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Faculty Advisor's Column

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The teaching of the concepts and techniques of dynamic psychotherapy to residents is a formidable task facing most all residency directors and faculty. The challenge of 'new' therapies and the revolution in neurobiology has led to a significant deemphasis in dynamic training in many programs in recent years. Where once there was relative uniformity of philosophy, a variety of approaches now abound. Medical school graduates can choose from programs that offer intensive training in psychoanalytic psychiatry as well as those that mention Freud only in passing. Most call themselves 'eclectic' and teach a potpourri of therapies that vary with faculty interest. Graduates of all these programs become psychiatrists though their clinical experiences and expertise may differ widely. The array of approaches available often leaves the prospective patient (and third party payers) bewildered.

In the book reviewed in this month's Journal, *Why Psychotherapists Fail,* Richard Chessick calls for a "radical revision" in the training of psychiatric residents. Emphasizing the importance of enlarging the "psychic field" of the resident, he proposes that "all residency training programs in psychiatry should be divided into programs for residents who predominantly wish to do psychotherapy and programs for those who do not." For the former he suggests a rigorous education in philosophy and the arts, along with intensive supervision and personal therapy.

This recommendation, first made in 1971 and reiterated without modification in 1983, as far as I know has never been implemented. While the availability of analytic training and psychopharmacology fellowships allows for post-graduate subspecialization, the conceptual underpinnings of training on the resident level often remains vague. A key indicator of a program's committment to the dynamic model is its view towards personal therapy/analysis for its residents. While Chessick sees personal treatment as the cornerstone of training in psychotherapy, recent data from residents and faculty around the country suggests that this is not a universal view.

Irwin Hassenfeld and Gregory Lavigne, from Albany Medical College in New York, recently completed a survey of program directors' views towards personal psychotherapy for psychiatric residents (1). Noting that "departmental attitudes and ambience play a crucial role in the likelihood of residents in general and troubled residents in particular being in treatment," they found that 56% of responding programs "somewhat encourage" residents to enter psychotherapy while 21% "very much encourage," and 21% took a "neutral stance." It is interesting to note that these figures vary considerably for different parts of the country, with the Southeast programs least often encouraging (5.9%) and the mid-Atlantic programs most often encouraging (31.6%). Perhaps not surprisingly, the lowest percentage of residents estimated to be in personal therapy is in the Southeast with the highest percentage being in the mid-Atlantic region.

Sidney Weissman and Philip Bashook, from Michael Reese Medical Center in Chicago, surveyed the attitudes of PGY-1 residents towards personal psychotherapy

and psychotherapy training (2). They report that "Psychotherapy was rated by 62% of all residents as the most important skill" of a psychiatrist, while 13.5% rated the use of psychotropic drugs as the most critical skill. Interestingly, despite these figures, of the resident group not planning analytic training, only 45% had plans for their own personal therapy. The authors find that this indicates that "the new psychiatrists do not understand or appreciate the role of the therapist's own self in the psychotherapy process." They conclude:

> Psychotherapy utilizing an empathic approach and based on an indepth understanding of another individual would appear to necessitate that the psychotherapist know thy self. We suggest that at the beginning of psychiatric residency training many residents are unaware of the impact of the psychotherapeutic relationship on the psychotherapist. This lack of awareness further suggests that the concept of transference as an element of therapy may be an alien concern for many new residents. It will be important to follow residents' views and actions regarding the need for personal psychotherapy. We would anticipate as residents become immersed in performing psychotherapy they will of necessity have to confront their own responses to patients and the desire to obtain personal treatment will grow.

It is, as Weissman and Bashook indicate, the central role of transference in all depth therapy that makes personal therapy/analysis so crucial for the practicing clinical psychiatrist. It is the *experiential* basis of transference—the simultaneity of the past-in-the-present—that must be personally encountered in order to be grasped and transmitted. Didactic seminars, valuable as they may be, can at best only outline technique and at worst make lifeless the mutative moment.

It is our job as faculty and supervisors to communicate to our trainees that while the mastery of theory and technique is a necessary prerequisite for the practice of dynamic therapy, these tenets are of value only insofar as they correctly guide the doctor in assisting the patient towards an experience unlike any other in life. The technique to create the 'situation' whereby a patient may cognitively and affectively discover unknown aspects of their inner life can best be taught when the student knows what that condition feels like. Without this commonality of experience, and with it the potential for transiently sharing unconscious fantasy, the danger of intellectualized and judgemental 'interpretations' looms large and a misappreciation of the therapeutic potency of dynamic therapy may be reinforced.

The most powerful method to teach dynamic therapy (though itself not sufficient) is to experience it. As the above surveys indicate, the importance of faculty attitudes toward personal therapy/analysis for trainees is an important yet underappreciated factor in determining residents' future interests and capabilities, and the direction of psychiatry for the future.

