

# Free Associations

## A Newsletter for the PSP Community

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

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**NOTABLE QUOTE:** “We don’t see things as they are; we see them as we are.” -Anonymous

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### OUTSIDE NEWS & VIEWS

More than one in four Medicaid recipients have a diagnosed addiction problem, researchers said, and the cost of providing behavioral healthcare and medical care for these individuals runs into the hundreds of millions of dollars annually when compared with Medicaid recipients who don't have alcohol or other drug problems.

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### THE THERAPIST’S THESAURUS

*Impulse-control disorders.* Conditions marked by the individual’s inability to resist harmful impulses or temptations.

*Gustatory hallucination.* Hallucination primarily involving taste.

*Rumination.* Constant preoccupation with thinking about a single idea or theme, as in OCD.

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### DIAGNOSIS

Although a comprehensive assessment is essential to understanding a patient’s concerns and capacities and to developing an appropriate treatment plan, a diagnosis is not central to psychotherapy. It is possible to help a person regain the ability to function effectively in social, occupational, and family roles without one. Nevertheless, a DSM diagnosis is required for purposes of insurance reimbursement.

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### **From the Executive Director:**

Our 50<sup>th</sup> Anniversary Lecture Series is off to a great start! On September 7<sup>th</sup> the Co-Chairs of the Psychotherapy Action Network (PsiAN) gave a thought-provoking presentation on Repositioning Therapies of Depth, Insight, & Relationship. For those who missed it you can view the recording here: <https://psptraining.com/presentation-recordings/>. Next up in our series, Joel Kanter, LCSW, will be presenting on the Life & Work of Clare Winnicott on October 13<sup>th</sup>. Looking

ahead to November, our esteemed Board President, Dr. Wally Fletcher, will be presenting *Spanning Domains: Applied Psychoanalysis for Varied Professions* on November 17<sup>th</sup>. Visit <https://psptraining.com/50th-anniversary-lecture-series/> for more information and to register! Our series will continue into the Spring semester with presentations from Dr. Bill Lorman, Dr. Nancy McWilliams, Chanda Griffin, LCSW, and Dr. Ellen Wright, so stay tuned!

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### THEORETICAL CONSTRUCTS – Defenses – Part 1: Three Levels and What They Demonstrate

Defenses are generally classified into three levels – immature, neurotic and mature – to illustrate the continuum of defenses. Defenses are not static, and rarely does a person fall exclusively into one category. It is probable that there are clusters of defenses used more often in certain contexts and that differences are a matter of degree. Mature defenses are reality respecting and allow one to postpone immediate gratification and include sublimation and

suppression. These defenses are often found in obsessive-compulsive and histrionic patients, whereas the primitive and immature defenses, such as projection and denial, are associated with adolescents and some non-psychotic patients. Those who use a preponderance of immature defenses often have greater problems in work and relationships.

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### FROM A MALPRACTICE LAWYER’S NOTEBOOK – The Medical Record

Properly kept medical records can be the therapist’s best ally in malpractice litigation. If no record is kept, numerous questions will be raised regarding the therapist’s competence and credibility. This failure to keep medical records may also violate state statutes or licensing provisions. Failure to keep medical records may arise out of the therapist’s concern that patient treatment information be totally protected. Although this is an admirable ideal, in real life, the therapist may be legally compelled under certain circumstances to testify directly about confidential treatment matters.

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“The only real voyage of discovery exists, not in seeing new landscapes, but in having new eyes.”  
-Marcel Proust, in *Remembrance of Things Past*