

President's Message

Eric Ornstein

We have ended our winter hibernation and are gearing up for spring. The Board is in the process of redesigning our Society's web page. Our goal is to make it more attractive, usable and useful to our members.

In early June we will be having another one of our popular networking events at Board Member Nikki Lively's lovely condo on the city's northside. The focus of the event will be on giving attendees a preview of the new website and on having a discussion of how the Affordable Care Act (otherwise known as Obama Care) is affecting clinical social workers, providing Mental Health Services to their clients. As always, there will be great food and drinks and plenty of opportunities to reconnect with friends and to network with new acquaintances. There is no charge for this event, so I hope you will join us.

Despite the cold weather and a few snowy Sundays our Jane Roiter Sunday Seminars continued to provide participants with outstanding clinically focused educational experiences. We are particularly proud of our board member, Nikki Lively, who made a fascinating presentation entitled, Mindfulness and Attachment in the Treatment of Perinatal Women, in the concluding seminar in early March (see summary article in this issue). We will be planning the next round of seminars over the summer, so please watch our new web site, our Facebook page and LinkedIn for information.

Speaking of social media, the board is also reviewing ways that we can strengthen and expand our presence on the Internet. In this regard we hope you will consider "liking us" on Facebook.

In addition to all the activities mentioned above, the board is busy creating new, useful and relevant content for the new website as well as brainstorming ways that we can provide members with more opportunities to be involved with our Society. If you are interested in playing a more active role in our society please contact me to share your ideas and interests (erico55@me.com).

I hope everyone has had a Happy Passover and/or Easter holiday and that you have recovered enough from our long cold winter to find new energy to participate more fully in the ISCSW'S events and programs throughout the rest of the year.

Policy and Legislation Summary

As part of the Policy and Legislation role on the ISCSW Board, Board Members have recently been discussing how the Affordable Care Act (ACA) will impact individuals with mental health needs. As a result of this discussion, we've chosen to focus our next networking event on topics related to the ACA; we hope you come to this event! Please let us know of other policy and legislation topics which are impacting you and the population with whom you work.

Christina James, *Policy and Legislation Chair*

Calling All Writers!

The Illinois Society for Clinical Social Work is looking for writers! Regardless of your experience with writing – whether a lot or very little – we believe that, if you are a clinician in the field, you have something to say. And our *Newsletter* is an excellent place to say it! If writing a full article is not your preference, we invite you to write a review of a book or professional journal article in the *Cutting Edge* column, or to express your opinion in our new *Cultural Competence Platform* column. In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with a seasoned editor to facilitate your writing process. Please contact us at ISCSW@ilclinicalsw.com for more information about submitting your work.

ISCSW Membership Renewal

Don't miss an issue! There's still time to renew your membership with ISCSW and avoid missing any benefits. Did you know that you can now apply for your ISCSW membership online using PayPal? Just visit our website at www.ilclinicalsw.com and use this new option to renew or apply for membership. At this time, we will continue to offer membership at these reduced rates:

Fellow Member - **\$150**
General Member - **\$100**
Associate Member - **\$50**
Emeritus and Student Member - **\$40**

Membership entitles you to:

- Four issues yearly of the *Clinical Social Work Journal*.
- Reduced rate educational programs providing Continued Education Units.
- Free Networking Events.
- The ISCSW *Newsletter*, which comes out three times per year.
- The distinction of belonging to a professional organization that specifically represents the interests of Clinical Social Workers and their clients.
- Services to new professionals, including mentorship and a referral service for low-cost psychotherapy.

Committing to your 2014 membership maintains the support and dedication necessary for the ISCSW Board to plan Continuing Education events year after year. We are a voluntary Board, and we value each and every one of your memberships. Please renew your membership by mail, or online using PayPal at www.ilclinicalsw.com. If you have any questions, please call (312) 346-6991.

ORIGINAL CLINICAL ARTICLE

The Argument for a Compatible Set of Interlocking Theories as Applied to a Case Example

Harold K. Bendicson

Abstract

With the powerful impact of neuroscience research findings, opportunities emerge to create a new theoretical paradigm. By combining elements of domains of compatible knowledge into a flexible explanatory synergy, the potential for an intellectually satisfying theoretical framework can be created. In this abridged article I will expand on a theme first articulated in *The Transformational Self: Attachment and the End of the Adolescent Phase* (2013). I will demonstrate the theoretical usefulness of using a set of interlocking theories to form a developmental algorithm, which I label *regulation theory*, and illustrate its therapeutic efficacy through a case example.

Case example

As the case formulation literature expands to include neuroscience hypotheses and a new category of speculations about the human experience, we are witnessing a spate of books on the subject with a trend toward the topic of neurobiological regulation (e.g., Montgomery, 2013). I will contribute to this stream of neuroscience formulations by citing a case in my own practice of over four years duration. It is an example that uses the metaphor of human experience in conjunction with neuroscience functionality to explain a serious dysregulation condition. My practice orientation can be considered both psychoanalytically informed and neurobiologically oriented. I believe the following narrative captures the richness of human experience without an overbearing reliance on the jargon of neuroscience. I want to thank Myles for allowing his moving story to be told. Identifying details have been altered to protect his anonymity.

It should be mentioned that in the *Transformational Self* (2013) I demonstrated regulation theory through two case examples of adolescent girls. In this exposition I enlarge the applicable population to include adolescent boys and those with serious mental health disorders. So the Transformational Self hypothesis is gender neutral and relevant to a wide range of conflict and deficit conditions on a developmental continuum.

This treatment experience takes place in two phases. The first phase lasted two and a half years and occurs as Myles was half way through high school and ended abruptly six months after graduation. The second phase began eleven months later and, to date, has lasted nineteen months. It continues through to this writing. Myles is now approaching his twenty-first birthday.

Phase one

Myles was referred to me by his high school counselor who believed Myles was having a series of delayed negative reactions to his parents' divorce. Myles was 13 and in the beginning of seventh grade when his father suddenly left. Myles was the younger of two siblings; his sister was six years older, a high school senior. Myles' developmental history can be said to fall within the average expectable environment range. His sister was developmentally on track and achievement oriented. Both parents were employed in different fields and had created an upper-middle class family set of circumstances when the divorce occurred. While each parent was free of mental illness, on each side of the extended family there were relatives struggling with Axis I mental disorders. Of the two children, Myles took the news of the separation

and divorce the hardest. Myles remembers his father gathering the children on a holiday weekend saying he had an important announcement to make. The children, sensing something ominous, sat on the stairs connecting the second floor bedrooms to the ground floor of the house. Father and mother were in the adjacent living room. Father said he was tired of being married and was getting more and more unhappy. He was going to move out to live by himself to sort things out. Mother seemed resigned to the news and said sadly, "I can't change your father's mind." Myles had no awareness of the difficulties between his parents. He was shocked and stunned into silence in contrast to his sister who peppered their father with questions. Father soon moved out without discussing matters further with Myles.

Two years later, Myles entered high school and quickly found himself adrift. Toward the end of his freshman year, one of his teachers noticed a certain sadness in Myles' demeanor, a lack of interest in getting good grades and a change in peer relationships. He was losing interest in school, began sampling marijuana, participated in basketball, but soon dropped out. He continued, however, with his long time interest in drums, forming a band and associating with a musical drug culture. By now, his sister was off to college leaving Myles and mother continuing to live in the family house and adapt to the finality of the divorce. It seemed to Myles that father became absorbed in his new life and interests and avoided his former family.

Late into his sophomore year at age 15 years 10 months, Myles and I began our work on a once-a-week basis and the parents with Myles were seen monthly. The parents remained cordial and dealt with each other in an amicable manner, both placing the welfare of Myles first. Myles' depression was obvious. He formed a solid therapeutic alliance and used the relationship in a substantial way to come to terms with the divorce. In family therapy Myles found his voice and reached out to his father, improving their relationship. With his sister off to college and work, she never participated in family therapy. Father upheld his financial obligations to his family and has become a dependable figure to Myles. Myles obtained his driver's license and was a careful driver. In addition, the band expanded in importance in Myles' life. Even though Myles was the youngest member of the band, he was one of its strongest leaders in help-

ing to arrange gigs, compose songs and play drums; Myles said proudly, "I keep the rhythm." When Myles wanted to take the family car to haul band members and equipment to a gig some 100 miles away, both parents balked. Myles had secured his driver's license only a few months earlier. At the gig, it was anticipated by all that there would be drug use in the audience; Myles nevertheless defiantly declined his father's offer to drive the group, worried about the perception of needing to have a babysitter. After extensive discussion a compromise was reached. Father would drive the group, but not sit in the audience during the performance. Father would neither supervise the group nor observe possible drug use in the audience. This experience was successful as judged by all parties. The ability of father and Myles to reach this accommodation was seen as a strength, as well as a credit to father's recognition of the need to support his son's autonomy strivings.

Six months after graduation from high school Myles abruptly stopped coming. The bases for this decision were not made known until the beginning of the second phase.

