

The Pennsylvania Psychologist

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Three Favorite Things About Being a Psychologist

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Dr. Jeff Sternlieb



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Just before Thanksgiving 2011, Dr. David Palmiter, then president-elect of PPA, posted a question on the PPA listserv inviting members to share their “top three things about being a psychologist.” Twenty-two psychologists responded to the question. It was difficult categorizing the many different responses, but several themes emerged. First, almost all respondents stated that it was a way to help people, or they expressed

how much they valued their relationships with patients. One respondent wrote, “I love my patients.” One reported that she appreciated “seeing improvement in patients. . . no matter how soon it happens or how slow the incremental changes occur.” Others valued “helping others,” or appreciated “the power of therapeutic relationship for healing.”

A second common theme was that the work was interesting. One referred to elements of the work of a psychologist as “a detective story,” another referred to it as solving “a puzzle,” and still another noted that the profession of psychology provided an opportunity to be both a scientist and an artist and that “every client is a new adventure.” “My work days are NEVER boring.”

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Breaking News

Insanity Determination Bill Moving

At press time, a PPA-backed bill authorizing psychologists to make insanity determinations was just reported out of the state Senate Judiciary Committee unanimously. With this development the bill, House Bill 1405, introduced by Rep. Glen R. Grell (R-Cumberland) was expected to be passed by the full Senate in October. It was already passed by the House in March. HB 1405 is a bipartisan bill that would clear up the ambiguity that currently exists whereby courts are permitted to appoint psychologists to do some insanity evaluations under the Rules of the Supreme Court, but are not permitted to appoint psychologists to do insanity evaluations when they also would like a determination of competency to stand trial. HB 1405 would resolve this problem and allow the courts to appoint psychologists as evaluators of insanity. ☐

Last Reminder

Apportionment Ballot

APA will mail the apportionment ballot to all members around November 1. Please take a few minutes to vote in this election – it is critical to the programs and priorities of PPA.

We urge you to give all 10 votes to Pennsylvania.

The Council of Representatives is APA's chief governing body and is charged with developing and implementing all of its policies and programs. The council votes on many items that impact state associations and the professional practice of psychology.

Members of the council represent state, provincial, and territorial associations (SPTAs) and divisions. The apportionment process determines the number of council positions. Every SPTA and every division has at least one seat. The number of votes obtained in the apportionment ballot process then determines which SPTAs and divisions have additional representatives.

State associations must increase our voting numbers to serve you! Help Pennsylvania retain both of our seats. It would be a shame to have to recall one of our representatives for 2014. Let's work together to keep Pennsylvania's voice strong. The outcome of this vote will have a significant impact on state issues, the direction APA takes in the coming years, and how PPA's needs and issues will be addressed by APA. ☐



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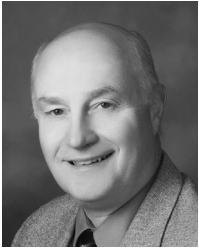
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A Day in the Life

Albert D. Jumper, MA



Albert D. Jumper

After several years serving as a board member for PennPsyPAC, I have had occasion to meet and speak with a number of state legislators as part of our lobbying efforts.

I am often struck by the different personalities, views, and attitudes displayed by each official I meet. One thing they have in common is that, as public servants they all live in the public eye.

The impact of being a public figure spiked my curiosity and as a result I decided to write this article about the daily routine of a state legislator. I scheduled a meeting with Representative Michael B. Carroll of the 118th legislative district. Even though I am not in his district, Mike agreed to meet with me. I have known him personally for many years and have a connection with his family. His father was my history teacher in high school, and Mike and I played softball together 25 years ago. He has been in the state legislature since 2007 and comes to

the job well prepared. Mike's family has a three-generation history of public service. Prior to his election he served for several years as a congressional aide to United States Congressman Paul Kanjorski and later as an aide to Governor Robert P. Casey. Mike explained that his grandfather parlayed his experience as a milkman in Avoca, PA, into becoming mayor of Avoca and later into being a commissioner for Luzerne County. His father, Mike Senior, served as assistant superintendent of schools at Pittston Area School District and later as vice principal of the middle school. Mike is a lifelong resident of Avoca (my home town as well) where he resides with this wife and three children. For further biographical information you can visit his official web site at www.pahouse.com/carroll.

