general public who are interested in exploring how the human mind works.

## Terminology

We will use several terms to refer to those who practice psychoanalysis and psychoanalytic psychotherapy throughout this book. The two main terms are *psychoanalyst* (or *analyst*) and *psychoanalytic psychotherapist*

(or *psychodynamic psychotherapist*). These terms are distinguishable, and a bit of explanation is in order.

A *psychoanalyst* is someone who has received advanced training at a psychoanalytic institute beyond his or her graduate degree. A psychoanalyst has had several years of coursework (five or more in some institutes), undergone psychoanalysis themselves as part of his or her training, and has completed several psychoanalytic cases under the supervision of an experienced psychoanalyst. Requirements vary depending on the specific institute and the institute's theoretical orientation; for example, some institutes require completion of a dissertation on a psychoanalytic subject. Some states in the USA, such as New York, license psychoanalysts while most others require that psychoanalysts already be licensed in a mental health profession. However, in most states, "psychoanalyst" is a term of art reserved for those who have official training, without which a person may not hold himself or herself out to the public as a psychoanalyst. In this book, the term "psychoanalyst" (unless specifically mentioned) will refer to Freudian and neo-Freudian analysts.

A *psychoanalytic psychotherapist* is someone who holds a graduate degree in a mental health field and is licensed to practice psychotherapy. This person has undergone a training program, either formal or informal, in psychoanalytic psychotherapy. Many psychoanalytic institutes now have such training programs. These programs generally require two or more years of coursework as well as experience being supervised by a psychoanalyst or advanced psychoanalytic psychotherapist for several clinical cases. One can also become a psychoanalytic psychotherapist by taking courses on one's own and then finding a psychoanalyst or psychoanalytic psychotherapist to provide supervision for several cases. While the term "psychotherapist" is a term of art reserved for people with a mental health practitioner's license, the term psychoanalytic psychotherapist is not. That means that anyone who is a licensed mental health care practitioner, who thinks they have enough training, can use this term. Like psychoanalysts, there are many different theoretical orientations among psychoanalytic psychotherapists. However, in this book the term *psychoanalytic psychotherapist* will refer to Freudian or neo-Freudian practitioners. These psychoanalytic psychotherapists typically will

adhere to the same core principles as Freudian and neo-Freudian psychoanalysts.

A *psychodynamic psychotherapist* is someone who has had similar training as a psychoanalytic psychotherapist, but who may or may not adhere to certain core Freudian psychoanalytic principles. For instance, a psychodynamic psychotherapist may practice from an attachment perspective, where the type of relationship formed in early childhood is replayed out in adulthood. This type of practitioner may not believe in, or make use of, the understanding of drives in his or her practice. However, other psychodynamic psychotherapists may adhere to core Freudian concepts yet choose to call themselves psychodynamic psychotherapists rather than psychoanalytic psychotherapists because they may be concerned that the term “psychoanalytic” could cause confusion regarding whether the practitioner is an analyst. “Psychodynamic psychotherapist” is a loose term, and because of this we will use it sparingly in this book.

There are, of course, many exceptions to the above practitioner characterizations. For the purposes of this book, however, the above descriptions should provide some clarity regarding which type of practitioner we are describing.

Also, throughout this book we will frequently refer to psychoanalysts and psychoanalytic psychotherapists. The phrase *psychoanalysts and psychoanalytic psychotherapists* is, however, cumbersome. Therefore, we will use the term *psychoanalytic clinicians* when we refer to psychoanalysts and psychoanalytic psychotherapists collectively. We will also use the term *therapist* to refer more loosely to those who are mental health practitioners.

Another term that needs to be considered is the label we apply to those we work with therapeutically. This is a damned-if-you-do, damned-if-you-don't type of situation. Traditionally, physicians and psychologists have used the term *patient* as shorthand for those who suffer from psychopathology. Over the years, and especially after the human potential movement of the 1960s and 1970s, the word *patient* began to be seen as stigmatizing. This was especially true in an era where inhabitants of mental hospitals (i.e., patients) were part of a mental health system that often warehoused or abused people. The word patient also

has strong connections to the medical profession. In the past, medical doctors had *patients*, while other mental healthcare workers had *clients*. The use of the word patient carried connotations of the medical doctor's authority, sometimes giving rise to a *built-in transference* (which we shall discuss in detail later). This situation has been muddied somewhat by the rise of doctoral level psychologists who *see patients* but also *have clients*. The profession of clinical psychology has for much of its history been excluded from medical guild status. Nowhere has this been truer than in American Freudian psychoanalysis, which has only wholesale opened psychoanalytic training to non-MDs since the late 1980s, and only under the injunction of multiple lawsuits (Simons, 2003). Nowadays, this situation seems to have resolved itself. Non-MDs are welcome to train at psychoanalytic institutes all across the United States and typically outnumber their MD colleagues (Katz et al., 2012).

Under the influence of practitioners such as Carl Rogers, psychotherapists of all types began addressing their patients as "clients." The term "client" was seen as less stigmatizing and perhaps minimized the idea that people were suffering from psychopathology. However, the word "client" also carries certain connotations. It implies a commercial relationship between a provider and a consumer. Fuller Torrey (2011) writes that the word "client" carries with it the idea that the person is a voluntary customer of legal or financial services. As Carlos Sluzki (2000) tells us, any relationship to consumerism, "... carries with it the assumption that there is an implicitly dangerous, exploitative relationship between a naive consumer, who needs protection by a benign advocate against a conniving exploiter" (p. 348).

Sluzki goes on to explain that the word *client* derives from the Latin *cluere*, which means to listen. The connotation is that a client is someone who listens to advice. Psychoanalysis and psychoanalytic psychotherapy, the subjects of this book, should not involve dispensing advice, and therefore the word client makes us uncomfortable.

The word *patient* on the other hand, according to Sluzki, derives from the Latin *pati*, which mean to suffer. "Other associations of the word 'patient' or 'patience' lead us to the sets enduring/stoical; serene/placid, and tenacious/unremitting" (p. 351). Here, we feel we can find more concordance with psychoanalytic clinical reality.

Pamela Hartzband and Jerome Groopman from Harvard are concerned that newer terminology for patients, such as consumer or client, is being driven by the industrialization and commercialization of medical care where hospitals are run like factories. They warn that good medical care takes time and that there are multiple paths to treatment (Hartzband & Groopman, 2011, 2016). This view is also consonant with psychoanalytic clinical practice where the course of treatment is somewhat unpredictable, and the clinician needs to improvise to some degree.

A survey of physicians and psychologists conducted by Ahsan Naseem and his colleagues (Naseem et al., 2001) indicates that both physicians and psychologists preferred to refer to those seeking their help as patients, though medical doctors preferred the use of last names while psychologists preferred first names. It seems that people using psychiatric clinics also prefer the term patient. A survey in the UK showed that 77% of people attending a psychiatric clinic preferred to be referred to as patients rather than clients. There were also no subgroups that preferred the word client (Ritchie et al., 2000). However, in more mixed settings that emphasize the role of the “consumer” of mental health services, the words consumer and client were preferred over the word patient (Lloyd et al., 2001).

There is no perfect term to describe those with whom we work. Given the above thoughts, however, we are more comfortable using the term patient in this book.