

Relational Supervision Revisited

Winter Session '10

What is effective supervision of psychotherapy? Supervision is a key element of our career development as psychologists, both at the level of initial graduate training and then as our careers unfold. If you want to work in a dynamic frame—paying attention to the affective undercurrent—it is crucial to have a “holding environment” that contains the vulnerabilities and anxieties that the work brings alive within ourselves. And, of course, supervision can be a powerful way of understanding the case itself.

Friday evening of WS, the Alonso Center provided the second in its series of presentations on supervision. This event was a follow-up to the SS exploration of “relational supervision,” as demonstrated by faculty member Judith Schoenholtz-Read and Fielding student Jason Boothe. In July, Jason presented his work with a suicidal woman in her forties with a history of sexual abuse, whom he had been seeing for a number of years.

This time, Judith began by asking Jason where he would like to start. And she informed the group that they'd take 45 minutes, ending the live supervision at twenty minutes of the hour.

Jason said he wanted to focus on what had happened with the case since they'd last talked, particularly “my own impulses to engage the patient and to retreat from her.” Over the previous months the patient's insurance ended and she stated that wanted to end the treatment. Several hours after their last session, Jason received a message from the patient that she'd not left the building. “She'd been sitting in the lobby of my office suite all afternoon and needed to see me. She said she couldn't make it back upstairs. I hesitantly agreed to go downstairs. She was in great physical pain and said she feared she couldn't leave the office to get to her car. We talked and I got her to her car, though I was worried about her driving. With her permission, I called her husband and informed him to expect her home soon.” Several weeks passed, during which Jason received emails from the patient and then a request to meet again. He hesitated, saying that his schedule was full.

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The 2010 Adele and Louis Osherson Fellows

Every year at Fielding's Winter Session, the Adele and Louis Osherson Fellowship is awarded to two individuals seeking training in psychodynamic ideas and theory. The Fellowship is oriented toward professionals in a variety of disciplines without a background in psychoanalysis. This year's two Osherson Fellows were Lynn Ramsson, who is the Chair of the Health Department at the Steward School in Richmond, VA., and Sonia Alvarez- Robinson, who is an advanced graduate student in Fielding's HOD program and an organizational consultant at PricewaterhouseCoopers, LLP based in Atlanta, GA, where she also teaches at the Morehouse School of Medicine's Master in Public Health Program.

Both Fellows were immersed in the life of the Fielding community during our Winter Session in January in Santa Barbara. Both Fellows took seminars on group process and counseling, multicultural psychology, and trauma psychology. In addition, each had daily meetings with their faculty mentors, Dr. April

Fallon and Dr. Judith Shoenholtz-Read. In reflecting on her experiences during the week, Lynn mentioned how her seminar work, "pushed me to look deeper at who I am." Sonia referenced the "process of getting comfortable with the unknown and trusting the process that emerges in groups." Both left Fielding with valuable insights they hoped to apply to their work and personal lives. As Sonia put it, in reference to her own teaching, "I feel more attuned to understanding what's underneath the situation when students don't stick to the topic, that they may be trying to go somewhere that is important in the educational process. I think I can be somewhat less controlling, more free-form."

In return, Lynn and Sonia gave something precious back to the Fielding community: an awareness of the impact psychodynamic thinking can have on two bright, creative people who are engaged in careers that focus on helping people and transforming society in a positive direction.

For more information about the 2011 Osherson Fellowship application or to consider a donation to support this program, contact Judith Schoenholtz-Read at jbsread@fielding.edu

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).

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

The Alonso Center at the School of Psychology Fielding Graduate University

Vol. 8, No 1 April / May 2010

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Supervision ... (continued from cover)

Judith encouraged Jason to focus on his conflict about the patient coming back. He talked about the good work they had done together but also his fears of intrusion from the patient. "I did offer her another time but felt dread and hoped that she would not show up."

Judith asked whether Jason had any dreams about the situation. Jason indicated not at night, but he had visions of pulling into the parking lot and seeing the patient sitting in her car. Or finding her sitting in the waiting room of his office. "That she'd always be around the next corner, wanting back in to my life."

Judith wondered about abandonment in the supervision, whether she had herself left Jason to struggle on his own after their last supervision in July. He responded that at times back home, "I'd felt you there, but when I went into the waiting room to find the patient there, I felt you were NOT there." Jason talked about his anger at having to go downstairs to get his patient, how unsafe he felt down there and "just wanting to get her up into my office, into my space. The lobby isn't my space."