As I spoke to Mike about his career, the first thing that became apparent was his enthusiasm for the job. Although he acknowledges the stresses of his chosen profession he seems to revel in discussing his work and his position on a variety of issues. Mike told me that he made a commitment to his constituents and to himself that, even though everyone may

not always agree with the positions he takes on issues, no one will work harder at understanding those issues.

It is abundantly apparent that being a public servant is more than a job or career, it is a lifestyle. Although he and his staff have regular office hours at two locations, his own hours extend through the evenings and weekends. He attempts to be as visible and accessible as possible, attending many public gatherings and often volunteering his time to causes he supports. As a result, he is frequently approached by individuals wanting to discuss an issue, complain about a position he has taken, or simply to ask for assistance with a problem. He related several humorous stories about awkward social situations in which he has been approached by constituents including an incident when an individual slipped a driver's license renewal application in his pocket while he was in line for communion at mass. It is clear that one sacrifice made to serve in the public eye is privacy. For every hour he spends in Harrisburg participating in the legislative process, he estimates he spends

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PPA Testifies Before House Human Services Committee

The state House Human Services Committee, chaired by Rep. Gene DiGirolamo (R-Bucks), held a public hearing on mental health issues in September in Harrisburg. Several organizations involved with mental health testified, mostly about the impact of state budget cuts on the public mental health system. Witnesses besides PPA included the Pennsylvania Community Providers Association, the Mental Health Association, the Mental Health Consumers Association, NAMI-PA, and others.

Dr. Sam Knapp testified on behalf of PPA. He described the training and expertise of psychologists and the types of settings in which they work. Concerning public policy issues, he remarked that "Pennsylvania has done well in supporting mental health services and health care

protections including legislation in the last session such as Act 30 of 2010, which promotes problem solving (mental health or substance abuse) courts and Act 101 of 2011 (the Safety in Youth Sports Act), which protects high school athletes from the consequences of untreated or under-treated head traumas.

He pointed out several immediate challenges in Pennsylvania. His testimony stated the following:

1. Review of Child Protective Services Law. Our perception is that the standards for identifying child abuse are too strict in Pennsylvania (especially in the areas of physical abuse and neglect) and that many abused children are not getting the protection they need. We know that this will be a focus for the legislature next session.

2. Continued funding for services for persons with serious and persistent mental illnesses. We know we are living in a time of fiscal austerity, but funding for persons with serious and persistent mental illnesses not only is the humane thing to do it is the prudent thing to do. We caution that some cost-saving efforts, such as placing restrictions on access to psychotropic medications, may end up costing more money in the long run if they result in increased reliance on hospitalizations or emergency services.

3. Ensuring an adequate health care benefit package in any health care exchange. We are working with a number of organizations to prepare our perceptions of what that package should look like.

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New Psychotherapy Billing Codes for 2013

Fundamental Services Underlying New Codes Will Not Change

APA Practice Organization Government Relations staff

Starting January 1, 2013, all mental health providers must use new CPT® code numbers for psychotherapy when billing insurance carriers, including Medicare. The fundamental services underlying these new codes will not change. This transition is a result of the Centers for Medicare and Medicaid Services (CMS) Five-Year Review of the psychotherapy codes conducted by the American Medical Association.

The APA Practice Organization (APAPO) has represented the psychology practitioner community in the process for more than two years, but has been unable to report on much of the ongoing work because of strict confidentiality requirements. As information is made available to the public, we will assist practitioners in understanding and making the transition to the new codes. The 2013 Medicare reimbursement rates for these new codes was to be released in early November.

All mental health professionals including psychologists, psychiatrists, nurses, and social workers delivering psychotherapy services will use the same applicable codes for psychotherapy, though psychiatry will change how they bill for medical services.

