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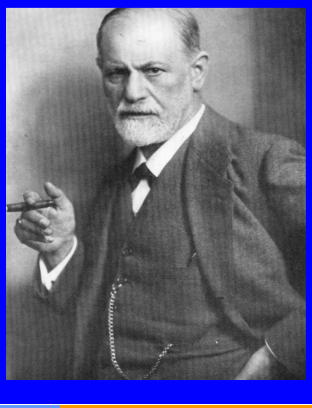

PSYCHOANALYTIC INQUIRY: WHERE MIND AND BRAIN MEET ON THE FRONTIER OF THOUGHT TM

Indiana Society for Psychoanalytic Thought

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The Impact of Managed Care Policies on Psychodynamic Psychotherapies and the Therapy Relationship

Psychodynamic therapies emphasize the therapy relationship as central to the treatment (Safran & Muran, 2000, McWilliams, 1994). Some policies and practices of managed care companies create impingements in the therapy relationship (Winnicott, 1960). Examples of these impingements are: interruption of therapy, premature termination of coverage for services, and the requirement for the therapist to provide confidential clinical information to the case manager. The industry's policies and practices are often confusing and unclear to the patient, as well as the therapist. The more intrusive the requirements of the insurance company, the more potentially disruptive they are to the treatment relationship. A major tenet of psychodynamic therapies is use of the therapeutic frame, a frame that allows for a deepening of the treatment. Milner (1957) noted that the frame has a crucial boundary function, in that it "marks off an area within which what is perceived has to be taken symbolically, while what is outside the frame is taken literally" (p. 158). It is the therapist's responsibility to manage the frame. Frame issues include confidentiality, boundaries, time, place, setting, fees, and absences. When the patient and the therapist negotiate a clearly structured frame, they "respectfully address this complexity and provide a safe, predictable, transitional space for therapeutic work" (Shapiro, 1997, p. 36). The patient and therapist become a dyad within the therapeutic frame. Muller (1994) notes that "the place of the third has been seized by managed care, who structures the dyadic process from first to last, determines its semiotic conditions, influences what is to be said or not said, and dictates what shall be taken as meaningful and what shall be desired as an outcome" (p. 52). Dynamically, managed care could be conceived of as an "other" that threatens the therapeutic frame, with the capacity to destroy the treatment.

Managed care has become a central philosophy and organizing principle for mental health delivery over the past 17 years (Cohen, 2003). The mental health delivery system has undergone massive changes which are reshaping professional practices. Shapiro (as cited in Cohen, 2003) defines managed care as "any kind of health care services which are paid for, all or in part, by a third party, including any government entity, and for which the locus of any part of clinical decision-making is other than between the practitioner and the client or patient" (p. 34). In 2003, two hundred managed care companies served approximately one-half of the U.S. population. It has been anticipated that this number will approach the entire U.S. population by 2006 (Cohen, 2003). The majority of participants in Medicaid are also in managed care plans (O'Neill, 2000). Considering the overwhelming number of people affected by this change in insurance standards, there has been minimal research on the implications of managed care. There is little understood about effects of managed care on therapeutic outcomes.

One effect of managed care practices is disruptions to the therapy (Kirschner & Lachicotte, 2001, Miller & Twomey, 2000, Mishne, 2004, Muller, 1994, Strupp, 2001). These disruptions are an impingement into the therapy. Impingements are intrusions into the frame of the therapy that require some form of adaptation of the patient to the environment. The concept of impingement was developed by D.W. Winnicott to describe an element of the infant-mother relationship in the normal development of the individual. He drew parallels from this early relationship to the therapy relationship. When the mother is attuned to the infant, this is a facilitating environment that encourages the natural unfolding of development in the infant. Interferences in this attunement require that the infant adapt to the mother or to the environment and therefore development is altered. Maternal impingements result in the development of the "false self" as opposed to the hidden, authentic, "true self." The true self is the source of authenticity and aliveness in a person and develops out of the mother's ability to provide a "holding environment," for the infant, one which meets his or her spontaneous expressions. When the mother fails to meet those expressions, the infant has to comply with her response in order to survive. The strategies of compliance that emerge are Winnicott's false self. The false self hides and protects the true self by adapting to the environmental demands. Winnicott (1960) believed in the importance of providing patients with a holding environment, an environment that allows the true self to emerge. Disruptions in mother-infant relationships and therapy relationships are normal. The question is not about the existence of disruptions but the overall balance of disruption and repair. Little is understood about the implications for

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therapy when managed care practices influence the treatment. The short-term and long-term effects of therapeutic impingements may dramatically alter both the process and outcome of therapy.

