

GSAPP Alumni Newsletter

The GSAPP Alumni Organization—Rutgers University

Spring 2010—Volume XI—No. 1

Alumni Speakout

Two GSAPP Grads Help Lead NJPA Fight Against MH Insurance Companies in NJ

Aim to Protect Patients and Privacy, Save Taxpayer Money

Launch new website:

www.SpeakYourMindNJ.org

Jeff Axelbank, Psy.D., 1992

Psychologists, other mental health providers, and consumers around the country are all aware of the assault on mental health services by insurance companies. Benefits are shrinking, requirements to get services authorized are becoming greater, and providers are increasingly facing a terrible ethical dilemma: reveal private information about our patients, or risk that the patient's insurance coverage will be withdrawn, jeopardizing needed treatment. In New Jersey, a group of psychologists, including two GSAPP alumni, are leading an effort to reverse this trend.

Barry Helfmann (Clinical, 1976) played an important role in the passage of the New Jersey Peer Review Law in 1985. Along with leaders such as Bill Lum (Clinical, 1981), Jane Hochberg (Clinical, 1976), Roz Dorlen (Clinical, 1977), and Don Bernstein, he helped establish a tradition of activism in the New Jersey Psychological Association (NJPA), a tradition of responsibility to the community of psychologists in New Jersey and the clients they serve. When NJPA filed a lawsuit last December to protect our clients from insurance companies' illegal behavior, and launched a public relations campaign this February, I joined Barry on the Steering Committee for the *NJPA Project on the Crisis in Mental Health Insurance*. Together with other activists we are building on NJPA's legacy of aggressive advocacy.

We owe a considerable debt of gratitude to the psychologists who saw the Peer Review Law through to passage. This law is the only statute of its kind in the country. It stipulates and limits the information that psychologists may provide to patients' insurance companies. In the event of a dispute over appropriateness of treatment, the law provides a mechanism for the patient's clinical data to be reviewed confidentially by the psychologist's peers. This process is overseen by the State Board of Psychological Examiners, which is charged by the state to protect consumers. In this way, it halted the coercive practice of third party payers forcing patients to reveal ever more personal information in order to access their men-



Jeff Axelbank, Psy.D., 1992

tal health benefits, a practice which had stopped many people from getting the treatment they need. The law was effective for many years in protecting the sanctity of the psychologist/client relationship and easing NJ residents' access to mental health services. Fast forward 21 years, to Fall 2006: the NJ State Health Benefits Plan (SHBP - the state's largest insurance plan, covering over 800,000 lives of public employees and their families) reversed long-standing policy and started "managing" out-of-network outpatient therapy. Subscribers willing to pay extra to choose their own therapists, and have unencumbered care, still had to pay extra but (without warning) lost the privacy and control for which they had selected these plans.

Starting around March 2009, this "mismanagement" of therapy has become more and more onerous. Magellan Health Services, the company responsible for the mental health portion of the SHBP, parceled out authorizations in ever smaller batches of sessions, required telephone reviews for even routine care, imposed new requirements without notification (e.g., requiring providers to send copies of licenses

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From the Alumni Organization President's Message

Dear GSAPP Alumni,

An old friend of mine – an actor – was once congratulated for a role that he was playing on television. Upon hearing an enthusiastic compliment from a complete stranger on the street, my friend expressed his gratitude and said, “The accomplishment is not the character I’m playing, but in my ability to keep working and to survive in this profession.”

I have often noticed the heterogeneity of training within our profession and have felt confident and inspired by the training I received from GSAPP. Although GSAPP has given me most of the tools necessary to get an internship and a job, I am fully cognizant of the multiple challenges confronting non-licensed professionals and early career psychologists. I am also aware of the limited resources available. The current economic situation, and the eligibility of master’s level professionals to practice psychotherapy, have severely limited the jobs available to psychologists, at least in New Jersey.

I believe that our Alumni Organization can ease some of the challenges and provide needed resources. The vulnerability of permit holders under the current economy has attracted state and national attention. The APA Monitor of December 2009 announced that a few states (e.g. Connecticut) have already terminated the post-doctoral requirement, enabling graduates to take the EPPP and get licensed immediately after graduation. The 2010 president-elect of APA, Dr. Melba Vasquez, has pledged to advocate for ways to address the debt with which early career psychologists are confronted. In short, the situation for early career professionals or permit-holders is no longer simple or acceptable. Advocacy and support are needed to ensure survival. I believe that a support structure can be created to help GSAPP graduates who are not immediately employed after graduation and who plan to practice in New Jersey. In order to engage in action, our Alumni Organization needs support - your support! You can lend a hand by getting involved with the Organization’s Board, by volunteering to write articles for our newsletter and by attending our annual award event.

