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Cover Photo by Angela M Hegarty, MB BCh
AFTER THE DARKEST HOUR COMES THE DAWN

Editorial Policy for THE ACADEMY FORUM
Articles may be submitted to the editor of this magazine by anyone who wishes to write about topics related to psychoanalytic psychiatry.
Editorial Policy for THE ACADEMY FORUM

Authors who submit an article to THE ACADEMY FORUM magazine for publication agree to all of the following:

1. the editor may proofread and edit all articles for content, spelling and grammar.
2. the printing of the article in THE ACADEMY FORUM and the printing date and placement are at the discretion of the editor.
3. the author of the article may submit his/her article published in THE ACADEMY FORUM to additional magazines for publication after obtaining permission from THE ACADEMY FORUM.
4. THE ACADEMY FORUM does not normally accept previously published articles but may do so at the discretion of the editor.

Criteria for Submission:

1. All articles must be sent electronically as an attachment in a Word file (or text file) to articlesforforumeditor@gmail.com. Any pictures embedded in the file must be high quality JPG files of each picture used.
2. Articles should be 1,000 to 2,500 words in length although the editor may make exceptions. Book reviews should usually approximately 1500 words. Please note that lists and examples take up room and decrease the number of words allowed.
3. Submissions should be of interest to the membership of the American Academy of Psychodynamic Psychiatry and Psychoanalysis including medical students, psychiatric residents, academic psychiatrists, research psychiatrists, psychiatrists in private practice, and psychiatrists working in the public sector.
4. Articles should be educational, new, informative, controversial, etc. Adequately disguised case vignettes with an informative discussion are welcome.
5. Although we edit and proofread all articles, PLEASE spellcheck your document before submitting it for publication. Be especially careful with names and titles.
6. Please use a word processor such as Microsoft Word and do not attempt to do fancy formatting. It does not matter whether you use a PC or a Macintosh computer. Do NOT use old, outdated programs as we may not be able to open the files.
7. Any photographs being submitted for publication must be clear and have excellent contrast. Please include a note with names of people in the photo or a description of what it shows.
8. Electronically created images should be in JPG format at 300dpi. JPG formatted images should be actual size or larger. Small JPG images will distort when enlarged, but larger ones look fine when made smaller.
9. Since editing submissions for publication is time consuming, we ask you to:
   a. Never use the space bar more than once in succession. This includes at the end of a sentence after the period.
   b. If you want more than one space, use the tab.
   c. Space once before or after using a parenthesis. For example: (1) Freud or Freud (1)
   d. Space once before and after using a quotation mark. For example: John said, “Your epigenetic model was spot on.” Then the research ended.
   e. Any articles that contain pictures of any kind must include the actual picture file in addition to the article.
   f. If something comes up at the last minute, call or email to see if you still have time to submit your article for that issue.

Deadlines for Article and Ad Submission

- THE ACADEMY FORUM is published electronically in October (the Fall issue) and in April (the Spring issue).
- Confirmation for submissions are due seven weeks prior to the month of publication.
- Copy (articles) is due four weeks before publication

ADVERTISING

Advertising is accepted for all ACADEMY FORUM issues that is directly of interest to psychoanalytic and psychodynamic psychiatrists. Contact the Editor for advertising requests. See above for deadlines for ad submissions.

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The Academy Forum welcomes contributions from readers. All manuscripts must be submitted in computer-readable format. All manuscripts are subject to editing for style, clarity, and length. All communications, including manuscripts, queries, letters to the Editor and changes of address should be addressed to: Angela M. Hegarty, MB BCh at ahegarty@me.com.

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Email: info@aapdp.org Website: www.aapdp.org
This issue of Forum is coming to you later than usual. Reflecting on why underscores the timeliness of Dr. Ingram’s update on his committee’s plan to provide resources for members to help offset the pressures that lead to burnout.

Since starting as Editor, I have been struck by how difficult it is for many of us to take time for creative activities or even professionally helpful activities like writing. This year many of us have noticed how often our patients talk about the news of the day and how it affects them. We know they are not alone. In our lives each of us has our personal misery index as it were - those recurrent problems that come and go but are difficult to resolve completely. Whether it is medical issues or family problems, issues with administration or insurance concerns, financial, - professional or social uncertainty is a big one. When things get to be too much we can feel trapped and even defeated. We feel tapped out: anything else - like writing a paper for Forum is too much. When I reached out to ask how the pieces were coming 8 out of 10 authors told me they could not manage it. I had 2 articles: Dr. Ingram’s piece on burnout and a wonderful article about the opioid crisis addressing the issue of those patients who do not misuse opioids and who need aggressive pain management to function. The author is thinking of writing a memoir and was using the article in Forum as a way of developing his ideas for an actual audience.

Social media has been identified as more a problem than a solution in many situations. Professionals have a harder and harder time demarcating boundaries between work and personal time. After helping the author of the second piece polish his text he contacted me with very disappointing news. He had been asked not to publish it by administration. He promises to write an article for Forum after he retires. As we reflected together the dilemma of administration was all too easy to understand. The problem of social media and how fragments of the article taken out of context could “go viral” creating a world of trouble for the institution was all too easy to understand. “Going viral” refers to a phenomenon whereby a few sentences at most or an image are taken out of context and uploaded then shared in social media. As more and more people react to the fragment or image the numbers of people reacting run into the millions. The meaning of the original fragment or image changes as people react and more viewers or readers are triggered to respond. Social media is not set up to encourage a step back, a careful review or consideration of all sides but rather to foster reaction and input. Nobody except the occasional journalist is interested in reading the fragment in context. Algorithms used by social media severely limit what can be uploaded and shared. Uploading and sharing an entire article is possible on some platforms but not on those platforms associated with the viral phenomenon.

As I have educated myself about social media one thing has stood out: naiveté about its power can be catastrophic for individuals, groups even for organizations. Being well intentioned is not enough. Nor are the consequences limited to social media. Many individuals and groups feel empowered to channel their feelings into in person responses and actions in the real world (IRL). On the other hand social media is too important to how we practice these days to ignore.

When faced with certain defeat - a deadline for a publication and too few articles, the key is to have options. As editor early on I started to explore the possibilities of reframing my role to that of journalist editor. My preference is to help authors develop their texts but my first duty is to the membership: to provide useful, interesting and meaningful content in Forum and send them a magazine they want to read.

When only 1 of the 10 promised texts emerged I was already working on a few pieces for Forum myself. Given our reliance on technology another major stressor is what happens when technology lets us down. I took a week off and spent time writing. I was pleased with my work. Though already more than a month late I felt I had this one solved. To extend the metaphor about counting chickens lets just say that just when I thought I could collect a few eggs the barn burnt down! I woke one morning to find my computer was dead. One of the side effects of stress is that we neglect routine maintenance. I had not backed my computer up yet that week. Everything was lost. It took me a while to regroup, recover what I could and get the work done. Without Dr. Perman’s patience and the support of the Academy staff you would not be reading this.

It helped that I have also been conducting something of a root cause analysis of why people seem less enthused about writing for Forum. One of the keys to managing stress in a changing environment is to have more options. We have been asking our authors to write in a magazine that unlike peer reviewed journals will not gain much in academic recognition and unlike blogs will not attract the attention of colleagues interested in referring patients or patients themselves who often find us online.

Since I first volunteered for this job and then got elected as a trustee, I began informally reaching out to members I knew and began a conversation about what people liked about Forum, what they wanted to read and or learn about. In an entirely un-scientific way I wanted to listen to members as they shared their experience of our magazine. Sometimes members read one or two articles. Many enjoy the book
review section. Sometimes after a quick scan the magazine is sent to recycling. Amongst the more than fifty people with whom I spoke two issues made it to every list: social media and insurance / financial issues. Many were very interested in analysis and culture. Potential writers knew they could do better elsewhere. Residents interested in writing with a view to producing clinical case reports for journals felt an excess of time pressure. One of the outcomes of our constant availability is that people, especially residents have little time for luxuries like reflection. Slowing down feels frightening when bombarded by demands from all sides. Many asked to be taught how to blog - something almost all of us should be doing. There are many platforms willing to help us with blogs and websites. Few warn us that social media is a minefield.

