



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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Volume XX Number 3

February 2004

MARCH MEETING PREVIEW

WEDNESDAY MARCH 18, 2004

WILLIAM LYNCH, MD
presenting
Treatment Goals / Life Goals

In February, we will take a look at the impact of the therapist's/analyst's hopes and wishes for the patient as they relate to termination and treatment outcome. Fantasies of cure in the mind of the clinician as they relate to short as well as long term outcome for the patient will be examined. Other related questions and issues are: whose agenda really takes precedence in the treatment; how do we handle within ourselves knowledge of the patient's limited interest in changing themselves (i.e., patient resistance); are we able to acknowledge to ourselves our satisfaction or disappointment over treatment successes or failures; if a treatment fails, are we able to grapple with not knowing for sure why it failed; how do we handle the tension of not really knowing how long we have to work with a particular patient. William Lynch, MD is clinical professor of psychiatry at UT Southwestern Medical School, president of the Dallas Psychoanalytic Society, and in private practice in psychiatry, psychoanalytic psychotherapy, and psychoanalysis.

Reading:

Ticho, E. A. (1972). Termination of psychoanalysis: Treatment goals, life goals. *Psychoanalytic Quarterly*, 41(3), 315-333.

MARCH MONTHLY MEETING

Date: Wednesday, March 18, 2004
Social Time: 7:00 PM
Presentation: 7:30 PM
Location: Pecan Creek Office Park
8340 Meadow Road
Dallas, Texas
Speaker: William Lynch, MD
Topic: Treatment Goals / Life Goals

NOVEMBER MEETING REVIEW

STEPHEN SCHERFFIUS, MD
presenting on
Reality 101
Reported by
PATRICIA WOOD, PHD

Stephen Scherffius, M.D., a long-time member and supporter of DSPP presented our November, 2003 program: *Reality 101*. Dr. Scherffius is a clinical professor of psychiatry at UT Southwestern Medical Center at Dallas and a training analyst at the Dallas Psychoanalytic Institute. He maintains a private practice in psychiatry, psychotherapy, and psychoanalysis.

Noting the title of the program: *Reality 101*, Dr. Scherffius chose to start his lecture with the beginning of all reality, before the big bang when "there was no then then." At the time of the big bang, the universe expanded from a size smaller than an atomic nucleus to a few light years across in less than one second. Today, most of the universe remains a mystery, made up of dark matter, which exerts a mysterious gravity but does not interact with light, a cosmic Rorschach for wondering about the universe.

Here we are on a planet miraculously tuned to permit life. With the possibility of huge numbers of universes out there, why did we hit a royal flush here? At the beginning, this planet looked nothing like it does now. There was only one continent, but then plate tectonics changed it all. What about the origins of life itself? Did it begin with natural chemical reactions on the surface of minerals, and what did the original algae eat? Then there is the evolution of humans. Are we the most successful species because we are the most aggressive or the most loving?

In all of this, the most mysterious phenomenon is that of one's own death. Psychoanalysis speaks extensively about loss and grief, but has little to say about dealing with one's own death. Psychoanalysts die at a slower rate than other physicians, but the ultimate death rate is 100%. A longitudinal study at Harvard compared the happy well to the sad sick, and the prematurely dead. The happy well smoke and drink less, exercise more, are

thinner, more educated, and more frequently married. They are more likely to be future oriented, forgiving, empathetic, interactive, and have more mature defenses. Yet even the happy well eventually die, as will the universe itself ultimately. And what then, if there is a then, then?

Starting with this cosmic overview, Dr. Scherffius moved on to the more mundane reality of resource limitations and their influences on the course of psychoanalysis and psychoanalytically-oriented psychotherapy on this particular planet these days. The two assigned papers focused on discussions of accommodations to the “realities” of managed care and the influence of insurance payments or threats of non-payment on psychoanalytic treatment. Dr. Scherffius found them annoying, irritating, and attempts at “turning sour lemons into lemonade.” In his inimitable, mild-mannered way, Dr. Scherffius described the papers as attempts to rationalize adaptations to pathogenic parental authorities in the form of managed care intruding into psychoanalytic treatment and turning therapists into sick patients themselves.” “Is this a position of integrity?” he asked.

