

The Westchester Psychiatrist

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Message From Our President - Barbara Goldblum, M.D. We Live In a Psychiatrically Turbulent World: When You See Something, Do Something.



Ensuring good psychiatric care remains an uphill battle.

With ever increasing episodes of personal violence being committed, the public cry for more

mental health services to stop these occurrences gets louder. The psychiatric profession understands that many of these episodes are unrelated to psychiatric illness, but even with this public pressure, strongly pushing back are the interest groups with economic and political agendas that limit psychiatric care. In addition to providing mental health care, advocating for its universal availability and deliverability belongs to us.

The 29th Annual Legislative Brunch, held December 6th by our Westchester District Branch, gave the members present the chance to address a dozen Westchester County and New York State legislators who attended, and also listen to their positions on matters of concern to us.

Most notable was the issue that Westchester County does not have mental health parity in their insurance coverage for county employees. As a self-funded, nonfederal government health plan, they are legally allowed to opt-out of parity for psychiatric, as well as other, benefits. In our backyard! They are the only NYS county to do this. This issue

had come to our attention, but it seemed that the county legislators present had no idea this opt-out feature was chosen when the Westchester Health insurance plan was created. Once brought to their attention, I am glad to report, they were interested in addressing the issue, but it would unhappily and uneasily mean dealing with an increase in the county budget at the next budget hearing.

While psychiatrists are still seen as the leaders of psychopharmacological care, there is the ever present push by psychologists for prescribing privileges. This would include prescribing and discontinuing medications, including controlled substances, and is a true safety issue for patients to be medically treated by a non-medical personnel. So far the state legislature has not passed such bills, but they continue to appear and we have to stay mindful to act, as we did last spring when we were asked to contact our state representatives to vote the bill down.

Dr. Laitman, from the NAMI Board, echoed our concerns that insurance companies' step-programs interfere with provider prevails knowledge and expertise for best patient care. After both the NY State Senate and Assembly had passed the provider prevails bill last spring, it was vetoed by Governor Cuomo, citing economic impossibilities involving Medicaid. This remains of great concern.

The Justice Center is also a topic of concern for many of our members regarding how they conduct their investigations and assessments of clinical situations by their non-clinical investigators. NYSPA has opened a dialogue with them, and the issues were presented to the legislative representatives. These are regulatory issues with profound impact.

While mandatory electronic prescribing is one

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Message From Our President - Barbara Goldblum, M.D.

We Live In a Psychiatrically Turbulent World: When You See Something, Do Something.

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month away, the public has not been informed about this significant change in practice. Several of the reps agreed with us and expressed concern that it has not been properly publicized, and agreed that this needed to be done by the state.

Our annual Legislative Brunch is an excellent opportunity to reach out and directly communicate with the people involved in creating the laws and systems that impact our profession. We are most effective when talking clearly and directly with someone with the authority to act. Practicing our profession with medical skill and ethics is not enough. In a system that favors cost cutting and policies made by business executives who not interested in or are unqualified to appreciate the needs of psychiatric patients, we run up against their strong lobbies in Albany that advance their goals. Many of the legislators present voiced their appreciation at hearing personally and directly from the psychiatrists so they could better understand our concerns in a connected and personal way.

It is a whole year until the next Legislative Brunch, but there are

ongoing ways to speak out and take action individually:

Please watch for email alerts from NYPSA, the New York State Psychiatric Association, (centraloffice@nyspsych.org) and our Westchester District Branch (centraloffice@wpsych.org) with news about relevant issues.

An email sent out on December 8th from NYSPA requested that members help in continuing NYSPA's lawsuit against United HealthCare and their parity violations. This will help us and our patients, and I urge you to respond if this has affected you and you can contribute to it.

Other times the email may request that you email or call your New York State Assemblyman or Senator on a topic of concern to all of us. This is VERY important; these contacts do have an impact on the legislators.

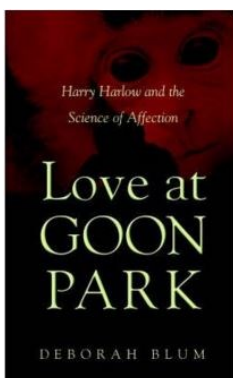
PLEASE, WHEN YOU SEE SOMETHING, DO SOMETHING.
Take action or we will be acted upon. ■

Book Review: Love at Goon Park: Harry Harlow and the Science of Affection

Deborah Blum

Persus Publishing (2002) 336 pages

By: Karl Kessler, M.D.



