



For Mental Health Professionals Interested in Psychoanalytic Perspectives

A local chapter of the Division of Psychoanalysis of the American Psychological Association

www.pspp.org

Winter-Spring, 2008

Letter from the PSPP President

A Good Enough Association

Joseph G. Schaller, Psy.D.

I've often mused about an apparently inherent paradox of human organizations and affiliation; no matter how strong our desire to come together in order to support mutual needs and aspirations, we are often disappointed by the failure of our institutions to meet the ideals we hold to be so important. Maybe we can't help re-finding and/or recreating those old, disappointing objects from early parts of our lives? Of course, one tried-and-true way to defend our idealized self-in-group sense is to evacuate the bad feelings onto competing groups. We seek security in being part of the "right" school, the "true" religion, or even the "best" institute! Even relatively sophisticated people can become downright tribal in the urge to compete against those in the "other" camp. We're sure to see plenty of this as the current election cycle progresses.

In her presidential address at last year's Division 39 Spring

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R.D. Laing's "Asylum" at Rockland Mansion

Kathleen Ross, Ph.D.

About two dozen participants gathered at Rockland Mansion, home of the Psychoanalytic Center of Philadelphia (PCOP), on October 13, 2007 for a showing of the 1972 documentary *Asylum*, presented by PSPP and PCOP member Tom Bartlett. A program of the PCOP Extension Division, the film showing was framed by an introductory presentation from Tom providing historical and cultural background material and a discussion after the film facilitated by PSPP and PCOP member Peter Badgio. What follows is a report that will try to capture both the richness of all three parts of the program and the enthusiasm of the participants.

Asylum, directed by Peter Robinson, takes us inside Archway, an experimental community located in north London, with which R.D. Laing (1927-89), the noted Scottish writer and figure in the so-called 1960s "anti-psychiatry" movement (a label Laing himself rejected), was associated. Archway was begun after Kingsley Hall, Laing's famous first community, closed in 1969. Both were projects of the Philadelphia Association (not related to any organization in Philadelphia), founded in 1965 by Laing and others and still in existence in London today. As its website states, the Association exists, "to challenge accepted ways of understanding and treating mental and

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PSPP Currents is published three times a year. Contributions and comments may be sent to the Editor, who reserves the right to edit manuscripts for length, clarity, and consistency of style. The next issue will be published in the Summer, and the deadline for contributions is May 30th.

President's Message (continued from page 1)

Meeting, Nancy McWilliams spoke of the need for our Division to continue to seek opportunities for collaboration with the American Psychoanalytic Association, particularly as we all seek to preserve our integrity in the face of the current challenges within the psychotherapeutic marketplace. Most know the back story to this, which includes a legacy of a less than felicitous relationship among many of our psychoanalytic associations. It was enmity and exclusion which were largely responsible for the creation of the psychoanalytic division within APA. But the conditions of our mutual existence have changed. In Philadelphia, we have been particularly fortunate to see an increase in collaboration between PSPP and the Psychoanalytic Center of Philadelphia, both through occasional cooperative programming and particularly through the number of members who belong to both groups. At the present time, we are in the planning stage of our next joint program which we expect will take place in November or December of this year.

On May 10th, PSPP will hold its annual Spring Program. This year, we have decided to draw on some of our local analysts as well as colleagues from a distance who will engage in a discussion about the legacy of conflict and aggression which has existed both within and between our various psychoanalytic organizations. The point is not to merely swap juicy gossip, but to ponder the deeper questions of why it is sometimes hard to get along. It may also be an opportunity to explore how our difficulty in dealing with organizational problems threatens to undermine the integrity and vitality of the work in which we are all engaged. The topic seems timely as we also acknowledge the completion of the first year of training for the inaugural class of the Institute for Relational Psychoanalysis of Philadelphia (IRPP), with more information about the Institute as well as an invitation to an upcoming Open House contained in this issue.

Establishing a new program of psychoanalytic training seems to me to be an act of hope as well as confidence in the future of psychoanalytic training and treatment. I believe we are enriched by the presence of multiple and diverse points of view about analysis and psychodynamic work and that collaboration as well as balanced competition is not only desired but necessary. In this way, we may enhance our ability to promote the true value of a psychoanalytic framework within the larger practice of psychotherapy. To borrow Sullivan's phrase, we and our various associations will continue to be *more human than not*. Taking a cue from Winnicott, we might also appreciate that being *good enough* is no small potatoes, but in fact represents an excellent developmental outcome. So let us hope for the continuing felicitous development of all our good endeavors.

I hope that many of you will be able to join us on May 10th in order to continue this conversation.

Transportation to PSPP Events

Have you had difficulty finding transportation to PSPP events in the suburbs? We can help! When signing up for PSPP events, please let the contact person know if you are either able to provide a ride or need a ride to that event. With this information, the contact person can help to make the necessary arrangements.

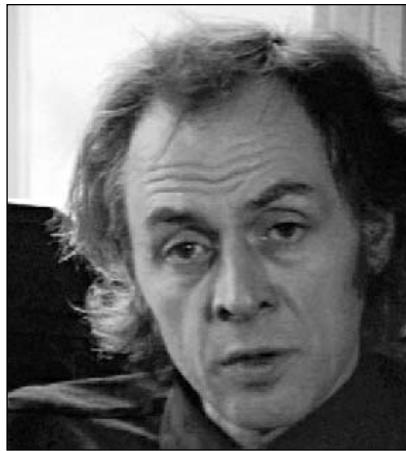
emotional suffering” (Philadelphia Association, 2007).