An impingement creates an environment in which the patient is forced to comply or adapt to that environment. This interrupts the natural unfolding of the authentic expression of the patient. The "true self" is then forced to remain hidden behind the compliant "false self." Winnicott saw disruptions to the therapy as inevitable and viewed the reparation of those disruptions as curative to the patient. An example of natural therapeutic disruptions is the misattunement of the therapist to the patient, creating an empathic failure. Winnicott emphasized the importance of disruptions being non-traumatic, for example, abandoning a patient. An impingement is a disruption that is not repaired.

Understanding the impact of policies on mental health treatment includes understanding the philosophies of managed care companies. One of the largest mental health managed care companies in the U.S. is Magellan (Dowd & Ashley-Dixon, 1999). Magellan's mission statement is to "maximize the power of our behavioral health expertise to support individuals and families at the most sensitive moments of their lives. We deliver trusted and innovative solutions to our customers and collaborate with our providers to positively influence individuals' total health and well-being and increase value for all of our *stakeholders*" (p.1).

Various authors have explored the impact of managed care on psychotherapy. Some have seen it as a malignant force that industrializes mental health treatment; others have seen it as a necessary factor in today's economic world. Other authors have attempted to understand the impact on the therapy so as to address it therapeutically and constructively. Some have chronicled the evolution of managed care policies and socioeconomic factors.

Sperling and Sack (2002) summarize the transformative impact of managed care on psychotherapy as follows: reduced length of treatment in both inpatient and outpatient settings, reduced reimbursement levels and increased documentation requirements, an "anti-intellectualization" of the therapy process wherein manualized treatments are viewed as the highest standard of care, and intrusion of an active third party into the therapist-patient dyad. (p.363) These authors also describe the advantages of managed care: a potentially steady referral base when contracted as a preferred provider, an increased likelihood to develop a treatment plan for a patient's care, and increased discussions with patients about their progress in the treatment. They continue by proposing methods to assimilate the policies of managed care into dynamic therapies. Unlike other writers, they do not view these as incompatible. Strupp (2001) has explored the importance of developing empirically supported treatment in the mental health field. He comments that managed care is really a "managed cost" system, the basic purpose of which is cost containment. (p. 605) He supports the idea of research in the field but sees research as having been "co-opted as a tool for justifying the rationing of therapeutic services and putting therapeutic techniques into a straightjacket" (p. 606). He proposes that the demand for empirically supported treatments is creating an "unholy alliance" between managed care organizations and researchers that is being used to reduce therapy to highly-specific manual-based procedures. Although in favor of research to prove the effectiveness of therapies, he views most aspects of the current movement as politically inspired. The practice of psychotherapy is far too intricate and complex to be reduced to numbers and formulas as can be done in randomized clinical trials such as drug tests. An alternative offered by Strupp is that of research-informed case histories. Related to Strupp's comments about "managed cost," are studies that compare costs of insurance companies before and after managed care. Falcon (1994) pooled statistics from a Blue Cross/Blue Shield utilization review. Case management of mental illness through shortened treatments appeared to save money. When he compared total expenses, however, the cost remained the same, before and after managed care. The costs had shifted from psychiatric to medical costs. Patients with mental illness sought treatment in emergency room and internists' offices with behavioral and physical manifestations of their mental conditions.

