



For Mental Health Professionals Interested in Psychoanalytic Perspectives

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

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## PSPP 2011 Fall Meeting

### Bruce Fink, Ph.D. – The Relevance of Lacanian Theory and Technique to Clinical Work Today

Robin M. Ward, Psy.D.

The 2011 Fall Meeting of the Philadelphia Society for Psychoanalytic Psychology was held on Sunday, November 13th. The meeting consisted of a review of the functioning of our organization over the past year, the awarding of the PSPP Achievement Award to Dr. Deborah Luepnitz, and a presenta-

tion by Dr. Bruce Fink titled, "The Relevance of Lacanian Theory and Technique to Clinical Work Today." Dr. Fink is a practicing Lacanian psychoanalyst, a professor of psychology at Duquesne University, and has written multiple books on Lacan. Additionally, he is the first to translate the whole of Lacan's *Ecrits* (1966/2005) into English from the original French. Dr. Fink began his talk detailing key principles in Lacanian psychoanalysis and ended with an extended example of the application of these concepts in the form of a case consultation with Dr. Katherine Restuccia. In the following, I will provide a summary of several of the concepts Dr. Fink described, including Lacan's conception of the importance of language in psychoanalytic practice, thoughts on Lacanian interpretation, and the role of the analyst in directing treatment.



Dr. Fink began his talk comparing Lacan's perspective to others in contemporary psychoanalysis. To do so, he referenced the familiar trope of "one" versus "two-person" models for conceptualizing psychoanalytic work. On the one hand, those considered "classical" (at least within the limits of this frame-

### Letter from the President

#### Lost in Transition

M. Jay Moses, Ph.D.



I was playing with my seven-year-old niece Ava over Thanksgiving break—we made up a role-playing scenario with her stuffed animals. I was speaking as one of the animals, a pig named Strawberry (he was red!), and said a few times proudly to Ava that "I am related to the Three Little Pigs; they are my cousins!" Ava became annoyed at me for

repeating this, and looking at me—not Strawberry—told me so. There was a very brief moment where the play stopped, and Ava and I were looking at each other with frowns on our faces. Strawberry then turned to his friend Blueberry (a blue bear, played by me as well) and repeated his proud statement. Blueberry immediately shouted, "You already told us that a million times! I can't take it anymore!" and jumped on top of Strawberry, pummeling him. Ava started cracking up, and this interchange between Strawberry and Blueberry became one of the themes of the play which always led to much laughter for both Ava and me.

The moment between Ava voicing her frustration with me and the play turning to laughter feels familiar to me, and it makes me think of innumerable times in the therapeutic interaction where things can turn on a dime. Will the conversation open

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Dr. Bruce Fink (right) and Dr. Katherine Restuccia listen intently to discussion of the case.

work) are described as focusing solely on the intrapsychic dynamics of the analysand and, on the other, those from a relational perspective are situated as seeing mutative moments in analytic work as co-constructed phenomena occurring in an in-between space where both the subjectivities of the analyst and analysand are mutually implicated. Dr. Fink proposed that Lacan should neither be situated on one side of this conceptual divide nor thought to endorse a “both/and” solution. Instead, he suggested Lacan would respond from a different register, highlighting a different term, one always already there, but for the most part unacknowledged; namely, language.

For Lacan, language (also called the symbolic register) is the crucial “Other” to consider when approaching psychoanalytic work, an other both inside of and external to ourselves. Quoting Lacan, Dr. Fink noted that, “Man is born in the bath of signifiers;” that is, we are born in language. Language precedes us (it existed before us) and inhabits us. What is more, there are strange effects of language, almost mechanical in nature, that seem to function through us. Said differently, and

this is of key importance for a Lacanian perspective, language is a superstructure that provides both for the possibility of communication and miscommunication. In Dr. Fink’s words, “Language is a means of conveying meaning and a wall preventing this;” as language always involves “semantic ambiguity” and “polyvalence.” It is the Lacanian analyst’s special attention to the ways that language miscommunicates that distinguishes this approach from other contemporary psychoanalytic perspectives.

Dr. Fink noted that a Lacanian psychoanalytic interpretation does little to fill in the blanks provided by the polyvalent and ambiguous nature of language. Instead, the analyst endeavors to highlight the ambiguity. Interpretation aims, in Dr. Fink’s words, “...not at making meaning, but rather at making waves, shaking things up,” with the intention, ultimately, of setting gears in motion that might produce new material.

Regarding the role of the analyst, Dr. Fink noted that a Lacanian clinician is not neutral in the sense often caricatured as psychoanalytic, for example, the silent analyst letting the analysand talk (and talk and talk) with little to no interaction. Instead, the Lacanian clinician is very active in maintaining a focus on the unintended meanings conveyed in the discourse of the analysand and directs her or his attention accordingly. Tools to accomplish this goal include encouraging the analysand to continue truncated speech, highlighting moments of unclear communication, and encouraging the analysand to respond to unintended speech productions (referred to by Freud as bungled acts or parapraxes). Along these lines and unique to Lacanian psychoanalysis is the use of the variable-length session. Here the analyst brings sessions to a close at particularly poignant moments in order to highlight the material deemed most significant from the perspective of the generation of new meaning.

The day concluded with time for audience members to ask questions regarding Dr. Fink’s presentation as well as to comment on Dr. Restuccia’s case presentation.

**Reference:** Lacan, J. (1966/2005). *Ecrits: The First Complete Edition in English*. (Bruce Fink, Trans.) New York, NY: W. W. Norton.

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## Letter from the President (continued from page 1)

up, allowing for new expressions; or will it go sour, feel closed and staid, even rote and boring? What influences the direction of the dialogue in these moments? Certainly, the history of the relationship is a factor—the trust that has developed or not developed, the willingness to engage the other. My response to Ava in that transitional moment was not conscious and deliberate. I just started acting. It was as if our created fantasy world was driving the play forward in this direction. Our one tacit agreement was that we would jointly lose ourselves in play. In deeper, more intimate moments in therapy, there’s a “play zone” that may be created where both therapist and patient speak/act from a place which feels more unconscious, more spontaneous, and more embedded in the relationship and the dialogue than usual. Paradoxically, in these shared, more

mutually creative moments I typically feel more myself, and patients appear to me to be more fully alive. We are lost in the interaction and we are found in the interaction.

I believe that the most moving, powerful moments in therapy arise in the context of these transitional interchanges, where the therapeutic partners are given the opportunity to lose themselves and find themselves in the engagement of the other. A new relationship may come into being, surely embedded in the relationships of the past, but new and unique in the sense that it was created mutually out of the interactive synergy of the analytic pair. The patient is looking for this new relationship, one that sparks a greater liveliness and lends freedom and hope, one that allows for deeper intimacy and more play.



## Commentary on the Fall Meeting

# “That’s Not Psychoanalysis”

David Mark, Ph.D. and Rachel Kabasakalian McKay, Ph.D.



“That’s Not Psychoanalysis” was the phrase used for years by conservative Freudians to denounce new and divergent thinking. The effect it had was traumatic for both psychoanalytic patients and the field of psychoanalysis itself. Countless people were “shrunk” in the name of upholding a particular ideology under the guise of “proper technique,” and alternative voices in the field had to cope with the silencing and shame that accompanies marginalization. The loss of cultural relevance of psychoanalysis which began in the 1960s, and from which the field has not come close to recovering, was self-inflicted and richly deserved.

Psychoanalysis has entered a less hegemonic era, but every once in a while our traumatic past is revived. We are offering this opinion piece about PSPP’s annual fall meeting because we do not want people entering the field to gain the impression that the “return of the repressed” as it emerged that afternoon represents current directions in psychoanalysis.

At the outset, we want to be clear that we are not intending our remarks to be a criticism of either Freudian theory as it is currently practiced, nor of Lacanian theory generally. Instead our remarks are intended specifically to address a number of issues that troubled us during Dr. Fink’s theoretical paper and his supervision of the case presentation.

Dr. Fink began his paper by criticizing what he referred to as a “me-centered” listening stance. Contemporary therapists, he argued, too easily assume they *know* what their patients are feeling on the basis of what they are feeling or might be feeling were they in a similar situation. In his view, concepts such as projective identification and empathy follow from such “Vulcan mind-meld” assumptions. In contrast, he advocated a listening stance that followed the patient’s language “to the letter.” From such a stance, the therapist is more apt to hear slips of the tongue and other instances of “multivocality.” Perhaps it would be fair to say that for Dr. Fink this multivocality of the patient’s language constitutes a second royal road to “the unconscious.” This unconscious, composed of forbidden sexual wishes, is much the way Freud left it after *The Three Essays*. The intent of the analyst’s interpretations is not to identify what is in the patient’s unconscious, but to shake it up and “put it to work” by offering enigmatic, ambiguous sorts of “punctuations” of, and commentaries upon, the patient’s speech.

As soon as we ask, “What’s it like for the patient whose unconscious Dr. Fink is intending to address to be spoken to that way?” we can appreciate how completely the patient’s subjectivity is bypassed. And it isn’t only the patient’s subjectivity that is bypassed (or dissociated). After all, this sub-

jectivity, which is neither univocal nor synonymous with what is conscious, is apprehended and influenced by what is happening intersubjectively. This, too, seems to be overlooked by Dr. Fink’s approach. Part of what is co-created and exists between patient and therapist—i.e., *intersubjectively*—is an affective mood, charge, or feeling. This is not mind-meld; each person has their own subjectivity, but it is part of what both participants are creating and responding to. This intersubjective phenomenon may not be as “objective” as language (Other with a capital “O”), but so what?

Every post-classical approach to psychoanalytic work has re-introduced trauma as a core concept (We believe it does in Lacan’s theory as well), which, among other things, changes the way we view what is excluded from consciousness, and why. From this post-classical perspective, it is impossible not to think of the bulimic patient presented by a very talented PSPP member through the lens of trauma (The patient was verbally and physically abused by her mother, eventually requiring the intervention of child services). We saw no sign that Dr. Fink thinks in terms of trauma at all. He started with a reasonable question: How does the patient understand that she was more severely abused than her two siblings? But as he continued to talk about the questions that would interest him, he increasingly slid toward the assumption that the patient perpetuated the abuse, noting that her siblings avoided the worse of it, so why didn’t she? (He was concerned for good reason that he might’ve sounded like he was “blaming the victim.”) It is in the area of trauma that Fink’s remark, “as Freud taught us, every fear is a wish” is especially disturbing. As Dr. Tim Wright skeptically and rhetorically said to one of us during the break, “Fears are wishes? Always?”

