

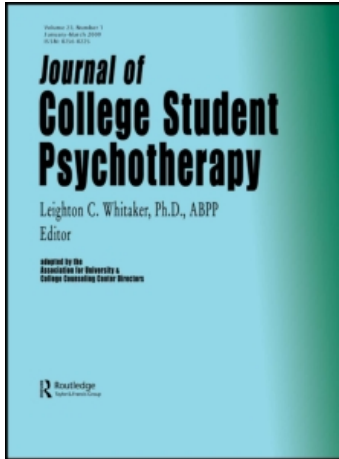
This article was downloaded by: [Blum, Lawrence D]

On: 9 April 2010

Access details: Access Details: [subscription number 920995248]

Publisher Routledge

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Journal of College Student Psychotherapy

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792303990>

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Online publication date: 07 April 2010

To cite this Article Blum, Lawrence D.(2010) 'The “All-But-the-Dissertation” Student and the Psychology of the Doctoral Dissertation', *Journal of College Student Psychotherapy*, 24: 2, 74 – 85

To link to this Article: DOI: 10.1080/87568220903558554

URL: <http://dx.doi.org/10.1080/87568220903558554>

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The “All-But-the-Dissertation” Student and the Psychology of the Doctoral Dissertation

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Completion of the dissertation is an important milestone and often a major obstacle for PhD candidates, some of whom become and remain all-but-the-dissertation students. All-but-the-dissertation students usually disappoint both themselves and their departments. Thus it is important to understand the psychology of the dissertation. A review of doctoral dissertations on the topic of dissertation completion is followed by a discussion of developmental conflicts that frequently influence dissertation difficulties and then a presentation of the dynamic psychotherapy of a patient struggling to complete a dissertation. Problems in both external reality and internal fantasy are noted. The importance of understanding specific developmental conflicts and individual dynamics in treatment of this population is emphasized.

KEYWORDS *ABD, development, dissertation, dissertation completion, graduate student, psychoanalytic psychotherapy, psychodynamics*

The dissertation requirement for a PhD candidate has many facets: it is a major milestone, a rite of passage, an opportunity and obligation to perform independent work and to develop new knowledge, a stepping stone to adulthood, and, often, a huge obstacle. Thus, in addition to its obvious pragmatic aspects, it inevitably has many psychological meanings; it can become the battleground of numerous emotional and developmental conflicts. While a number of dissertations have empirically studied factors influencing the likelihood that PhD candidates will complete their dissertations, there appears to be little literature on the psychology of the dissertation per se,

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especially in regard to the underlying emotional conflicts that so typically infiltrate the dissertation process.

This article approaches the psychology of the dissertation and the difficulties of the “ABD” (all-but-the-dissertation) student from three complementary vantage points: a review of dissertations on the subject of dissertation completion, a discussion of characteristic emotional conflicts and developmental struggles that interfere with work on the dissertation, and, finally, a case vignette to illustrate some theoretical and technical points.

DISSERTATIONS ABOUT DISSERTATIONS

Over the years, nearly all of the dissertations on dissertation completion and the related topic of ABD status have relied on self-report questionnaires or occasionally other psychometric measures, and therefore share all of the advantages and disadvantages of information gleaned by those means, one important disadvantage being limited depth. One of the important advantages was that the projects could be accomplished with reasonable effort, and indeed they were completed.

A study by Muszynski (1988) has perhaps the broadest range of findings, with observations pointing to both the circumstances and the personal psychology of the subjects. She compared graduate students in two groups: those whose dissertations were delayed in completion and those with “timely completion.” Compared to “timely” completers, those who delayed were significantly more likely to:

- evaluate the advisor less favorably;
- live farther from campus;
- rate the priority of the PhD lower;
- be less interested in the dissertation research topic;
- report a greater number of stressful events while a graduate student;
- rate stressful events as causing more interference with their work;
- be more likely to do a questionnaire than a laboratory study;
- score higher on a procrastination inventory; and
- have higher scores on scales for low frustration tolerance, rebellion, and self-denigration; and,
- additionally, graduate students in experimental psychology completed their dissertations more rapidly than those in clinical psychology.