The changes are minimal. For example, the most frequently billed service by psychologists, 90806 (45-50 minute psychotherapy), will become 90834 (45-minute psychotherapy). Use of a particular psychotherapy code and reimbursement for that service will not differ depending on whether the service is provided by a physician or a psychologist. The code numbers and descriptions for psychoanalysis, family psychotherapy (with and without the patient), multi-family group psychotherapy, and group psychotherapy will not change in 2013.

Some specific key code changes include:

- ▶ Outpatient and inpatient psychotherapy codes will be replaced by a single set of codes that can be used in both settings.
- ▶ The new psychotherapy codes will have specified times rather than ranges:
 - 30 minutes, not 20 – 30 minutes
 - 45 minutes, not 45 – 50 minutes
 - 60 minutes, not 75 – 80 minutes
- ▶ The single psychiatric diagnostic evaluation code will be replaced by two codes: one for a diagnostic evaluation and the other for a diagnostic evaluation with medical services.

The APA Practice Organization will provide members with extensive information and resources in the next two months to help members prepare for using the new codes on January 1. Meanwhile, Practice Assessment payers may call the Practitioner Helpline toll-free at (800) 374-2723 or e-mail Government Relations staff with your questions.

Information about Medicare payment rates associated with the new codes is expected to be released in early November when CMS publishes the final Medicare fee schedule for 2013. We will inform members as soon as we know more about new Medicare payment rates. ¶

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PPA TESTIFIES...

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4. Adequacy of psychological services in prisons and state hospitals.

The Parole Violator study of the Pennsylvania Department of Corrections found that inmates who received mental health services in prisons had rates of reincarceration significantly lower than inmates who did not receive those services (Bucklen, 2005). This shows that both the public (and the prisoner) benefit when quality psychological services are made available. We need to ensure that the policies within the Commonwealth of Pennsylvania provide sufficient incentives for psychologists to want to continue to work there.

Dr. Knapp shared the following long-term challenges with the committee:

1. Greater integration of health care with mental health care. There is growing recognition that mental health cannot be completely separated from overall health care. Emotional states and relationships impact physical health and vice versa. The need for integration of health and mental health is especially important for patients with serious medical conditions where comorbid mental health problems are common.

2. Full parity for mental health and substance abuse services under commercial insurance. The parity law of 2008 ensured parity for most commercial insurance policies, but not all. In the long term we would like to see mental health and substance abuse parity for all health care policies.

3. More research. We know far more about treating mental illnesses and addictions now than we did (even in my career) when I started graduate school in 1973. We are making substantial progress in reducing the symptoms and functional limitations of many mental illnesses, resulting in greater employability and higher quality of life for many individuals. This trend should be encouraged.

4. Public education. Many groups have worked hard to reduce the stigma of mental illness and also to inform the public of the ways that they can use psychological science to improve their lives and their relationships with others. ¶

Reference

Bucklen, B. (2005). *Parole Violator Study*. Harrisburg, PA: Pennsylvania Department of Corrections.

A DAY IN THE LIFE

Continued from page 3

20-plus hours dealing with local issues in his district. He is often asked to intervene in issues that are not directly related to his role as a state representative and require him to coordinate a response with other local officials.

We also discussed the impact of lobbying groups, such as PPA and PennPsyPAC, and what role they play in the legislative process. Always a straight talker, Mike indicated to me that, although he welcomes the information provided, he also realizes that each group approaches him with a specific agenda in mind. He also pointed out that with the current state of our political system, if you do not have someone lobbying for your interests, you can bet that those on the other side of the issue will. As a result he makes an effort to look at both sides of an issue before supporting it. He echoed some of the sentiments I have heard so often from Tom DeWall and Sam Knapp regarding the importance of developing familiarity with our legislators. The information provided by lobbyists can be valuable, as no official can be an expert on all issues. When our legislators have a history of interaction with those who represent our issues and come to trust the information we provide, they are likely to be more receptive to our concerns in the future. Mike specifically referred to Tom DeWall as someone he has come to know through his interactions on behalf of PPA.