By contrast, working from a Relational perspective, a central question would be: what are the participants’ ongoing experiences of each other? More specifically, how would a patient experience an analyst who is focused upon the patient’s “desire” in the area of trauma? We suggest that it is the shameful and terrified “self-states” of the patient that are dissociated and need to become an experienced reality and recognized by the therapist. Yet, it is precisely these vulnerable aspects of the patient that are actively discouraged from emerging in the presence of another person—i.e., a therapist—who, by insisting on recasting fears as wishes, is engaging in a denial of the trauma.

The analyst listens differently when trauma is “kept in mind.” To put it too briefly, the analyst is apt to listen with (a) an increased interest in reality, for what people do to each other; (b) an increased attention to states of mind, to our own and our patients’ absences (dissociation) and emergences,

since the purpose of dissociation in the face of trauma is to drain experience of personal significance; along with (c) an increased concern for the participants' affective presence and affective overload; (d) an understanding that terror, helplessness, and shame are central affects in their own right; and, more generally, (e) a listening stance that is far more comfortable with emotional involvement and belief, rather than a stance characterized by a "hermeneutics of suspicion" (Ricoeur). While recognition of the complexity of the human

psyche and efforts to shed light on less-illuminated areas of experience have always been hallmarks of psychoanalysis, this does not necessitate an attitude of suspicion or blaming in relation to one's patients, nor of assuming that the truth is the opposite of what the person is claiming it to be. We believe strongly that the best in psychoanalysis comes when the analyst can balance the propensity to question with a deep capacity for belief.

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## 2011 PSPP Award for Achievement

*Dennis Debiak, Psy.D.*



On Sunday, November 13, long-time member Dr. Deborah Anna Luepnitz was honored with the 2011 PSPP Award for Achievement. The PSPP board of directors flattered me by asking me to present this award. I immediately thought back to last year, when Karen Dias gave a touching tribute to Dr. Barbara Goldsmith when she received this prestigious award, which included the sentiments of many graduate students who have been taught by Dr. Goldsmith.

As a Lacanian and an accomplished writer, Dr. Luepnitz appreciates the beauty and nuances of language more than anyone I know. So, I decided to take a page from Dr. Dias' book and include the words of other people who love and admire Dr. Luepnitz. I contacted several of her friends and colleagues and they are the co-authors of this tribute to her. Their responses to my request were effusive and I ended up with more words than I could use. I agreed with Nancy McWilliams, who said in her reflections, "I suspect she will be a bit flustered by being honored, but I am glad she will have to endure this celebration of her contributions. I don't know anyone in our field who is more deserving of our admiration and respect."

In addition to Dr. McWilliams, PSPP Members Patricia Gherovici, David Mark, Rachel Kabasakalian McKay, David

Ramirez and Barbara Zimmerman-Slovak contributed to this tribute, as did Project HOME Executive Director Sister Mary Scullion, British psychoanalyst and activist Susie Orbach and best-selling author Elizabeth Gilbert.

As David Ramirez observed, "[Dr. Luepnitz] has done more for the porcupine than any other social scientist. She has elevated the porcupine to symbolic status and has used its natural inclinations as a way of capturing the exquisite conflict inherent in interpersonal relationships." Rachel McKay noted, "I have such deep admiration for Deborah's commitment to integrating social justice and psychoanalysis. With IFA (Insight For All), she is a beacon for those of us who believe deeply that such a marriage is both possible and necessary. Deborah 'walks the walk,' leading, and gently challenging all of us to find ways to re-establish the more radical edge of psychoanalytic engagement in communities."

Patricia Gherovici commented, "Her passionate intellectual curiosity is contagious, as also is her sense of humor. Deborah is someone with whom I always can have an exciting conversation. Over the years, she has been an amazing interlocutor with remarkable intellectual rigor and clinical refinement, as well as a very supportive colleague of great generosity." Sister Mary Scullion said, "Deborah is a vital, valued and dearly beloved member of the Project HOME community. Her passion for social and economic justice is only surpassed by her faithful commitment spanning a decade, her incredible generosity and her humble service."

My tribute concluded with the words of *Eat, Pray, Love* author Elizabeth Gilbert, who said, "I am grateful — or, as she and I said it one memorable night in Rome—SONO GRATA." *Sona grata* per Deborah. She is a bright star in the firmament of my life." Amidst the enthusiastic applause of those present, as she approached the podium, Dr. Luepnitz embraced me heartily and said, "That was over the top!" I felt satisfied in that moment that these tributes had touched her and had conveyed to her how much we think of her as a bright star in our lives, in our field and in our local community.



Cynthia Baum-Baicker, Ph.D., (left) with Hedda Bolgar, Ph.D., who is still practicing at 102 years old!

## Research and Practice

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### The Clinical Wisdom in Psychoanalysis

*Cynthia Baum-Baicker, Ph.D.*

#### Background

I have always been interested in the narratives of older people. In 2006, then-President of Division 39, David Ramirez, asked me if I was interested in creating an Outreach Project for the Division. After pondering this, I thought, "If those outside of analytic circles think psychoanalysis is dead and/or dying, what's alive?" I then thought about wisdom—dynamic, time-honored, and durable. I wondered what senior psychoanalysts deemed "wise" had learned about psychoanalysis and the human condition, after decades upon decades of listening. Could this be operationalized and the legacy of this generation captured? A more refined goal came to light when I discovered there was no definition of "Clinical Wisdom" in the literature. This would be the "outreach." Specific wisdom from senior analysts detailed and utilized to create a nascent definition of "Clinical Wisdom." Thus far the work has been presented in Div 39 (Chicago; NY); Div 29 (APA, San Diego); PSCP; and in May, a three-hour workshop is scheduled for the annual Meeting of The American Psychiatric Association. The first publication to come out of the research is scheduled for spring, 2012, in the *Journal of Clinical Ethics* and a Commentary piece has been submitted to *The American Psychologist*.

#### Introduction

Mark Twain observed that "Wisdom is the reward you get for a lifetime of listening when you would have rather talked" (Alford, 2008). There are, however, more salient reasons why psychoanalysts were well situated as the primary source for a study of "Clinical Wisdom."

There can be no clearer way of describing the psychoanalyst's mission than Sternberg's (2005) opinion that the "wise person" endorses a judicial thinking style, trying to understand why, rather than judge. Wisdom has been defined as "expertise in uncertainty" (Brugman, 2000), a reflection of the non-formulaic, analytic mode of treatment. It has been defined as a balance between knowledge and doubts, intense emotion and detachment; an openness to one's inner world and a curiosity about the outer world; and the ability to critically reflect while maintaining attentional flexibility (Baltes and Smith, 2008; Birren and Fisher, 1990; Kramer, 2000; Meachan, 1990; Tiberas, 2008).

Recently, developmental psychologist Gisela Labouvie-Vief expanded on Piaget's work as she researched wisdom in old age. Her Dynamic Integration Theory (2008) sheds some psychoanalytic light on wisdom, as it anchors wisdom in affect regulation, noting that affect regulation is made up of

two independent emotion regulation strategies that are in dynamic balance: affect optimization (gravitation toward positive emotions) and cognitive-affect complexity (search for differentiation and objectivity).

Interestingly, as people age, they often gravitate more towards positive than negative emotions (Lavouvie-Vief, 2005). But they oftentimes do so by reducing cognitive-affective complexity. This is not so for people who achieve wisdom in old age. These persons are able to integrate negative experiences into an overall positive whole, even as the self becomes increasingly tolerant of diversity and difference (Labouvie-Vief, 2005). Very unfortunately for psychoanalysis, the stereotypic arrogant psychoanalyst is not a “wise” clinician; albeit cognitively complex, s/he has not achieved affective optimization. He/she is smart, but not wise. For decades, their words played too central a role. The hope of the Wisdom Project is to counter this and add a new “old” voice to represent psychoanalysis.

### Method

Participants were nominated by their peers. Eighteen participants were chosen, their ages ranging from 73 to 100. They were American and Canadian psychoanalysts from the fields of clinical psychology and psychiatry. Interview technique followed Cartwright’s (2004) guidelines for psychoanalytic research: interviews began with open-ended questions that led into in-depth discussions. Approximately 50 hours of interviews have been transcribed and examined.

### Results

Interview responses coalesced around the following six themes. While I’ve collected hundreds of quotes per theme, for the purpose of brevity a short quote per theme is listed.

1. **Creative Technique and Pushing Treatment Limits:** *The rules are valuable, but they’re there to be broken. Don’t be doctrinaire, go where you feel it is going to be a healing way of being with this particular patient. But be careful about the boundaries – keep them where they belong and don’t let them get fuzzy.*
2. **Wise Listening:** *I don’t think you listen the same way to each patient. Each patient creates a situation in which you’re willy-nilly embedded and if you extract yourself from that situation too much, so that you retain the same identity with each patient, then you’re not really working with the patient. So if you allow yourself to flow into their embeddedness, whatever it is, then they’re coercing you into listening in a particular way and that’s part of the treatment.*
3. **Humility, Kindness and Humor:** *If there’s a balance, the balance is, I know my place. One of my places is, I’m not so important.*
4. **Pearls of Wisdom:** *I think, in general, feeling that one has not gotten too badly in one’s way, is the foundation for happiness.*

5. **An Appeal to Paradigm Cases:** *One day a patient who had been in treatment came in and said, “Do you want me to tell you what’s helped me, what’s worked?” And I said, “Of course, I always want to know.” And I thought I’d get something very brilliant and erudite from him, because he was a brilliant guy. He said: “I would come in here, and I would be very anxious. And when I would leave, you weren’t. It didn’t rub off on you.” And ultimately, we worked together for a very long time and he did very well.*

6. **A Need for Mentors:** Similar to any oral history, knowledge gained by Wisdom Project participants through close one-on-one supervision by now-deceased elders Bruno Bettelheim, Anna Freud, Margaret Mahler, Erich Fromm, Paul Gray, Franz Alexander, Donald Winnicott, Sylvan Tomkins, Heinz Kohut, and others, was maintained and passed down to be used and built upon by the next generation. Participants shared not only wisdom their elders had shared with them, but also personal anecdotes. One interviewee shared about the time Rene Spitz reminisced about his analysis with Freud. After a particularly good session, Freud handed him a cigar, saying “This deserves a reward!” Bemused, Spitz asked, “But Herr Professor, what about the rule of abstinence?” Freud answered: “I have set up the rule, I can break the rule.” As one of my interviewees reminded me—Freud called his technique a recommendation, not a rule.