Jones (1987) studied degree completion in counseling psychology at his university between 1970 and 1980, focusing largely on students' circumstances. Reporting significant money problems and being a grad student during a period of major changes in the faculty were associated with late and

noncompletion of the degree. Positive predictors of completion included efficient completion of coursework and the comprehensive exams, dissertation research beginning comparatively early in the program, nearness to the university of the research site or population, and fewer number of home addresses during the first five years of grad school. No differences in completion rates were found in relation to the ethnic background or sex of the subjects.

Dissertations by Bridgmon (2007), Garcia (1987), McDermott (2002), Sattel (2001), Wagner (1986), and Wentzel (1987), among others, contain many findings along the lines of the studies reported previously. Wentzel and McDermott also found positive correlations between measures of internal locus of control and dissertation completion, while Wagner did not.

In one of very few dissertations about dissertation completion by someone with an interest in psychoanalytic ideas, Stern (1985) attempted to study separation-individuation conflicts and time to complete the PhD, finding that a history of early separation and loss, as of a parent, was associated with longer time to complete the dissertation. (How this variable exerts its influence would be an interesting topic for further research.) Stern also found that longer time to completion was associated with high scores on a measure of dependency.

Following on Muszynski's dissertation, Muszynski and Akamatsu (1991) developed a Procrastination Inventory, a modified version of which was subsequently studied by Green (1997). Johnson, Green, and Kluever (2000) compared this scale to Green and Kleuver's Responsibility Scale and Dissertation Barriers Scale. Their findings are consistent with those reported previously.

Graduate students interested in practical advice about pursuing the dissertation sometimes find books such as David Sternberg's *How to Complete and Survive a Doctoral Dissertation* (1981) useful to look at. He is, however, deeply suspicious of psychodynamics, and he especially seems to be concerned that an analytically trained therapist would somehow overlook the realistic concerns a PhD candidate faces with the dissertation and see only internal conflicts. Typically, however, both student and therapist have a pretty good grasp of the practical realities and difficulties; what needs further consideration are the subtle ways in which emotional conflicts are influencing how the student handles them. The past, by relatively invisible means, can limit ways of adapting in the present.

TYPICAL CONFLICTS

In considering the emotional struggles that may be brought to the fore by working on a doctoral dissertation, it is useful to recall certain characteristics of the dissertation. With occasional exception, doctoral candidates must be able to work relatively independently, usually work closely with an advisor,

and often must maintain a complex set of relationships with a whole committee. Doctoral candidates are asked to contribute new knowledge to the field, thus to surpass the work of their own advisors. These features in the present reality of the dissertation may prompt interactions with specific earlier conflicts that have long been dormant. Understanding these conflicts helps to illuminate how students experience, adapt to, and construct their life circumstances.

Consistent with Stern's (1985) findings, it is common clinically for conflicts about dependency to manifest themselves in various ways in connection with the dissertation. Often, until the dissertation, students have functioned in a rather structured environment, with clear sequences of courses, classes at particular times, term papers due and exams on specific dates, etc. Suddenly, none of these apply, and students must structure tasks and time for themselves. For those who are more autonomous and independent this may not be a great difficulty, while others who have maintained intense underlying feelings of needing someone or, in the absence of *someone*, *something* else to help, problems now arise. One sometimes discovers related concerns in the clinical situation, including worries and fantasies about being taken care of. "If I can manage myself, no one will take care of me as I need or wish." Or, "I am suffering now, and I am owed the love and care I didn't receive when I was little." Alternately, one may discover that a student who as a child had to provide a great deal of care for one of the parents has a new worry now, along the lines of "If I complete the degree and will have really grown up and be able to live my own life, then how will Mom (or Dad) respond? Better to delay and not rock the boat." Patients, of course, do not walk in and announce these notions, which, typically, are not consciously available, but as they are discovered in the course of psychotherapy, the student then gains greater freedom from the conflict and can act more independently.

Many conflicts may come into play in addition to those concerning dependency. For example, the decision to pursue a PhD is sometimes informed by invisible hesitations about growing up or assuming an adult role. The PhD takes longer than most other doctoral degrees, such as an EdD, and the time to completion is open ended. In contrast, students who feel the need to charge ahead and launch themselves into adulthood as quickly as possible may be more likely to choose professional schools or enter the working world directly.