Laing, trained first in Scotland and subsequently at London’s Tavistock Institute where he worked with Bowlby, Winnicott, and Rycroft, was a pioneer in the movement towards deinstitutionalization of people suffering from severe mental illness. His stance on this issue was particularly radical. As Tom Bartlett remarked in his introduction to the film, “Despite the sometime romanticization of madness as a healing mystical experience, these houses were not about offering some new treatment; they were questioning the whole idea of ‘treatment’ and the technological thinking from which it arises.” Tom, who lived at Archway from 1972-74 and remained involved with the community as a non-resident until 1980, painted the audience a vivid insider’s picture of what life there was like. Archway was located in two houses eventually scheduled for demolition that were leased for a token amount of money. Members of the community paid ten pounds per week to live there, meals included. They were free to knock down walls and change the houses as they wished. There was a paid house coordinator and residents ate together at communal meals. In Tom’s view, the heart of the Archway project was, “...a shared commitment to tolerate the varieties of experience in one another, and to remain open.” This took the form of never invalidating anyone else’s perceptions or behavior, no matter how odd or bizarre they might seem in the world outside. All residents were considered equal, and every person tried, “...to make sense of whatever someone was trying to communicate, regardless of how they did so.” Of critical importance was the fact that at Archway, even residents in very florid disturbed and disturbing states were not required to take psychiatric medication, and many such people went there because they would have been required to do so anywhere else.

R.D. Laing was known to have a special charisma with psychotic people and argued in his books, such as *The Divided Self* (1960) and *Sanity, Madness and the Family* (1964), that madness and sanity were social constructs, medicalized into psychobiological diagnoses by modernity. Tom described the mystique surrounding Laing, who was a social phenomenologist skeptical

of psychiatry’s reification of its own theories and categories. Other aspects of 1960’s counterculture, such as involvement with rebirthing, yoga and Buddhism, and the use of psychedelics, were commonly present at Archway, although officially drugs were not allowed for reasons of legal liability. Laing had his own personal problems with alcoholism which caused his ultimate departure from the Philadelphia Association, although he became sober before his untimely death from a heart attack at age sixty-one.

Tom’s introduction prepared the audience well for the film, which takes the viewer into the world of the



R.D. Laing in the 1972 documentary *Asylum*

Archway community from the point of view of the residents. Blurring the boundaries between sanity and insanity, doctor and patient, reality and madness and “sick” versus “not sick,” *Asylum* is a full-length (95-minute) piece of accomplished cinema verité documentary. It records life at Archway during the six-week stay of Peter Robinson and his film crew in early 1971. There is no narrator or over-voicing in the film. R.D. Laing, the only person identified by name through subtitles, shows up at various points, but is by no means the “star” of the film, which highlights

instead events of ordinary, daily life in the household. These events include some interpersonal encounters which almost result in violence; the regression of a female resident to a near-infantile state and her eventual emergence from that state; the efforts of one young male resident’s father, coming to retrieve his son, to procure a woman for his son to date; and the sometimes unintelligible speech (described by Tom Bartlett as “almost Joycean ravings”) of one especially hard-to-reach resident, David. Therapists, psychiatrists, and a rather clueless U.S. medical student also figure in the story of life at Archway as it is told through a naturalistic, “fly on the wall” documentary technique. As Roger Greenspun commented in a *New York Times* film review published September 30, 1972, “Unavoidably there are some tense moments, and they are explored but not exploited by this enterprising but humanly decent film” (New York Times, 2007).

The group experience of watching *Asylum* in 2007 was alternately moving, funny, and discomfiting, but

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Committee Reports

Treasurer's Report

Ellen Balz , Ph.D.

The PSPP treasury balances are as follows, with 2007 balances shown for comparison:

PSPP Account	2/28/2008	2/28/2007
Checking	\$ 5,203	\$ 5,465
Money Market	\$ 44	\$ 2,336
Subtotal: Bank Accounts	\$ 5,247	\$ 7,801
3-Yr. Rising Rate Certificate of Deposit	\$ 5,397	\$ 5,163
Total Funds	\$10,644	\$12,964

As was the case in October 2007, our balances continue to be lower than at the same time last year, reflecting the higher-than-typical expenses for both our major programs last year. I have shifted most of the funds from our Money Market account to checking to

maintain an adequate balance in the latter account. A subcommittee of the Board has formed to review past and future income and expenses to ensure that our 2008 expenditures will leave us with sufficient funds going forward.

Membership Report

Jeanne Seitler, Psy.D.

As we enter 2008, PSPP enjoys a membership that is 225 strong. 105 of these members are also members of Division 39. Since the Fall issue of *Currents*, our membership grew by 13. We wish to welcome these individuals to PSPP:

Lawrence D. Blum, M.D.
Frank J. Schwoeri, Ph.D.
James Bleiberg, Psy.D.
Eric Spiegel, Ph.D.
Helina Lukens, M.S.S., L.C.S.W.
Tasha Knob, L.C.S.W., M.S.W.
Amy Fantalis, L.C.S.W.

Phyllis Jacobs, M.A.
Erin McKeague, B.A.
Allison Burstein Kosloff, M.A.
Robert Forrey, M.A.
Erin-Lee Kelly
Jonathan Rogers

Several of our new members joined after attending one of the Spring Brunches. More than one commented on the warmth and welcome they received. Thanks to all who have acted as a bridge to connect others to our community.

PSPP Mentorship Program

Calling All Graduate Students

Barbara L. Goldsmith, Psy.D.

Since beginning in 2005, the PSPP Mentoring program has included 45 graduate students from Widener, Immaculata, Chestnut Hill, Temple, and Bryn Mawr social work and psychology programs, as well as psychology interns from universities across the US and

even abroad. So far this academic year, we have matched 20 graduate students with PSPP mentors. We would like to continue to increase the number of student-mentor pairs. Thank you to all our members who have generously volunteered.

Here's what some of the students have expressed about being mentored:

"I have been meeting with my mentor on a regular basis and it has been invaluable. She has been such a source of guidance with regard to cases, career choices and general professional issues."

"I have been meeting with my mentor once a month since September and it has been really helpful."

"My mentor has made herself very available, has been very helpful, and I've very much enjoyed talking with her. I just want to express my gratitude both for her time, and for the PSPP program that put us together."