The paradoxical dimensions of clinical wisdom were expressed repeatedly. Two examples: *We’re attached and we’re separate. We let the clinical material wash over us as we pay attention to the details.* Clinical wisdom can be described as a multifaceted concept that involves the capacity to accept a set of seemingly contradictory or dialectical realities: logic and paradox, pragmatism and idealism, and rule-setting and bending.

Based on the thoughtful reflections of these eighteen senior clinicians, a definition for “Clinical Wisdom” emerged:

*Rooted in pragmatism, clinical wisdom is the capacity to carefully balance an interplay of paradoxes in an open and nonjudgmental way; it is built upon a kindness, humility, and a deep regard for the Other (Baum-Baicker and Sisti, 2012).*

This definition defies standardization and measurement and is not amenable to procedural models or decision-making flowcharts. This is the art of psychotherapy, requiring depth, training, and seasoning. The best way to develop this kind of clinical wisdom is through study, practice, and modeling by mentors. Stories abound from the many hours I spent with these wise elders; needless to say it’s deepened my clinical wisdom and given me much joy.

# Community Outreach

## History of Insight For All (IFA)

*Deborah A. Luepnitz, Ph.D.*

**The ache for home lives in all of us—the safe place where we can go and not be questioned.**

*Maya Angelou*

Despite the universality of the longing for home, one million Americans experience homelessness each year. Most are homeless for days or weeks only, but ten percent are what we call “chronically homeless” and typically suffer from mental illness, addictions or physical disabilities. I got interested in homelessness when I treated a woman who had lived on the street twice in her life. We worked together for over a decade, and it changed my view of who can benefit from insight-oriented treatment.

Anyone who wants to learn about homelessness in Philadelphia immediately finds out that the person who has made all the difference is Sister Mary Scullion. Whereas our city once had 25,000 homeless people per year, the numbers now are a mere fraction of that, due largely to the efforts of Sister and her best friend, Joan Dawson McConnon. Their makeshift shelter has grown over 20 years into a network of 14 buildings all over the city that homeless people never have to leave. They are offered medical care, educational and employment opportunities and the chance to engage in political advocacy. (Project HOME has multiple funding sources—private donations, state, city, and federal funds.)

With Sister Mary’s permission, I began running groups for staff so that I could learn more about the problems that arise when a homeless person decides to live indoors. I used psychoanalytic ideas in these groups both to facilitate the process and offer constructs such as projective identification, the



holding environment, and the value of depression, to enhance the understanding of what these remarkable staff members were already providing for the residents.

After five years of running groups, I invited a few colleagues to join me in a project I decided to call IFA—Insight For All. This was in response to Project HOME staff telling me that they did indeed wish that some residents had access to long-term treatment. Yes, many saw psychiatrists for meds, or counselors at community mental health agencies. However, the turnover in those agencies is high, and residents often had trouble feeling connected or even getting to those appointments, even when bus fare was offered.

The first person to join me was a classically-trained psychoanalyst named Linda Spero. She began to see people at the Project HOME residence for homeless families. The mothers and children in those families really loved her. Imagine living on the street with five little ones and enduring the contempt and indifference of others for years. Then a wise person shows up who just wants to listen. She doesn’t want to write a report for DHS or check out your housekeeping skills. She wants to hear about what you’ve been going through. Think of how few people in history have been listened to in this way.

When a case manager calls to refer a resident, I phone one of my volunteers and make a match. The patient generally is seen on the premises of Project HOME in a conference room. This is not ideal, but the advantage is that the protective skin offered by Project HOME isn’t ruptured by having to go to the therapist’s office. This is how we have continued to operate. Some patients eventually graduate to the therapist’s office, and a few have offered to begin to pay the therapist a small fee as they have moved on in their lives. (We even have one homeless man who managed to get Medicare and I matched him with a volunteer who is a Medicare provider.)

IFA therapists meet as a group twice a year in my office as a kind of think tank. We share our experiences, frustrations and triumphs, and we attempt to articulate the psychoanalytic constructs we are finding most useful to our work. We have presented now several times at conferences such as Division 39.

A group in New York called the Women’s Therapy Centre Institute decided to copy us late in 2005 and have done a

Interested in Volunteering? IFA is seeking therapists with a psychoanalytic orientation who can commit to long-term pro-bono treatments, have flexibility in their schedule, and are willing to see clients at the Project HOME sites (e.g. 21st and Arch, 1515 Fairmount, Diamond St., etc.). Advanced graduate students who know they will remain in Philadelphia post-graduation are invited to apply. If interested in joining IFA, please send a hard copy of your resume to Dr. Luepnitz at: 4247 Locust St. Apt # 817 Philadelphia, PA 19104

remarkable job. They are a larger group and have been together, committed to psychoanalytic theory and practice, for 30 years, so they have probably seen more patients than we have at this point. I refer to them as “IFA in NY” but they call themselves “Connect and Change,” and their referral source is a shelter for women who have suffered domestic violence. Both groups operate pro bono. The NY group has applied for grants and is able to cover some expenses that way. IFA in Philly has no budget, no grants, and it seems to me there are advantages to this. We are not beholden to any agency, we have no red tape and don’t need to please some well-meaning institution that may or may not understand our mission.

And our mission is simply to offer free psychoanalytic therapy to people who have experienced homelessness.

We at IFA are not doing research, so we have not felt the need to measure outcomes or keep careful statistics. There are patients who relapse after making strides, end up on the street again, and eventually return to Project H.O.M.E. and to treatment. It’s difficult to quantify these complex human situations. If I count the individuals who have been in treatment, along with people in groups and family work, roughly 175 people have been served in the Philadelphia and New York projects combined. Our goal is to work with the patient as long as needed; we emphasize depth over trying to give everyone a little bit of therapy.

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## Philadelphia Declaration of Play

*Laurel M. Silber, Psy.D.*

Mayor Nutter proclaimed September 23, 2011 as Philadelphia Declaration of Play Day. On that Friday evening the Philadelphia Center for Psychoanalytic Education, Smith Memorial Playground, Play InBetween, Philadelphia Pocket Parks, Delaware Valley Association for the Education of Young Children and The Parent Child Center of the Psychoanalytic Center of Philadelphia co-hosted a kick-off event for advocates of children. The intent of this event was to sign a Declaration of Play and commit energy to changing the lives of children in Philadelphia.

We were sounding a bell, again, in Philadelphia to alert people about a crisis in childhood. Foremost on the agenda was to return play to children’s lives in the schools, their homes and their neighborhoods. The event was held at the Smith Memorial Playground and Playhouse. Sixty people attended

the cocktail party, which included music by a jazz trio, and three guest speakers:

- ▶ Dr. Anna Beresin, Associate Professor of liberal arts of the University of the Arts and author of *Recess Battles* (recessaccess.org);
- ▶ Dr. Kenneth Ginsburg, a pediatrician specializing in adolescent medicine at the Children’s Hospital of Philadelphia and Associate Professor of Pediatrics at the University of Pennsylvania, author of *Building resilience in Children and Teens and Letting go with Love and Confidence*.
- ▶ Dr. Kathy Hirsh-Pasek, a Professor in the Department of Psychology at Temple University and author of many books



(L-R) Meg Wise, Corinne Masur, Fran Martin, Christine Piven, Laurel Silber, (also in the group Tyrone Scott)

including *A Mandate for Playful Learning* and *Einstein Never Used Flash Cards* (with Golinkoff and Eyer).

Dr. Ginsburg concurred with Dr. Beresin that play is not an “extra.” It is essential to social, emotional, and neurological development in children. We are taking away play to prepare our young people to be successful in the future. Dr. Ginsburg asked about the logic of making children miserable now so they will be successful later. Maybe we should be asking the question, “What is our meaning of successful?” If we define success as compassionate, creative, collaborative, resilient, along with the use of critical thinking and the ability to communicate, then taking away play is deeply inconsistent with our goals for the future.

Dr. Hirsh-Pasek called for us to reflect on the fact that 50% of high school students in Philadelphia drop out of school and we have seen an 8 hours per week loss of free playtime for children. What are children doing instead? Children 4 years of age spend 4 hours a day in front of a screen, while children 8 years of age and older spend 8 hours a day. Dr. Hirsch-Pasek states that we are laboring under the “learning illusion”, asking children to memorize facts and presuming it will get them and the country ahead. The reality is that our standing in the world in terms of achievement has dropped

dramatically behind other countries who allow their children to play. Finland, a country that values play, is at the top of the list, while in our own country, the private business sector is creating tutoring businesses for pre-schoolers.

The evening stimulated much thought about how Philadelphia can join the national movement to improve the lives of children in our community. Fran Martin, PhD. read The Philadelphia Declaration of Play and all participants signed it. The following week, the committee along with supporters walked to a new playground carrying the Declaration to “Free Play on the Parkway,” a new pocket park created by Christine Piven and Catherine Barrett. This delegation will continue to take the message to City Hall.

Laurel Silber, PsyD encouraged mental health practitioners to join in this multi-disciplinary effort to speak on behalf of children’s needs. For those interested in learning more, see the Facebook page, Philadelphia Declaration of Play, and you will witness the value of collaboration in action. As Corinne Masur, PsyD. of the Psychoanalytic Center of Philadelphia pointed out, it is no coincidence that psychoanalytic organizations are involved in this issue because psychoanalysis has always valued play and recognized its value in understanding children.