Phase two

After an absence of about eleven months Myles, now 19 years, 2 months old, called and asked if he could resume treatment. He had been taking a course in a local junior college and struggling to learn, finding it difficult to read and absorb the material. He later took an online course finding that particularly difficult. He had experienced a frustrating time searching for a job and finally landed one as a sales clerk in a large home improvement chain store. He was struggling with performance expectations and was worried he would be terminated. He was depressed and having severe difficulty functioning. Also, Myles disclosed that he had been having very troublesome visual problems that he had concealed from me and his family, saying he did not want to burden anyone. The visual disturbances began in sixth grade and gradually worsened. By his freshman year the visual symptoms had progressed to the essential form that would last. The visual symptoms consisted of a fixed set of horizontal wavy lines, in an amplitude configuration, parallel to each other. The pattern never abated, but it was broken when looking at a face or moving objects such as automobiles in traffic. Without apparent trigger the pattern of visual snow, as it has become

known, could intensify to a blur of static. This fearful condition was terrifying and, when combined with Myles' severe depression, left him depleted and exhausted. What followed were a long series of consultations and tests including appointments with various medical doctors, eye examinations, an EEG to rule out seizure activity, a brain scan, a sleep study, and examinations by a neuro-psychologist and finally a neuro-ophthalmologist. In the sleep test it was determined that a tonsillectomy was needed to improve what was a restless sleep pattern. That procedure was successful. Anti-depression medication was prescribed, but the depression deepened and the visual problem remained undiagnosed. Myles had been scheduling most of these tests himself and had grown frustrated and disappointed at the inconclusiveness of this laborious process.

The disorder progressed and culminated (in the sense of exploded, Webster's, p.460) in a panic of terrifying out of control behavior and thoughts. After about eight months of such activity Myles experienced a devastating collapse with serious suicidal thoughts, a mixture of severe depression and anxiety. Frank hallucinatory symptoms appeared. He thought he was being followed and was hearing people call out his name behind his back. He was psychiatrically hospitalized for three days where he was diagnosed with schizophrenia and suicidal depression. After three days Myles found this intervention so unpleasant that he insisted on being discharged. He vowed to never enter another psychiatric unit.

As a result of this episode, this therapist referred Myles to a biological psychiatrist who confirmed the diagnosis and added 'with possible bipolar features.' This later was modified to schizoaffective disorder with bipolar involvement. Trial exposure to a wide variety of psychotropic medications followed. Different chemical combinations were tried in an attempt to stabilize his condition. Myles was severely dysregulated. With concentrating so difficult, he struggled to continue driving, generating anxiety for all concerned. Proud of his good driving record, he, nevertheless, hit the curb three times requiring replacement wheels, but managed to avoid accidents. With intense episodes of depression and anxiety, auditory hallucinatory activity with powerful suicidal thoughts emerged and reemerged. While uncrating inventory at work, Myles became fearful he would cut himself with a box cutter and so attempts to return to work were unsuccessful.

A four-month paid short term disability leave was secured. He grew to feel so unsafe that living at his mother's home at times left him too vulnerable. Fearful he would overdose or cut himself, he went to his father's home for protection from himself. His father reassured Myles and slept in the same room allowing Myles to finally sleep. Concerned for his safety and as his condition fluctuated, two further attempts at psychiatric rehospitalization were attempted but were found to be unnecessary by the admitting doctors. It was felt that the support system in place could safeguard Myles given his present circumstances. A five-part wellness plan with specific responsibilities for each participant was implemented and reviewed periodically. It included a safety plan, a job/school component, a relationship/recreation section and a self-care part including exercise, diet, self-grooming and developing healthy sleep patterns. The wellness plan was considered essential to facilitating a return to self-regulation. Family sessions were vital and Myles continued in twice weekly psychotherapy. Father accompanied Myles for the medication monitoring consultations to assure that the psychiatrist had the fullest account of the effects of the medication. Both parents communicated and cooperated well during this difficult period.

At about the fifteen month mark two events occurred. Myles' eye condition was finally determined to be an unusual feature of schizophrenia. Myles' report that area rugs and hanging pictures could rotate combined with the optic wavy lines suggested a rare visual hallucinatory process that eventually was labeled 'chronic atypical visual distortion.' Also, the current medication mix finally began to stabilize his condition. While still very tired, sleep resumed a more normal pattern. Auditory hallucinations and the rotating objects have abated. Myles was able to work actively and collaboratively with the psychiatrist to monitor the effects of the medications and adjust accordingly. Presently, Myles is taking Lithium for bipolar, Zoloft for depression, Fanapt for psychosis, Busperidon for anxiety, Klonopin for sleeping and Cogentin for side effects such as body tremors. His mother supervises the administration of the medication and assures that supplies are adequate. Father stays involved with Myles accompanying him to psychiatric consultations and playing tennis and golf with occasional outings at major sporting events. On a scale of one to ten with ten being the worst, depres-

sion has remained at the 3-4 level with no suicidal thoughts, visual distortion has remained steady at level 5 with no hyper static intrusions, and auditory hallucinations retreated and have remained at level 0-1.

This condition has remained increasingly stable for the past four months. How has Myles found the resilience to persevere and improve his quality of life? Recognizing he cannot accommodate the classroom situation and the academic demands for studying and reading, he has invested in his job with some notable success. He knows he will need to develop compensatory mechanisms to balance out or offset the triple handicap of the full impact of the whole disorder complex in general, his visual syndrome, in particular and the side effects of his psychotropic medications. He has made an adaptation to the reality of his situation. He works at being engaging and successful with customers and takes satisfaction in surpassing the productivity of his fellow sales associates. In this highly competitive environment Myles frequently meets or exceeds his weekly sales goals or metrics. In month sixteen, with considerable relish, he labeled himself the "Top Dog on the floor." In month seventeen he was in the lead for a promotion to an entry level management position involving circulating through the other departments giving suggestions and otherwise encouraging floor personnel to enhance sales. Due to slumping sales management has not filled this position, but Myles remains optimistic about his prospects. In his annual review he received a rating of A-. He has maintained a regulatory type of relationship with his girlfriend, Cindy, who is pursuing a university degree and is a reliable, calming selfobject. Cindy also monitors Myles' cigarette and alcoholic consumption and helps to keep him at the level of half a pack a day and a few beers on the weekend.

Discussion - Issues in the two phases

In the first phase of treatment the psychotherapy, with the exception of the abrupt ending due to father's wish for his son to move on, so to speak, and concealment of the visual distortion, could essentially be considered successful along traditional lines of goal attainment. Myles became fascinated with his dream life and used his dreams to understand better his internal life with considerable satisfaction. Myles reconciled to his parents' divorce, worked through the loss of a romantic relationship, developed an internal mo-

tive for learning, restricted his peer relationships to healthy friendships, invested in a band with some success and graduated with a determination to engage the next phase in his life. This therapist was left with a feeling of puzzlement and dissatisfaction over the abrupt ending. Should this termination "process" be considered an interrupted treatment or an expression of an autonomy striving?

In the second phase of treatment, the emphasis shifted to self-regulation. External supports were put in place with a suicide prevention/intervention plan and supportive treatment elements with clear responsibilities for parents, Myles and therapist. During the first fifteen months of this phase, circumstances were exceptionally fluid and turbulent. As the disease process erupted a profound sadness overtook this therapist due to feelings of uselessness and inadequacy. The suffering Myles was experiencing could not be articulated and I felt unable to help. As we grew to know the nature of his disorder and it stabilized, it seemed to us that it could be managed and sprouts of hopefulness began emerging. Issues receiving the most attention were 1) the need to stay self-regulated in keeping appointments, getting to work on time, self-grooming, etc. and 2) managing anxiety associated with work. As continuing in school became impossible, his core identity, self-esteem and self-confidence began to be more and more closely linked to his job success. Reliable selfobjects were found and utilized. Improved coping strategies and skills were tested, but remained in place as the disorder fluctuated.

Resistance to twice weekly treatment grew and we negotiated reducing the frequency to once per week. Myles was saying he was feeling better and could manage his life better than before. With the shift to weekly sessions, Myles' participation in treatment has improved. The consideration for and likelihood of a promotion was understood as a remarkable achievement, a testament to his initiative, his relationship skills and confirmation of his resilience.

Case formulation from a regulation theory perspective – A developmental algorithm

Regulation theory constitutes a developmental algorithm (Bendicson, 2013, p. 196) consisting of seven overlapping and complementary domains of knowledge: 1) modern metaphor theory; 2) attachment theory; 3) self psychology; 4) cognition; 5) contemporary psychoanalytic developmental theory; 6)

complexity theory; and 7) neurobiology with narrative theory. I will attempt a case formulation using these domains to form a comprehensive explanatory hypothesis.