Naiveté about social media is irresponsible. As Editor my job, in collaboration with the Academy is to figure out some ground rules - also known as policy for Forum. I made a decision to stay out of politics as a matter of policy. No matter how desperate I am for articles I hear this: Don’t send me right wing propaganda - don’t sent me left wing propaganda. Why? Of course, it draws readers to Forum but at what cost? Regardless of which fragment goes “viral” it is read as though representing the formal position of the Academy. In a good faith debate about a highly polarized controversial issue in which feelings run high on both sides one imagines that our membership would find themselves engaged. I might even receive a few strongly worded letters to the editor. As a former debator there is nothing I enjoy more than a good rhetorically well crafted argument especially with someone with whom I profoundly disagree. But the cost of indulging this temptation in the era of social media go far beyond the viral phenomenon.

The contributors and the Academy predictably lose control of our message of who we are and how we wish to present ourselves. We become labeled. Our responses are limited when labelling of this intensity occurs. Then there are those on the so called right and left who feel justified or merely enjoy acting IRL. I did not invent this acronym for action in the real world - and in this polarized environment the action is not limited to the publication of personal contact information or hyperbolic or even scary threats. For the most part death threats are usually hyperbolic issued with the intent to trigger feelings of fear in the targets for the purpose of silencing views the responders find unacceptable. For the most part but not always.

I see this policy as provisional. It is my goal to understand these processes and develop a policy that opens up Forum for all manner of rhetorical thunder - but not until I have learned enough to be able to know when considering something really dangerous.

In the past my personal policy was to avoid social media. Who needs it? Given the way social media and technology is changing how we practice, this is no longer an option. I have instated a plan for myself to garner sufficient knowledge skill and expertise in this area in order to bring Forum into the 21st century. For Forum authors, my long term objective is that articles will get attention on social media in a manner that does not subject the author or the Academy to unnecessary risks. To this end there are two pieces about social media in this issue with more to come.

Dr Perman is interested in social media as well - not just as a means to ensure the contributors to Forum are recognized by potential patients for example - but also for the sake of the Academy. Psychoanalysis and psychodynamic psychiatry have ceded the field to non physician clinicians who prefer a more behavioral approach. Reward tends to be proportionate to risk. At our EC meeting on October 6th he proposed that we set up a committee to study the whole question of how the Academy can identify and develop neglected opportunities on social media. These days patients are just as likely to find us via an internet search, by reading blogs or comments posted on social media platforms.

I need to hear from you about your questions and experiences with social media, about your experience with insurers and claims processing. Expect more articles from me outlining how insurance works and how you can deal with it. I am looking for people more experienced than myself to educate our members.

In this issue make sure to read Dr. Ingram’s piece about burnout. In so many ways we find ourselves entrapped and defeated - even isolated from each other because we no longer have the energy to remain engaged.

In this issue I have a piece on reflective writing - useful not only to help develop ideas for publication but also as an aid to reflection about the people with whom we work from patients to colleagues and supervisors. Reflective writing trains us to reflect even if social media pulls for an immediate response.

In our book review section we have three book reviews worth your attention: Dr. Noble reviews a classic by Franz Fanon: Black Skin White Masks. Dr. Kelly McDonald reviews Quershi’s book Reconstructing Strategy that exposes the limitations of empiricism in the light of self-psychology. Finally, we have a review of the Embodied Analyst by Dr. Meredith Naidorf.
FROM THE PRESIDENT

Dear Members of the Academy,

I am extremely grateful for the opportunity to serve as your 2018-2020 President of the American Academy of Psychodynamic Psychiatry and Psychoanalysis.

In this communication I will speak to each of the six aims of the Academy that can be found on our website (www.aapdpp.org) in our Mission Statement.

1. To provide a forum for discussion of psychodynamic work in the consulting room as well as ideas and research in psychodynamic psychiatry and psychoanalysis;

The Academy is the only medical organization in the United States devoted to psychodynamic psychiatry and psychoanalysis. Our 500+ members work in a variety of settings from private outpatient practices, to psychiatric hospital practices, to community clinics, to faculty positions in academic institutions, to general hospital-based CL services, among others. At our May 2018 Annual Meeting in NYC speakers came from the United States as well as 12 other countries. Hence, our members learn from and teach psychiatrists and trainees in many parts of the world and in a multitude of professional settings.

2. To encourage research and scholarship in psychodynamic psychiatry and psychoanalysis;

Psychodynamic Psychiatry Editor, Richard Friedman, Deputy Editors Jennifer Downey and Cesar Alfonso, and book editor Ahron Friedberg, consistently publish high quality articles and book reviews that are devoted to psychodynamically- and psychoanalytically-oriented assessment and treatment with an evidenced-based bio-psycho-social developmental perspective. Please refer to Past President Jennifer Downey’s spring 2017 article in Academy e-News to learn more about the impact that Psychodynamic Psychiatry has had in the field of psychiatry today.

Angela Hegarty is the new Editor of The Academy Forum. Angela is a former forensic neuropsychiatrist originally from Ireland and is completing her psychoanalytic training at Columbia. She is energetic, bursting with ideas for future issues and she welcomes contributions from all of our members. Please give Angela all of the support with your contributions to the Forum that I was given during the years that I served as Editor.

Academy e-News is produced by Alicia McGill and it has a colorful, modern, up-to-date appearance. Alicia welcomes any contributions that you think would be newsworthy to our members.

3. To support education in psychodynamic principles and skills for trainees in psychiatry and psychoanalysis as well as for graduate psychiatrists and for other mental health clinicians.

The Academy has a number of educational initiatives for our own members as well as for psychiatric trainees outside of the Academy. A shining jewel in our Academy crown is the Teichner Scholar Program. This joint AAPDPP and AADPRT initiative promotes the teaching of psychodynamic principles to psychiatrists-in-training. The Teichner Competition puts us into contact with talented young people and programs from around the country that we can draw into the Academy. One such Teichner recipient was the Indiana University School of Medicine where Joanna Chambers was Director of Psychiatric Residency Training at the time and who is now President-Elect of the Academy.

Scott Schwartz, Director of the New York Medical College Psychoanalytic Institute, has brought more residents into the Academy than any other Academy member. In recognition, the Academy has created the eponymous annual Scott Schwartz AAPDPP Award for the best unpublished paper on psychoanalytic or psychodynamic psychiatry written or first-authored by a psychiatric resident or medical student.

The Academy recently merged with the American College of Psychoanalysts and we look forward to drawing on the expertise of our new College members to enhance our discussions of psychoanalysis as part of our educational heritage – past, present and future.

4. To support inquiry into the phenomena of individual motivation and social behavior, basic building blocks of psychodynamic thinking;

This aim is filled through presentations at our Annual Meetings and in our publications and is the essence of what the Academy is about.

5. To foster communication among psychiatrists, psychoanalysts, and colleagues in the sciences and the humanities.

In this last part of my message, I encourage all of our members to attend our 63rd Annual Meeting on the theme “Psychodynamic Psychiatry/Psychoanalysis: Advances and Innovations” that will take place in beautiful San Francisco, California, May 16-18, 2019. Program Co-Chairs are Alicia D. McGill and Silvia W. Olarte. Our Annual Meetings are exciting, collegial, educational and restorative.

I welcome the opportunity “to foster communication” with you about the Academy. Please feel free to get in touch with me at gpperman@gmail.com and 202-331-8213.

Cordial best regards,

Gerald P. Perman, M.D.
President, American Academy of Psychodynamic Psychiatry and Psychoanalysis
Despite radical changes in both society and the field of psychoanalysis and psychodynamic psychiatry in the face of scientific, clinical, theoretical and cultural change.