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## Self-Care

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### Donut Do or Donut Do Not?

*Debby Bierschwale, Psy.D.*



“You’re the kind of person who eats donuts!” During a year of graduate clinical training spent providing therapy at an AIDS hospice in Philadelphia, this was the most memorable line bestowed on me by a patient.

I have always liked donuts. Who doesn’t? I took the patient’s comment as a reminder of how it may not be enough to admire donuts from afar, one must eat them at least occasionally in order to unleash their hidden powers. I am most like Homer Simpson when indulging in a sampling of the many awe-inspiring flavors, colors and textures to be had. Part of my self-care philosophy certainly translates to hearty enjoyment, in moderation of course.

I think often about (and take pleasure in teaching others) how to stay healthy and, equally key, how to care for oneself when not healthy. The Pink Floyd lyric, “When I was a child, I had a fever...” comes to mind as I write this. In my youth, I came down with somewhat frequent and high fevers during the

cold season. When this happened, my mother looked after me. Her example consistently demonstrated the meaning of taking care, which has developed into a strong sense of Self Care as an adult.

At the first signs of a cold, my mother would emphasize the great necessity for the sick person to get extra rest, in long blissfully quiet naps, and remain well hydrated and nourished. Throughout the 18 years of my childhood, I needed only to take antibiotics on a single occasion, when I had bronchitis at the age of 11. I’m certain that my avoidance of serious illness had much to do with the ways my mother took care of me during my times of vulnerability. I did not realize then that her style and my consequent attitude toward myself were atypically gentle, in a world far harsher than I could ever imagine.

As an adult, I have adopted the best from my parents’ example of how to care for oneself and family. Still, their lessons have come to be just one half of the spectrum of good self-care that defines me now. A new worldview came into focus

in the years since my husband and I joined lives and I was welcomed into the folds of his family culture. From the relative softness and coddling of a Jewish upbringing to a family of old-world German fortitude I leapt.

And how abruptly I learned the differences therein. Less than a year after marrying, Ralph and I accompanied his entire family on a trip to Germany for a cousin's wedding. I had picked up a virus shortly before the trip and broke into fever and flu-like symptoms upon our arrival. My temperature soared that first night. A combination of jet lag and falling under the spell of German stoicism rendered my typically doting and compassionate husband unavailable to care for me. At 2:00 a.m., I was in dire need of medicine to bring down the fever. Stumbling in my nightgown to the bar below our small hotel room, I somehow managed to procure Tylenol from a woman with whom not a single word of spoken language was shared.

The next morning, my father-in-law, an otherwise kind and gentle man, told me, "We're not the kind of family that says, 'Poor you.'" In a physical and emotional state that would otherwise have knocked me on my tuches for several days, I felt no choice but to "suck it up" and tour the city of Cologne, on foot and without complaint, for the remainder of that long June day. Pictures from the trip show me looking like a smiling corpse.

I admire and respect both perspectives when it comes to Self Care. Striking a balance between being kind and compassionate with yourself and pulling yourself up by your bootstraps without self-pity has come to represent my winning formula.

*P.S. Jewish Chicken Soup Recipe Bonus Tip: Cook chicken with bones in, and don't forget a handful of dill!*

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## Culture

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### The Office: Pam as the Archetypal Clinician and Good-Enough Mother

*Sandra H. Kosmin, M.S.S., L.C.S.W.*



I think a lot about not only therapeutic technique and the timing of interventions in my clinical work, and emotions that I feel while sitting with patients, but also about my internal attitudes that inform and shape their use, such as curiosity, receptivity, acceptance. I look for ways to develop, access and foster such attitudes and sometimes find them in unlikely places.

Recently, I focused on this in my work with a particular patient. I noticed my efforts to be present, to listen and to contain my desire to interrupt as I watched her react to her projections onto her external environment. I was aware of trying to keep our relational environment stable for both of us as I saw her struggle with persecutory demons. It had been frustrating and difficult for me not knowing whether she had developed sufficient ability to internalize and use my perspective or presence for self-soothing.

During one session, I pondered how she seemed to want me to be quiet and to talk at the same time, and saw that I felt cornered, in a bind with her. Casting around for internal support, I found myself thinking about Pam, the receptionist (and now sales associate) on the much beloved TV show "The

Office." With that focus, my own internal world became a little more soothing. This was not the first time that I had thought about Pam and clinical work.

When I've watched "The Office," I've observed Pam watching Michael. I've seen her shifts in expressions as she witnesses his attempts to gain ground, get attention, force others into responses that he believes will make him feel "better," that is, allay his great fears and his sense of inadequacy and alone-ness.

I've admired her holding steadily onto the tiller of common sense and noted her authentic measured response as Michael dances more and more frantically. I think that she does this to care for herself while being with him. And she has to be with him.

I'm inspired by her melding of compassion, embarrassment, aghastness and absolute implacability about not bending to his demands when they constitute a level of intrusion that crosses her line. Often, she silently (and with some sorrow) witnesses his descent into degrading and destructive actions (toward self and others), but she draws the line at her own physical compliance (such as when he wanted her to be in a video where he showed his imagined future son how to unhook a woman's bra; she refused, pulling physically and forcibly away from him, and he wound up using Dwight as

his mannequin). Sometimes, however, her frame slips, and she goes along with something that she has to go back and manage later.

She offers him existential reality testing and patience that pulls him back from the more humiliating and absurd places that he careens towards.

She seems to be willing to see Michael, to be with him, even as she sometimes squirms with humiliation for him, as we viewers do. Michael's presence spills over to engulf and dwarf every other emotional reality and need in the room, and she quietly and humanely keeps a sense of proportion. She bears it when he pursues futile goals and acknowledges him when he is effective.

She exudes empathy and an attitude that there are limits at the same time. The limits are simple and clear. She's a good model for a parent, too.

One thing that I love is that she doesn't talk too much, like the mentors from whom I have benefited, not much at all. What she says is to the point, pithy and contains the necessary messages. In the earlier seasons, she was humble (and still is, while, thank goodness, she can now express more greed and entitlement). She tracks Michael from one moment to the next, staying attuned to him, and her company grounds him. Her involvement is important to him, and he makes shifts to stay in relationship to her.

One day, sitting with a patient, I felt myself sitting quietly, studying our interaction with some detachment and a sense

of quiet. Something was familiar and also different in the attitude that I was adopting. I recognized that I had been studying Pam's interventions with Michael as a model as if I were channeling her. I hadn't done it deliberately, hadn't set out to do it, it just emerged.

Not long after that, I suggested trying the Pam-channeling to a clinician friend who was feeling out of steam in working with a patient for whom, it seemed, she could do no good. Connection to her own complex experience eluded her in the face of relentless and painful projective identification. She expressed relief in having, I think, increased access to her internal Pam, and later reported that she had found some support there.

I already share some qualities with Pam's character. I tend to begin clinical interactions in a quiet, very actively observant way and to restrain my responses to the expressions and behavior of my patients, and then when I intervene, I can still have quite a note of restraint and thoughtfulness. But there is something about seeing it externalized in another person—fictional or not—that is gratifying and that shows its potential utility.

I recognize how I have come by these characteristics and how they have served me in various ways throughout my life. Those realizations have developed over years of doing clinical work and examining my own history.

What's Pam's back-story, I wonder?

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## Perspectives

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### The Psychological Snare

*Eric M. Greene, M.S*



Since the seeds of thought of our great grand-thinker, William James, helped to cultivate the emerging field of Psychology over 100 years ago, there have been some prickly thorns which still snare us today. In 1890, William James wrote, "'The Psychologist's Fallacy'[:] The great snare of the psychologist is the confusion of his own standpoint with that of the mental fact about which he is making his report" (p. 196).

Psychology is snared by confusion. In other words, we psy-

chologists are entangled, enmeshed, befuddled, tricked, entrapped by a pouring together, a fusing together, a fusion, a con-fuse-ion, of our subjective experience and the objective fact about which we are trying to understand, of ourselves and our patients.

I'm sure all of us practitioners have had those moments when we are not sure if it is the client who is neurotic, or if it is us! Freud (1930) argued that there is no ego which can withstand every environment, and therefore the world around too needs psychologizing. This suggests that there is an interplay, a blurred line between psychology of individual and psychology of world. Jung argued that there is no Archimedean point outside of psyche to observe it, that we are in psyche, and using psyche to observe psyche. In Plato's

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*Republic*, Socrates seeks to know what is best for the individual soul by launching into a description of the best society. In other words, person and society are analogous and inextricably bound. Slavoj Zizek (2004) (a leading Lacanian cultural theorist) also speaks to this problem when he says, "The whole problem is precisely that humanity never coincides with itself."

Further, this pouring together is reflected in Alchemy in the stage of Solution where material becomes watered down and there is no differentiation of substance. In physics, the problem is understood as the Observer Effect and it translates loosely in Quantum physics to the Heisenberg Uncertainty Principle which states that an electron's position and momentum cannot be known simultaneously; knowing one affects knowing the other. In research, it can be understood as the Researcher Effect, where the researcher is unaware of the ways in which s/he affects the outcome of the study.

This all points to a very serious and tricky problem that has influenced psychological theory and therefore psychological practice since its inception. Simply, the way we approach our patients affects how we see them and how they relate to us (our method, from the Greek *methodos*, meaning "systematic course," from the root *-hodos* meaning "way" or "road"). Our method is our specific way to our patients and our specific snare preventing us from seeing them.

From where do we learn our methods? Our methods, or approach, and therefore our psychological practice, are

informed by our theoretical orientation. Our behavior as clinicians is informed by our theoretical knowledge and orientation. When we speak of theory, we speak of a close approximation to how the world works. Theory is not the same as the world, but it helps us to capture essential qualities in the ever-streaming infinity of the world around. The word Theory is etymologically tied to the word "theater." They both stem from the Greek word *thea* meaning "a view." Theory is a way to see the world, an interpretation of the world. When we enter into that specific interpretation of the theory, we enter into a specific theater of life where all the players and behaviors of the idea become manifest.