Kirschner and Lachicotte (2001) remind us that the advent of managed care has brought significant changes to the field of mental health practice. Foremost among these is the intrusion of non-professionals into the process of deciding who gets treatment and how much they are allotted, along with the dictum that clinicians must now offer a more careful accounting of the particulars of service provision than before. The authors found that clinicians see some managed care policies as "violating the integrity of their work" (p.441). They describe the practices that clinicians have developed in response to managed care policies. Examples of these practices are: rotating the designated client (when treating families or couples), playing with the diagnosis, and changing modalities of care (from individual therapy to group therapy until the number of sessions resets at the beginning of the year). These authors argue that the change in the mental health field in response to managed care is a major sociological change in how providers expect to practice.

The mode of treatment has also been influenced by managed care practices. Psychodynamic psychotherapies and psychoanalysis have been most strongly affected. Managed care companies' focus on resolving patients' acute symptoms, rather than treating underlying conditions, has led to the "gradual disappearance of the use of the psychodynamic model as the dominant framework in the treatment of individuals suffering from mental illness" (Cohen, 2003, p. 38). Managed care practices are viewed by some authors as compromising the key components of therapy, especially the therapy relationship (Edward, 1999). Some research has demonstrated that although clinicians state that managed care practices should not influence patient assessment or treatment planning, it nevertheless does (Gibelman & Mason, 2002). This is an example of one of the ethical concerns created by working within a managed care environment. Graybar and Leonard (2005) discuss the interference of managed care on the therapist's ability for in-depth listening and how this supports countertransference resistances to listening. Other

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The Impact of Internet Pornography on Married Women: A Psychodynamic Perspective

The tantalizing topic of Internet pornography generates a great deal of interest in academic spheres, the mainstream media, and on Capital Hill. A "Google" search produces not only links to heterosexual, homosexual, and child pornographic web pages, but links to screen tests to determine cybersex addiction, and assistance for cyberporn addicts, and to web pages of multiple groups organized to curb the availability of Internet pornography. Daily perusal of newspapers, magazines, and television also reveals a considerable concentration on this particular topic with the majority of the focus on the compulsive user and the negative effects on spouses and families.

The problem of Internet pornography has been considered from the perspectives of morality (Perkins, 1997), domination and oppression of women (Dines, Jenson, & Russo, 1998), and violation of women's civil rights (Dworkin, 1989). However, the dominant model examines the issue from an addiction perspective (Carnes, Delmonico, Griffin, & Moriarity, 2001; Schneider, 2002), arguing that individuals become addicted to the sexual stimulation of the Internet much as one becomes addicted to drugs or alcohol. In this model there is an addict and a co-addict. Treatment is prescribed for both addict and co-addict based on recovery from the addiction.

The addiction perspective increases our understanding of online behaviors and characteristics of the individual user from a particular vantage point. However, exclusive focus on Internet pornography use as an addiction has its limitations. It does not provide an in-depth understanding of individual human behavior nor an exploration of unconscious motives. Furthermore, it rarely explains the role that compulsive use of Internet pornography may play in the complex marital relationship.

My initial interest in the topic of Internet pornography was generated by my clinical work with women who, after months of psychotherapy, voiced distress about their husbands' use of Internet pornography and their inability to convince their husbands to abandon the activities. I chose to research the experiences of the wives of the user from a psychodynamic approach. This approach illuminates the experiences of women, not just as enablers, but also as active participants who bring their individual psychodynamics to a complex marital relationship as a result of their own unconscious processes.

The research required a mixed methodology. The qualitative portion was based on in-depth interviews with 16 women and employed grounded theory procedures whereby the theory is derived from the data. Thus, there is no hypothesis and the theory emerges through the systematic gathering and analysis of data. The data is then interpreted through the theoretic lens of object relations and self-psychology. The quantitative methodology relied on a simple demographic questionnaire and a lengthier attitudes questionnaire with each of the 16 women.

Pornography has existed in Western Civilization since Greek and Roman periods. The growth and development of the modern heterosexual pornography industry began with Playboy in 1953 (Dines et al. 1998). However, Internet technology in the 21st century and the relatively uncensored nature of it, has not only increased the availability and access to pornography, but it has altered previous definitions, meanings, and understandings of heterosexual pornography. Non Internet pornography has been defined as material designed to both gratify sexual desire and to cause arousal (Mitchell, 2003). However, Internet pornography, or cyberporn, includes (but is not limited to) viewing and downloading of pornographic material (including illegal or deviant sexual images), visiting sexually oriented chat rooms, exchanging sexually explicit letters, emails, stories, and/or visual images via digital cameras, and engaging in interactive online affairs.

