

1: Full text of "References on military psychiatry, "

Personality and political crisis; new perspectives from social science and psychiatry for the study of war and politics.

He rejected individual psychology the psychology of individual differences partly because he thought that individuality cannot be scientifically understood, since no individual can be understood apart from his relationships with others. Sullivan did not profess to know the extent to which human behavior embodies principles or laws which transcend any given sociocultural setting. If there are such principles of human behavior, they appear to be as yet little understood, if at all. Such anthropologists as Edward Sapir and Ruth Benedict also exerted some influence on his thinking, though it seems to have been exaggerated. He asserted that there are four generic factors which enter into, and have a causative influence on, any act: However, it should be added that no one yet-knows how much weight should be given to biological determinants. Continuous effects of experience. The quality and kind of interpersonal relations that one experiences in the home, school, playground, summer camp, and neighborhood are crucially important. But in human life there is nothing static. Some things change quickly; others, slowly and imperceptibly, although the latter too can have a cumulative effect. The self begins to develop in late infancy and grows through several stages—namely, infancy, childhood, the juvenile era, preadolescence, early adolescence, and late adolescence, normally culminating in maturity. But, these stages of development are not instinctually determined. The first two stages are normally lived through in the home under the supervision of authoritative adults, on whom the powerless offspring depends not only for his physical survival but also for the necessities of psychological development. Thus, the needs of the infant, whose satisfaction requires the cooperation of the mothering one, take on the character of a general need for tenderness. Sullivan claimed that the need for tender behavior is an interpersonal need because its fulfillment requires the cooperation of another person who has a complementary need to manifest appropriate activity, a need to behave tenderly. In earlier lectures, he maintained that empathy, an as yet not understood mode of emotional contagion or communion between infant and mothering one, is the vehicle by which approving and disapproving attitudes are somehow conveyed, from ages 6 to 27 months. In later lectures The Interpersonal Theory of Psychiatry Sullivan maintained that it is by means of empathy that anxiety is induced in the infant when the mothering one is anxious or otherwise upset or disapproving. The self or self-dynamism develops in order to avoid or minimize anxiety and gain approval from the significant adults, who embody various cultural attitudes and values. Since language is a very powerful tool for communication, it contributes greatly to the development of the self. Thus, certain behaviors of the child that were previously tolerated are now so strongly disapproved of that they become inhibited, sublimated, or, in some instances, dissociated. The juvenile era appears upon the maturation of the need for compeers. Schooling is a wholly necessary experience for anyone growing up in a complex industrial society. The school not only imparts skills and subject matters but also, as a rule, provides the youngster with a broader outlook on life. During the juvenile era, one begins to acquire supervisory patterns of the self, which pertain not only to moral conduct but to behavior generally. These supervisory patterns, developed in connection with authoritative figures in the home, school, and church, tend to make the juvenile more self-critical. Normally, there is a considerable elaboration of the self. The youngster learns patterns of cooperation, competition, and compromise. During this era, the capacity to love matures: The intimacy which flowers between the two chums has essentially nothing to do with sex. Preadolescence is not a homosexual stage. For the first time, one can communicate freely with another human being. In the process of communication, personal inadequacies carried over from previous stages may be alleviated or overcome. In Western society, adolescence is a notoriously difficult period for many people. New adjustments have to be accomplished; new relationships, for which there is no precedent in personal experience, have to be established; and one is expected to put away childish things once and for all. So, adolescence is a time of trial and of opportunity. Many people who have developed various inadequacies during the previous eras founder in adolescence because they cannot handle the new demands and opportunities that life presents at this time. Normally, there is a change in the type of object needed for the intimacy, previously experienced, during

