

Psychodynamic Faculty & Alumni Reunion

October 24-26, 2008
Cambridge, MA

- * Enjoy Boston, fall foliage and cool weather;
- * Relax and share good times with Fielding friends and faculty;
- * Participate in an experiential workshop with CEUs on intersubjectivity in psychotherapy;
- * Share memories of the Fielding Community; and
- * Discuss what the Alonso Center can do for your career in your community.

We hope the Center will become a post-graduation place that provides meaningful ongoing connection that vitalizes your life and allows your experience to vitalize and helps others. So, we hope at the reunion to reconnect, socialize, laugh and play and learn together, and spend part of our time thinking about how the Center can connect most meaningfully with you over time.

Open to all alums, including those who just want to sample ideas and re-connect.

For more information, go to: http://www.fielding.edu/about/alonso/boston_reunion.pdf

What's At Stake in the Re-Diseasing of Addiction?

Sam Osherson and
Marilyn Freimuth

Addiction is a brain disease: this conclusion has been amply broadcast in the media, including a cable channel special series and prominent magazine cover stories. Even the government is promoting this position. The Recognizing Addiction as a Disease Act of 2007 now in front of Congress proposes to transform the National Institute on Drug Abuse into the National Institute of Diseases of Addiction.

Calling addiction a disease is not news. Alcoholics Anonymous (AA) always has espoused this position. Portraying addiction as a disease has the virtue of moving beyond the shame and stigma associated with behaviors that people crave and find difficult to control. AA never took a formal stance on the nature of the disease of alcoholism—that task was left to scientists, who claim the answer has been found: addiction is a brain-driven disease.

The news is that portraying addiction solely as a

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Marilyn Freimuth, PhD

...*Re-Diseasing* (continued from cover)

brain disease carries real health dangers for us all: it overlooks the difficulties in human relationships and personal identity that are at the root of many addictions. Addiction can be a way of managing a sense of powerlessness and threat in interpersonal relationships. It can be a means of sedating feelings that are otherwise too powerful to endure, feelings of self-hatred, low self-worth, and fears and anxieties about one's place in the world.

We're not denying that biological factors are involved in addictions. Genetic predispositions make some people more

Calling addiction a disease is not news. Alcoholics Anonymous (AA) always has espoused this position.

vulnerable to psychoactive substances and the body does make adjustments in response to long-term ingestion of any kind of substance. Yet, the human brain exists in a person and a person exists within a complex web of relationships, needs, and desires. As William Cope Moyers, author of *Broken*, a memoir of addiction, cogently pointed out at an MIT research conference on the biology of addictions: after all is said and done, "I was born with a hole in my soul."

This controversy in the addiction field mirrors a more general fault line in health care approaches to illness and patient care. Psychiatry and psychology are in the midst of an ongoing debate between "brain" versus "mind" approaches to mental illness. The biomedical approach appeals to managed care companies because if mental health problems like addiction are organically-driven diseases, then they are fairly easily (read cheaply) treated by drugs and medical interventions. This contrasts with "talk therapies" that view mental health issues—such as addictions—as rooted in difficult relationship, problematic life events, self-doubt, and distorted thinking. But even when the best treatment is a medical regimen, there is still the personal. Studies repeatedly show that compliance with any medical regimen depends on the

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Catching up with...

Alum Rivkah Lapidus

Rivkah received her Ph.D. from Fielding in 2005. Her dissertation was entitled, "Retrospective Attachment and Adult Attachment Style in Nontreatment Heroin Users: A Comparative Study." She currently makes her home in Somerville, MA and hopes to attend the Psychoanalytic Alumni Reunion in Boston in October. She writes that, "I currently work for North Charles Mental Health and Addiction Services, an agency that I was with for several years in the 1990s when I worked at their methadone clinic. My dissertation was about heroin use and attachment."