Harry Harlow was one of America's most famous 20th century psychologists. His fame rests mostly on the studies of parent-child attachment and infant and child emotional development, using rhesus monkeys as his subjects. Deborah Blum has written the only book-length biography of Harlow, published in 2002. Harlow's life and personality are less interesting than his discoveries, but

he needed enough of a rebel personality to decide he wanted to do psychological studies with primates rather than with the rats used by all other researchers. He did a great many studies on the learning capabilities of monkeys and showed that the ability to learn was not simply a function of "drive reduction," the extant theory, but the monkeys had an innate curiosity and ability to learn. He learned how to breed the monkeys and noticed that they developed problems with their behavior and social functioning when they were reared

alone in individual cages. His observations led to his most famous experiments, which were done in the 1950s and 1960s, and are the one on which Blum focuses her book. He found that monkeys need nurturing and attachment to a mother and social interaction with their peers in order to become normally functioning adults. The most famous of his experiments involved monkeys raised in a cage with either a surrogate mother made of wire mesh or a surrogate mother made of soft cloth. The monkeys reared with the soft cloth mother had much better development than the ones reared by the wire mesh mother, demonstrating the value of "contact comfort" for infants. Harlow also showed that the monkeys had an instinct to be with a mother for the sake of being with a mother rather than for the sake of nourishment.

These experiments supported the theories of psychological attachment then being developed by the British psychoanalyst John Bowlby and others, and they also went against the psychoanalytic theory of child-mother attachment,

PSW's 29th Legislative Brunch - December 6, 2015

By: Jerry Liebowitz, M.D.

The Psychiatric Society of Westchester sponsored the 29th Annual Legislative Brunch at the Crowne Plaza Hotel in White Plains on Sunday December 6th. **Susan Stabinsky**, our Legislative Representative, introduced the speakers, urging them to help us “make things better for our patients,” and encouraging all of us to keep the dialogue open between psychiatrists and legislators. She called attention to the handout that listed our legislative and regulatory priorities as well as key issues for NYSPA and the local branches.

Robert S. Laitman, MD – Head of Advocacy for NAMI-Westchester, a “patient-focused” group that urges all of us in the mental health field to “speak with one voice,” opened the dialogue by announcing that a bill NAMI supported to reduce prison suicides by providing additional training to corrections officers and staff had passed both houses and was on Governor Cuomo’s desk. He then described five pieces of legislation, already before the legislature, for which NAMI-NYS is advocating:

- 1) A bill to **regulate step therapy** to help ensure that insurance companies cover appropriate medications and not engage in “fail-first” policies forcing patients to “step-up” to proper medications, has been introduced in both houses. “Why add interference?”
- 2) The **Paid Family Leave Act** that would allow families to care for a sick loved one without losing pay, including psychiatric emergencies and inpatient stays, to help increase family involvement in recovery, passed in the Assembly and Governor Cuomo indicated he would sign into law.
- 3) A bill that would **raise the age of criminal responsibility to 18** has an excellent chance of passage, he noted. Only New York and the District of Columbia still have 16 as the age!
- 4) A bill to create language encouraging the incorporation of **mental health education in schools** would cost very little and would help with early identification of mental illness and, perhaps, help prevent suicides.
- 5) A bill to **expand AOT (Assisted Outpatient Treatment) to help people with substance abuse** would guide people with substance abuse towards recovery-oriented services and away from jails. Kendra’s Law (that allows for judges to order involuntary outpatient treatment) is coming off the

books at the end of 2016, he warned, and this legislation is necessary.

He concluded by pointing to one piece of legislation that NAMI-NY is advocating **against** – the **Discretionary Practices Bill** that would allow local communities to keep mental health services, as well as an array of other health, housing and social services, out of their communities. This bill could be used to cause the closure of virtually any unpopular community-based service or residence (except those that operate on a for-profit basis) and would prohibit the sponsor of a closed or denied program from reapplying to establish the same or similar programs anywhere in the community for a two-year period following denial of authorization. This bill has passed in the State Senate, he noted. “We cannot let it pass the Assembly,” he urged.

Rachel Fernbach, Esq., NYSPA’s Deputy Director and Assistant General Counsel, gave a PowerPoint presentation of NYSPA’s 2016 State Legislative Priorities and called attention to the handout that was given to all present at the Brunch, which listed our legislative and regulatory priorities as well as key issues for NYSPA and the local branches:

The first issue concerns **Mental Health Parity (Timothy’s Law)**, which has been the law for a number of years now. Settlements reached by the State Attorney General over the last two years with managed behavioral health companies and health plans for non-compliance reminds us that challenges remain to ensure that the law is properly implemented and enforced. She urged the legislators, either through legislation or administrative action: 1) to facilitate the full implementation of Timothy’s Law; 2) to establish a Mental Health Parity Cabinet to oversee and closely monitor enforcement and compliance; 3) to require health plans to submit an annual report to the Department of Financial Services, outlining their efforts to be in compliance with parity laws; and 4) to incentivize and increase the number of psychiatrists, especially child and adolescent psychiatrists, willing to practice in underserved areas.

In this regard, attention was called to **Westchester County’s Parity Opt- Out**. As a self-funded, nonfederal government health plan, the Westchester County Health Benefits Plan (for county employees and their families) has elected to opt-out of the requirement to provide parity in mental health and substance use disorder benefits. The County still imposes prior authorization requirements on mental health benefits. The District Branch and

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PSW's 29th Legislative Brunch - December 6, 2015

By: Jerry Liebowitz, M.D.

NYSPA supports the non-renewal of the opt-out for 2016 and subsequent years to ensure that Westchester County employees have parity in behavioral health benefits.