Our discussion eventually gravitated to the issue of campaigning and re-election. Because the term of a state representative is only two years, they are perpetually running for re-election. Current law and regulation preclude our public officials from using any of their official resources to assist in their campaigns. Indeed, a number of officials throughout the state have been convicted of crimes and are currently serving time for violation of these laws. I asked Mike how he handles the constant prospect of re-election. He points out that because of the makeup of his district he does not have the same pressures for campaigning as do others from more metropolitan areas such as Philadelphia or Pittsburgh. As a result he does not rely on help or resources from the party to the same degree as others may. Basically, he runs his campaigns from his home with help from family and friends. It is here where PennPsyPAC plays a role in developing relationships with our legislators. When Tom or another PPA representative attends a fundraiser for an official who is running for office, the money that purchases those tickets cannot come from general funds of PPA. Instead, as a registered political action committee (PAC), PennPsyPAC raises the funds used for this purpose. This is one very effective way we can get exposure to our legislators and develop a relationship of familiarity. Combining familiarity with accurate and useful information on the issues that concern our patients and profession encourages an atmosphere of trust that serves our interests into the future.

It is, in my opinion, unfortunate that many of our citizens have come to view the political process in negative terms. The poor turnout for our elections is one example of the disdain or disinterest many of our citizens feel for our government. Certainly the misbehavior of a number of our public officials has contributed greatly to this perception. For many, likely including some of our PPA members, politics is a "dirty word." I believe that politics is an honorable profession when practiced by honorable individuals – individuals who are dedicated to their constituents and their profession.

I also hope that more of our membership will get involved in the efforts of PPA and PennPsyPAC. Consider making a donation to the PAC or participating in the annual advocacy day activities held each spring. In addition, make a point of responding to the legislative alerts often sent out by the PPA office. Or, better yet, develop a relationship of familiarity with your own representative or senator.

I would like to publicly thank Representative Carroll for giving up some of his valuable time to assist me in preparing this article. I hope that it will help those who read it understand the complexities of being a government official working in the public eye. I also hope that reading this article will reinforce the commitment so many of our members have made to PPA and PennPsyPAC, and encourage those who have not, to make a similar commitment. ☐

Nominations Needed For Four Awards

Several PPA committees are still seeking nominees for awards for 2013. For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and send the information by the deadline listed to the PPA office.

- ♦ **Psychology in the Media Award:** Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2013 Psychology in the Media Award. Applicants who have received this award in the past are not eligible. Deadline for entries is **December 31, 2012**.
- ♦ **Award for Distinguished Contributions to School Psychology:** The School Psychology Board nominates a candidate annually for this award. Criteria for nomination include contributions in the areas of research, public service, assessment, media, or advocacy on behalf of children. Deadline for entries is **December 31, 2012**.
- ♦ **Early Career Psychologist of the Year Award** to be given to a Pennsylvania early career psychologist (ECP) who, in his or her practice is making a significant contribution to the practice of psychology in Pennsylvania. Deadline for entries is **January 31, 2013**.
- ♦ **Student Multiculturalism Award** to be given to a psychology student who is attending school in Pennsylvania and who produced a distinguished psychology-related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. Deadline for entries is **January 31, 2013**.

Criteria and applications for these awards are available on the PPA website, www.PaPsy.org. ☐

THREE FAVORITE THINGS...

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Finally, many respondents stated that they valued the professional relationships that they had developed with other psychologists. One specifically noted that people in this field are generally kind, supportive, and understanding.

Still other comments were hard to categorize, but included miscellaneous aspects of work such as the money, professional autonomy, or the opportunity to be an agent for social change.

A few comments were humorous such as one respondent who noted that “outside of work, everyone is afraid of me because they think I am reading their minds;” and another noted that “I get to work sitting down.”

