



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, 2009

*Message
from the
President*

Jeanne Seitler, Psy.D.

Summer is the time for reflecting on the achievements of the past year, resting and recreating, and gathering up energy and ideas for the work to be completed in the year ahead.

It seems much longer than nine months since I composed my first President’s message. Last November, Obama was elected President. He and we were immediately faced with the overwhelming task of re-designing, not only our corrupt and poorly conceptualized health care system, but the entire US economy as well. There are global wounds to heal: war, genocide, homicide, indentured slavery, torture, kidnappings, terrorism, racism, class-ism, climate change, wildlife extinction, poverty, disease.

And local wounds to address: job loss, home foreclosures, sleep disorders due to concern with how to pay the bills, college entries delayed, college graduates putting off launching due to lack of work,

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2009 Section IV Report

Julie Nemeth, Ph.D. & Jeanine Vivona, Ph.D.

In April, we attended the 29th Annual Spring Meeting of Division 39 as PSPP’s representatives to Section IV: Local Chapters. The following offers our impressions of the conference, highlights of PSPP member participation, and a brief synopsis of the Section IV business meetings.

Affording both professional learning experiences and opportunities to explore an unfamiliar city, we experienced our time at the conference as meaningful and enlivening. Set in the heart of San Antonio, the conference venue enabled us to enjoy the city’s rich Mexican, Texan, and Native American cultures, food, and sites (Jeanine and her family went to the Alamo and a rodeo!). Indeed, the conference lived up to its name, “Viva Psychoanalysis: Finding Connections from Couch to Culture,” with many programs addressing the important roles of psychoanalysts in working with cultural difference (e.g., in refugees, immigrants, and homeless individuals) and in using psychoanalytic concepts for understanding complicated cultural phenomena (such as war, trauma, racism, and other forms of violence). A particular highlight was Ricardo Ainslie’s presentation of his documentary on kidnapping in Mexico as part of a panel entitled “Psychoanalytical and Cultural Perspectives on Violence.”

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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 Winter, and the deadline for contributions is Friday, December 11th.

President’s Message (continued from page 1)

mental health providers being asked to give more and more as their clients/patients become increasingly symptomatic and have less and less ability to pay – big and little evils, day after day surround us. Our clients bring these to us in the hope that we can provide a safe place where they can be held and where they and their dilemmas will be understood and contained.

We of PSPP are no more immune to these pressures, and yet our long tradition of collegiality, professionalism, intellectual curiosity, and resourcefulness helps us be resilient in the face of such stressors. We are emotionally fed through our social and intellectual interactions with such PSPP structures as our mentoring program, excellent cutting-edge conferences and workshops, a topical, interactive brunch series, our referral network, informal member peer supports and supervisions, and our feeling of community. These help provide the holding we need to hold others. With this in mind, when we reconvene in the fall, the PSPP Board will continue this mission by supporting our membership and the larger community with another year of relevant, challenging, and exciting programs.

Until then, enjoy your friends, family, and summer explorations. We look forward to seeing you soon.

**Committee Reports
Treasurer’s Report**

Ellen Balz , Ph.D.

The PSPP treasury balances are as follows, with 2008 balances shown for comparison:

PSPP Account Balances	7/30/2009	7/30/2008
Checking Accounts	\$10,680	\$ 3,400
3-Yr. Rising Rate Certificate of Deposit	\$ 5,740	\$ 5,500
Total Funds	\$ 16,420	\$8,900

We are within our 2009 budget on all expenses incurred to date. Several large expenditures (such as the membership directory, fall program, and joint programs) are still pending.

The Board continues to work to stay within budget on these and other pending expenditures. Member dues represent our single largest source of income. Because the bulk of our annual dues collection process is just beginning, it won’t be clear for a while how the organization stands relative to budget projections on dues income.

Annual Graduate Student Brunch: May 3, 2009

Karen Dias, MA & Dan Livney, MS

This year's brunch was extremely well-attended by over 50 participants, despite the all-day monsoon-esque rain. We even managed to attract record numbers of non-Widener University students, including graduate students from the University of Pennsylvania, Chestnut Hill College, and Lancaster Bible College. The brunch was once again graciously hosted by Barbara Goldsmith, who is tirelessly committed to reaching out to graduate students. We invited representatives from various organizations in the psychoanalytic community to talk to students about the many advantages of and opportunities to get involved in Division 39 (David Ramirez), PSPP (Jay Moses), PCPE (Laurel Silber), IRPP (David Mark), and PCOP (Diana Rosenstein). A special thanks to all of these community members who took time out of their busy weekends to support and inform graduate students. Barbara Goldsmith acknowledged the presence of a number of participants in our mentorship program, an important PSPP program that she runs with the help of Debby Bierschwale. We would like to acknowledge the mentors who attended the brunch: Karen Berberian, Rachel Kabasakalian-McKay, Beverly Keefer, Jay Moses, David Ramirez, Diana Rosenstein,

Laurel Silber, and Sherry Sukol. We want to thank them and our other mentors for their commitment to giving back to the community by helping students navigate the challenging and formative years of graduate school. Several mentors/mentees shared details of their diverse and valuable experiences of participating in the mentorship program. And a final thank you to all of the graduate students who attended the brunch – particularly those of you who are curious about and/or exploring but not yet committed to psychodynamic or psychoanalytic psychotherapies. We welcome you to attend future events to find out more about our community. We will post links to all of the organizations listed above on PSPP's website (www.pspp.org) on the Graduate Students page.