Support for improvements to **The NYS Justice Center** policy, which has been in effect since 2013 for the protection of people with special needs, are urgently needed. Two policy changes that we support are: 1) **legal representation** for individuals who are the subject of a Justice Center investigation; and 2) the creation of **a Medical Decision Board consisting of clinical personnel** who would review all incidents involving clinical decision making, involuntary hospitalization, medication issues including medication over objection, and the use of physical restraints, **before a full investigation is pursued**. This would be more appropriate than the current situation where non-clinical Justice Center investigators conduct the investigations.

The issue of **Psychology Prescribing** and other **Scope of Practice Issues** are extremely important to psychiatrists and patients. NYSPA and the PSW strongly oppose legislation that would authorize psychologists to prescribe or discontinue medication, including controlled substances. Allowing psychologists to prescribe medications (and not only psychiatric medications) puts the public at risk, we believe, because these individuals will not have the requisite training or experience to prescribe medications that affect all body systems. She also noted that NYSPA and the PSW oppose legislation or any regulatory change that would expand the scope of practice of several allied health professions into areas heretofore reserved to the practice of medicine, including but not limited to: a) authorizing nurse practitioners to admit mentally ill patients and, b) authorizing mental health practitioners, licensed pursuant to Article 163 of State Education Law, to diagnose mental illness.

The last major issue raised was **Mandatory Electronic Prescribing**. Despite the one-year extension to March 27, 2016, Ms. Fernbach noted that there are still open issues that have not been addressed, including: 1) pharmacy stock issues, 2) administrative burdens in connection with the Prescription Monitoring Program, and 3) lack of public outreach. "The public needs to know," she advocated, "about the increased administrative burdens for prescribers." One suggestion to the legislators was that there be a way to integrate electronic prescribing with the PMP.

Other ongoing priorities of NYSPA, she noted, include:

1) **Medicaid Managed Care Reform** to provide access to medications on which patients have been stabilized by supporting legislation requiring Medicaid Managed Care plans to collaborate with psychiatrists and hospital associations to develop a seamless formulary of psychotropic medications, especially anti-psychotics and anti-depressants, to assure that the medications prescribed in the hospital can be continued post discharge; 2) the support of legislation that would prohibit mental health professionals from engaging in efforts to change the sexual orientation (so-called **conversion therapy**) of individuals under the age of eighteen; 3) the support of legislation to **raise the age of criminal responsibility** in NYS from the age of 16 to 18; and 4) concerning the **corporate practice of medicine**, to oppose legislation altering the laws governing the prohibition on the corporate practice of certain professions (including medicine), including authorizing non-physician health care professionals to form multi-professional PCs, LLCs, or partnerships with physicians or with each other. She pointed out that changes in the law that now prohibit fee splitting could accomplish the objective of such legislation while maintaining physician ownership and, more importantly, leaving the responsibility for high quality patient care in the hands of physicians.

Assemblyman Steve Otis spoke to four of the points raised. First, he supported the improvements to the Justice Center policy that have been proposed. Second, he noted that changes in healthcare are "over-driven by financial concerns and limitations" – especially in regards to mental health. For example, he bemoaned the budgetary concerns that have resulted in limiting access to mental healthcare and a reduction in school consultation. Regarding psychologists prescribing, he noted that access to care was an important issue and that there were many areas of New York state that did not have psychiatrists nearby. He did not address the issue of nurse practitioners being able to prescribe in those areas. He also raised some concerns about the mandate for electronic prescribing (EPS), pointing out that it raised some privacy issues and needed to be secure.

John Tomlin (representing **Senator Andrea Stewart-Cousins**) noted that he was "here to listen" and report back to the senator, who is the Democratic leader in the State Senate and represents the 35th District. He thanked the group for raising points to be considered.

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By: Professional Risk Management Services, Inc., (PRMS)



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IF YOU ARE CONTACTED BY A GOVERNMENTAL AGENT, such as law enforcement, the Medical Examiner, the prosecutor, etc. for information: Call us prior to responding, even if you have called in the event previously, so we can provide assistance with

how to respond. If you are not able to speak with us immediately, the following guidelines may be useful until we can provide you with specific advice:

- Do not assume that anyone is entitled to information about your patient, even for investigation purposes, regardless of what the investigator may say
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- The exceptions to the normal requirement of patient authorization required to release information are very, very limited
- Consider responding as follows: “Any information I may have about this person would be confidential. I want to cooperate, but I need you to put your request in writing and cite your authority for the disclosure. Upon receipt, I will promptly process your request.” ■

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PSW's 29th Legislative Brunch - December 6, 2015

By: Jerry Liebowitz, M.D.

Lisa Hoflich (Staff Member for **Assemblywoman Amy Paulin**) likewise said that she was at the Brunch to report our concerns to Assemblywoman Paulin, who is very interested in matters concerning mental health.

Pat Lagana (Staff Member for **Senator Terrence Murphy**, who is head of the abuse committee for prescribing issues) noted the importance of NAMI and underscored the need for psychiatrists to partner with NAMI on issues that related to patient care.

Assemblywoman Shelley Mayer, representing the 90th Assembly District (Yonkers) and a member of the Health Committee, thanked the group for calling attention to the Westchester County's opting-out of parity and not covering mental health services out of network. She also acknowledged the urgent need for a review and revision of the Justice Center, stating that the legislature may need to modify the bill.