preadolescence, with a chum or close friend. The change is influenced by the concomitant maturation of the genital lust dynamism. There is a movement of interest toward members of the opposite sex. Since no one can transcend his own experiences, no one with an inadequate personification of himself can perceive others with any particular refinement except in terms of his own personification and imagined criticisms of himself. These limitations ensure an inadequate grasp of what others are like. Sullivan held that the difference between the normal and the mentally ill is one of degree only. But, in a mature person, the outstanding achievements of each of the developmental eras will be manifested. He will, for example, have the ability to relate intimately with another person or persons. His work with patients appears to have led him to a too limited and rigidly deterministic view of the entire personality. His theory does not leave enough room for growth and independence, although it can be rectified without being abandoned. Anxiety is a central explanatory concept in interpersonal theory. Anxiety arises and operates only in interpersonal relations. It is the motivating force of selective inattention, a process whereby one inadequately perceives or grasps relevant factors in many situations and, thereby, often fails to profit from experience. Selective inattention is a function of the self. As the self begins to develop, it tends to restrict and channel awareness, which is manifested soon after birth. This awareness is apparently of a very diffuse, unstructured kind, presumably quite different in many ways from the consciousness of adults, lacking the attributes of self-consciousness and the controls over awareness exercised by the supervisory patterns of the self. Hence, there is no distinction between the self and the external world. Piaget called this state of affairs an undifferentiated absolute of self and environment Allport , p. It forms the basis of memory retention , although it ordinarily defies formulation and hence, discussion. The infant has not yet learned how to differentiate and categorize experience. Of course, he undergoes and registers experience, perhaps from moment to moment, but he is apparently unable to discriminate the order of events impinging on his senses. He may register earlier and later states but without discerning any serial connection between them. The alternation of need and satisfaction is first experienced in the prototaxic mode. Sullivan inferred that anxiety tension also is first experienced in the prototaxic mode. The prototaxic mode is not confined to infancy. With increasing maturation and learning, the infant gradually begins to make some discrimination between himself and the world. He learns to make elementary discriminations in his experience. Thus, the original global experience is sundered into parts or various, diverse aspects, which, however, are not logically connected. They may, or may not, occur together, depending on circumstances. In the language of traditional psychology, the sundered or disconnected aspects of experience may become associated when circumstances categorized in terms of laws of association permit. The youngster, because of his limited store of experience and knowledge, takes this mode for granted and, in a manner of speaking, as the natural way of things. Suppose a youngster is beaten or otherwise mis-treated by his mother for no evident cause—a not too rare occurrence. To an intelligent adult observer her behavior is inconsistent—is, in fact, senseless in relation to the proper upbringing of a child. To the youngster, there is no inconsistency. That is the way things happen; that is the way life is, although the child may wish things were different or try to circumvent them. While this illustration may seem oversimplified, it is essentially the sort of thing that happens in countless homes where one or both parents are immature and, perhaps, anxiety-ridden or otherwise disturbed. A recurrent pattern of this sort will often be assimilated by the child into his developing self system. Thus, the child may for years experience the incongruous and irrational behavior of his parents without ever questioning it. Furthermore, even in more normal homes, children are subjected to various kinds of irrational behavior, chiefly because the parents reflect the inadequacies, prejudices, and superstitions, as well as the virtues, of their sociocultural background. The life of almost any person is inextricably bound up with the social order of which he is a member. Selective inattention, which, as suggested above, often makes it difficult to profit from experience, including formal education, occurs in the parataxic mode. Often, it is anxiety which stimulates these distorted perceptions. But, experience in the parataxic mode also is often a normal occurrence. Much of our living and talking is carried on in this mode. In the main, any experience that one can discuss occurs in either the parataxic or syntactic mode. The syntactic mode begins to appear at the end of infancy or the beginning of childhood and involves an appeal to principles that are accepted as true by the hearer—what Sullivan calls consensual validation. Summarily, what distinguishes syntactic operations from every-thing else

that occurs between people is that under appropriate circumstances, they can work quite precisely. By and large, while Sullivan recognized the communal existence of man at all levels physical, biological, psychological, sociocultural, he stressed the psychological and sociocultural levels. Personality may be conceived as a network of dynamisms hierarchically arranged. Sullivan held that the dynamisms of interest to the psychiatrist are the relatively en-during patterns of energy transformations which recurrently characterize interpersonal relations. They constitute personality, of which the self is a substructure or subdynamism. Since structure and function are two aspects of the same thing in nature, functional activity also is conceived in terms of dynamisms. Thus, love and hate are dynamisms, involving characteristic patterns of activity in interpersonal relations. As sociologists have pointed out, man, and man alone, has a culture. One becomes a human being through the processes of acculturation. Complementary to this is the fact that man has a superior neuro-psychic structure. Thus, man can employ signs and symbols as no animal can, making possible the marvelous development of mind. A third assumption is that human beings are all much more human than unique, whether they are mentally healthy, mentally disordered, or whatever. Partly for this reason, Sullivan ignored the psychology of individual differences. Neither would he countenance the notion that people who suffer mental illness, such as schizophrenics, are sub-human. A fourth assumption is that human behavior on both the biological and cultural levels is directed toward the maintenance of euphoria, a state of well-being. To be sure, euphoria is never absolute. On the physiological level, there is a more or less rhythmic cycle of euphoria and the tension of needs.

2: Personality and political crisis (edition) | Open Library

Propaganda and mass insecurity, by H. D. Lasswell. Psychiatric aspects of morale, by H. S. Sullivan. Personality and social structure, by T. Parsons.

