

Free Associations

A Newsletter for the PSP Community

...dedicated to excellence in learning, teaching and application of psychoanalytic knowledge

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NOTE FROM THE EDITOR: This is our inaugural edition of what I hope will be a monthly endeavor. We will attempt to provide current clinical information, interpretation of policies, clinical tips and techniques and any other information you might find interesting. If you think of anything that your colleagues might find helpful, please submit to me for inclusion in a future issue. And if you're interested in working on production of this newsletter, PLEASE let me know.

-Bill Lorman [blorman@hotmail.com]

A NOTE TO OUR PSYCHOANALYTIC COMMUNITY

Tell us what you believe will be helpful to you as you continue your psychoanalytic practice. We realize the needs of our various communities are different. For instance, if you are in one of the following communities, tell us how and what our Institute can provide to you:

- Society members
- Senior Candidates
- Faculty
- Students
- Clinicians

Happy Holidays

THE THERAPIST'S THESAURUS

Formication. Tactile hallucination involving the sensation that tiny insects are crawling over the skin. Seen in cocaine addiction and delirium tremens.

Hypnagogic hallucination. Hallucination occurring while falling asleep, not ordinarily considered pathological.

Acting Out. Behavioral response to an unconscious drive or impulse that brings about temporary partial relief of inner tension; relief is attained by reacting to a present situation as if it were the situation that originally gave rise to the drive or impulse. Common in borderline states.

Pica. Craving and eating of nonfood substances, such as paint and clay.

PSYCHOANALYTIC CORE COMPETENCY: (AN EXAMPLE)

Be sensitive to and willing to work with diverse identities of individuals and groups
This includes such as racial, cultural, and religious identities; sexual orientation, gender expression, and/or political affiliation.

You should have knowledge of the scientific and theoretical basis of various models from medicine, psychology, sociology, religious studies, and other disciplines along with appropriate applications of those models. As part of this competency, you should be able to access psychoanalytic-related literature from multiple sources. Also included is an attitude of openness to information that may differ from personally held views.

TECHNIQUE OF THE WEEK

Bridging. When facilitating group therapy, skilled therapists use bridging to melt barriers of isolation. Instead of they themselves approaching the withdrawn person, they use an oblique approach linking other members with the patient who is out of reach. Such patients are more apt to respond to peer influence rather than to authoritative influence. There are many types of bridging. For example, in *similarity bridging*, the therapist seeks a member who shares some aspect, behavioral or otherwise, of the member they want to bring into the group flow, and the therapist connects the two members. In *reactive bridging*, the therapist asks a person on the sidelines how the speaker comes across and so forth.

DSM Disorders and Psychoanalytic Thought

DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS

Five conditions comprise the category of *disruptive, impulse-control, and conduct disorders*. They include two that are associated with childhood: (1) oppositional defiant disorder and (2) conduct disorder. The remaining three disorders are intermittent explosive disorder, kleptomania, and pyromania. Each disorder is characterized by the inability to resist an intense impulse drive, or temptation to perform a particular act that is obviously harmful to self or others, or both. Before the event, the individual usually experiences mounting tension an arousal, sometimes – but not consistently – mingled with conscious anticipatory pleasure. Completing the action brings immediate gratification and relief. Within a variable time afterward, the individual experiences a conflation of remorse, guilt, self-reproach, and dread (except in conduct disorder). These feelings may stem from obscure unconscious conflicts or awareness of the deed's impact on others. Shameful secretiveness about the repeated impulsive activity frequently expands to pervade the individual's entire life, often significantly delaying treatment. The psychoanalytic belief is that explosive outbursts occur as a defense against narcissistic injurious events. Rage outbursts serve as interpersonal distance and protect against any further narcissistic injury.

INTERESTING QUOTE:

"The greatest unmet need in behavioral health is discovering a treatment for the infamous syndrome of toxic political extremism. Its ugly symptoms include blind hatred, visceral malice, bigotry, vandalism, hypocrisy, racism, hubris, intransigence, narcissism, demagoguery, mutual contempt, and intense schadenfreude." -Henry A. Nasrallah, MD