The founding members of the Academy were committed to developing an association that would provide a forum for the free expression of ideas and the advancement of concepts and research in psychoanalysis, including phenomena of individual motivation and social/interpersonal behavior.

These phenomena are still of interest to us as clinicians. Despite radical changes in both society and the field of psychiatry since the Academy’s founding, theoretical and clinical perspectives derived from psychoanalysis remain highly relevant. The Program Committee especially welcomes submissions showcasing the ways in which psychoanalytic theories inform the technique and clinical practice of today’s Academy members.

By 1996, the Academy’s members, recognizing the pertinent advances in neuroscience and social sciences - both fields so crucial to Freud’s original thinking - expanded the scope of its inquiries and added to the then association’s name the American Academy of Psychoanalysis the phrase Psychodynamic Psychiatry, becoming the American Academy of Psychoanalysis and Psychodynamic Psychiatry.

Neuroscience had been part of Freud’s original project in psychoanalysis. Advances in cognitive and affective neuroscience have validated key aspects of analytic theory. Likewise, alternative clinical modalities such as cognitive behavior therapy and transference focused therapy derived from both psychoanalysis and psychoanalytic psychotherapy have been developed and are now part of the psychiatric repertoire.

By 2013, Academy journal editors were ready to define Psychodynamic Psychiatry as “a new discipline that has emerged from a fusion of psychoanalytic and extra-psychoanalytic psychology, neuroscience, and academic psychiatry” (Psychodynamic Psychiatry 41(4) 511-512 2013).

Most psychiatrists trained in the 1990s and 2000s received comparatively little in the way of training in psychoanalysis and psychodynamic psychiatry as biological psychiatry and psychopharmacologic efforts gained primacy in most training programs. More recently, theoretical and clinical advances have demonstrated the importance of the therapeutic relationship for the successful treatment of patients. Psychoanalytically derived thinking elucidates our understanding of the therapeutic relationship regardless of the treatment modality.

Both Psychodynamic Psychiatry and Psychoanalysis, are rooted in the essence of clinical processes, such as the exploration of past experiences and their connection with the present, unconscious motivations, transference and countertransference phenomena, and the role of the therapeutic relationship.

Some of these and other technical tools have evolved and expanded to allow for the engagement of patients suffering from various psychiatric conditions beyond those originally thought suitable for psychoanalytic treatment.

Freud famously declared the ego to be a bodily ego. Recent developments in analytic theory and psychodynamic research shows us that where once we asked whether the origin of a given problem is somatic or psychic, we now ask what is the meaning of the somatic disease or loss for the individual patient and why another patient needs to express inner conflict and suffering in somatic terms. Integrated Care is a goal of psychiatry. What psychoanalysis and psychodynamic psychiatry offer is not a label but meaningful understanding of the whole patient.

The American Academy of Psychodynamic Psychiatry and Psychoanalysis (change in the order of the disciplines was voted by membership in 2018) continues to provide a welcoming forum for new and innovative ideas in these expanded fields. Our annual meetings are designed to explore how psychoanalysis and now psychodynamic psychiatry fostered the evolution and integration of these existing disciplines into the ever-changing specialty of Psychiatry.

Psychoanalysis and psychodynamic psychiatry are no strangers to cultural upheaval. What began in fin de siècle Vienna, Budapest, Berlin and Paris in a world reeling from the changes wrought by the industrial revolution of the 19th century, continues today in a world reeling from the changes already wrought in the technological revolution not only in Europe but throughout the Americas from Canada in the north to Argentina and Chile in the South. Growing interest in analysis and psychodynamic psychotherapy opens vistas in Asia. As our culture shifts so too do the needs of our patients and thus developments in theory, technique and clinical practice develop to meet those needs.

This meeting in San Francisco, California hopes to stimulate presentations that address such theoretical and clinical changes in our approach to working with a diversity of patients in all manner of settings.

Discoveries pertaining to the neuro-cognitive underpinnings of personality development and the complex interplay of nature and nurture in determining character formation and...
change are just beginning to shape how we fundamentally understand the human condition.

Emerging research and scientific inquiry are opening up an exciting world of new therapeutic approaches. The use of psychopharmacology and other somatic techniques not known at the inception of psychoanalysis are now part of our clinical acumen. If integrated within our existing psychodynamic frame of reference for understanding human development within a context of an interpersonal world, the influence of other disciplines may allow us to achieve clinical improvement accompanied with character change in our patients.

As biological psychiatry has become a dominant orientation in the modern era - supplanting psychoanalysis and psychodynamic psychiatry - so too have technological advances disrupted established industries, cultural practices and social mores. Though technological advances may seem inevitable consequence of the human condition such as illness, we see it daily in our practices. We encounter it in ourselves. We seek to understand the causes of stress and its manifestations—and we try to alleviate the suffering it brings.

Yet it is a brow-knitting irony that as psychiatrists expert in managing the consequences of stress we offer almost nothing through our professional associations to members in need of support. That is, our associations support our profession, but hardly support our members. Our members may suffer many stresses specific to psychiatry such as stalking, boundary difficulties and ethical matters; or suffer stresses that have a wider claim within the practice of medicine such as burnout, litigation and workplace harassment; or are an inevitable consequence of the human condition such as illness, impairment, and the death of a loved one. Other disciplines understandably lack the expertise for attending to the stresses of their members. There is no such excuse for psychiatric associations – including the Academy – to decline this responsibility.

What can we do? Last year, Jennifer Downey, then Academy President appointed a Task Force to consider if and how the Academy might offer support services to its members and perhaps to psychiatrists, generally. The membership of our Task Force currently consists of Kimberly Best, Norman Andrew Clemens, Mariam Cohen, Anna Dickerman, Debra Katz, Silvia Olarte, Paulina Reiss, Eugenio Rothe, Marina Rozenberg, Scott Schwartz, Ann Louise Silver, and John Tamerin.

Our first task, we decided, was to see what psychiatric associations were doing to support their members. We randomly selected an assortment of psychiatric associations from around the world, as well as state associations in the United States. We graded associations by four criteria, whether they regarded support for their members explicitly as a concern, whether they provided educational materials, whether they offered person-to-person support, and whether they provided both educational materials and person-to-person support.

We found that only the Royal College of Psychiatrists in the United Kingdom and, separately, in Australia and New Zealand, achieved the top grade—offering both online supportive material as well as person-to-person support for psychiatrists facing stresses as varied as workplace bullying to stalking to impairment. The American Psychiatric Association offers substantial support for burnout, but no person-to-person support and little about other sources of stress that psychiatrists encounter. The great majority of psychiatric associations do not regard support of their members as within their purview.

Our report was well-received by the Academy’s Executive Council and we were encouraged subsequently by Gerald Perman, the Academy’s current president, to continue our explorations.

We are proposing that the Academy’s home page provide a section provisionally entitled Resources for Psychiatrist Support. The topics of support are numerous and cover stressors that are professional and personal: aging and retirement, burnout, cultural dislocation (the immigrant psychiatrist), disability, early career psychiatrists, ethical/moral

The Academy’s Project to Support Stressed-Out Psychiatrists

By Douglas H. Ingram, MD
concerns, family illness and loss, financial concerns, illness and impairment (medical, psychiatric, cognitive), insurance collection, issues associated with gender/sex orientation, litigation, managed care, military psychiatry, patient suicide, pregnancy and child rearing, prison psychiatry, professional isolation, racial and ethnic discrimination, residents, sexism and sexual harassment, stalking, substance abuse, suicide (patient, colleague, family member), V.A. psychiatry, workplace abuse including bullying.

Admittedly, this is an ambitious project. We intend to include links to useful sites that offer support such as online trade journals, blogs, Facebook psychiatric support groups, full texts of articles (for which we receive permission), and—importantly—personal narratives from psychiatrists who wish to write about their own personal stressful circumstance and how they managed. Already, we have begun to populate the categories of stressors with links, articles, and personal narratives.

