



D S P P B U L L E T I N  
**Dallas Society for Psychoanalytic Psychology**  
*Exploring and promoting the psychoanalytic perspective*

4516 Lovers Lane #446 Dallas, Texas 75225-6993 \* Phone: 214-890-3351 \* www.dspp.com

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**FEBRUARY MEETING PREVIEW**

**Sarah Aberg, LMSW-ACP**

A Fascination with the Interaction of Forces  
 within the Mind: The Work of Paul Gray

This presentation will examine David Shapiro's ideas regarding the stance of the therapist in attending to both the speaker (the client) as well as his/her spoken words. Shapiro maintains that the therapist must work to avoid separating the client's words from the corporeal presence of the client. His work explores the benefits of maintaining this therapeutic stance as well as the problems that arise when one is not employing this stance.

**DSPP SPRING WORKSHOP**

featuring

**JOSEPH WEISS, MD**

**SATURDAY  
 APRIL 6, 2002**

Dr. Weiss began formulating and investigating his theory of How Psychotherapy Works more than 30 years prior to the publication of his book by that name. By studying process notes of psychotherapy, Dr. Weiss developed hypotheses regarding the therapeutic process and the conditions under which patients got better. In 1964, Dr. Weiss and Harold Sampson, Ph.D., began collaborating on empirical research to explore the hypothesis that "psychopathology stems from unconscious, pathogenic beliefs that the patient acquires from early traumatic experiences" and the belief that the patient is "powerfully motivated unconsciously to change." This "Control-Mastery" theory, more currently referred to as "Interpersonal Relational" theory, has been rigorously investigated by the San Francisco Psychotherapy Research Group (formerly the Mt. Zion Psychotherapy Research Group) since 1972. Dr. Weiss will present an overview of his theory as well as discussion of a case presented by Scott Nelson, Ph.D.

**Mark Your Calendar!**  
 Details to Follow

**DSPP/Fairhill Scholarship Competition**

DSPP will offer cash awards of \$1,000 each to an undergraduate and graduate student submitting the scholarly papers judged best by a panel of DSPP readers. Awards will be presented at the DSPP Spring Workshop, April 6, 2002.

**Submission deadline is March 4, 2002**

Awards will be presented at the DSPP Spring Workshop.

For more information visit the DSPP web site [www.dspp.com](http://www.dspp.com) or contact

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 DSPP Community Relations Chair  
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**JANUARY MONTHLY MEETING**

**Date:** Wednesday, February 20, 2002  
**Social Time:** 7:00 PM  
**Presentation:** 7:30 PM  
**Location:** Pecan Creek Office Park  
 8340 Meadow Road  
 Dallas, Texas  
**Speaker:** Sarah Aberg, LMSW-ACP  
**Topic:** The Patient is the Therapeutic  
 Material: The Work of David Shapiro

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**PROCEEDINGS OF THE JANUARY 16, 2002 MEETING**
**“THE WORK OF PAUL GRAY, M.D.”**

**PRESENTER—BAER ACKERMAN, MD  
REPORTED BY MARC L. RATHBUN, PHD**

The problem of suggestion has troubled analysts from the start. On the one hand, it undermines claims that psychoanalysis is a science. On the other, it has also been hard to imagine how treatment could work without suggestion.

Nowadays, it's accepted that suggestion can't be eliminated from the clinical situation. For some, this has led to giving up any hope of discovering truth(s) about people. The focus has instead shifted to what Dr. Ackerman nicely described as “ambience” factors in the analytic situation. This shift has resulted in alternatives like the shrugging, even “playful” resignation of the postmodern constructionists, the bluff egalitarianism of Own Renik's therapeutic collaboration, and the moist sensitivities of the intersubjectivists, to name a few.

Gray doesn't think suggestion can be eliminated, either. But he does think it can be minimized. Moreover, as Dr. Ackerman noted, Gray thinks that there is such a thing as objective truth about people and that analysis can discover it. According to Gray, this can best be accomplished through a form of defense analysis that enlists, rather than bypasses, certain functions of the ego. In a series of articles over the last thirty years remarkable for their clarity and consistency, Gray has shown that much of the interpretive technique that we've been taught has been misguided. That is, technique has failed to keep pace with the theoretical advances of Sigmund Freud's structural theory and Anna Freud's crucial additions regarding defense. As a result, the hypnotic origins of psychoanalysis have persisted uneasily but often unnoticed in therapeutic technique, with serious consequences for clinical outcome.

What does Gray consider to be suggestive in the standard technique? Here's how Lawrence Friedman (1996) puts it: “...the degree to which the analysts' interventions are designed to characterize (rather than) point....When someone characterizes a subject, he attempts to mold his perception, whereas when someone mainly points, his characterizing has an *ad hoc* pragmatic air—it is anything that will orient attention, the ultimate characterizing being left to the perceiver....By asking someone to accept a description of himself, especially of a sort that he would ordinarily reject, the analyst implicitly asks to be invested with power and trust, and, as Gary has emphasized, he

thereby invites all the other uses that a patient can make of such a figure...” (p. 326-327). This sounds just like your standard, boilerplate, making-the-unconscious-conscious interpretation, doesn't it? But that's precisely Gray's concern: much of what we typically do depends upon faith, or to put it his way, “transferences of authority.”