Your GSAPP Alumni Organization Board members have been very busy preparing the **Third Annual GSAPP and Alumni Organization Award Celebration Event scheduled for May 8 at the Crowne-Plaza Hotel in Edison, New Jersey.** The Grace K. Smith Award, the GSAPP Alumni Association Award for Distinguished Career Achievement and the Peterson Prize will be awarded during this event. In order to encourage you to attend, your organization has reserved a lovely venue, a delicious buffet dinner and a band to provide us with dancing and entertainment. We have worked hard to keep the cost at a minimum to encourage your attendance. The GSAPP Alumni Organization needs your support and your presence at this event. Do not wait, reserve your tickets and come. Let’s network with students, early career professionals and each other for our mutual benefit. Most of all, let’s get together and party. I am truly looking forward to seeing you at the event.

Lucy S. Takagi, MA, PsyD
2009-2010 GSAPP Alumni Organization President

<http://gsappweb.rutgers.edu/alumni/>

From GSAPP A Letter from the Dean

Dear GSAPP Alumni,

The APA Council of Representatives is developing a list of core values for our profession. When reviewing the list, I thought to myself that GSAPP already lives by these aspirations. Re-reading the statement of GSAPP’s core values, which the faculty approved in 2005, I compare them below to the proposed APA values, and then offer some commentary:

- APA:** The continual pursuit of excellence
- GSAPP:** We value excellence in scholarship and research and their integration with practice
- APA:** Outstanding service to its members and to society
- GSAPP:** We value academic and professional service activities, as well as valuing members of our community willingly taking on voluntary tasks that contribute to GSAPP’s well being
- APA:** Science-based decision making
- GSAPP:** We value supporting the presence of a variety of scholarly, scientific and theoretical viewpoints and encouraging lively and constructive dialogue among them
- APA:** Supporting diversity and inclusion in all its forms
- GSAPP:** We value GSAPP faculty and students understanding and serving the full range of diverse individuals and groups that make up our state, the nation and the world
- APA:** Acting ethically
- GSAPP:** We value GSAPP being a respectful and supportive community for all its members, including administration, faculty, staff and students GSAPP listed one other value, which is specific to a training program
- GSAPP:** We value the enhancement of students’ personal development and self-awareness, especially insofar as these aid their growth as practitioners.

The correspondence between the two lists is remarkable. In addition to science-based decision making, GSAPP places special value on a pluralistic approach to scholarship, meaning that a variety of theoretical outlooks and methods are appreciated, and this speaks to a broader context for science-based decision making. Interestingly, we don’t refer explicitly to acting ethically, although being a respectful and supportive community does emphasize an important sphere of ethics, namely how we treat our fellow students, faculty and staff. We have always taken as a given that our students would behave ethically and, therefore, did not spell this out further.

How is GSAPP putting these values into practice? When hiring new faculty, we seek individuals who show promise of making major scholarly contributions to the field, who can integrate research with practice and who will relate respectfully to students. For example, Shireen Rizvi (Clinical), one of our two most recently hired faculty members, is engaged in researching dialectical behavior therapy (DBT) and using it to treat borderline personalities. Our most recent faculty hire, Anne Gregory (School), studies racial disparities in how teachers deal with

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From the Alumni Organization Memo from the Editor

Jeffrey Axelbank, Psy.D., 1992

It has been a very busy time for me, as the article on the front page attests. I have become deeply involved in the New Jersey Psychological Association's efforts to stop insurance companies' intrusion into our patients' private lives and into our work. Though this has taken a tremendous amount of time, I had lately become aware of the ever increasing amount of time I was spending on the phone with insurance company "care managers," filling out forms, or discussing insurance issues with patients, using up their precious time during sessions. Our hope is that by investing time now, it will limit the waste of time and money these insurance company tactics cause in the long term. Please go to the campaign website, www.SpeakYourMindNJ.org (see picture to the right), to find out what we are doing, see the media coverage we have gotten, send letters to decision-makers (if you live in NJ), and make a donation to support this effort, which has national implications. And also please pass the website on to your friends, family, and colleagues.