In Dr. Scherffius’ view, the papers trivialize psychoanalytic treatment and reduce it to management of the frame beset by malignant outside influences. The secure frame resting only on addressing limitations from outside it on financial resources is an oxymoron in his view. While it is certainly necessary to deal with practical limitations, psychoanalytic treatment is focused on other aspects of the patient’s life. Dr. Scherffius objected to changing the paradigms of psychoanalysis, i. e., finding the meaning of reactions to managed care is not psychoanalysis. Dr. Scherffius reached the conclusion: “If I want to do any analytic therapy, I can’t do it in that milieu – managed care.”

The presentation evoked a very active discussion period with the audience. It focused on whether or not successful psychoanalytic treatment can be conducted in the context of managed care insurance payments. Dr. Scherffius maintained that it cannot. Others held an alternative view that external reality considerations of various kinds always impinge on the treatment and the question is how they are handled especially in the issue of weaning the patient from treatment. Analysts and patients may maintain the fantasy that there are not third parties out there and what is damaging is the shared fantasy that the patient does not have to wean. Instead patient and analyst need to be confronted with the

eventual necessity of weaning. Dr. Scherffius countered with the argument that the treatment needs the fantasy of non-weaning and that we face the dilemma of “cuddly vs. Edgy” forms of psychoanalysis and slow or fast disillusionment. There was overall agreement that every treatment faces limitations but disagreement about the degree and types of limitations that the treatment can absorb and remain psychoanalytic.

The discussion went on to consideration of the conflict and ambivalence that therapists experience with the business aspects of psychoanalytic work even though these aspects inevitably impinge on the treatment. Someone even suggested consideration of return on money and the question of whether psychoanalytic treatment is worth it. However, when business and insurance, and not the patient and the doctor, sit down to do the valuing, there is bias involved as well. Finally, the point of view was expressed that we as therapists have so much conflict about business that we split off something real from the therapy and play out our countertransference problems with the business aspects.

JANUARY MEETING REVIEW

STEVE PATRICK, PSYD

presenting on

Money Matters

Reported by

ANNALISA MARTIN PASK, PHD

Staying true to his resolutions for DSPP’s New Year, President Steve Patrick, Psy. D., generated much lively and thought-provoking discussion during his presentation entitled *Money Matters*. By peppering his presentation with well-timed questions, Dr. Patrick “primed the pump”, encouraging members throughout the talk to share their own thoughts, feelings, attitudes and experiences about money, love, and hate in psychotherapy and psychoanalysis. The result was a stimulating meeting that provided members the opportunity to explore the contradictions and paradoxes that exist around these issues and which were detailed in the papers by Muriel Dimen (1994) and Herron & Welt (1992) that were selected for this meeting.

Dr. Patrick seemed to concur with Herron & Welt who argue that “too many psychotherapists are uncomfortable with the inherent philosophy of service, namely, that they provide a specialized skill for which they deserve to be appropriately paid”. That this discomfort exists --

despite the fact that therapists have a great deal invested in being *recognized* as paid service providers -- is one of the central paradoxes detailed by Herron & Welt. Dr. Patrick and the authors of both articles stress that when therapists' conflicts and issues about money are not recognized and appropriately dealt with, the result is compromised therapy. To help alert us to the presence of some of these conflicts, Dr. Patrick illustrated several possible scenarios that might signal that our own internal conflicts about money and fees could begin to negatively impact our work with patients. Examples mentioned by Dr. Patrick (or other introduced by members) included feelings of *guilt* when we ask for and get full fees from patients (or resentment when we don't), irritation when we are asked to reduce our fees, and possible differential treatment of patients who pay full fees vs. those who don't. Struggles we might experience about charging or not charging for missed sessions, questions about when and with whom are we willing to reduce our fees, and anxieties that may arise when we need to refer out a patient on whom we are dependent for needed income were also discussed as examples of possible conflicts about money and fees in the therapist.

Dr. Patrick then attempted to delineate some of the questions that arise in ourselves when we experience some of the above struggles. He encouraged us to look at such questions as "*why* we got into the field of psychotherapy?" -- spurring on further questions about possible needs to see ourselves and have identities as altruistic helpers rather than as "cold-hearted" business people -- acting as if the two were mutually exclusive. Dr. Patrick also discussed other needs which we may attempt to satisfy through our work, including needs to make a living, for autonomy, respect and prestige, for intellectual stimulation, for self-esteem and, as others pointed out, at times, felt needs for an outlet for our own aggressive impulses.