Judith said she found herself holding her breath as she listened to Jason talk about his anger and fear in that moment with the patient. "You wanted to be a tough guy and cut off your fear, yet you were scared, at a point with the patient where you're not clear where it's going to end." She suggested that they explore the fear. Jason described in detail the fear he'd be sucked back in and couldn't get out of the interaction." The feeling that he didn't have the energy to engage, nothing left to offer her.

Judith speculated that he and she were in a similar dance in the supervision. "We can't be in an ongoing relationship because of the format. You're working both

with me and without me." She then asked Jason as to what he imagines would happen if he arrived and the patient was sitting in her car in the parking lot.

Jason remembered back to the suicide threat that had occurred early in the treatment, and all the insecurities he'd felt as to whether he'd been any help at all to the patient. "If she stays away, I can engage in the fantasy that she's ok. If she showed up in her care, somehow I'd fail again and I'd be devastated by that." He then spoke of the part of the patient that "I really love, after all our work together."

"Hope is destroyed if she kills herself," Judith reflected.

"I don't want that to happen."

"That's the sad part"

A long silence followed.

Judith asked Jason what it's like to be talking with her now, in the supervision.

Jason said that talking in the supervision is like taking her back into treatment. "Part of me is angry at you. I felt like after the last supervision that this case should be done." Judith encouraged Jason to explore his anger, which he did, acknowledging the wish to yell, the feeling of being really pissed off that he had to go back into all this painful "stuff" with the patient, here in supervision.

Judith acknowledged that Jason's anger really fit. She couldn't be there, and there had been a real break of months between these sessions. Jason had had to struggle with a lot alone. She then told Jason that "we've come to the end of our session. Actually, we're ten minutes over our time."

A lively discussion followed in which the group explored the connection between what they'd just witnessed and their own supervisory experiences. One student commented that the conversation and feeling between Jason and Judith was "so different from my supervision in my practicum. There it's all case conceptualization, like a boss giving me an assignment."

Another student commented that in her experience, supervisors never offered self-disclosure. "Wow! I never had supervision like that. The freedom to express my emotions. My supervisor has lots of clinical knowledge but a short attention span, so I have to talk real quick to make sure he listens." Another student felt her supervision was more about her supervisor than the therapy case: "I spend a lot of time having to let my supervisor vent his anger; I feel I'm the container for his anger at a lot of systems issues."

A key dynamic issue surfaced, rooted in the parallel process between therapy and supervision. We explored how Judith and Jason had enacted in the supervision the same blurring of boundaries that had happened in the therapy. That is, the time boundary was violated in the same way as the space boundary had been violated in Jason's office. Jason's anger at Judith only emerged after they went over the time boundary. This led to a discussion of moments in therapy when boundary violations produce the opportunity to explore issues of anger and rage in the therapy.



Dr. Judith Schoenholtz-Read



Jason Boothe

A Conversation with Dr. Irvin Yalom

Fielding's Winter Session Community Meeting

On Friday of Fielding's Winter Session, Dr. Irvin Yalom joined us for an informal conversation hour during morning community meeting. Despite the early hour, the hall was packed with students and faculty. Dr. Yalom is one of the world's best known psychotherapists and writer on group therapy, existential-psychodynamic therapy, and other topics. Dr. Ruthellen Josselson, in introducing Dr. Yalom, told the community that the city of Vienna, Austria, recently reprinted 100,000 copies of his book, *When Nietzsche Wept* and distributed them city-wide as part of their annual Book Fair.

The ensuing question-and-answer discussion was free-wheeling. Referencing the epigram that begins his book, *Staring at the Sun* ("The physicality of death destroys us, but the reality of death saves us") a student asked Dr. Yalom about the role of death in human psychology. Dr. Yalom replied that the issue of death is one of the four basic concerns (along with the meaning of life, existential isolation, and the responsibility of freedom-). Socrates claimed that preparing for death allows us to prepare for life. If we awake to the "brute fact of our mortality," we can learn to face our life with all its possibility and choice.