1) Modern metaphor theory

The spontaneous emergence of the self referencing metaphor, "Top dog on the floor," is understood as a most significant event in both development and treatment. Unlike classical metaphor theory which locates metaphor in words and language, modern metaphor theory, due directly to neurobiological research findings, locates metaphor in body functionality and body tissues. So metaphor now is thought of as an embodied process which lends personality tonus (Blos, 1962, p. 129) to the new set of potentials and possibilities awakened in the late adolescent. Whereas Blos was referring to an optimal degree of anxiety favoring developmental consolidation or a necessary state of tension that accompanies the stable personality, I use metaphoric personality tonus to refer to the concept of transformational readiness in the transition from late adolescence into young adulthood. Transformational readiness of the self state occurs when the certitude of self-doubt and inaction is replaced by the ambiguity of possibility with associated action potentials. (Bendicson, 1992) Modell's (1997 and 2000 in Bendicson, 2013, pp. 81-82) concept of the bifurcation of metaphors into open and foreclosed varieties is pertinent here. Open metaphor refers to the individual's capacity for recontextualization of affect and reconfiguration of meaning in the reevaluation of experience. In foreclosed metaphor categories of affect are remembered and repeated, not recontextualized. There may be "...a telescoping of time so that the affective experience of past and present are identical." (Bendicson, 2013, p. 81) The appearance in Myles' treatment of a self referencing metaphor of the open variety, in the context of a secure attachment experience, heralds a shift in thematic content and suggests that an advance in growth/progress may be expected.

2) Attachment theory

The traditional idea that the end of adolescence ushers in a state of autonomy is no longer accepted. The separation-individuation (Mahler, *et.al.*, 1975) and the second individuation (Blos, 1967) concepts with their implication of independence from family

relationships as a developmental, culturally driven goal, is understood now as misguided. A more appropriate and realistic appraisal of end of adolescent phase relationships is captured in the phrase *attachment-individuation*. It is recognized that late adolescents and young adults thrive when embedded in family and peer relationships, those that are recalibrated to enhance individuation strivings. Others, as self-objects, are needed throughout life. In addition to the self as being acted upon, getting needs met by the object as a self-object, "there is another group of phenomenon that proceed in the opposite direction, that is, phenomenon characterized by the self as actor and the self-object as the acted upon" (Wolf, 1988, p.60 in Bendicson 2013, p. 190-191). Myles, having experienced a secure attachment, is sustained by his deep involvement in a mutually supportive network of functional family relationships (mutually reciprocating self-objects), those that are also there for him in crisis. Myles' uncle, age 27, is challenged with some questions about next step issues in his career and love relationship. He has used Myles as a self-object to reflect on this situation, help soothe his anxious state and formulate a plan of action. This efficacy experience (Wolf, 1988, p. 60), where the self experiences self-object success as an agent in influencing the object, is understood as a narcissistic enhancement. Mature differentiation of self from objects is heightened. Myles' self-worth is validated and his stance in the world as a useful, caring individual is reaffirmed.

3) Self psychology

Myles has demonstrated a clear ability to use reciprocating self-object experiences to maintain vigor, cohesion and adaptability/resilience. Myles' "condition" is managed through the continuous construction and reconstruction or stabilization and restabilization of self states as his "condition" fluctuates. When his "condition" fluctuates and intensifies, there is a threat to the integrity of the self, leading to the desperate search for dependable self-objects. This search is experienced as a counterweight to possible behavioral enfeeblement and terrifying disintegration anxiety. Modulation and regulation of this anxiety becomes the essential therapeutic task.

Let us reference Palombo's outline of the development of the self. During late adolescence (18-20) a number of shifts in the adolescent's sense of self are observed (Palombo, Bendicson and Koch, pp. 274-

276). I will list these and then relate some in particular with Myles' developmental progress.

- a. Painful self-consciousness begins to dissipate.
- b. Egocentrism gives way to more empathic attitudes towards others.
- c. Self-regulation becomes internalized.
- d. Affect states become less labile.
- e. Greater self-confidence is manifested.
- f. Self-assertion without hostility is more observable.
- g. Regressions are less frequent and less severe.
- h. Experimentation with fringe activities due to peer pressure lessens.
- i. Fantasy is used more for creativity or trial action than for defensive purposes.

Comparing Myles' shifts in his sense of self to the shifts in the generic adolescent's sense of self easily suggests that Myles, at age 21, is a mature young adult. However, two shifts stand out as relevant to Myles' "condition." In the face of psychotic process the lack of internalized self-regulation becomes both a feature of the brain disease and, its strengthening, a goal of treatment.

"Whereas normal states of awareness are comprised of an integration and a balance of left and right hemisphere processing, psychosis may be a result of the intrusion of right hemisphere functioning into conscious awareness. Hyperactivation of the right hemisphere, or a decrease in the inhibitory capacities of the left, may diminish the ability to filter primary process input from the right hemisphere. This shift in right-left bias may occur for many reasons, including changes in levels of important neurochemicals such as dopamine, neurochemical abnormalities, or changing activation in subcortical brain areas such as the thalamus. Schizophrenic patients and their close relatives demonstrate reduced left hemisphere volumes in the hippocampus and the amygdala, which has shown to correlate with thought disorder" (Cozolino, 2010, p. 108).

Regarding "Auditory hallucinations, or hearing one or more voices talking, are a core symptom of schizophrenia. ... These aberrant, intrusive, and ego-dystonic experiences may reflect right hemisphere language (related to primary process thinking and/or implicit memories) breaking into left hemisphere awareness. These voices, often heard as single words with strong emotional value, are experienced as coming from outside the self" (Cozolino, 2010, p. 108).

Second, with respect to Myles' "condition," the subject of regressions is directly related to his brain disease. There appears to be a direct functional relationship between the fluctuation in his condition and his behavioral regressions. As the brain disease intensifies, he becomes vulnerable to regressive phenomenon.

In the young adult (21-26) the central shifts in the sense of self involve;

- a. functioning more as an independent source of initiative;
- b. arriving at an alignment among one's goals, capacity to achieve those goals and the motivation to progress toward completion; and
- c. developing the resilience in self-esteem to counter the impediments toward achievement (Palombo, Bendicson and Koch, pp. 274-276).

Because from a chronological point of view, Myles is on the border between late adolescence and young adulthood, we need to consider both sets of shifts in the self. In Myles' situation, the employment and relationship data suggest that he is functioning as a mature young adult. However, the brain disease is the monolithic factor compromising his life and dominating his existence.

4) Cognitive theory

The cognition traditionally associated with late adolescence has expanded beyond Piaget's Formal Operations to a variety of Post Formal Operational thought models. Piaget's step wise cognitive model is

usually understood in the view from afar perspective where progress of cohorts is grouped and averaged. However, the view from below privileges the individual model and has more relevance to the single case study and research method. This dual perspective arises out of non-linear dynamic systems theory or complexity theory, an alternate way to approach developmental thinking. For more on this subject see Thelen and Smith (1994) and Bendiczen (2013, pp. 133-147). The complexity theory framework is useful in this study in that Myles presents with a bio-psychosocial profile organized predominantly around biological brain dysregulation neuropathology. When Myles' condition is stable and non-refractory, it is clear he has above average intelligence that he can harness in the service of optimal functioning in the competitive world of retail sales. Because this skill set is organized around verbal relationship interaction, he can experience success. However, his visual disturbance is so significant that it compromises traditional learning which relies on reading comprehension. See Section 6 to appreciate how multiple self state attractors or organizers can compete for cognitive dominance.

A second concept, that of hot cognitions, merits our attention. "Hot cognitions are emotionally biased brain activity that can override rational thinking, leading to risky behavior" (Spear, 2010, in Bendiczen, 2013, p. 189). The appearance of a new affectively charged self referencing metaphor provides a synergistic pull to move forward in development, in this case, into young adulthood. Myles has acquired such a hot cognition in the form of the "top dog on the floor" self referencing metaphor. This appellation assumes risk taking in the form of adjusting to a new identification; it organizes him and offers focus to the developmental move into the next era of life.

A third concept, that of cognitive dissonance or conflict, is of value here in that as new self referencing schemas arrive, they can either blend or clash with the old. In Myles' case, old schemas of "I am defective", "I am going nowhere" and "Nobody cares about me" clash with the grandiose and narcissistic designation, top dog on the floor. The mind in search of health will not tolerate such cognitive dissonance and so must struggle to integrate the new schemas into a realistic agenda for growth. In Myles' situation this process is proceeding and moving forward. It is as if Myles is trying to encapsulate the "condition" and so

move forward with those aspects of his life that he can direct.

5) Contemporary psychoanalytic developmental theory

Contemporary psychoanalytic developmental theory is heavily indebted to the work of Greenspan and Shanker's (2004) life span developmental model. The Greenspan and Shanker framework is grounded in an evolutionary context that is nonlinear, non-teleological, non-deterministic, and tied to attachment theory. It is informed by neurobiological research findings, the study of autism in children and current infant observational data (e.g., the co-regulation of emotional communication). In order to comport regulation theory into my developmental algorithm, I have translocated Greenspan and Shanker's model into a modification to Kohut's (1977, p. 97, 1991) division of the self structure into subordinate (more empirical) and supraordinate (more abstract) dimensions. I have formulated a substitution of Greenspan and Shanker's model for Mahler's separation-individuation framework as the subordinate component linking Kohut's metapsychology of the self for a more efficacious, contemporary, cross disciplinary perspective (Bendiczen, 2013, pp. 59-70; 180-182).