After raising many interesting questions, Dr. Patrick opened up the floor for discussion. One of the most engaging lines of discussion focused on whether we as psychotherapists defined ourselves more along a *professional model* or a *business model*. One member was quick to point out that professions *are* businesses, while another agreed but felt that as professionals we were obligated to a higher standard that a purely business model would dictate. Specifically, he felt a professional model dictated that we keep patients' best interests at heart, whereas a business model employed a more *caveat emptor* approach. The first member attempted to illustrate his position that the practice of

psychotherapy was no different from any other business (that it was all trade, business or commerce) by arguing that most of us, if we were to move to another city where the standard of living was higher, would charge a higher fee than we do here. In this case, it would be difficult to argue that this decision was based on the *patient's* best interests! Furthermore, he argued that our need to see ourselves as somehow "above" business stemmed from narcissistic conflicts within ourselves. Perhaps, as Dimen suggests, some of the difficulties stem from our conflicts around "selfishness". She notes most of us seem to believe that "people who trade in money are supposed to be on good terms with selfishness; helping professionals are not" (p.74). Instead, she asserts that therapists like to think of themselves as valuing money only as a means to ensure a "modest standard of living" (p. 74), denying more avaricious feelings. Along these lines of thought, Dimen pointed out that Freud himself appeared to have his conflicts about "selfishness" at least largely resolved. She reminded us that Freud stated "that he finds it 'more respectable and ethically less objectionable' (Freud, 1913) to avoid the *pretense to philanthropy* customary in the medical profession and to acknowledge straightforwardly his interests and needs" (Dimen p.72, italics added). The question as to whether therapists are better off thinking of themselves more as professionals (a value added term) or as businesspeople was left unresolved, providing, we hope, grist for future discussions.

Still another member further peaked members' interest and discussion, suggesting it was tension between a libidinal view of oneself and one in which aggressive drives dominate that led to psychotherapists' conflicts in the arena of fees and money. Furthermore, the member argued, our fee is the vehicle through which we expressed our aggression (appropriate and/or sublimated) toward our patients -- a fact we as therapists may like to ignore. Others members stressed that the fee was one of the major components of the frame of psychotherapy, representing a major boundary or limit on the therapeutic relationship and giving it its unique character and definition. The importance of exploring what money and fees mean to patients, within the frame, was emphasized by several members. They noted that if we as therapists avoid money matters, then we collude with patients in denying the meaning and importance of money in both our internal and external worlds. Ultimately, of course, the major point of agreement among members was that the issue of money was fraught with all kinds of meanings for both therapists and patients, including (but not limited to!) issues of

aggression, greed, competition, power and/or the denial of all these meanings.

In bringing this topic to the membership for discussion, Dr. Patrick helped to remind us that though we often treat issues that arise in psychotherapy around money as psychologically determined in our patients, we all too often dismiss them as primarily practically or logistically determined for ourselves. His presentation, along with the readings selected for this meeting, brought into bold relief dynamic issues and conflicts of therapists themselves that center on money. In addition, Dimen's excellent and thorough discussion of the topics of love, hate, and money in psychoanalysis emphasizes that psychocultural considerations and contradictions regarding money are also deeply embedded in the very fabric of our work with patients, influencing us both consciously and unconsciously. Members are encouraged, if they have not already done so, to plumb Dimen's article for further valuable reflections and insights about these issues.

Dr. Patrick's openness and willingness to discuss the sensitive and personal issues surrounding money and our psychotherapeutic work appeared to be well received by his audience. The spirited discussion generated in the meeting on January 21 clearly illustrated that issues and conflicts about money and fees strike a deep chord among many, if not all, of DSPP's members. Indeed, it appeared that both within and among our member, this topic could present fertile ground for more in depth discussion and exploration. Thanks go to Dr. Patrick for a stimulating and informative presentation and for helping to create an atmosphere of collegial participation and questioning.

Dimen, M. (1994). Money, love, and hate: Contradiction and paradox in psychoanalysis. *Psychoanalytic Dialogues*, 4, (1), 69-100.

Freud, S. (1913). On beginning the treatment. *Standard Edition*. 12:123-144. London: The Hogarth Press, 1958.

Herron, W. G. & Welt, S. R. (1992). The philosophy of service. In *Money matters: The fee in psychotherapy and psychoanalysis* (pp. 34-38). New York: Guilford Press.

Thanks to Dr. Pat Wood and Dr. Annalisa Pask for their generous contributions this month.

Deadline for March is February 29th
Check the DSPP website for recent additions
www.dspp.com

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2003-2004**

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Send address changes or membership inquiries to:

DSPP Membership
4516 Lovers Lane #446
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Or contact Avery McManis
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12700 Preston Rd,
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