The results of this study demonstrated nine discrete yet related findings. All findings related to dynamics that maintain what is called the "cycle that keeps happening." The first finding focused on the women's experience of their husband's use of pornography. They described it as a cycle that was repetitive and also a permanent fixture in their lives. They were unable to disrupt the cycle or achieve permanent change. Their efforts only produced small changes.

The second finding revealed that the women experienced impaired psychosexual development. Childhood histories included multiple physical, sexual, and emotional boundary violations, parental abandonment, and chaotic home lives. The participants' parents were unable to establish optimal conditions necessary for normative development due to their own deficiencies. Although the women cited both parents as having major deficiencies, fathers were more the focus of disappointment than mothers.

The third finding indicated that women noticed something was "not quite right" early in the relationships, even before marriage, and yet, these signs were ignored. Many men had histories of alcohol and drug abuse, conflictual prior marriages, patterns of treating women with disdain, and/or unregulated family backgrounds

I expected to discover women who reported low libido, but the opposite seemed true. The fourth finding indicated that a majority of participants claimed they were the initiators in the sexual relationship and often were disappointed in their husbands' lack of initiative and interest in novel sexual practices. These disappointments occurred prior to problematic Internet use.

The fifth finding showed discrepancies between the survey results and the interview data. The participants' narratives showed that the women were unhappy with their marital lives. However; the quantitative portion contradicted this information. Over 50% of the women claimed to be happy in life and in marriage.

The participants focused on men's Internet pornography viewing, but this appeared to be benign in comparison to other cyberporn activities. The sixth finding revealed that husbands had a history of engagement in a variety of other benign and harmful compulsive behaviors. However, Internet

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Thoughts on the Paradox of Thought

Perceptions tell us about the world. The "outer" perceptions of vision, hearing, smell and touch, tell of the world outside of us. They are straight foreword and relatively uncomplicated. Within the range of our individual physiologies these perceptions are shared by others. By contrast, however, the "inner" perceptions of thought and emotions are different in that they are individualized to each of us and are deceptive and not straight forward.

The "inner" perceptions of thoughts and emotions are synchronized allowing for a powerful experience. Thoughts represent the dialogue and emotions represent the background music. Sometimes the emotional background prevails and sometimes the thoughts prevail. These two complimentary elements make for rich psychological perceptual experiences. These "inner" perceptions tell of the world within us: the world of consciousness.

Psychology is the only perceptual field which has an agenda. Now, since dialogue usually causes more inner distress than background music, thought rather then emotion is the focus here. All thoughts are deceptive. Thoughts tend to infer a power and an influence which they don't inherently posses. Thoughts invite a sense of truth where none exists. One of the most profound deceptions is the implication that the thought is not a perception, but rather is an aspect or at least a doing of the "experiencer." "Thinking" is not an active process any more than seeing, hearing, and smelling are active processes. We see that which is there to be seen, we hear that which is there to be heard, we smell that which there to be smelled, and we "think" that which is there to be thought. Perceptions are RECEIVED and not DONE by the perceiver.

Therefore, the initial and basic myth is that we MAKE our thoughts rather than EXPERIENCE them. When we hear a sound we don't confuse ourselves with the sound that we hear. Or when we see an object we don't mistake ourselves to be that which we see. Yet with our thought perceptions we reflexively fall into this trap of ownership. The perceiver simply cannot be that which is perceived. Yet with thoughts this sense of distinction and distance strongly tends to be lost.

With "outer" perceptions the distance between subject and object is linear. With "inner" perceptions the distance is within one's field of consciousness. That which is "seen" in the inner world is "not me" in the same way as that which is seen in the outer world is "not me". This inner world is, so to speak, one's field of consciousness. This world operates by laws and by physics in the same way as does the outer world. The activity of this inner world nourishes processes necessary to the human experience. Yet we don't produce this activity, we are the "experiencers" of it. We easily accept the processes of the outer world yet deny these deeper processes which are reflected in the outer "everyday" world.