"The mentorship program has been very helpful and my mentor is a pleasure to meet with and learn from. I am very thankful for this program."

"I have been absolutely blessed by the opportunity to meet with my mentor. She is so incredibly bright and articulate and inspiring. I always leave feeling giddy somehow. A pure joy."

"The mentorship is going really well. My mentor is really great. I think it's a really good match. It's nice to have someone to talk to in the field in a different capacity from therapist or supervisor or professor."

"My mentorship has been going fine. My mentor has been great. We discuss cases and other important issues. Thank you very much. I really appreciate this experience and the wealth of her knowledge."

Here's what some of the mentors have expressed about their mentees:

"My mentee is a delight. I can't think of any specific feedback or suggestions, but do want to let you know that I'm enjoying the experience more than I would have anticipated."

"I've had a very positive experience doing this. I feel close to the person I'm mentoring and we've talked about many professional topics and also about the intersection of the personal and the professional. I think that the mentoring program is excellent and I hope it continues and expands."

How to get involved in the program:

For those of you who are new to the mentoring program, mentors and mentees are matched based on common interests and geographic locations and meet for one hour each month during the academic year at

the mentor's office. Summer meetings may also be an option depending on mutual interest and availability. Please note that mentoring is not the same as supervision and all students involved in the program should have supervisors responsible for their clinical work. Mentors function as consultants rather than supervisors.

If you are a graduate student who is interested in finding a mentor:

Just fill out a questionnaire that can be downloaded from the PSPP website: www.pspp.org. Complete the questionnaire (please prioritize your interests) and email the questionnaire to Dr. Barbara Goldsmith at barbgsmith@aol.com.

If you are interested in becoming a mentor:

Email Dr. Barbara Goldsmith at barbgsmith@aol.com. Please include your contact information, locations where you would like to meet, areas of interest/expertise (both scholarly and clinical), as well as any other information that might help us ensure a good match.

I would like to thank our members who are currently mentoring students for the 2007-2008 academic year:

Susan Adelman, Ph.D.
Peter Badgio, Ph.D.
Cynthia Baum-Baicker, Ph.D.
Thomas Bartlett, MA.
Eileen Casaccio, Psy.D.
Dennis Debiak, Psy.D.
Ilene Dyller, Ph.D.
Jeffrey Faude, Ph.D.
Dora Ghetie, Psy.D.
Bill Grey, Psy.D.
Audre Jarmas, Ph.D.
Frances Martin, Ph.D.
Sanjay Nath, Ph.D.
Susan Nestler, Psy.D.
Naomi Rosenberg, Ph.D.
Diana Rosenstein, Ph.D.
Ronna Schuller, Ph.D.
Laurel Silber, Psy.D.
Jane Widseth, Ph.D.
Jed Yalof, Psy.D.

A very special thanks to Dr. Elizabeth Bogado, Psy.D., who is helping to coordinate the project this year and is in frequent contact with both the mentors and students to solicit feedback and to help make sure that the program is running smoothly. Dr. Bogado can be reached at ecbogado@gmail.com.

True or False?

Paula J. Miller, Ph.D.

After reading and re-reading Linda Hopkins' marvelous biography of Masud Khan, I remain impressed by all that we do and do not know about the True and False Self. I was moved to purchase a copy of Masud Khan's *The Privacy of the Self* and read several of his essays. This, in turn, led to exploring other essays and chapters in Enid Balint, Winnicott, Milner, and Bion; and to further explore Mark Epstein and A.H. Almaas. The mark of a really good book can be determined by its ability to inspire new exploration and further creative thinking. Linda's book certainly fulfilled that for me.

We know a lot, conceptually, about psychoanalysis, both as to analytic technique and as to accumulated knowledge; we have a structural and topographical map of what we call "psyche." If our work with patients stops there, we can be reasonably assured that a "well-adjusted" psychological being will be the eventual outcome. But, as Winnicott says, psychological adjustment is not living. As analysts we have acquired tools for continual adjustment and hopefully have imparted their efficacy to patients. But living is more than adjustment. It is a creative activity that grows a self that is ever evolving and changing; a self lives and breathes, grows, evolves and changes; it dis-integrates and re-integrates depending upon demands made upon it and subsequent moments of leisure and privacy in which it can achieve re-integration holistically. These may be exceptional moments—epiphanic and poetic in their implications—or ordinary moments of unselfconscious peace and contentment.

We know very little about the "True Self," the "new beginning" that Bion speaks of and to which Enid Balint refers in her book *Before I was I*. We first discover True Self in moments of privacy and hopefully re-discover it during a therapeutic session when there is a sense of being alone with another—being held without a demand in the consciousness of another.

Conceptual knowledge can be reproduced and often becomes jargon knowledge. True Self knowledge happens spontaneously, requires a new expression in language that is almost like the growth of a second skin. It is often characterized by a smile of recognition. It gets translated throughout the entire cellular makeup and may cause a shiver, a quickening, an exuberance

even, that is indicative of a holistic integration; it produces motility and action with intention. A True Self connection changes one's being in the world and opens up choices and options for further growth. It can be recognized in voice and manner—a different pace of knowing and being with one's self-substance. This happens in the privacy of the self and is visible only to the self as a moment, which seems like a "new beginning." It is not specifically attached to anything an analyst has said but simply to her presence as a living, breathing self that has held the patient in her consciousness.

With Masud Khan there was a certain disconnect between what was True Self and what was false about his self, and we can speculate that, in the psychoanalytic community in which he lived, there was a certain enchantment with Masud's obvious capabilities as an editor and a translator and a certain disenchantment with what seemed to be his true self—a self that had to be held and be given the illusion of being held in order to symbolically and consciously bring his true self into connection with the external world. Masud spoke longingly of his times spent with the Stollers as time in which he was held in what Milner refers to as "everlasting arms." When he was back in England he lost the sense of being held in a continuity of being with himself.