Dr. Yalom provided a picture of his own struggles to come to terms with death. In preparing to write *Existential Psychotherapy* in the 1970s, he realized that he didn't have much experience with people approaching death and dealing with that basic human concern. Dr. Yalom noticed that in the everyday course of therapy,

patients didn't talk much about their attitude towards death. So he worked for much of a decade with terminal cancer patients, particularly in group settings. He learned that there can be real changes in personality structure and the way we live our lives in the confrontation with death. "They said "no," more to things they didn't want to do. They spent more time with people they loved. There was less social anxiety than before. As one man put it: "cancer cured my neurosis." Yalom talked of an awakening experience, the European Existential position that the awareness of our mortality opens us up. Dickens' *Christmas Carol* is one literary example of this process.

The discussion evolved as another student asked Dr. Yalom about his view of the roles of authenticity and self-disclosure in psychotherapy. Dr. Yalom acknowledged that he had a different take on the subject than many in the field. He differentiated three different kinds of self-disclosure: about how therapy works, about the here-and-now of therapy, and about the therapist's personal life. He suggested that most of us can agree on the importance of the first: preparing our patients for psychotherapy, explaining how it works and how it can be helpful. We can reduce anxiety by reducing ambiguity and explaining what we do. The second kind of self-disclosure has to do with the here-and-now in therapy. Yalom argued that we need to be disclosing of how we feel about the patient as we work with them, to the extent it is helpful to them. Yalom offered the example of a patient whose meticulous and sculpted way of speaking left him in awe, and somewhat intimidated. Over time, though, Yalom felt that the man's speech also distanced the two of them. He raised with the patient the feeling of awe and distance that he felt, leading to a very productive dialogue about the man's way of relating to others.

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Dr. Irvin Yalom ... (continued from page 4)

In response to a student question about the role of group therapy in outpatient care, where the composition of the group can change from meeting to meeting, Dr. Yalom reflected on his own experience as the Director of an outpatient unit at Stanford University Hospital. While there, he developed a model for leading the group as if the entire life of the group was happening in one session. He would ask, in beginning: what can we accomplish in one session? The focus was on the here-and-now. The first third of the group involved everyone formulating an agenda of what they wanted to work on, in relation to the other patients. The focus might be, for example, on how isolated someone felt in their life, and how that theme was present for them in the group. The rest of the group was working through as much of the agenda as possible. In Dr. Yalom's inpatient work, residents observed from a separate room the patients group and afterward the patients observed the residents discussing their group. The latter opportunity raised a lot of feeling on the part of the patients and many felt that observing the residents was the best part of the group experience.

A final question focused on Dr. Yalom's view of the training of psychologists, particularly in view of the burgeoning emphasis on the empirically-validated treatments. Get students into their own individual and/or group therapies, he advised. He emphasized using group leaders who were not in evaluative positions when running groups for psychology trainees. He also advised psychologists to look on psychotherapy as a resource throughout their careers, and described the many times he look to varying therapeutic approaches to help him confront maturational crises.



Dr. Irvin Yalom and Fielding President Dr. Richard Myers

In relation to EVT's, Dr. Yalom urged the audience to review the considerable research literature validating psychodynamic psychotherapies, including the recent article in the *American Psychologist* by Dr. Jonathon Shedler. In a coincidence of timing, Dr. Shedler is the Alonso Center invited speaker at Fielding's Summer Session in July in Kansas City. So, we look forward to continuing discussion of the empirical validation of psychodynamic therapy in our next newsletter!



One Student's Opinion: The debate on torture in the psychology community

Jason Boothe

We welcome thoughtful dialogue at the Center. We ask students and faculty to submit thoughtful, provocative essays on timely topics. The opinions are not necessarily those of Fielding Graduate University or the Center, but we feel the issues are important to consider and debate. We welcome as well responses from readers.

The general principles underlying the entire APA ethics code are listed as: Beneficence and Nonmaleficence; Fidelity and Responsibility; Integrity; Justice; and Respect for People's Rights and Dignity (APA, 2002). If this is the stance of an "ethical" psychologist, why did the APA spend so much time debating its position on torture, when torture clearly is in conflict with all of these guiding principles? Can psychologists uphold our basic ethical tenets when asked to operate within a system that violates these tenets?