Here are our favorite comments: (1) “whenever someone asks me what I do for a living, I am always very proud to say I am a psychologist;” (2) being a psychologist provided the opportunity to put individuals first “in a world that becomes increasingly impersonal;” and (3) our very favorite – “even if no one ever remembers me, I will rest in peace knowing that my life’s work was spent trying to better mankind.”

The importance of the question and the answers should not be understated. We rarely identify or discuss the reasons we like being psychologists. The majority of discussions we have with each other focus on the challenges and the difficulties of our profession (patients who are difficult to work with, risks of lawsuits, difficulties with insurance companies, etc.). If this were the sum total of our experience of being a psychologist, one might wonder why anyone would do this work. Identifying the benefits of being a psychologist is crucial – both as a reminder to ourselves, but also for the generations of psychologists to come.

This question is also important for the psychologists among us who are not experiencing any of the enjoyments or benefits named above. If this is the current state of one’s affairs, it may be a signal that s/he is at or near a state of burnout. It can be a warning sign that the drama and trauma of witnessing the stories of so many wounded people has become so draining of our personal resources that we need to rebalance our self-care, refill our own gas tank, and consider remedies for the impact our work has on us. It is helpful to specifically identify the range and types of enjoyment that many psychologists experience. It shouldn’t be an expectation that everyone has the same positive experience; rather, if psychologists are not experiencing any benefits personally, it may be important for them to ask why, or why not. The reason may be something easily remedied, or small adjustments in their schedule may make a difference.

Finally, it is important to consider the nature of our most satisfying relationships and the possible implications and risks of this observation. The relationships that psychologists generally have with patients are necessarily one-sided. The contract is: “You tell me all of your most private and intimate thoughts and feelings and I promise not to tell anyone anything you have shared.” We get the pleasure of being with people who are willing to be totally vulnerable by sharing their insecurities, fears, and anxieties. People (including us) are generally the most likable when they are vulnerable. However, we share very little, by design. This is a very unbalanced, unnatural, atypical relationship. We have the experience of partial intimacy – the patient’s, but not ours. We could not possibly have or sustain that many intimate relationships in our personal lives. While these relationships are indeed rewarding, they are not shared or mutually intimate relationships. (Think of them as pseudo-intimacy.) A challenge we all have is to create and participate in one (or a couple) truly intimate relationships in our personal lives where the vulnerabilities are shared and the intimacy is mutual. Not having a mutually intimate relationship in our personal lives makes us vulnerable to loosening boundaries in our professional lives. Having this named as one of the “goodies” in the practice of psychology makes it one of our primary risks when it is absent in our personal lives. ■



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Should You Accept This Referral for Reunification Therapy?

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

At times a court, an attorney, or a family member may approach a psychologist and ask for “reunification therapy.” The term has no uniform agreed-upon meaning and could represent a wide range of situations. At times the county Children and Youth agency may seek services for a family where abuse has occurred, and it has determined that it is appropriate for the abuser to return home under supervision. In that situation the psychologist may be asked to help repair the damage between family members or to help ensure that future abuse does not occur. At times a parent may have been incarcerated for a long period of time and want to re-establish a parenting role (Raeder, 2012).

At other times one parent may have ignored a child or even been out of touch with the family for many years. Or the parent may have failed, for whatever reason, to develop a close attachment to the child, even though they have been living together. In these situations the goal of therapy really is not reunification because the parent and child never had the initial bond that was broken and needs to be repaired.

When families are divorcing sometimes one parent may strive to convince the child that the other parent is dangerous or harmful, triggering allegations of “parental alienation syndrome.” Although the existence of a “parental alienation syndrome” is controversial, most psychologists agree that one parent may engage in behaviors designed to alienate the child from the other parent. In these

When families are divorcing sometimes one parent may strive to convince the child that the other parent is dangerous or harmful, triggering allegations of “parental alienation syndrome.”

situations children may complain about, resist, or even refuse to visit a parent even if a court has ordered such visitations. The circumstances leading to the alienation may vary widely. At times the alienated parent may be (or has been) engaging in such offensive behaviors that the child’s avoidance is understandable and adaptive. Still other times, the parent may be seeking reunification for secondary purposes, such as to please a current paramour.