The human experience is burdened by anguish which undertones most of our existence. This anguish is expressed in the myriad pathways of psychological distress. A low level of restless discontent abides through most all unstructured moments and we seldom know periods of real serenity. Any episode of anguish which breaks through to our awareness is a signal that we have just been deceived by our "thought-perceptions." This deception is in the basic agenda of this perceptual field. We don't wish to hurt ourselves, however our innocence is exploited and we are led astray. The fundamental human problem is ignorance of these processes of consciousness which manifest themselves to us though inner perceptions.

Several features of thought, and the processes of thought, can be discerned when we look past specific content. Most basic is the fact that "thought-perceptions," as with any other perception, are given TO us rather than done BY us. It follows then that the agenda they promote is not the agenda of the individual experiencing the thoughts. In other words, our thoughts are not personal. We don't order them to occur nor do we have any part in making them occur. With any other type of perception these statements would be self-evident. Thoughts, however, can be so gripping and vivid in their content that existentially we tend to become one with them rather than realizing that they are to be held at a distance. In fact the only way to see through the processes of deception is to hold these thoughts at a distance.

Thought content is individualized to each of us in the same sense as finger prints or shoe size is individualized. However, if we view the perception of thoughts as common to the human experience then we are able to look past their specific content and attempt to discern the fundamental dynamics and themes which are universally involved. For example, whenever we are in anguish the content of our thoughts are lying to us. When we experience inner distress we have been lied to, this may also combine with being accused. The lie usually involves "flawedness" and the accusation involves our own part in the creation of the flaw. These "thought-perception" lies are always seamlessly logical and intellectually irrefutable.

We are irresistibly encouraged to believe in the reasonableness and logic of these thoughts so we don't awaken to the falseness of these perceptions. As a consequence our faith becomes focused on that which is untrue and we experience anguish in its various psychological manifestations. When we put faith in a false belief with regard to an important aspect of our lives we suffer angst. We seek to pacify this anguish in one way or another. Often these efforts at pacification are to some degree successful yet what we have really done is to move around the "blocks of perception" rather than encourage the transformations necessary for more basic healing to occur.

Now, that the foregoing has essentially addressed process let's turn to another perspective on these observations. The processes of thinking are observable if we open our minds to them. It must be remembered that as strange as it may sound, these processes of "thought-perception" will resist our efforts at observation. This is an important aspect of their agenda. It is essential to awaken to the fact that in the perceptual process the subject or the knower can NEVER be any aspect of that which is perceived or the object. This confusion is ubiquitous and reflective of human experience. It is the legacy of all emotional and psychological distress to which we are heir.

Of course, the question arises as to the background dynamics which create and support this deception of thought and for that we must look to the basic ground of consciousness. Our essential sense of self is a direct experience of consciousness. That which self

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The Role of Vulnerability in Personality Re-organization

Why does one need to deal with troubling, painful feelings? Why not just solve the problems that are causing them? Why not just take some medication that will keep these feelings from surfacing? Why not eliminate the "crazy" thinking that often accompanies hurt, fear, shame, rage, and guilt? I'd like to address these questions, (with permission from my client, "Mr. Z," with whom I am currently counseling), by examining Mr. Z's story without compromising his identity or confidentiality.

Mr. Z is in his "mid-50s." He tells me that he is coming for counseling to deal with depression resulting from issues related to his work. He says that work has always been a source of stress for him. He talks about feeling "owned" and "oppressed" by the company because they demand mandatory overtime. I invite him to expound on these feelings. With great hesitancy, some nervous twitching in his face, and a very stiff and rigid upper torso, he pauses. I ask, "What are you aware of?" He says, "I'm feeling on the spot." I inquire, "What comes to mind when you think of what it feels like to be on the spot?" He pauses; silent for a moment, and then a controllable emotion appears to emerge into his consciousness. He tells me that his mother was an alcoholic and would put him and his siblings on the spot. On one occasion she threatened to leave. She was standing at the door, bags packed, and ready go when she made him and his siblings decide whether they were going to leave with her or staying with their father. Listening intently to his story I notice another silent pause, emotion begins to flood his consciousness, he bursts into tears, and his entire body seems involved in a powerful discharge of emotional energy.