Psychological theory too reveals (and conceals) to the psychologist a kind of world theater of the patient. The pantheon of psychological theories offers to us multiple ways of seeing the world of our patients. And so the method or approach of each theory offers a specific psychological snare in regard to what is being seen. In light of this, it would serve us well to create an analysis of our methods.

We should take seriously the work of Plato, James, Jung, Freud, Zizek, Heisenberg and the Alchemists. We must admit to ourselves that by our very approach, because of our method, our patients may become sick. Perhaps what we need then is not an analysis of patients but an analysis of the method itself. Look, what are we to make of the idea that many eastern cultures believe that children are born with their souls intact, and while they may not have the language to express them, they still feel them? From this lens, what would we make of a boy who clings to his parents? Perhaps it is not because he has enmeshed attachment or has been unable to pass through the oedipal complex, or that he has been unable to destroy self-objects, but rather he feels the presence of his mighty soul to such a degree that he is frightened to enter the world. What a difference of ideas! What a difference of treatment. What an ignored but equally valid interpretation of one's psychological life.

## Featured Flick

Jacquelynn Cunliffe, MSN, PhD

*A Dangerous Method* is now showing in Philadelphia and we think it might be just what the doctor ordered! For the price of a movie ticket you will be transported to the sensual, intriguing, and often-turbulent world of the fledgling psychiatrist Carl Jung, his mentor Sigmund Freud, and Sabina Spielrein, the young woman who comes between them. The movie will not only introduce you to the original couch, it will show

you the original chair...an exact replica of the one that now sits in the Freud Museum in Hampstead, London (I thought the chair bore a vague resemblance to E.T.). *A Dangerous Method* is currently playing in Philadelphia in select theaters, including the Bryn Mawr Film Institute and the Ritz theaters. This will make a great discussion group for PCOP's Inside the Characters at the Bryn Mawr Film Institute!

# Creative Expressions

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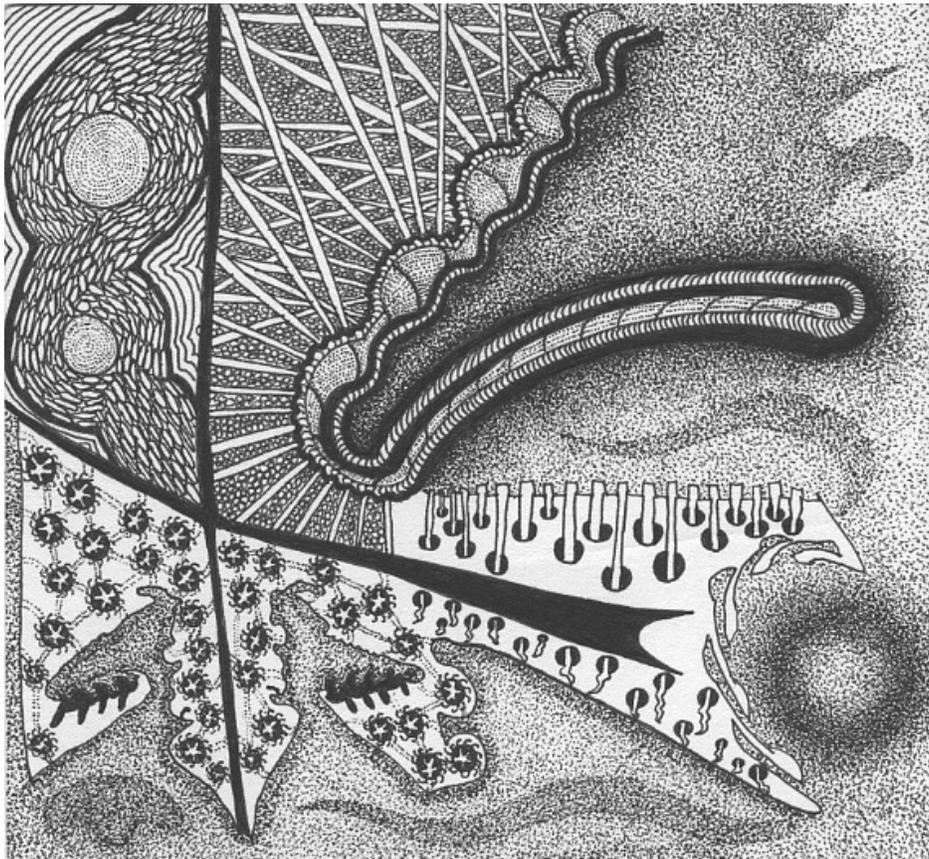
off the mark.com by Mark Parisi



## Mayhem

*Aleisa Myles*

Deferred, the dream of screaming destruction  
implodes and splits open  
the dreamer's keep of self. Undone  
the soul festers whose wholeness stolen  
leaves a spry smile, sweetly deceiving  
leaves the hidden hatred deep  
to stink in morbid silence, teeming  
like hallowed gallows, loaded with murders  
inward streaming.



*Fred Chase, Ph.D*

# Where I used to be

*Katherine Donner, L.C.S.W., B.C.D.*

Scarcely a smidgeon of me  
is left behind in the chair,  
my chair,  
my black chair that turns and bobs,  
every one's chair.  
The seat will be filled  
before it gets cold,  
unused as it is to emptiness.  
Small traces of my self  
remain,  
atoms of me fly in the air  
in the room  
where my chair once was,  
still is,  
but not for me.  
The exhalations of so many  
join my own  
but the multitude is wordless now,  
unknown,

vaguely recalled.  
The slant of a smile,  
the arch of an eyebrow,  
the slouch or crossed legs,  
not there any longer.  
The tenor of voice,  
the differing sounds of sobs,  
a lilting hello or a downcast goodbye,  
sighs or giggles,  
darting eyes,  
wriggling fingers,  
the sense of the silences  
and emanations of energy,  
all are gone from this cocoon.  
Each in our own ways  
are finding ourselves,  
facing our sorrows,  
loving and losing and leaving  
and vanished.

## PSPP Spring Meeting

**Can you Blame the Vampire? – On the Tyranny of Vulnerability**

**Presenter: Darlene Bregman Ehrenberg, Ph.D.**

**March 18, 2012 1pm to 6pm**

**Chestnut Hill College**

**9601 Germantown Avenue**

**Philadelphia, PA 19118**

The Philadelphia Society of Psychoanalytic Psychology's Spring Meeting is highlighted by the featured speaker Darlene Bregman Ehrenberg, Ph.D., presenting *Can You Blame the Vampire?: On the Tyranny of Vulnerability*. This talk addresses the ways in which therapists can work constructively with individuals who cannot bear the vulnerability of desiring, and who, as they begin to "care" or to "love," also begin to feel increasingly desperate and vulnerable. Clinical data will be presented to illustrate how this kind of

process can become an important medium of and an important measure of a transforming kind of therapeutic action in analytic work.

Darlene Bregman Ehrenberg, Ph.D., ABPP, is author of *The Intimate Edge: Extending the Reach Of Psychoanalytic Interaction* (W. W. Norton and Company, Inc., 1992). She is in private practice in New York City, and is a Training and Supervising Analyst, and on the teaching Faculty, at the William Alanson White Institute as well as other institutes.

# From the Board

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## Welcome to the New Board



Jay Moses, Ph.D., President, is an Advanced Candidate at the Institute for Relational Psychoanalysis of Philadelphia, with private practices in Philadelphia and Wayne. Jay obtained his doctorate from the University of Tennessee. He serves as liaison to both Division 39 and Philadelphia Center for Psychoanalytic Education.



Jim Bleiberg, Psy.D., Director at Large, is an Associate Professor at West Chester University, with a private practice in Bryn Mawr. Jim earned his doctorate from Widener University.

Jeanne Seidler, Psy.D., Past-President and Endowment Chair, is a Candidate at the Institute for Relational Psychoanalysis of Philadelphia, with a private practice in Ridgewood, New Jersey. Jeanne obtained her doctorate from Widener University. She serves on the board of The International Society for Ethical Psychology and Psychiatry.



Ellen Singer Coleman, LCSW, Director at Large, is Director of Admissions at the Institute for Relational Psychoanalysis of Philadelphia, with a private practice in Center City Philadelphia. She is certified as a psychoanalyst from the Westchester Center For Psychoanalysis and Psychotherapy in Rye, NY, with post-analytic training in relational psychoanalysis at the Mitchell Center in New York City. Ellen is also a member of the executive board for the Institute for Relational Psychoanalysis of Philadelphia.



Robin Ward, Psy.D., President-Elect, maintains private practices in Philadelphia and Media, and is an Assistant Clinical Professor at Widener Institute for Graduate Clinical Psychology. Robin obtained his doctorate from Widener University.



Kimberly Hoffman, Ph.D., Director at Large, maintains a private practice in Center City Philadelphia. Kimberly obtained her doctorate from Drexel University.

Natalie Petyk, Psy.D., Secretary, is a staff psychologist at St. Joseph's University CAPS, with private practices in Philadelphia and Bala Cynwyd. Natalie obtained her doctorate from The American School of Professional Psychology in Washington, DC



Susan Levine, LCSW, BCD-P, Director at Large, maintains a private practice in Ardmore, and serves on the faculties of both the Institute of the Psychoanalytic Center of Philadelphia and the Center for Psychoanalysis at Albert Einstein Medical Center's Department of Psychiatry. She is a writing consultant for the New Directions Program, an editorial reader for the International Journal of Psychoanalysis, and an editorial board member of the Clinical Social Work Journal. Susan obtained her Masters of Social Service from the Bryn Mawr College Graduate School of Social Work and Social Research.



Dan Livney, Psy.D., Treasurer, is a Postdoctoral Intern at Philadelphia Fight, an HIV clinic in Center City Philadelphia. Dan obtained his doctorate from Chestnut Hill College. He serves as Treasurer for the Association for the Psychoanalysis of Culture and Society.

Debby Bierschwale, Psy.D., Director at Large, maintains a private practice in Narberth. Debby obtained her doctorate from Widener University.