While I've been occupied with the NJPA fight against insurance company abuses, others have been minding the fort, so to speak, of clinical work and GSAPP. Once again, the newsletter conveys the wide range of activities GSAPP alumni are engaged in. Check out Jade Tiu's interview of George Bokelberg (page 5) to find out how a GSAPP grad landed in law enforcement, working as a Special Agent for the FBI. A psychologist going undercover? Interviewing witnesses, getting confessions? Sounds like something right out of a TV show – but it's real and George is doing it!

Michael Shoshani uses a brief interaction with a patient about money and envy (page 6) to illustrate the difference between more traditional one-person psychoanalytic psychology and the movement towards an intersubjective two-person approach to therapy. The article aptly demonstrates how such an approach can tap into feelings and issues that might be more difficult to address using older methods.

We've all worked with difficult patients who seem to block our efforts to help them at every turn. It sure can get frustrating to feel as if the very person coming to you for help ends up tying your hands behind your back so you can't do what they want you to do! Vickie Semel suggests a perspective on such interactions (page 7) that can be very helpful in understanding why this happens. She provides a way to empathize with the patient's need to throw up these road blocks that can lead to therapeutic movement.

GSAPP Dean Stanley Messer's letter (page 2) reviews GSAPP's core values, approved five years ago, and compares them to values that APA is just now proposing for our profession. It's quite amazing to see the concordance between the two sets of principles. It demonstrates, once again, how GSAPP manages to stay ahead of the curve in the teaching of psychology and training new professionals. And the two new faculty members he introduces, Shireen Rizvi and Anne Gregory, promise to continue the GSAPP tradition of excellence and innovation.

Finally, I want to make sure everyone reads Alumni Or-

ganization President Lucy Takagi's column (page 2). Lucy describes important developments in our field, such as the reconsideration of post-doctoral requirements for licensure. In addition, the Annual GSAPP Alumni Organization Award Celebration on May 8, 2010 sounds like it will be a blast! Be sure to register early so that planning can be done to accommodate everyone. See the registration form on the last page (page 8) of the newsletter, or follow the link provided there to register online.

As always, this newsletter cannot be produced without alumni writing articles. Maybe you have a response to one of the articles in this issue or previous issues. Maybe you are engaged in interesting or unusual work (is George Bokelberg really the only FBI Special Agent among GSAPP alumni?), or have a fresh perspective on developments in our field. Anything at all you'd like to write about would be welcome. Please email all submissions to me at axelbank@rci.rutgers.edu.



The SpeakYourMindNJ.org website

GSAPP Alumni Organization Executive Board 2009-2010

<http://gsappweb.rutgers.edu/Alumni/>

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GSAPP Grads Fight Insurance

(Continued from page 1)

and W-9 forms, sometimes repeatedly), routinely “lost” requests for authorizations, refused to pay for sessions already authorized, ignored patients’ wishes to send payment directly to the therapist, and cut off or reduced benefits for a significant number of patients for whom treatment was still needed. In addition, though they had previously abided by the Peer Review Law, they started claiming they were exempt from it as a “government sponsored insurance plan.”

NJPA met with representatives of the SHBP, Horizon Health Services (the company managing the SHBP) and Magellan in an effort to communicate a long list of concerns and reach an amicable resolution. These meetings and communications were not successful in improving the situation. With amicable options exhausted, and unwilling to simply go along with the abuse of our patients and restrictions to our work, the Association responded to its members’ outcry by creating the *NJPA Project on the Crisis in Mental Health Insurance*. The Project is coordinated by a Steering Committee comprising representatives of four key committees, and the NJPA President, Past-President, President-elect, Executive Director, and Director Professional Affairs (DPA). Barry serves on this body in his role as DPA, and I am serving as representative of the Public Relations committee.

The centerpiece of the Project is legal action, including a lawsuit against the SHBP, Horizon, and Magellan. This complaint seeks no monetary award. Instead it is asking the court for a declaratory judgment that the SHBP is not entitled to the private personal data they are seeking because the NJ psychology licensing law’s protection of the privacy of psychologist/client communications prohibits the release of such information. Rather, we assert that the insurance company is only entitled to the minimum information necessary to determine benefits and process claims, and the definition of minimum necessary for NJ Psychologists is set by the NJ Peer Review Law.

