



For Mental Health Professionals Interested in Psychoanalytic Perspectives

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

www.pspp.org

Summer, 2008

President's Column

Down the Shore

Joseph G. Schaller, Psy.D.

When I first came to Philadelphia a number of years ago, I was fascinated by the "Shore" phenomena. I kept meeting people whose typical summer get away was to go "down the Shore" (as it colloquially goes) for summer vacation, lasting a week or two, or even for the entire summer. Beyond being a favorite vacation spot for many area residents, the "Shore" seemed to symbolize the ultimate escape: a kind of blissful nirvana which represented everything that ordinary working time at home *was not*. I've never made vacationing at the Jersey Shore a routine, and, in true Kleinian envy, have often disparaged it as *too crowded, too commercial, too many kids, too suburban, etc.* The fact is I have come to appreciate much of what the shore represents: a shift in rhythm and routine for the summer, marking out a time to play and to *not* work.

Rereading *Hope and Dread in Psychoanalysis* by Stephen Mitchell recently, I was reminded that one of the great additions of contemporary psychoanalysis to Freud's goal of improving love and work is the

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A Reaction to Our Spring Program

**"Why Can't We Just Get Along?"
Love, Hate, and Mutual Destruction
in the Psychoanalytic Community**

Debby Bierschwale, Psy.D.

The PSPP Spring Program was held on May 10, 2008 at the Friends' Meeting House at 4th & Arch Streets in Old City, Philadelphia. This historic property provided a beautiful and tranquil space for our gathering on a stunning spring day. There were 44 people in attendance, as well as five speakers: Drs. Howard Covitz, Burton Seitler, Alice Mayer, Elio Frattaroli, and David Mark. The topic was Conflict within the Psychoanalytic Community. As a current Board member who was present in the planning phases, I had from the outset made the leap in my mind that we would be talking as well about conflicts between larger social groups and that this would be a perfect topic given the world's current state of instability and our hopes for reparation.

By program's end, I was contemplating valuable concepts that have proven useful in my clinical work and have powerfully influenced my

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President's Message (continued from page 1)

capacity to play. I would add to that the goal of vacationing—of taking time off! A common theme in many of my sessions with clients is the scarcity of time (and money) available for time off and time away, but even if we are fortunate to have the opportunity for vacation, we are often caught in a compulsion to over-work. As clinicians, we may be particularly vulnerable to feeling over-responsible and working too hard, even feeling a bit guilty about telling our clients or patients when we will be away.

Given that this is my last column as PSPP President, I was tempted to attempt to take a grandiose stab at some exalted theme or issue. Then, I realized, it's summer! Let's just relax a bit. So I've returned to the thoughts I've had throughout my involvement with this organization. It has been a privilege to be a witness to the hard and good work carried out by so many. The work to attempt to relieve the suffering of others is usually difficult and always important. This is one reason why so many appreciate the opportunity to continue to learn, to hear about one another's work, and to just get together with both familiar and new colleagues. I am proud of the way in which PSPP has been able to support the hard work of many. But I also want to wish everyone the opportunity to *knock it off* a bit. May all of you experience more than a little time to relax and rest this summer, to play as hard as you might work, and to have some adventure (or not!). Do whatever restores you.

I want to express my thanks to the PSPP Board for their hard work this year, to all of you who have contributed to our programs through your participation, and to the entire membership for your loyalty and financial support. Have a wonderful summer!

Upcoming PSPP Events

PSPP Fall Meeting

October 19th, 2008

Elizabeth Young-Bruel

PSPP Winter Meeting

January 31st, 2009

Nancy McWilliams

Committee Reports

Membership Report

Jeanne Seitler, Psy.D.

With the closing of our 2007-2008 year of programming, we welcome the following new members:

Marianna M. Luck, Ph.D.
Angela Lutzi, M.S., L.P.C.
Geoffrey M. Margo, M.D.
Susan Moslow, Psy.D.
Catherine Baker-Pitts, Ph.D.
William Pitts, M.S.W.
Shawn Pritchett, M.S.
Sally Weinstock, M.S.W.

Since September 2007, we have gained 24 new members. Eleven of these members were introduced to PSPP via the spring meeting and our brunch series.

August is Membership Renewal Time!!!

Summer is the time of the year when we send out our Membership Renewal forms. Those of you who became new members since the New Year will not need to pay more dues, but we do ask that you review the information on the renewal form and return it to us so that any corrections may be included in the membership data-base and the new directory which we issue in the fall. Current members, please send back your Renewal forms even if there are no changes with

a notation on the form to that effect. This helps immensely with our record-keeping. Also, please return the Needs Assessment Form with your suggestions and feedback so we may include your ideas and preferences in our future PSPP programming. We need all of our members' input to continue to be the vibrant group we have always been.

Thanks to all members who attended our thought-provoking and rewarding programs this year. The collegiality at our programs never ceases to hearten and enrich our community, and the topics and content deepen our work. I continue to be proud to represent PSPP at the various psychological forums I attend during the year. "Spreading the word" about PSPP remains a pleasure. I resign the position of Membership Chair with poignancy as I assume the role of PSPP President. It has been an honor and a pleasure to act as Membership Chair these years. Happily, I have the pleasure to announce that Leilani Crane has graciously and enthusiastically accepted the Membership Chair position and will take over these responsibilities by this September. We will be sure to work together to create a smooth transition. I hope everyone has a lovely, rejuvenating summer and we will reunion in the fall.