Dr. Ackerman, who is an advanced candidate with the Dallas Psychoanalytic Institute, noted that doing analysis Gray's way is a very exacting, rigorous procedure for both the analyst and the patient. It requires of the analyst a relentless focus on process over content, and thus necessitates giving up some of the usual pleasures attendant to mostly content-oriented speech. Indeed, one group of Gray's followers recommends that the analyst's timing be sharp but that his speech be almost “dull” (Davis et al., 1991). While process-oriented speech also has its pleasures, it requires both a major perceptual shift and a delay in order to achieve them.

To what process, then, would Gray have us attend? It is one that occurs entirely within the session. Gray regards everything the patient says in the session as a manifestation of how his or her mind is working *right then*. Gray is not concerned with whether or not an event or an experience is being reported accurately (he assumes considerable distortion) and he doesn't seem especially concerned with ultimate meanings. In fact, he believes that such concerns are antithetical to the aims of analysis: “When the analyst shifts his perspective of attention to examining the patient's thoughts on events and issues outside the analytic office as *realities*, rather than attending to them as details of the patient's stream of thought, he strongly risks tilting the point of view of the patient's ego toward an interest in *controlling behavior*, rather than toward a more fundamental analytic interest, namely, that of gaining as much voluntary access as possible to the various reaches of his mind....One way of viewing the advantage of focusing the analysis on the mind of the patient rather than on the study of the patient's behavior is that the patient can come to share the recognition with the analyst that, unlike behavior, *thinking has no limitations*: (Gray, 1994, pp. 17-18).

What Gray is watching for instead is movement, but movement of a special kind. It is a movement that suggests the possible workings of small involuntary and often unnoticed (by the patient) defensive activities, which, however, are, or potentially are, observable to the patient once brought to his attention. (Readers interested in a more detailed exposition of Gray's technical approach are encouraged to read his collection of articles (Gray, 1994), as well as a “festshrift” edited by

Marianne Goldberger (1996)).

It is because Gray is interested in events that are also observable to the patient that it is often easier to enlist the patient's conscious and "rational": cooperation in considering the implications of a sequence. Moreover, because Gray's typical intervention might be summarized as "strike when the iron is cool," the patient is safer to come back to the sequence and "take on" such discomfort as might have initially produced the defensive reaction. Gray's emphasis on finding ways to engage the analysand's ego in developing rational incentives for participating in analysis has been taken by some to promote a rather arid, "stultifying" and obsessional treatment experience. But Dr. Ackerman disagreed" done in a more or less steady fashion, Gray's for of analyzing faces both patient and analyst with very intense and often very disturbing material and feelings. This is why Gray's technique is considered by Gray himself as often not appropriate for "wider scope" patients, at least not without auxiliary, supplemental measures that would of necessity limit outcome. (For an interesting application of Gray's ideas to some of these patients, see Hutchinson, 1996.)

It should be noted that Gray is not against such measures, or even against suggestion per se. To the contrary: He believes that such procedures have an important place in psychotherapy and in modified forms of analysis and that they can and do provide substantial therapeutic benefit. But he also states that they depend upon a different mode of therapeutic action—what might be called a transference cure—than, in his language, "essential" psychoanalysis. ("Essential" psychoanalysis is a method that requires the patient to accept an existential position that some wider scope patients could never tolerate: ultimate separateness. In this respect, I remember the chill I felt when I first read Gray's second "superego" paper.)

Of course, there's some controversy as to whether or not anybody besides the wider scope patient exists today. At any rate, Dr. Ackerman prefaced his case presentation by saying that this was a "wider scope" patient but that he believed, in contrast to Gray, that supplemental measures, or parameters, did not necessarily limit what could be achieved in analysis, so long as they were temporary and the necessity for their presence was analyzed. (I'm not so sure Gray would disagree with Dr. Ackerman.)

This was an intriguing case to present in the context of a discussion of Gray's work, and it sparked a lively response from the audience. As Dr. Ackerman put it, he had presented a "non-Gray" patient who had been

treated in a "non-Gray" fashion, at least in the beginning of the analysis. Yet, he thought the case demonstrated "Gray's central points: 1) defense analysis is the best way to reach to the content of the conflicts defended against; 2) helping people expand their conscious understanding of the unconscious forces that determine their lives facilitates less neurotic living; 3) it is necessary to analyze any modifications required to engage a patient in analysis."