I was drawn back to the agency after seeing a film they had done about methadone treatment—4 client narratives—and realizing that I missed that sort of ground-level harm reduction work. Now I do outreach to the homeless and low-income population, providing substance abuse assessment and treatment. Most of the people—the guys—that I see are living at the YMCA. I am also developing a low-threshold art-based "psychoeducation" group for women in the area such as those at Shelter, Inc, the YWCA, and so on, so that they can begin to connect with some form of treatment.

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We welcome suggestions about possible future Center offerings. Contact Dr. Sam Osherson with ideas and suggestions (sosherson@fielding.edu/617-354-1330). To discuss gifts and contributions to the Center contact either Dr. Sam Osherson or Anne Kratz, Director of Development (akratz@fielding.edu / 805-898-2926).

The Alonso Center at the School of Psychology Fielding Graduate University

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Dean of the School of Psychology

Raymond J. Trybus, Ph.D.

Writer

Sam Osherson, Ph.D.

Center Director

sosherson@fielding.edu

Founder

Anne Alonso, Ph.D.

aalonso@fielding.edu

Design & Edit

Phil Beneker

<http://www.fielding.edu/whyfielding/ci/alonso.aspx>

Freida Fromm-Reichmann award scholarship

Is the Implicit Relationship one of the “Common Factors” of Psychotherapy?

Debbie Lawrence

In *The Present Moment*, Daniel Stern (2004) proposes that a significant part of the change facilitated by psychotherapy takes place in what he calls the “shared implicit relationship” between therapist and patient. The implicit relationship is the therapist’s and patient’s mostly nonverbal and usually tacit knowledge of what-we-do-in-the-room-together.



Debbie Lawrence

Stern proposes that what happens on the implicit, experiential level is an essential part of the change process, along with traditionally recognized explicit, verbal activities such as interpretation. He proposes that the implicit is fundamental to the explicit since it determines *what we can talk about*.

Stern also proposes a new and original phenomenology that describes experience in terms of fairly discrete episodes called “present moments.” Each is micro story of about three to ten seconds, entailing both a problem and an outcome. Like all experience, the therapeutic experience happens in moments. The shared implicit experience can itself, he argues, be mutative because it generates new experiences that recontextualize old ones, changing not just their meaning but how they are experienced.

I believe that Stern’s idea of implicit relationality operates within several of the “common factors” which have been proposed to account for therapeutic change across the various psychotherapeutic orientations.

For instance, the *therapeutic alliance*, the most commonly suggested common factor (Grencavage and Norcross, 1990), seems to be built and maintained partly on a tacit and micro level. Strup and Binder (1984) attempted manualized

training in behaviors intended to build and maintain a strong relationship between client and therapist. However, a year of intense training improved neither outcome nor alliance. One implication of Strup and Binder’s study and others, may be that overt techniques—such as interpretation of resistance in psychoanalysis—cannot be used to effectively maintain the alliance without some form of cooperation on an implicit level. Similarly, *opportunity for catharsis*, another a commonly proposed common factor, is intersubjective in the sense that implicit intersubjective relationship has a profound effect on what emotion will be expressed.

Hope, another of the common factors, can also arise through intersubjective experience. Stern proposes that new ways of being together occur frequently in therapy and contribute to incremental change. Significant learning also takes place following what he calls “now moments.” Most present moments in psychotherapy, as elsewhere, represent business as usual within the intersubjective framework established so far. Now and then, there is what Stern calls a “now

moment.” Something happens outside of the established intersubjective repertoire, and what comes after that can significantly expand the dyad’s ways of relating. Maybe the patient asks a probing personal question, or shares experience of a major tragedy. If the therapist responds in a way that is authentic and fully meets the moment, something new has happened. The newness is experienced intersubjectively. There is an expanded sense of what is possible in the relationship. In these ways, the implicit relationship not only facilitates change, it is part of the change process.

It might be possible to learn more about “now moments” and their repercussions using the Critical Incident Technique, a

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The Frieda Fromm-Reichmann Award

The Frieda Fromm-Reichmann award was established through the generosity of Anne and Ramon Alonso to honor Fielding student excellence in psychoanalytic scholarship. It is awarded annually in recognition of particularly creative and original student seminar papers and dissertations.