Treasurer's Report

Ellen Balz , Ph.D.

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

PSPP Account	6/4/2008	6/4/2007
Checking	\$.3,627	\$ 2,666
Money Market	\$. 45	\$ 2,338
Subtotal: Bank Accounts	\$.3,672	\$ 5,004
3-Yr. Rising Rate Certificate of Deposit	\$.5,457	\$ 5,217
Total Funds	\$.9,129	\$10,221

As was the case in June 2007, our balances continue to be lower than at the same time last year, but we have managed to narrow that gap. Our improving financial picture is in part due to the Board's efforts to keep the 2008 Spring Meeting expenses as low as possible while

still presenting an enjoyable and rewarding event. With help from other Board members, I continue to work on developing budget processes that will help with the Board's work going forward.

Mentorship Program Update

Barbara L. Goldsmith, Psy.D.

Since the beginning of this academic year, 22 students were successfully matched with PSPP mentors. We have had a wonderful response from our PSPP membership. It was nice to see many of you at the graduate student brunch on May 4th.

Thank you again to the following members who have generously volunteered their time to mentor students during the 2007-2008 academic year:

Susan Adelman, Ph.D.
Thomas Bartlett, M.A.
Cynthia Baum-Baicker, Ph.D.
Susan Carswell, Psy.D.
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.
Panill Taylor, Psy.D.
Robin Ward, Psy.D.
Jane Widseth, Ph.D.
Jed Yalof, Psy.D.

Very special thanks to Dr. Elizabeth Bogado for her help, by regularly soliciting feedback from students and mentors. Liz will be stepping down from the PSPP board this month, so I would appreciate if the above mentors could please email me, instead of Liz, to let me know if you plan to continue mentoring. My email address is barbgsmith@aol.com.

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 are certainly an option depending on mutual interest and availability.

At this year's graduate student brunch, several students expressed interest in joining either a summer reading or case consultation group run by PSPP members, similar to the relational reading group formed in the summer of 2005. Any student who is interested in joining a summer group should contact me immediately as we are planning the groups as the newsletter goes to press.

If you are a graduate student who is interested in being matched with a mentor:

- ▶ Just fill out a questionnaire that can be downloaded from the PSPP website, www.pspp.org.
- ▶ Complete the questionnaire and email it to me at barbgsmith@aol.com (questionnaires will also be available at the various graduate school programs in the area).

If you are interested in becoming a mentor:

- ▶ Email me 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.

Mentoring satisfies an important developmental need in preparing graduate students for successful entry into the profession, and offers practicing professionals the opportunity to share their knowledge and experience. Many graduate students are eager for more exposure to psychodynamic ideas, whether they are in the form of consultation, reading and/or networking into the community. Thank you for contributing to this important program.



Graduate Student Brunch at Barbara Goldsmith's Home

Annual Spring Graduate Student Brunch

Karen Dias, M.A.

On Sunday, May 4th we held our Annual Spring Graduate Student Brunch at the home of Dr. Barbara Goldsmith. We hosted over 40 participants, including graduate students, current PSPP mentors and mentees, and invited guests. The theme this year was "The Current Climate for Psychoanalysis in Graduate School and Beyond." Four recent graduates from different schools along the eastern seaboard were invited to participate, share their experiences, and lead a discussion about the challenges to becoming psychodynamic practitioners in an age of evidence-based practice.

Patricia Constantinian, Psy.D. talked about her time at Yeshiva University as well as during her internship and post-doc at Haverford College. Megan McCusker Moore, Psy.D. discussed her dissertation work at Immaculata University, where she combined psychoanalytic theory with organizational development, and her current post-doc at Delta Consultants, where she does assessment and testing for organizations. Robin Ward, Psy.D. shared his experiences at Widener University, his post-doc at the University of Pennsylvania, and his current work at La Salle University as well as in private practice. Natalie Petyk,

Psy.D. was unable to attend due to illness.

David Ramirez, Ph.D. informed students about Division 39 and various ways of getting involved in APA. Barbara Goldsmith, Psy.D., gave an update and overview of the mentorship program and several mentors and mentees shared their positive experiences of the program so far. Tom Bartlett talked about PCOP, psychoanalytic training opportunities, and recommended that they join the PSPP listserv to stay informed about the plethora of workshops offered by various psychoanalytic organizations.

Graduate students asked questions about how to go about obtaining post-doc positions and jobs after graduation. A discussion ensued about the importance of networking and getting involved in psychological organizations. One student raised a concern about the pressure to pick a concentration too early and the apparent rigid divisions between 'camps.' Responses to the concern included a reflection that the boundaries don't seem as rigid outside of graduate school and that what's important is finding an approach to practice that fits you as a person.

Lacan in Philadelphia: “On Love”

Robin M. Ward, Psy.D.