For the American Psychiatric Association, the answer was loud and clear. In his 2006 presidential address, Steven Sharfstein, M.D., declared unequivocally, "psychiatrists will not participate in the interrogation of persons held in custody" (2006, para. 26). It's troubling to me as a psychology student that conversely, the APA in 2007 released a statement to a U.S. Senate Select Committee on Intelligence asserting "Conducting an interrogation is inherently a psychological endeavor.... [and is]

For many, this is a reasonable position. Greene and Banks (2009), both military officers as well as psychologists, acknowledge that it should be an individual psychologist's decision to participate in the interrogation process. However, they argue that as psychologists we have a duty to "teach, coach, affirm, and enforce the use of safe, legal, ethical, and effective

"psychiatrists will not participate in the interrogation of persons held in custody"

interrogation techniques..." (p. 29). Reflecting on the events at Abu Ghraib, they assert, "To knowingly allow that set of dynamics to exist again without psychological oversight is clearly unethical. Just because the job of psychological support to interrogation is difficult and requires interpretation of some vaguely defined concepts, this does not mean that we should not be doing it" (pp. 29-30).

This position led to a backlash among within the psychology community¹. In 2008 the APA amended their official position against torture, stating that "psychologists are absolutely prohibited from knowingly planning, designing, participating in or assisting in the use of all condemned techniques..." (APA, 2008, para. 4). To help define and clarify, the APA references the most widely accepted definition, written by the UN Convention Against Torture in 1984:

Any act inflicted by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. (United Nations, 1984)

Can psychologists uphold our basic ethical tenets...?

central to this process.... Psychologists have valuable contributions to make toward the goals of preventing violence and protecting our nation's security through interrogation processes" (APA, 2007b).

In April of this year, James Bray, Ph.D., President of the APA, reaffirmed that "It is a clear violation of professional ethics for a

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psychologist to have played a role in the torture of CIA detainees... The central tenet of psychology's code of ethics is, like that of medicine, to do no harm" (Bray, 2009, para. 2). Although this appears to be a clear denouncement of psychologists' participation in torture, the question remains as to whether and how these violations will be enforced².

According to a survey of records (between the years of 1997-2000) by Amnesty International, there were reports of torture or ill-treatment by state officials in more than 150 countries (Amnesty International, 2008). Because these actions are regularly concealed and difficult to document, this is certainly an underestimate.

According to Dr. Manuel Balbona, Executive Director of the Center for Survivors of Torture, "a child born in the world today has a 90% chance of being born in a country that condones the use of torture in some form" (personal communication, April, 4, 2008). As a person who has worked with victims of torture, I feel it is imperative to examine how something like this can occur.

Torture and social context

Torture occurs within a cultural and social context. It breaks the connections between individuals and their social environment. It separates the bonds of community (Center for Victims of Torture, 2005). From the time we are born, we are part of a culture. Our culture helps dictate norms, values and beliefs that each shape how we come to know ourselves and those around us. Individuals determine the appropriateness of everyday actions largely by those with whom they share values react. In this context, aggression, perpetrated in a socially (and culturally) sanctioned manner and against socially sanctioned targets (others) becomes acceptable. For example, if decisions of right

or wrong and good or evil are based on whether or not someone is "like me" or "not like me," actions on others (as well as their effects) are more likely to be overlooked, or even accepted.

Torture ... breaks the connections between individuals and their social environment.

This dynamic leads to the sanctioning of torture. One does not have to look for very long to find someone who is of a different ethnicity (or tribe), political, or religious affiliation than him or herself. Cultural rules that foster aggression against others seem to begin with the idea that humans "almost unerringly locate the sources of evil in others." (Hulsey & Frost, 2004). The notion of good is typically located in the self, along with the cultural and interpersonal identifications. If good is located within self, culture, and interpersonal identification, then bad must therefore be located in other people, races, and religions (Dasgupta & Greenwald, 2001). It is this idea of "like us" and "not like us" that can foster solidarity. However, it is that same group solidarity that can lead to tolerating acts of aggression against others. In this sense, the price to pay for not being part of a group is to be painfully, and possibly dangerously, alone.

The effect of torture on the individual and the community

What about those who are the victims of torture, a weapon of repression designed to monopolize power? The media often portrays the use of torture to extract information or the "truth" from individuals.³ Yet the primary purpose of most torture practiced systematically against a citizenry is to gain or maintain power and control by silencing any opposition (Center for Victims of Torture, 2005).