Finally the present list does not give complete coverage of the literature , although in some cases all issues of a given journal have been covered. The love and fear of flying. J , and Smith, C. Steroid excretion in airmen under stress. Understanding the "fear of flying" syndrome. Fsychic aspects of the problem. Armed Forces M, J. Published with minor variations: Psychosomatic aspects and treatment. Published with minor varia- tions: Aviation neuropsychiatry in the United States Navy. Contact, Pensacola, , Air transportation of psy- chiatric patients. Department of the Army. TB Med 2hh, 2 March C, Toxicology in the Far Sast C. Fisch, M f The suicidal gesture: Psychopathologic reaction patterns in the Antilles Command. Smith, x , B. Self-inflicted gunshot wounds to avoid combat. L, Narcotic addiction among military personnel in the Far Last Command. Lachspress, tU and others. Army Europe, , Fsycliiatric admissions in a combat division in Restatement of combat psychiatry. Combat fatigue or death anxiety neurosis. The psychopath under stress in the military service. Psychiatric evaluation of military prisoners. J,, , hi A study of soldiers with symptoms continued on duty. Army, Europe, , Psychiatric rprofiling in basic training centers. Psychiatric selection of women for naval service, U. S, Armed Forces M. M , and Peterson, D. The Kuder preference record - personnal and its use in psychiatric screening. Naval Medical Field Research Laboratory. Psychiatric recommendations for administra- tive separation of "problem soldiers". Army Europe, U, A, and Inwood, u. Psychiatric casualties evacuated from Korea. Psychiatric screening in the Armed Forces, Am. Hospital ship neuropsychiatry care of the closed ward patient. Discusses morale problems of staff and patients. Re- marks on combat psychology and the evacuation problem. The morale of the individual soldier. Normal battle reaction and Hormonal response tor. Military aspects of the diagnosis of epilepsy. Treatments of neurogenic bladders with banthine. Fatigue and stress symposium, 2U January Reflex sympathetic dystrophy without apparent cause. Diagnosis and management of epilepsy in the military service. Naval Medical research institute. Lecture and review series No. Front-line studies of combat stress, u. Navy Office of Naval Research. Early management of the paraplegic patient. Author says about 2, Cerebral atrophy due to alcoholism in young adults. Anxiety and stress; an interdisciplinary study of a life situation. Age and resistance to military stress. Some observations on the role of an Army psy- chiatrist. An analysis of psychiatric case histories. Psychiatry and military manpower policy; a reappraisal of the experience in World War II. Current problems in military psychiatry, J. Some present-day aspects of military neuro- psychiatry. Discussion of current Army directives in psychiatry in relation to lessons learned in World bar II, and practice in Korea. The course of wartime schizophrenia compared with a control group. Prepared by Sidney i. IPU26 were issued as mimeographed separates. The Armed Forces Medi- cal Library has these bound in nurnberical sequence. Military medicine notes, , vols. The present status of military psychiatry, p. Schizophrenic and psychiatryo p. U07â€” U3Ui Inwood, A. Manic and depres- sive states, p. Character and behavior disorders, p. Social work in the military setting, p. Organization of psychiatry in world war II and the Korean campaign, p. Neuroses, psychoses and pseudo-psychoses in combat, p. Treatment of combat psychiatric casualties, p. Stress in isolated commands, p. Training center mental hygiene unit. AJV0L, alcoholism, malingering, p. The place of psychotherapy in medicine, p. Speech, hearing and language disorders, p. Military medicine refresher course Psychosomatic aspects of burns and other injuries, p. U hhh Reiser, M. Reactions to stress with regard to the cardiovascular system, p. The implications of stress in psychological warfare, p. Concepts of therapy, p. Psychotherapy in the combat zone, p. Recent advances in medicine and surgery April U ; based on profes- sional medical experiences in Japan and Korea, Washington, D, C., U. Drug addiction and alcoholism- psychiatric considerations. History and organization of a theater psychiatric service be- fore and after 30 June Functions of a psychiatric consultant to a division, and to an army 0 vol. G, Some comments on the differential diagnosis and treatment of psychiatric breakdowns in Korea, vol.

H.S. Sullivan Theory is based on the belief that individual behavior and personality development are the direct result of interpersonal relationships "We are who we are because of how we interact with each other".

Harry grew up in a rural New York Protestant community known for its intense prejudice toward the Irish. He was the only son of a poor uncommunicative Irish farmer and an extremely unhappy, complaining mother who was reported to show her son little affection. Later in life he wrote: I escaped most of the evils of being an only child by chief virtue of the fact that mother never troubled to notice the characteristics of the child she had brought forth I felt she had no use for me except as a clothes horse on which to hang an elaborate pattern of illusions. His childhood experience of social isolation and loneliness might have been the incentive for his later interest in psychiatry. Although he was a superior student in grade school and high school, he had no friends and turned to books for companionship. Again, his writings about the pre-adolescent and adolescent stages reflected the powerful insights of his own personal experience. After graduating from high school, he attended Cornell University for one year, at the end of which, in 1917, he was rumored to have suffered some kind of mental breakdown, possibly a psychotic episode. In 1918, he enrolled in the Chicago College of Medicine and Surgery, receiving his medical degree in 1921. During the following years practicing psychiatry he was introduced to psychotherapy by Adolf Meyer, and applied these ideas to the treatment of schizophrenia. Later, he elaborated his work into a theory of personality, working with social scientists of diverse backgrounds, including ethnolinguist Edward Sapir. Sullivan died in a hotel room in Paris, France in 1954, while attending a conference. Work Once Sullivan began his work as a practicing psychiatrist, he quickly showed his extraordinary ability to relate to patients suffering from schizophrenia. His later work involved extending his ideas relating to the development and treatment of schizophrenia to a general theory of personality development. He believed that their mental functions, although disordered, were not beyond treatment. Having been introduced to psychoanalytic techniques by Adolf Meyer, Sullivan began to apply these to his hospitalized, psychotic patients, despite the fact that Sigmund Freud had originally developed the techniques for use only with those suffering from neuroses. Following success with such treatments, Sullivan developed his model of the etiology of schizophrenia. He argued that it must be primarily experiential, not solely hereditary or organic. Beginning with Freudian principles, he suggested that the onset of schizophrenia might be traced to unsuccessful interpersonal relationships with significant others during childhood. Thus, distortions in the mother-infant interaction, leading to difficulties in relating appropriately with members of the same sex and the opposite sex in adolescence, resulted in severe loss of self-esteem, precipitating a schizophrenic break from reality. It appears that Sullivan identified closely with the schizophrenic condition, which led others to posit that he might have suffered such an episode himself. He described the schizophrenic as "the loneliest of the lonely" Chatelaine In his sessions with patients, Sullivan also began to employ what later came to be known as "reality testing. Unfortunately, however, returning to their previous environment often led to a relapse. Theory of Personality Development In his work with schizophrenics, Sullivan developed a model of the precipitating circumstances leading to the psychotic episodes. After moving from the hospital environment to a private practice setting in New York, Sullivan expanded his ideas into the area of personality development. Besides making the first mention of the "significant other" in psychological literature, Sullivan developed the "self system," a configuration of the personality traits developed in childhood, and reinforced by positive affirmation and the "security operations" developed to avoid anxiety and threats to self-esteem. Sullivan further defined this self system as a steering mechanism toward a series of "I-You" interlocking behaviors; that is, what an individual does is meant to elicit a particular reaction. An important distinction between Sullivan and Freud involves the concept of anxiety. While Freud believed anxiety represented internal conflict between the id and the superego, Sullivan saw anxiety as existing only as a result of social interactions. Selective Inattention Sullivan believed that mothers express their anxiety about raising their children in a variety of ways. The child has no understanding or way to deal with this and so feels the anxiety himself. Later as adults, this technique is used to focus our minds away from stressful situations.