The eighth annual conference of the Affiliated Psychoanalytic Workgroups was held March 28th through the 30th at the University of Pennsylvania. This year’s meeting included numerous papers reflecting on ways psychoanalysis, in general, and Jacques Lacan’s work, in particular, might (or might not) provide some insight into what we mean by, to quote the late Freddie Mercury, “This crazy little thing called love.”

Many different fields were represented by writers from different disciplines, including sociology, philosophy, literature, cultural studies, and psychology, with a diversity of topics ranging from academic pieces examining the question of love via Lacan through Irish literature, the Simpsons, and formal logic to clinically focused Lacanian case studies. Keynote speaker Colette Soler spoke on the ethics of love and Bruce Fink gave a public lecture at the Slough Foundation on different types of love (obsessive and hysteric, loving as a man or as a woman, imaginary love, symbolic love, etc.). PSPP’s own Deborah Luepnitz presented a paper on using dreams in work with couples.

A central concept referenced by many of the participants at the conference was Lacan’s thinking on the differences between male and female subjectivity with regard to pleasure and desire (or perhaps even love), as illustrated in his “sexuation” schema. My guess is that PSPP members will have varying degrees of familiarity with Lacan’s work, so, in order to develop a clearer picture of this central reference of the recent conference, I thought I would provide a brief summary. Before I begin, keep in mind, this will be a quick overview of something that’s quite complicated as well as the topic of many papers, presentations, and books; this to say, I’m leaving a lot out. For a more thorough introduction, I’d direct the interested reader to begin by consulting the relevant chapter in Fink’s (1995) work. Also, though Lacan refers to “male” and “female” subjects, his assertion is that the sexual position of a particular person has little, if anything, to do with his or her biological sex. Instead, one’s sex in a Lacanian psychoanalytic sense refers only to how one occupies a particular location within language (a biological woman could be “man” in a psychoanalytic sense and vice versa).

Similar to our options for restrooms (an analogy Lacan used), the speaking subject (those of us who inhabit and are inhabited by language in what he would call a neurotic fashion—that is, most people), have only two options; we’re either “ladies” or “gentlemen.” That is, we speak “from” a particular place and direct this speech “toward” a particular place: either as a “man” or as a “woman.” Men speak (and love) in one way, women in some other. But what does this mean?

To be a subject means having developed an answer to the problem of not being whole, what could be called the “problem of desire,” or, using more Lacanian language, the problem with the “lack in the Other.” This problem could be phrased as a question and asked in this way: “How do I deal with the fact that I and others in my life are not whole, that is to say, want things, desire things?” We, of course, don’t want things we already have; therefore, desire logically requires lack. Moreover, all desire, our own and that of others, is an ephemeral and inscrutable thing. We never entirely figure out what we or anybody else really wants. What do I want? What do you want? Who really knows? Lacan’s suggestion is that what we are referring to when we say “man” or “woman” from a psychoanalytic perspective are two different answers to the problem of desire.

In the case of a male speaking subject, to address another subject as a woman (that is, the “other” structurally different than me) is to address an object of fantasy, only a “partial-other.” This “partial-other” is Lacan’s “*objet petit a*,” with the “a” being a “part” of the French word “*autre*,” meaning “other.” In this way, the man’s solution to the riddle of lack is to cover over his own lack by reducing the otherness of the other to a part, ignoring her otherness—making her an “object little o.” “You’re not a separate subject with your own inexplicable desires; you’re a piece of me that just so happens to be outside of me; I wholly understand my desires (I’m not really a divided subject), and since you’re not a separate subject (a whole “Other”) your parts really are just extensions of me, so I guess I’m not really lacking anything after all; I really am whole.” As Jerry Maguire famously stated to his girlfriend, “You complete me.”



In the case of the woman, others can be addressed in two ways. First, a subject speaking as a woman can address her other (a man) in a pseudo-complementary fashion, agreeing with him: “Yes, you are not lacking anything; I’m an extension of you and am here to provide those external parts of you.” “I do complete you, Jerry,” his girlfriend may have said; but what does she get out of this? This brings to mind Aristophanes’ talk in Plato’s *Symposium* on love, namely, that we were all originally funny looking creatures composed of two halves, the likes of which cheesed-off Zeus such that, in anger, he split us apart, leaving us always searching for our severed partner/self. However, keep in mind two things. From a Lacanian perspective, this is a decidedly phallic fantasy of love as it denies otherness from the get-go due to its presumption of an original and preferable union (implying that “otherness” is really just a tragic and hopefully temporary misunderstanding). Also, Aristophanes was a comic. In any case, by relating to a man on his terms, the woman agrees not to exist: “I really am just an extension of you.” Lacan suggests this solution involves the woman relating to the man as a man (that is, speaking “from” the location prescribed for women within male discourse).

Though in Lacan’s analysis there is no such thing as a woman not governed by our prevailing male-centric system of symbols (though being wholly subject to symbolic regulation is the domain of male psychology in particular, with one important proviso on the side of the male subject which I won’t get into here), what

makes a psychology uniquely female in the psychoanalytic sense is that there’s the “possibility” of some part of her that is not governed in this way, directed not toward occupying the space of demand on the part of the man, but oriented elsewhere. She has the choice of two partners: the man and someone, somewhere else. Now, back to the conference.