Contemporary psychoanalytic developmental theory also embraces two opposing viewpoints. The far view, the view from above (in the philosophically modern, traditional positivism orientation) is the group perspective. It embraces a developmental model grounded in linear systems theory in which development marches forward in sequential, invariant steps. The near view, view from below (in the more philosophically postmodern, non-traditional social constructivism perspective), emerging from nonlinear dynamic systems theory, is the individual position. It recognizes and accommodates process, over steps, in the great variations of individual growth.

The second perspective allows us to move away from understanding growth and progress as movement along preset steps to a model that detects growth and progress as movement and shifts in states that may lack traditional forms of knowing. "In dynamic terminology, then, behavioral development may thus be envisioned as sequences of system *attractors* of varying stability, evolving and dissolving over time." Patterns emerge exclusively as a result of component cooperation. One pattern may dominate over others on-

ly to change in time.

“... these notions of evolving and dissolving attractors, representing various states of cohesion of the components, will apply equally well for real-time cognition and new developmental forms” (Thelen and Smith, 1994, p. 86). Individual growth and progress is understood more as randomized differentiation in shifting self states which do not conform to traditional patterns and pathways.

In addition to the need for attachment-individuation and the “transformational self’s” pull forward into young adulthood and the working through of cognitive dissonance there are other developmental forces at play in opening the gateway into young adulthood.

Summers (2013) has recently corrected the traditional emphasis on the past and present in psychoanalytic work by stressing the role of futurity. Summers, citing the work of philosophers, believes that “... life is lived in the future perfect tense, and consequently, the meaning of life events has the character of ‘will have been done.’ The meaning of any action lies in what is portended, conceived as completed in the future. No experience in the present can have any meaning without its intentionality, the aim toward which it is directed. The present moment derives its meaning from how it fits into the plan of action, however simplistic and implicit it may be. The past becomes relevant in so far as it is encountered in the trajectory toward the future. The future then, is ontologically prior to both present and past” (p. 112).

In addition to understanding the future as an ontological force pulling the late adolescent into young adulthood, we need to consider the domain of intersubjectivity and Benjamin’s emphasis on the development of recognition (Benjamin, 1990). Benjamin combines concepts from Mahler, Pine and Bergman’s (1975) separation-individuation theory, Winnicott’s (1964, 1971) object relations theory, Stern’s (1985) interpersonal framework and Atwood and Stolorow’s (1984) intersubjectivity theory, to arrive at her four stage developmental hypothesis.* (Elaborations of these frameworks can be found in Palombo, Bendicson and Koch, 2009.) Benjamin’s developmental trajectory of mutual recognition in intersubjectivity is a blend of intrapsychic and intersubjective dimensions. In her words:

“Its core feature is recognizing similarity of inner experience in tandem with

difference. We could say it begins with ‘We are feeling this feeling,’ and then moves to ‘I know that you, who are another mind, share this same feeling.’ In rapprochement, however, a crisis occurs as the child begins to confront difference – ‘You and I don’t want or feel the same thing.’ The initial response to this discovery is a breakdown of recognition between self and other. ‘I insist on my way, I refuse to recognize you, I begin to try to coerce you; and therefore I experience your refusal as a reversal: you are coercing me. Here the capacity for mutual recognition must stretch to accommodate the tension of difference, the knowledge of conflicted feelings” (Benjamin, 1990, pp. 42-42).

The differentiation process continues in stage four in the third year with symbolic play and “symbolic understanding of feeling so that ‘You know what I feel, even when I want or feel the opposite of what you want or feel.’ This advance in differentiation means that ‘We can share feelings without my fearing that my feelings are simply your feelings”” (Benjamin, 1990, p. 43; Summers, 2013, pp. 34-36).

Benjamin implies that the differentiation of mutual recognition is a process for the lifespan. A continual tension exists between the self and other, on the one hand, by relating as subject and object in a reversible complementary relationship of alternating power and control rather than, on the other hand, as a balance of destruction and recognition between two subjectivities struggling for mutual understanding. It seems to me that as development unfolds accompanied by different sets of potentialities the tension between self and other needs to be renegotiated at every developmental juncture where self-regulation is achieved by regulating the other.

*(Note) it is understood that developmental theories with invariant stage sequences emerge from a positivist philosophical orientation. They purport to offer empirical data to support the theory which is taken as nomothetic knowledge, a law of nature, applicable universally. The relational and intersubjective schools, on the other hand, are embedded in social constructivism where such certainty in theory construction is considered impossible. In social constructivism knowledge is idiographic or finding pat-

terns applicable only to specific settings and so is contextualized. It has been thought that, consequently, there are no developmental models that cohere to a social constructivism philosophical orientation. Benjamin's developmental trajectory of recognition may be the lone exception. For background see Palombo, Bendicson and Koch (2009) pp. xi-xii, 355-356 and Bendicson (2013).

These five forces, then, 1) the need for attachment-individuation, 2) the Transformational Self exerting the force of an attractor, 3) the need for cognitive dissonance to resolve opposing, conflicting states into one coherent schema, 4) the desirability of living a life organized into the future, and 5) the differentiation of mutual recognition between two subjectivities, is a process for the lifespan, one that needs to be renegotiated at every developmental juncture, exerting a dynamism of action potential, an ontological force, that collectively contribute to pulling the late adolescent into young adulthood.

6) Complexity theory or non-linear dynamic systems theory

The emergence of the self-referencing metaphor in late adolescence heralds the development of the beginning formation of the ego/self ideal. The ideal self is a reconfigured self-state or in dynamical systems terminology, an attractor state shaping subsequent development. At this point let us turn to Siegel (1999) and his ideas on dynamic systems and the linkage with neuroscience research findings. Three features define a dynamical system: 1) They have self organizing properties; 2) They are nonlinear; and 3) They have emergent patterns with recursive characteristics. Self organizing properties involve the notion of the development of each human being moving from simplicity toward complexity. Continuous movement toward maximum complexity promotes system stability, understood here as optimal neuronal connectivity. The strength of synaptic connectivity is altered by experience. Repeated mobilizations of a particular profile of activations, a state of mind, can make such a configuration of neuronal assemblies a deeply engrained attractor state. An attractor state is a stable pattern of environmental interactions, patterns of coordination that are unique, but never identical, occurring in a specific context. Nonlinearity refers to the idea that system output is context dependent and, therefore, unpredictable. In other words, a small change in input (such as alterations in one's beliefs,

emotions, and perspectives) can lead to disproportionately large behavioral changes. "'Emergent' means that each of us is filled with a flow of states that evolve across time. 'Recursive' means that the effects of the elements of a given state return to further influence the emergence of the state of mind." (pp. 217-222). Taken together, emergent and recursive refer to the principle of change being self-perpetuating, continuous and moving toward differentiation and ever new states of integration. The self as a dynamic adaptive system is always in a state of construction and reconstruction.

When Myles uses the "top dog on the floor" self referencing metaphor, a new self state, a different state of mind, is created. It acts as an attractor organizing thoughts about identifications and their following associations into a set of fresh possibilities.

7) Neurobiology with narrative theory

Myles' "condition" can be understood as a case of biological dysregulation involving hemispheric imbalance. Let us see how this hypothesis might work. Neurobiological research findings and narrative theory are joined to underscore the profound influence that narrative has on neural networks. Cozolino (2010) links neural networks and narratives into a quest for multilevel integration of the self. Two information flows relevant to psychotherapy have been discerned to be central in the study of self integration: "... top-down (cortical to subcortical and back again) and left-right (across the two halves of the cortex)" (p. 27).

"Due to the interconnectivity between left-right and top-down neural networks, examining integration from either the vertical or horizontal dimension alone is overly simplistic. Studies of metabolic activity in specific areas of the brain in pathological states reveals differences in both cortical and subcortical structures on both sides of the brain. This research suggests that restoring neural integration requires the simultaneous reregulation of networks on both vertical and horizontal planes. It is also important to remember that although we are discussing brain functioning from the perspective of neural networks, an equally meaningful discussion could focus on the impact of

pharmacological agents on the modulation and homeostatic balance of these same networks (Coplan and Lydiard, 1998). This perspective helps us to understand why both psychotherapy and medication can result in shifts of neural activity and symptom reduction and why together they may work better than either one alone (Andreasen, 2001)” (Cozolino, 2010, pp. 28-29).

“Narratives perform an array of functions including:

Grounding our experiences in linear sequential framework

Remembering sequences of events and steps in problem solving

Serving as blueprints for emotion, behavior, and identity

Keeping goals in mind and establishing sequences of goal attainment

Providing for affect regulation when under stress

Allowing a context for movement to self-definition.” (Cozolino, 2010, p. 163)

It is obvious that these narrative functions exert a compelling influence on the emerging self-referencing metaphor of the late adolescent. With neuroscience research findings corroborating the influence of narratives on both the organization of and the trajectory of the new (neural) state of mind, the late adolescent is now in a position to harness the potential effect of prefrontal cortical maturation and its enhanced connectivity. This effect acts as an executive function force to design a life originating in a vision of self with new opportunity and possibilities.