Assemblyman David Buchwald, who noted that his sister is a mental health professional, raised the subject of the "Prescriber Prevails" bill that he co-sponsored and was recently vetoed by the Governor. He said it was unfortunate, for example, that "step therapy" remains and can possibly interfere with the most appropriate treatment for a patient, just because of "budgetary concerns." He also co-sponsored a bill to delay mandatory electronic prescribing "to help focus on practical issues" that exist. He pointed out that he is involved with the raising the age movement, noting that "science needs to be re-integrated with the criminal justice system." "The initial cost is worth it long-term," he proposed, citing the cost of high recidivism and a "life of crime" often connected to imprisonment of adolescents.

Assemblywoman Sandy Galef (19th District) explained how much she liked the idea of Paid Family Leave and urged more broad support for the bill. She also spoke out against the County's opting out of parity for its employees. Concerning mental health in the schools, she noted that schools do not want "mandates," which raise budgets. Instead, she urged that we go to the school districts directly to help set up mental health services as needed, district-by-district. She closed her talk with strong support for a bill against forced gender-identity changes.

County Legislator David Gelfarb (6th Legislative District) expressed his dismay that he "just learned" of the issue of mental health parity and Westchester County's decision to opt out. He suggested that we send a letter informing legislators (and the

public) and also send a representative to the budget hearings next year. He noted that the County has excellent mental health services and this opting out of parity for mental health goes against all that. He also suggested that we invite the Commissioner of Mental Health, Dr. Herzog, to meetings like this in the future. He then described his support for the TASK (Treatment Assistance for Services in Communities) Treatment Program.

Paul Finer, Greenburgh Town Supervisor, thanked the group for its input and noted that he just formed a Health Care Advisory Group for any health care related concerns in the town – "to help cut through the bureaucracy."

Assemblyman J. Gary Pretlow, who is in charge of the Westchester Delegation, did not agree with our "blanket corporate practices" position or our "scope of practice" issues.

Assemblyman Thomas Abinanti, expressed his gratitude to the District Branch for holding these Legislative Brunches, noting that this was his 25th time attending, having started as a legislator. He urged us all to speak out, pointing out that psychiatrists should be leaders in the community to argue for mental health services and services for people with developmental disabilities. "People are afraid to challenge the administration's approach," he said, calling it "a disaster" – for example, closing mental health services and "strangling" developmental disability services. He called the Justice Center "a total disaster" that is drawing money from the disability system. He also supported more suicide prevention in schools, noting that the bill hasn't been passed yet, "we're still working on the wording." Finally, he supported sensible gun control to help with the issue of gun violence.

Senator George Latimer stated that he both values and needs input from psychiatry, and urged us to get the media's attention to educate the public. We should use our lobbyist in Albany, Richard Gallo, to emphasize our concerns about scope of practice issues, adding that we should take advantage of the "natural inertia in Albany." He noted that he co-sponsored a bill concerning conversion therapy.

A lively question and answer period followed and concluded the very successful brunch meeting. ■

Photos from the PSW's 29th Legislative Brunch - December 6, 2015



Book Review: Love at Goon Park: Harry Harlow and the Science of Affection

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which was dominant at that time. Harlow also showed his rebellious inclination by simply calling attachment “love” and describing his work as demonstrating how primates “learned to love.” The change in theories of infant development and attachment have had a huge effect on contemporary thinking about child rearing.

One of many interesting topics discussed by Blum is the very large death rates of infants that were seen in orphanages and foundling homes in the early 20th century. Because many of these were believed to be due to infection, pediatricians hoped that by isolating the infants and minimizing human contact they would be able to save lives. This altruistic reason for minimizing human contact with infants occurred at the same time that the behaviorist psychologists who were Harlow’s predecessors and contemporaries wanted to develop a “scientific psychology” and therefore excluded emotions because they did not know how to measure them. In this behaviorist-reductionist psychology, there was no need for affection, simply a need for gratification of instincts. Therefore, a child could be raised as well in a box as in a living room, as BF Skinner tried to show. Harlow’s experiments

contradicted these theories.

The author devotes a brief and unsatisfying chapter near the end of the book to subsequent developments in primate studies. She has a final chapter to address some of the ethical questions raised by Harlow’s research. Much of Harlow’s primate research has been criticized for the cruelty of his experiments with monkeys. His sometimes cruel experiments ended up demonstrating some of the horrible consequences of social deprivation. These consequences appear to be self-evident today, in good part because of Harlow’s experiments, but they were not so self-evident at the time they were done. In a sense, his experiments succeeded in demonstrating the cruelty of his own experiments. The ethical issues continue to be worthy of discussion.

This book is written for a popular audience and would benefit from more detailed discussion of the psychological experiments involved. Nonetheless, it is very interesting and informative. Although Harlow’s work was performed long ago it remains of great interest and value to contemporary psychiatrists. ■

GRAND ROUNDS - DEPARTMENT OF PSYCHIATRY NEW YORK MEDICAL COLLEGE - WESTCHESTER MEDICAL CENTER

“Psychotropic Medication in Medically Complicated Children”
- **Abraham Bartell, MD** - October 13, 2015 - reported by Beth Zell, D.O.

