

Marin County

Psychological Association



June 1999
Newsletter

A Chapter of the
California Psychological Association



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MCPA President's Report

New Developments: Practice Forum for Prospective Psychologists and Survey of Marin County Businesses

Creativity in Marin Psychologists: Role of psychology and the arts in medical settings: Interview with Ilene Serlin, Ph.D.

by Sue Hulley, Ph.D.

SH: You work with groups of women with breast cancer. How did this start?

IS: First I should say that my background had all been in psychiatric contexts. I was trained in groups, individual, interviews and assessment, starting at the Bronx State Hospital in 1971. I had a double major at the University of Michigan in psychology and French literature and danced. I always thought psychology was separate from my interest in the arts.

Then I heard of the field of dance therapy in 1969 and came out and apprenticed with Ann Halprin in 1970. In 1971, I went to the first program in dance therapy at Hunter College in New York City—it pulled together psychology and dance. The program was systematic; they introduced research, we learned a movement notation system. We were working in back wards at psychiatric hospitals with movement groups. It never occurred to me to approach a regular hospital to do psychological work.

But then this changed when I had my own surgery six years ago. I found myself creating all kinds of healing rituals to get through. I discovered the enormous transformative power of preparing for surgery, taking the experience and making of it total life change. That meant understanding its meaning for my life and the metaphors of the illness and procedures.

I was working very consciously with diet, attitude, expectation, and all the rest. These worked off each other in a profound way; no one of them would have been as effective. To make the experience not only surgically successful but personally meaningful, enabled me to grapple with certain issues in my life in a profound and somatic way.

Having fibroids, I had to struggle with the realization that I might never have children. I felt too young, betrayed by my body going into this prematurely. I wasn't ready for that yet.

I interviewed surgeons about their attitudes toward hysterectomies. I found it essential to work with a woman surgeon. I found one willing to respect my decision making, my emotional connection to the whole thing. I was surprised to see how little information was in the medical or psychological literature, remedies and advice in women's magazines.

All of this led me to decide that I wanted to work with women and breast cancer. I always had worked with women's groups. I saw the woman's body as a very interesting mixture of all the themes I cared about—the psychological, physiological, cultural and ecological are all implicated in breast cancer. So I'm working around the interface of all those perspectives.

My private hypothesis is that women express the symptoms of their time. The hysterical woman embodied the symptoms of Victorian malaise, the patriarchal society. An epidemic of breast cancer, what is that telling us about this culture? The Gaia hypothesis, the rape of Mother Earth and the symptoms of the breast, what are we doing to further nurturance, the female principle?

SH: Can you give us a sense of what your groups are like?

IS: In an article which I recently co-authored for Arts and Psychotherapy with David Spiegel's research assistant, we compared our groups and ways of working. We gave a presentation on this at the APA Conference last year.

Theirs is a "supportive/expressive" model. What I love is that it's based on Irving Yalom's existential model, it's not aimed at symptom reduction but confronting the basic life themes like mortality and loneliness. And this is of course what a diagnosis of terminal illness throws you into.

I basically use a very similar format to theirs, but it is "multimodal," I introduce music, movement, and imagery to amplify the work through the images and the themes from the group.

I also bring a Jungian background. I did an internship at the Jung Institute in Los Angeles. I worked with sand tray, so I'm very comfortable working on the symbolic level. My own prejudice is that we need to get beyond verbal communication of experience, because so much of the intensity at this level is preverbal, transverbal.

People don't have words for this yet. Like the intensity of that kind of fear. Unless you are a great poet words don't convey it. But their art works might. Fear was a big issue we worked with. Fear of going back for your yearly checkup. Learning how to get through each day without letting fear overtake you.

SH: And these groups last...?

IS: We were doing a twelve-week group at California Pacific Medical Center's Institute of Health and Healing. We were looking for a balance; I didn't want to do a short-term group. But we found that twelve weeks is enough to get into depth and develop group interaction, which enabled the women to feel safe going into their issues.

SH: And ritual is a part of this?

IS: Yes, we create group rituals to express and contain the imagery and emotions. I might tell them, here are some of the tools you might need, help them to experiment with different music, develop their own vocabulary, formats.

There are not too many places where women can get down to that level. They are too busy trying to protect their family from guilt or fear. They have a chance in the group to get down with each other, to talk as experts to each other. They can choose the music for the operating room, choose what they want in the post-op room, begin to organize the practical aspects of their lives, see to their daily duties so they can take care of themselves.

There was one where a woman was going for reconstruction. The group helped her talk about everything from what she wanted her breasts to look like, to drawing pictures with and for her and keeping in touch with her through all stages of surgery and recovery.

SH: Your work seems to help women break through a lot of limitations.

IS: It's very exciting watching the power of them creating for their own power and healing. A good example of this was a project called Art.Rage.Us. The woman who helped create the poster for that exhibit, my patient, was the graphic designer for the book publisher. She and three other patients in my group collaborated on a project and one of their pieces was accepted. So they went further in being able to use the group connection to create art in a group collaboration, and to gain public recognition. They were able to combine expressing themselves and then refining their work.

That they could accomplish this at a time in their lives which was otherwise in flux, out of control, that they could follow through with the work gave them a sense of completion, a feeling of being in control in their lives. They made life-changing choices. For some of these women, claiming themselves as artists creating during a time of destruction was at the core of their healing.

SH: And your role?

IS: I'm the facilitator. I'm in the background helping shape the new growth, the creativity, always trying to help give voice to the pain or whatever is emerging. We're not trying to control any of the feelings, but merely to create a context where they can have and work with them.

We spend a lot of time working with rage, with the personal warrior. Once we discovered the "Sassy Mama" archetype, women were strutting around the room, "don't touch me!", the inner Sassy Mama. We also work with grieving, developing a repertoire of our inner archetypes.