"like us" and "not like us" ... can lead to tolerating acts of aggression against others

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The story of Niko

The individual who experiences torture is often forced to live in a state of chronic fear and at times, paralysis. This has a chilling

I met Niko when I first began my work with victims of torture. Niko is a 42-year-old male from an African country with extreme ethnic tensions. He was born in a small village, and by his account, led a fairly happy childhood. At the age of 30, he and his family came to the United States so that he could pursue a master's degree in religious studies. During his time in the U.S., he and his wife had a second child.

...the victims of torture often keep conflicted feelings to themselves out of fear...

Upon completion of his studies, Niko and his wife returned home with the hope of starting a church. Niko and his family worked hard to raise money so that they could begin to build a church in their community. Before the church was completed, however, Niko was visited by the local Mungiki leader⁴.

effect on both the individual and the community in which he or she lives, and leads to a reality steeped in distrust, fear and loss. One begins to lose his or her sense of self, and likely, also a sense of community. Some of the more common effects of torture on both the individual and the community can include: silence or denial about what occurred, constriction of social networks, and possible isolation, chronic fear, conflict among community members, and, at times, with families themselves, apathy and hopelessness (Center for Victims of Torture, 2005).

The Mungiki leader insisted that Niko cease building the church and publicly denounce his religious beliefs. Over time, Niko was increasingly harassed and his family threatened. At one point, the Mungiki kidnapped his daughter, and told him that they were going to rape and kill her. They also threatened to mutilate his wife's genitalia if he did not burn down the church.

People who are the victims of torture often keep conflicted feelings to themselves out of fear of being misunderstood. On the one hand, they long to go home and be with family and friends; on the other, friends and family are at a loss for how to react. Often, the grief experienced by family is so unbearable that people become indifferent to the victims and their stories. Unfortunately, disbelief and disinterest are all too common reactions (Mollica, 2000). When we are confronted with that which we have no basis to understand, we struggle to create meaning around the event so that we can place it in a context that is familiar to us. Often, this attempt at meaning-making is created and expressed in the form of storytelling (McAdams, 1993). Individuals create narratives in an attempt to keep their sense of self together. But what happens when there is a disrupting experience? What happens when something occurs that is so outside of our experience, we struggle to make sense of it?

Niko decided to burn down the church in hopes that the harassment would end. One night, Niko came home and found that his neighbor had been decapitated, and his head had been impaled on a stick in front of his house. Niko soon discovered from friends that the Mungiki had killed his neighbor, thinking it was him. At this point, Niko, his wife, and two children left everything and fled to the United States.

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Niko is a 42-year-old from an African country with extreme ethnic tensions

Torture... (continued from page 8)

When Niko first came to the Center for Survivors of Torture, he saw himself as exactly that—a victim of torture—and not much more. If, as McAdams, asserts, humans are storytellers, the therapy room can become a place to re-author one's story. It can provide a space for saying the unsayable, giving a means to express the trauma experienced, and begin to provide a sense of knowing how to proceed with life. Perhaps

Niko... saw himself as a victim of torture—and not much more

most importantly, it provides a way to re-associate that which was dissociated in memory into a context of storylines with beginnings and endings. As White (2002) eloquently states, "...at first islands, then archipelagos, then continents..."—these are the places that are created so that people can begin to talk about the trauma (p. 19).

As for Niko, having just arrived to the Center, he still struggles with the identity of "torture victim;" however, he is beginning to again find those things which he held most dear—his belief in God, the strength of family, and the support of others within his community. He is rediscovering his sense of self as a whole person, not just a torture victim. It is too early to tell how Niko will re-author his story, but I am looking forward to the day when this story will have both a beginning and a resolution for Niko.

As a beginning, Niko said that coming to the Center and meeting people so willing to help is restoring his faith in human beings—faith that he did not possess on the first day we met. Perhaps Niko has not yet found his island, but he has found a sandbar with which he can begin to find his island. The resiliency of the human spirit is an amazing thing.

What I have learned from working with individuals who have been on both sides of the issue, is that there is very little difference separating those involved in torture and those who are victims of torture. I think it is the role of cultural training and perhaps wishful thinking that may lead us to believe that our

strength of character would keep us from engaging in an acts of torture; however, very few of us are ever going to be in such a situation, therefore I believe it is easier to say. Alternatively, we may imagine that our intelligence would have helped us find a way to escape victimization. These beliefs propagate the idea that the person who is broken by torture is defective in some way.