The Department of Psychiatry at Westchester Medical Center welcomed Dr. Abraham S. Bartell as both a Grand Round speaker and as an incoming faculty member on October 13, 2015. Dr. Bartell’s discussion, provided insights into the art of psycho-oncology and the integrated approach to treating children with terminal illnesses.

Dr. Bartell discussed the ways in which an intricate understanding of the patient’s needs, the parent’s concerns, and the medical provider’s comfort, are crucial in the treatment of patients in this population. Dr. Bartell discussed the importance of understanding the “disease” itself, as well as the specifics of the treatment course and duration, as being crucial in addressing the psychological needs of pediatric oncology patients.

Dr. Bartell also discussed some of the guidelines he uses in treating patients of this population. He stressed the importance of having realistic expectations with a clear target, as well as commonly encountered psychiatric symptoms in oncology patients. Dr. Bartell also discussed considerations in medication selection, as well as decisions pertaining to treatment dose and duration. Dr. Bartell also reviewed some of the potential medical-legal issues in treatment of this patient population, including consent and assent to treatment.

As a questioner in the audience noted, Dr. Bartell’s prescription for pediatric psychopharmacology is widely transferable to all domains of psychiatry, and a welcome tonic to a hasty, template-driven clinical practice in the field.

Dr. Bartell is currently an Attending at Memorial Sloan Kettering Cancer Center, but will soon be joining the Westchester Medical Center team. Dr. Stephen Ferrando, Chairman of the Department of Psychiatry at Westchester Medical Center, announced during

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Regression and Transcendence: Toward a Spiritually Attuned Psychology

By: Tony Stern, M.D.

Those of us drawn to the East or to spirituality of any sort have been tempted to think that if only we can fuse the discoveries of the sacred traditions with the insights of modern psychology, we'll have arrived at a faithful map of inner reality and a comprehensive guide to diagnosis and intervention.

Is this the case? Is a meaningful synthetic overview possible? Perhaps so; and perhaps not. Life, as the poet Joseph Brodsky once remarked, has a lot up its sleeve.

Consider the following troubling case history. A seventeen-year-old youth loses all interest in doing his schoolwork. He is unable to concentrate. For the last two or three months he has also become withdrawn, indifferent to family and friends. Family members grow worried and angry. Teachers give extra homework assignments to no avail in an effort at refocusing him. One Sunday afternoon he is trying to do one such lesson but his mind wanders. His older brother walks in, sees his inattentiveness, and scolds him. The next morning the boy runs away from home.

Immediately previous habits of sleeping and eating go by the wayside. He sleeps rarely and erratically. He eats only if fed by concerned strangers. He stops speaking. In fact, he talks to no one for the next four years. He becomes disheveled, oblivious. He never bathes. Insects bite him, leaving pus-filled sores on his back and legs. He hardly notices.

This process in its most acute form continues for about a year. What has happened here?

Unfortunately, there is little in terms of a detailed history beyond this outline. Perhaps it would help to know that the boy's father died when he was twelve years old. And that one day around the time his schoolwork began slipping he suddenly felt gripped by a fear of death and a sense of certainty that he himself would die imminently.

Even with only this scanty information, there can be little doubt that what we are dealing with here is a severe psychotic break; either a major depressive episode with psychotic features, or the beginning of a schizophrenic or schizoaffective process. What, in this light, might help this person? Intensive psychotherapy of some sort? Medications, for sure. Ideally, combined with a psychoeducational approach that might prepare him for a limited foray into psychotherapy down the road. No doubt, a supportive environment would help as well, if he were willing to accept such a setting.

This boy never did receive professional help. He never returned home. When an uncle and then his mother and brother first found him

years later, he all but entirely ignored them. In his subsequent long life, he never worked at a job, never married, never developed normal relationships.

Instead, this young man, born Venkaturamana Iyer, grew a bit older, settled down considerably, and came to be known as Sri Ramana Maharshi, one of the most deeply and universally admired saints in the history of India.

For most anyone looking to the East for inspiration, this man represents a phenomenal pinnacle of presence and wisdom. While he lived all his years, from 1879 to 1950, in or around two small villages in Southern India, he attracted an international following. Among Western visitors to his cave were the author W. Somerset Maugham, whose The Razor's Edge was inspired by that trip. The psychiatrist C.G. Jung, wrote of this sage: "In India he is the whitest spot in a white space. What we find in the life and teachings of Sri Ramana is the purest of India."

The above story is troubling. Without the tale's end - "the rest of the story" - it is simply a sad glimpse at the life of a teenager with a major mental illness. With its conclusion, however, it's a real paradigm challenge, and that is especially unsettling. That calls into question how we see the world. That calls into question our most basic assumptions. Specifically, his story tends to undermine the notion that psychological and spiritual world views are compatible. To what extent can they be truly integrated?