Different presenters reflected on the way the woman’s Other partner (notice the big “O,” no longer the partial, little “o” object) may be a positive contribution from psychoanalysis to the more general discourse on love. Lacan suggests that examples of this uniquely feminine type of enjoyment, or perhaps even love, are witnessed in the experiences of mystics and poets. Perhaps in some ways this is also part of the experience of successful therapeutic work, a different way of attending to these very human questions: What do I want? What do others want? Though asked differently: How do I love myself and you when I’m not sure entirely to whom either of these words refers? I’ll end with another question: would it have been more romantic had Jerry stated, “You don’t complete me, and that’s what I love about you”?

Reference

Fink, B. (1995). *The Lacanian subject: Between language and jouissance*. Princeton, NJ: Princeton University Press.

thinking. In fact, the very next clinical session I had after the program (which occurred nine days later, by which time I'd had a chance to process what I'd learned) was an intense one for my client and me; I broached the topic of the aggressive feelings (or conflict) present in the space between us. My client was able and willing to engage in a high degree of self-reflection, risky as it must have felt for her, and we processed together deeply experienced and previously unconscious negative feelings that had been wafting between us for some time. In doing so, I think we had a powerfully therapeutic session. When it was over—proud of myself as I was and pleased with the process I had undertaken in the clinical hour—I felt like I was going to throw up. It is rare for me to feel a strong somatic response in my stomach, so I took this to be an especially pertinent reaction to having communicated in a frightening new way.

The difference in my approach with the client had to do with the fact that I felt comforted and supported in acknowledging our conflict because of what I had taken from the spring program. I held close my thoughts of certain speakers who had discussed how angry, hateful feelings are normal and common between all peoples and that there are possibilities for communicating about conflict that can lead to successful outcomes. In the past, I have felt more limited in expressing feelings regarding relational aggression—to do so, it seemed, would alienate and anger the other, a

common (female) presumption. Now I remembered that I could express my true reaction while holding to a new idea—that the other person in this dyad was as passionate about her emotional position as I was about mine and that together we might come to understand and respect each other's perspectives and move forward with more ease and range of emotion. This is a relatively simple concept, yet it had eluded me in certain practices.

Back to the spring program—at some point during the day, while enjoying the program, I became aware that I was simultaneously reacting negatively to it. I wondered why? The food and venue were outstanding (though the Quaker meeting room pews left several people with whom I spoke temporarily crippled). Those present were friendly, interesting, and easy to be around. The speakers were well-prepared and spoke with passion. I felt excited and uplifted by more than one presenter. So what was bothering me?

In part, I was aware of missing fellow members I rarely get to see, save for our annual PSPP events. I'd been looking forward to a large member turnout and a strong sense of community. However, I came to learn that our topic (or perhaps individual members' beliefs about what the program would be) apparently did not appeal to many PSPP members. I discovered this anecdotally in conversations and through other Board members who shared their experiences in telephoning members to encourage participation before the date of the event. When asked, members gave interesting replies, ranging from "I don't want to hear a bunch of psychoanalysts masturbating" to "I prefer to discuss things directly related to clinical work rather than problems within the field of psychology/psychoanalysis." In reflecting on the latter, my reaction is: Dealing with conflict isn't relevant to our clinical work? Are you kidding me?

At the program, I also felt a sense of what I'll call disaffiliation in response to the speakers overall. On the one hand, I resonated with their message that in order for social groups to relate successfully, each must learn to tolerate the differences within and between them. What pleased me further was that we were talking beyond outer, superficial variations between people. We were discussing the need to allow deep emotional and psychological differences between people to

The Psychoanalytic Center of Philadelphia's Parent-Child Center

The Psychoanalytic Center of Philadelphia's Parent-Child Center is currently running psycho-educational groups for parents and infants, parents and toddlers and stay at home dads. If anyone has patients who are interested, or who are interested themselves in participating in such groups, they should call Corinne Masur at 215-763-7353 or Fran Martin at 215-782-1250.

exist peacefully. And our speakers were funny! Ironically, however, the very people making these wonderful points seemed to be unaware of or uninterested in the differences between those of us in the room.

The diversity about which I refer is that of our identities within the professional world. Among a typical PSPP grouping, only a subset are psychoanalysts, yet the speakers, all of whom were either psychoanalysts or training analysts, spoke to their audience as though we are all analysts of one kind or another. In fact, there were people in attendance who were not only not-psychoanalysts, but some were not-psychologists, and still others were not-mental health workers. For example, there was an eloquently-spoken, older African-American woman who teaches in the Philadelphia School District in our midst, and I wondered if she felt as disaffiliated as I did at moments during the program, or more so? After all, neither she nor I could easily “recognize ourselves in the others’ descriptions of who we are” (the others being our speakers). We had repeatedly been reminded during this talk of the importance of recognizing oneself in the description that others make of you or your particular group if one is to feel understood and accepted.

I wish simply to make the point that not all PSPP members are analysts, training analysts, or analyst wanna-be’s. There are also those of us who might wish to be trained as analysts but who cannot afford either the time or money to make it happen. Is it acceptable

for us, in identifying who we are as a group, to acknowledge that PSPP members are more diverse and less narrowly definable than it would seem when we plan and conduct our programs?

