Coping With Ethical Dilemmas in Psychotherapy

By Martin Lakin, Ph.D.

Reviewed by Walter W. Winslow, M.D.

This small monograph on ethical dilemmas in psychotherapy carries an important and yet seldom written message. It should be required reading for all psychotherapists and for all young professionals in training to become psychotherapists.

In recent years, ethical issues relating to the sexual contact between therapist and client/patient have generated a great deal of public alarm. In a number of states this concern has resulted in punitive legislation. If this trend is to be reversed or even contained, psychotherapists must become more aware of their ethical responsibilities to their patients/clients, and information about ethics must become a significant part of their training. Supervision must constantly incorporate full discussions of the many ethical dilemmas that are an inevitable part of any therapeutic relationship. Currently this is not happening in many training programs.

Other ethical issues the author addresses include informed consent, confidentiality, and value conflicts between patient/client and the therapist. Strategies for dealing with the intense emotional reactions of patients to their therapists and the untherapeutic emotional reactions of the therapists themselves, sometimes referred to as transference and countertransference, are fully discussed. The author points out the therapeutic issues that must be confronted when there are value differences between therapist and patient as well as the potential problems arising out of cross-gender and cross-cultural differences and their influence on therapeutic outcome.

Two chapters discuss in some detail the importance of supervision as a crucial activity and as the best context for teaching and modeling therapeutic ethics. Lakin also focuses on the need for all therapists to continue an educational process that will ensure that they remain sensitive to ethical issues throughout their professional careers in a world of changing values and newly developing ethical dilemmas.

I highly recommend this book to all psychotherapists, from the student to the experienced clinician. The profession has waited a long time for such a book, and, although it may not cover every ethical dilemma, it does discuss the major ethical issues that confront psychotherapists almost daily.

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Tactics and Techniques in Psychoanalytic Therapy, Volume 3: Implications of Winnicott's Contributions

Edited by Peter L. Giovacchini, M.D.

Reviewed by Saul Tuttman, M.D., Ph.D.

In 1980 Peter Giovacchini coedited a pioneering work, Psychoanalytic Treatment of Schizophrenia, Borderline, and Characterological Disorders. I found that book invaluable for the clinician because it so thoroughly explored specific tactics for coping with the intense transference and countertransference reactions that are constantly aroused in the treatment of challenging and difficult patients. Since then, many impressive books of practical application and sensitivity have dealt with both the dilemmas and conflicts of such patients and the difficult struggles of their therapists in dealing with this patient population. The new volume is one of several important books on this subject written
and/or edited by Peter Giovacchini, a psychoanalytic psychiatrist who remains one of the modern pioneers in this highly specialized but increasingly important field of applied and modified psychoanalytic treatment.

Giovacchini follows the tradition of Paul Federn, Herbert Rosenfeld, Marguerite Secheyaye, and Donald Winnicott. It is not surprising that this latest volume in his "Tactics and Techniques" series focuses on the implications of Winnicott's contributions. In addition to supplying his own wealth of experience and insights, the editor has chosen well in selecting chapter authors, among them Thomas Ogden, Arnold Modell, and Renata Gaddini.

One of the concepts on which Giovacchini has often focused has to do with the role of regression in treatment. Ever since Freud's early formulations, analysts have been struggling with the dangers and benefits of encouraging and inducing a benign and therapeutic regression in the course of the treatment process. Although I understand and appreciate the value of this process as elucidated in this book by several of the authors (especially by Giovacchini himself), I value Merton Gill's contention of several years ago that what we call regression may not be best considered as such. He advises clinicians and theorists who work in this area to realize that by providing a conducive therapeutic milieu (often known as Winnicott's "holding and facilitating" environment), we encourage expression of material that has always been present but hidden in the patient and that becomes easier to manifest more openly in good treatment conditions. Gill asks whether we should call this "regression" or more simply consider it an ever-present aspect of an individual's functioning, one that the patient does not feel safe and secure enough to manifest overtly unless, in the course of treatment, the therapist succeeds in providing an appropriate atmosphere for the "true self" to emerge.

"Regression" implies return to earlier form and style, and there are analysts who consider the term confusing because it represents a superficial analogy. Peterfreund, Eagle, and others suggest that to link adult narcissistic behavior with an early life infantile state may represent a "confusing adultomorphization of infancy." Peterfreund suggested that "when complex biological systems break down, they do not necessarily retrace the steps by which they develop. And one must be cautious about viewing the products of a breakdown as representing [a reversal of] steps in normal development" (p. 439). Although I agree with this, neither Giovacchini's nor Winnicott's concepts need to rest on a counterargument to this view. Indeed, it seems most likely that a dyadic or group therapeutic environment that allows vital needs and feelings, formerly repressed or disguised in a "false self" orientation, to emerge in the context of a therapeutic relationship can permit working through of unresolved issues. Such "liberation" often leads to an expansion of the repertoire of constructive ego functioning. This can be of great therapeutic value.

Giovacchini and his coauthors (especially Gaddini, Boyer, and Ogden) focus productively on the importance of early-life autistic, presymbolic, sensory-dominated, nonverbal experience and how the therapist responds to it. In my opinion, sensitivity to this vital area can have profound therapeutic application in a dynamic therapist-patient relationship.