While previous NJPA efforts focused on legal or legislative efforts, the current Project is the first to utilize a significant public relations (PR) component. It was felt that even if the lawsuit is successful, the insurance companies may try to find

other ways to limit access to mental health care. Therefore, we feel that a public education effort is necessary to remind decision makers that psychotherapy is cost effective. For every dollar the insurance companies claim they are saving by disrupting and interfering with the reimbursement process (incurring very high internal administrative overhead, it must be noted), unmet mental health needs trigger greater costs. These include what is known as the “Medical Cost Offset,” and lost worker productivity and absenteeism.

Since there was little PR expertise or experience within NJPA, it was decided to hire a PR firm to help create the campaign. Two consequences followed. First, we have been able to launch a new website, www.SpeakYourMindNJ.org as a vehicle for disseminating information, spurring visitors to send letters to decision-makers, collect data on insurance company abuses, and solicit contributions to the campaign. In addition, news coverage has been favorable (see the website for numerous examples), spreading our central message: case mismanagement of mental health services harms patients, threatens privacy, and wastes taxpayer money.

The second result has been a steep increase in the cost of the campaign. The Project has national implications, since the practices of insurers we are fighting in NJ are rampant nationwide. If we can be successful in NJ, then psychologists in other states may follow suit, and insurance companies will not have free rein to do as they please to limit access to mental health care. Therefore, we are taking the PR campaign and fundraising efforts to a broader, national level.

This has been an exciting time for NJPA, and Barry and I are thrilled to be in the middle of it all. And we would be pleased for the campaign to receive support from our fellow GSAPP alumni in NJ and across the country. People in NJ can use the new website, www.SpeakYourMindNJ.org, to send letters to key decision makers. Alumni outside of NJ can notify friends, relatives and colleagues in NJ about the campaign and website and encourage them to write letters. And everyone can use the website to make contributions to help support this groundbreaking effort to protect our patients and our profession.

UPDATING YOUR CONTACT INFORMATION WITH GSAPP

There are two major alumni listservs: one is an interactive listserv where requests for referrals are often posted. The other listserv is from the Dean's office, an "Announcement Only" listserv that reaches the highest number of email addresses. Some GSAPP graduates choose to be part of only the "announcement only" listserv.

In order to update your information with the interactive alumni listserv, you can go to:

https://email.rutgers.edu/mailman/listinfo/gsappp_alumforum

In order to update your information for the Dean's and "Announcement Only" listserv, please go to:

https://email.rutgers.edu/mailman/listinfo/gsappp_alumni

Please tell your friends to update their email address with GSAPP because the newsletter will be available only through the GSAPP A.O. website or through email.

Thank you!

Focus on Alumni

George Bokelberg

Jade Tiu, 3rd Year Clinical Student

Editor's Note: This is the sixth in our series of student interviews of alumni. It has been selected from among the interviews students conducted as a project for Dan Fishman's Professional Ethics, Standards, and Career Development course. Jade's interview of George took place in May 2009 during Jade's second year at GSAPP. The updates at the end bring us up to date and demonstrate the impact the interview had on both the student and the alumni.

Prior to entering GSAPP, I considered a career in forensic science or forensic psychology. When I learned that Dr. George Bokelberg was currently working for the Federal Bureau of Investigation (FBI), I jumped at the chance to interview him. Dr. Bokelberg, a 1993 GSAPP graduate, serves as a Special Agent for the New Orleans Division of the FBI. As a Special Agent, he fills the roles of both criminal investigator and Employment Assistance Program (EAP) Director for the FBI in New Orleans.

In his role as the FBI's New Orleans EAP Coordinator, George is responsible for critical incident and stress debriefing of FBI employees. For example, following a mass murder at an immigration center in Binghamton, NY, the Binghamton Police Department did not have the resources to help those involved in this traumatic situation to process and cope with it. George stepped in and utilized a standard Mitchell Critical Incident Stress Debriefing (CISD) Model. He also met with Binghamton's Executive Management Team and coached them on how to manage the individuals affected.