Conflicts over aggression are frequently important. It is not unusual for students, like others, to picture growing up as an aggressive act. They picture their aggrandizement as others' belittlement; their victory is imagined to be others' defeat. The "others" on some level are of course usually the parents, and the guilt in certain instances can be quite paralyzing. Aggression can come into play in other ways as well. Doctoral candidates sometimes have an internal sense of their project either complying with or defying their

mother's or father's presumed career goals for them. Noncompletion of the dissertation can represent an angry attack on the parents: "I'm stuck and it's your fault; look how you screwed me up." Or, "I wouldn't give you the satisfaction of my succeeding."

The subject of aggression is related both to competition and to the Oedipus complex. While still disputed in some quarters, the Oedipus complex is so clearly seen in many parts of our culture that many movie reviewers assume their readers to be familiar with it, and a bit of familiarity will be assumed here. (In the movie *Analyze This* [1999], Dr. Ben Sobel [Billy Crystal] gave an adequate intellectual explanation of the Oedipus complex to his patient Paul Vitti [Robert DeNiro] as well as a demonstration of the sort of stunningly bad technique that gives the Oedipus complex a comic quality on the screen and, unfortunately, sometimes a bad reputation.) Consistent with their ubiquity in our culture, the power of the conflicts having to do with competition with the same-sex parent, especially the worries and guilt over the fantasied aggression and retaliation, should not be underestimated. Casual social observers are often aware of acquaintances who have demonstrated a need in one situation or another to indicate to others and to themselves that they are not capable and thus are no threat to anyone. Psychotherapeutic exploration in this situation often reveals that the need to prove one is incapable serves to conceal and protect against very competitive, aggressive, frequently murderous fantasies of vanquishing a rival. It is common for such concerns impede completion of a dissertation which, by virtue of demanding the production of new knowledge, almost requires a competitive victory.

Moreover, the situation of the grad student usually supplies a large available cast for reenacting childhood dramas. Dissertation advisors, department chairs, and other faculty readily offer themselves as parental figures with a variety of real and fantasied characteristics. Fellow grad students provide an ample supply of potential psychological brothers and sisters for mutual support, competition, unconscious subversion, etc. These "cast members," the faculty and fellow grad students, also play realistic as well as what we might call "transference" roles. After all, they are also individuals, each with his or her own character and conflicts. Dissertation advisors necessarily bring their own personalities to the situation. Some are very encouraging of their students, competitors, and successors, and may help not only academically but also with emotional support. Others may be less nurturing, more competitive, more threatened, discouraging, etc. In certain departments there have been faculty who have been famous for graduating large numbers of graduate students easily, or too easily, and others who have become notorious because their students seem never to finish, no matter how qualified. In these circumstances it can be essential, clinically, to help the student examine the nature of his or her relationship with the advisor, in both reality and fantasy, and sometimes the reasons for choosing a particular advisor. The better the student can manage the subtleties of

interpersonal relationships, the better her or his prospects in complicated interpersonal and political situations.

Moving from considerations of the student's intrapsychic conflicts to contributions of the faculty, and while thinking of the Oedipus myth, it is also worth remembering the role of Laius. Oedipus, in case a reminder is needed, happened to murder his father and marry his mother, leading Sigmund Freud to give his name to the child's parenticidal and romantic wishes that are a part of normal development. It is important to recall the beginning of the myth, too, however, in which Laius, Oedipus's father, left him out on a stone in the wilds to die. In other words, in this myth the patricide follows an earlier attempted infanticide. The aggression may repeat throughout the generations, as the infant often comes quickly to represent the parental rival from the previous generation; so it is at times with professors and graduate students. Primal human conflicts do not evaporate; they continue to have some greater or lesser influence.

A brief vignette illustrates the roles, positive and negative, that professors can play in dissertation outcome. A very capable grad student in psychology encountered unexpected, repeated criticism of dissertation chapters, by a committee member, that she felt was unwarranted. The other committee members were complimentary about the same chapters. The student recollected, and then looked into, some hints of antagonism in the department between the faculty member in question and the committee chair. The antagonism proved to have been quite marked and appeared to be influencing the committee member in question. Once the student made the committee chair aware of the problem, it was quickly solved. Among the salient points here are the conflicts of one of the faculty creating unnecessary difficulty, and that it was the grad student's own awareness that led to the understanding, and resolution, of the problem.