The primary issues involved in torture are moral and social. As psychologists, we have a duty to uphold the principles we claim to be at the center of our profession. As the representing body of the profession, the APA has a responsibility to be the loudest voice against this *AC* issue.

Footnotes

¹ In an open letter to the then President of the APA, Kenneth Pope, Ph.D. resigned his membership to the organization in protests to the APA's position on torture (Pope, 2008).

² For a discussion of this question see Pope, K. & Gutheil, T. (2008). The American Psychological Association & detainee interrogations: Unanswered questions. *Psychiatric Times*, 25(8), 16-17.

³ For a thorough discussion of the research on effective methods for obtaining information see the recently released Physicians for Human Rights report: Allen, S., Keller, A. & Reisner, S. (2009). Aiding torture: Health professionals' ethics and human rights violations revealed in the May 2004 CIA

**As psychologists,
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Inspector General's report. Physicians for Human Rights. From <http://physiciansforhumanrights.org/library/documents/reports/aiding-torture.pdf>

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Furthermore, O'Mara (in press) provides an illuminating discussion disputing commonly held beliefs regarding the effectiveness of torture. From <http://blogs.sciencemag.org/scienceinsider/Torturing> the Brain TiCS 2009 SOM non-proof version.pdf

⁴ The Mungiki are a politico-religious group dedicated to returning to indigenous African traditions and the rejection of Westernization, especially Christianity.



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Reflections on the Second Alonso Center Student-Alum Retreat and Reunion

During the weekend of October 30- Nov 1, 2009, the Alonso Center sponsored the Second Student-Alumni Retreat and Reunion at the lovely Omni Hotel in Richmond, VA, open to all members of the Fielding Psychology Program. Over thirty current students and alums joined Drs. Margaret Cramer, Marilyn Freimuth, Ruthellen Josselson, and Sam Osherson for a lively and stimulating weekend. Seminars focused on attending to the affective undercurrent in the therapeutic relationship, experiential group process, as well as a writing workshop to focus on using clinical experiences to develop articles for publication. Two participants generously offer their reflections on the experience.

My meeting with the mythical Prospering Alumni

Holly Carlson

Like many students, attaining my graduate education requires decent amounts of scheduling, studying, and juggling. I develop my FGU chops by completing KAs, attending cluster, and engaging with fellow professors and peers. Occasionally, the unexpected -event also colors my Fielding experience. This year's surprise was a shared elevator ride with Sam Osherson during Summer Session. While in the elevator he told me about the upcoming second annual psychodynamic reunion and clinical training weekend hosted by the Alonso Center for Psychodynamic Studies.

Fast forward several months, and imagine me arriving in Richmond for the Alonso weekend with absolutely no idea about who or what I would exactly encounter. I remember walking into the lobby of the hotel and noting several people who evidenced an air of Fielding, although I didn't recognize them as fellow students or my professors. For all practical purposes I'm sure that I was watching these individuals and imagining them to be mythical creatures, otherwise known as "Prospering Alumni". I might have surprised myself that day if I knew that those "Prospering Alumni" would become my friends, and that their

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Retreat and Reunion... (continued from page 11)

experience would inform mentoring relationships between us. In addition to valuable socializing the weekend provided plenty of opportunities for formal learning. We explored topics such as how to facilitate a psychodynamic therapy session, how to write effectively, and ways to develop and maintain a psychodynamic orientation in the work-place. Marge Cramer and Marilyn Freimuth acted as therapists and students were able to enact clients. These "hands-on" role-plays helped everyone strengthen their psychodynamic skills. After the sessions we shared meals, laughed, and shared about our professional work.



The Alonso Center's psychodynamic reunion and clinical training weekend was the highlight of my

2009 training. For any and all psychology students who seek a vibrant, nurturing environment to foster their understanding of psychodynamic work I say this: Attend the next Alonso center reunion and clinical training weekend! I have every reason to believe that after going once you will plan on attending again. And, since I will make sure that I attend the next event, I'll extend a warm welcome to you when you come.