As he talks through these intense emotions, his body relaxes. He is able to get some new insights by recalling that work always felt like the only "escape" from his mother's crazy behavior. At an early age, he began to believe that if he only worked hard enough, his mom would be OK and he would be freed from experiencing painful emotions.

As my client continues to talk through the story of his past in weekly psychotherapy sessions, he is gaining new insights into his present life situation. He is learning that the anger he associates with his current work is largely the result of repressed feelings of hurt, fear, shame, and guilt experienced in childhood encounters with his mom and dad. And he is now learning that when he becomes vulnerable enough to expose these feelings, he is able to embrace the vulnerable child within, re-experience the memories with the feelings, and re-interpret his present experience in the light of the new insights he has obtained. In essence, he rewrites the story of his life in a way that allows him to hold the feelings from the past, live in the present, and find hope for the future.

Let me now respond to the questions at the beginning of this article. Solving the problems he has at work would never resolve the internal emotional conflict that emerged when he allowed himself to be vulnerable. Interventions involving various increasing levels of medication over the last 2 years had not influenced the depression. (It seems to me more than coincidental that his depression is lifting after 6 months of psychotherapy, though perhaps the medication didn't begin to work until 2.5 years had passed.) Eliminating crazy thinking may have run the risk of strengthening his defenses which might have made the experience of vulnerability less likely to occur in him.

My conclusion is that the client's vulnerability is something to be explored and not avoided in therapy. It is my experience that human beings, including myself, have become structured or organized to avoid vulnerability. Creating a safe therapeutic space and intervening in ways that invite a person to explore his or her vulnerability can lead to re-organization of personality structures, as is illustrated in the case of Mr. Z. The re-organization increases the number of behavioral options available to the person. This, in turn, increases the likelihood that he or she will creatively and flexibly adapt to environmental demands, effectively regulate negative affect and increase the amount of positive affect, leading to a point of courage to be who he or she deeply desires to be.

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pornography appeared to be the portal that **broke** down disavowal about the husbands' numerous offensive behaviors. Perhaps the intimacy of sexuality made this issue far more unsettling for the women than other compulsive behaviors.

Two groups of women were involved in this study. COSA (co-addicts of sex addicts anonymous and Non-COSA women. Both groups of women struggled with exactly the same issues. Both groups were stuck in the cycle, and both groups reported feeling powerless to change the cycle in which they were immersed. However, there were two major differences; the COSA women had a new language in which to articulate their dilemma and felt less isolated due to the support group.

The eighth finding focused on participants' need to forgive. The wives struggled both consciously and unconsciously with this desire. Retrospectively the women realized that with each articulation of the cycle, they were constantly attempting to forgive their husbands. Some identified the need to forgive as emanating from their religious backgrounds, while COSA women associated the need to forgive with the 12 step program. The concept of forgiveness was intricately woven with that of hope. Each time the women forgave their husbands, they experienced hope that this time things would change. Forgiveness and hope comprised a small cycle.

The final finding suggested that both husbands and wives had a vertical split. Husbands and wives participated in each others' vertical split and tended to mutually reinforce the repetitive cycle. Periodically the disavowal broke through and wives confronted husbands. These confrontations offered more opportunities for continued disavowal and maintained what appeared to be a cohesive marital enmeshment.

This research has important implications for therapists. The problem of Internet pornography is complex and cannot be reduced to simply pornography viewing. Both the provocative nature of Internet pornography and the media's attention to it has the

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A Review of "Freud: Inventor of the Modern Mind" by Peter Kramer

This slim (213 pages) volume arrived on the store shelves just in time for the Christmas rush, and it seems to have been packaged quickly as well. Dr. Kramer, who is a professor at Brown University, made his reputation as the author of ***Listening to Prozac*** and is touted on the book cover as "America's best know psychiatrist". Although he does not list references for his many observations and conclusions, and there is no reference list at the rear of the book, he does say that he relied heavily on certain other writers, including Frank Sulloway, Jeffrey Masson, Frederick Crews, Joseph Wortis, and Peter Drucker. There were others as well, but these give the flavor of his sources and to the informed reader suggest the drift of his text. This is no hagiography, rather, it is more of a critical postmortem on a man and an era. Kramer labels ***Analysis Terminable and Interminable*** both the most "accurate" of Freud's books (because it acknowledges the limitations of psychoanalysis) and also the last great work of the Enlightenment group of writers.