... *Catching up with...* (from page 2)

Most of the work with these folks is about establishing an ongoing connection. Often they are from prison pre-release, or from other addiction treatment programs and have not lived on their own successfully in a long time, if ever.



Rivkah Lapidus, PhD

I am not working as a psychologist per se, although I find my background in clinical psychology is very important. The system—government, health care—sets up a complete bifurcation of mental health care vs. substance abuse care, which I think does a disservice. I like this kind of work and feel suited to it. I was watching bits of that HBO thing, “In Treatment” and my

reaction was—yuck!—I really don’t want to do *that*.

In terms of working with theory, social psychology trumps internal conflict theory. There is little that appears classically “analytic” about my approach, which is more interpersonal and not very formal (and more natural to me). I have always thought that attachment theory had more to say about the need for the society to provide a secure base, than it did about internal object relations and the unconscious. I used to argue with Anne about this. It would be hard to ignore the society’s role in the problems of homelessness, addiction and criminality in this work.

Clinically, I do see high levels of shame, and not very much sociopathy in the homeless/post-prison population. I think I encounter more sociopaths outside of the identified outlaw population!

I am always striving for the “right” balance of art and psychology.

See my website: www.rivkahlapidus.com for more on that! A

... *Implicit Relationship* (from page 3)

qualitative research method that has been used for designing or improving practices in a number of fields. CIT is based primarily on interviews, the basic unit of analysis being an event that’s recalled as significant in some way (e.g., see Bryne, 2001).

I’m not suggesting that the common factors can be reduced to implicit intersubjectivity, or vice versa. For one thing, common factors elements can be negotiated explicitly as well as implicitly. The alliance, for instance, is partly established and maintained via explicit explanations, suggestions and agreements.

One of Freud’s goals was to make the unconscious conscious. The implicit knowledge that Stern describes is mostly outside awareness and yet not part of the dynamic unconscious. It’s a form of non linear irrationality that is mostly unconscious, but not because it’s repressed. Stern’s work helps us see that there seems to be a background layer of human experience, one that occurs between patient and therapist, that can neither be ignored nor fully known, and which very well be crucial to the therapy situation. A

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“Fortunately analysis is not the only way to resolve inner conflicts. Life itself still remains a very effective therapist.”

— Karen Horney

The Alonso Center Newsletter invites submissions from Fielding faculty, students, and alums. Debbie Lawrence is an advanced graduate student at Fielding and Dr. Alice Bartlett is a recent graduate. Both are this year’s co-winners of the Freida Fromm-Reichmann award and offer creative speculations from their recent scholarship at Fielding.

The Life Dream of Women Psychoanalysts

Alice Brand Bartlett, PhD

Alice Bartlett is in private practice in Topeka and a Training and Supervising Psychoanalyst with the Greater Kansas City Psychoanalytic Institute.

What makes a young woman—or a child—want to become a psychoanalyst? It's not an obvious decision. In addition to today's competitive health care market, psychoanalytic training involves at least four years of course work, supervised psychoanalysis with three patients and one's own personal training analysis. Most individuals begin psychoanalytic training after having *already* completed professional training as a psychiatrist, psychologist, or social worker. When researching the literature for my dissertation, I found a lot of work on specific issues such as supervision or the training analysis. Yet, even though currently the majority of psychoanalytic students are women, I discovered no literature discussing gender issues in psychoanalytic education. So, my narrative dissertation examined the development of a psychoanalytic identity in a group of women who graduated from American Psychoanalytic Association affiliated institutes during the years 1995-2000. (For details of sample and methodology, see Bartlett, 2008).

What I found is that women psychoanalysts in my sample were highly likely to fantasize about career roles in childhood and adolescence and develop an occupational dream by early adulthood. As children and adolescents, these women were highly likely to imagine themselves helping others in some professional way (i.e., doctor, nurse, veterinarian, teacher) as they fantasized their adult selves. This finding contrasts with earlier research that found that women had difficulty articulating an occupational life dream, a growing sense of the adult self that becomes elaborated over time and fostered by partners and mentors, because of their commitments to marriage and family. I found it fascinating how 'budding analysts' created dreams of

caring for others, therefore combining an occupational dream with a relational dream.