Winnicott has made a point of seeing the extension of living self moments from inside to outside and to viewing cultural space as a form of transitional space in which a person can symbolically achieve living in the world in harmony with one's true self. Khan's greatest loss was in this transitional space where there was no recognition symbolically of his true self.

Masud protested too much that he was comfortable with being alone, but he repeatedly lost the capacity of being alone with another—that capacity that allows us to be alone yet have the sense of the other being present. Play, creativity and imagination can only flourish when there is a continuity of self and other in one's aloneness. Abuse of alcohol certainly contributed to this loss, but even more important was the fact that he was never allowed, or never allowed himself, to explore his True Self in analysis. His friendships supported his creativity but somehow never extended

deeply enough to give him a sense of continuity with his True Self. He turned to the poetic language of Shakespeare and others in his private moments to achieve a re-integration, but that thread could not withstand the demands for achievement made by the cultural space in which he lived. A return to Pakistan restored him to health, but again his connection to his homeland could not withstand the demands of his adoptive psychoanalytic culture. Did this psychoanalytic culture break him, or did he break with it because continuity was unsustainable?

Mark Epstein has spoken eloquently about the self and the non-self, about the illusion of Self and the elusiveness of anything we call the self; we are ever populated by “hungry ghosts.” Contact and continuity come through meditation, and especially through a mindfulness of the body’s presence to our observing mind. My sense of Masud Khan is that he was a brilliant therapist and observer of a patient’s growth, he was a master of the language of psychoanalytic thinking, and he knew the limits of its knowledge. He was a creative thinker and knew the importance of creativity to a vital life. But he never developed the capacity to be alone with the other of himself in such a way that he could feel the

continuity of his body/ his self. He could never be held by the illusion of “everlasting arms;” thus he never developed a symbolic world of images that could hold him in the cultural space in which he lived. He could not flourish within the paradox of what he knew and did not know. He was ever and always alone without the other.

I must say that Linda Hopkins’ book inspired me to sit down in private moments, to imaginatively spread my skirts, and to gather up all the beads and relics that I have accumulated over the many years of psychoanalytic thinking and practice. I followed the imaginary lead of each item and delved into works by old friends and newer friends. I was never alone without the other, and in that spaciousness I could allow myself to breathe the ideas of other writers and witness the growth of seeds they have planted in this self I call my body mind. I wanted to sound out what remained true or false. This is how I imagine psychoanalysis still grows and remains healthy – unstultified by concepts and jargon, using theories and ideas as marvelous playthings with which we can evolve new beginnings of psychoanalytic thought.

Asylum (continued from page 3)

truly stimulating for the participants at Rockland. The ethical issues raised by the film were a central topic for discussion after the showing. As facilitator Peter Badgio framed it, *Asylum* challenges us as therapists to consider the ethical stance of “being with” our clients’ or patients’ psychic lives, however disturbed or disturbing, versus merely tolerating them or rushing to change them. This ethical question, in Peter’s view, is not limited by historical time or place but is still very much with us today. A lively discussion ensued, comparing Archway with present-day group homes. The audience explored our own empathy, or lack thereof, with different people in the film, as well as feelings of discomfort when viewing threatened violence and unconstrained madness in a setting where the power relations and distancing afforded by ordinary psychiatric settings were absent. The romanticizing of madness was also mentioned as a flaw in the Archway project, although participants were uniformly appreciative of the humanity with which the film presents its subjects, and indeed the humanity behind the project itself.

In summary, Tom Bartlett’s showing of *Asylum* at Rockland gave participants the opportunity both to go back in time to an experimental moment when conventional assumptions about mental illness were suspended and to examine some of our own fundamental concepts about illness and treatment in light of that earlier experiment. Tom hopes to show *Asylum* again at a future date, so those of you who missed it the first time will get another chance to experience what was an enriching program for all present.

References

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Open Reception for The Institute for Relational Psychoanalysis of Philadelphia (IRPP)

“Just what exactly is Relational Psychoanalysis?”

Presenters: David Mark, Ph.D. & Noelle Burton, Psy.D.
Moderators: Dennis Debiak, Psy.D. & Rachel Kabasakalian-McKay, Ph.D.
When: March 9th, 2008, 2pm-4pm
Where: The home of Joseph Schaller, Psy.D.
3467 Midvale Avenue
Philadelphia, PA

Outside of relational psychoanalytic circles, there is currently much confusion as to what relational psychoanalysis is. There is clearly an excitement and growing interest in relational psychoanalysis among therapists, but it is difficult to find training opportunities with formally trained relational analysts outside of New York.

Relational psychoanalysis was “born” at the New York University’s Postdoctoral Program in Psychoanalysis and Psychotherapy through the collaboration of Stephen Mitchell, Emmanuel Ghent, Philip Bromberg, James Fosshage, and Bernard Friedland, who sought to integrate aspects of British Object Relations theories with American Interpersonal theory.

David Mark and Noelle Burton, who have both trained in the Relational Track of the NYU Postdoctoral Program, will address the confusion surrounding the question of what relational psychoanalysis is. There will be a discussion of both theoretical and clinical/technical aspects of working within a relational sensibility.

In addition, the panel will introduce the audience to a brand new relational institute program in Philadelphia. The new institute is working in cooperation with the Stephen Mitchell Center in New York City to bring an internationally renowned faculty to Philadelphia to train candidates. Jody Messler Davies and Stephen Seligman have both taught in the inaugural year of the program. Neil Altman, Anthony Bass, Ken Corbett, Muriel Dimen, Virginia Goldner, Adrienne Harris, Irwin Hoffman, and Ruth Stein, along with outstanding local faculty, will be teaching subsequent courses. We are tremendously excited about this new opportunity for training!

Dennis Debiak and Rachel Kabasakalian-McKay, both current candidates at the new institute, will facilitate an interactive discussion in what we hope will be a lively conversation with the audience.

All are welcome!

For more information, please call Rachel at 610-660-9887 or email rkmcKay@earthlink.net.