To conclude, I’ve been granted permission to use an excerpt from the presentation of Dr. Elio Frattaroli. Listening to him speak, I did indeed find a sense of affiliation with PSPP that is both satisfying and inspiring. What I discovered is that although I am not a classically-trained analyst, nor a relational analyst, nor any other kind of analyst, I do share something important with many of you, and I will let Elio’s words help me express it:

The only area where psychoanalysts can and should be truly confident that we know what we’re talking about, where we have something to say that is uniquely worth listening to . . . OK, in my opinion, our true area of expertise is our own feelings. Exploring feelings, getting in touch with them in all their subtlety and layered nuance, is the unique province of psychoanalysis, something we do that nobody else in our culture today is doing. It’s the basis for everything we know theoretically and for everything we do clinically. Being a psychoanalyst means knowing how to recognize and understand what we are feeling, and how to use it in the service of healing.

In this, I recognize my sense of belonging with PSPP.

Member News, Honors, Publications, and Presentations

PSPP member Miriam Franco, Psy.D. gave three presentations at the recent Consortium of MS Centers Annual Conference in Denver, CO, May 27 through June 1. She was a faculty symposium presenter at *Making Strides: Reexamining Quality of Life and Multiple Sclerosis Symposium*, presented the abstract of a study titled the *Use of Relaxation and Guided Imagery for MS: Lowering Anxiety Associated with MS and MS Injections*, and presented a second paper she coauthored with Dr. Jack Burks on a platform study entitled *Exaggerated Startle Response and MS*.

Since January 2008, Dr. Franco has conducted 10

patient workshops on Guided Imagery to Lower Anxiety Associated with MS and MS Injections in Louisville, KY; San Francisco and Encinitas, CA; Dartmouth Hitchcock Medical Center, NH; UT Southwestern Hospital in Dallas, TX; and HUP in Philadelphia, PA. Dr. Franco has published two new Guided Imagery CDs entitled: *Relaxation and Guided Imagery to Relieve Caregiver Stress* and *The Stressless Bride*. Her *Healing Imagery for Kidney Disease* guided imagery interventions will be the focus of a new pilot patient study at The Hospital of University of Pennsylvania Kidney Transplant Unit in June 2008.

Are you a woman facing divorce?

SECOND | Saturday

A MONTHLY WORKSHOP

ADVISING WOMEN

ABOUT DIVORCE

Learn from the experts. Join us for a morning workshop hosted by clinical psychologist Dr. Diana Rosenstein, exploring the legal, financial, family, and personal issues of divorce.

Discover community resources available to help you.

Talk to other women experiencing similar life changes.

July 12th and August 9th, 2008 - 8:30a.m. to 12:30p.m.

Doubletree Hotel

640 West Germantown Pike

Plymouth Meeting, PA 19462

\$40.00 per participant

Speakers:

Diana Rosenstein, Ph.D.

Clinical Psychologist

Christina Dematteo, Esq.

Hangley Aronchick Segal & Pudlin

Attorney

Eddie B. Castor

Morgan Stanley

Financial Advisor

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Registration on-site day of workshop

The Telephone: A Viable Alternative to the Couch

Harold Stern, Ph.D.

The world has shrunk. With global telephone access and computer connections such as Skype, we can now communicate with people anywhere in the world with virtually no effort and it is free. Given that communication is essential for psychotherapy and psychoanalysis, it would be prudent for practitioners to consider, when it is practical, supplementing or replacing face-to-face and couch communication with telephone and computer communication. I will present some of my views and experiences in the use of the telephone in psychoanalytic psychotherapy.

The major phenomena of psychoanalytic psychotherapy are transference and resistance. A viable alternative must be at least as good as the standard procedure with regard to managing these phenomena. In my book, *The Couch: Its Use and Meaning in Psychoanalysis*, I implied that in psychoanalysis, auditory sensations are in the foreground of the mind, while visual sensations are in the background of the mind. In most psychotherapy interactions, visual sensations are in the foreground and auditory sensations are in the background. This difference accounts for the fact the transference is easier to establish and manage when the patient is on the couch because visual interference is minimized. In psychoanalysis, the physical relaxation of the patient, his decreased visual vigilance, and the reduced auditory input from the analyst aid in understanding and managing resistances. The telephone has many of the advantages of managing transference and resistance as the couch. Auditory sensations are dominant; the patient must not be visually vigilant, and the patient relaxes in a comforting and secure environment. Psychoanalysis and psychoanalytic psychotherapy can be conducted effectively by telephone, the difference being not in theory, but in technique. In my experience, using the telephone can be equal to the use of the couch or face-to-face interaction, yet has the advantage of convenience for both parties. The use of the phone has a great advantage over these other modes in that it allows us to work with our patients who move out of the range of easy travel or new patients who have always lived in another part of the world. This marketing advantage to our profession is quite significant.

Let me now provide some cases that I have engaged

in by telephone. It all began many years ago when a patient of mine decided to move to New York City. I proposed to help her to find a therapist there. She resisted and suggested that we could work by telephone. I hesitated following this idea at first. She persisted and I agreed to try this approach. I was soon surprised to find that she was able to speak about feelings that she had about me that she claimed could never be said in my presence. With this finding, I decided to continue working with her by phone and did so for a number of years. This experience gave me the idea that distance need no longer be a barrier to psychotherapy.