Kramer is a skilled writer and to the uninformed, and, especially, unanalyzed, reader his biography reads smoothly and sensibly. It is the story of an overreaching but brilliant man who dogmatically ignores facts which are disagreeable to his theories, founds a cult of followers, and thereby influences modern views of the mind only to be eventually replaced by a scientific and medically based psychiatry. In Kramer's words: "He (Freud) imagined that….he could map the mind. We no longer share that conviction. Ego, id, and superego are convenient categories, but whether they correspond to anything concrete--brain circuits, say….--is less clear. Today, the proper starting points appear to be emotions or personality traits that might correspond to pathways or centers in the brain."

Oddly, for a book that is ostensibly a biography, Kramer spends the concluding chapter mourning his loss, loss of a great man, an ego ideal in whose work he had been well schooled and disciplined as a medical student years ago. When coupled with the praise he does offer at various parts of the book, although it often is the damning sort known as "faint praise", one wonders how we might view this ending. Kramer seems to recognize the feeling that results from his destruction of a great man and his work, but he apparently doesn't connect this feeling to anything deeper within himself or to psychoanalytic theory, although such connections are begging for consideration especially when read through the lens of psychoanalysis. And this seems to be precisely the point which this memoir skips…that there is a unique way of viewing the world, a way with its own heuristic and explanatory value, that is offered by psychoanalysis. When Kramer slays the many straw men that are linked to the Victorian time in which Freud lived and wrote, he also inadvertently destroyed this valuable contribution. When we seek the mystery of personality only in neural circuitry we are not easily or quickly drawn to ponder the meaning of Kramer's feeling of loss and why it is so poignant.

This book will be of only passing interest to psychoanalytic scholars. It belongs to the group of works by Freud critics--Jeffrey Masson, Frederick Crews, etc.--and brings little additional information to what they have supplied. While detailing some of the sweep of Freud's impact on modern civilization, it is unduly negative regarding the basis and nature of his thinking. In my opinion, the $21.95 price of this little book is not money well spent.

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authors have sought to understand the effects of managed care in the treatment of acute patients, such as patients who are suicidal, self-harming or substance-abusing. Because of the dramatically reduced length of inpatient hospitalizations, therapists are left to manage this acuity with the patient outside of the protected, structured environment of a hospital (Mishne, 2004). Of particular use for social workers are studies that view managed care through the lens of the N.A.S.W. Code of Ethics. One author maintains that managed care practices directly interfere with the social worker's ability to comply with the code of ethics.

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Wineburgh (1998) includes in her analysis the ethics of informed consent, confidentiality, respect for the patient, patient autonomy, issues of divided loyalties, the ethic to do no harm, and the duty to appeal unfavorable insurance decisions. She articulates how the dictates of managed care prohibit compliance with theses ethical standards. She cites legal decisions in malpractice cases. These cases considered managed care practices and the responsibilities of the clinician when the limits of managed care differed from those responsibilities. This illustrates the bind that is created for the clinician when clinical responsibilities and insurance dictates clash. Sometimes this bind leads to more than countertransference strains; it leads to legal consequences.

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potential of distracting therapists from the underlying issues and tending to the symptom instead. However, it is important to understand that wives are part of a complex marital system. The cycle "that keeps happening" serves an important function in the marital relationship and the therapist must understand the function of this cycle. The small cycle of forgiveness and hope appears to serve as a defense rather than as a true means of reparation, and ultimately, perpetuates the problem.

The Internet and the mind are two separate entities. The Internet is not the cause of sexually related activities although it may facilitate such behaviors. When a woman in therapy identifies the Internet as a major cause of dissatisfaction in the marriage, careful consideration must be given to the nature of the individual's underlying pathology. This research underscores the importance of obtaining a thorough history of the individual including any untreated traumas associated with sexual, emotional, and physical abuse as well as other psychosexual developmental interferences.

