



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

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FEBRUARY MEETING PREVIEW

JOAN BERGER, PHD
presenting on
Therapeutic Impasses

WEDNESDAY
FEBRUARY 12, 2003

February's meeting leads us toward Phil Ringstrom's interest in the therapeutic relationship. Specifically, Ringstrom examines those therapeutic impasses, which can arise irrespective of the theoretical orientation of the analyst, ones from which neither analyst nor analysand initially knows the way out, but from which emerge essential transformative experiences. Dr. Joan Berger is a psychoanalyst in private practice in Dallas. She will expand on Ringstrom's article and provide discussion on clinical examples of therapeutic impasses.

Readings:

Ringstrom, P. (1998). Therapeutic Impasses in Contemporary Psychoanalytic Treatment: Revisiting the Double Bind Hypothesis. *Psychoanalytic Dialogues*, 8 (2), 279-315.

FEBRUARY MONTHLY MEETING

Date: Wednesday, February 12, 2003
Social Time: 7:00 PM
Presentation: 7:30 PM
Location: Pecan Creek Office Park
8340 Meadow Road
Dallas, Texas
Speaker: Joan Berger, PhD
Topic: Therapeutic Impasses

REVIEW OF JANUARY MEETING

"PSYCHOSIS/SEVERE PERSONALITY DISORDERS"
with
LARRY THORNTON, MD

Reported by
PATRICIA WOOD, PHD

At DSPP's January, 2003 meeting, Larry Thornton, M.D. presented *Psychosis/Severe Personality Disorders*, an excellent contribution to our continuing discussion of the work of Robert Hinshelwood, M.D. He focused on a discussion of Dr. Hinshelwood's paper, *The Difficult Patient: The Role of Scientific Psychiatry in Understanding Patients with Chronic Schizophrenia or Severe Personality Disorder*.

Dr. Thornton is a graduate of the Dallas Psychoanalytic Institute. He is the Medical Director of Psychiatry at Zale Lipshy University Hospital and on the Faculty at UT Southwestern Medical Center at Dallas.

In his paper, Dr. Hinshelwood argued that the current "scientific attitude" in psychiatry may be counterproductive to effective treatment of "difficult patients", i.e., patients with schizophrenia or severe personality disorder. It may represent a method for distancing the mental health professional from his own uncomfortable encounters with the patient. "The 'difficult patient' is a label that does not connote a configuration of clinical signs and symptoms.... It is a way of describing the state of the professional during the encounter."

While agreeing with Hinshelwood that attitudes toward patients and treatment atmosphere around them can negatively or positively influence treatment outcome, Dr. Thornton did not lay the blame for negative attitudes and treatment atmosphere exclusively at the door of the "scientific attitude." He argued that all of us are reductionistic all of the time, so being "scientific" does not mean being especially reductionistic. According to "Darwin's dangerous theory," we need to ask, "Is the reduction helpful or not?"

Thus, thinking scientifically about a patient with schizophrenia or severe personality disorder does not automatically prevent sensitivity. Dr. Thornton quoted



Martin Buber as suggesting, "When you look at a person as a 'thou' not as an 'it,' you do not have to forego any other mode of contemplation." Human beings do have to think from one perspective at a time, but that does not eliminate consideration of other perspectives. Dr. Thornton did agree that the language used may become restrictive and limiting. Therefore, we must be careful that "I - Thou" does not devolve into "I - It."

What is necessary is to appreciate the multi-faceted complexity of patients with schizophrenia or severe personality disorder. To illustrate this point, Dr. Thornton described the familiar composite picture of the Mona Lisa made up of hundreds of small photographs. There are many pictures within the picture of "the difficult patient."

Also, we must always appreciate that we are reasoning from one particular perspective and that other perspectives exist. Dr. Thornton used quotations from such diverse sources as Socrates, Basil of Caesarea, and Karl Barth to illustrate the general point that a wise man is wise because he knows he is not wise. There is no single path to "the truth." We never really have *the* formulation of the patient.

Dr. Thornton summarized several case examples of "the difficult patient" to illustrate his points. The first was that of a severely depressed woman experiencing hallucinations and paranoid ideation. She did not respond favorable to any medication, but her condition seemed to have a strong biological component. Her husband interfered with her treatment in such a way as to induce in Dr. Thornton a feeling of helplessness, which he thought could be similar to what the patient was feeling. Therefore, he told the patient, "I feel like you; I don't know what to do." The psychotic patient responded with concern for him: "Oh, I'm sorry." Immediately, she began getting better and came out of her psychosis in a few days time. Dr. Thornton concluded that the assumption that the biological component was more important than the dynamic component was in error.