In addition to services following a traumatic event, George also provides short-term counseling and referrals of individuals, such as providing counseling for an agent, after his spouse and coworkers complained that he was drinking too much. George might meet with such a person a few times and then refer out for on-going therapy. He states that he does not do "real formal therapy;" his individual sessions are based on a crisis counseling model.

As a criminal investigator, George has been involved in investigations of health care fraud, "white-collar crimes," and public corruption, conducting undercover operations and interviewing of suspects. In a recent fraud case, an art gallery bought mass produced paintings from China, fabricated the biographies of up-and-coming artists, and sold these paintings as the work of these artists. George went undercover and purchased these paintings and then, with the use of special lighting techniques, was able to determine that the paintings were, in fact, phonies. He was also involved in the interrogations of the suspects and was responsible for obtaining their confession. He adds, "I almost always get them to confess."

Prior to becoming an FBI agent, George worked as a psy-

chologist for five years in an inpatient and outpatient Mental Health center, and later served as its clinical director. He later contacted his local FBI office in search of contract work. Though he did not previously consider a career with the FBI, George soon became an agent. He then observed that although the FBI performs psychological-related activities such as conducting and summarizing of psychological tests, they did not use psychologists in performing these tasks. Though the FBI tends to be conservative, over the years he has been able to bring his experience as a psychologist to his role in the agency and has helped in expanding the administration of these psychological-related activities to qualified psychologists.

In reflecting on his training at GSAPP and the elements that he has found important in his different roles for the FBI, George says that his entire GSAPP training was helpful. He attributes his great interviewing and interrogation skills to his training as a psychologist. In addition, he noted the usefulness of diagnostic and psychological assessment skills and his training in addictions. He also found foundations in systems and behavior theory to be beneficial, as well as the course in family therapy. In addition to his training in GSAPP, George mentioned that being a Residence Director at Rutgers University enabled him to learn about being a manager, which he found useful as a clinical director.

Based on his experience at GSAPP and his professional experience, George suggests adding forensic coursework into the curriculum. He also felt that the program could improve in providing its students with adequate information regarding their professional development. "I went out in the field and didn't know about the business of psychology," like how services are billed, and found himself "learning on the fly."

George's Update: A significant consequence of my being a psychologist and an investigator/special agent is not just that I have a high confession rate, but rather that I successfully develop relationships with criminal subjects, reluctant witnesses, sources and liaisons that lead them to genuinely and appropriately believing that working with me is the right thing to do. It's not unlike therapy, where we're engaging the client and then establishing a context with them wherein they will go along with being nudged in the corrective direction.

My wife and I came to New Orleans a year after Katrina because we wanted to be a part of the healing and rebuilding of the city. She is a psychologist providing mental health services for a Catholic charity. When we arrived, there were still no operating traffic lights or street lights and we became the only occupied home in the neighborhood. It was spooky. Now about one third of the buildings around us are still unoccupied, but two thirds are occupied! The city continues to struggle, but it is a hopeful time.

Jade's Update: My interest in forensic psychology has always been high, however, I've been nervous to seek out opportunities in this concentration because of my lack of background and experience in the field. In the last couple of years, I almost stopped considering forensic psychology as a viable option for me, but the interview with George re-sparked my interest. It made me more hopeful in pursuing forensic psychology in the future (whether it be for internship or post-doctoral plans), even if my current clinical experience is not specifically related to forensics.

"I almost always get them to confess"

Alumni Speakout

Envy in the Therapeutic Relationship from an Intersubjective Perspective

Michael Shoshani, Psy.D., 1983

One major development in psychoanalytic theory and practice in the last few decades has been the shift from a “one person psychology” paradigm to a “two person psychology” paradigm. This shift can be traced to earlier theorists such as Winnicott, Ferenczi and Kohut, but it became more fully articulated by contemporary relational and intersubjective authors including Steve Mitchell, Jessica Benjamin, George Atwood, Lew Aron and Robert Stolorow.

In the **one person psychology** classical model (as originally articulated by Freud and Klein, and more recently by Jim Grotstein and Steven Ellman in the USA and Ronald Britton and John Steiner from England), the sole subject of analysis is the patient's intra-psychic world. As a result, the psychoanalytic relationship is viewed as created by the analysand's attitude and transference reactions while the analyst stays relatively objective and impersonal. In such a framework the analyst is considered a “*blank screen*” meaning he has to refrain from his own counter transference reactions and leave the arena clear for the patient's projections. In contrast, in a **two person psychology** framework the analytic relationship is viewed as co-created and co-constructed by both the analysand and the analyst. Hence the analytic inquiry resides not only in the intrapsychic realm but in the intersubjective one as well.