An Introduction to The Institute for Relational Psychoanalysis of Philadelphia

David Mark, Ph.D. & Rachel Kabasakalian-McKay, Ph.D.

The Institute for Relational Psychoanalysis of Philadelphia (IRPP) opened in January, 2007 with PSPP members Dennis Debiak, Jeff Faude, Audre Jarmas, Rachel Kabasakalian-McKay, Denise Lensky, Laura Lipkin, Jay Moses, Joseph Schaller, and Tim Wright as the original group of candidates. We are currently accepting applications for our second class. It is the hope and intent of our institute to provide an educational experience of genuine rigor and excitement and, through the analysis and supervision, an emotional experience of great depth and intensity. We do not intend to sacrifice, in any degree, these traditional analytic virtues. Yet, we also wish to make the training feasible and practical, to prepare therapists to be analysts in the 21st century, being responsive to personal and professional contexts of candidates' lives. This involves, among other things, the recognition that psychoanalytic work now engages different treatment modalities, at different frequencies of session, with different patient populations, who have different sets of difficulties in living.

What is "relational psychoanalysis?" To do this question justice, we do hope you were able to attend our open house on March 9th (see accompanying announcement). To answer the question in a few sentences, relational psychoanalysis places the dilemmas, complexities, and satisfactions of human relatedness as the central principle for understanding personality, psychopathology, and most importantly, what makes psychotherapy and psychoanalysis work. In keeping with the influences of both postmodern and feminist sensibilities, the analyst is seen not as standing in a place of objectivity, but, rather, working from her own subjectivity, to recognize, engage, and inevitably collide with the shifting contours of the patient's self-states. Ideally, both participants emerge from this—now intersubjective—experience changed, with deepened and enriched capacities for living in the relational world.

The impetus to start this new relational institute came, in part, from the excitement and sense of possibility generated by the Division 39 Spring Meeting in Philadelphia in 2006, which was co-chaired by Noelle Burton and Dennis Debiak, with a steering committee composed of longtime active PSPP members. In many ways, the roots of the current institute date back to the

founding of PCPE in the early 1990's. The vision of the original PCPE founders, to build a means of providing ongoing psychoanalytic education to members and friends of the local PSPP community, flowered over the years in a series of reading seminars and short courses. This format brought a combination of nationally and internationally known theorists and clinicians to Philadelphia, and also drew on and facilitated the development of our increasingly rich local community of psychoanalytic clinicians, scholars, and writers. IRPP, which is under the umbrella of PCPE, is very much a product of this rich and supportive community.

The founding board of the new institute includes David Mark (director) and Noelle Burton (co-director), both trained in Relational Psychoanalysis at the NYU Postdoc, Dennis Debiak, and Rachel Kabasakalian-McKay. This group met with Board members of the Stephen A. Mitchell Center in New York, who offered to support our new institute in large part through making a significant number of major figures in Relational psychoanalysis available to serve both as teaching and supervisory faculty.

Dr. Debiak reflects, "For years, I had wanted to do analytic training at NYU Postdoc, specifically in that program's Relational track. However, I couldn't imagine how to fit that into my already very busy life. When Noelle Burton, David Mark, Rachel McKay and I started talking seriously about creating a Relational training program in Philadelphia, I began to imagine that we could bring some of the best aspects of the NYU Postdoc to Philadelphia."

Candidate Audre Jarmas had also thought about the NYU postdoc, an option which she saw as "attractive, but not feasible with a full practice." Of her own decision, she says, "I chose to train at IRPP because I was looking for psychoanalytic training that would encompass more than a classical position, and specifically a relational emphasis. I also was unwilling to change analysts at this point in my own treatment."

Not all of the current class of candidates, however, had been actively thinking about psychoanalytic training. As Denise Lensky relates, "I came to the IRPP somewhat haphazardly; I knew that I was interested in

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Emotionally Focused Couple Therapy: An Overview

Janet Horwitz, Psy.D.

I am excited to share a glimpse of my experience with a model of couple therapy: Emotionally Focused Couple Therapy. I feel fortunate to have stumbled upon EFT as it has made a significant impact on me as a therapist. Briefly, EFT is a model for doing couple therapy which is based in attachment theory. It is a structured and short-term approach (8-20 sessions, except with those with significant trauma histories). EFT was founded in the early 80's by Sue Johnson and Les Greenberg. It is one of the most empirically validated models of therapy for effecting change in couples (e.g., Baucom, Shoham, Mueser, Daiuto, and Stickle, 1998). A significant body of research now exists showing a 70-75% complete recovery rate, that 90% of couples show significant improvement, and that these results remain in two year follow-up studies. It is also used with individuals, families and other populations.

In June, I attended a five-day externship in Emotionally Focused Therapy (EFT) in Ottawa. Though I was already familiar with EFT, my experience in Ottawa intensified my appreciation and underscored my recognition of just how vital an attachment frame is in doing therapy. The conference provided me a deeper understanding of attachment: how vital it is for all of us, how much we all yearn for closeness and

connection, fear their loss, and how our lives revolve around our attachment yearnings, fears, and vulnerabilities. Sue Johnson's dynamism, authenticity, and passion for EFT and attachment theory permeated the entire conference. It was an extraordinary experience watching her masterfully conduct therapy in live couple sessions with four different couples. She was able to connect quickly with some very challenging couples she had never met and in just one session hone in on their core attachment themes and emotions. I came home from the conference having had an 'experience' instead of with a lot of information in my head.

We reviewed both seminal studies of attachment in children along with more contemporary ones. An important example is John Bowlby's (1969) work on the effects of maternal deprivation on children. Who can forget the heart wrenching film in their introductory psychology class of institutionalized children failing to thrive despite the fact that they were well fed and had all of their other needs met (Renee Spitz, 1946)? Along similar lines, Mary Ainsworth (1978) conducted research in which she was able to identify different types of attachment styles in children reflecting the level of security felt. Harry Harlow's (1965) memorable research on attachment revealed that monkeys would rather do without food than sacrifice contact comfort.