One final note: every year we struggle with the challenge of how to best reach out to the larger graduate student community in the area to increase interest in psychodynamic psychotherapy and/or psychoanalysis and the various events our community hosts. If you have ideas about how we can better do this please contact us at kdias@mail.widener.edu or dan.livney@yahoo.com.



Section IV Report (continued from page 1)

The PSPP Board of Directors has invited Dr. Ainslie to present aspects of his work on violence, immigration, and film at a program in April 2010 (details about this exciting program are forthcoming).

Collectively, PSPP was an important presence at the conference. In addition to many PSPP members who attended the conference (e.g., Neil Altman, Philip Bennett, Leilani Crane, Rebecca Ergas, Elaine Hyman, Rachel Kabasakalian-McKay, Dan Livney, Burton Seitler, and Jeanne Seitler), our members (e.g., Dennis Debiak, David Ramirez, and Joseph Schaller) participated in leadership meetings for the organization and several members, including both of us, presented on panels related to scholarly and clinical interests. For example, alongside PSPP members Deborah Luepnitz and Patricia Gherovici, Julie presented a clinical case on a panel moderated by Nancy McWilliams entitled "Psychoanalytic Work with Homeless Adults: Relational and Lacanian Perspectives." The panelists presented the history of the Philadelphia-based program, *Insight for All*, through which analysts provide pro bono services for formerly homeless adults and offered their respective clinical experiences. Jeanine presented papers on sibling dynamics and clinical process on two panels, one panel which explored "blind spots" in contemporary psychoanalytic theory and another

panel, chaired by Ricardo Ainslie, which considered confluences of cultural and sibling dynamics in treatment. Other PSPP members who presented at the conference include Cindy Baum-Baicker, David Ramirez, and Jed Yalof.

In addition to presenting papers, attending sessions, and enjoying San Antonio, our other important responsibility at the conference was to attend two business meetings of Section IV: Local Chapters. Both meetings were organized and chaired by PSPP's Joseph Schaller, President of Section IV. Jeanine attended the "Senate Meeting" and Julie attended the "Open Meeting" of Section IV.

The Senate Meeting is the biannual business meeting of the Section. At the meeting, we reviewed and approved the budget for the Section, approved establishment of a new local chapter for the Sacramento Valley area, discussed election of new treasurer and secretary (nominations are still being sought for the latter, by the way), and reviewed planning for Section IV activities at the August APA conference in Toronto. We affirmed the Section's provision of stipends for selected graduate students to attend the Spring Meeting and discussed equitable allocation of limited resources across local chapters. During discussion of financial issues, interesting questions were raised regarding restrictions on



Division 39 Conference in San Antonio. Elisabeth Young-Bruehl, Jeanne & Burton Seitler and Friends



Nancy McWilliams and Burton Seitler discuss having enjoyed presenting together in Philadelphia for the PSPP Winter Meeting

activities of local chapters due to our non-profit (tax exempt) status. We learned that resources of local chapters cannot be used for any political purpose, including campaigning and soliciting donations. This means, for example, that political campaign messages or endorsements may not be sent on chapter listservs or posted on websites. Local chapters may accept charitable donations from individuals, however. Another question regarded development of a referral service by a chapter. In keeping with APA ethical guidelines, any such service may provide neutral information, as PSPP's online membership directory does, but may not provide recommendations or endorsements of particular individuals or treatments.

At the Open Meeting, Barry Dauphin, representative to the Division 39 Board of Directors, reported on recent APA activity. Additionally, he explained that in response to the economic downturn, APA has taken a number of cost-saving measures (e.g., 10% budget cuts, hiring and salary freezes across the organization, and increased membership fees for people over 65 years old). Dauphin highlighted APA's plan to revise its Model Act for State Licensure of Psychologists, which was drafted in 1986 and adopted, in part, by states regulating the licensing of

psychologists. Dauphin also noted that Division 39 will be represented at the upcoming APA conference in Toronto by Wilma Bucci and will co-sponsor the "Same Sex Marriage Ceremony and Reception: At Last a Marriage for All." Finally, he reported that some of the Division's sections (2, 3, 6, 7 and 8) must increase their membership to comply with the Division's by-laws and to retain their voting rights, and that several sections of the Division's newsletter are being moved to its website.

