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Letters to the Editor

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Letters to the Editor

Dear Madam:

I wish to express my deep appreciation for Dr. Leora Bar-Levav's paper "The Risk of Hospitalizing Suicidal Patients: A Personal Retrospective" which appeared in the latest issue of your journal. It highlights the important and less than optimally recognized clinical phenomenon of certain patient's vulnerability to "malignant regression" (Balint, 1968) during hospitalization. Dr. Bar-Levav correctly notes that "not unlike the fantasied promise of new relationships and romantic love" (p. 47), hospitalization can rekindle the hope of unconditional acceptance in some patients. When this hope is frustrated, either during their inpatient stay or at the time of discharge, a severe, even suicidal, crisis might ensue. Hospitalization for such patients should therefore be with modest and explicit goals and for a very brief duration. Potentially "dangerous regressive influence" (p. 46) of hospitalization should be actively considered and unrealistic aims of achieving rapid characterological change scrupulously avoided. In making these valid clinical observations in an elegant and authentic writing style, Dr. Bar-Levav's paper becomes an outstanding contribution.

At the same time, it has certain weaknesses. First, to ascribe similar dynamics to the diverse "neurotic, psychotic, depressed, and alcoholic patients" (p. 47) presenting with suicidal crises, is questionable. A schizophrenic who has attempted suicide under hallucinatory commands, for instance, might not regress during hospitalization. On the contrary, with assurance of physical safety and with psychotropic medications, the patient might progress and become able to exert greater self-control, develop more self observation. The same might apply to the guilt-ridden, endogenously depressed, suicidal individual. It seems inaccurate to lump all suicidal individuals together as being equally vulnerable to the regressive allure of the hospital setting. Second, Dr. Bar-Levav's warnings notwithstanding, some of these patients, including the much maligned borderlines, often do truly need hospitalization. This gets lost in her paper. Also omitted is the fact that useful guidelines regarding indications for hospitalization in dubiously suicidal patients do exist in psychiatric literature (Kernberg, 1984; Kernberg et al, 1989; Akhtar, 1992). Clinical decision-making in such situations, while inevitably involving personal judgment, does not have to be based upon countertransference anxieties or bureaucratic pressures. This brings me to my final reservation about Dr. Bar-Levav's paper. A cynical tone pervades the paper and is especially marked in passages alluding to external pressures on clinical decisions. Now, the fact is that difficult, even unpleasant, forces exist in all work situations, psychiatric or otherwise. However, aggression from within and from outside is something to be accepted as inevitable reality. Not only does such acceptance greatly diminish one's cynicism, it also strengthens the capacity to diagnose and treat self destructive individuals.

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Dear Editor:

I am pleased to announce the winners of the 1993 American Psychoanalytic Association Fellowship for psychiatric residents.

They are:

Pedro Dago, M.D.	College of Physicians & Surgeons New York, NY
Linda Forsythe, M.D.	Massachusetts General Hospital Boston, MA
Barbara S. Lewis, M.D.	Yale University New Haven, CT
Benjamin James Bennett IV, M.D.	Timberlawn Psychiatric Hospital Dallas, TX
Andress S. Martin, M.D.	Massachusetts Mental Health Center Boston, MA
Louis J. Kraus, M.D.	University of Chicago Chicago, IL
Chuck Raison, M.D.	UCLA Neuropsychiatric Inst. & Hosp. Los Angeles, CA
Russel Geoffrey, M.D.	University of Washington Seattle, WA
Laura Greenberg Dibble, M.D.	University of Michigan Ann Arbor, MI
Justin Richardson, M.D.	McLean Hospital Belmont, MA

The Fellowship is awarded to those residents who have demonstrated interest and expertise in the field of psychodynamic psychiatry. The winners are sponsored to attend the annual meeting of the American Psychoanalytic Association where they will be active participants. They will also have the opportunity to work for a full year with senior psychoanalysts on a conjoint scholarly project.

For further information on the Fellowship please contact me at (203) 624-0029.

Elise W. Snyder, M.D.