Ken Wilber has been one of the leading thinkers over the last 40 years or so trying to weave an integrative map. At the core of his efforts has been his simple yet brilliant explication of the distinction between regression and transcendence - between pre-egoic psychopathology and trans-egoic spirituality. As Wilber himself has recently indicated, "The whole thrust of my work is to make spiritual practice legitimate, to give it academic grounding so people will think twice before they dismiss meditation as some sort of narcissistic withdrawal or oceanic regression." Genuine spirituality lies above and beyond and builds upon a healthy ego; don't reduce it to regression. Don't equate it with emotional disturbance. Don't confuse it with mental derangement.

In this light, how shall we understand Ramana Maharshi? Was he disturbed or inspired? Was he pushed into his flight from home by regressive tendencies? Or was he pulled from home by a divine process? My own answer to these questions is "yes" and "yes": Both are true. Not so much that one can discern a mixture of pre-egoic and trans-egoic elements in the unfolding of his early life, though this is true. But rather that either interpretation becomes rather

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GRAND ROUNDS - DEPARTMENT OF PSYCHIATRY

NEW YORK MEDICAL COLLEGE - WESTCHESTER MEDICAL CENTER (continued from pg. 10)

the Grand Rounds that Dr. Bartell will be taking on the task of Director of Child Psychiatry for the Maria Fareri Children's Hospital in the near future. ■

“You Can't Be Serious: You Don't Think Guns are a Health Issue?” - Arthur Caplan, Ph.D. - October 20, 2015 - reported by Raymond Chiong, D.O.

Dr. Arthur Caplan, director of the Division of Medical Ethics in NYU Langone Medical Center, noted the escalating mortality secondary to gun violence, and argued that medical professionals have a duty to participate in the nation's ongoing discussion regarding guns, specifically gun safety, given then physical and psychological ramifications of gun violence in our communities. Dr. Caplan decried politically-motivated restrictions on data collection and proposed “gag laws” intended to restrict collection of information by health professionals on ownership or access to firearms.

Focus on access to particular types of weapons such as assault

weapons on high-capacity magazines, in Dr. Caplan's view, represent a less potent issue than focus on the impact of gun violence on children. In an animated discussion which followed, some audience members questioned Dr. Caplan's assertion that restrictions on types of firearms is unimportant - e.g., noting that the 2013 “Navy Yard Shooter” was unable to purchase an AR-15 assault rifle due to a restriction limiting purchase of such weapons to in-state residents, with possible limitation of the homicidal carnage that followed. ■

Grand Rounds are held at the Westchester Medical Center Behavioral Health Center, 20 Hospital Road Valhalla NY, every Tuesday at 11:00 AM during the academic year. All area professionals are welcome, and CME credit is provided for attendance. Call (914) 493-1905 for more information, or email BASILA_ADAMS@NYMC.EDU

Regression and Transcendence: Toward a Spiritually Attuned Psychology

By: Tony Stern, M.D.

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compelling depending on how one views the story. Seen from a psychiatric standpoint, Maharshi was clearly regressed and quite obviously ill, at least in his late teen-age and early adult years. Seen from a spiritual orientation, he was undergoing a salutary transformation — extreme in its manifestations, yet tremendously positive in its end result.

However one might clarify and understand Maharshi's transitional period, it poses a fundamental challenge to any vision of spirituality as super or supreme or higher psychologic health, and of development as proceeding from the stage of childhood-rooted conflicts to normal mature functioning and the ascending from there into realms of spiritual realization and mastery.

Of course, in the brief sketch of the saint's adolescent years above, we have purposely been selective. We have given a thumbnail history close to what would probably be culled at the average mental health clinic or psychiatric hospital.

Most of the recorded details we have left unmentioned would be summarily characterized as “hyper-religiosity” and therefore further evidence of a psychotic illness at any conventional psychiatric facility. Our protagonist had religious longings beginning rather

suddenly at age sixteen. Specifically, a year or so before his departure from home, he had read a devotional book that stirred him to his depths. Thereafter he visited the local temple every day for hours at a time, tears in his eyes, fervently praying to be made a true devotee of God. Upon fleeing home, he left a note that read, “I have started from this place in search of my Father in accordance with His command....”

There is a further issue that should be touched upon, though it is well beyond the scope of the present discussion to address in an adequate way. In my description of the young Maharshi it was mentioned in passing that he had an experience where he abruptly felt certain of his own imminent death. This occurred about two months before he left home. When I neglected to add was that he then lay down for a half hour and calmly and rather spontaneously inquired into the matter of who was dying. According to the spirituality inclined biographical sources about the sage, at the end of that half hour he had fully awakened to That which is deathless, That which can never die. The Absolute.

From that time on he was, they say, completely liberated. And all this some weeks BEFORE the saint's rapid downslide into months and years of a shockingly deteriorated level of functioning!

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EDITOR'S COLUMN: TAKE ACTION

By: Jerry Liebowitz, M.D.

As reported elsewhere in this issue and highlighted in the Message from Our President, there are many legislative issues currently impacting our practice of psychiatry and our patients. And, as our President urges, we cannot just sit back – we must “take action, or we will be acted upon.”

