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Letter to the Editor

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Letters to the Editor

DR. CHESSICK RESPONDS TO DR. DORN'S REVIEW OF *WHY PSYCHOTHERAPISTS FAIL*

Sir:

Thank you for a chance to see your resident-written and edited journal with the review by Dr. Dorn; and for inviting me to respond. I thought I would indeed respond, especially since the authors and editors are still in training and therefore possibly open to modification and reconsideration of their ideas.

I was of course quite shocked and taken aback by Dr. Dorn's review of my book. The book has not had a lot of reviews but those that appeared so far have been generally favorable. What was different about this review is that to my knowledge it is the first written by a resident. This was a double surprise since the residents at my institution have had quite a different reaction to the book, which I have used in teaching almost every year since it came out.

I asked myself what was so hurtful about this review and it was clear that the *ad hominem* tone was what bothered me. Obviously my book made Dr. Dorn very angry. He considered it and me both arrogant and dogmatic. I don't entirely understand why he responded in this way, and I would like to a) assure Dr. Dorn that he is welcome to look me up at the next meeting of the A.P.A. or at Northwestern and get a first hand evaluation of me and b) to go over his review a bit, if I may, to question some of his judgements.

The book proposes a radical revision of the training of therapists, *psychotherapists*, not all psychiatrists. It is addressed only to those psychiatrists in training who are interested in doing mainly psychoanalytic psychotherapy in their career. It is only their training that is discussed, not that of psychiatrists in general. Such a revision, I felt, needed both a theoretical basis and an evidential basis. That is what I tried to present in the book.

Perhaps this will clarify why I referred to a field theory; I was trying to provide a background for what I felt would be better training. So the "lofty heights" from which I start are not, I assure you, an attempt to parade as Einstein, but reflect my nervousness at trying to introduce a radical revision into a long standing tradition. I confess I was more concerned about being called a crackpot by the old-time administrators who were set in their views than by a resident, since the former have a vested interest of course in opposing radical revisions, especially if it deprives them of help on the wards. So I tried to appeal to their theoretical interests first.

I find it puzzling that on p. 67 Dr. Dorn lists my suggested curriculum for psychotherapists—please note the word suggested or "proposed" as I use it on p. 48 of the book—in which hours 2, 3, 4 are for the usual hospital duties—just below his first launch into sarcasm: "no more IV's, nor more call, no more nurses' dirty looks." I find this contradictory, and I am almost timid to point out that the name of the philosopher Diogenes is misspelled in the next line of Dr. Dorn's invective, but his question of how one gets there from here is the very point I was trying to address by proposing a curriculum and discussing in the book at length the various aspects of it. I know that it is

easy to attack the details of any such proposal and I fully would expect that each institution would modify in accord with the particular interests they have.

I did take a chapter to discuss philosophy for psychotherapists; Dr. Dorn calls this going on "at length." My book is 200 pages long; the chapter is 20 pages, including reading lists. Why the lists?—because again I felt that details were needed to help go from here to there, and some basic and specific ideas needed to be offered more than just generalizations.

As Dr. Dorn continues, he seems to be increasingly irritated with me. I must point out that I am not his teacher and that I cannot, even if I want to, give him demerits or have him stand in the corner (p. 67) as he seems to fear. Those psychiatrists with a psychoanalytic orientation would consider the transference aspects of this and wonder why it has occurred concomitantly with all the anger and sarcasm that my book seems to have stirred up. Here however, I wish to respond to Dr. Dorn as a colleague and beg to differ with him about his implication that I suggest that metaphysics should be studied by future psychotherapists because it is an "exciting subject." I tried in the book to indicate that an understanding of the epistemological foundations of psychoanalytic psychotherapy is extremely important to anyone working in that field; witness today the controversy all over the journals in our field about metapsychology, the hermeneutic nature of uncovering psychotherapy, the psychology of the self, and many other approaches to psychotherapy which differ in their essential thought foundations and postulates.

On p. 68 I am accused of using my own theory as evidence. I submit that this is simply not true. Giving a curriculum a theoretical foundation, as I discussed it at the beginning of this letter—how is this using my own theory as evidence? The "evidence" of the book is offered in the bulk of the book, using my own failures both in groups of patients and in individual patient interviews as the data; it is from these failures that I was led to a reconsideration of the whole of residency training for those who intend to spend their lives doing psychotherapy. Therefore, most of my book is clinical, not theoretical in its evidential base.

Here is the point of my book, as I clearly state on p. 92: I am inviting the reader to "stand behind me and look over my shoulder in order to discover what the psychotherapist in practice encounters." By the way, contrary to Dr. Dorn's complaint on p. 70 of his review, I *do* discuss dogmatism as a cause of failure. On p. 97 I state: "Outright failures, due to a basic defect in the therapist or the patient (or both) represent a tricky and stubborn problem as well as an unfortunate waste of money." I point out that the best hope for therapist personality traits that lead to failure, and of course dogmatism is one of them, is training and personal therapy of the therapist.