A converse case involved another severely depressed woman who sat in her room and would not do anything. There seemed to be a strong dynamic component to her difficulties, including willful oppositionality. With behavioral therapy, she got worse and worse. A colleague decided to order a brain scan, and a brain tumor was discovered. As Dr. Thornton said, both cases are cautionary tales about assumptions and perspectives, "scientific" or otherwise.

Dr. Thornton concluded with the observation that sometimes patients only start to get better when the

clinician gives up. Our gratification at using our skills can be offensive to the patient. When we give up, the patient may be able to sympathize with us and become a colleague.

Dr. Thornton's warm, conversational delivery created an atmosphere where audience members obviously felt very comfortable talking about their struggles with "difficult patients", and a rich discussion ensued.

Very effective presentation! Elegant, erudite, accessible!

FREE TRIP TO DIVISION 39 SPRING MEETING

Graduate students in psychology and anyone who knows a graduate student, please read on. DSPP is joining with Section IV (the Local Chapters section) of Div. 39 to sponsor one graduate student in psychology for the Spring Meeting (April 3rd-6th, 2003). There is no cost at all for the student.

This will be an excellent opportunity for a student to hear wonderful speakers, as well as to see how Div. 39 operates to support psychoanalytic psychology both locally and nationally.

The only requirement for being selected is simply to express an interest by calling me, Steve Patrick, at 972-934-1485. Due to the need to make flight reservations, etc., a selection will need to be made soon, hopefully by March 1st at the latest. (If more than one student expresses an interest, the executive committee will decide in a fair method for selecting the one student.)

DSPSW Spring Ethics Panel *An Exploration of Case Vignettes*

Presenters

Joan Berger, Ph.D. and Marc Litle, M.D.

(Format will include substantial time for discussion)

Saturday, Feb. 22, 2003

Registration - 8:30
Program: 9:00- 12:00

Location

SMU, Dallas Hall, Room 138

CEU's available.

Cost: \$30 (May register early or at the door)



The Dallas Central Library presents

**JASPER TEXAS:
The Healing of a Community in Crisis**

EXHIBITION OPENING CEREMONY and PANEL DISCUSSION

with

Dr. Ricardo Ainslie, Sarah Wilson, and members of the Jasper Ministerial Alliance

**THURSDAY
FEBRUARY 6th**

6:30-9:00 pm

(duration of the show Feb 6th-Feb28th)

LOCATION

Dallas Public Library/ J. Erik Jonsson Central Library
1515 Young St Dallas, Texas 75201

On June 7, 1998, in the outskirts of Jasper Texas, three white men in a pickup truck dragged a black man named James Byrd, Jr. to his death. The horrific nature of the crime shocked the nation and threatened to fragment this small East Texas town.

Despite extensive media coverage, few are aware of the vital role that Jasper's churches and community leaders played in unifying their town during this difficult time.

Writer and psychologist Ricardo Ainslie, Ph.D. and documentary photographer Sarah Wilson present a photographic exhibition comprised of twenty-four black and white images as well as interviews with several members of Jasper's Ministerial Alliance, law enforcement officers, elected officials, and other citizens of Jasper.

This presentation honors the efforts of those individuals who worked to keep the peace in their town following the murder of Mr. Byrd. It also aims to foster community discussion and reflection regarding race relations, healing and reconciliation. Jasper can serve as an example of how a community can prevail in the most challenging of times.

Jasper, Texas: The Healing of a Community in Crisis Exhibition Opening Ceremony and Panel Discussion with Dr. Ainslie, Ms. Wilson, and members of the Jasper Ministerial Alliance: Thursday, February 6 from 6:30 to 9:00 p.m.

Duration of the photographic exhibit February 6-February 28, open Sunday 1-5 p.m./Mon-Thurs. 9-9/Friday, Saturday 9-5.

For additional information phone 214-670-7800.

Websites: <http://www.dallaslibrary.org/central.htm> or <http://www.ricardoainslie.com>

Jasper, Texas: The Healing of a Community in Crisis is sponsored in part by the Texas Council for the Humanities, the Trull Foundation, The Cartright Foundation, the University of Texas at Austin and the Proj-Jex Gallery. The Dallas exhibition and program are **supported in part by the Dallas Society for Psychoanalytic Psychology Arts Committee**, the Greater Dallas Community of Churches, and the University of Texas Southwestern Medical Center.

Deadline for submitting items to the March issue of the DSPP Bulletin is February 28th

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2002-2003**

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