Following the APA report, each local chapter representative offered a brief summary of current projects. Hearing these reports, Julie was struck by the similar questions and challenges facing each chapter. Specifically, several chapter representatives discussed the process of moving to the web as a primary source of communication with members; this has been a frequent topic of conversation at recent PSPP Board meetings. Earlier this year, PSPP commissioned a local website designer to update our website, which now includes a full updateable online membership directory and the ability to renew memberships online. Soon we expect to add the capacity for online program registration. Representatives of other chapters offered their support as PSPP manages this transition to a

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**Announcing an Upcoming Fall Event in Philadelphia
In Two Parts**

**The Psychoanalytic Center of Philadelphia (PCOP),
Philadelphia Center for Psychoanalytic Education (PCPE),
Philadelphia Society for Psychoanalytic Psychology (PSPP)
and Bryn Mawr College, present:**

Part I

Relational Psychophysiology and Meaning Making in Therapy

presented by

Ed Tronick, Ph.D.

with discussant Barbara Shapiro, M.D.

Friday night, October 23, 2009 7:30 to 9:30pm

and

Dynamic Systems and Dyadic States of Consciousness presented by Ed Tronick, Ph.D.

Saturday, October 24, 2009 9:30am to 1:00pm

**For information contact: The Psychoanalytic Center of Philadelphia
(215) 235-2345, mjmoses@gmail.com, www.philanalysis.org.**

Part II

Contemporary Views of Change in Psychodynamic Psychotherapy:

A Closer Examination of the Boston Change Study Group's

Understanding of Change

Karlen Lyons-Ruth, Ph.D. and Jacqueline Gotthold, Ph.D.

with discussant Laurel Silber, Psy.D.

Saturday, November 14, 2009, 9am to 1:30pm

Bryn Mawr College, Bryn Mawr, PA

**For information about Part II, contact Dr. Jay Moses of the Philadelphia Society
for Psychoanalytic Psychology, (267) 254-0791, www.pspp.org.**

Mentoring: Nurturing the Next Generation of Psychologists

Barbara Goldsmith, Psy.D.

Summer Update:

The PSPP mentoring program is continuing over the summer with the exciting addition of a reading group run by Diana Rosenstein Ph.D. The reading group meets every few weeks though the summer, covering psychoanalytic readings on a variety of topics requested by the students. Thank you, Diana, and thank you to all our members for your continued commitment to the PSPP mentoring program. I was glad to see a number of mentors and mentees at this year's graduate student brunch on May 3rd.

Looking Ahead to the 2009-2010 Academic Year:

I know that many of our members have continuously mentored students since the inception of the program in 2005. I hope that those of you who have mentored over the past academic year will be interested in taking on a new student in the fall.

PSPP would like to continue to advertise the program widely in order to increase the number of student-mentor pairs, so please spread the word. Students are especially eager for more exposure to psychoanalytic thinking and practice and often get little or no exposure at their practica, internships and graduate courses. If you know of any graduate students interested in being matched with a psychodynamic mentor, please direct them to our new PSPP website, www.pspp.org, for further information.

For those of you who are new to the mentoring program, here is how the program works. Mentors and mentees are matched based on common interests and geographic locations. Mentees meet regularly with their mentors for one hour each month during the aca-

ademic year at the mentor's office (summer meetings are optional depending on mutual interest and availability). 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 as supervisors. Mentoring satisfies an important developmental need in preparing graduate students for successful entry into the profession. Mentors serve as role models, guides, nurturers, and teachers to the next generation of psychologists.

Students Who Are Interested in Finding a Mentor:

- ◆ Go to the PSPP website, www.pspp.org, click on the Mentorship link, read "Welcome to the Mentorship Program" and download the "Graduate student questionnaire."
- ◆ Complete the "Graduate Student Questionnaire" (please prioritize your interests on the questionnaire).
- ◆ Email the completed questionnaire to Dr. Barbara Goldsmith at barbgsmith@aol.com.

Members Who Are Interested in Becoming a Mentor:

- ◆ Send an email message to Dr. Barbara Goldsmith at barbgsmith@aol.com.

Please include your contact information, locations where you would like to meet with your mentee, areas of interest/expertise (both scholarly and clinical), as well as any other information that might help ensure a good match.

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.

It All Really Isn't Just a Matter of Chemistry

Burton Norman Seitler, Ph.D.

The biochemical imbalance notion has been around for quite a while. It emanates out of an analogy with diabetes, where there is, in fact, an insulin-sugar balance disruption (due to an organic failure in the Isles of Langerhorn) that is demonstrable. Unlike the imbalances inherent in diabetes, however, a chemical imbalance that explains diverse emotions is yet to be conclusively shown. Moreover, arguing by analogy is no substitute for scientific evidence. And, despite popular belief (even among some practitioners), a definitive biochemical answer has never been achieved. For this reason, the biochemical imbalance hypothesis has had to undergo many incarnations over the years, all of which have proven to be fruitless. Each time one hypothesis was refuted, another chemical imbalance explanation popped up in its place. Let me briefly provide an historical context. Before the serotonin explanation, for example, there was the cholinergic-adrenergic, then the cholinergic-monomaminergic; the noradrenergic, dopaminergic hypotheses, and so on.