With this successful experiment, I was more agreeable to treating other patients by phone. One patient wished to continue with me when he moved to Arizona and another when he moved to a southern state. A man who had been seeing me for some years took a position in Malaysia and wished to continue his treatment by phone there. When I moved to St. Petersburg, Russia for one year, I continued to work with five of my patients back in the United States by telephone. When I announced my return to Philadelphia, a number of my Russian patients expressed the wish to continue our sessions by phone. I now treat a number of people from St Petersburg and Moscow. I met a psychologist at a conference in England and he lamented that I was not living there, thus he could not enter therapy with me. I suggested that we try some sessions by phone and he agreed. Two years later we continue and he has expressed his satisfaction with the treatment. In fact, all of these patients worked effectively by telephone and all were quite satisfied with the results of our work.

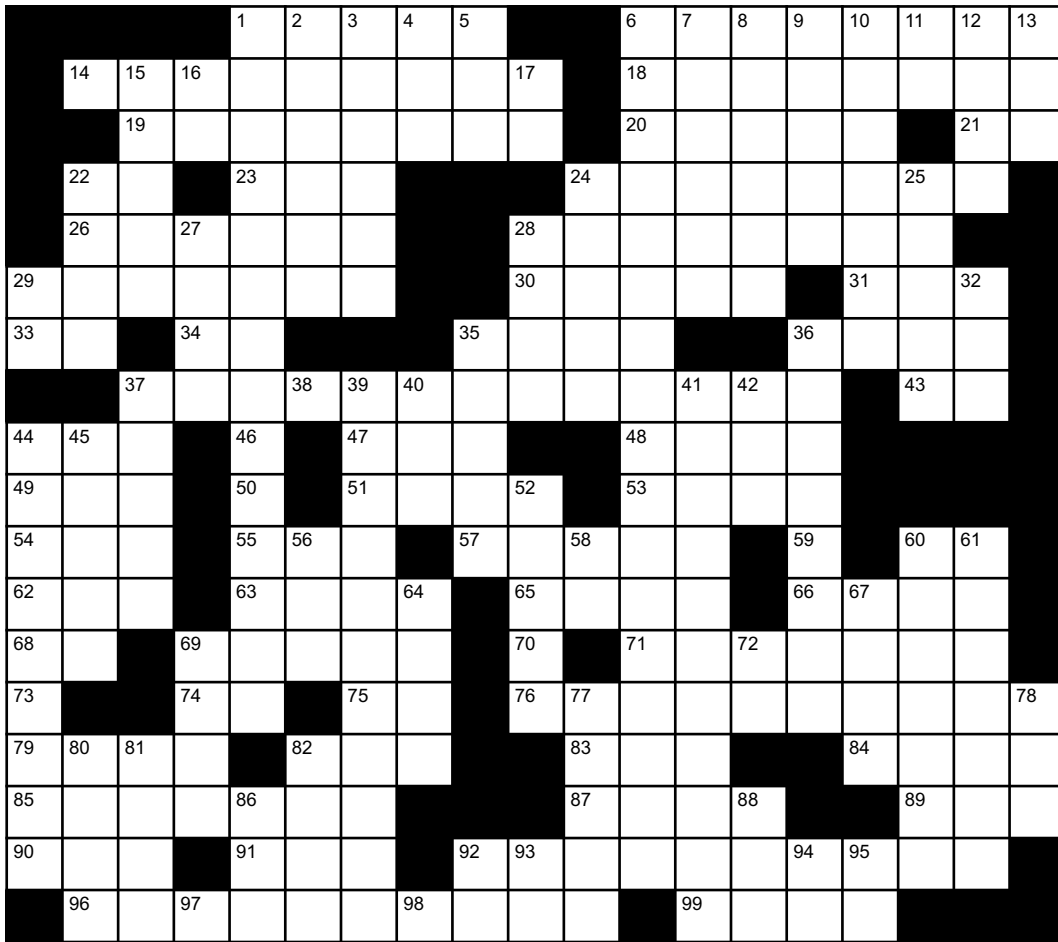
I am also providing supervision by phone. A German psychoanalyst attended a presentation I made at a conference in New York and requested supervision sessions from me by phone. This is the third year that we have been working in this way and we are both satisfied. During my three visits each year to St Petersburg, I do group supervision at a psychoanalytic institute. Knowing that I do supervision by phone, the therapists, because of my usual long absences from Russia, proposed that they have phone supervision sessions with me each week. About ten of them are on

Continued on page 15

Crossword Puzzle

Analytic Play

Jay Moses



A Note from the Editor

Answers to the crossword puzzle "Analytic Play" will be published in the fall newsletter.