There are five matters to be recognized:

First, unlike most offerings that instruct how to do things correctly and how to understand the science of what we offer by the words as the transcript so to speak. The mere citation in a different context changes meaning. That last thing I need to worry about when smart attorneys are looking to put me on the defensive are comments from my website or social media post taken way out of context. Similarly, like many of my generation I found the very notion of a physician actually advertising to be distasteful. Becoming a candidate at the Columbia Center for Psychoanalytic Training and Research I continued to avoid the internet because of the principle of anonymity. Boundaries help clinicians as well as patients. Most people who Google me find various references to my old life as a forensic psychiatrist and much of the personal data is inaccurate. I was not worried that patients might be googling me. Then I got a shock - and it had nothing to do with social media.

A few years ago I started treating Patient X as an analysis and referred by the Columbia clinic as part of my training in a new specialty in mid career. I conducted an assessment of your own encounter with serious stress.

**ARTICLES**

**Reporting the News:**

**Social Media and Forum:**

A Beginner’s Introduction

At the Executive Council Meeting (EC) in June as part of my presentation I made a proposal that we consider developing a social media strategy for Forum that could benefit both the Academy and Forum authors. Dr Perman announced plans to start a committee to look at the Academy’s use of social media and various online platforms at the semiannual EC on October 6 of this year.

We are all used to going online and conducting searches using our browsers. As a former forensic psychiatrist with a practice based on threat and risk assessments involving violent and often predatory offenders I was more sensitive to the risks than the potential rewards. Social media platforms make no distinction between the subjects of earlier evaluations and colleagues who share my interests. The relative inability to decide by whom I may be followed and to whom I wish to speak on various platforms left me concerned that an internet presence would blur the boundaries between my professional and private life in an manner that was unhelpful. I never considered having a website or writing a blog or spending time cultivating a following on social media for another reason: essential to the job of an expert is testimony in court under cross examination. Anything I wrote online could and would be used against me potentially in court.

Context is as relevant to the understanding of what is meant
The specialist goes to the subject of the evaluation not the other way round. It was my job to find out all about them and take nothing for granted. Opposing counsel had to find out whatever might help their case about me. In clinical work one assumes the good faith of the patient and the patient can trust that the purpose of the work is defined by their goals and interests. There are no outside parties (unless one counts insurance). I was stunned that the patient, who had had long and positive experience working with psychodynamic psychiatrists in the past felt the need to learn as much about me as possible. Discussing my surprise with my supervisors and reviewing the literature it became clear X was the rule not the exception. Indeed I soon learned that many patients find us by searching online. These days that is why clinicians write blogs, develop and maintain websites, participate in social media and comment on current events when appropriate: so that patients interested in treatment can find them. But how might that work in practice?

Last spring at a meeting on Writing and Social Media for Health Care Professionals offered at Harvard Medical School - highly recommended by the way - as part of their continuing education series I came to understand a key concept: the Digital Footprint.

Developing the digital footprint - I will define it in a moment - is key. Done right, when a person is searching “depression” - an article written in Forum can appear on the first page of the search results. Done wrong we can waste time and money writing and maintaining poorly structured accounts - “talking to the wall” to borrow a colloquialism I learned at the conference. Social media is about communication - (when its not about disclosing personal information so that platforms can sell information to advertisers so they can sell us things more efficiently by targeting the right people.) One has to spend time maintaining one’s presence and attend to the groups one follows and nurture the relationships with followers say on Twitter for example If one writes a blog one has to show up and write on a regular basis because readers will not return to unreliable bloggers no matter how excellent the content. Since time is required to maintain one’s online presence, it has to be set up correctly. When people find a website it is important that they find material of value there - otherwise they will not return. The more often people read one’s blogs, follow one on Twitter or view one’s material on various platforms, the greater the number of “hits” and the larger the digital foot print. Bigger footprints increases the digital footprint. If they like what they read in the video myself from time to time to better relate to potential viewers and upload it to YouTube in a single step.

If I can figure out how to do this - anyone can! I need to hear from anyone with knowledge or interest in these areas.

Social Media 2: Its not about the Election: PAX ROMANA AND THE FACEBOOK BUSINESS MODEL?

Many of us know very little about social media We may have no clue about snapchat, Instagram or Twitter. Preferring to maintain the principle of anonymity in treatment we may avoid social media entirely. One exception may be Facebook. The US population is 335 million. In late 2012 there were 214 million active users in the US alone and that number has grown since. The average teen can spend about four hours a day. Facebook is working to increase the time we spend on the site. Facebook accesses manipulates and sells astonishing amounts of private data not just about our online behavior it also has ways of gathering data about offline activity as well. The algorithms do nothing to protect the online environment from “trolls” who intentionally disrupt discourse, “bots” Facebook accounts generated by
matchine, targeted misinformation and hate speech. One is never privy to how Facebook uses the data it collects and to whom it sells those data.

Another problem with Facebook is that what we think we know is often wrong. Who sees our data is unclear no matter what protections we seem to install. The lengthy privacy agreements written in opaque language make it hard to know what we are agreeing to. Settings that regulate who sees what and what we see are complex. We may think we are communicating with a few friends but in fact we may be in effect sharing our posts with everyone. Facebook seems to do things that increases its access to personal information with each new development. For example, two factor authentication requires we give provide an active cell phone number. Somehow this gives Facebook access to our contacts. Why? Commentators are now reporting that Facebook targets people in our contacts with messages sometimes linked to information about us based on our activity online. I set up an account many years ago and cannot remember the last time I checked it. My plan is to shut it down. Why have I not done so? Because one cannot be sure that in the process of shutting down Facebook accounts one does not give Facebook access to even more private data because one is unaware of what is happening during the procedure. I plan to shut down my account just as soon as I can find a well credentialed expert to tell me how to do so safely. Facebook makes its money by selling our private data to advertisers whether those advertisers are selling cosmetics or ideas. The level of access Facebook has to almost every aspect of our lives if we use the site regularly is staggering. A new term is emerging in the literature about social media especially in the west: surveillance capitalism.

Facebook has been the focus of legal scrutiny across the globe. Human rights organizations complain about how the platform is used to promote horrific abuses. As citizens we need to know about this platform. The course given at Harvard: Writing and Social Media for Medical Professionals do not offer training on how to use Facebook. As a knowledgeable participant said: we simply do not know how the data is used or who sees it. Facebook’s algorithms keep changing. Part of the design seems to be that nobody can keep up with how the site uses your data and targets your messages Facebook sends employees to all large advertisers to help them negotiate the site and control what happens to their messages. We know that adds are not just targeted based on interest - they are also targeted based on gender or age. We know that people have lost their jobs in the real world (IRL) because of concern over corporate responsibility. In the worst cases people are harassed threatened and physically harmed.

Facebook started out seemingly innocently enough. People joined. Their friends joined. They used Facebook to stay in touch. People share stories, pictures, news. The community of “friends” grows. Facebook’s slogan used to be “Move fast and break things.” After years of criticism by human rights groups for its role in inciting real violence in the real world and other human rights violence, the new motto is “Move fast with stable infra” (sic) - referring to infrastructure.

Who people idealize tell us a lot about their values and about what matters to them. In self-psychology we speak about the developmental need to have someone to look up to, to idealize, as a paragon of the values that will shape who you are in the world and the ethos by which you live. Based on this when I read the recent New Yorker interview with Mark Zuckerberg I was shocked at what he seemed to be telling us about his values, about his world view. He spoke of his fascination with the man whose life ended in AD 14 in Rome who wiped out all his enemies, made himself emperor and had himself deified. Using the Roman army and its brutal tactics Augustus certainly instituted what has been called Pax Romana. Certainly the Jews who rose up to shake off the Roman yoke in a war that ended with the destruction of the temple in AD 70 might agree with the Roman historian Tacitus who describing Roman military strategy: “soliitudinem faciunt, pacem appellant: they make deserts and call it peace”. Mr. Zuckerberg’s idealization of Augustus has caught the attention of journalists around the world. In the New Yorker interview, he extolled the success of Augustus for creating “world peace” a goal that in Zuckerberg’s mind seems to justify the strategies employed by his hero who, he explains “had to do things in a really harsh way.” Many commentators have noted what seems like a willful obliviousness in Mr. Zuckerberg’s responses to information he does not want to hear about the really harsh things that are facilitated by the Facebook platform. His comments on Augustus seemed to assume that the ends justify the means. In my own tradition peace enforced through fear and at least the threat of violence without justice is another word for tyranny. The pagan romans felt no shame in their brutality. In their ethical framework might was right. Is that what Mr. Zuckerberg is telling us about the ethos that underlies the Facebook business model? Does he himself aspire to such grand goals? In the early days the idea Facebook promoted was connection.