In contrast to earlier literature that suggested that women had difficulty finding mentors, the women in this study frequently identified both male and female mentors throughout their lives



Alice Brand Bartlett, PhD

who were critical in their development. Given that so many women noted important mentorship figures outside of their families of origin, perhaps this group had a particular talent for forming close, intimate relationships that predisposed them to focus their

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...Life Dream of Women... (from page 5)

aspirations. This finding may also reflect the changing societal emphasis on sexual equality, whereby both men and women encouraged women's work aspirations in addition to or in place of marriage and a family.

The timing and reasons for entering psychoanalytic training varied significantly within the participant group. Some women were inspired by analyst teachers and supervisors and sought training immediately after completing their formal training. Others worked as mental health professionals for a few years until they felt the need to enhance their skills.

Although there was no one path to becoming a female psychoanalyst, I could identify certain trends that enhanced the development of a psychoanalytic identity based on the participants' stories. (1) Early life experiences such as conflictual family relationships or early losses seem to predispose one to become curious about oneself and others, to seek a way to understand and master these experiences and to want to help others. (2) Exposure to psychoanalytic concepts early in one's intellectual development (such as in adolescence or undergraduate years) opens the door to a new way of thinking about oneself and others, even if the concepts at first may seem strange. (3) This academic understanding of the mind is strengthened by a personal treatment experience with an analyst, even if the treatment is not a formal psychoanalysis. (4) Psychoanalytic supervisors early in one's professional training serve as important role models demonstrating the usefulness of these intellectual concepts. (5) Direct contact by an institute faculty member, inviting the clinician to apply for training, may provide an important message that she is respected and seen as capable to do advanced training.

Although their psychoanalytic training was lengthy and personally challenging, most respondents characterized the process as transformative, especially their training analysis. For

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Osherson Fellows at Winter Session 08

Wayne Herner, Psy.D is Chief Psychologist and Director of Psychological Services for the State of Kentucky Department of Corrections, where he oversees the entire psychology and mental health services provided in Kentucky's state prison system. He also maintains a private forensic and clinical practice. He applied for an Osherson Fellowship because of his interest in understanding the possible application of psychodynamic principles to the evaluation and treatment of violent offenders.



Osherson Fellows Wayne Herner and Dan Jones (with Judith Schoenholtz-Read, Sam Osherson and April Fallon)

As an Osherson Fellow at Fielding's Winter Session, Wayne took seminars in group process and therapy, the social unconscious and Western religious history, case conceptualization integrating CBT and psychodynamic perspectives, and Lacan and the nature of desire, plus he participated in many aspects of Fielding's learning community along with other graduate students. Wayne found that his Fielding experience "exceeded my expectations... it was intense in very good ways and opened my eyes to the ways that I perceive people." Being part of a community of learners for a week left Wayne eager to bring back what he's learned to the prison population in which he works and grateful for the "genuine caring of faculty for students."

(Continued on back cover)

...Re-Diseasing (continued from page 2)

relationship between doctor and patient.

As our country struggles to fix its health care system, psychologists and health care consumers need to attend to the crucial implications for health care that are entwined in this controversy over the basic nature of addictions. Access to doctors whose primary focus is on drugs and the biology of illness will result in a very different system than one that values the role of relationships in health, illness, and patient care.

What's the prescription? Psychologists need to help educate consumers that if the problem is an addiction, seek help from someone with whom you can develop a strong bond. Getting off the substance and preventing relapse requires that treatment providers attend to the kinds of self-deficits and relational brick walls that plague people with addictions both before and after addiction treatment.