Shirley Tung, MSS, Director at Large, provides therapy at Life Counseling Services in Paoli, PA. She is a member of the second cohort at the Institute for Relational Psychoanalysis of Philadelphia.



Stacey Boyer, BA, Membership Chair and Webmaster, is a 3rd year doctoral student at Widener University. She is currently a research assistant on a psychoanalytic and psychodynamic effectiveness study funded through the American Psychoanalytic Association.

Dana Odell, Psy.D., Mentorship Assistant, is a Postdoctoral Fellow at Temple University's Tuttleman Counseling Services. Additionally, she facilitates groups at the Renfrew Center and provides psychoeducational assessments at the Child Study Institute. Dana obtained her doctorate from Widener University.



Kathleen Ross, Ph.D., LSW, Liaison to PCOP, is an Advanced Candidate in Adult Psychoanalysis at the Psychoanalytic Center of Philadelphia, with a private practice in Center City Philadelphia. Additionally, she provides services at the Women's Therapy Center.



Kathleen obtained her doctorate from Yale University and her Master of Social Service from Bryn Mawr College Graduate School of Social Work and Social Research.



Patricia Rice, Psy.D., CE Coordinator, is a staff psychologist at Rutgers University in Camden, NJ, with a private practice in Center City Philadelphia. Patricia obtained her doctorate from Chestnut Hill College.



Emily Loscalzo, MS, Graduate Student Representative, is a 5th year doctoral student at Chestnut Hill College. Emily is currently a practicum student at University of Pennsylvania CAPS, and works at Montgomery County Emergency Service and Keystone Center.

Jacquelynn Cunliffe, MSN, Ph.D., Coeditor, maintains a private practice in Wayne. Jacquelynn obtained her doctorate from University of Pennsylvania and graduated from the Adult and Child Psychodynamic Psychotherapy programs at the Psychoanalytic Center of Philadelphia. She has been accepted as a candidate for analytic training at PCOP.



Barbara Goldsmith, Psy.D., Mentorship Director, is an Adjunct Associate Professor at Widener University, a faculty member at the Institute for Relational Psychoanalysis in Philadelphia, and a training consultant for the University of Pennsylvania CAPS. She was the founding president of the Philadelphia Center for Psychoanalytic Education, where she currently serves on the board. Additionally, she maintains private practices in Center City Philadelphia and Rosemont. Barbara obtained her doctorate from Hahnemann University.



Lesley Huff, MS, Coeditor, is a Predoctoral Intern at Behavioral Healthcare Consultants in Lancaster. Lesley will obtain her doctorate from Chestnut Hill College. Additionally, she is an Adjunct Professor at Chestnut Hill College and Montgomery County Community College.

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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 deadline for the Spring issue is Friday, April 27th.

# Mentorship Report

## What are the benefits of Mentoring?

Barbara L. Goldsmith, Psy.D.



Mentoring is a professional relationship that can serve as a *facilitating environment* between a graduate student (mentee) and a psychologist or other mental health professional (mentor) that focuses on both the personal and professional growth of the mentee. *Good enough mentoring* fosters the sharing of knowledge and clinical wisdom, an essential part of psychology's professional culture. Mentoring satisfies an important developmental need in preparing graduate students for successful entry into the profession. Development and enhancement of the mentee's confidence, adaptation to graduate study, and professional identity are important goals, as is a respect for a student's diversity, socio-economic status, and age. Both mentees and mentors benefit from this relationship because there is a shared sense of purpose focused on the mentee's achievement. Mentors serve multiple valued roles as teacher, coach, guide and role model.

Mentoring furthermore offers the gratifying opportunity for us to share our knowledge and experience and nurture the next generation of psychologists. To be instrumental in another person's personal and professional growth is deeply rewarding. Research shows that mentored individuals are generally more satisfied and committed to their professions

than non-mentored individuals (Chao, 2009). Studies have shown that the mentoring relationship is associated with increased success in both educational and training settings. Mentoring was found to better prepare students for work and led to faster attainment of licensure and credentialing (Allen *et al* 2004). Clark *et al* (2000) found the following benefits for graduate students who had mentors: the development of professional skills, increased confidence, enhanced professional identity, scholarly productivity, improved networking, dissertation success and satisfaction with the doctoral program in which the student was enrolled. Students who have had positive mentoring are more likely to be satisfied in their careers and continue to increase their professional skills and competencies (Williams-Nickelson, 2009). Mentoring offers the much needed support regarding balancing career and family goals, as well as self-care strategies, rarely addressed in graduate programs.

### How does the PSPP Mentorship Program Work?

Mentors and mentees are matched based on common interests and geographic locations. A good match between mentor and mentee is critical for success and every attempt will be made to assure this happens. For this reason an initial meeting between mentor and mentee will determine whether there is a good fit. In the instance where there is not a good fit, a second attempt will be made to assure a good match.

Thank you to the following members who are currently mentoring.

Nancy Alexander, Psy.D.	Jamie Jessar, Psy.D.
Karen Berberian, Ph.D.	Maxine Margolies, Psy.D.
Noelle Burton, Psy.D.	David Mark, Ph.D.
Ellen Singer Coleman, LCSW	Fran Martin, Ph.D.
Leilani Crane, Psy.D.	M. Jay Moses, Ph.D.
Beverly Cutler, Ph.D.	Sanjay Nath, Ph.D.
Dennis Debiak, Psy.D.	Penelope Neckowitz, Ph.D.
Ilene Dyller, Ph.D.	Joseph Schaller, Psy.D.
Jeffrey Faude, Ph.D.	Laurel Silber, Psy.D.
Marion Rudin Frank, EdD	Rebecca Stern, Ph.D., Psy.D.
Patricia Gherovici, Ph.D.	Panill Taylor, Psy.D.
Barbara L. Goldsmith, Psy.D.	Robin Ward, Psy.D.
Suzan Greenberg, Psy.D.	Jane Widseth, Ph.D.
Ana Hagstrand, Psy.D.	Jed Yalof, Psy.D.
Kimberly Hoffman, Ph.D.	

Mentors and mentees meet for one hour each month, typically at the mentor's office. The first meeting should be focused on discussing students' goals for the mentorship as well as mentors' areas of interest and expertise. At the end of the year, both mentors and mentees will have the opportunity to continue if both are agreeable to this arrangement. Mentors and mentees will be asked to provide us with feedback about their experience, in the hope that we can continue to develop the program in useful ways. Informal feedback and follow-up will take place at the beginning, midpoint and end of the year. Mentors and mentees will also have the opportunity to attend a social event held at the end of the academic year.

### How do I Become a Mentor?

Mentors are generally members of PSPP. Students are encouraged but not required to become members of PSPP at a discounted student rate. Interested PSPP members can send an email to Dr. Barbara Goldsmith at barbgsmith@aol.com or

to Dr. Dana Odell at Danagene914@aol.com. Please include your contact information, locations where you would like to meet, and areas of interest/expertise (both scholarly and clinical), as well as any other information that might help us ensure there is a good match. If you previously volunteered to be a mentor, we will contact you to ask whether you are interested in being a mentor again the following year.

### How do I Apply for Mentorship?

There is no deadline for applying. Students and mentors can apply at any time.

Interested graduate students are asked to fill out a questionnaire that can be downloaded from the PSPP website, [www.pspp.org](http://www.pspp.org). Completed questionnaires should be sent by email to Dr. Barbara Goldsmith at barbgsmith@aol.com or to Dr. Dana Odell at Danagene914@aol.com.

## Membership Report

*Stacey Boyer, BA*

Please join us in extending a warm welcome to the following new members of PSPP:

Wayne Bullock, BA	Jason Hutchings, MS	Jana Rostocki, MS
Marc Carafa, MA	Tatyana Kiseleva, MS	Kate Samson, MA
Kristin Conlon, MA	Ellen Kent, Ph.D.	Sarah Scheckter, MA
Shannon Connell, MS	Michele Lanteri, MS	Carol Sherman, Ph.D., LCSW
Sheri-Ann Cowie, ABD	Heather Liebert, MA	Richard Stern, Ph.D.
Eric Drinks, MS	Sophie Longwill, MBA	Cydney Terreri
Ksera Dyette, BA	Christine McGinnis, MS	Shirley Tung, MSS
Marina Goldman, MD	Lauren Napolitano, Psy.D.	Valerie Wilson, MA
Alla Gordon, Psy.D.	Margaret Kim Peterson, Ph.D.	
Alex Gould, BA	Jessica Rhee, MS	

### Membership Update

As of December 15, 2011, PSPP has 265 active members:

Full Members	.....176
Retired Members	.....3
Early Career Members	....23
Associate Members	.....4
Student Members	.....39
Board Members	.....19
Administrator	.....1

In addition to our 265 active members, PSPP currently has 88 members whose renewals are past due, 84 of which have lapsed (more than 30 days past due). Over the past year,

PSPP has lost approximately 30 members. However, 65 new members have joined us since November 1, 2010, and our membership continues to grow each month. We thank you all for continuing to participate in the PSPP community and hope that you find your membership both enjoyable and worthwhile!



### Summary of 2011 Needs Assessment Survey

We received 15 responses to our needs assessment survey this year. Below please find a brief summary of these responses. The number of members who shared a particular response is given in parentheses.

### Responses to past year's programs:

All programs were creative and excellent (11); the Fall Program could have been improved (2); and the Spring Program and joint program with PCPE were excellent (2). The following was suggested to improve programs: utilize circular seating formation during case presentations (1); eliminate break-out groups (1); eliminate multiple meals, snacks, and cocktail hours at programs (1), use the same location for each program (1).

### Suggested topics for future programs:

Case conceptualization from different perspectives using the case presentation format (2); child and adolescent psychotherapy (2); intergenerational transmission of trauma (1); music and psychoanalysis (1); relational psychoanalysis (1); soma/psyche (1); neuropsychanalysis (1); the pitfalls of medications (1); clinical skills/master class supervision workshops (1); and Sunday brunch discussion on "great books" (1).