Essentially, the cholinergic-adrenergic imbalance hypothesis of affective disorders suggests that, in the areas of the brain described as regulating mood, depression may represent a relative predominance of central cholinergic tone over adrenergic tone and that mania may represent the converse. In contrast, the catecholamine hypothesis regarding depression was based on a deficiency model. This varied from an opposing contention favoring noradrenergic overactivity. To explain these dramatically differing results and contrasting positions, a model had to be constructed which combined the two into the cholinergic-adrenergic balance hypothesis in which it was contended that the two were in a relationship involving a delicate balance involving the regulation of drive and mood.

This morass of diametrically opposing positions and contradictory research findings was further compounded by another equally simplistic account that has been put forth by those who favor a noradrenergic reason for depression. As I understand it, the noradrenergic explanation of depression is based upon an implication (and that is all that it is) that there exists a dysfunction in the noradrenergic system. This has been described as being related to changes in adrenoceptor density and function and changes in adrenoceptors associated with the pituitary-adrenal axis function, thus implicating a disorder in central noradrenergic transmission. Although this was dismissed in the literature years ago, it has somehow found its way back

and has now re-emerged in a new form as a co-compound, one that has been combined with the SSRIs to form an SNRI (e.g., Effexor).

Yet, despite a whole array of research contradictions, the arguments in favor of the biochemical imbalance view somehow persist. Moreover, laymen and professionals alike continue to be led to believe—albeit without basis—that these thorny issues and contradictory findings have been settled, and that there is complete consensus among the researchers. Nothing could be farther from the truth. But, because of the specious assumption that feelings are caused by biochemicals, it seems almost natural to seek a biochemical solution.

The fact is there are about 100 neurotransmitters that presumably reside in any given receptor. It is premature, as well as overly simplistic and highly reductionistic to claim that complex human behavior can be explained by pointing to a few chemicals as being the responsible culprits in producing particular emotions. If I think about things that I know make me anxious, I will increase my blood pressure, quicken my pulse rate, get “goosebumps,” and possibly make myself blush. It was my anxious feelings that created the physiological changes, not the other way around. Being open to a serious consideration of this view would require giving up sacred cow assumptions of chemical causation and necessitate asking different questions, something that the proponents of psychopharmacological agents have been reluctant to do. For example, how would a strict chemical imbalance position explain a red face caused by nothing more than anxious thoughts? But, rather than ask different questions, which might lead to different answers, different biochemical propositions are substituted. Why this perpetuates itself is probably overdetermined. Some of it may have to do with our own countertransferences. For example, when we are having difficulty with a particular patient, we may feel a sense of powerlessness, and may (quite understandably) want to invoke some sort of “magical solution.” If we buy the biochemical imbalance argument, then we do not stop for a moment, reflect about the possibility that we may be experiencing a countertransference; but rather may engage in an enactment—by resorting to reaching for the potential “relief” instance associated with drugs (prescribed or not).

Therefore, it is quite understandable why a number of well-intentioned practitioners would want to include

medication as part of their regimen. If, after all, it is generally assumed that drugs are effective, and furthermore that they are not harmful, why not incorporate them in one's therapeutic armamentarium? I certainly could understand that reasoning. However, both assumptions are incorrect. The effectiveness of the medications has been called into question (as well as the ethics surrounding the research into, production, and marketing of psychoactive drugs) by a number of leading psychiatrists, psychopharmacologists, researchers, and other respected specialists in the field and writers (see, Healy, 2003, 1999; Glenmullen, 2000; G. Jackson, 2005; Breggin; Colbert, 1996; and Whitaker, 2002).

In addition, these authors, and a host of others, have indicated that psychotropic medications in general are much more harmful than people are being told. Serious after-effects (they can no longer be considered to be "side-effects," which imply that they are either rare or not very severe) have been established to exist by extensive research. These after-effects include, but are not limited to tardive dyskinesia, akathisia, retinitis pigmentosa, mania, suicidal ideation as well as behavior, neurological tics, cardiac arrhythmias, tachycardia, sudden death, and so on. At this very moment, several companies are being sued by the Attorney Generals of several states. At least 11 states have sued Eli Lilly over its drug, Zyprexa; at least 6 states have sued Janssen over Risperdal; at least 4 states have sued AstraZeneca over Serequel; and the list is growing. A recent article in the Washington Post reported how a negative drug result indicating the ill effects of Seroquel was silenced by AstraZeneca in 1997, only surfacing recently.