Personifications Sullivan suggested that individuals develop "personifications" of themselves and others as a result of social interactions and selective attention or inattention. Defense mechanisms reduce anxiety, but they can also cause a misperception of reality. Personifications, on the other hand, are mental images that help us understand ourselves and the world. Sullivan described three basic ways we see ourselves, which he called the "bad-me," the "good-me," and the "not-me. Anxiety can result from recognizing the bad part of ourselves, for example, when remembering an embarrassing moment or experiencing guilt from a past action. The "good-me" is all that seems positive and all that we like about ourselves. This is the part we share with the world because it produces no anxiety. The "not-me" part represents the aspects of ourselves that are so anxiety-provoking that we reject them as a part of us. The "not-me" is hidden from our awareness by being pushed deep into the unconscious.

Developmental epochs In a similar fashion to Freud, Sullivan maintained that childhood experiences with other people are a large contributor to the adult personality, the mother playing the most significant role. He differed from Freud in his belief that the primary significance of the parent-child relationship was not predominantly sexual, but rather an early quest for security by the child. He also believed that the personality can continue to develop past adolescence and even well into adulthood. Sullivan called these stages "developmental epochs," occurring in a particular order but with their timing determined by our social environment. The developmental epochs are: Infancy birth to 1 year Childhood 1 to 5 years old Juvenile 6 to 8 years old Preadolescence 9 to 12 years old Early Adolescence 13 to 17 years old Late Adolescence 18 to 22 or 23 years old Adulthood 23 years old and on Legacy Although well recognized by many, Sullivan never acquired the substantial reputation that many of his peers did. Nevertheless, several well known personality theories have their origins in his work. Erikson, and Frieda Fromm-Reichmann, Sullivan contributed to developing an understanding the individual based on the network of relationships in which he or she is enmeshed. This approach moved theories of personality development away from the Freudian "intrapsychic" models of the unconscious mind and more toward the realm of interpersonal relationships; Sullivan went on to develop a theory of psychiatry based on interpersonal relationships where cultural forces are largely responsible for mental illnesses. He also headed the Washington School of Psychiatry from to Although Sullivan published little in his lifetime, he influenced generations of mental health professionals, especially through his lectures at Chestnut Lodge in Washington, DC and he has been considered the most important underground influence in American psychoanalysis. His ideas were collected and published posthumously, edited by Helen Swick Perry, who also published a detailed biography of Sullivan Perry [].

The interpersonal theory of psychiatry. Conceptions of Modern Psychiatry: Schizophrenia as a Human Process. The Fusion of Psychiatry and Social Science. The Clinician and the Man. The Life of Harry Stack Sullivan. External links Harry Stack Sullivan by Dr. Heffner Credits New World Encyclopedia writers and editors rewrote and completed the Wikipedia article in accordance with New World Encyclopedia standards. This article abides by terms of the Creative Commons CC-by-sa 3. Credit is due under the terms of this license that can reference both the New World Encyclopedia contributors and the selfless volunteer contributors of the Wikimedia Foundation. To cite this article click here for a list of acceptable citing formats. The history of earlier contributions by wikipedians is accessible to researchers here:

4: Bibliography of Abortion Complications and Abortion Risks | After Abortion

Harry Stack Sullivan *Psychiatric aspects of morale. American Journal of Sociology, Memorandum on a psychiatric reconnaissance. In: Ed. C. S.*