Across

- 1 He, perhaps, holds the most famous transitional object
- 6 Analyticals
- 14 The Dynamic Duo, The Fab Four, ____?
- 18 Freud, in London
- 19 Discredited though influential theory: ____ recapitulates phylogeny
- 20 In a woman's dream, this garment may stand for a man
- 21 Kohut's state
- 22 London, Vienna, Berlin, now
- 23 B. Karon's school
- 24 Adult Attachment Interview?
- 26 Freud's "work"
- 28 Author of *One Flew Over the Cuckoo's Nest*
- 29 Helps
- 30 *The Interpretation of Dreams* title page mentions Acheron, a river in ____
- 31 Secret numeric password
- 33 Not-____
- 34 In the U.S., he upstaged Freud, initially?
- 35 *Song of Myself* poet, to friends
- 36 The ____ Society
- 37 Hour drive to see your analyst?
- 43 Erich Fromm wrote the afterword for his book featuring Big Brother (initials)
- 44 Historical place to treat mental illness
- 46 Philosopher Ortega ____ Gasset
- 47 Archaic treatment for schizophrenia, abbr.
- 48 Mozart's ____ *Kleine Nachtmusik*
- 49 ____ at ease
- 50 Anna ____
- 51 12-____
- 53 Bionic element
- 54 Neon
- 55 ____ George Washington brought Freud and Jung to America
- 57 In 1938, Freud addressed an English audience on this
- 59 Herr ____
- 60 A relational horse, Mr ____?
- 62 On thin ____
- 63 For Freud, if you dream of a ____, it often stands for a woman
- 65 1200
- 66 Ehrenberg's *The Intimate* ____
- 68 Strachey's vols.
- 69 Because
- 70 "Ich"
- 71 Analyst's office, between patients?
- 73 ____ Masud R Khan
- 74 Strachey's "Es"
- 75 ____ Treatment
- 76 Fall asleep reading Kohut?
- 79 NPI replaced ____
- 82 Freud's Mystic Writing-____
- 83 ____ Te Ching
- 84 Lacan's "le désir de la ____"
- 85 What a mother may do with a screaming baby
- 87 Freud, to the Univ. of Vienna
- 89 A Carl Rogers video: the case of Mr ____
- 90 The first edition of this was published in 1952
- 91 Consumed
- 92 In 1970, he interviewed Woody Allen about his psychoanalysis
- 96 Sullivan's new approach?
- 99 "____ me out!"

Down

- 1 A Freudian bartender's remarks to a new customer?
- 2 First thing I do when I enter the therapy room
- 3 ____, no glory
- 4 You ____ the analyst, according to Winnicott
- 5 Original ____
- 6 A Grimm Panel: Lacan responds to Wilfred's presentation?
- 7 Psychoanalysis and CBT
- 8 The Beatles have the most
- 9 Salinger's family, in fiction
- 10 "____ close eye on him!"
- 11 Morning
- 12 ____ a job
- 13 TV show that spoofed Sigmund and Anna
- 14 ____-test
- 15 Sessions
- 16 ____ vogue
- 17 Male
- 22 Alleviate
- 24 Breakfast and lunch
- 25 Freudian position?
- 27 Breuer's "beer"
- 28 Winnicott's analysand and editor
- 29 Father of Humanistic Psychology, initials
- 32 ____-Freudian
- 35 Anna's repulsive drink
- 36 Talkers
- 37 Impingement leads to a ____ self
- 38 ____-turn
- 39 If one represses in the classical, one ____ in the relational
- 40 A follower or disciple
- 41 Denial?
- 42 Fliess' specialty
- 44 Freud's first name
- 45 Hiding ____
- 52 Type of attack
- 56 Sigmund, to Jacob
- 58 Martha to Sigmund, "I ____"
- 60 Falling in love, to a later Freud
- 61 Merit and ____
- 64 Heal
- 67 ____ and gloom
- 69 Envy, pride, etc.
- 72 Psy or ____
- 77 A way of countering defenses?
- 78 Suzuki topic which Fromm and Jung addressed
- 80 Promote
- 81 Emma's name in Freud's dream
- 82 The Sorrow and the ____
- 86 Khan's deformity
- 88 ____ West
- 92 Fort-____
- 93 APP ____
- 94 It runs the largest mental health program in the U.S.
- 95 CRC, in Philadelphia
- 97 Miss Lucy ____
- 98 Boston lift
- 99 "____ me out!"

PSCSW Ethics Workshop

Deborah D. Shain, L.C.S.W., B.C.D.

On March 29, 2008 101 clinical social workers gathered in the gym of the Bryn Mawr College Graduate School of Social Work and Social Research for a members-only Ethics Panel and Small Group Discussion workshop coordinated and moderated by the Chair of the PSCSW Ethics Committee, Deborah D. Shain, L.C.S.W., B.C.D.

From 9:30 A.M. until 1 P.M., one-quarter of the membership of PSCSW wrestled with the ethical/clinical issues confronting them in their practice. No matter the level of experience, as clinical social workers we acknowledged that decision-making is often not clear-cut, *even when the clinical social worker's responsibility to the client is clear*. Most times simple answers are not available to resolve complex ethical dilemmas. Participants acknowledged that we can be challenged by our responsibility to treat clients of all ages, all ethnic backgrounds, and all levels of motivation, capacity, and opportunity who come to us impelled by conflict and/or pain. Regardless of our theoretical perspective, we are obliged to form a professional relationship with our clients, using the clinical social work processes of engagement, assessment, intervention, evaluation, termination, and prevention.