Wanting to ease someone's pain is understandable. What never is addressed, however, is that use of "medications" does not come without a cost. Rarely is there ever a mention of the risks inherent in the use of psychotropic drugs. Whenever negative effects of drugs are mentioned, if they are at all, we frequently hear that there is a "risk to benefit ratio" and are often told that the effectiveness outweighs the potential risk. There is no basis for that position. It is a subjective statement that is not supported by the literature, especially since safe alternative treatments exist which do not have the after-effects described above. As for their effectiveness, data accumulated by various pharmaceutical companies themselves (even after they have sequestered some of their own negative results) indicate that their medications barely outdo placebo and fail by a wide margin to outdo "active placebos."

So why then do many highly respected members of the helping professions throw in with Big Pharma? I

believe it is largely because an untruth repeatedly told wears the cloak of verisimilitude, even if it doesn't quite measure up to or fit the truth. The "appearance" of truth, nonetheless, provides a kind of "face validity." Of course, as we know, face validity bears but a superficial resemblance to the facts. I'm quite certain that many believe the oft-told story that the case for medication has been made and needs no further verification. The likelihood is that many other good professionals have unwittingly gotten caught up in the brilliantly conceived hype of the pharmaceutical companies. But a slightly skeptical (not paranoid) approach, combined with a close inspection of the literature, I am confident, will reveal what the pharmaceutical industry does not want us to know, something we have known all along, which is that psychotherapy works, and does not have the serious after-effects of drugs.

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Humans Relating Humanely to Humans Beats Medication

yes, even the supposedly neuro/bio/chemical monster called ADD/ADHD

Elsa Kravitz Malmud, Ph.D

Editor's Note:

The following is the second of two pieces summarizing recent meetings of the PSPP Child Development Study Group with a focus on different ways to conceptualize attentional problems. The first piece was published in the previous issue of Currents.

Children and adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD) are frequently referred to psychologists in private practice, in mental health clinics, and in educational settings. Psychologists generally find that the diagnosis and treatment of these patients are fairly straightforward because the etiology, symptoms, and parameters of ADHD have long been established by rigorous experimental and imaging studies. Psychologists, therefore, can derive their treatment decisions from a long established, valid database.

ADHD is thought to be a discrete diagnostic category, whose symptoms include inattention (e.g., does not seem to listen, careless, sloppy), hyperactivity (e.g., fidgets, runs excessively), and impulsivity (e.g., impatient, interrupts others) that are severe enough to cause impairment in at least two settings (e.g., school, home). Males manifest this disorder more frequently than females. The etiology of ADHD is "neuro/bio/chemical" in that it appears to arise from dysfunction or impairment in the central nervous system that may also involve a chemical imbalance. Since the root cause of ADHD is "organic," the treatment of choice is stimulant medication, which may be accompanied by psychotherapy or educational intervention.

Burton Norman Seitler, Ph.D., an analyst and training analyst, told the PSPP Child Development Study Group that he disagrees with the preceding widely held assumptions about ADHD. As he succinctly put it: "We (i.e., psychologists) have all been sold a bill of

goods." In his fascinating presentation, "Humans Relating Humanely to Humans Beats Medication—yes, even the supposedly neuro/bio/chemical monster called ADD/ADHD," Dr. Seitler challenged current ADHD theory and proposed an alternate one of his own. He based his comments on his 40-year career of treating patients with ADHD in a variety of clinical and school settings.

Dr. Seitler initiated his discussion with a critique of current ADHD theory. He pointed out that the theory is riddled with logical inconsistencies, circular reasoning, flawed research, and, possibly, corporate conflict of interest. In addition, he believes that the theory is too simplistic to account for two aberrant facts: the paradoxical effect of stimulant medication on overactive children and the preponderance of males with the disorder.

At the most basic level, he said, there really is no single, agreed upon definition of the disorder. While DSM-IV classifies ADHD as a single diagnostic category, some researchers have presented evidence that indicates that ADHD is a syndrome or a co-morbid condition instead. Even if there were a unanimous definition, there is no single test or test battery on the market today that can diagnosis ADHD with any semblance of accuracy or consistency. As such, psychologists are often forced to rely on data obtained from developmental histories or inventories (self, parental, teacher report), which are subject to many reporting inaccuracies.

Dr. Seitler is most skeptical of the posited neurochemical etiology of ADHD. This hypothesis is the cornerstone of ADHD theory, but, in actuality, is unsubstantiated by experimental or imaging research. The assumption of an organic underlay is an example of circular reasoning: ADHD is a neurological condition

because it includes the symptom of hyperactivity, which, in turn, is a neurological symptom. In truth, there has been no irrefutable experimental evidence to indicate any neurological or biochemical involvement in ADHD patients. As Dr. Seidler said, "...no neurological dysfunction, no biological marker, no tumor, no lesion, no disease" has been linked to ADHD. The experimental and imaging studies that have shown a positive correlation between ADHD and central nervous system dysfunction are often flawed by poor methodology and inadequate control of variables. For example, imaging studies frequently use ADHD patients on stimulant medication. Therefore, the differences found in their brains on an MRI or fMRI, as compared to normals, may be due to the effects of the medication, rather than to the ADHD itself. Further, many of the studies are funded by the major pharmaceutical companies, who have a vested interest in promulgating a neurobiochemical explanatory theory.