Research on adult attachment is booming (e.g., Cassidy and Shaver, 1999; Feeney, 1999; Johnson and Whiffen, 2003). Sue Johnson cited recent studies which reveal correlations between heart disease, immunity and the quality of our relationships (Taylor, 2002). She also cited a study (House, et al, 1988) which concluded that emotional isolation does more damage to our health than smoking. This body of research is compelling and makes sense given what we have known about the phenomenon of attachment for a long time. Attachment regulates our emotions, our brains. Therefore, poor or absent relationships affect the quality of our mental and physical health. Secure attachments are what help us to regulate our emotions and provide a safe base from which to explore the world. In this sense, people function better when they have secure attachments. How unfortunate, then, that attachment ends up being so pathologized in our culture.

EFT provides clinicians guidelines for how to speak

PSPP 2008 Spring Meeting

The Ethics of Institutional Conflict within the Psychoanalytic Camps: "So why can't we all get along?"

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Alice Maher, MD, David Mark, PhD, &
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with clients. The therapist speaks in a soft, slow manner, using simple language, metaphors, and visual images as much as possible. The therapist uses the client's own words and metaphors. There is an acronym used to label this way of speaking: R.I.S.S.C. R= 'R'epeating what the client says often to help them to stay with the emotion; I= use visual 'I'mages as much as possible; S= use 'S'imple and concise phrases; S= speak at a 'S'low pace; S= 'S'often your voice (a way of holding the client's feelings); and C= use the 'C'lient's words as much as possible (what is more meaningful to the client). The idea is that speaking in this way reaches a more emotional as opposed to cerebral level. Sue Johnson states that doing so allows the client to better access emotions and expand upon them. Importance is placed on the therapist staying with the client's emotional expression and expanding it at appropriate times, as Sue Johnson has said, "...stepping inside of it and walking around in it with them." Some examples of the type of interpretations an EFT-oriented clinician might offer up could include, "You feel deep down inside that no one can love you," "You feel that when she goes into that rage, screaming and ranting at you, you just cannot bear it," "You feel you've disappointed her and that you can never measure up," "You feel so small so you go into hiding," and, "You shut down to protect yourself."

In addition to being grounded in attachment theory, EFT incorporates humanistic and systems theories. In terms of the application of systems theory, the therapist tracks very closely the patterns or "cycles" present in a couple as each partner desperately attempts to get his or her needs met by the other. According to EFT, the emotions drive the "cycle" or attachment "dance." That is why the EFT therapist pays very close attention to emotion in each partner, as it is the emotions which are the "markers" that cue partners' reactions to one another. So, systemically, the "cycle" represents the feedback loop that occurs in interactions with couples. In what is labeled the "negative cycle," (labeled "the enemy" to externalize and depathologize behaviors), the therapist pays close attention to prominent attachment fears and the maladaptive ways of coping with these on the part of the couple which perpetuate the negative cycle.

The most common pattern or cycle is the pursue/withdraw cycle, where, in heterosexual couples, most often the female partner, in a desperate attempt to get her needs met from her partner can become demanding, insistent, and even aggressive, thereby pushing the other partner away and, of course, having

the opposite outcome of what was expected. As part of the cycle, the male partner withdraws and stonewalls his partner to protect himself which then cues increased panic, desperation, and anger in the female partner causing her to push harder (causing increased withdrawal and stonewalling on the part of the male partner, and so on). Naturally, both partners become increasingly distant from one another as the negative cycle becomes progressively more entrenched. The pursue/withdraw cycle is also seen commonly in non-heterosexual couples.

Here is a typical example of how a negative cycle of a couple would be delineated by the therapist in a session:

Therapist (to the couple):

You keep ending up in this cycle in which Lois, you experience Peter as never being there for you and feeling as though he is shutting you out. You become really scared that you are going to lose him so you push him to talk and he just ends up more shut down.

And, Peter, you end up feeling bombarded and experience Lois as always being critical of you, pushing you. So you protect yourself by withdrawing more. Of course, this ends up with Lois feeling more angry and desperate to get you to respond."

And the cycle goes on in a way which ends up creating greater degrees of distance in the couple.

The use of an attachment frame in doing therapy is consistent with the relational emphasis which is so core in our work as therapists working in a contemporary psychodynamic relational model. Flowing out of the attachment focus is the idea that therapy needs to be made an experience. Sue Johnson aptly quoted Albert Einstein: "All knowledge is experience. Everything else is just information." She further stated, "If you want people to change, they need to have a new emotional experience . . . You have to create this. . . ." Therefore, EFT has a present, "here-and-now," focus, not unlike relational therapies. Therapy then becomes an experience, something which reaches clients in a way that complicated interpretations and labeling cannot.

I feel EFT provides a frame that enables me to capture the nuances of clients' emotions. Guided by the EFT approach, I am delighted to discover how clients are able to access their emotions, stay with them, and

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The Contributions of Hyman Spotnitz, M.D.

Harold R. Stern, Ph.D.

In his original 1968 publication, *The Modern Psychoanalytic Treatment of the Schizophrenic Patient*,¹ Hyman Spotnitz, M.D. introduced a new concept for the treatment of schizophrenic patients, an original approach for those patients usually considered to be outside of the possibility of successful outcomes using standard or “classical” psychoanalytic treatment. His teachings led to the founding of a new school of psychoanalytic psychotherapy, then called “Modern Psychoanalysis.”

In his words, “Modern Psychoanalysis is a method to help the patient achieve reasonable goals in life by saying everything that he knows and does not know about his memory. The analyst’s job is to help the patient say everything by using verbal communications to resolve his resistances to saying what he knows and does not know about his memory.”*

Before describing aspects of his approach, some background and comments about Dr. Spotnitz are worth knowing. After graduating from Harvard University, Dr. Spotnitz attended medical school in Berlin at the Kaiser Wilhelm School of Medicine, then known to be an outstanding center for research in the field he was at the time most interested in studying. Finishing his medical studies, Spotnitz returned to New York to begin his residency in Neurology at the Columbia-Presbyterian Medical School. While there, he became interested in psychiatry and psychoanalysis, began a residency in psychiatry, and entered into psychoanalytic training at the New York Psychoanalytic Society.