Sullivan, , p. Anxiety All of us are afflicted by the fact that long before we can make brilliant intellectual formulations, we catch on to a good deal which is presented to us, first by the mothering one and then by other people who have to do with keeping us alive through the period of our utter dependence. Before anyone can remember, except under the most extraordinary circumstances, there appears in every human being a capacity to undergo a vary unpleasant experience. This experience is utilized by all cultures, by some a little and by some a great deal, in training the human animal to become a person, more or less according to the prescriptions of the particular culture. The unpleasant experience to which I am referring I call anxiety. As the Greek roots of this horrendous term indicate, the prototaxic mode refers to the first kind of experience the infant has and the order or arrangement in which it occurs. He has no awareness of himself as an entity separate from the rest of the world. In other words, his felt experience is all of a piece, undifferentiated, without definite limits. Parataxic "As the infant develops and maturation proceeds, the original undifferentiated wholeness of experience is broken. In other words, various experiences are felt as concomitant, not recognized as connected in an orderly way. The child cannot yet relate them to one another or make logical distinctions among them. The parataxic mode is not a step by step process. Experience is undergone as momentary, unconnected states of being. These meanings have been acquired from group activities, interpersonal activities, social experience. Consensually validated symbol activity involves an appeal to principles which are accepted as true by the hearer. And when this happens, the youngster has acquired or learned the syntactic mode of experience. Childhood extends from the ability to utter articulate sounds of or pertaining to speech, to the appearance of the need for playmates -- that is, companions. This ushers in the Juvenile Era which extends through most of the grammar-school years to the eruption, due to maturation, of a need for an intimate relation with another person of comparable status. This really highly developed intimacy with another person is not the principal business of life, but is, perhaps, the principal source of satisfaction in life; and one goes on developing in depth of interest or in scope of interest, or in both depth and scope, from that time until unhappy retrogressive changes in the organism lead to old age Sullivan, , pp. Beginnings of the Self-System Successful training of the functional activity of the anal zone of interaction accentuates a new aspect of tenderness -- namely, the additive role of tenderness as a sequel to what the mothering one regards as good behavior. Now this is, in effect -- however it may be prehended by the infant -- a reward, which, once the approved social ritual connected with defecating has worked out well, is added to the satisfaction of the anal zone. Here is tenderness taking on the attribute of a reward for having learned something, or for behaving right. Thus the mother, or the parent responsible for acculturation or socialization, now adds tenderness to her increasingly neutral behavior in a way that can be called rewarding. I think that very, very often the parent does this with no thought of rewarding the infant. Very often the rewarding tenderness merely arises from the pleasure of the mothering one in the skill which the infant has learned Heterosexual Intimacy and Lust Sullivan notes a problem of timing: By this I refer to the creating of distinctions between people toward whom lustful motivations can apply, and people who will be sought for the relief of loneliness -- that is, for collaborative intimacy, for friendship. The classical instance is the old one of the prostitute and the good girl. Nowadays, the far more prevalent distinction is between sexy girls and good girls, rather than this gross division into bad women and good women. So wherever you find a person who makes this sharp separation of members of the other sex into those who are, you might say, lustful and those who are nonlustful, you may assume that this person has quite a cleavage with respect to his genital behavior, so that he is not really capable of integrating it into his life, simply and with self-respect. These sundry collisions that come along at this stage may be the principle motive for preadolescents or very early adolescents getting into "homosexual" play, with some remarkable variations. Now this activity, commonly called masturbation, has in general been rather severely condemned in every culture that generally imposes

marked restrictions on freedom of sexual development. One can imagine the family explanation given to Harry when he was older: Oedipus, myth and complex. The life of Harry Stack Sullivan. The interpersonal theory of psychiatry.

5: Joshua S. Golden M.D.

Article citations. More>> Sullivan, H. S. (). The Interpersonal Theory of Psychiatry. New York: Norton. has been cited by the following article.

Burns first appeared in the original novel, where he had the rank of captain. He is also known as "Ferret Face", a nickname first pinned on him by his brother. Nonetheless, he maintains a dismissive attitude toward his better-trained colleagues, blaming others for his own failures. The next day, Burns is permanently sent away for psychiatric evaluation in a straitjacket, shot full of tranquilizers. In the TV series, he is very high-strung, with a penchant for uttering what are often bizarre or redundant clichés and malapropisms; one example is from "The Interview" season 4, episode 24, in which Burns describes marriage as "the headstone of American society". In the TV series, Burns is a firm believer in military discipline and continues to fancy himself a superior surgeon, but his actions invariably reveal his incompetence and require one of the other surgeons to prevent him from making fatal mistakes. Though by military rank Burns is second-in-command of the unit, he is outranked in medical matters by Hawkeye, who reluctantly accepts appointment by Blake as Chief Surgeon. When Burns is left in command of the unit per military regulations, he generally micromanages camp operations, just for the sake of being in command, but demonstrates a profound lack of military competence as well. Burns and Hawkeye recount opposing versions of the events. Burns claims that he was performing superior work even going so far as to donate blood to a critically wounded soldier in between treating patients and performing the Last Rites benediction in Latin for the deceased after Father Mulcahy passed out from exhaustion. Burns further asserts that the other surgeons could not keep up with him and complained that he was pushing them too hard. After being confronted by Hawkeye, Burns was knocked unconscious by the operating room door. In any early episode, however, before his character becomes more of a buffoon, he demonstrates himself to be an efficient though, again, micromanaging commander. In addition to his gullibility, Burns was shown to be incredibly greedy, selfish and occasionally childish; he is involved in a prescription kickback racket, falsifies his income taxes, and dabbles in the stock market. He is also overly suspicious of Koreans, going as far as to claim that South Koreans are communist infiltrators and hustlers, and is openly racist against Native Americans although Colonel Potter, being part Cherokee, sternly puts a stop to that early on. Despite his ongoing affair with Major Houlihan, he is unwilling to divorce his wife because all his money, stocks and his house are in her name. In one episode, his greed is such that he turns down a transfer to another unit because he is tricked by Hawkeye and Trapper into thinking there is gold in the hills near the camp. Both medals are stolen by Hawkeye and given to people who earned them: They share a disdain for the "un-military" doctors, against whom they conspire ineffectively. His wife eventually hears of the affair and threatens him with divorce; he denies it, describing Houlihan as an "old war horse" and an "army mule with bosoms", beginning a rift that leads to her engagement to Donald Penobscott, a handsome lieutenant colonel stationed in Tokyo. He accosts a female WAC, a female Red Cross worker, and an army general and his wife in a hot bath, mistaking the couple for the Penobscotts. He is transferred stateside for psychiatric evaluation, but although the th is delighted to be rid of him, Burns seems to have the last laugh.