Dr. Seidler proposed an alternate theory of ADHD, one that emerged from his work with approximately 200 patients who were referred to him for treatment of their ADHD. He saw these patients during the past 40 years in his private practice as well as in mental health clinics, public schools, and residential treatment centers. He said that he had "learned from my patients" and his "conclusions come from my experiences" with them. Dr. Seidler believes that his theory is more accurate, more complete and more parsimonious than the reigning one.

Dr. Seidler conceptualizes ADHD as a form of agitated depression. He believes that the presenting symptoms of ADHD – the inattention, hyperactivity, and impulsivity – are not the hallmarks of the condition. Instead, they are just manifestations of or defenses against the real culprit: unconscious feelings of sadness, loneliness, defeat, helplessness and hopelessness. If these underlying feelings of depression are addressed in treatment, then the neurological -appearing symptoms will diminish on their own, without benefit of stimulant medication.

Dr. Seidler maintains that the unconscious feelings of depression are the cause of ADHD and not the byproduct, as current theory hypothesizes. The sources of the underlying sadness, "run the gamut, but typically they stem from loss of secure attachment." Children with an ADHD diagnosis often suffer from an "attention deficit," but in the emotional sense of receiving too little parental attention, especially from the father. The father's role in the family is key because he provides the protection of the mother that enables her to be the

primary nurturer of the child.

Dr. Seidler's theory has at least three profound implications for the management of ADHD. First, it obviates the need for prescribing stimulant medication for every child with ADHD. Dr. Seidler believes that this is an enormous benefit since stimulant medications have "toxic" side effects that parents are not usually aware of. Like cocaine, stimulant medications are classified as Type 2 Narcotics. They have the potential to cause delayed growth, insomnia, loss of appetite, heart problems, strokes, and death. He believes that their benefit lies only in the short term, if at all. His preference is to treat patients without any medication; if a patient is referred on medication, Dr. Seidler tries to reduce and then eliminate it in a timely, safe manner.

Secondly, Dr. Seidler's theory allows the child's needs to dictate how and what is done in therapy, rather than a "knee-jerk," one-size-fits-all treatment for every ADHD child. Dr. Seidler's preference is to treat the child with psychoanalysis or a psychoanalytically based psychotherapy. He believes that "psychoanalysis is the most comprehensive of the therapies since it incorporates aspects of cognitive therapy, classical drive therapy, relational therapy, etc." Of course, "the relationship between you and the patient is supreme in any type of therapy you do with the ADHD child." Dr. Seidler stresses the fact that, "as a therapist you must calm and soothe yourself so you can learn about the child and calm and soothe him." Dr. Seidler also extends his role of interpretation and soothing to the parents as well.

Third, Dr. Seidler believes that his theory is able to explain certain facts that did not fit comfortably in traditional ADHD theory. For example, a theory of ADHD as a form of agitated depression explains why boys outnumber girls in being diagnosed with the disorder. In our culture, males and females express depressive feelings very differently. Females express depression through crying and verbalizing their feelings. Males tend to act out these feelings through aggressive or physical acts. When males become aware of their underlying depression during therapy, they tend to decrease their acting out and without the need for medication.

In conclusion, Dr. Seidler provided much food for thought to the PSPP Child Development Study Group. At the very least, we will be carefully reevaluating our stance with respect to the diagnosis and treatment of ADHD. We will also be incorporating Dr. Seidler's therapeutic suggestions with our ADHD patients.

Tinker Toys, Theory & Therapy: Self Psychology Case Studies

Susan McCrea, BS

We can all remember learning about Self Psychology back in graduate school (I certainly can since I just took my Individual Dynamic Therapy final exam in April), but do we all remember the basic principles of the self psychology theory? Perhaps a little bit less so.

Briefly, let's remember the "Self" as the organizer of experience and the seat of initiative. Like tinker toys, a strong structure will stand firm when threatened while a weak structure will fall apart. Additional concepts include "selfobject," "mirroring," "idealizing," and "twinship" functions.

You might be asking yourself, "Why the lesson in self psychology?" One, among the many good reasons, regards the April 26th meeting of PSPP's Child Development Study Group led by Rebecca Tendler, Ph.D. Dr. Tendler, former member at large of PSPP's Board of Directors, is a clinical psychologist operating her own private practice in Whitmarsh, PA. Members of the group represent a variety of disciplines including teachers, school psychologists, social workers and more. Dr. Tendler previously presented an advanced level talk on self psychology and trauma, and the group requested another talk from her at a more introductory level.