As most of us of a certain age learned in school Augustus died in AD 14. In an article about Mr. Zuckerberg’s fascination with Augustus in the Guardian recently by Charlotte Higgins refers to one of Augustus’ own short works: Things Done by the Deified Augustus. The text seems to confirm what further scholarship has shown in the decades since I studied Latin: that Augustus was an autocrat, a master of propaganda and a man who lost no opportunity to gut the republican constitution and assume even more power. The New Yorker headline for Mr. Zuckerberg’s responses to information he does not want to hear about the really harsh things that are facilitated by the Facebook platform. His comments on Augustus seemed to assume that the ends justify the means. In my own tradition peace enforced through fear and at least the threat of violence without justice is another word for tyranny. The pagan romans felt no shame in their brutality. In their ethical framework might was right. Is that what Mr. Zuckerberg is telling us about the ethos that underlies the Facebook business model? Does he himself aspire to such grand goals? In the early days the idea Facebook promoted was connection.

Reading Jacob Weisberg’s recent article about Facebook in the New York Review of Books: “The Autocracy App” He spells out how autocratic regimes use Facebook as a tool of surveillance, terror and misinformation directed at opponents. This article summarizes how different aspects of the technology, created to maximize profits for Facebook is having a devastating effect in different countries across
the globe. A brief internet search of any of the points cited in the article yields more of these same. Let us be clear: the purpose of the Facebook business model is to conduct surveillance in order to gather ever more detailed personal information in order to sell it to advertisers for profit. Their objective is not to support autocracies. That Facebook is a tool that autocrats find useful is a side effect of the business mode and the design of the various algorithms and services. Mr. Zuckerberg’s apparent unwillingness to listen to complaints about Facebook from human rights organizations may have nothing to do with obliviousness and perhaps more to do with who he idealizes and sets as a role model: a man who accomplished great things - even if it meant doing so in a really harsh manner.

Human Rights groups have reported on the abuse of the Facebook platforms by autocratic regimes across the globe. In Myanmar Facebook Messenger has played a prominent role in whipping up the genocidal hatred of the Royhingya. In India false stories of childhood abductions spread on Facebook’s what’s app, have led to Lynchings of innocent victims. In Augustan fashion commentators have noted for years that Mr. Zuckerberg almost never admits wrong doing and tends to ignore protests by human rights groups who expose how Facebook is used to destroy lives literally and figuratively.

Experts in all relevant fields characterize Facebook’s business model is dependent on gathering ever more detailed and specific personal data from users. The company makes money in theory by using that personal data to allow advertisers to try to sell you things. Early on his attitude was in effect we need to get over the loss of privacy. Privacy, according to Mr. Zuckerberg is an outmoded notion. If privacy is not good for Facebook it’s not good for anyone. In response to Facebook’s failure to classify Holocaust denial as hate speech- Mr. Zuckerberg says it is not hate speech if the Holocaust denial is made in good faith or in error.

To increase revenue from advertisers Facebook is designed to get people to spend more and more time online. Weisberg quotes Sean Parker the first president of Facebook signed to get people to spend more and more time online. According to Weisberg’s article at Facebook was utter disbelief. He articulates overlap ting concerns about Apple, Microsoft, Amazon and Google - all of which aspire to becoming what he calls “the operating system of our lives.” That said only Facebook is anywhere near realizing that ambition.

Facebook played a role in the Arab Spring. But as Vaidhyanathan and many others have pointed out it turned out to be a better tool for autocrats than revolutionaries. Egypt is one of many places where Facebook was used to surveil, harass and suppress dissent. Reports from across the globe illustrate the ease with which various autocrats can use Facebook to terrorize the opposition and drum up tribal hatreds. These days Facebook is an excellent tool for propaganda and for monitoring dissent Vaidhyanathan does not think the problem lies solely with Facebook. He articulates overlapping concerns about Apple, Microsoft, Amazon and Google - all of which aspire to becoming what he calls “the operating system of our lives.” That said only Facebook is anywhere near realizing that ambition.

Social media use has been linked loneliness and suicide risk. Teens wake up every morning to see their friends posting about having a great time without them. Expressing political views online is not safe. People taking positions unpopular with some groups are subject to death threats and “doxing” - the release of a person’s contact information including where they work, often associated with “real world”
REFLECTIVE WRITING: A WAY TO LEARN AND TO WRITE CASE REPORTS

Start with your “Why?”

Why write about your encounters with patients? Perhaps because you noticed something different. Why write up case reports? Because case reports form the basis of our clinical literature, these modest contributions are used as the basis for grant proposals. You have an idea and you want to share it. Why write about what it is like to deal with insurance companies, set up, develop or end a practice? Because others need to know what is going on and are in the same situation but may not realize it. Why write about what it is like to be a psychodynamic psychiatrist or psychoanalyst in a world that seems to prefer algorithms, apps, and hacks? Why write about how you feel about changing careers at 50 because of mobility issues? Because in the era of screens real presence may still have something we really want: a felt sense of shared meaning. Ask yourself as you listen to a patient, why is this situation, this patient, that problem or this solution so moving or so interesting?

Start with your “why?” And the rest will follow. The moment you notice something different, something that grabs you, something alive: write it down and ask yourself why?

Your “why” may change in the process of writing but each time you articulate it your motivation comes alive. To take this piece as an example then: why am I writing this piece about writing? Its not that as editor of Forum, I have a vested interest in your writing; its not even because I love good writing - that is not my why for this piece. I am writing this piece to show you that reflective writing is like clinical listening a deeper way of learning, a path to clarifying those questions and issues that leave us feeling stuck. Writing as a process by which we can solve problems even get unstuck: that I hope is something worth sharing.

Next comes “how”. How am I going to show you that writing is a path to discovery, to solving problems, to deeper understanding even to getting unstuck? The answer is that I am going to tell you a story.

1. Use a Specific Example, Story of Vignette to Anchor your Reflection

A: Set the Scene: Create a Context for the Reader

Once upon a time I worked as a forensic psychiatrist. The work of a forensic psychiatrist is very different from the work of a clinical psychiatrist. So, since good writers remember their readers I need to put you all in the picture so to speak.

Since most if not all my readers are clinicians for this story readers have to know something about the relationship between the subject and the forensic psychiatrist and have a general idea of what happens if a person is adjudicated not responsible by reason of mental disease or defect in most states (in the crude language of earlier times: found to be criminally insane).

You will notice I use the term “subject” instead of “patient” when I am writing about forensics. In clinical work, the ethics that governs practice is based on the doctor-patient relationship. In forensics there is no doctor patient relationship. The ethical framework that guides the practice of this specialty evolved from the ethics that guide clinical research. Forensic psychiatrists are doctors. Like researchers however though the subject may benefit from participating in the evaluation, there is no guarantee that the results will be helpful clinically or legally. Also like the researcher, the forensic psychiatrist has no duty to the patient - but to the truth as best as can be ascertained. The duty of the forensic psychiatrist is to strive as far as possible for objectivity. We are not there to help the subject. In law the people who make decisions are not uncommonly called finders of fact. A jury in a criminal case is the finder of fact for example. The duty of the forensic psychiatrist is to the finder of fact not the subject.
Forensic evaluations often consist of far more than just talking to and observing the subject. Since the subject has a stake in the opinion formed by the forensic psychiatrist almost all forensic examinations need to address the potential for malingering the deliberate feigning or exaggeration of psychiatric illness for the purpose of obtaining some advantage in the proceedings.