6: List of M*A*S*H characters - Wikipedia

Psychiatric aspects of impulsivity. Moeller FG(1), Barratt ES, Dougherty DM, Schmitz JM, Swann AC. Author information: (1)Department of Psychiatry and Behavioral Sciences, University of Texas Houston Health Science Center, , USA.

This article has been cited by other articles in PMC. Adult diabetics had a greater impact of diabetes. Juvenile diabetics had significantly higher frequency of behavioural deviations as compared to controls. Also there was a higher number of responses on questions indicating an overprotecting attitude amongst parents of juvenile diabetics. There was an increased incidence of psychiatric morbidity in juvenile diabetics as compared to normal adolescents irrespective of the family environment. The results are discussed in relation to current literature. Selected References These references are in PubMed. This may not be the complete list of references from this article. Sexuality of diabetic women. Mental disorders in chronically ill children: How I coped emotionally with diabetes in my family. Prof Care Mother Child. Diabetes mellitus in childhood. The effects of diabetes on male sexual function. Measurement of health status in diabetic patients. Diabetes impact measurement scales. Behavioral aspects of diabetes mellitus in childhood and adolescence. Psychiatr Clin North Am. The diabetic with a diabetic parent. Similarity of depression in diabetic and psychiatric patients. A conceptual model of psychosomatic illness in children. Family organization and family therapy. How blood pressure in patients with non-insulin-dependent diabetes mellitus is influenced by stress. J Int Med Res. Development of children with a chronic illness. Pediatr Clin North Am. General issues in the care of children with chronic physical conditions. Adjustment in diabetic adolescent Girls: Development of the Diabetic Adjustment Scale. Mental well-being in people with non-insulin-dependent diabetes. Diabetes and the family. Med Clin North Am.

7: Psychiatric aspects of impulsivity.

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8: Harry Stack Sullivan - New World Encyclopedia

Harry Stack Sullivan. The American psychiatrist Harry Stack Sullivan () based his approach to mental illness primarily upon interpersonal theory. Harry Stack Sullivan, born on Feb. 21, , in the farming community of Norwich, N.Y., was the only surviving child of a poor Irish farmer.

The Challenge to Psychoanalysis and Psychotherapy Intrapyschic, Interpersonal, Psychostructural Frames of Reference in Psychotherapy Research on long-term psychotherapy must, at this time, face the questions raised by short-term psychotherapy-research findings that indicate the fundamental role of non-specific factors in determining outcome. Long-term psychotherapy models should provide detailed and specific definitions of their techniques, which would make such combined process and outcome studies possible. Naturalistic psychotherapy research with retrospective definitions of techniques that would seem to differentiate them may no longer be a viable approach in psychotherapy research. By the same token, long-term psychotherapy models should provide convincing answers to the question of what differentiates their technique from ordinary common sense and a generally humanistic, encouraging, accepting, concerned and hope-inducing attitude on the part of the therapist—all of which characterize all effective psychotherapies. In what follows I attempt to illustrate one set of answers to the questions I have raised. I examine one prevalent type of long-term psychotherapy, namely that based on psychoanalytic theory. I spell out specific theoretical assumptions that differentiate the principal psychoanalytic approaches from each other and the corresponding techniques of psychotherapy that characterize them. The borderline personality disorder in DSM-III may be considered a restricted, core sub-group within that broader personality organization and, for the purpose of this chapter, as representing that broader patient population see Kernberg What I am attempting is, in other words, an illustration of the proposed general method of describing the theory underlying a specific technique of psychotherapy, and that technique itself—implicitly differentiating it from the non-specific effects of psychotherapy. Alternative theoretical frames within psychoanalysis and their technical implications Let me define as briefly as possible my theoretical frame within psychoanalysis and relate it to my technical approach to patients—both within standard psychoanalysis and within modified psychoanalytic psychotherapy for patients with borderline personality organization. At the risk of over-simplifying the issues, I shall attempt to define my theoretical frame by comparing it with two alternative approaches that may be construed as polar opposites within the broad spectrum of psychoanalytic theorizing. My views occupy a middle zone within the spectrum delimited by these polarities. One pole of psychoanalytic theory is constituted by what might be called traditional ego psychology and centers around the concepts of drive theory, the structural model and unconscious intrapsychic conflicts expressed in impulse and defense. The second theoretical frame of reference, at an opposite polar point of this spectrum, is psychoanalytic object relations theory of the interpersonal or culturalist orientation. The third, intermediary, viewpoint represented by my approach I have called an ego psychology-object relations approach. How do these three psychoanalytic approaches differ in regard to their basic theory of motivation, their theory of intrapsychic structure and their theory of psychoanalytic technique? Traditional egopsychology The principal representatives of this approach are Hartmann, Kris and Loewenstein Hartmann ; Hartmann, Kris and Loewenstein ; Rapaport , Their current leading exponents are Arlow and Brenner This theoretical frame postulates that the biologically determined drives, libido and aggression, are represented by instinctual impulses that are located in the id, attach themselves to objects and enter into conflicts with the ego, which is the organ of adaptation to reality, the seat of defense mechanisms directed against these instinctual impulses. The mutual relationships of the ego and the id and, later on, those involving the superego as well, determine various outcomes to the unconscious intrapsychic conflicts between instinctual drive derivatives and defensive operations, namely impulse-defense compromise formations expressed in symptom formation. The structural model of this theoretical approach is represented by the tripartite intrapsychic structure of ego, superego and id. The vicissitudes of impulse-defense configurations are predominantly expressed as intersystemic conflicts involving these three psychic agencies and external reality. The Oedipus complex is the dominant conflictual constellation that reflects the