From a neuro-biologically informed perspective, we can think of the self, more properly the neural self, as a state of mind. Following Siegel (1999), 1) "A 'state of mind' can be defined as the total pattern of activations in the brain at a particular moment of time" (p.208), 2) "A state of mind ... involves a clustering of functionally synergistic processes that allow the mind as a whole to form a cohesive state of activity" (p. 209), and 3) A state of mind "... coordinates activities in the moment, and it creates a pattern of brain activation that can become more likely in the

future" (p. 210). The neural self, then is a coherent dynamism of mental processes, "a unity of consciousness in perception and action that persists in time" (Feinberg, 2009, p. xi). Metaphorically, the neural self is a stable personality organization of energy potentials constantly undergoing reconfiguration. For a fascinating discussion of the neural self from a neuro-biological perspective see Feinberg, 2009, pp. 132-158.

Cozolino (2010) emphasizes that self-reflection offers a window into shifts in states of mind that reflect the activation and integration of different neural networks. These shifts come about through the interplay among different perspectives, emotional states and ways of using language. Three levels of language processing are explicated during the shifts in states of mind: a reflexive social language, an internal dialogue, and a language of self-reflection. Reflexive social language, primarily a function of the left hemisphere, is an automatic stream of words, *e.g.*, clichés, that facilitates the ongoing communication of social relatedness. Internal dialogue, primarily a function of the right hemisphere, is a private communication between two aspects of the self, perhaps the experiencer and the observer as in a dream. It is shaped by personal emotions and may be used to deceive others. "Like reflexive social language, internal dialogue is primarily reflexive and based on semantic routines and habits reflecting our parents implanted early in our life. So while reflexive social language keeps us in line with the group, internal dialogue keeps us in line based on early programming" (p. 170). Self-reflection is less a vehicle for social control and more a mechanism for thoughtful consideration and potential change. "It employs executive function and serves to develop a theory of our own mind" (p. 171). While reflexive social language and internal dialogue reflect unconscious aspects of the self, self-reflection may reflect a higher level of integration, deliberate, conscious processes which promote self-observation and self-evaluation. "In this language, cognition is blended with affect so that there can be feelings about thoughts and thoughts about feelings" (p. 171).

These languages serve to combine in the interweaving of narrative story telling among therapist, client and others. In this language matrix an active editing process occurs enabling co-construction of the self narrative that can hold and reshape the self referencing metaphor to facilitate forward progress.

In other words, with the appearance of the self referencing metaphor, the potential now exists for the self to organize around a new image of possibilities. This potential does not occur until late adolescence.* Why should this be the case? The key is the maturation of the prefrontal cortex and its enhanced neural assembly connectivity allowing for increased executive function capacity. Even a relatively minor change in self-image can result in an attractor state, an altered 'state of mind,' that constitutes a powerful new identity synergy. This image can pull the self forward into focused activities that are narcissistically invested with hope for a reconstituted identity. In an earlier publication I have labeled this reshaped identity the Transformational Self, a self-state of mind that can open the gateway into young adulthood (Bendicson, 2013).

Myles, in associating to the “top dog on the floor” metaphor, said, “I’m the best they got.” Myles has understood the reality of the past, measured himself in the present and has located himself in the possibilities of the future. In addition, Myles’ capacity for mutual recognition among a host of subjectivities is accompanied with a keen sense of differentiation among the ownership of feelings and those which are shared. If his “condition” deteriorates, this capacity will certainly worsen. The secure attachment he experienced as a child now served as a vital underpinning for further growth. Myles will need every measure of his narrative strength as he struggles to stabilize and manage his “condition.”

The social brain

In trying to understand Myles' history, developmental background, symptom array, precipitants for crises, and multiple diagnoses it occurred to me that no traditional theoretical concept or set of concepts could be utilized to organize an overall approach. Eventually, theories of schizophrenia incorporated biological elements leaving us with the contemporary explanatory hypothesis that schizophrenia is ‘probably’ a brain based disease that develops in “... an interaction among genetic vulnerability, environmental attributes and individual traits” (Gabbard, 2005, pp. 183-187). However, approaching Myles’ kaleidoscopic diagnoses, there might be a concept from the emerging knowledge domain of neurobiology that would unify our work. If we think about Myles' difficulties as a brain dysregulation problem

we might be able to side-step customary theoretical turf issues and allow for a fresh approach. It is now well known that the brain is a use dependent organ, highly sensitive to internal as well as environmental stimuli.

*(Note) I concluded my book, *The Transformational Self: Attachment and the End of the Adolescent Phase* (2013), with a set of speculations on the nature of the Transformational Self (TS). “One of my reviewers, my daughter-in-law, Elizabeth, asked a vital question, ‘If one can acquire a transformational self, can one lose it?’ Also a colleague, Rita Sussman inquired, ‘suppose one never acquires a transformational self?’ Well...those must be subjects for a second book.” (p. 196) After the book’s publication other colleagues weighed in. Sheldon Isenberg asked if the TS might appear later in life, perhaps at retirement. (Personal communication, dated April 21, 2013) Barbara Alexander wondered if the TS might manifest at significant developmental junctures along the life span. (In an interview with *On Good Authority*, dated July 19, 2013) In thinking about an expanded developmental role for the TS, I saw a coming of age movie, “*The Way Way Back*.” In the lead role is withdrawn, socially awkward, Duncan (played by Liam James), a 14 year old pubescent struggling to adapt to his parents’ divorce. On an extended holiday he manages to land a summer job at a water park performing maintenance tasks. During his employment he wins the “employee of the month” award; his associates give him the appellation “Pop N’ Lock” for his abilities to manage locker duties. The self-referencing metaphor is not self-generated, but rather is a group designation which Duncan appears to enjoy, to own and to invest with narcissistic energy. It seems to organize him, give him status and fill him with confidence. It seems to pull him forward into other life style possibilities and self-identifications. This self-referencing metaphor, however, is socially acquired and may be considered a precursor TS, but it will not attain the full potential of the TS and its self-reshaping power until harnessed with other developmental and maturational forces in late adolescence

I now believe that Myles' brain integration had been compromised and was functioning in a seriously dysregulated manner. It could be said that the autonomic nervous system had become destabilized. As the alarm bells of the sympathetic subsystem became activated in crisis/danger situations, the companion parasympathetic subsystem did not activate (in sufficient strength) when danger subsided. So the sympathetic subsystem did not deactivate; it remained on line with excess cortisol washing over the system requiring external structure to deactivate. One of the central roles of the prefrontal cortex is to rationally appraise the environmental situation and, if safe, send a signal to the autonomic system that it should reset itself. This signal was either too weak or not being

sent. The modulating role of the prefrontal cortex needed to be strengthened. With this diagnosis the treatment plan shifted to facilitating multiple regulating experiences so as to restore brain circuitry integration.

Alternatively, in the language of the social brain, Cozolino, using Porges' polyvagal theory of social engagement (2003b), frames a slightly different explanation. Porges posits the sequential evolution of three separate autonomic subsystems. The first is the vegetative vagus unmyelinated system which controls bodily shutdown and immobilization and depends on parasympathetic processes. The second is the fight/flight sympathetic branch of the autonomic nervous system. The third is the social engagement system, a myelinated branch of the vagal system that exerts an inhibitory, calming influence on sympathetic arousal. This calming effect is called the vagal brake. The social engagement system is connected in a vast array of linkages with the face, mouth, inner ears and eyes, to exert a modulating force on visceral, emotional and behavioral states that supports sustained social contact (Cozolino, pp. 88-89). The fine tuning of the vagal brake seems to depend on the quality of the attachment relationship in early childhood. By extension, in the therapeutic relationship the nature of patient-therapist interaction can exercise vagal brake processes to better regulate the social engagement system. In the case of Myles it may be said that the emphasis on strengthening self-regulation processes may, in all likelihood, result in internal structure building consistent with that obtained in a secure dyadic attachment relationship (Cozolino, pp. 146-148).

Myles reported that a coworker with a dysfunctional past said that his life was transformed when he discovered the alarm clock. He began using it consistently, acquired regular sleep patterns, was enjoying a life of less anxiety and was more purposeful and effective at work. This testimonial seemed to validate for Myles the benefits of a regulated life. In individual therapy with me, I encouraged Myles to remain conversational, to resist the powerful tendency to sleep all day due to his medications, and to keep commitments and appointments. Above all we worked on keeping a sense of hopefulness about the future. He was mature beyond his years and with the disorder stabilizing we could build compensatory mechanisms. He continued to visit his relatives, especially his grandmother, during his darkest moments. He found her unconditional

acceptance and that of his girlfriend, Cindy, immensely reassuring and stabilizing and dependable self objects. He needed to test his growing capacities against the strength of the disorder. For example, despite his body tremors he managed to engage customers meeting his metrics. He impressed management to enhance his reputation and consider giving him a promotion. I helped to prepare him for possible disappointment, but his initiative never flagged. I explained to Myles something of the nature of "how the mind works." Myles found universalization helpful enabling him to feel that some of his anxiety is a normal part of human experience. It is hoped that this developmental process of promoting self-reflection in therapy may strengthen the prefrontal cortex' executive role in relation to the autonomic system and promote better reality testing, planning and enhance self-calming abilities. He wanted very much to minimize the descent into cognitive confusion, paralyzing depression and intense, directionless anxiety. The frightening descending spiral into despair and panic could now be influenced and moderated with a set of expectations about the future that Myles believed he could influence and shape. The goals of treatment are maintaining hopefulness, enhancing self-regulation through the use of calming self objects, and development of a realistic ego/self ideal.