Nonetheless, many times the alienated parents are acting with appropriate intentions and have the potential to improve the quality of life for their child. In those cases, the protective parents may be encouraging alienation because they “misattribute or misperceive their own needs as representing the best interests of their children” (Dr. Allen Ryen, Personal Communication, July 7, 2012).

Judges have to decide such alienation cases with the goal of promoting the long-term welfare of the child. Typically children will benefit from having some kind of relationship with the alienated parent even if, in the short term,

they resist the relationship. Hands and Warshak (2011) found that college students who came from divorced families reported higher levels of alienation from a parent than college students who did not come from divorced families. Being alienated from a parent is associated with self-reported depression in adolescence (Smith, Calam, & Bolton, 2009), and depression and insecure attachment styles among young adults (Ben-Ami & Baker, 2012).

When approached to provide reunification therapy, experienced psychologists would take a case only after they learned its details (was it due to abuse, abandonment by a parent, alienating behaviors by another parent, etc.?). Jaffee, Ashbourne, and Mamo (2010) have proposed a model for intervention that considers the degree and complexity of the conflict, whether the services are being sought voluntarily or are being mandated, the availability of resources, and the stage of the legal proceedings. With this type of information the psychologists can better determine if they have the skills and resources to help the family. If psychologists decide to take the case, they should clarify whether third parties (e.g., Children and Youth, divorce court) are involved and, if so, whether these third parties expect to receive regular reports, and whether a court has ordered the release of such reports.

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My appreciation goes to members of PPA’s Child Custody Committee for their very helpful comments on an earlier draft of this article.



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...REUNIFICATION THERAPY

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Psychologists should also clarify who pays for services and should not assume that the services meet the medical necessity criteria for insurance companies (i.e., the treatment is directed toward alleviating a DSM-diagnosed condition). I do not wish to make a blanket statement that reunification therapy could never meet medical necessity standards. Furthermore, some individual therapy that meets medical necessity standards may be required as a precursor to reunification therapy. However, reunification therapy often fails to meet the standards for medical necessity, thus requiring the parties to pay out-of-pocket. The conditions for payment should be specified clearly ahead of time, including the policy on payment for no-shows or sessions canceled at the last minute, especially because some children (or parents) may be resistive to reunification therapy and attempt to avoid it by missing appointments.

According to Dr. Marolyn Morford, "reunification therapy is not child therapy" (Personal Communication, July 9, 2012). The skills required for reunification therapy overlap with, but are not identical with, the skills necessary for good child or family therapy. The focus of treatment is the long-term relationship, not the child. Developing a close working relationship

with the child is not always necessary and may at times be contraindicated.

Reunification cases are among the most difficult and thankless assignments that psychologists will ever accept. Children often dislike their reunification therapists; alienated parents frequently complain that the process takes too long; or the favored parents (believing that they are protecting the child) may sabotage reconciliation efforts by missing appointments, always finding fault with the present reunification therapist and demanding a new one, or encouraging the child to defy the court order to visit the other parent. The Guidelines for Court-Involved Therapy produced by the Association of Family and Conciliation Courts (2010) provide important standards for reunification therapists to keep in mind. Although specialized programs have had some success (Johnston & Goldman, 2010; Sullivan, Ward, & Deutsch, 2010; Warshak, 2010), I could find no data on outcomes in traditional outpatient practices. Nonetheless two experts cautioned that when there are allegations of parental alienation, "it is prudent to have modest expectations for change" (Johnston & Goldman, 2010, p. 114). Success is more likely if the aligned parent is appropriately protective, the alienated parent is calm and patient, and if the intervention occurs early before visitation resistance becomes deeply ingrained. ■