Clinical social workers are obligated to respond to clients and client groups with respect and empathy and apply our clinical skills guided by the ethical principles of our profession, and to seek supervision, peer-review, and/or consultation. Ethics, we agreed, include— but are not limited to—such practice issue imperatives as: confidentiality, client self-determina-

tion, clear contracts and boundaries, informed consent, and the setting of fees.

The three major learning objectives were:

1. Identify the ethical challenges in the following:
 - ▶ Confidentiality and the ability to establish a professional relationship, setting boundaries based on case assessment, electronic record-keeping and communications and implications for privacy, duty to protect and duty to warn based on the Tarasoff case, and HIPAA regulations. This objective was addressed by Virginia McIntosh, L.C.S.W., B.C.D., a past president of PSCSW and the chair of the Legislation Committee.
 - ▶ Concerns related to money issues, such as accepting gifts, fee scale adjustments, giving clients extended credit, trading services with clients in lieu of fees. David Wohlsifer, Ph.D., L.C.S.W., chair of the Private Practice Committee, provided us with “food for thought” with his lively demonstration of his private practice experience dealing with these challenges.
 - ▶ Dual Relations: Addressing such matters as accepting invitations to clients’ life cycle events, treating members of the same family, attending social events in which clients’ family members are also present. Judy Heller, L.C.S.W., M.F.T., an Approved Supervisor of American Association of Marriage and Family Therapists, used case content to address the dilemmas presented to us as we attempt to adhere to the principles guarding against dual relations.
2. Demonstrate a knowledge of the factors that influence ethical decision-making process and the application of ethical principles to practice procedures. In our small group discussions, we applied the principles set forth by the panelists to specific cases constructed and reviewed by Patricia Burland, L.C.S.W., B.C.D., Eleanor Bulova, L.C.S.W., B.C.D., and Deborah Shain, L.C.S.W., B.C.D., all members of the PSCSW Ethics Committee.

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.

3 Take action to prevent and/or evaluate practice areas that could possibly leave the clinical social worker open to infractions of the ethical standards established by the Code of Ethics of the PSCSW. These action steps were addressed in questions to the panelists and explored further in our small groups.

Throughout the workshop cases were considered based on the standards established by PSCSW Code of Ethics: "Ethical decision-making is a process based on License Regulations and the values and accepted standards of practice of our profession. The clinical social worker's primary responsibility is to the client; therefore, we make every effort to ensure that our services are used appropriately, and we accept responsibility for the consequences of our work."

Ethical principles and regulations direct us in every aspect of our work whether we meet our clients in an agency or in a private practice setting. The participants and facilitators of the workshop enjoyed the opportunity to get to learn from each other, exploring the ethical issues of their practice as they worked together to clarify decision-making while earning the required State-mandated 3 CEU's in ethics.

At the conclusion of the panel presentation and questions from the floor, the assemblage broke into eight small groups facilitated by the panel members: Virginia McIntosh, L.C.S.W., B.C.D., David Wohlsifer, Ph.D., L.C.S.W., Judy Heller, L.C.S.W., M.F.T., and

Deborah Shain, L.C.S.W., B.C.D.; senior clinicians: Joan Pollak, L.C.S.W., B.C.D., the PSCSW president, Diane Frankel, L.C.S.W., B.C.D. a PSCSW past president, and faculty member of the Bryn Mawr College Graduate School of Social Work and Social Research; Patricia Burland, L.C.S.W., B.C.D., the founding member of the Ethics Committee and its former chair, and Eleanor Bulova, L.C.S.W., B.C.D. a long-term member of the Ethics Committee.

The groups delved into the ethical implications and treatment consequences of such issues as record-keeping, dangers of electronic communication, therapist self-disclosure, circumstances that may lead to the breaching of confidentiality, the importance of setting a frame for the sessions, boundary-setting, changes in fee-setting and changes in time to suit the therapist's needs vs. the client's needs, the misguided interventions of the therapist based on the therapist's emotional state and possible counter-transference conflicts, differences in the treatment when insurance constraints limit the number of sessions, and the implications of possible damage done in case-based research.

The ambitious program ended with the enthusiastic participants requesting more such workshops. Some attendees expressed a wish for future sessions that will focus on the ethical challenges that exist when the clinical social worker is guided, supported, and limited by the realities of agency practice. PSCSW will be offering more venues and opportunities for members to meet the ethics requirements for this licensing period.

Telephone (continued from page 11)

a speakerphone in St. Petersburg at one time, but taking turns while I listen on my regular, cell phone, or Skype. I have a special international long distance arrangement where, for a fixed fee each month, I can make unlimited calls abroad. As far as I can tell, this is working out well and I am open to doing more phone supervision.

The telephone is being used by many practitioners, some of whom have done so successfully for three decades. An initial fear among professionals was that phone conversations would not guarantee confidentiality, but neither can email therapy, another alternative. It is my view that if both parties understand and

accept the small risk of intercepted communication, a comfort level can be established, and any concern by either party can soon disappear. Phone analysis, therapy, and supervision are clearly viable alternatives to standard meeting in person procedures. Their advantages can far outweigh the ethical and legal fears of clinical practitioners.

Reference

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