When a defendant is charged with a crime the burden rests with the People or the Government to prove beyond a reasonable doubt that the defendant committed the crime. A defendant may enter a plea of not guilty by reason of mental disease or defect. This is an affirmative defense: the defendant’s capacity to know and appreciate the nature, consequences or wrongfulness of the crime. A mother believes she is exorcising demons from her child and is devastated when she is told the child is dead. A man being followed by government agencies notices a car that has been following him for a while on the highway follows him into the parking lot of the local supermarket as well. He reaches for one of the several assault rifles in his car because he knows that the time has come. What he has known all along is about to happen. They are going to kill him unless he kills that driver first. He shoots the man as he is getting out of the car.

After the arrest people start to wonder: are they making this up? Or was the pot she smoked laced with hallucinogens? How did she seem when the local beat cop spoke to her earlier in the day? What about her claim to 911 that the devil was on her roof and trying to take her little girl? Why did the bomb squad have to spend hours at the man’s house that looked like a bunker ready for an attack? Was it possible that the defendant really believed his life was in danger. The evidence at his home told a story of paranoia.

In the event anyone is found not responsible by reason of mental disease or defect, in New York these patients will be sent to a forensic facility. What happens next depends on the relevant statutes in different states. The issue is no longer about serving a sentence but about whether the patient can be safely transitioned to a less secure facility and later on to the community. At each phase there is an adversarial hearing. The intervals are set in each state by statute. Each patient is assigned an attorney. Typically representatives from the local district attorney’s office and or the attorney general’s office will often oppose the request for transfer. Experts from both sides testify and are cross examined. In the end it is the judge that decides. One of the most important tasks is to write a report to provide an outline of the data reviewed, to “show one’s work” i.e. explain how these data were interpreted to reach one’s opinion.

Sometimes one writes a report after one reaches an opinion. At other times one writes the report in order to reach one’s opinion.

B: Tell the Story
It does not hurt that we all use narrative in different ways to help us remember the details of our patients’ or subjects’ stories. Let’s say you have completed an assessment of a patient interested in psychotherapy or, if you are the rare forensic psychiatrist interested in psychodynamics, you have just heard from an attorney who not only needs to know what is going on from the perspective of psychiatry but needs the story told in such a way that a judge or jury for example, can assess the subject’s psychiatric issues according to the legal standards that guide their decision making. In forensics one is fortunate. One is presented with two elements that help direct the focus: first the law tells us what is relevant and what is not and second the law helps us prioritize the character and plot points that shape the story. The case report one writes following a forensic assessment relates to the law. If you want to write a story for publication as a case report, relates to the clinical and basic research literature upon which we all base our work. In clinical case reports the literature helps us recognize what is important and why in a given story. Not only that the practice of writing: taking the material and writing it in the form of a narrative will help us identify those points that are most important. The practice of reflective writing even helps us see critical issues hidden in plain sight as a detective might say, or behind the veil of ego defenses, super-ego prohibitions or unanticipated countertransference that may be both interfering with the work and providing important data about the subjects or patients themselves. Here is a forensic story drawn from my own experience with several subjects in a range of contexts about my own experience with writing.

The Story:
I met Mr. Protagonist at a civil hospital. I was asked to address whether he could be safely transitioned to the community. The question was whether he was still too dangerous to be allowed to live in his own apartment and continue treatment in the outpatient clinic. Most of the time he had been a model patient while hospitalized. He tended to see himself as a victim of the system. He preferred not to talk about his own aggression. Against advice on more than one occasion he had insisted his attorney bring motions demanding transfer to the community even when experts retained by his attorney disagreed. The patient rarely spoke about this state of mind at the time of the crime that had brought him to the forensic mental health system in the first place or about his arrest record before and after the instant offense.

Earlier examiners had commented on Mr. Protagonist’s hostility when an examiner insisted he answer questions as posed. He responded in similar ways when asked about those times during which he, a sophisticated intelligent and eloquent man, suffered severe psychotic decompensation during which the patient regressed to the point of smearing feces, compulsive masturbation, verbal incoherence and unpredictable episodes of screaming and disorganized violence.

By the time I met him, he had been living in a long term state hospital for at least a decade. Before that he had spent years in a maximum security forensic facility. Early on he started taking courses in cooking. By the time I met him he
was a master pastry chef. He made sculpted cakes that would do well on one of the Food Network shows. A gifted musician as well his pitch was close to perfect and he sang beautifully. He had developed his singing voice and learned to play the guitar and piano while hospitalized.

From Mr. Protagonist himself and his siblings I learned that he was the favorite and eldest of five children. His story, like those of many others began before he was born in the expectations of his parents and grandparents. Born on time his parents noticed he was different early on. He walked and talked early. He was reading in two languages before he went to kindergarten. Later his parents did not know how to respond when they noticed that he liked to dress up in his mother’s clothes. They withheld his emerging habit of setting fires when the school counsellor called them in to discuss his habit of saying nasty things in class about vulnerable classmates. Yet his parents and especially grandparents openly favored him over all the others. Only his picture was on the mantel piece next to that of his deceased and venerable grandfather.

Like many favored sons he internalized from his teen years a sense he was destined for something special. Analysts might say that his ego ideal and quotidian ego were fused and as a result seemed grandiose and entitled. His goals were transparently unrealistic on the one hand and his performance was predictably sub par on the other. All his siblings left the home, graduated college and were in stable long term relationships by the time Protagonist dropped out of college for the third time.

He had a history of several arrests for sexual assault on women who were in different ways visibly defective or disabled. In a number of cases charges were dropped. Two prosecutors told me that the victims were left too shamed to provide any new information. Three weeks before he killed his grandmother he was facing serious charges arising out of his treatment of yet another woman. The victim was the negative data. After Protagonist insisted on sharing sadistic sexual fantasies about me refusing to take no for an answer when I insisted he consult with his attorney before sharing.

After more than a hundred hours between the interviews and document reviews I told the prosecutor that while I had formed an opinion well beyond the legal standard that Protagonist was a sadistic misogynist, I could not discern whether he was a dangerous nasty sadistic misogynist. I will never forget what he said: as you write the cctedreport you will see where it is taking you. In writing a new problem emerged: no matter how much evidence that supported the conclusion that Protagonist was dangerous especially to his current girlfriend whose face reminded him of his grandmother’s taken when she was a girl - I continued to feel I was missing something.

No matter how many consultants who agreed with me, I remained convinced they were missing something too. So...
I decided to tell this story in oral form: this time to a psychoanalyst at a conference in Europe. He asked me how I felt about Protagonist. I told him I abhorred what he had done and his misogyny made me very angry. He asked about hatred. I quipped, half in jest, that in my tradition one might hate the sin but not the sinner. He asked me if that meant, in effect, my superego prohibited strong negative feelings about the subject. I responded that I was comfortable with my anger and my own aggression. “But not apparently with your hatred” he said. Our subjects elicit feelings of hatred. When such feelings are prohibited one defends against them. My conflict around feelings of hatred prohibited by my superego yet elicited by the subject left me paralyzed by unconscious guilt. The problem was not lack of information but counter transference guilt. The discussant advised that I learn not only to accept my hatred perhaps that I even enjoy it. The conflict rendered it impossible for my ego to make use of the vast body of data already collected. Only by accepting the inevitability of such feelings would my ego be free to evaluate the abundant data and make use of my considerable experience in interpreting it, could I ever reach an opinion in this matter. Before the discussant had finished his comments I felt a wave of relief wash over me. Telling stories in this case proved therapeutic for me if not for anyone else. Telling stories challenged an immature element in my superego, one that prohibited the feeling of hatred allowing me to accept in myself what I readily accepted in others that when faced with hateful material and hateful attitudes I may from time to time like everyone else feel hatred too. Once one is conscious of hatred like anger and envy one always has a choice about what to do next.