The treatment of schizophrenia

What do practice guidelines recommend regarding the treatment of schizophrenia spectrum disorders? According to the Harvard Mental Health Letter (HMHL) (Nov. 2008; 2010) there is consensus that a two-pronged approach including 1) the administration of psychotropic medications plus 2) the application of a set of psychosocial interventions, offer the optimal chance of success. With respect to front-line medications, second generation atypical antipsychotics such as clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdol), sertindole (Serlect), ziprasidone (Geodon), aripiprazole (Abilify) iloperidone (Fanapt) and paliperidone (Invega) are considered most helpful in managing both positive, as well as, negative symptoms and short-term management of behavior disturbances. Clozaril is the most effective second-generation antipsychotic, but its use in first episode schizophrenia is not recommended because of its substantial side effect profile including weight gain, diabetes, sedation and many other medi-

cal problems (HMHL, Nov. 2008; HMHL, 2010; Dziegielewski, 2006, pp. 173-175). While many exceptions exist as to efficacy of first-generation versus second-generation anti-psychotic medications (APA Practice Guidelines, 2004 and Psychiatry Online Guideline Watch, 2009) and individual tolerance, all studies agree that medication adherence is essential to the opportunity for successful treatment (HMHL, 2008).

Concerning psychosocial treatment, the “strategies are meant to support a patient’s ability to learn to live with schizophrenia, and often involve long commitments of time” (HMHL, 2010, p. 5; APA Practice Guidelines, 2004 and Psychiatry Online Guideline Watch, 2009). The interventions include 1) Assertive community treatment involving a multi-disciplinary team, low patient-to-staff ratios and frequent patient contact; 2) Supported employment, training and rapid job placement; 3) Skills training centered on social and interpersonal skill building using positive reinforcement, feedback and frequent practice; 4) Cognitive behavioral therapy in individual and/or group modalities especially for those who continue to experience psychotic symptoms; 5) Token economy interventions focusing on personal hygiene and other behaviors that facilitate adjustment to real world conditions; 6) Family psycho-educational services that facilitate ongoing family interaction and collaboration amongst family members; 7) Alcohol and substance abuse interventions that center on motivational enhancement and behavior therapy; 8) Peer support and peer delivered services recognizing the value of utilizing the experience of individuals who have severe mental illness in the treatment process; and 9) Weight management to counteract one of the most frequent side-effects of antipsychotic medications. The most successful psychosocial interventions involve intensive and consistent (more than two years) patient interaction.

From these practice guidelines it is clear that Myles, while afflicted with a severe mental illness, remains a high functioning individual who is strongly motivated to improve. His treatment plan is 1) in alignment with best practice guidelines and 2) the elements of the plan are interacting in such a way as to capture and harness therapeutic synergies.

In conclusion let me emphasize two points. First, a knowledge of regulatory systems informs my therapeutic technique by privileging the interaction of mul-

multiple methods and collaborators, over a strictly hermeneutic, intra-psychic perspective, so as to capture system synergies. In order to stabilize and regulate the organism, the interaction of a host of bio-psychosocial-spiritual variables by an unknown organizer is necessary. This offers a useful metaphor for the need to keep a variety of system variables in alignment to achieve optimal therapeutic gain. The objective of capturing and employing functional synergies, as the central therapeutic tool, is considered absolutely necessary in confronting leviathan disturbances such as that described with Myles.

Second, by valuing multiple approaches and developing therapeutic alliances with a range of collaborators, the long term trajectory of the disturbance is addressed. Helping forces will be needed throughout Myles’ vulnerable life. Regulation theory as a treatment organizer, keeps the treatment balanced and focused on the whole, ongoing, contextual life of the client.

Summary

I have attempted to present an alternative to traditional theory construction. An emerging trend in education for psychoanalytically informed clinical practice is exposure to neuroscience research findings. The degree of exposure will depend on the leadership of the institution and the human experiences being examined. For example, the application of neuroscience research findings is especially desirable for modern understanding and treatment of biologically driven psychopathology such as panic disorder, bipolar disorder, schizophrenia and PTSD. A displacement of older psychological theories, such as drive theory, needs to occur to be replaced by the following seven elements of a developmental algorithm, a new contemporary explanatory synergy. The elements will include 1) modern metaphor theory, 2) attachment theory, 3) self psychology, 4) cognition, 5) contemporary psychoanalytic developmental theory, 6) non-linear dynamic systems theory, and 7) neurobiology with narrative theory. I maintain that these seven elements, which are applied in my case example, constitute a *compatible set of interlocking theories* and predict that they will become part of a compelling contemporary explanatory system known as regulation theory (Hill, 2010). The goodness of fit amongst these components is optimal in that, not infrequently, they reference each other in the clinical literature. As we

create new propositions and hypotheses we should all be mindful of Freud's encouragement in the formulation of theory construction to adopt a playful attitude and let the attendant associational process unfold (Freud, 1923b, p. 15).

In the developmental algorithm each element contributes dimensions toward a coherent neuroscience perspective on what accounts for the self-righting, continuously stabilizing features of the individual human in a whole bio-psycho-social-spiritual context. In the case example cited, I believe my account satisfies the narrative "coherence criteria" of consistency, completeness and coherence that Palombo (1991, p. 10) advanced as an alternative way to assess efficacy in measuring the impact of psychoanalytically informed psychotherapy.

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The Cutting Edge...

Reviews of Recent Literature

Social: Why Our Brains Are Wired to Connect. Lieberman, M. (2013). New York: Crown publishers.

With his wife, Naomi Eisenberg, Lieberman has done some of the most insightful research in the area of interpersonal or social psychological neurobiology. He starts his book by pointing out how much of our higher brain function is devoted to social processing and how necessary social processing is to our survival. Indeed, he suggests that Maslow's hierarchy of needs may really be inverted. Most of what an infant attends to in the first year of life is social. All of an infant's safety and biological needs are provided for by the infant's parents. As a matter of fact, even adults cannot survive in the world without all the things that society provides. He points out how strongly our perceptions are shaped by others. For example, Ronald Reagan clearly won his first debate with Mondale, because when the moderator asked him if age would be a concern in the election, Reagan replied, "I will not make age an issue of this campaign. I am not going to exploit for political purposes my opponent's youth and inexperience." The audience burst out laughing. Public polling said that Reagan had clearly won the debate. However, when the debate was played to groups of people with and without the laugh track, those who did not hear the audience reaction, thought that Mondale won the debate. It was not the people who wrote Reagan's one-liners or Reagan's

skill at delivering them that carried the day for him, rather it was the reaction of the 200 or so people in the audience that made his speech so successful.

One of the major advances in social neurobiology has been the discovery of the brain's Default Mode Network (social daydreaming mode). Scientists working on functional brain imaging noticed that as soon as people in their brain-scan machines stopped doing whatever it was they were asked to do for the experiment, rather large areas of the brain became active. These areas are those that are involved in processing information about ourselves and others. The mind, when it has nothing else to do, will automatically switch to the social daydreaming mode. Other people and our relationships with them are so important to our survival that the mind is designed to think about this in all of its spare time. We do not consciously decide to daydream. The Default Mode Network switches on automatically. Daydreams must be essential for developing skill in interacting with others. My patients with Asperger syndrome do not daydream about other people. They daydream about videogames or whatever particular interest they have. The lack of social daydreaming may be one of the reasons that it is so difficult for them to interact socially.

I have found the concept of the Default Mode Network clinically useful in two ways. First, when I explained to patients with higher functioning autism what other people do with their Default Mode Network and encourage them to try it, they do. They tell me that with my encouragement they are able to populate their daydreams more and more with other people. I cannot yet say whether or not this helps them improve social functioning, but I am hopeful.

The second benefit of teaching people about the Default Mode Network is that it makes it easier for them to talk about their daydreams. We know that dreams are the "royal road to the unconscious", but I am beginning to suspect that daydreams might be the "I-90" to the conscious. However, I could never get people to talk about their daydreams. I have had countless patients tell me, "I don't daydream." Knowing that everyone does daydream and that daydreaming is automatic and has a very positive function in life, has made it easier for patients to talk about their daydreams. They are still embarrassed to talk about the grandiosity, hostility and sexuality in their daydreams. They have been told that their counterfactual daydreams about their past are unhealthy. People of-

ten talk about' "I could have, I should have" with a sneer. I now tell my patients that I-could-have, I-should-have thoughts have a healthy psychological function. I have not been entirely successful at getting patients to talk openly about their daydreams, and I only speculate about the utility of doing so, but again I am hopeful.