Our 29th Annual Legislative Brunch, held December 6th, gave those of us present the chance to address our concerns to the Westchester County and New York State legislators who attended, and also to listen to their positions, and at times advice, on matters of concern to us. (See the article on page ___ for details.)

What can we do? We can inform the public by writing Letters to the Editor and Op-Ed articles about issues of concern for all psychiatrists. We can email and/or call our representatives and even make appointments to visit their district offices before legislative sessions begin. We can engage legislative leaders in discussions via social media.

We can also give evidence of problems we encounter, whether with the Justice Center or with insurance companies that, through reimbursement violations of parity, discriminate against our patients. A recent email from NYSPA requested our help in continuing the lawsuit against United HealthCare and their parity violations. If you have such evidence, or if you find some violation with another insurance company, please let NYSPA or us, your District Branch, know about it. For example, you may send copies of your patient's EOB for psychiatric services that show different reimbursement rates (percentagewise) when compared to an EOB for medical services.

If you log into the NYSPA site at www.nyspsych.org/parity and click on “Read More,” you can get helpful information about the Parity Enforcement Program and forms you can use to report violations. As the site notes:

“The Parity Enforcement Project is a joint initiative of NYSPA and the APA intended to provide psychiatrists and their patients with a new approach and new tools to fight back against discriminatory practices by health plans. The central goal of the Project is to identify and challenge existing parity violations, particularly in the context of disparate medical necessity reviews for behavioral health benefits, including:

Reductions in the frequency of covered or reimbursed visits

- Pre-payment medical record reviews
- Requests for peer interviews
- Requirements for outpatient treatment reports
- Imposition of prior authorization requirements on behavioral health treatment
- Imposition of numerical visit limits
- Notification that behavioral health treatment will no longer be covered by the health plan”

The more we stay informed and share our concerns with both the public and our legislators, and the more we do to be pro-active by taking action rather than just being acted upon – the better we take care of ourselves, our profession, and our patients. ■

SAVE THE DATE!

April 6, 2016

Veteran's Mental Health -Primary Care Training Initiative

Location: TBD

April 20, 2016

Bronx District Branch/Psychiatric Society of Westchester Joint Meeting

Location: TBD

Regression and Transcendence: Toward a Spiritually Attuned Psychology

By: Tony Stern, M.D.

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One might legitimately ask, why focus so much attention on Ramana Maharshi? I have done so (and of course we have only scratched the surface) because the necessary test of any theory is data. Sri Ramana's story demonstrates that life often eludes our best efforts at categorization. More specifically, he exemplifies a single basic point: that psychopathology and transcendence cannot be cleanly separated. As important as Wilber's differentiation between regression (pre-egoic experience) and spirituality (trans-egoic existence) remains as a useful theoretical construct, it does not seem to hold up terribly well in many real life situations.

It is tempting to resolve the problem of explaining Maharshi's behavior by saying that the human struggle and perhaps the spiritual journey in particular contains a mixture of regressive and transcendent elements. After all, even spiritual teachers have their human side. While this may shed some light, it does not come to grips with the important finding that in this story and similar ones, the times that are most worrisome psychologically are the very transitions of deepest spiritual unfolding. It is not accident that Maharshi recalled the period of apparent psychosis as the transformative turning point of his life.

Such paradoxical logic applies to the specific behaviors under scrutiny as well. For instance, is a person's sudden and dramatic drop of interest in his customary routine a sign of illness or of health? In terms of current psychiatric diagnosis, it can only be appreciated as an expression of illness. From the spiritual perspective, however, it can often imply an upsurge of profound health.

Ramana Maharshi may be an exception in some important ways, but the difficulty his story presents is encountered to one degree or another in the histories of most if not all individuals of significant spiritual realization about whom there is adequate personal data. These include Ramakrishna, who along with Sri Ramana has been generally considered one of the brightest spiritual lights of modern Hinduism; the great Zen Buddhist teacher Hakuin; the well-known philosopher J. Krishnamurti; the 19th century Hasidic rabbi Nahman of Bratzlav and Mendel of Kotzk; St. Anthony, the third century Christian recluse known as "the father of monks"; and George Fox, the founder of Quakerism. This list is quite incomplete, but perhaps it gives some sense of the range of individuals under view. The figures who have led to major religious traditions might also be mentioned in this connection, even though much less is clearly known about their lives. For instance, according to Christian Scripture, in the early days of Jesus's mission his own family thought he was "out of his mind" (Mark 3:21, Revised Standard Version).

I believe that there is no possibility of integrating, differentiating, or

otherwise meaningfully relating concepts like "regression" and "transcendence," for the simple reason that these are not realities, but rather concepts that point to a much more slippery and dynamic set of realities known as "the psyche." They are indications; in Zen, they would be called fingers that point to the moon that all too easily get confused with the moon itself. They point in the direction of certain dynamic interacting facts, but they themselves are not real.

Standing by themselves, such concepts are at best half-truths, and to take them as givens which can be bridged or pieced together can only lead to a misleading patchwork of half-truths. If approached with anything but the most tentative spirit, such an enterprise turns out to be quite unhelpful. It is like someone carefully sewing together highway signs from around the world to make a huge network – and many of the signs with nothing but an arrow on them. There may be intriguing patterns between the signs that emerge if they are arranged with a perceptive eye and a special flair; but where does this truly lead?