While in the **one person psychology** framework all interpersonal material is understood and interpreted from an intrapsychic point of view (drive and defense model in classical theory) – in a two person psychology framework interpretations will reflect the analyst's understanding of the transference-counter transference matrix of the relationship within the analysis. Thus, the analyst is not only an objective observer, but a participant-observer. While **one person psychology** considers making the unconscious conscious by intrapsychic interpretations as the core factor in the curative process, **two person psychology** considers the interpersonal dimension to be the most important curative element. As such, the interpretations in this model will be constructed accordingly, as I will try to exemplify in this article. I will first use a short vignette regarding the fee issue, followed by a more detailed analysis using the theme of envy.

The following is a brief vignette concerning the paying of fees in therapy, which is a minefield of envy, into which we all walk sooner or later. In my comments after the excerpt, I will try to show the way in which envy exists and makes its appearance in the relationship between patient and therapist.

Ron tells me he just received a bonus the equivalent of my annual income, as a result of a successful business deal. Three months later, I tell him I intend to raise my fee. He asks me why, and I tell him I have not raised the fee in the last two-and-a-half years, and that I think it is time.

Ron: I am not sure that is the reason you want to raise

your fee. I think it is because I told you about the size of the bonus I got, and that must have affected you, and you took advantage of the information. You know I do not have any financial difficulty.

Michael: Now you feel I cannot really be trusted, that I have exploited the information you have given me in good faith, and used it for my own benefit.

Ron: Well, yes. So what? You are saying it is impossible?

Michael: It is not likely, but in principle, yes, it can happen. But in this case, as far as I am aware, it is not so.

(I can see the patient is not relaxed. He moves and fidgets, and then he says:)

Ron: Ok, so maybe it did not happen here exactly, but it could have happened, because my salary and bonuses, compared to the salary of a psychologist, even a senior one like yourself, is huge.

Michael: That is true.

Ron: *(After a tense silence)* Well, you are forcing me to talk about it.

Michael: About what?

Ron: *(Impatiently and anxiously firing at me)* You want to tell me you do not envy me for making so much money, compared to what you make?

Michael: I admire you very much for making so much money, and yes, in certain respects, I do envy you.

Ron: Ah! You admit it!

Michael: Yes, I admit it.

Ron: And you do not feel humiliated, mortified?

Michael: No. I do not feel humiliated, but envy is not exactly a great feeling, so I am not particularly proud of it either.

Ron: *(Silent for a moment)* You are telling me that you feel envious and that it does not make you feel so great. But I, even if they tried to force me, I would not in my life tell you or anybody else that I envied them, that they were better than me, no matter in what field or topic...*(after a short silence he adds in a somewhat sadder tone)* The fact that you can tell me that you are envious and that you do not feel so great about it – that is exactly the attitude I am talking about, and that is exactly what I envy so much. It makes me furious that you can say it, and as you often say – the ceiling does not crash down on your head. *(Another short silence and he adds:)* But then again, maybe you are doing it as a manipulation in the therapy, so maybe it is not so genuine...

Some thoughts regarding the example. In this case I found myself sharing feelings of envy with the patient which was not my usual practice. Ron is a “difficult to reach” patient with severe narcissistic vulnerabilities. He finds it almost impossible to accept what I have to give him, because it involves suffering the envy of neediness. In the past, working within a one-person psychology model I would have probably interpreted: “It seems to me as though you are trying to provoke my envy.” Today, working within the two-person psychology model, I think that this intervention would not have helped Ron. It would not enhance Ron's ability to contain his envy. Such an interpretation positions the therapist out from the human condition – two human beings that cope with the same feelings. This causes the patient to feel devalued and

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Alumni Speakout

Understanding the Narcissistic Defense in Difficult Patients

Vickie Semel, Psy.D., 1980

I believe I am about to write a partial polemic. This is not so remarkable for someone who began as a political scientist teaching in a local university. After having psychotic students unravel at this college in the 1970's, I decided that it would be more therapeutic, fun, and rewarding to treat these young adults, struggling mightily. I have never looked back and have continued to enjoy a wonderful profession and life thanks to my beginning at GSAPP. GSAPP nurtured this interest and commitment and supported my curiosity about psychoanalytic work with schizophrenics.