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perceives is "not self". This distinction is necessary for us to have any appreciation of how we "work" **within** the human experience: what we are and what we are not. When I mistake myself for that which is not myself I am vulnerable to anguish.

Unless I assume that I create myself than it follows that I must have a source. Since Source can't be anything within the arena of perception then Source must be outside the dimension of the material realm. For myself I call that source God. Since I am unable to establish parameters for self, obviously I am unable to establish parameters for God. It is possible, however, to discern attributes. As an individual I have a single focus of consciousness. I can be in only one place at one time. I can be in many places and in many times, yet only one at a time. God, on the other hand, is not so limited. God, or Absolute Source, is every where all of the time. So therefore, I am, so to say, a single drop of consciousness in an ocean of consciousness.

This dynamic of being one with the "Ocean" yet not the Ocean is of fundamental significance. The drop, in order to fully appreciate the relationship to Ocean, must awaken to itself and its relationship to the Ocean of which it is an eternal part. This awakening requires active participation of the part of the drop. This active participation requires guidance from the greater Source to awaken and sustain this process of awakening. The issue here is our awakening to our true "individual-ness." In this process we are also awakened to our intimacy with Source and our relationship to other individuals.

The messenger of thought wishes us to consider ourselves "free standing," independent entities who maintain ourselves and who direct their own lives. We then become the master of our own fate and invariably the source of our own undoing. The virtually universal burden of confusion and guilt will be always with us. If we see through the deceptions of thought we can come to know ourselves more deeply and know of our connectedness.

We can make a theoretical construction and call the messenger behind the agenda of thought perception the "Accuser". The work then becomes less theoretical and more practically useful. The Accuser is a creation of "All-ness" and is in the service of "All-ness." The function of the Accuser is like that of the most unpleasant professor imaginable who teaches the most vital and essential subject matter imaginable. The Accuser forces us by anguish to awaken to our more profound and truer nature. We are forced to either hold to a flat vision of ourselves wherein or we are identified with our perceptual self-image, or see ourselves as distant from that image and nearer to the depth and reality of ourselves. This effort requires that we look deeper then the perceptual experiences of consciousness toward the level of direct experience. Here is to be found a transformation of vision with regard to both that which we truly are and the very processes of life itself.

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Greg P. Sipes, Ph.D.

Article in press
"Transformation of Soul: The Intersection of Psychoanalysis, Consciousness and Spirituality," Voice Publishers.

New Child Clinical Seminar: @ Cincinnati Psychoanalytic Institute 513-961-8886 Or www.cps-i.org

Calendar of Events

Indiana Society for Psychoanalytic Thought
www.ispt-news.org

April 14, 2007 The University of Indianapolis School of Psychological Sciences and the Indiana Society of Psychoanalytic Thought Present

A Master Clinician Workshop with

Dr. Jonathan Shedler

Introduction to the Psychodynamic Diagnostic Manual: Personality Diagnosis and Case Formulation

American Psychological Association Div 39
www.apa.org

April 18-22, 2007 Division of Psychoanalysis (39) 27th Annual Spring Meeting, Royal York Hotel Toronto, Ontario

American Psychoanalytic Association
www.apsa.org

June 20, 2007 APsaA 96th Annual Meeting Denver Marriott City Center

Chicago Psychoanalytic Society
www.3b.com/cps

May 1, 2007 Gender as Soft Assembly: Reflections on Postmodern Gender Theory

International Psychoanalytic Association
www.ipa.org

July 25-28, 2007 45th IPA Congress, Berlin

International Psychoanalytic Studies Organization

July 25-28, 2007 45th IPSO/IPA Congress, Berlin
www.ipsocandidates.org

May 4-6, 2007 Chicago School of Professional Psychology and the Chicago Center for the Study of Groups and Organizations of the A.K. Rice Institute Present

Group Relations Conference

www.grouprelationsconference.com

For Questions and Concerns Please Contact the Editor

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