Regression, psychopathology, primitive conflict, Oedipus complex, personality disorder...transcendence, samadhi, kundalini, enlightenment.... For a meaningfully inclusive vision, it is necessary to work with such concepts as these and the perspectives and practices they are a part of, to penetrate far below their surface, to work within their structures and beyond them, to winnow for oneself truth from hearsay. To keep on winnowing truth from one's own and others' definitions, assumptions, experiences, and realizations.

Any quest of unifying various currents of mainstream psychiatric wisdom with several Eastern approaches has usually meant taking most "facts" or "discoveries" of each of these multiple frameworks largely at face value. At face value, however, "facts" of psyche or spirit are worth quite little. To hold such concepts together side-by-side in an exploratory, questioning way and to inquire into the truth behind them can enhance and broaden the process of insight; but to weave them together as a representation of truth does not add to their already minimal individual surface value, but rather subtracts from it.

I would suggest a different approach to developing a wider theoretical vision – one that meshes more easily and effectively with spiritual practice. We keep coming back to the process of examining and defining elements of truth with the intellect rather than the content of what might be found. I recommend grounding theory more consistently with data. This not only recognizes epistemology as a central challenge, it applies this sensitivity by repeatedly clarifying the distinction between data (experience) and

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interpretation (the response to experience, which includes the definition applied to it).

The distinction can never be complete, for what we call "data" is already shaped by interpretation. But by making and renewing the distinction as best we can, we free ourselves from being caught in half-truth quite so frequently and wholeheartedly.

The conventional psychologic view would see Sri Ramana's history as an example of unhealthy regression, whereas an Eastern vantage point would essentially claim that his apparent psychosis was a pseudo-psychosis involving the adjustment of his physical body to the profound spiritual energies released by awakening.

Most of us are making the leap from data to interpretation all the time with only the dimmest awareness of it at best. Then we find security in the interpretation and for all intents and purposes equate it with reality – and the little box within which we have thus enclosed ourselves becomes increasingly airtight, reinforcing our own self-isolation, our own self-imprisonment in hardened assumptions.

Fortunately, spiritual heroes like Ramana Maharshi come along and save us by defying the categories we have decided are real. Was he regressed or not? "Pre" or "Trans"? These categories don't apply well. The helpful notion of "regression in the service of the ego" can come to our rescue as a bridge between East and West. The idea of regression (or for that matter suppression or repression) doesn't seem to make quite so much sense in this case, however, as something we might call compression: the magnitude of Sri Ramana's spiritual life compressed other aspects of his life to the periphery for a period of years.

The assumption that the various systems of psychologic thought refer appropriately to discrete inner phenomena is flawed or at least incomplete because it fails to address the vital question of when those apparently discrete phenomena are really the same or similar data colored by different interpretations. "Interpretations" here refers as much to the ways in which people understand their own experience as it does to what others might think.

What makes this issue so challenging is the never-ceasing epistemological complexity. Inevitably a multitude of suggestive data presents itself, each bit clamoring for recognition as "significant" or "central." For example, was Maharshi's brother's

scolding him important? What if that little two-minute incident had been bypassed in the narrative? Suddenly the seeker leaving home now seems a little less like an average teenager or a troubled youth, and therefore a touch more like a religious man off to meet his destiny. Each detail of the story adds its own small weight and support of one or another view – including quite a few details, no doubt, not mentioned here or never recorded. Moreover, what makes the issue at hand so essential, so terribly relevant, is that in one form or another these "phenomena" and their "interpretation" are us, our life. They directly involve each of our lives every day. This issue has to do with how we see ourselves and our own pain. We are always responding to our own experience. What we call "experience" is already a combination of experience and response. How is one degree or another of disturbance or discomfort to be responded to, to be defined, by the person undergoing it, by family, friends, and guides? (How much did Maharshi's view of what was happening shape its eventual outcome?) The leap from data to interpretation and its pitfalls applies not only to the onlooker – the historian, the scholar, the theorist – but to each of us in how we define our own experience – in how we meet the present hour.

The core problem is not that people dismiss meditation as regressive. OF COURSE it is regressive, or at least has regressive elements, if one wishes to apply such thinking to it. So what?

Why put down regression? The core of the problem, it seems to us, is not the association of meditation (or the spiritual quest and religious experience in general) with regression, but rather the extent to which people dismiss things in general. The culprit is the dismissive process itself, whose various dimensions have gone by many names in Eastern and Western psychology, and whose ongoing dynamic involves our leaping blindly from data to interpretation, from our own experience to automatic definitions of it.

The habit of avoiding what we assume to be lesser in ourselves runs deep in most of us. It is then reflected "outside," in the classic defense of projection. In this way the momentum of the dismissal process is created and perpetuated. To break the momentum represents one of the most important challenges of any inner work. Whether that is done in solitude and silence, as in some meditative paths, or through talking with another, as in psychoanalysis and psychotherapy, it means actively meeting that which we find strange and distressing in ourselves. ■



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