Because the clinical material was so detailed and honestly presented (it dominated the presentation, in fact), it was possible for the audience members to evaluate for themselves whether or not they agreed with Dr. Ackerman. Some did and some didn't. Was the patient truly someone who could not have tolerated Gray's approach during the portion of the analysis being described? Did the material mostly demonstrate the kind of therapeutic action produced by defense analysis, or was it a better demonstration of the beneficial effects of a mostly undisturbed "benign" transference of authority? And, even though Dr. Ackerman had no analyzed defenses the way Gray recommends, did he nonetheless conduct a defense analysis of some kind? Or was it suggestion masquerading as defense analysis?

Many thanks to Dr. Ackerman for such a thoughtful, clinically rich presentation.

## References

- Davison, W. T., Pray, M., Bristol, C., and Walker, R. (1996). Defense analysis and mutative interpretation. In M. Goldberger (Ed.), *Danger and defense*. Northvale, NJ: Jason Aronson.
- Friedman, L. (1996). What's at stake in the truth controversy? In M. Goldberger (Ed.), *Danger and defense*. Northvale, NJ: Jason Aronson.
- Hutchinson, J. (1996). Use of the close process attention technique in patients with impulse disorders. In M. Goldberger (Ed.), *Danger and defense*. Northvale





**ARTS COMMITTEE FILM GROUP**

**"The Sweet Hereafter"**

**Directed by Atom Egoyan**

Based on Russell Banks' widely acclaimed novel, winner of the 1997 Cannes Film Festival's Grand Jury Award, and nominated for Academy Awards Best Director and Best Adapted Screenplay, "The Sweet Hereafter" portrays the grief-stricken citizens of a small Canadian town traumatized by a tragic accident, and the insidious impact of an "ambulance chasing" attorney afflicted with his own grief and guilt. Canadian-Armenian, Atom Egoyan, skillfully develops the histories of three fathers, the secrets of the town's citizens, and the powerful roles of incest, pathological narcissism, and retaliation as the drama unfolds. The film provides a moving and authentic depiction of the grieving subjects susceptibility to convert grief and guilt into blame and monetary gain, and the resulting transformation of a community's lives and futures. The multiple determinants in a critical witness' behavior at the film's climax are worthy of much discussion. (Review by Sandra Pitts, PhD)

**Date:** Saturday March 9, 2002

**Time:** 6:30 pm (Drinks and Dinner)  
7:15 pm (Film begins, Discussion to follow)

**Place:** The Home of Alice VanHuss

**Please RSVP to:** Alice VanHuss  
972-484-4338 or 817-355-7989 or  
alicevanhuss@texashealth.org

**(Seating Is Limited)**

**YOU ARE INVITED!**

**JOIN US FOR AN INFORMAL CHAT**

WITH

**PROFESSOR ROBERT MAXWELL YOUNG**

University of Sheffield—United Kingdom

**MARCH 30, 2002**

**10 AM-12 NOON**

Originally from Dallas, Dr. Young is Prof. Emeritus of Psychotherapy & Psychoanalytic Studies, Centre for Psychotherapeutic Studies, Univ. of Sheffield and Co-Director, Bulgarian Institute of Human Relations. He has published widely in the area of psychoanalytic studies and is Associate Editor of the *Psychoanalytic Studies* journal.

Additional details to follow

**Sponsored by the DSPP Community Relations Committee  
and the Interdisciplinary Psychoanalytic Consortium**

**DSPP ANNUAL FILM FORUM**

**"The Sopranos"**

**Dr. Jennifer Melfi's Psychotherapeutic  
Treatment of Tony Soprano**

**April 20, 2002**

**7:00 pm**

**The Theater at Hughes-Trigg Student Center  
SMU campus**

**Free Admission**

Each year the Dallas Society for Psychoanalytic Psychology (DSPP) invites the community to discuss a movie from a psychoanalytic perspective. This year the discussion will center on Tony Soprano's psychotherapy with Dr. Melfi in "The Sopranos". After viewing portions of several segments from the show's first HBO season, a panel and audience discussion will explore the storyline's ethical, legal, and sexual issues. Susan Herman, MD will moderate this year's forum.

DSPP's annual film forums focus upon the relationship between psychoanalytic theory and the visual and performing arts. The film forum events are organized by DSPP's Arts Committee and underwritten by the DSPP Community Relations Committee.

**DISCUSSANTS**

**J. Douglas Crowder, MD**

Assistant Professor of Psychiatry  
University of Texas Southwestern Medical Center

**Gerald Melchiode, MD**

Clinical Professor of Psychiatry  
University of Texas Southwestern Medical Center

**Scott Nelson, PhD**

Instructor in Psychology  
University of Texas Southwestern Medical Center

**John Sadler, MD**

Professor of Psychiatry  
University of Texas Southwestern Medical Center

**Laurel Bass Wagner, PhD**

A Past President, Division of Psychoanalysis, American  
Psychological Association  
Clinical Associate Professor of Psychiatry  
University of Texas Southwestern Medical Center

**Deadline for submissions for the  
March Bulletin is February 28<sup>th</sup>**



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2001-2002**

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