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Member News

Dr. Kimberly Young has written *The Eighth Wonder*, a semi-autobiographical love story similar to *The Bridges of Madison County*, which takes place in Bradford, PA, around the Kinzua Bridge, once dubbed the "Eighth Wonder of the World." Dr. Young, a professor of management at St. Bonaventure University's School of Business, is known for her books on Internet addiction. This is her first novel. ■

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The human brain is designed for survival. Our physical survival is typically fostered through the fight-or-flight response that is hard-wired into the structure of our brains. Thus, when

we perceive a threat and the amygdala receives the information, we either attack and fight back to neutralize the threat, or we flee and run away from it. Our physical welfare is therefore protected and our longevity is hopefully guaranteed.

But what happens when the “threat” is an emotional one? That is, what happens when we face a threat to our secure love and attachment with others? For example, what happens to a child’s brain when it receives information that her needs and feelings don’t count, such as through child abuse or neglect? What happens to a young brain when it hears a parent yelling at him and calling him names? In contrast, what also happens within a person’s brain when she is treated as extra special or spoiled? What does a spoiled or favored child come to expect in terms of future relationships and mutual respect of needs with others? How are relationships shaped after a person’s feelings and related needs are either rejected or overly attended to?

If we consider having our needs met as basic to our survival, then perhaps the fight-or-flight response and its embedded network of wiring throughout our brain has a part to play in the structuring of our relationships. The “polarity of mind reflex” is the term I use to describe how the fight-or-flight response gets applied interpersonally, in terms of our emotional survival and the patterns people engage in. Specifically, the polarity of mind reflex is a model for understanding two compromised solutions to problems associated with attachment experiences that have gone poorly for any number of reasons. The inadvertent solutions include

adopting either a self-serving style of relating in which a person asserts his needs without much concern for others, or an excessively giving style where the person takes care of others without much concern for her own needs.

The “polarity of mind reflex” is the term I use to describe how the fight-or-flight response gets applied interpersonally, in terms of our emotional survival and the patterns people engage in.

There are psychological terms we commonly use to describe how the polarity of mind reflex manifests itself in relationships and personalities. The narcissist-caretaker pattern is one of them. This pattern is pervasive and presents itself in the offices of psychologists and marital therapists daily. Let’s review this pattern briefly. Narcissists, or inherently self-serving people, seek to get others to meet their needs. Selfish people covet attention, and their needs typically count more and are at the expense of anyone else’s. That is, selfish-types “take” and getting their needs met is something they strive for or “fight” to achieve. In comparison, caretakers (sometimes called codependents or in more extreme cases victims) structure relationships by giving to others. Many caretakers never or rarely make their needs known to others. Thus, caretakers “run from” their needs and give extensive attention to other people. Both narcissistic types and caretakers seek to avoid the anxiety and insecurity each feels when it comes to healthier forms of interaction, i.e., where needs exchanges occur and secure love and attachment get created. Each instead engages in a unidirectional pattern of relating that fails to create a secure attachment with others. Secure love can never be

established in either of these ways. Secure attachment occurs only through mutual respect where both people’s needs are voiced and valued. Thus, the polarity of mind reflex is a construct recognizing the ways the fight-or-flight response affects people’s relationships in regard to needs expression.

I think the polarity of mind construct helps to explain why people stay in unhealthy and abusive relationships. As the brain is growing and developing in childhood, neurological pathways are being laid down and embedded in our brains. You might call this process shaping, early learning, or memory formation, but the end result is that children learn whether and how their feelings and needs count early in life. I suspect people more extreme in either polarity had complicated or troubled childhoods, where their needs were overlooked, violated, or excessively attended to by a doting parent or person. But once the brain is fabricated, and axons, dendrites, and all their branching and neuronal associations are laid out, change will not be easy. Patterns of need fulfillment persist until major changes occur such as through psychotherapy.