Learning to bear the affect of the therapeutic relationship, on a Halloween weekend

Jenny Knetig

As developing psychotherapists, Fielding students appreciate the opportunity to deepen their understanding of psychodynamic theory, both academically and experientially. The Alonso Center created this opportunity in Richmond over the 2009 Halloween weekend. During the Second Alonso Center Reunion, Fielding alumni, students, and faculty explored some aspects of psychodynamic theory through dialogue and experiential process. Probably most importantly, students and alumni identified a common need: a greater connection with each other. Students learned much from these seasoned clinicians over the course of the weekend. Not only did we explore some of the

fundamentals of theory and practice, but learned more about how alumni experience their own professional growth and development. Alumni shared practical information regarding career development, as well as about their own personal process. During



the weekend one of the most important themes this writer encountered was that just like our patients, we must permit ourselves to experience the sometimes overwhelming affect and uncertainty inherent within the session, and without.

Alumni appeared to appreciate the opportunity to share their wisdom, and expressed an interest in mentoring students in an ongoing relationship. This writer thanks the alumni for their gracious, generous sharing, and thanks the Faculty for challenging us to engage more actively in our own learning as developing dynamically oriented psychotherapists. *AC*

Planning for the Third Alonso Student-Faculty Retreat and Reunion is currently underway. For more information, contact Sam Osherson at sosherson@fielding.edu

Fielding students appreciate the opportunity to deepen their understanding of psychodynamic theory

Desiring Lacan

Brent E. Hopkins

Brent Hopkins was this year's winner of the Freida Fromm-Reichmann Award, honoring creative psychoanalytic scholarship at Fielding. Brent's prize-winning essay was on the work of Jacques Lacan. We asked Brent to reflect on what Lacan's work means to him in the essay that follows.

I wish I could say that my primary impetus for tackling the work of Lacan was wanting to go to the source after having read (and often having been perplexed by) various Lacanian theorists (e.g. Kristeva and Žižek) over the years. I could even try to convince myself that the many stimulating discussions I used to have with an old friend of mine who is a Lacanian psychoanalyst from Argentina prompted me to examine Lacan's work. These explanations aren't necessarily false, but honestly, I have to cite simply my attraction to Lacan's mystique as the over-arching reason. In this, I'm like the many students in his academic orbit who felt that he had something very important to communicate, without necessarily understanding what his almost cryptic lectures signified. I imagined Lacan just as Lacan said the analysand imagines the analyst—as the “subject-who-is-supposed-to-know,” the subject who stands in for the hidden desire of the analysand and piques his or her analytic curiosity.

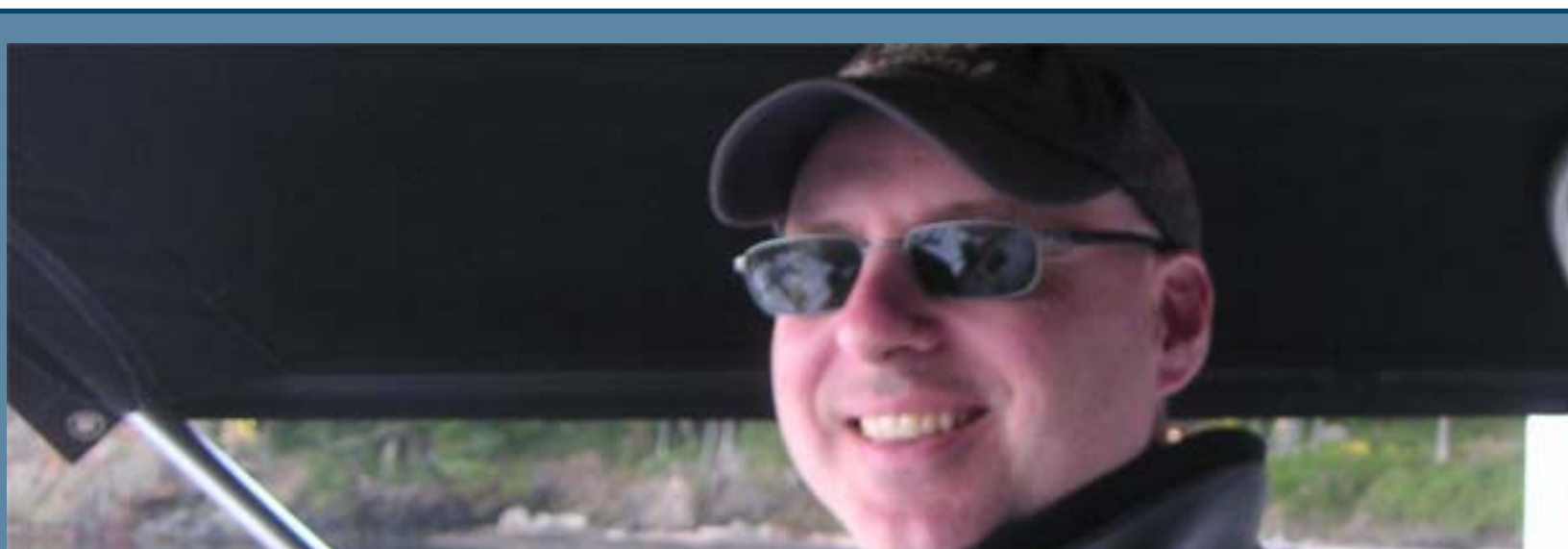
Lacan's manner of presentation, though confounding to most mainstream North American psychologists, nevertheless reveals clearly his overall aim: to offer an account of the subject of desire, the uniquely human mode of psychological being. Considering himself to be divesting Freud of his 19th century positivistic trappings and biologism, and ushering psychoanalytic thought into the 20th century, Lacan utilized philosophy, linguistic theory, and anthropology, among other disciplines, to ground the psychoanalytic subject in the cutting-edge conceptual language of his time. Through his famous call to “return to Freud,” Lacan sought to revitalize psychoanalytic understanding of the unconscious by revealing its purely linguistic foundation and characterizing the human animal as a