For those of us not fluent in Kohutian, Dr. Tendler presented a self psychology refresher followed by a discussion of two case studies where the techniques of self psychology were employed in the clinical therapy setting with adolescents.

Dr. Tendler's first case study was about a 16 year old girl who refused to go to school. This girl, we will call "Emily," presented as being depressed and anxious with low self-esteem. She had a pattern of enthusiastically pursuing many activities and then quickly losing interest and not following through. Finally, Emily had an unusually intense sensitivity to, and difficulty dealing with, authority, usually assuming they would not be of any help to her.

Drawing from the principles of self psychology, Dr. Tendler described several techniques she used with Emily, all of which involved the therapist being a useful and empathic "selfobject" to the patient.

"Mirroring," where the therapist reflects her understanding to the patient, was accomplished using simple responses that summarized the patient's ongoing experience. These responses enabled Emily to feel that she was being taken seriously and that the therapist recognized the distress that her emotions were causing her.

Dr. Tendler also used the "idealizing selfobject function," which is when the patient experiences the therapist as a strong and wiser person to look up to and the "twinship function," which involves the patient feeling like she is like the therapist. These were achieved through the therapist helping the patient solve problems and by statements by the therapist such as "We are on the same team, here," respectively.

Importantly, Dr. Tendler also acted as the selfobject to both of Emily's parents, mirroring their experience as parents and encouraging them to be firmer in setting limits. As Dr. Tendler described, her client's mother, an athletic instructor, struggled to put her foot down with her students the same way she did with her daughter.

Emily was referred to an alternative school whose less rigid environment worked better for her. Emily's parents learned to be more assertive with their daughter and set rewards for good behavior such as earning social time with friends by going to school and earning the privilege of driving practice by going to therapy.

Dr. Tendler ended her talk with a case study of an eight year old oppositional girl named "Faye." Faye had difficulty at school taking in what was said to her, especially when it came to following the instructions. She also rushed through tasks and talked excessively, going on and on and on. Additionally, she hated to be wrong and had frequent fights or temper tantrums with her mother.

"Selfobject" interventions took place during the play therapy. Dr. Tendler described "mirroring" as she attended to and engaged in the child's play and, again, as she made summary comments and interpretations. The "idealizing function" occurred as Dr. Tendler assumed the role of rule maker and limit setter in the session. And finally, an experience of "twinship"

occurred as Faye and Dr. Tandler broke into laughter together.

Similar to Dr. Tandler's work with Emily, she also worked with Faye's parents, in particular acting as a "selfobject: to the mother while teaching her to be a better "selfobject" to Faye. Faye responded well to the therapy and to the new skills her parents developed which allowed them to confidently act as healthy "selfobjects" to Faye.

These two case studies showed how the theories of self psychology can be translated to the clinical setting and how self psychology has evolved since Kohut's days of treating narcissistic patients. Dr. Tandler did an excellent job of showing the relevance of modern day self psychology and of providing specific examples of how to incorporate such techniques with child patients and their families.

Call for Papers

The Wise Child in Literature and Psychoanalysis

Conference on Children's Literature and Psychoanalysis

October 2, 2010

Psychoanalytic Center of Philadelphia

Featured Author: Lois Lowry, Newbery Award winner and author of numerous books for young adolescents.

It was Sandor Ferenczi who first wrote about the dream of the "clever baby" and related it to a number of typical analytic concerns: the anxiety of unmastered early trauma; the wish to "reverse or overcome the situation of the child" in relation to its smart and powerful elders; and the universal fact of the repression of infantile sexuality, making infancy a time when the baby was wise or clever in ways it later needed to forget. The subject is rich in as yet unexplored psychoanalytic possibilities. However, in children's literature we find wise, sensible and good children everywhere, often in conflict with stupid, silly and bad adults as well as formidable environmental crises.

This conference will provide a meeting place for explorations of this theme in children's literature generally, in Lowry's books in particular, and in both the theoretical and clinical aspects of psychoanalysis. It will also provide a forum for papers by graduate students and analytic candidates.

Please submit completed papers of 8-10pp., **names on cover letters only**, to: Elaine Zickler, PhD, at mezickler@aol.com by January 31, 2010.

The Jung Club

Two Upcoming Events:

Friday, Oct. 2nd, 2009, 1 to 5 pm, The Ethical Society Building

Borderlands: Western Culture and Native American Concepts of Psyche, Cosmology, and Healing

Native American culture, with its emphasis on connecting to nature and understanding the “transrational” experience, challenges traditional psychological theory. “Borderland Consciousness” has implications for defining reality, differentiating the pathological from the sacred, bridging the mind-body split and, ultimately, for clinical diagnosis and treatment.