The complexity of the polarity of mind reflex, and how it can pose challenging struggles for people, may best be realized by considering a universal fact about where secure love comes from. Secure and lasting love develops only when the mutual respect of needs exists in a relationship. That is, both people’s needs must count in any relationship for trust to be established and secure and lasting love to be created. Stop and reflect on how you cannot trust or be securely attached to anyone if they regularly disregard your needs. Similarly, if you only meet the needs of others without asking to have your needs met too, insecure and precarious love results. Thus, in relationships neither narcissism nor caretaking will ever produce secure

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THE POLARITY OF MIND REFLEX

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attachment. However, our brains seem to forego this because of a more primitive and extensively integrated survival structure. Without knowing it, our brains may be falsely leading us into patterns of relating to others that sabotage our abilities to create secure and lasting love because of the effects of the misapplied fight-or-flight response.

Below is summarized the steps associated with the polarity of mind reflex and its effects:

Step 1: A person experiences rejection, abandonment, neglect, abuse, or spoiling. (Or is simply taught to serve and take care of others, but never to consider his or her own needs.)

Step 2: The person must survive; children rely on adults for safety, caring, guidance, and nurturance.

Step 3: If parents don't meet their children's needs for security or teach them about being mutually respectful in relationships, their children will not be prepared (interpersonally or neurologically) for secure love relationships.

Step 4: If Step 3 occurs, the brain (fight-or-flight response) automatically directs people towards two groups of behaviors: (A) a person flees from his needs and assumes a caretaking position in relationships, or (B) the person fights for her needs to count in relationships, regardless of the cost to others. (B is also the response when children are spoiled or when people decide they can't rely on others to meet their needs so they decide to rely only on themselves.)

Step 5: Secure love and attachment is prevented.

Step 6: A life course of relationship problems follows. People then never experience secure and lasting love. People don't attach well to you because you are unable to practice mutual respect of needs. People leave you or you leave them, because love and attachment doesn't get established. People wonder why they have to either cope with repeated losses or live their lives never truly feeling loved. But things can change. They have to if secure love is the goal.

I believe the polarity of mind reflex helps to explain complex and persistent relationship patterns.

I want to share one last point about the polarity of mind reflex. People also alternate between caretaking and selfishness. For example, there are times when narcissistic people can be charming and overly attentive to others, but later, once the relationship is more established they shift to their predominant selfish ways. Such is the case outlined in Mary Jo Fay's book, *When Your Perfect Partner Goes Perfectly Bad*. Even narcissists can be attentive to the needs of partners (victims?) in order to seduce them into their web of being "attended to." Similarly, as caretakers seek to become assertive and voice needs they often become very self-focused. Others complain, "What happened to the old you? You seem so selfish now." Such it is with human nature;

people can't help themselves from swinging from one polarity to the other as they undergo change. The effects of the fight-or-flight response and its application to needs fulfillment in relationships is habitual and hard-wired into us.

I believe the polarity of mind reflex helps to explain complex and persistent relationship patterns. And, like any good construct, it can also direct us toward interventions to modify relationship habits that take it into consideration. Briefly, such interventions always need to have as their goal creating the capacity in people to engage in mutually respectful relationships. Problems arise if you teach caretakers only to act assertively with their partners because this triggers the selfish person's basic defenses; they recognize a threat to their needs being met, and resistance and conflict will follow. Similarly, if you try to teach a narcissistic person only to be more empathic and to care about the needs of others you will run into problems with their amygdala and how they learned to care only about their needs as a means to survival. Again, mutual interventions are called for here. I will be publishing a book in the future called *New "Simple" Solutions to Life's Love Problems*, where I will present interventions having a more mutual basis for use in resolving the polarity of mind reflex issues. ☐

The author welcomes comments from readers regarding this article and their views about the polarity of mind reflex construct at jdmaterna@surf724.com

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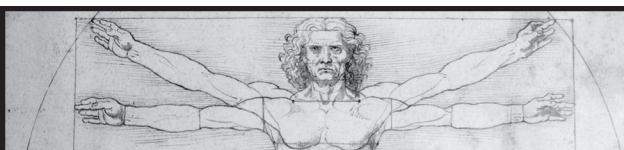
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