culmination of the development of sexual and aggressive drives and is crucially involved in the setting up of the superego as an intrapsychic structure as well. Clinically speaking, all impulse-defense configurations involve specific unconscious wishes that reflect sexual and aggressive drive derivatives embedded in concrete, unconscious fantasies relating to the oedipal objects. These object relations are understood in terms of their investment by sexual and aggressive drive derivatives and the vicissitudes of these drive derivatives, including fixation, regression and progression along various developmental lines and fusion of these drives. The central technical approach based upon this theoretical view consists of the systematic analysis of impulse-defense configurations, mostly, but not exclusively, in the transference. Implicit in this theoretical approach is the assumption that, for patients who have not achieved an integrated tripartite intrapsychic structure and who have not been able to progress to the dominance of oedipal conflicts, psychoanalysis is probably contra-indicated or requires modification. To the contrary, in all analyzable patients the dominance of oedipal conflicts and the consolidation of the tripartite structure may be assumed. Interpersonal object relations theory

The second theoretical frame of reference within psychoanalysis is what might be called interpersonal object relations theory, particularly as exemplified by the theories of Sullivan , , Fairbairn , Guntrip , and Kohut , Fairbairn, I should insert, qualifies for inclusion here only because of his theoretical approach to motivation. His structural theory and clinical approach is closer to the ego psychology-object relations frame. Otherwise, he fits the general characteristics of this approach remarkably well. Although important and sometimes even fundamental differences exist between these theoreticians, I think they share the following overall features of interpersonal object relations theory. All these theories focus on interpersonal relations from early infancy on as the central motivational system. The infant, the child and, later, the adult are motivated not by drives but by the search for good object relations, primarily with mother and secondarily with other parental objects, siblings and peers. The striving toward gratifying relations with others may be biologically determined but constitutes, in itself, the dominant motivational force. Whether psychic life is considered to be based on interpersonal relations Sullivan , whether libido is essentially object seeking Fairbairn or whether the self consolidates in relation to satisfactory self-objects Kohut , the search for loving relations with others and with their intrapsychic representatives is primary. Aggression is only secondary to the early, repeated frustration of these crucial needs. Psychic structure is determined by internalized object relations. Early internalized object relations undergo relatively little change over the years and are reactivated in later object relationsâ€”including transference developmentsâ€”throughout life. The ego, superego and id are either organizations of internalized object relations or the very structuralization of a self supported and strengthened by a surrounding world of internalized objects. Object representations, or self-objects, are the crucial structures of the mind. The fundamental theory of technique within this approach involves the possibility of reactivation of past pathogenic object relations in the transference and their examination in the light of a new, current one with the analyst. Ego psychology-object relations theory

The third psychoanalytic approach, which I have identified as occupying an intermediary position and designated as an ego psychology-object relations theory, is represented by the British psychoanalysts Melanie Klein , , , , Winnicott , and Sandler Sandler and Rosenblatt ; Sandler , and by the Americans Erikson , , Mahler , ; Mahler and Furer ; Mahler, Pine and Bergman , Jacobson , , and myself , , , ; Kernberg et al. Again, granted the enormous theoretical and technical differences among these theoreticians, I think they all have in common the following characteristics. The separation of source, aim and object of drives in traditional meta psychology is thus considered artificial. Drive derivatives are invested in object relations from infancy on and all instinctual manifestations are, by the same token, manifestations of specific relations between self and object under the impact of a certain drive derivativeâ€”typically, an affect state reflecting that drive in that interaction between self and object. My own theoretical formulation proposing that affects are the primary motivational system, and that affects, internalized as the affective frame of internalized object relations, are gradually organized into the drives of libido and aggression as hierarchically superordinate motivational systems, is a recent development within this overall approach, but the central position of affects as drive derivatives is common to this entire group. Regarding the concept of intrapsychic structure, this group agrees that the internalization of early dyadic relations with mother under the impact of libidinal and aggressive drive derivatives gives rise to dynamic