In view of the enduring intrapsychic and interpersonal influence of childhood conflicts, as well as the age of most graduate students, it is remarkable that the literature on dissertations reviewed here does not mention parenthood. Conflicts about parenthood, and conflicts between work and parenthood, are ubiquitous. Becoming a parent can make the dissertation, or graduate school, seem less important and can be a major impediment to time-consuming graduate work. On the other hand, one woman, realizing she could do some of her graduate studies part time as needed, managed to schedule her pregnancies so as to coincide with the thesis for her master's degree and her doctoral dissertation, working out a schedule that suited her both academically and personally.

This discussion of typical emotional conflicts that influence dissertation completion has focused on struggles about dependency, growing up, aggression, competition, and guilt. This list is by no means comprehensive, but it provides an acquaintance with some typical developmental conflicts, and how they are manifest, that can facilitate clinical work with graduate

students. Although the psychoanalytic literature on this subject is scant, an alternate, less developmental, more drive-oriented approach is offered by McAloon (2004), who describes four central “indicators” that influence dissertation struggles: “fantasy of the meaning and significance of doctoral dissertation; evidence of drive fusion or defusion; sexual identity and object choice difficulties; and potential for drive satisfaction” (p. 229).

CASE VIGNETTE

In this clinical vignette confidentiality has been protected by slightly disguising the patient and omitting the identity of the therapist. “A” sought treatment for anxiety in her fourth year of graduate school. She had finished her required courses and was preparing for her comps. Her dissertation lay ahead of her and weighed on her; she could not imagine how she would do it. Her topic interested her, but she could not get herself to work on it. Although procrastination had not previously been a major problem for her, she found every means of avoiding her work and found that she got anxious when she did the dissertation work. Additionally, her boyfriend wished to move in with her, and this worried her. She was fond of him, but thought he was somewhat cool and distant, and she was not sure that she wished to be that committed to him, or, in fact, to anyone.

A was raised in a Southern city. Her father was a flamboyant and well-to-do businessman who was often away for significant periods when A was young and who was very indulgent of A when he was home and always made her feel special. A’s mother taught high school biology before A was born. The mother was usually loving toward her child, but A remembers her as having had periods of depression in which she was comparatively cool and unavailable. When A was four years old, A’s mother gave birth to a still-born baby, an event of which the family seldom spoke. A sister was born four years later, but she and A were never close. As a teen, A felt distant from her parents and had a particularly low regard for her mother. Disaffected and bitter, she asked to finish high school at a boarding school and did. She attended college far from home, did well in her studies, and had her first tentative involvements with young men. Following graduation, A worked briefly in a hospital, considered social work, and then applied to PhD programs in biology.

Her graduate work gradually focused on insects, and for her dissertation she selected to study the life cycle of a particular species found in forests not far from her childhood home. She struggled to plan her fieldwork, and she worried whether she would conduct her work properly before her funding ran out.

In her initial sessions, A was polite, earnest, and eager to look for intellectual solutions to her problems. Although highly articulate, she was often hesitant,

proving to be very concerned about whether the therapist might be critical of her or dislike her. She accepted her therapist's recommendation of twice weekly meetings and quickly became involved in the work. She discussed her difficulty working on her dissertation but could think of no reasons why she was blocked. The therapist asked her about her choice of topic, and she sheepishly admitted that she thought that her interest in insects had to do with their sexuality: in some insect species the adult form's only purpose is procreation; they don't eat or perform any function other than mating, laying eggs, and dying. The species she focused on was of this type. Also in the early sessions, she found fault with her boyfriend, and outside of the sessions she put him off somewhat.

After the therapist returned from a week's vacation, A made no direct comment about it, but seemed emotionally distant and wondered whether she wanted to continue the therapy. She began to speak again of periods in childhood in which her mother had been depressed. The therapist commented that A had perhaps felt hurt by the therapist's recent absence as she had when her mother was unavailable; moreover, perhaps A had reacted similarly, with her resentment covered by aloofness. With some irritation, A acknowledged that this interpretive idea seemed correct.