More generally, health care consumers need to look at the relational skills of primary care physicians and the specialists who treat them. As consumers, we shouldn't hesitate to ask for the time we need to explain the symptoms that distress us. We need schools that train our health care providers to teach the value of relationship in returning to and maintaining health. *Ac*

...Life Dream of Women... (from page 6)

instance, one woman described a moment in her psychoanalysis when she became suddenly frightened and re-experienced a childhood trauma that she had long forgotten. Analytic work promoted by this experience provided significant relief of a lifelong physical symptom. Surprisingly, only one woman was in analysis with a woman training analyst. Since psychoanalytic training at APA institutes had been limited primarily to physicians until 1996, the paucity of women physicians meant that few women became psychoanalysts in that generation. And the few women in leadership roles in psychoanalytic institutes often were mentors, supervisors and friends of the women in my sample.



Sam Osherson, PhD

The majority of participants were highly satisfied with their psychoanalytic careers. Several women had become or were in the process of becoming leaders and training analysts at their respective institutes. But a sizable number who were invited to move into these roles declined in order to sustain a more balanced life, preferring to spend time with their families rather than taking on the added responsibilities of committees and teaching. Finally, in spite of tremendous culture change that has disparaged psychoanalysis and emphasized other treatment modalities, the majority of respondents believed that psychoanalysis remained a viable career option for women. One woman emphasized how psychoanalytic training provides an intellectual community that keeps her from feeling isolated in her solo practice. Another woman commented, "It's worth every penny. I think the education that you get, even if you never become an analyst and you use it for writing poetry or whatever you do. It enriches your life. It gives you a tool for handling emotions and viewing life." *Ac*

"The ability to be in the present moment is a major component of mental wellness."

-- Abraham Maslow

Although there was no one path to becoming a female psychoanalyst, I could identify certain trends that enhanced the development of a psychoanalytic identity...

Ask the Alonso Center

We invite you to submit your questions to us

We'd like to hear from you!


What would you like to see in the newsletter? What articles do you like? What are your questions about the Alonso Center at Fielding Graduate University? What would you like to know about individual or group psychotherapy, parenting, social issues, teaching or the School of Psychology?

Send us your questions and the faculty will provide answers in a subsequent newsletter (please specify if you would prefer an answer by personal e-mail or if you authorize publication of the question and answer in the newsletter).

Please send all questions to sosherson@fielding.edu

...Osherson Fellows (from page 6)

Dan Jones, Ph.D. ABPP, is Director of the APA-approved Counseling and Psychological Services Center at Appalachian State University in Boone, NC. He is a licensed psychologist in North Carolina, Virginia and California with twenty-one years of post-doctoral experience, working primarily within an integrative/eclectic orientation.

Dan came to Fielding's Winter Session eager to deepen his clinical work and understanding, and with some uncertainty about what it would be like to return to graduate-level study after so many years of practice. He also participated in seminars on group process and therapy, on the social unconscious and on case conceptualization, as well as a seminar on Jung and Jewish Mysticism in psychotherapy. Dan said he felt "profoundly changed" by his experiences at Fielding, "in ways that I'm going to be thinking about for a long time." Dan brings back to the Counseling center an awareness that "when something happens in a group or staff meeting, I'm much more likely now to see it as a group phenomenon than just as about this person or that. I've gotten a lot of insight into how groups operate. Dan found the Fielding community "very welcoming—not only the graduate students, but the faculty and staff. There was real engagement among all the people present!" 

The
**Alonso
Center**
for Psychodynamic Studies



Dr. Sam Osherson
263 Concord Avenue
Cambridge, MA 02138

Faculty

Margaret Cramer, Ph.D.

Boston, MA

Sandy Drob, Ph.D.

New York City, NY

April Fallon, Ph.D.

Philadelphia, PA

Marilyn Freimuth, Ph.D.

Chicago, IL

Ruthellen Josselson, Ph.D.

Baltimore, MD

Sherry Hatcher, Ph.D.

Ann Arbor, MI

Sam Osherson, Ph.D.

Cambridge, MA

Stephen Ruffins, Ph.D.

New York, NY

Judith Schoenholtz-Read, Ph.D.

Seattle, WA

Ed Tronick, Ph.D.

New York, NY

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