The authors are also very appreciative of the projective identifications and countertransference problems inevitably aroused in the therapists who treat this type of patient. It is most likely that patients whose psychological boundaries are fluid and ambiguous (if not sometimes close to nonexistent) would tend to generate chaos and fusion, thus arousing great confusion. Primitive interactions take place where boundaries are far from stable, and this applies to the psyches of analysts as well as their patients! We could ask whether or not those therapists who choose to deal with this type of challenging patient...
are themselves perhaps somewhat vulnerable to the same issues of confusion. Or should we assume that the inevitable psychological "suction" in such dyads would affect almost any responsive therapist open to the agony and chaos existing within these patients?

We are all fortunate that Giovanchini writes about (and encourages the publications of colleagues about) the dramatic interaction between the therapists and patients who are involved with primitive ego states. Perhaps this type of treatment that he advocates can be successful only when offered by a therapist who has qualities of self-awareness, practical reality-oriented genuine concern, and respect for the feelings and needs of others and of himself. This balance between self and other may provide protection against the dangers of fusion and confusion while offering for internalization the kind of meaningful relationship usually absent in the patient’s history. Giovanchini and his coauthors offer a genuine "holding," such that the therapeutic relationship can become for the patient a genuine relationship and the therapist can become an authentic object.

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**Psychotherapy of Neurotic Character**

By David Shapiro, M.D.


ISBN 0-465-06750-6, $22.95

Reviewed by William H. Sledge, M.D., and Martha L. Mitchell, R.N., M.S.N.

When Dr. Shapiro writes a book, we all should pay close heed. *Neurotic Styles*, now a classic in the literature on character, deepened our understanding by explicating the cognitive and formal qualities of psychological structure that comprise character types. Now, once again, he has given us a fresh, seminal contribution that should help us all practice at a higher plane. What Shapiro presents in *Psychotherapy of Neurotic Character* is a way of understanding that combines some of the best of a psychodynamic/psychoanalytic perspective with the creative approach manifested in *Neurotic Styles*. We liked this book tremendously and heartily recommend it to everyone, at all levels of experience, who practices psychodynamic psychotherapy and tries to understand people in depth over time.

In each of the book’s three sections—General Principles, Therapeutic Material, and Therapeutic Process—Shapiro systematically develops his views about the central role of character in the therapeutic action of dynamic psychotherapy.

In the first section the author unites the concepts of character and neurosis (i.e., drive and defense) to produce one of his unique theoretical syntheses. He contrasts his view of character to the "marionette" version of the traditional psychoanalytic psychology model of drive and defense by emphasizing the subjective experience of character and neurosis. He calls attention to the sense of self-estrangement, the personality reacting against itself, in neurotic disorders. Character and neurotic disorder are inextricably intertwined in that the dynamics of defense ex-

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**References**

tend to and are actively joined with consciousness. Conflict "infiltrates" character in the particular and automatic ways a person thinks, feels, and acts. With these formulations, Shapiro presents a compelling theory of psychopathology, one that is in line with the patient's experience and usefully congruent with a theory of technique. He indicates that a major goal of therapy is the reduction of the sense of estrangement, and that psychotherapy works by reintroducing the patient to him or herself.

In the section on therapeutic material, Shapiro characterizes ego psychology-based psychoanalysis as attempting to circumvent the ego through the emphasis on free association and the focus on repressed impulses and the defenses against them. His approach, by contrast, takes the patient as the therapeutic material, focusing on the speaker as well as the words of the speaker. One ramification of this principle is a reinterpretation of the notion of the "here and now." Shapiro's view is not the usual one that the patient is referring to immediate circumstances, but rather that the patient has a reason in the present for saying what he or she says. This formulation naturally leads to the ideas of listening to language (content) and attending to speech acts (intentionality as well as content)—the speech as well as the speaker. Aspects of these ideas have been advanced by others, but Shapiro effectively and persuasively advocates for his perspective within the context of psychoanalytic theory.

Transference in Shapiro's approach loses some of its distinctiveness as therapeutic material. With the notion that every statement made by the patient is a speech act, the relationship with the therapist becomes continuously, rather than sporadically, an aspect of the therapeutic material. Shapiro goes on to say that transference, in the sense of the distortion of the therapeutic relationship, is best conceptualized as the creation of the adult personality. Childhood memories, rather than being vestiges of the past energizing and influencing mental activity in the present, are material used by the adult personality in the present to give expression and meaning to subjective experience.

Shapiro presents us with a series of sophisticated notions about the psychology of therapeutic change. He views psychotherapy as a subtractive process that aims to remove, not to augment: "Psychotherapy aims...to reduce or eliminate the distress and disability that are a consequence of the neurotic person's reaction against himself." Psychotherapy aims to reduce or correct the self-estrangement that is at the core of the neurotic character. Shapiro's idea of insight, then, is related to his notions of the full subjectivity of the patient and the capacity to experience one's "character" fully. Shapiro goes on to discuss concepts including resistance, the nature of the therapeutic relationship, the role of historical interpretation, the course of therapy, and termination.

Why did we find this book such a pleasure? Not only are its conceptualizations original, illuminating, and practical, but they also engage the reader by their clarity. The book is filled with enlightening clinical examples. Often skillfully introducing the explanatory material, these examples prompt our recognition of therapeutic moments and enhance our readiness to comprehend them better. We have used this book to great advantage in teaching, particularly with psychiatric residents. Psychotherapy of Neurotic Character will take all who struggle to understand and help troubled individuals a solid step forward in those pursuits. Shapiro once again has provided us with a work that will, we expect, become a classic.

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