She soon felt brave enough to wonder how old the therapist was and how much training the therapist had. She mentioned twice having very unpleasant dreams similar to dreams that she had had occasionally when she and her boyfriend had first become involved. In these dreams A was caring for small animals like hamsters or lizards, but they were all grossly deformed. She said that she felt defective for not being able to get her work done. The therapist acknowledged A's idea and added that the occurrence of these dreams with the onset of her relationship with her boyfriend suggested that she might also in these dreams be punishing herself for her sexual involvement. Why they were recurring now was unclear. The therapist asked if the creatures in the dreams were reminiscent of the insects that A was studying. A said she didn't know. (The dreams may also have referred to the stillborn sibling, a point that neither the therapist nor the patient noted at the time.)

For several weeks after this, the treatment seemed to progress little. A seemed aloof and vaguely resentful. The therapist inquired about this, but A was unable to elaborate much about it. How much it concerned feelings relating to an upcoming separation was also unclear. A was due to be in the field for several weeks in the spring and planned also to visit home before returning. A soon found it much easier to work in the field than to write up her work at school. Only upon returning did she explain that the trip was specifically to observe the insect's mating practices. The therapist commented that A had apparently been reluctant to mention this. A admitted that in fact it felt like a secret. The therapist said that perhaps this made A anxious about the writing, her words seeming like proof of her illicit-feeling activity there for others to read. A replied that she was aware that her thesis advisor was

sympathetic both to her and to her work, but A preferred to do both the work and the writing as much on her own as possible. She persisted in thinking that her advisor would “trash” her work, although she knew this was very unlikely.

A also spoke about her visit home. Her father had seemed dashing and charming as always, and was highly complimentary of her, which made her both pleased and anxious. Her mother was unexpectedly warm and gracious, and A could see little of the depression she associated with her. She felt uncomfortable with her mother and wasn't sure why.

For the first time in a long time, A now found that she was able to sit down and write, and accomplished a good deal. As described, her improvement apparently followed the initial admission of, and expectation of criticism for, the hidden sexual aspects of her research, along with some beginning clarification of some of her feelings toward her mother. She now joked to her therapist that if she kept up this progress she would finish and have to leave her therapy before she had worked out her problems.

As A appeared to feel less guilty and to feel more confident of her therapist's respect, she felt a bit freer to let herself go in the office. Initially so polite and respectful, she began, with embarrassment and contempt, to criticize the therapist's attire, taste, grammar, and interpretive accuracy. When her therapist missed a few days work for illness, A said she herself was very responsible and would not miss work for anything minor. The therapist pointed out to A how quick she was to criticize her therapist and asked if the criticisms might be related to some of A's longstanding anger toward her mother for being insufficiently available when she was younger. Noting how critical A was, the therapist commented that A seemed to expect others to be the same, and that perhaps this was why A, at the outset of the therapy, had been so worried that the therapist would criticize or dislike her.

A's responses to these interventions were both immediate and extended. She thought the therapist was correct, and she felt the therapist somehow should have pointed out all of this to her sooner. She gradually spoke about competitive feelings with her mother. She thought she could recall looking forward to the birth of a sibling before her mother's miscarriage and before her sister was born. She had been very devoted to her dolls and had always looked forward to being a mother. She remembered as a teen being acutely aware of her mother's every flaw and failing and her vows to herself that she would do better. Why, she wondered, was she in grad school working so hard to get a degree if what she wanted so much was to be a mother? The therapist pointed out to her that her competitive wishes had been very uncomfortable and well hidden but that perhaps the academic pursuits also had a competitive element; after all, her mother had been a teacher, in fact a teacher of biology, the area A was studying. A said, “My dissertation is my baby!”

A great deal of work is condensed here in a short space. In essence, A now felt much more comfortable, however, to care for her “baby,” and she

made rapid progress in her writing. Her focus returned to her boyfriend. She was glad that they had not moved in together; she felt that he was too self-involved and wondered why she had chosen to be involved with him for so long. He didn't have her father's warmth, although as she thought about it now, her father, too, was quite self-involved, preferring everything to be on his own terms. Reluctantly realizing the various ways her father had communicated to her that she was superior to her mother, she now felt resentful of him rather than special. She grasped how his behavior had amplified her negative and competitive feelings in relation to her mother. She gradually saw her dissertation, her boyfriend, and thoughts about motherhood in the same light: she wanted to outdo her mother, but she also felt very guilty and inhibited herself from surpassing her mother. She felt that she was ready for a relationship with a man who could be more giving and involved but did not develop such a relationship in the time in which she was in treatment. Completing her dissertation, she obtained a junior faculty position at a good school in another region of the country.