Jerome S. Bernstein, trained as a clinical psychologist and Jungian Analyst, practices in Santa Fe, NM. Founding President of the Jung Institute of Greater Washington, D.C., Past President and current teaching faculty of the Jung Institute of New Mexico. Studied with Navajo medicine men for over thirty years to bring together Western and traditional models of healing. Most recent book is *Living in the Borderland: The Evolution of Consciousness and the Challenge of Healing Trauma* (Routledge 2005).

4 CE credits for psychologists and social workers,

For information and registration go to: www.thejungclub.com

Or call 215-545-7800, ext.1, Marion Rudin Frank, Ed.D at mjfrank@comcast.net

Friday, Nov. 6th 2009, 1-5 pm, The Ethical Society Building

Jung and Buddhism; Refining the Dialogue

Exploring the transformation of human suffering through the wisdom traditions of Buddhism and analytical psychology, and drawing on postmodernism and contemporary psychoanalysis, the presentation will describe self, selves and no-self from both a Buddhist and a Jungian psychoanalytic perspective. The Buddhist view of reality will be related to clinical issues.

Polly Young-Eisendrath, PhD, internationally renowned psychologist and Jungian psychoanalyst, Clinical Associate Professor of Psychiatry and Psychology at the University of Vermont, Clinical Supervisor and Consultant at Norwich University, long-time practitioner of Zen Buddhism and Vipassana. She has published thirteen books translated into twenty languages, including *The Resilient Spirit*, *Women and Desire*, *The Self-Esteem Trap: Raising Confident and Compassionate Kids in an Age of Self-Importance*, and co-edited *The Cambridge Companion to Jung*.

4 CE credits for psychologists and social workers,

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PSPP Member Announcements

PSPP member Deborah Luepnitz has had an article accepted for publication in the *International Journal of Psychoanalysis* titled "Thinking in the Space Between Winnicott and Lacan." The article is currently available online for journal subscribers and will be published in hard copy later in 2009.

PSPP member Elaine Hyman has changed the address of her second office. Her new second office address is as follows:

Elaine M. Hyman, PsyD
1528 Walnut Street, suite 1706
Philadelphia, PA 19102

PSPP member and past-president Jane Widseth, along with her colleague Richard Webb, have recently published an article in the *Journal of Aggression, Maltreatment & Trauma* titled "Traumas With and Without a Sense of Agency." Full citation below:

Webb, R.E. & Widseth, J.C. (2009). Traumas with and without a sense of agency. *Journal of Aggression, Maltreatment & Trauma*, 18(5), 532-546.

Section IV Report (continued from page 5)

greater online presence and considers questions such as the following: What are the benefits of an online quarterly newsletter? Would it be useful to have a PSPP blog? Would members prefer to renew memberships on a rolling basis rather than by a one-time annual dues deadline, as we do now?

In response to Julie's report of PSPP activities and programs, many chapter representatives were eager to learn about our Board of Directors Retreat in November 2008. To benefit from the wisdom of the leadership of our analytic community, the Board invited several past PSPP presidents to join the day-long meeting. In discussion with the past presidents, the current Board explored PSPP's history and mission, its relationship with PCPE, the need for outreach initiatives (e.g., connections with graduate students and establishing a speaker's bureau), and ways to organize the Board's various committees. Additionally, many chapter representatives were interested in our well-established Sunday Brunch Series and our

graduate student mentoring program. Julie was impressed by the creative programming reported by other chapters, including pro bono psychotherapy for war veterans (Florida), a community "regional calendar" of all the psychoanalytic organizations (Washington DC), a speakers bureau aimed at bringing psychoanalysis into local graduate programs (Chicago and San Francisco), and one-hour podcast interviews (in the style of Charlie Rose) of local psychoanalysts, which can be downloaded via iTunes (Michigan).

Overall, the Spring Meeting offered many opportunities for dialog and exchange of diverse ideas among colleagues. We returned to Philadelphia with a broader perspective on the issues facing psychoanalysis on both the national and local level and with a renewed commitment as PSPP Board members. The experience deepened our appreciation for PSPP's active role in the national psychoanalytic community, its exceptional programming for our local community, and its exciting vision for the future.



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SAVE THE DATE

PSPP 2009 Annual Meeting (Formerly the Fall Meeting)

December 6, St. Joseph's University

Details of meeting to follow

New PSPP Membership Renewal Process

Rodney B. Murray, Ph.D., PSPP Webmaster

This winter, the PSPP website was completely overhauled. For example, visitors to www.pspp.org can now apply for PSPP membership, register for events, and find a therapist using our Directory.

Members may now renew their membership and pay by credit card online. Annual membership dues are now "rolling," based on the anniversary of your last payment. Automated emails will be sent to remind you to renew. If membership is not renewed during a 30 day grace

period, your membership will be set to lapsed and you will not be able to reach the members-only part of the website with access to the complete Directory or receive listserv emails. You can always reinstate your membership by contacting the Membership Chair.

To renew your membership, login at www.pspp.org and select "View Profile" under your name. Click the "Renew until {date}" button and select your payment option, credit card or manual (by check).