I have also found Lieberman's work on social pain to be very useful clinically. When we see someone that we care about physically hurt, the pain areas in our brain become active. These areas also become active when we feel rejected. Lieberman's "cyber ball" experiment demonstrates how easily social pain is turned on and how important it must be in our lives. In this experiment people are placed in an MRI and told they can play the game "cyber ball" with two other people who are also in MRI's in other rooms waiting for their experiments to begin. They are told, "This will just help you pass the time while you are waiting." In the game, three avatars simply pass the ball from one to another. In reality there are not two other players. The other avatars are computer generated. In the first few minutes of the game the ball is tossed equally to all three players, and then the computer generated players hog the ball and exclude the subject. The pain areas of the brain become active, almost immediately, when the subject is excluded. Social pain can be turned on by the slightest rejection. Just imagine what the seventh-grade girl goes through when she is told, "We are all going out for some ice cream, but you can't come, because Emily says your hair is so ugly. I told them that you could put a scarf over it, but the other girls just wouldn't listen to me. I really feel sorry for you." More amazingly when Lieberman had people take 1000 mg of acetaminophen a day, for a month they reported experiencing less social pain. Unfortunately, we are now getting warnings about how harmful regular use of acetaminophen can be.*

Lieberman's work in some sense of self (conceptual self-awareness) is mind boggling. When we think about ourselves and who we are and when we access our sense of identity, the medial prefrontal cortex becomes active. Lieberman believes that the medial prefrontal cortex and the sense of self is really a Trojan horse which allows the values of those around us to seep into us as part of our own self-image. Who we think we are is influenced very deeply by our environment. Our brains are designed to make

us conform to social norms and to be almost reflexively cooperative.

Lieberman did two experiments on how persuasion affects the brain. In the first experiment, he showed students in his Southern California University class several videos designed to convince them to use sunscreen (this is not a bad idea in Los Angeles). They watched these videos while they were in an fMRI machine. Lieberman looked at the activity that each of these videos induced in the medial prefrontal cortex. The greater the activity the videos induced in the medial prefrontal cortex, the more likely the students were to start using more sunscreen. Activity in the medial prefrontal cortex predicted how likely the students were to actually use sunscreen than did the students' subjective verbal responses to the ad. They then repeated this experiment with ads designed to get people to stop smoking. They got the same results. The brain scan more accurately predicted how the person would respond to the ad than did their report of their subjective response to the ad.

Lieberman is very excited about a developing brain imaging technique called *functional near infrared spectroscopy*. This technique is still under development and not quite ready for prime time. However, if the technique pans out, it might be possible to do brain imaging in the office with patients wearing a simple band around their head instead of lying completely still in an MRI machine. I have visions of myself finally becoming a half decent hypnotist. I would chatter away with memorized hypnotic scripts and shape my suggestions to the response I would see in my patients' medial prefrontal cortex.

Several other papers have been published recently in which the response to psychotherapy can be predicted by brain imaging techniques (for example see the review of the paper by Luebin below). It is entirely possible that future psychotherapists may actually use neurobiology clinically rather than merely talk about it. Personally, I do not look forward to that. Although I love using neurobiology as a metaphor for what goes on in the office, I am not too excited about focusing on images of the patient's brain rather than on the patient.

I was not very impressed with the last few chapters of Lieberman's book. His experiments have stirred up a lot of interest in the business community. There is a lot of money to be made by knowing how to get people to buy something. So Lieberman has started a con-

sulting business. The last few chapters are almost an ad for his consulting business. I was particularly disturbed by the application of some of his ideas to high school education. He points out that developing the social brain is a very natural activity in adolescents. Adolescents automatically focus on the social world. Therefore, he believes that high school education should incorporate much more social process. I strongly disagree. Of course, we all need to develop our social brains, but we also need to develop the rest of our cognitive and intellectual abilities. Lieberman believes that making high school more of a social experience than it already is would accelerate the learning process. I am not sure what this would lead to. I am very impressed by the accomplishments of the generation of people who spent their adolescent time memorizing the Iliad, the Aeneid and the Talmud. They had to learn several foreign languages. They had to study mathematics intensely and in detail. These people seem to have developed socially without the benefit of their high schools. I believe that we also benefit by our ability to turn off our social brain for a while. Meditation is in fact learning how to turn off the default mode network. I believe that adolescents need to learn intellectual discipline and how to focus their minds.

Lieberman's book gives the psychotherapist a glimpse of the future. We don't have to like it, but we will be better off if we know what may be coming and think about it.

*I would appreciate it if anyone could tell me if it would be legal or ethical for a social worker to recommend acetaminophen to a patient. If not, would it be legal or ethical for a social worker to tell a patient about this experiment?

Neural Substrates of Treatment Response to Cognitive Behavioral Therapy in Panic Disorder with Agoraphobia. Luebin, V, *et al.* (2013) *American Journal of Psychiatry*, 170 (11), 1345 – 1355.

Shortly after I learned that Lieberman could predict responses to ads by using functional imaging, I saw this paper which showed that it was possible to predict a patient's response to CBT by looking at the neurobiological response to a fear conditioning task

which was performed before treatment. People were shown several colored figures, and one was paired with a loud tone 50% of the time. After 17 minutes, all patients showed sympathetic activation to that figure associated with the loud tone but not to the others. Patients who did not respond to CBT which took place after the fear conditioning showed enhanced activity in certain brain areas in response to the neutral stimulation as compared to the people who did respond to the treatment. In nonresponders there was enhanced activity in the pregenual anterior cingulate, the amygdala and hippocampus. Further it was observed, that those who did not respond to treatment showed less inhibitory connection between the anterior cingulate/hippocampus and the amygdala. The hippocampus inhibiting the amygdala is part of our self calming mechanism. In nonresponders, treatment did not change the strength of this inhibitory connection. The nonresponders, did however show a decrease in activity in the hippocampus, amygdala and cingulate after treatment. That is, they showed a partial neural response to treatment, but a very weak behavioral emotional response.

By doing brain imaging before treatment, we can predict who will respond to CBT and who won't. This gives us some idea of the difference between responders and nonresponders. Nonresponders did not differentiate queues to safety as well as did the responders. Nonresponders also showed less critical inhibition of the amygdala than did the responders. This will not have clinical implications immediately, but I foresee a day in which brain imaging may help psychotherapists design treatment to fit the individual. I hope, however, that we will be able to do this by learning the affective and cognitive manifestations of these differences and be able to individualize our treatment to the patient without all that machinery. I don't want to have to move the plants in my office to make room for an FMRI machine.

The Philosophical Baby: What Children's Minds Tell Us about Truth in Love and the Meaning of Life. Gopnik, A. (2010). New York: Picador.

Allison Gopnik is a developmental psychologist. Her brother, Adam is a writer for the New Yorker.

The good writing gene must run in the family. Her first book, *The Scientist in the Crib*, was an excellent introduction to recent work in cognitive development. This book, which I am reviewing, is not really about philosophical babies. It is a review of her recent work on interpersonal development framed in terms of philosophical concepts. I was particularly impressed by her work on counterfactual thinking. Counterfactual thinking is a concept that Gopnik took from philosophy and applied to developmental psychology. Counterfactual thinking is believed to be a unique human ability. I used to think of counterfactual thinking as a way of posing interesting but unanswerable questions such as, "What would the world be like if Lee Harvey Oswald's gun had misfired?" However, since the discovery of the default mode network we now know that counterfactual thinking is the mode that our mind will go to in any free time. Not all daydreams are counterfactual. Some are accurate replays of past events. However even those daydreams in which we are cleverly planning our future are counterfactual. We are thinking of things that haven't happened yet. When we think of the past in most of our daydreams, we replay the past how it might have been. When we think of the future we picture an idealized or feared future which has not happened. Gopnik maintains that play, pretending, lying, and imaginary friends are all examples of counterfactual thinking. Gopnik did a series of experiments to examine how babies develop counterfactual thinking. For example, if a desirable toy is placed outside of a baby's playpen, out of reach of the child, and there is a rake in the playpen, a one-year-old child may play with a rake, but she cannot figure out how to use it to reach the toy. An 18-month-old child will immediately use the rake to get the toy. The 18-month-old must have pictured using the rake by picturing a future before she got toy. Another sort of counterfactual thinking is play. Even an 18-month-old can comb her hair with a pencil or turn a block into a toy car. The child knows that the pencil is not a comb, but she can use these things symbolically. By the time children are two or three, they can play the roles of superheroes or princesses.

When adults or children think about counterfactual or real causation they construct maps of the world. The hippocampus, responsible for verbal and episodic memory, is the part of the brain in which lower mammals construct maps of the physical world. Gopnik suggests that verbal and episodic thinking represent

maps of causation and of the social world. In one simple experiment she put a bowl of broccoli and a bowl of goldfish crackers between the experimenter and the child. The experimenter pretended to love broccoli and hate goldfish crackers. Those preferences are the opposite of the preferences of children. The experimenter then asked the child to "give me some". At 14 months, a child will hand the experimenter goldfish crackers. At 18 months, the child will hand the experimenter broccoli. The child has built a map of the world in which different people like different things. Gopnik maintains that play pretending imaginary friends and stories all help children and adults build maps of our social and physical world.