After so much bitter distance from her parents, A was now more able to feel affection and was very sad to leave her therapist. The termination phase of the treatment also brought to the fore her long-suppressed feelings of having to take care of her mother to which her mother's depressions seemed to have contributed. This matter was discerned in the present as she guiltily found herself worrying about how her therapist was going to fare in her upcoming absence. She could see now that her reaction against this resented, burdensome inclination to take care of her mother was part of what had led her to stay away so much. She also saw, in addition to the competition and avoidance, her admiration for her mother and wish to be like her in her choice of biology and even in the region in which she did her field work. This young woman was particularly adept at being a patient; together she and her therapist accomplished an unusually large amount of work during about 20 months of treatment.

DISCUSSION

There are several significant points illustrated by this clinical vignette. First, conflicts pertaining to the research and writing of a dissertation are always part of, and never isolated from, the rest of a person's conflicts and concerns. Moreover, while in some situations, especially in the sciences, the choice of dissertation topic is greatly circumscribed by what the advisor has funding to study, in the humanities it tends to be a very personal choice, inevitably laden with many of the student's wishes and fantasies and defenses against them.

Second, any particular person usually has conflicts of several varieties, drawing from different periods of development but which are amalgamated

during the process of growing up. A provides an example of this as well. Her conflicts had significant elements of concern about separation and about the issue of taking care of and being taken care of. These are issues that originate in and are first addressed in the first several years of life, although they continue to be reworked in the course of later phases of development. A's difficulties in this area were probably amplified by her mother's depressive tendencies. Probably more prominent for A were her "oedipal" conflicts. Her wishes to displace and outdo her mother were exaggerated by her father's undue seductiveness toward her, colored by the birth of the stillborn sibling and associated with a lot of guilt. She reacted by keeping a bitter distance, by holding herself back in her work, and by selecting a boyfriend who embodied some of her father's less desirable qualities. Incidentally, the birth of the stillborn sibling probably influenced A in another way that does not fall neatly into any categorical developmental conflict: A was very particular about the quality of her work, and this tended to slow her down. Her work had to be near perfect in part to demonstrate that she was not in any way defective. That she, unlike her mother, would not produce a defective product, again has a competitive, oedipal quality to it. Adolescence, a time in which earlier problems are sometimes partly resolved, in A's case seemed only to solidify them. She made more progress with them in her young adulthood, a process greatly facilitated in her case by her treatment.

Third, these conflicts can often be productively sorted out in the course of a psychoanalytically oriented psychotherapy. The analogy of a knot that is gradually untied is sometimes a useful one. Similarly, the analogy of a jigsaw puzzle with the pieces face down, in which the pieces must be gradually turned over and placed together to reveal the pattern, may be helpful. The more a person knows about those areas of his or her functioning that have been unavailable to consciousness and over which he or she can now gain mastery, the more opportunity there will be to manage things in new, more adaptive, ways.

Fourth, with suitable patients this work, although ambitious, can be accomplished within a student's time frame.

Fifth, the vignette also provides a picture of some of the means by which psychoanalytically oriented psychotherapy works. This is often regarded as a great mystery, but the vignette illustrates (a) therapist and patient working together to discern and understand the patterns of the emotional conflicts influencing the patient's symptoms and life; (b) that looking simultaneously at various different areas of the patient's life is helpful in this regard; (c) that the relationship that the patient develops with the therapist, including her thoughts and feelings about the therapist, provides an important source of useful information; and (d) that bringing unconscious conflicts to light can help to solve them. Another key point is the importance, and utility, of attending to the specific, personal conflicts of the particular individual. The benefits of A's treatment extended well beyond her struggles with her dissertation. When A saw that she

pictured her dissertation as her baby and that she was holding herself back to keep from winning a guilty competition with her mother, she was greatly relieved, much better able to work and better able to think about her romantic life as well. Another way to view her treatment is to say that it helped her distinguish fantasy from reality, past from present.

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