### Suggestions for future speakers:

Jay Greenberg, Ph.D., on the practice of psychoanalysis today in the U.S.; Nancy Sherman, Ph.D., author of *The Untold War: Inside the Hearts, Minds, and Souls of our Soldiers*; Jaine Darwin, Ph.D., founder of SOFAR; Haydee Faimberg, MD, training and supervising analyst

of the Paris Psychoanalytical Society; Iain McGilchrist, author of *The Master and his Emissary: The Divided Brain and Making of the Western World*; Joyce Slochower, Ph.D.; Donnel Stern, Ph.D.; Jessica Benjamin, Ph.D.; Kimberlyn Leary, Ph.D.; Ann Louise Silver, MD; Frank Summers, Ph.D.; Melanie Suchet, Ph.D.; and Steven Knoblauch, Ph.D.

### General suggestions to improve PSPP/things PSPP has not done that we should do:

Continue community service, fostering student involvement, and expanding student outreach (1); organize a carpool to events in the suburbs for members who live in the city (1); send notification of programs earlier (1); recruit local mental health professionals for programs (1); and discuss the pitfalls and controversies about medication (1).

### Preferred timing/location of events and scheduling concerns:

Sundays, including anytime, in the afternoon, 10-1, 11-1:30, 1-4, or 2-5 (6); Saturdays - anytime or between 9-12, 9-4, 10-1, 1-4, 2-5 (5); weekend morning or afternoon (3); Friday evening with dinner offered (2); not weeknights (1); and major events are typically on Saturdays, which I cannot attend (1).

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## Events

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### ■ Brunch Continuing Education Series Winter/Spring 2012

Dr. Dennis Debiak

Sunday, January 29, 2012 at Haverford College

*You Saved My Feet: Psychotherapy with a Homeless Man*

Followed by a focus group co-sponsored by Philadelphia Center for Psychoanalytic Education (PCPE) concerning our potential to undertake new community service initiatives from 1:45pm to 3:45pm. With generous support from Haverford College Counseling and Psychological Services & Jane C. Widseth, Ph.D.

Dr. Michael Kowitz: Sunday, April 15, 2012

*"It's not your father's mental conflict..."*

Psychic conflict: Its central role in psychoanalytic thinking, its evolution as a concept and its enduring place in clinical work.

Dr. Eric Spiegel, Sunday, May 6, 2012

*Hypnosis and Psychodynamic Psychotherapy: Theory, Research, and Clinical Applications*

Dr. Farrell Silverberg, Sunday, June 3, 2012

*The Tao of Psychoanalysis: Where Kohut and Mitchell meet Buddha and Lao Tzu*

(And where, via your clinical empathy, so do you...)

**Schedule**— All events will include Brunch from 11:00 am to 11:30 am and the Presentation and Discussion from 11:30 am to 1:30 pm

**Registration**— PSPP members and non-members alike register online at the PSPP website, [www.PSPP.org](http://www.PSPP.org). Seating is limited and reservations will take place on a first come, first served basis. Registrants receive a confirmation email including information concerning the location of the brunch.

**CE Credits and Fees**— To obtain CE credits, you must register for a brunch program. CE credits are free to PSPP members. Non-members must pay \$40 per program to receive CE credits.

### ■ Jung Club Schedule

**Fridays, 1 to 5 pm**, The Academy House, 1420 Locust Street, Philadelphia. Distinguished faculty, small group setting, depth psychology, limited enrollment. For further information or registration form, please go to [www.thejungclub.com](http://www.thejungclub.com) or call Marion Rudin Frank, Ed.D. at 215-545-7800.

**February 24th**— *Becoming Human: Infant Observation of an In-Vitro Baby Utilizing the Tavistock Method*—Presenter: Brian Feldman, Ph.D. is a clinical psychologist, child, adolescent and adult Jungian psychoanalyst in Palo Alto,

California, and an infant observation (Tavistock model) seminar leader.

**April 13th—*Forgiveness, the Unforgivable and Redemption: A Clinical Perspective***. Presenter: Michael Conforti, PhD, is a Jungian Analyst, founder and director of the Assisi Institute.

**May 11th—*Memory and the Remembrance of Things Past***. Presenter: Margery Quackenbush, PhD, is the Executive Director of the National Association for the Advancement of Psychoanalysis (NAAP).

## ■ PCPE 2012 Writing Workshop

Sandie Friedman *Clinical Writing and The Personal Essay*

### Writing Seminar Description

The intent of this workshop is to help clinicians who want to write about their clinical experiences and to locate their own distinctive writing voice through the use of the personal essay. We will focus on the structure and technique used in writing a personal essay, and we will read and discuss examples of essays written by masters of the genre. Participants will be given opportunities to write and share their work and will learn how to give useful feedback to each other. The Saturday workshop, led by Dr. Friedman, will take the form of a writing group in which participants will write, read and receive constructive feedback on their essays. By the end of the day, participants will have a draft of an essay and enough feedback and ideas for a revision.

### Invited Presenter

**Sandie Friedman Ph.D.** is an assistant professor of writing at George Washington University, where she serves as the deputy director of the First-Year Writing program.

**Linda Guerra, Ph.D.,** and **Annette Leavy, MSW, LCSW, BCD** will facilitate the reading groups.

### Dates and Times

**Reading Groups:**—Monday, Feb 20 & 27th, 7:30 to 9:30 pm.

**Workshop**—Saturday, March 10, 9:30 am to 3:30 pm

**Location**—The Bridge, 31B N. Narberth Ave., Narberth.

### Registration Fees and Information

Members of PSPP, \$195; Nonmembers of PSPP, \$225.

**Registration:** online at [www.pcpeonline.org](http://www.pcpeonline.org) or mail check to: PCPE, Box 275, Swarthmore, PA 19081.

## ■ Call for Papers—Deadline February 15, 2012

*Picturing Childhood: A Symposium on Children's Literature and Psychoanalysis*

Saturday, September 29, 2012, Psychoanalytic Center of Philadelphia and the University of Pennsylvania.

Featured author and illustrator **David Small** is the author of the graphic memoir, *Stitches*, and the author and illustrator of numerous books for children, including *Imogene's Antlers* and *Paper John*.

This symposium will provide an opportunity for explorations of a variety of themes related to the interplay of words and pictures in children's literature and literature about childhood. Memory, dreams, trauma, creativity, as well as the visual imagining of the child's body and family are potential topics for discussion. It will provide a forum for papers on David Small's work in particular and for both the theoretical and clinical aspects of psychoanalysis as they

relate to the visual and literary worlds of childhood. Academics, psychoanalysts, graduate students and psychoanalytic candidates are encouraged to submit papers.

### Guidelines for submission:

Completed papers only, 8 to 10 pages. No abstracts or proposals. Names and identifying information on separate cover sheet only. Send papers to Elaine Zickler, PhD at [mezickler@gmail.com](mailto:mezickler@gmail.com).

## ■ Philadelphia Lacan Study Group & Seminar

The Philadelphia Lacan Study Group & Seminar has been meeting since 1990 as an open seminar devoted to the discussion of Freud's and Lacan's main ideas and their application to broader clinical, social, and cultural issues. We organize lectures with renowned international scholars and psychoanalysts and coordinate several cartels and reading groups which engage theoretical problems, clinical presentations, and psychoanalytic cultural critique.

Starting in January and continuing through June 2012, we will continue with the monthly reading seminar *Phantasmatic Logic: Reading Lacan's Seminar XIV*. Curated by Patricia Gherovici, seminars are free and open to all. Location: Kelly Writers House, Room 209, 38th and Locust Streets, University of Pennsylvania, Philadelphia. For more information visit [www.lacangroup.org](http://www.lacangroup.org).

## ■ Events Calendar

Information is subject to change. Please confirm the time, date, location and associated fees with the related organizations.

### Event Locations:

ADB	Al Dar Bistro, 281 Montgomery Avenue, Bala Cynwyd.
AH	The Academy House, Terrace Level, 1420 Locust Street, Philadelphia.
BCG	Bala Golf Club, 2200 Belmont Avenue, Philadelphia.
BMFI	Bryn Mawr Film Institute, 824 W. Lancaster Avenue, Bryn Mawr.
HC	Haverford College, 370 West Lancaster Avenue, Haverford, PA 19041.
RM	Rockland Mansion, East Fairmount Park, 3810 Mt. Pleasant Drive, Philadelphia.
TB	The Bridge, 31B N. Narberth Avenue, Narberth.

- For Psychoanalytic Center of Philadelphia (PCOP) events, please refer to [www.philanalysis.com](http://www.philanalysis.com) for more information.
- For Philadelphia Center for Psychoanalytic Education (PCPE) events, please refer to [www.pcpeonline.org](http://www.pcpeonline.org) for more information.

**Feb. 1 (RM)**—PCOP Extension Division. The Psychological Impact of Cancer, part 2. Presenter: Mark Moore, PhD. Time: 7:30 to 9:00 pm. CME/CE credits available.

**Feb. 4 (RM)**—PCOP Consultation Service Assessment Conference. Guest Presenter: David Young, PhD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10:00 am to 12:00 noon.

**Feb. 5**—PSPP Child Development Study Group. Child Therapy from a family systems point of view. Presenter: Judy Rader, MA, LMFT. For more information, contact Dr. Karen Berberian at [kberberian@verizon.net](mailto:kberberian@verizon.net).