I would like to close by confronting the two ideas on which Dr. Dorn and I seem to be in flat disagreement. On p. 69 he suggests that throwing ideas at people may result in arrogance. Here I think Dr. Dorn is wrong. Arrogance is a trait of a narcissistic personality disorder; it is not caused by any superficial situation. I believe that it is always a good thing to throw ideas at people that one is training; in fact I have been teaching both college students and residents in psychiatry for 30 years now and spend much time tossing out ideas for them to consider.

Our second disagreement is on the nature of learning. I do not believe that pathos is learned by treating cancer patients; much experience with physicians indicates that they react with defensive withdrawal and loss of compassion when they work with tragic medical cases, and often this may be adaptive for good surgical skills and so on. The point is that pathos also depends on one's maturity and capacity to respond to other people. So yes, I think that residents should all have experience in hospital medicine and psychia-

try—it is in my suggested curriculum—but I don't think that is enough. This is the whole point of my book!

Finally, I wish to warn Dr. Dorn about the term "eclecticism." This term in my experience has been used by quite a number of psychiatrists to hide the fact that they don't know very much about anything. Eclecticism in the practice of intensive psychotherapy—which is what my book is about—is often quite self-defeating. For example, Kernberg presents a convincing discussion that trying to combine supportive and uncovering therapy in the same patient promotes splitting and leads to regression; an even worse danger is involved in using "eclecticism" as an excuse to combine drug therapy and intensive psychotherapy—not because this is wrong *per se*, but because when one does it one should be aware that one has introduced a parameter, which will seriously affect the transference and stir up characteristic fantasies, usually involving the mouth for example, which will then appear in dream material. The quotation from Sharaf and Levinson does not apply to my book, which, again, is not—and clearly stated not—about residency training in general but about a special program for those residents who wish to do mainly intensive psychotherapy in their career. This is stated on p. 38 of my book.

I thank Dr. Dorn for suggesting that I am unaware of my own dogmatism, and I will look carefully in my life and work to try to become aware of it; however I question whether this judgement can be made from my book. If the book fails, and since it has so far not caused any changes in residency training that I know of, it may fail, there may be other reasons for that failure besides a personality problem of mine. I am not aware of suggesting in my book that one must be a physicist and a genius to sail a boat, or for that matter to do psychotherapy, nor of suggesting a Prussian form of education for anybody. I don't know where these ideas of Dr. Dorn came from, and I would need documentation to grasp them. I do know that Einstein never laughed at even the most bizarre suggestions; he was an extremely tolerant man and actually enjoyed the play of ideas. Certainly he would never have attacked anybody physically; I cannot imagine Einstein throwing anybody overboard from his boat. But perhaps I am just an *idiot savant* as Dorn suggests the products of my revision would become.

The theme of crime and punishment runs from the beginning to the end of Dr. Dorn's review, and I find it disconcerting. However, I have written an extensive answer in the hope that some residents will reconsider my book after reading it, as if the revision in training is to occur it will have to come from them in the next generation as we older chaps retire and they move in to positions of responsibility.

I want to wish Dr. Dorn and the other residents who write this journal the best of luck for their future careers, and I hope to meet them at some future date and continue this discussion in person with them.

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 Adjunct Professor of Philosophy, Loyola University

DR. DORN RESPONDS

Sir:

First, I would like to thank Dr. Chessick for his reply to my review of his book. As he reminds us, the authors and editors of *The Jefferson Journal of Psychiatry* are still in

training. The opinions of leading professors not only enrich our learning experience, but may be of interest and benefit to the larger community that reads our journal.

Perhaps I was not as "shocked and taken aback" by Dr. Chessick's letter as he was by my review. Nonetheless, I was surprised by the nature of his complaints. I feel, just as Dr. Chessick must feel, that the meaning of our respective writing has been misconstrued. As in all such cases, adjudication is best left to the reader. I would, however, like to confront one aspect of Dr. Chessick's letter that troubled me.

Although young, I am not without the ability to reason or the right to an opinion. When I am older I may recognize my review of *Why Psychotherapists Fail* as ill-considered. To date I do not. Prior to publication, I received the support of a psychoanalytic psychiatrist of some experience who agreed with me that while *Why Psychotherapists Fail* contains some useful ideas, it is generally overwrought. There may be, too, one area in which I am qualified to speak. Most of my life I have been a student in some training program. The quality I have come to treasure most in my teachers is forbearance, a kind of tolerance of dissent that promotes growth without being too restrictive. I do not find this in *Why Psychotherapists Fail*, which I think is deceptively rigid. I am glad that Dr. Chessick's residents have found this book to be of use, and hope that others will as well. Whatever their opinion, I reserve the right, as we all should, to disagree without being discredited.

Finally, I am grateful for Dr. Chessick's offer to meet, and look forward to discussing these ideas with him at some future date.

John Matt Dorn, M.D.