The successful treatment of endogenous depression with biologic agents has heralded a revolution in our conceptualization of the brain and has brought profound

relief to many otherwise untreatable patients. Mark Miller, in his paper, "The Use of Light in the Treatment of Depression," brings us to the cutting edge of clinical research as he synthesizes the recent findings on Seasonal Affective Disorder and its treatment by exposure to light. The therapeutic implications of arcadian rhythm physiology demonstrates the ever expanding basic research foundation to clinical psychiatry.

Termination of a psychotherapy, that is, of a therapeutic relationship, demands an exquisite sensitivity to issues of technique, psychogenetics, transference, and of course, countertransference. Forced termination is a common experience in residency programs and may be the most understudied facet of residents' training. Frederick Becker makes a significant contribution to this area with his paper, "Some Reflections on Termination: Transference and Countertransference." Through a literature review and patient vignette, he describes how virtually all aspects of the therapeutic process coalesce in termination, with the doctor's own capacity for separateness and dependable neutrality playing the pivotal role.

Bulimic behavior serves as a reminder of the self-punitive dimension to psychoneurotic symptoms and the methods of disguise that the ego uses to avoid anxiety. Regression, upward displacement, and narcissistic withdrawal are some of the bulimic's defensive responses to presumptively forbidden genital fantasies. Eric Levin, in his paper, "Bulimia as a Masturbatory Equivalent," demonstrates with a clinical case and theoretical discussion the characteristic synchronicity of symptom exacerbation with the emergence of libidinal wishes, and the acting out of the masturbatory impulse through the binge-purge compulsion.

In this issue's Interdisciplinary Case Conference, the medical and psychological aspects of Acquired Immune Deficiency Syndrome (AIDS) are discussed by members of the Department of Internal Medicine, Psychiatry, and the Philadelphia AIDS Task Force. Beginning with an update of the latest medical research, the conference broadens its focus to include the psychological impact of this lethal disease on its young victims. Stress is also given to the important role of the reactions of the medical caretaking staff.

The everyday side effects of psychotropic medications are generally well recognized by the clinician and are usually no more than a nuisance to the patient. In notable contrast, for both its obscurity and lethality, is the Neuroleptic Malignant Syndrome. Ali Hassan Ali, from Eastern State Hospital in Virginia, reports on the characteristic signs and symptoms of this rapid onset disorder. He notes the characteristic fever, leukocytosis, and elevated CPK, and in addition to a complete differential diagnosis, includes the current recommendation for pharmacologic treatment.

The Brief Clinical Reports section provides a snapshot of the resident-patient encounter. This issue's papers demonstrate creative therapeutics, the seductive obscurity of character resistances, and an unusual case report. Mary Ann Venezia, in "The Web We Weave: A Patient with Depression," reports on her efforts to make contact with a patient for whom object relatedness was at best tenuous. Through the concretization of a shared metaphor, the patient recovered by internalizing her therapist and the care shown by her. As Lawson Wulsin from Massachusetts Mental

Health Center depicts in "Psychotherapy or Pseudotherapy?" the path to learning effective psychotherapy inevitably crosses over terrain more frankly characterized as pseudotherapy. Dr. Wulsin recounts how the study of his own acted out countertransference contributed to his recognition of the emptiness of the patient's intellectualized 'insights.' Responding to supervisory pressure, he dared to challenge the bilateral protective veil of isolated effect and was rewarded with moments of mutual therapeutic hope as well as a deeper appreciation of the many faces of resistance. The multifaceted and cumulative traumatic effects of adolescent hysterectomy are outlined by Susan Ball in her paper, "The Impact of Hysterectomy During Adolescence in a Woman of Reproductive Age." In this first case report of its kind, Dr. Ball stresses the need to appreciate the variety of unconscious fantasies that are stimulated by major surgery, and their tendency to crystalize into neurotic symptoms and character deformity. The increase of hysterectomies in the young daughters of mothers who took DES underlies the importance of the study and treatment of this condition.

The new Creative Writing Section is initiated with a one-act play by John Dorn. Bringing to mind the dream-work, Dr. Dorn uses the psychiatric emergency ward as the day residue around which he creates an archtype tale peopled with a mocked but wise father, an insensitive and unreachable mother, and a pseudonaive and passive son. The power of the creative medium to capture and condense these universal constellations, as well as provide a screen which invites the projection of one's own particular fantasies is nicely demonstrated in this piece of drama.

It is with great pleasure that I announce that Mark Miller received Honorable Mention in this year's city-wide Kenneth Appel competition for his paper in this issue entitled "The Use of Light in the Treatment of Depression."

REFERENCES

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