desiring subject whose very core of being is marked by lack and division (Lacan, 1966/2006; Rabaté, 2003; Nobus, 2003).

No concept is more central to Lacan's theory than that of desire, since it distinguishes humanity from other forms of life. Different from the concepts of need and demand, desire is utterly unable to be satisfied and represents a fundamental gap, or split, in the human subject. Desire is the engine that drives human activity, and it is the truth of one's desire that one must begin to understand in order to progress in therapeutic psychoanalysis. We are, literally, nothing but what we imagine to be the Other's desire, or rather the fantasies we had about what our primary caregivers wanted from us in the first few years of life.

Utilizing the work of revolutionary linguist Saussure (1916/1983), Lacan showed that desire and the unconscious are always already linguistic phenomena; the human subject cannot be said to exist qua human prior to its determination by and through language and the entry into the symbolic realm of meaning. That is, we cannot be said to truly exist as human subjects until we encounter the primordial Other (our primary caregiver), fantasize about what she might want from us, and have this imagined desire symbolized through the prohibition of the father (the primordial metaphor of the “father-function”).

Lacan's work represents one of the few attempts to apply the advances of 20th century philosophy's “linguistic turn” to psychology—and in the process supplying (or at least making a valiant effort to supply) the unconscious with a solid theoretical grounding. Furthermore, Lacan also offers us a thoroughly intersubjective account of the psychological subject. Although other current theorists in psychology (e.g., Stolorow, Atwood, & Orange, 2002; Buirski, 2005; Wachtel, 2008) are beginning to think in these terms, at this point most seem to lack an adequate account of language that should accompany an outline of the human subject. Proponents of the ever more popular mindfulness-based therapeutic approaches (e.g. Kabat-Zinn, 1990; Marlatt & Witkiewitz, 2008) might find an unlikely ally in Lacan. These thinkers must accept on some level—as do the Buddhists on whom they base their interventions—that humans must take



Desiring Lacan... (continued from page 13)

responsibility for their, essentially, insatiable desires. A theoretical encounter between these third-wave behaviorist approaches and the radically intersubjective psychoanalysis of Lacan, however difficult it might be to orchestrate, could nevertheless lead to interesting integrative advances.

Wrestling with Lacan—and it was truly a struggle, though a often blissful one—has left me desiring a longer, more in-depth encounter with this seminal thinker. I believe even more strongly now that the intellectual trails that Lacan blazed are too infrequently explored in mainstream North American psychology. As a result of my work thus far I have found myself paying even closer attention to language, noticing my clients' use of specific words and phrases, and choosing more carefully what I highlight in my responses. I have also become more aware of my occasional role as the "subject-who-is-supposed-to-know," or the temporary proxy for my clients' own unique, and often "dammed up," desires. In the years to come I hope to gain a far more nuanced understanding of Lacan's work and be better able to integrate his theories, where appropriate, into my clinical practice. At present, however, this project remains mostly a desire. A

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