Sometimes just writing the data and telling the story allows one to see a problem more clearly. At other times it is only when that story is re-told in dialog with our literature does the key lesson emerge.

3: In Clinical Case Reports its first the Patient - then the literature.

A: Data and Dialog with the Literature

Clinical work is of course very different than forensic work. First and foremost, we are in a doctor patient relationship - we do not strive for objectivity we strive to help the patient. When we are with the patient it is as though any other consideration including the literature is far away. We are interested in what is happening in the near and now. Process notes can help us later on. In session they can help us listen better. Only when the patient is gone, and the session is over can we get some distance. One technique is to spend a few minutes writing about the session. Take a step back. Ask yourself what happened and perhaps why. As one notices something interesting or unusual perhaps one can consult an article or two, share the experience with supervisors or colleagues. In other words, as we enter the dialog with the literature we find the why - why this patient or that problem is important or interesting. Once we find the why we can start to write. In the early drafts we tell ourselves what we have learned. In the later drafts we start to think about our readers. Early on we speak with colleagues and supervisors, read articles and books. We re-tell the story as we learn in ever deeper dialog with the literature. Then we can tell whether our discovery or insight needs to be shared with the community at large. When it does we find we have a well wrought case report and already have the makings of a literature review in place.

At any point along the way you can reach out to me. Part of our mission at the Academy Forum is to help members find their writing voice.

**BOOK REVIEWS**

*Black Skin, White Masks*  
By Frantz Fanon  
Review by Sarah Noble, DO

Frantz Fanon was born in Martinique in 1925 and studied medicine in France where he became a psychiatrist. This experience informs Black Skin, White Masks, which was written in 1952 and is both an anthropologic exploration into the colonized experience as well as a psychoanalytic dive into the unconscious of both white and black minds. What is striking is how prescient Dr. Fanon is and how timely the work is for anyone interested in civil rights today.

Chapter one is titled “The Black Man and Language,” and immediately establishes the concept of code switching, a topic that is still pertinent and contributes to the personality splitting of black folks today. Fanon states, “this fissiparousness is a direct consequence of the colonial undertaking.” (p1) In addition, he speaks of the levels of civilization within the colonized, stating that the Antillean is more civilized than the African. This gives us insight into things like colorism, which remains a strong force within the African American community.

Chapters two and three are about relationships between black men and white women and white men and black women. Fanon notes that Adler’s concept of inferiority complex is pertinent since one has to question how much authentic love can be attained when one partner is continually overcompensating. Referencing Anna Freud’s concept of self-withdrawal to avoid pain, Fanon states that for a black man there is only one way out and that is the white world. “The withdrawal of the ego as a successful defense mechanism is impossible for the black man. He needs white approval.” (p34) “We are struck by the fact that both the black man, slave to his inferiority, and the white man, slave to his superiority, behave along neurotic lines… the black man’s behavior is similar to an obsessional neurosis.”(p42)

Chapter four is titled, “The so-called dependency complex of the colonized.” This chapter discusses multiple
forms of exploitation from the situation in South Africa, to that of the French in North Africa, to the Nazi’s in Europe. He points out that interestingly it is the colonizer who is in the minority, but does not feel inferior, rather creates the inferiorized. He challenges Adler in this chapter stating that his theory of inferiority only works within European cultures. When looking across cultures one must take into account colonization. He points out that Sartre states the anti-Semite creates the Jew and Fanon states it is the racist who creates the inferiorized.

Chapter five is, “The Lived Experience of the Black Man”. Fanon encourages us to question the ontology of the black man which is not only to be black but to be black in relation to the white man. Fanon describes creating a historical-racial schema beneath the body-schema. Fanon explains that with each little French child who shudders when he sees him walking down the street, “I was responsible not only for my body but also for my race and my ancestors. I cast an objective gaze over myself and discovered my blackness, my ethnic features; deafened by cannibalism, backwardness, fetishism, racial stigmas, slave traders, and above all, yes, above all, the grinning Y a bon Banania.” (p92)

Chapter six is entitled, “The black man and psychopathology.” Here Fanon returns to Freud and reminds us that to address an adult’s neurosis we must find conflicts born within the family constellation, and that many times, rather than a single traumatic event, it is a series of events that create the basis for the neurosis. Fanon asks, what is the case with the black man? His answer is quite similar to the concept of implicit bias. He notes that within the early childhood stories there is always a wolf, devil, wicked genie, savage represented by a dark skinned person. The black child identifies with the white hero until he grows up and interacts with white folks and realizes that he is in fact that evil monster in the story. Thus, the black man becomes the “phobogenic” object to both himself and the white man. This is a particularly interesting chapter as Fanon explores the unconscious associations people make between black men and violence and sexuality and similarly Jews and money. “The black man represents the biological danger; the Jew, the intellectual danger.” (p143) Confronted with this alterity, the white man becomes obsessed, and these supposed characteristics become the “mainstay of his preoccupations and desires.” (p147)

In chapter seven, “The black man and recognition,” Fanon attempts to define what would be required to truly free the black man from the white man’s gaze. He references Hegel who says that “self-consciousness exists in itself and for itself, in that and by the fact that it exists for another self-consciousness; that is to say, it is only by being acknowledged or recognized.” But Fanon acknowledges that he is unsure whether the white man considers him as consciousness in-itself-for-itself. He references the Africans, whom he later joined to fight the French in a revolution, who prefer to keep their alterity as it is “an alterity of rupture, of struggle, and combat.”

Though 66 years have passed since being published, this is still a haunting cry for recognition of the long-lasting effects of colonization and slavery on the psyches of both white and black. “It is through self-consciousness and renunciation, through the permanent tension of his freedom, that man can create the ideal conditions of existence for the human world.”

Reconstructing Strategy: Dancing with the God of Objectivity
By Saqib Qureshi
Review by Kelly MacDonald, MD

One may wonder why a review of a strategy book is appearing in a psychiatric journal. From this book’s opening pages, however, the author makes clear that it is not a conventional strategy text. Most relevant is that in addition to examining foreign policy and business strategy, this book also aims to explore the role of strategy at the individual level, which its terms “life strategy.” Another aspect making this book unique in its genre is its casual, often glib style, with frequent tangential asides such as a parenthetical request to “pause for some canned laughter, please” (p. 136). Despite its breezy tone, this book presents a thorough, clearly organized argument for its main thesis that self-identity plays an important part in strategy.

The book begins with an introductory chapter defining strategy as “getting from where you are today to where you want to get sometime in the future,” and explaining the strategic process as consisting of making sense of things in their current state, developing a vision for the future, and getting from the current state to the future vision (pp. 8-9).

Next is an extensive history and criticism of empiricism, a theory that claims all knowledge is derived from sensory experiences. The author argues that our perceptions of the world do not, in fact, provide truly objective knowledge, because our experience is inherently subjective. He points out that to believe otherwise can stifle intellectual growth, noting in particular how most modern strategists, anchored by their empiricist perspective, have tended to ignore other disciplines, such as psychology and anthropology, which focus on the study of humans and cognition. His own brief references to psychology, however, can seem a bit shallow, as when he quickly dismisses Daniel Kahneman’s work as “pretty lame” (p. 66). He puts Kahneman in a group of psychologists who “support the idea that we all see the world identically,” which seems a reductive and even misleading way of labeling someone whose work questioned the illusion that we are rational and objective. In fact, it seems that Qurishi’s skepticism of objectivity would actually be supported by Kahneman’s evidence that we are identical not in our perspectives, but in having internal biases and heuristics that shape and distort our perceptions.
In the proceeding chapters, too, Quereshi’s discussion of psychology’s contribution to modern strategy seems to lack the depth of his writing on business or foreign policy strategists. He offers well-reasoned arguments challenging Hans Morgenthau’s view that foreign policy is essentially a struggle for power, pointing out the importance of each country’s perspective and ideology in the way it relates to other nations. He also provides a convincing criticism of Michael Porter’s claim that a firm’s goal is to compete with other nations. He also provides a convincing criticism of country’s perspective and ideology in the way it relates to a struggle for power, pointing out the importance of each lack the depth of his writing on business or foreign policy of psychology’s contribution to modern strategy seems to faster, clearer, more consistent decisions (p. 398). Much of having a robust, well-defined self-identity helps us make opposed to letting it passively meander,” explaining how recommends that we “actively manage our self-identity, as goals for the future, and find a way to reach those goals. He noting that it shapes how we see the world, develop our stories to life. He then gives a detailed examination how Islamist, using rich examples and quotations bring their this is welcome, though well-traveled terrain for psychotherapists, who routinely articulate and affirm self-identity in building an alliance with a patient. Though Qureshi’s discussion of “life strategy” and relevant psychological research may be shallower than his analogous exploration of strategy at the organizational and national level, those wishing for more depth can likely make their own connections between his broad arguments and related ideas in self-psychology, cognitive neuroscience, and other areas. His application of these ideas to other fields prompted me to re-examine my own perspective. I was reminded of how perplexed I was, as a medical student, upon first learning that we automatically label the patient’s description of her symptoms as “subjective” and our own descriptions as “objective.” Our identity as objective, expert observers may, Qureshi might suggest, leave us with a few blind spots.