With such a background, it is no wonder that when I graduated from GSAPP in 1980, I was entranced with the hopeful goals of working with the most difficult and untreatable patients: schizophrenics, serious depressives, borderline disorders, character disorders-- to mention only a few. I have continued with this commitment and now as a side activity worry that the mental health and insurance based establishment is telling us that short-term treatment is the only way to work with all patients. And yet the work continues with these patients who require longer term work with the view of helping develop better coping skills (maybe in both the therapist and the patient!).

One of the most negative aspects of these policy decisions for short term treatment is that the patient who is not cured in the required 20 sessions often receives the idea that he or she is untreatable or that this is the level of functioning that is acceptable and expected. For those of us who have had the benefit of long-term therapy that shapes our relationships with our colleagues, our families and, of course, our patients, such remarkable shifts are both possible and deserved. I mean, in effect, that our patients and we deserve such growth. Ways to such a goal are ones that we can provide.

Now let me introduce the relevant and related concept of the "narcissistic defense" from the Modern Psychoanalytic theory and technique in which I was additionally trained. This therapeutic concept fits what we understand of so many of our patients. If we begin to conceptualize the difficult, uncooperative, oppositional, passively withdrawn, mute, recalcitrant patient not as one who is purposively "impossible", but rather as one who develops defenses to protect us—therapists or family members—from unconscious impulses that are poorly controlled, we can begin to have a bit of empathy toward such "impossible" cases. And this attitude changes the view of the patient.

So think of the schizophrenic patient, withdrawn and out of contact or the hostile rejecting borderline patient who manages to get rejected or the serious depressive who is hopeless and helpless? Now translate that symptom to one that is designed maladaptively to protect the important objects in ones life through a creative version of self-attack that takes shape in the symptom picture. This process involves using one's aggression

against oneself with symptoms that seem maladaptive. Then think of the symptom as unconsciously designed to protect those around the patient. The idea that a patient is protecting us versus fighting and defeating us makes a remarkable difference in our work. So I recommend this orientation, whether we can confirm it or not. Theoretical perspective serves a purpose that is functional. I recommend we try this on to see how it works to help us with our most difficult patients.

Envy From a Relational Perspective

(Continued from page 6)

belittled. It is not that we turn a blind eye to the possibility that the patient indeed tries to evoke the therapist's envy, but interpreting it will not make the transformation from the malignant envy to a more benign and containable one. The therapist was able to enhance this transformation through the intervention that recreated and restored the link between Ron and myself that was attacked and disrupted by intolerable neediness envy.

As we see further in the session, Ron becomes able to accept and contain his envy, thus to take something from me. He can enjoy it for one transient moment. What I had given him here is the self-acknowledgment and admission, that I too can feel envious. Ron's ability to accept and use what I had given him is manifested in his sad affect. This time he can identify something he does not have that I have, while feeling pain and sadness, instead of murderous envy. However, a moment later, he cannot tolerate this pain any longer, and he immediately destroys the feelings of closeness and warmth between us, as well as the gift I have given him, and the paranoid position prevails once again: Perhaps it was all "a manipulation" on my part.

Letter from the Dean

(Continued from page 2)

behavior problems among black versus white students.

We attract about 500 applicants a year, carefully selecting 36 whose capabilities, values and accomplishments match our aspirations for the school. Even while requiring high grades and scores, we look for a potential student's commitment to work in the community for the public good.

We stress evidence-based practice, defining that term broadly to include the importance of relationship and specific techniques, as well as taking account of the context in which they are applied. To get a better idea of how three GSAPP faculty—Brian Chu, Susan Forman and Dan Fishman--view evidence-based practice (EBP), see the special section of the *NJ Psychologist*, Fall 2009, for which I wrote an overview and served as editor.

We serve many clients in local schools and clinics and are continuously mindful of the importance of race, ethnicity, gender and other social attributes. Finally, we try to create a helpful and friendly atmosphere at GSAPP in the belief that we thrive optimally in an environment that encourages us to be the best that we can be.

Stanley Messer
Dean

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