Dr. Spotnitz’s personal training analysis was with Dr. Lillian Belger Powers, then Vice President of the New York Psychoanalytic Society. It is interesting to speculate that the lineage of his development of Modern Psychoanalysis actually had its roots with Freud by way of his personal analysis with Lillian Powers. Dr. Powers had resided in Vienna for over one year during the early 1930’s to be in analysis with Sigmund Freud. During that year, she had five or six analytic sessions each week with Dr. Freud. She later reported to Dr. Spotnitz that Freud had greatly modified his earlier fairly rigid position and had become more flexible and optimistic about the possibility of

curing schizophrenia using psychoanalytic approaches. Dr. Powers indicated that she had learned much about the treatment of schizophrenia from Freud himself. In turn, Dr. Powers was very supportive of Dr. Spotnitz in his treatment of schizophrenic patients. During his five and one-half years of analysis with Dr. Powers (five and six times each week), she gave him much support and assistance in his work with very disturbed patients. She also reported to Dr. Spotnitz that Freud himself had begun to modify his formerly strict position about the countertransference phenomena being a liability for the analyst and had begun to study the possible positive aspects of the analyst’s countertransference feelings.

With this background we may examine some of the Modern Psychoanalytic concepts developed by Spotnitz and subsequently by a legion of his students and followers. To my knowledge, seven analytic institutes have started utilizing his teachings for working with patients fixated at primarily the “pre-oedipal level” of development as well as teaching classic techniques using free association and interpretation with less difficult, “oedipal/neurotic” patients. We can note here that the psychotic person falls into the category of what we call the “pre-oedipal patient,” fixated at an earlier and more primitive phase than with the oedipal patient. As a platform to understand how these psychoanalytic concepts differ from the standard or classical approaches (i.e., those used with oedipal patients), it may be useful to divide his teachings into two parts: those concepts connected with theories and those connected to technique.

Theories

In classical analysis we try to develop a positive relationship with the patient as part of the “working alliance,” something the pre-oedipal patient is not capable of. Thus, in modern analysis we do not anticipate that the disturbed patient is able initially to cooperate and form a positive relationship. We endeavor, rather, to create a therapeutic situation that places primary importance on studying and resolving the resistances that tend to prevent the treatment from moving forward.

In working with the pre-oedipal patient, we work hard to create a treatment atmosphere that will be conducive to allowing the patient's aggressive feelings to emerge. Without special training, tolerances for the patient's aggressive feelings can be difficult to endure. Therefore, we have the need for special training, including the analysis of the analyst, in order to work successfully with these difficult-to-treat patients;

In treating the oedipal patient, we foster the development of an object transference that will lead into the transference neurosis. With the pre-oedipal patient, we strive to work first towards the development of the narcissistic transference. Here, the patient's 'self' is the object, but is projected into the analyst. Freud originally believed that because the psychotic patient was incapable of object transference, he was not curable by psychoanalytic treatment. He believed it was the "stone wall of narcissism" that made an analytic cure impossible. In contrast, the modern analyst endeavors to first actually foster the development of the narcissistic transference, than works to resolve this and eventually to shift into an object transference relationship with the patient;

In classical treatment, the patient's verbal and often intellectual expressions are all important to the development of the treatment situation. However, in working with the more disturbed patient, we cannot count on this and thus need to work with some more primitive forms of verbal communication;

In classical technique, the patient, an individual usually capable of cooperating with the analyst (Greenson's "working alliance") is responsible for the success of the treatment. In Modern Analytic treatment, it is the analyst treating a more regressed and less mature patient, who must carry full responsibility for the success or failure of the treatment by working through the numerous pre-oedipal resistances;

In classical treatment, we attempt from the start to resolve resistances. With pre-oedipal patients, we are primarily concerned with strengthening the ego and its defenses. Therefore, we make sure the defenses are intact before we try to resolve resistances in the treatment situation. We might join the patient to strengthen his resistances and indirectly his ego. For example, consider the following interaction:

Patient: "I can't stand Philadelphia. I need to go west to Chicago".

Analyst: "Why go to Chicago? Further west might be better. Why not go to Los Angeles? Or better still, why not Honolulu?"

By joining the patient's wishes, the nascent narcissistic transference resistance to the analyst is strengthened which ultimately leads to an enhanced object relationship capacity.

In his book, *Problems of Anxiety*, Freud formulated five basic resistances he found to be operative working with the oedipal patient. For treating the pre-oedipal patient, Spotnitz developed an alternative group of five resistances that seem particularly applicable to these more disturbed people. These special resistances are critical to the treatment plan for working with the pre-oedipal patient;**

Generally, in his earlier writings, Freud discouraged the development in the analyst of countertransference feelings and deemed them to be an obstacle to the analyst's neutrality and objectivity. In modern analysis, we believe the analyst's countertransference feelings to be an important, if not a critical, element in the treatment situation. We study the countertransference feelings as manifestations and clues to many of the dynamics in the treatment process.

Technique

Now we can turn to some issues connected with the technique:

The principal activity for the patient utilized in the classical approach is free association. The patient is urged to say whatever comes to his mind. In the Modern Analysis, we avoid this approach as it can lead to fragmentation of the ego and further regression. Instead, the patient is encouraged to talk about whatever he wishes to discuss. This is to avoid any tendency towards regression of the ego. By encouraging the patient to say whatever he wishes, he can be more focused in the here and now. It is universally recognized that free association results in a regression of the ego. We discourage any further regression with the pre-oedipal patient.

The principal intervention practiced by the classical analyst is interpretation. In contrast, the main technique in treating the pre-oedipal patient is the use, as with the early child, of verbal-emotional communication.