Gopnik is also studied the differences in the ability to attend between children and adults. An adult's attention is focused internally. They let their own minds not the environment determine what they pay attention to. For example, if people are told to watch a group of people tossing and basketball back and forth while counting, they become so focused on the counting that they cannot see a man in a gorilla suit who wanders onto the court. A child would focus more on the interesting gorilla and not stick to the counting task. There are more stimulating cholinergic transmitters in the child's brain than in the adults, *i.e.*, more stimulating neural activity. Children live in a world in which everything is new, and they must focus on everything to find out what is important. Gopnik says the infant's experience is like that of an adult traveling in a foreign country for the first time without a guide. In that situation, since so much is new, an adult will not automatically restrict his attention and will attend to almost everything as he wanders through old European streets with signs in a language he cannot read. It has been suggested that unguided travel stimulates the older brain in the same way the world stimulates an infant's brain.

Gopnik points out some very interesting things about children's memories. When asked to describe a trip to the zoo the day after the trip, a two-year-old will only mention the things that her mother commented on while they were at the zoo. A five-year-old can produce an original narrative. Children have great difficulty differentiating between what they have experienced and what they have been told. If a three-year-old is shown nine drawers, each with a different object inside, and some of the drawers are opened for the child to see what is inside while she is only told

what is in the other drawers, a three-year-old will typically remember what is in each drawer. However the child will have great difficulty in remembering whether or not he or she was told what was in the drawer or saw what was in the drawer. A five-year-old will have no problems with this. This means we must be very careful on how we use information from a child in court. These experiments also have implications for the way in which we develop an autobiographical memory and sense of self.

Gopnik also revisits Kohlberg studies on moral development. Nursery school children can tell you that both things that hurt other people and things that are against the rules are wrong. But by the time they are 3, they will be able to tell you that things that do harm to others are more serious wrongs than things that are merely against the rules. This finding differs dramatically from Kohlberg's description of level 2 moral judgment.

In the final chapter, Gopnick even tries to define meaning and spirituality in terms of developmental psychology. She is not entirely successful at that. However, in this short book she gives us new ways to look at our children, ourselves and our patients.

Geoff Magnus

Brief Summary of 2013 – 2014 Jane Roiter Sunday Morning Seminars

This year's Seminars provided a rich array of thought provoking conceptual frameworks and moving case vignettes. Each session was attended by 30 or more participants, who on two occasions braved stormy weather to attend. Every session included a scrumptious continental breakfast prepared by the seminar committee members, Karuna Bahadur, Carol Crane, Margaret Grau, Mary Ann Jung and, Jane Pinsoff

The first Seminar in October was a presentation by Psychoanalyst Vivian Skolnick entitled *The Devil in the Devine: Pedophilia - Challenges for Clinicians and the Community*. The focus of Dr. Skolnick's presentation was on describing her years of experience dealing with the

problem of Pedophilia in the Orthodox Jewish Community. She suggested that there might be significant parallels between the experience of victims of sexual abuse and those of survivors of the holocaust. Silence, helplessness, rage and betrayal describe what child victims and Holocaust survivors share in terms of their suffering.

Dr. Skolnick provided definitions of Pedophilia, described the pedophiles methods of "grooming" their victims by playing on the child's vulnerabilities and reported the grim reality that there is no known treatment for pedophiles that has been shown to be consistently effective. She emphasized that pedophilia is carried out in a planned methodical systematic way by perpetrators and is almost never the result of impulsive acting out.

Dr. Skolnick dramatically described the unique obstacles and challenges she experienced in her active efforts to raise awareness and prevent sexual abuse in the Orthodox Jewish Community. She described a series of innovative community based interventions that began to help this community to address this serious problem more effectively.

In Second Seminar in December, Joseph Palombo, the Founding Dean of the Institute for Clinical Social Work, presented a seminar entitled: *Empathy Failures in the Treatment of Patients with Neurocognitive Deficits*.

Palombo warned of the dangers of clinicians not adequately understanding the neuropsychological issues and differences experienced by these patients, which can lead to misdiagnosis, misunderstanding and failure to empathize with the patient's experience.

He proceeded to present a sophisticated and complex model of a neuro psychodynamic model of the self, which included aspects non-linear dynamic systems theory, and Chaos theory as well as detailed information about how the executive functions of the mind are affected by deficits and differences in patients' neuropsychological development and functioning.

He also described the characteristics of executive function disorders including patients experiencing major problems in goal formation, planning, implementing, performance and self monitoring and regulation.

Palombo discussed the treatment process in great detail including typical transference and countertransference configurations that emerge in work with these patients, the goals of the therapeutic process, the role of empathy in treatment and the working through of self-object transferences with these patients.

He emphasized that it is crucial for clinicians to understand that in addition to self-object deficits being recreated in these patients' transferences, their neuropsychological deficits and associated external responses are also recreated.

He presented a compelling case illustration that dramatically illustrated how he struggled to manage his countertransference and accurately empathize with the experience of a particularly challenging client. He concluded by emphasizing that when the therapist is able to successfully stretch their empathy to understand and validate their patients with neurocognitive deficits this can actually result in rewiring of the patient's brain as knowledge is transferred from episodic to procedural memory.

Anna Lieblich, an experienced private practitioner, teacher and supervisor, presented the third seminar on a snowy Sunday in January. Her presentation was intriguingly entitled: Hopelessness in Therapy Yours, Mine and Ours. She made many important points about how the issues and dynamics of hopelessness get played out in therapeutic relationships. She specifically focused on the relationship between hopelessness and suicide stating that hopelessness is a better predictor of suicide than depression.

Lieblich contrasted hopeful thinking involving agency and action, which develops out of secure attachment relationships in childhood with hopelessness which is marked by the absence and failure of hopeful thinking often connected with disrupted or insecure childhood attachment. She commented that often the therapist's task is to teach the client the agency and action steps involved in hopeful patterns of thinking. She went on to describe hopelessness from different perspectives as a loss of faith, a character trait and as a philosophy of life.

She specifically emphasized a psychodynamic view of hopelessness, which emphasized issues of aloneness and powerlessness as well understanding the social context of hopelessness in terms of the intersection of the client's and therapist's family experiences relative to hopelessness.

Lieblich delineated therapist responses that amplify client hopelessness including pushing for hope, trying too hard to make client feel connected to the therapist, trying to solve the client's problems, overwhelming the client with our affect, avoiding or denying hopelessness and attacking the client for being so hopeless.

In a parallel way she spelled out ways that therapists might effectively deal with our client's hopelessness, including focusing on the therapist client relationship, going towards the hopelessness, not away from it, being explicit in naming hopelessness, enlisting the client in doing what can be done, keeping the client company and thinking with the client about what gives meaning to life.

The highlight of her presentation was the way she intertwined her own experiences with clients dealing with hopelessness. She was extremely transparent and candid in sharing her feelings and countertransference reactions in dealing with her client's hopelessness.

Nikki Lively, an ISCSW board member, and staff therapist at the Family Institute at Northwestern University presented the fourth Seminar in early March. Her presentation was entitled: Mindfulness and Attachment in the Treatment of Perinatal Women,

She began the presentation by pointing out that women are more likely to become depressed around childbirth than during any other period in their life. She defined terms such as postpartum, antepartum and explained the concept of Perinatal Mood Disorders and reviewed the symptoms of major depression. She pointed out that very little research has been done about women's subjective reactions to being pregnant.

Lively explained that an issue often underlying perinatal mood disorders often has to do with the woman's rigid attachment to a fixed way of being that does not allow her to adjust to the extreme and fluid changes that occur during pregnancy.

She pointed out that sometimes "a we need to fix this woman now" attitude on the part of health care providers exacerbates the patient's depression. She also mentioned that a parallel process often exists between what we do to help the mother and how she can help her baby.

Lively shared the type of therapy that she has developed in working with these women. She calls her approach Contemplative Relational Therapy. She stressed how she has integrated Buddhist concepts of mindfulness with concepts from attachment theory in her approach to therapy with these women. She specifically described contemplation as turning one's attention to whatever is at hand or being with what is. She defined negative capability- the ability to tolerate uncertainty without immediately seeking to resolve it - as being an important aspect of her approach.

She strongly emphasized the importance of carefully and sensitively assessing the client to gain an in-depth understanding of the woman's real experiences and the details of her social situation. She carefully explained that disrupted attachment experiences lead to disrupted experiences of going on being. Therefore an important focus with these women is to help them move from a position being preoccupied by feelings of worthlessness to developing a capacity for going on being. She went on to describe detailed steps for helping women to evoke their emotions and deepen their experience and cultivate their openness to their experiences.

Lively effectively illustrated her approach to working with women with evocative and compelling case vignettes that beautifully demonstrated the effectiveness and challenges of her approach.

Eric Ornstein



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