Qureshi is admittedly “opinionated,” but his casual style, clear writing, and humility make it easy to digest both his editorializing and his expansive, cross-disciplinary arguments (p. xi). This book is recommended to those interested in how the conceptualization of the self is relevant not just in understanding and enriching the lives of individuals, but also in understanding the broader actions of organizations and nations.

Part I: History of embodied psychoanalysis from multiple perspectives: historical, contemporary, and at the manifestation, not just between therapist and patient, but also in training and supervision. The scope is wide, sometimes at the expense of depth, but the overall direction of the journey from Freud to modern day relational practice is clear. Gravida award winning author Dr. Stetvold presents contributions from familiar members of the psychoanalytic cannon such as Freud and Winnicott, while also focusing on the more controversial Reich and introducing the reader to the Norwegian character analytic tradition. Additionally, he integrates material from neuroscience, attachment/mentalization/infant research, philosophy, and literature. The book is divided into three parts: history of embodied psychoanalysis, conceptual framework and clinical guidelines, and embodied training and supervision. This book would be a good read for students and practitioners of relational psychoanalysis or anyone interested in the history of the embodied perspective in the consulting room. The more you already know about this topic, the easier the book will be to read.
overview of the Norwegian character analytic tradition. It points out embodiment in Freud’s early writing starting with his work on hysteria and summarizes much of Reich’s career. We learn not just about Reichian character analysis but also about Reichian body work and even a bit about his orgone therapy period. We also learn about his split with the IPA and his loss of membership to the German Psychoanalytic Society, which apparently may have been related to his political views. It was Norwegian psychoanalysts who argued for Reich to remain in the IPA, and they also offered him membership to the Norwegian Psychoanalytic Society. In particular, professor Harold Schlejelderup invited Reich to Norway to teach character analysis and conduct his planned experiments. Reich stayed in Norway five years (1934-1939), and apparently influenced the several of the Norwegian analysts of the time. Chapter 4 gives an overview of the clinical thinking of five Norwegian analysts and one Norwegian physiotherapist influenced by Reich: Harold Schjelderup—who is discussed in the most depth, Tage Philipson (who is a Danish psychiatrist), Nic Waal, Ola Raknes, Trygve Braatoy, and Adel Bullow-Hansen. The chapter ends with a discussion of the Norwegian Character Analytic Institute.

Part II: Conceptual Framework and Clinical Guidelines consists of five chapters that speak more closely to present day considerations for the analyst in the consulting room vis a vis working with embodied experience and expression. In addition to revisiting Freud’s contributions, much research and theory from the past two decades are presented and the author adds his own contribution of organizing embodied experience into three main domains (self, other, and self with other). The role of imitation is explored in detail, and case material is presented. My favorite part came when the author looks at attachment styles through a character neurosis lens and presents new subtypes of the familiar attachment paradigms including clinical examples.

Part III: Embodied Training and Supervision presents a training strategy “aimed at sensitizing therapists to embodied experience and expression” (xix). It revisits the importance of imitation and speaks to the training program at the Character Analytic Institute including non-verbal case presentation and rehearsing therapeutic interaction. The concluding chapter highlights implications from the material presented in earlier chapters of the book and suggests future direction for embodied psychoanalysis.

The book says it aims to focus on the ‘how’ rather than the ‘what’ or ‘why’, but I think it focuses at least as much on ‘what’ as on ‘how.’ Its strengths are its concise overview of Reich’s career and contributions as well as its synthesis of other perspectives with a body-based character perspective. I would have preferred more depth, however, what it left unexplained piqued my interest enough to read another book on a related topic, so I could have the background I craved to follow more fully some of the connections Sletvold put forth.
Welcome New Members!

We are pleased to welcome the following new members to the Academy:

Psychoanalytic Fellow
Lisa Piazza, MD, New York, NY
Sponsor: Dr. David Lopez

Psychiatric Fellows
Laura Gonzalez-Conty MD, New York, NY
Sponsor: Dr. Clarice Kestenbaum

Petrin Redayani Lukman, MD, Jakarta, Indonesia
Sponsor: Dr. César Alfonso

Psychiatric Members
Ebony Davis, MD, Lake Worth, FL
Sponsor: Dr. Clarice Kestenbaum

David A. Doyle, DO, Center Valley, PA
Sponsor: Dr. Eugene Della Badia

Leslie Hartley Gise, MD, Kula, HI
Sponsor: Dr. Michael Blumenfield

Gary L. Kanter, MD, Gainesville, FL
Sponsor: Dr. Elizabeth Auchincloss

Naoma A. Levy, MD, Oak Park, IL
Sponsor: Dr. Geraldine Fox

Shoaib Memon, MD, Chicago, IL
Sponsor: Dr. Amy Yang

Lawrence Nash, MD, Brooklyn, NY
Sponsor: Dr. Roman Anshin

Ronald Paolini, DO, Aiken, SC
Sponsor: Dr. Eugene Della Badia

Christian F. Reusche, MD, Mount Pleasant, SC
Sponsors: Dr. Alvaro Giraldo

Dana Wang, MD, New York, NY
Sponsor: Dr. Raymond Raad

Members-in-Training
Jessica Dotson, DO, Lexington, KY
Sponsor: Dr. Jeffrey Tuttle

Tanya Dutta MD, Franklin Lakes, NJ
Sponsor: Dr. Scott Schwartz

Sepideh Faez, MD, New York, NY
Sponsor: Dr. Scott Schwartz

Monika Gashi, MD, Bronx, NY
Sponsor: Dr. Scott Schwartz

Ariela Green, MD, Philadelphia, PA
Sponsor: Dr. M. Jody Whitehouse

Stephanie Jarvie MD, New York, NY
Sponsor: Dr. Scott Schwartz

Simarpreet Kaur MD, Hicksville, NY
Sponsor: Dr. Scott Schwartz

Houssam Raai MD, New York, NY
Sponsor: Dr. Scott Schwartz

Shapir Rosenberg, MD, Baltimore, MD
Sponsor: Dr. Scott Schwartz

Seema Sannesy, MD, Valhalla, NY
Sponsor: Dr. Scott Schwartz

Medical Student Members
Murad Khan, New York, NY
Sponsors: Drs. Katz and Mintz

Jessica Patrizi, Greenville, SC
Sponsor: Dr. Mintz

Zachary Harris, Highland Park, IL
Sponsor: Dr. Jeffrey Katzman

Erin Poncin, Bronx, NY
Sponsor: Dr. Scott Schwartz

CONGRATULATIONS!
Dr. Jeffrey Deitz on his upgrade from Psychiatric Member to Psychoanalytic Fellow
AND
Dr. Sylvia Detri Elvira for her upgrade from Psychiatric Member to Psychiatric Fellow!