SH: Sounds as if the possibilities are limitless...

IS: In a sense, yes, but we also work within limitations. The modality of the groups has limitations. One limitation is our setting itself. The groups take place in a square room with a carpet and no windows. The typical generic hospital room. So I'm beginning to experiment with different formats. Taking women out into nature for healing groups. Working with them around meaningful physical exercise and what that does to their sense of strength, empowerment, relationship to nature.

SH: And you're doing some research on the groups as well?

IS: Yes. We started with four fairly standard self-report scales that the hospital used. We also attempted to measure spirituality and body image. We tried three different spirituality scales. We first used one that assessed quantitatively, the number of church attendances over time, the belief in a higher power. Most of the women couldn't relate to any of this; they had a spirituality in their body, experienced personally.

We had problems in general with self-report measures. Week to week things would change so much in these women's lives, a tremendous number of intervening variables, and we're giving the measure outside of the experience of the group.

We also did content analysis of the in-depth interviews with these women. Spirituality to them seemed to have more to do with a sense of connectedness—to themselves, others, and the larger world, a sense of being in sync with their world. A lot of symptoms of an illness set you apart from the rest of the world, you feel yourself profoundly different...and

the loneliness. You can't talk to people, you are protecting your family.

We saw a lot of constriction in a body level, concave torsos. Partly this was a defense against the assaults of the surgery, of course. You could see an increased openness and expansiveness as the group progressed, an increased sense of connectedness.

For the other part of the research, we shifted away from naturalistic science to the phenomenological approach—in-depth interviews and video tape. We taped the first, middle, and last group sessions and used movement notation to document change over time.

I had a graduate student interested in the Rorschach who spent a year giving Rorschachs pre- and post-group. The strength of the primary material that came out of the Rorschachs—themes of aggression, sexuality, body dismemberment, intrusion, body part—was very different from the self-report data. You see, when you work on a body level you're working directly on a symbolic body level, getting much more unconscious content directly.

SH: Where are you now with the scales work?

IS: We've ended up creating our own body image scale. It seemed to me that it was important not just to critique, but to develop our own. No one had asked the women what their experience was; the body image scale we used was devised by a man and normed on college students with eating disorders.

So I pulled together a body-image scale that's being piloted. I simply started by asking these women what was happening in their bodies. I tried to stay as close as I could to their descriptions and their symbolic systems.

The first part of the scale is constructed out of the themes that arise from their descriptions—as much of their own words as possible. The second part of the scale will be based on the movement notation that comes from analyzing the videos.

Some of the categories that were most salient so far in this illness were the shape of the torso, concave to convex; change in the kinesphere, limited use in the taking up of personal space; and more interaction among the women. And much more of a sense of their own weight or relation to the ground, which some describe as a centeredness, sense of self, sense of weight inhabiting space.

We're just developing these tools, trying to put our finger on what wasn't hitting home with this research, not capturing the phenomenon that we were seeing. This is very exciting, an enriching area. I am excited that psychologists are working in medical contexts because the doctors need us. They don't have the training to understand the body metaphors, it's very important that we provide that perspective. So I'm very glad to continue to work with patients and family members around illness, body image, preparation for surgery, and developing individualized healing rituals.

Editor's Note: Dr. Serlin is currently one of two Div. 32 representatives to the APA Council of Representatives.

I & R Annual Meeting Reminder!

The annual I&R meeting will be held early this year: Nov. 5, 1999, rather than in January 2000.

PLEASE MARK YOUR CALENDARS!

From CPA, Division of Professional Practice and Advocacy

by *Betsy Levin-Proctor, Ph.D.*

As an elected member of the Board of Directors of CPA's Division I, one of the projects with which I have become involved is a newly formed task force charged with looking at emerging roles for Psychologists. As a preliminary effort, the committee is compiling a list of possible roles for psychologists, both new and old. If anyone has any ideas which they would like to contribute to such a list, please give me a call at 453-1270 or send me an e-mail at betsylevineproctor@netscape.net. More general feedback is welcome as well, as we are just beginning to define our tasks.

A bit more information about the Division of Professional Practice and Advocacy: this Division is the largest of the California Psychological Association Divisions. Its name is fairly self-explanatory in that its Board of Directors works to assist our profession in areas which touch all of us in our daily practices, including working with the larger CPA organization in support of legislation which protects and promotes the practice of Clinical Psychology. I certainly have enjoyed my involvement with this organization and find the time well spent.

Highlights of the MCPA Executive Meeting, May 10, 1999

by *Lynn Ireland, Ph.D.*

- There will be a "Professional Practice in Marin" forum on June 28th in the Town Center Conference Room. It is hoped that students, post-docs, and newly licensed members will be attracted to MCPA as a result of attending it.
- A proposed survey of Marin County businesses regarding consulting services was discussed.
- Joint meeting with the Marin Psychiatric Society, and the Marin Chapters of CAMFT and NASW will be held on June 29th at the Marin Art and Garden Center.
- Discussion was held looking at possibilities for our next MCPA sponsored Continuing Education workshop.
- There was more discussion on updating the MCPA directory, the form it should take, and the timeline of its publication.
- Discussion was held on how to make use of materials produced by APA on youth and violence.

PsychTalk

You are invited to an afternoon of socializing and discussion with colleagues about a topic to be selected by participants. Meets the first Sunday of each month, from 3 - 5 p.m. Call Pari Anvar (459-5758) or Fred Rozendal (479-7015) for details.

Annual Member List

On the next two pages is our current member roster; you may want to keep it with you to be able to contact your colleagues for the next year.

'Tis the moment of truth: do we have your records right? Please let Sue Hulley know if they need correcting so that next year's list will be one year closer to reality.