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Relational Psychoanalysis (continued from page 9)

getting more grounded in psychoanalytic ideas both theoretically and clinically, but I wasn't on any kind of mission to pursue analytic training. I started out thinking that I would just try out the first classes and see how it went."

The relational perspective was a powerful draw for the candidates at the new institute. Jay Moses explains that, "I decided to seek training with IRPP because my way of being a therapist feels more in tune with relational psychoanalysis than with other models of psychoanalysis. I see the exploration of genuine, here-and-now relatedness as one of the core mutative aspects of psychoanalytic therapy, and relational psychoanalysis brings this aspect of treatment to the forefront." Fellow candidate Jeff Faude articulates the importance of this perspective as well, noting that, "To my mind, the clinical and theoretical contributions of what is broadly termed 'relational psychoanalysis' have been without a doubt the most creative, dynamic, and intellectually challenging in the entire field for many years. They fit

within a broader 'zeitgeist' of inquiry across numerous disciplines which is elaborating the multiple ways we are intersubjectively connected with each other and interdependently connected to the natural environments we find ourselves in."

Tim Wright speaks of the importance of the PCPE reading seminars in his own exposure to relational thinking over the years: "The primary sources of my exposure to relational thinking prior to entering IRPP were the fall and spring meetings of PSPP and an occasional PCPE reading seminar. Almost without exception, I had experienced these meetings as being distinctive for their freshness, aliveness, vitality, and intellectual stimulation. It was my sense that IRPP's curriculum and milieu would offer a similar experience."

So, with these expectations, what has the experience been like? Again, Dr. Jarmas: "My experience thus far has exceeded my expectations in terms of course material, level of teaching, and class discussion. I appreciate

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Couple Therapy (continued from page 11)

expand on them. It has been gratifying and exciting to feel that I am having a greater impact on my clients and to see them making more movement in therapy. My reflections and interpretations achieve more emotional resonance with the client. I think this is because EFT stays with what is most immediate, keeps things simple, and avoids complicated interpretations which 'label' experience but do not 'provide' an experience. In giving my clients an experience, the work is more meaningful for them and for me.

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tion. Interpretations are generally avoided with the pre-oedipal patient. Rather, strong feeling states are encouraged to be invoked, studied, and used to promote progress in the treatment;

The classical analyst resolves resistances by interpretation. The modern analyst resolves them by the use of many other forms of verbal communication.

With the neurotic patient, the analyst usually determines the frequency of sessions. With the pre-oedipal patient, the patient plans the frequency, with the help of the analyst. For many disturbed patients, too frequent sessions can lead to regression and further psychosis;

In classical analysis, the use of the couch is usually limited to those patients who have frequent sessions and are deemed to have a neurotic disorder. The modern analyst encourages the use of the couch with all patients, independent of frequency, and especially with the pre-oedipal patient;

It is usual for the classical analyst to address his questions and responses to the patient by formulating ego-oriented interventions. The modern analyst treating the pre-oedipal patient will attempt to avoid interventions addressed to the patient's ego and will instead, as much as possible, use object-oriented interventions, i.e. those directed away from the patient's ego, for example, "What year did this happen?" or "What did she say?"

While the classical analyst confines his technique to mainly interpretation, the modern analyst may use a wide array of techniques and interventions in order to foster progress in the treatment of the pre-oedipal patient. We are interested in what will work with a particular patient. No two patients are the same and unique interventions must be custom designed for each patient.

When working with a very regressed patient, the modern analyst will limit his interventions to four or five object-oriented questions per session to reduce the possibility regression and foster the development of a narcissistic transference.

What I have presented here is a framework to indicate some of the basic tenets developed by Dr. Hyman Spotnitz for working with those difficult patients, those who have been and who fall outside of the category of more or less well functioning patients with intact egos

and an ability to cooperate with the therapist in terms of the needs of the treatment situation. The implementation of these theories and techniques requires study and training.

Footnotes:

* Personal communication from Hyman Spotnitz, M.D., December 14, 1999

** Spotnitz's five pre-oedipal resistances:

- 1) The treatment destructive resistance;
- 2) The status quo resistance;
- 3) The resistance to progress;
- 4) The resistance to cooperation or teamwork;
- 5) The resistance to termination of the treatment.

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Relational Psychoanalysis (continued from page 14)

the variety of supervisors available. The element of having faculty 'imported' from NYC, etc., adds an extra dimension to the experience." Denise Lensky adds that "I have found the classes to be a really enriching experience that have helped me as a therapist and a supervisor. The instructors have all been extremely knowledgeable, committed to analytic work, and engaging in different ways. The readings have been almost uniformly useful and thought-provoking and many of them are things I wouldn't have come upon myself."

Jay Moses notes that "The program so far has been invigorating, refreshing, and challenging. There has been much attention paid to comparing various models of psychoanalytic treatment, which challenges one to seriously ask questions such as:

What makes therapy effective? How are my actions and feelings (or my evoked self-states) being experienced by the patient and affecting the course of treatment? Who am I to the patient? Who is the patient to me? The program provides a stimulating environment to explore these questions through readings and sharing of case material."

Tim Wright feels that his first year in the program has "broadened and deepened my clinical skills and sensibility." He also cites the "collegiality of the class," a feature stressed by other candidates as well. In Dr. Faude's words, "I love the group of fellow travelers I find myself studying with. It is a warm and generous group of skillful and experienced clinicians," creating "a fun and rich learning experience."

Summing up his experience, Dr. Debiak reflects, "My excitement about our training program has only continued to grow. While it has been a challenge to fit training into my life, even locally, I find that I've been nourished and stimulated by the courses and supervision I've had. I am particularly pleased to have had greater freedom when selecting my own analyst. What has been most gratifying, though, are the relationships with local colleagues that have intensified and deepened as we've built infrastructure for IRPP and as we've taken courses together. I greatly admire my fellow candidates and IRPP Board members and I look forward to many years of learning together."

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