relations between self and object representations that establish real and fantasied interactions between the self and the object. In other words, all internalizations are originally dyadic and the dyadic polarities of self and object representations under the impact of different affect states are the building blocks of what eventually will constitute the id, the ego and the superego. All these theoreticians stress pre-oedipal conflicts and their internalization within the object relations matrix and the condensation of intrapsychic representations of pre-oedipal conflicts with the object relations of the oedipal stage of development. Regarding the technical approach of this group, the analysis of the transference is, if anything, of even more central concern here than in the other approaches mentioned. Transference analysis consists of the analysis of the reactivation in the here-and-now of past internalized object relations and the analysis of past internalized object relations in the transference constitutes, and, at the same time, the analysis of the constituent substructures of ego, superego and id and their intra and interstructural conflicts. In contrast to the interpersonal object relations theory group, internalized object relations are there conceived as less directly reflecting actual object relations from the past. Rather, they reflect a combination of realistic and fantasied, and often highly distorted, internalizations of such past object relations under the effects of activation and projection of instinctual drive derivatives. Within the ego psychology-object relations approach the structural characteristics of psychopathology are differentiated into those characteristics for patients suffering from psychotic, borderline and neurotic conditions, with variations in technique in the diagnosis and therapeutic management of reactivated object relations under such different structural preconditions. An ego psychology-object relations approach to the psychotherapy of borderline conditions The management of transference and countertransference, within my own approach, may be summarized as follows. The consolidation of ego, superego and id in patients with neurotic personality organization brings about the activation, in the transference, of global characteristics of these structures and a gradual process of redissolution of these structures into their component internalized object relations. These are then manifest as successive transference paradigms. In the case of borderline personality organization, intrapsychic conflicts are not predominantly repressed and, therefore, unconsciously dynamic but, rather, expressed in mutually dissociated ego states reflecting the defense mechanism of primitive dissociation or splitting. The activation of primitive object relations that predate the consolidation of ego, superego and id is manifest in the transference as the activation of apparently chaotic affect states, which are analyzed in a three-step procedure. As a first step, the temporarily dominant object relation activated in the transference and reflected in the dominant affect state is diagnosed and interpretively verbalized. As a second step, the self and the object representations of that self object-affect unit are diagnosed and traced as they are alternately enacted by the patient and projected onto the therapist. What is interpreted is the repeated reversal of roles carried out by patient and therapist, which provides the patient with the opportunity to integrate his temporary identifications with both the self and the object representation of that particular object relations unit. As a third step, contradictory units of internalized object relations built up under the respective dominance of affects of love and aggression are interpretively integrated, thus bringing about or restoring an integration of the self concept. The parallel restoration or integration of a total concept of significant others permits a more realistic reconstruction of pathogenic experiences from infancy and childhood. In short, the three-step approach to primitive transference interpretation brings about a transformation of part into total object relations, of primitive transferences reflecting pathology at the stage of separation-individuation that predates object constancy into the advanced transferences of the oedipal stage of development in which the tripartite structure consolidates. The therapist listening to the patient with an analytic attitude depends on two sources of information: Although all patients do express significant information by non-verbal means, the more severe the character pathology, the more non-verbal behavior predominates in the total communication. In summary, within an ego psychology-object relations framework unconscious intrapsychic conflicts always involve conflicts between certain units of self and object representations under the impact of a determined drive derivative clinically, as certain affect dispositions and contradictory or opposing units of self and object representations and their respective affect dispositions reflecting the defensive structure. Unconscious intrapsychic conflicts are never simply between impulse and defense. Rather, the drive derivative finds expression through a certain primitive object relation and the defense, too, is reflected by a certain internalized

object relation. At severe levels of psychopathology dissociative or splitting mechanisms stabilize such dynamic structures within an ego-id matrix and permit the contradictory aspects of these conflicts to remain, at least partially, in consciousness in the form of primitive transferences. The analysis of these primitive transferences is the central task in the psychoanalytic psychotherapy of borderline personality organization. To conclude, I have presented a particular psychoanalytic approach, spelled out how this theory is reflected in a theory of technique and outlined this technique as applied to the particular treatment of borderline personality organization. In *Identity and the Life Cycle. A Comparative Study of Psychotherapy*. American Journal of Psychiatry, , Klein eds *Evaluation of Psychological Therapies*. Johns Hopkins University Press. International Universities Press Guntrip, H. International Universities Press Hartmann, H. *Psychological Issues*, Monograph International Universities Press Jacobson, E. International Universities Press Kernberg, A. *Object Relations Theory Applied*. Bulletin of the Menninger Clinic. In *Contributions to Psycho-Analysis* Riviere ed *Developments in Psycho-Analysis*. International Universities Press Kohut, H. International Universities Press Mahler, M. *Psychoanalytic Study of the Child*, 26, " International Journal of Psychoanalysis, 53, International Universities Press Rapaport, D. International Journal of Psychoanalysis, 59, *Through Pediatrics to Psycho-Analysis*.

9: PSYCHOSOCIAL PROFILE OF JUVENILE DIABETES

Harry Stack-Sullivan was trained in psychoanalysis in the United States, but soon drifted from the specific psychoanalytic beliefs while retaining much of the core concepts of Freud. Interestingly, Sullivan placed a lot of focus on both the social aspects of personality and cognitive representations.

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