- Feb. 5 (BMFI)**—Bryn Mawr Film Institute. Inside the Characters. Time: After the 4 pm show (participation is free with admission to film).
- Feb. 7, 14, 21, 28 (RM)**—PCOP Extension Division. Basic Principles of Psychoanalytic Psychotherapy. Instructors: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 7:30 to 9:00 pm.
- Feb. 15**—Deadline for Call for Papers. Picturing Childhood: A Symposium on Children's Literature and Psychoanalysis. Psychoanalytic Center of Philadelphia and the University of Pennsylvania. Event to be held Saturday, September 29, 2012.
- Feb. 19 (RM)**—Reel Thinking. *Black Swan*. Discussion Leader: Ann Smolen. Time: 2:00 to 5:00 pm.
- Feb. 20 and 27 (TB)**—PCPE 2012 Writing Workshop Reading Groups. Time: 7:30 to 9:30 pm.
- Feb. 24 (BGC)**—PCOP Selma Kramer Lecture. Child Psychoanalysis. Do Babies Remember Trauma? Presenter: Susan Coates, PhD. Discussant: Ira Brenner, MD. Time: 7:30 to 9:30 pm. CME/CE credits available.
- Feb. 24 (AH)**—The Jung Club Presents. Becoming Human: Infant observation of an In-Vitro baby Using the Tavistock Method. Presenter: Brian Feldman, PhD. Time: 1:00 to 5:00 pm (Registration/Lunch, 12:30 pm).
- Feb. 25 (RM)**—PCOP Margaret Mahler Child Psychotherapy Lecture. Event Trauma in Early Childhood: Symptoms, Assessments, and Interventions. Speaker: Susan Coates, PhD. Time: 10:00 am to 12:00 noon. CME/CE credits available.
- Mar. 3 (RM)**—PCOP Consultation Service Assessment Conference. Guest Presenter: Christie Huddleston, MD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10:00 am to 12:00 noon.
- Mar. 4**—PSPP Child Study Group: Hypnosis with a psychoanalytically-oriented patient. Presenter: Rebecca Tendler, PhD. For more information, contact Dr. Karen Berberian at kberberian@verizon.net.
- Mar. 4 (BMFI)**—Bryn Mawr Film Institute. Inside the Characters. Time: After the 4 pm show (participation is free with admission to film).
- Mar. 6, 13, 20, 27 (RM)**—PCOP Extension Division. Substance Abuse: Psychodynamic Perspectives. Instructors: Charles Giannasio, MD and Frederic Baurer, MD. Time: 7:30 to 9:00 pm.
- Mar. 10 (TB)**—PCPE 2012 Writing Workshop. Time: 9:30 am to 3:30 pm.
- Mar. 18**—PSPP Spring Meeting. Save the date!
- Mar. 18 (RM)**—Reel Thinking: Blue. Discussion Leader: Albert Kaplan. Time: 2:00 to 5:00 pm.
- Mar. 21 (BGC)**—PCOP The Sydney E. Pulver Lecture: Kohut's Last Lecture: A DVD and Discussion. Speaker: David Terman, MD. Time: 7:30 to 9:30 pm.
- Mar. 24 (RM)**—PCOP City Schools Forum. Time: 9:00 am to 12:00 noon.
- Mar. 25 (RM)**—PCOP Open House. Time: 1:00 to 3:30 pm.
- Mar. 31 (RM)**—PCOP Extension Division. The Mindful Therapist: Incorporating Meditation into Psychodynamic Clinical Practice. Instructor: Helen Rosen, PhD, MSW. Time: 9:00 am to 12:00 noon.
- Apr. 1 (BMFI)**—Bryn Mawr Film Institute Inside the Characters. Time: After the 4 pm show (participation is free with admission to film).
- Apr. 7 (RM)**—PCOP Consultation Service Assessment Conference. Guest Presenter: Stewart Hockenberry, PhD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10:00 am to 12:00 noon.
- Apr. 11 (BGC)**—PCOP Trauma and the Zero Process: The Nature of the Post-Traumatic Mental Functioning. Presenter: Joseph Fernando, MD. Discussant: Jeffrey Faude, PhD. Time: 7:30 to 9:30 pm.
- Apr. 13 (AH)**—The Jung Club Presents: Forgiveness, the Unforgiveable, and Redemption: A Clinical Perspective. Presenter: Michael Conforti, PhD. Time: 1:00 to 5:00 pm. (Registration/Lunch, 12:30 pm).
- Apr. 14 (RM)**—PCOP City Schools Forum. Time: 9:00 am to 12:00 noon.
- Apr. 15**—PSPP Brunch Series. It's not your father's mental conflict... Presenter: Dr. Michael Kowitt. Time: 11:00 am to 1:30 pm.
- Apr. 15 (RM)**—Reel Thinking. The Secret in Their Eyes. Discussion Leader: Kathleen Ross, PhD. Time: 2:00 to 5:00 pm.
- Apr. 17 and 24 (RM)**—PCOP Extension Division: Silence: Types, Translations, Techniques. Instructor: Salman Akhtar, MD. Time: 7:30 to 9:00 pm.
- Apr. 22 (RM)**—PCOP Parent-Child Center Group for Parents of Children with Chronic Illness. Time: 1:00 to 3:00 pm.
- Apr. 22**—PSPP Child Study Group: Use of Attachment Theory in planning behavioral interventions for students. Presenter: Lauren Lineback, PsyD. For more information, contact Dr. Karen Berberian at kberberian@verizon.net.
- Apr. 28**—43rd Annual Margaret Mahler Symposium: Three Faces of Guilt: Punishing Oneself, Blaming Others, and Making Reparation. For more information, contact Jan Wright, 215-955-2547.
- May 4 (RM)**—PCOP Holding Steady. Presenter: Kimberlyn Leary, PhD. Time: 7:30 to 9:30 pm.
- May 6**—PSPP Brunch Series. Hypnosis and Psychodynamic Psychotherapy: Theory, Research, and Clinical Applications. Presenter: Dr. Eric Spiegel. Time: 11:00 am to 1:30 pm.
- May 6 (BMFI)**—Bryn Mawr Film Institute Inside the Characters. Time: After the 4 pm show (participation is free with admission to film).
- May 11 (AH)**—The Jung Club presents: Memory and the Remembrance of Things Past. Presenter: Margery Quackenbush, PhD. Time: 1:00 to 5:00 pm (Registration/Lunch, 12:30 pm).
- May 19 (RM)**—PCOP City Schools Forum. Time: 9:00 am to 12:00 noon.
- May 20 (RM)**—Reel Thinking. Precious. Discussion Leader: Paul Fink, MD. Time: 2:00 to 5:00 pm.
- May 20**—PSPP Child Development Study Group: Presenting research on the ASEBA rating scales. Presenter: Susan Malmud. For more information, contact Dr. Karen Berberian at kberberian@verizon.net.
- June 3**—PSPP Brunch Series. The Tao of Psychoanalysis: Where Kohut and Mitchell meet Buddha and Lao Tzu. Presenter: Dr. Farrell Silverberg. Time: 11:00 am to 1:30 pm.



Elisabeth Young-Bruehl (third from left) with authors (from right) Drs. Burton and Jeanne Seitler and some friends.

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## In Memory

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### Homage to a Cherished Friend

*Jeanne and Burton Seitler*

This afternoon while washing dishes accompanied by holiday music, it happened again.... the tears began to flow uncontrollably down my face. "I'll be seeing you... in all the old familiar places", Peggy Lee's rendition of the old Kahal/Fain standard filled my kitchen.

You can't be gone.... You had so many plans, so many new ventures; adventures.... So much to do yet, so much to give in ways only you knew how to give., so much to share....

Friday Dec 2, I had just left a rewarding morning of IRPP supervisions in Philadelphia when I picked up my phone to check my messages. The first was from Burton, my partner in more than psychoanalytic crime. His recorded words paralyzed me: "I have the most horrible news!: Elisabeth Young-Bruehl died yesterday. There is an e-mail from Tom Bartlett on the PSPP list serve to that effect. No details. I hope there is some mistake!"

I played the message again, not believing; not wanting to believe the words recorded there. NO! Can't be!!! Elisabeth is going to edit the Winnicott Collected Works!!!! that was to be the crown jewel in her already impressive list of scholarly, humanistic contributions!....

Only two weeks ago I was thrilled by Elisabeth's presen-

tation on her new book, *Childism*, at the Irving Schulman Symposium at Widener University. Her work confronting prejudices against children was premiered in its infancy for the PSPP Fall meeting audience the evening Elisabeth Young Bruehl accepted our 2008 PSPP Achievement Award for Excellence in Contributing to Psychoanalytic Education and Thought.

Saturday November 19th was a gorgeous day. Many in attendance for the Schulman Symposium were PSPP members who warmly greeted Elisabeth, her partner, Christine Dunbar, and Elisabeth's stepfather, Ernie Sutton. Laurel Silber and Bob Kravis, also PSPP members, were discussants on Elisabeth's ideas concerning harm to children. In her book, *Childism*, Elisabeth states:

"People as individuals and in societies mistreat children in order to fulfill certain needs through them, to project internal conflicts and self hatreds outward, or to assert themselves when they feel their authority has been questioned. But regardless of their individual motivations, they all rely upon a societal prejudice against children to justify themselves and legitimate their behavior."

During the luncheon following the symposium, Elisabeth invited students and faculty to introduce themselves and raise any questions they would like to discuss. Having

been a teaching assistant for Elisabeth when she professed at Haverford College, I had watched her more than once welcome the questions of students, eager to exchange ideas and patiently encourage the more hesitant. With a Mel Torme timbre in her voice, and warm attentive eyes, Elisabeth spoke her thoughts with focus, integrity and intensity. Burton observed that Elisabeth had a disdain for intellectual dishonesty. She formulated her perspectives with great deliberation, thoughtfulness and creativity. As much as she accumulated, integrated, and synthesized massive amounts of information, her conclusions never lacked insight into the human condition.

A professor, philosopher, writer, psychoanalyst..., as scholarly as she was, Elisabeth was never one to try to create a distance between herself and her audience; therefore, she rarely read her papers to her audience; instead she simply spoke her mind.... eloquently, passionately, with

presence and determination.

Elisabeth was very approachable, always open to an exchange of ideas and opinions. She was devoted to seeking the truth, and fighting the good fight. She fought because she believed inspired ideas could make a difference.

The world has lost a great advocate for those who do not have the words or the power to speak or be heard and we in PSPP have lost a great, colleague.

As for Burton and me, we have a myriad of memories of old familiar places... and spaces where more wonderful conversations and collaborations were to have taken place with Elisabeth.

We will greatly miss what might have been.... and most of all we will miss you dear, dear friend....

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## Letters to the Editor

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To the editor:

To kick off the Letter to the Editor column, "I'm gonna sit right down and write myself a letter"! This letter is in response to Robin Ward's review of the 2011 PSPP Spring Meeting with Dr. Adrienne Harris devoted to self-care of the analyst. This is an important topic for if we are not mindful of our own care and the internal signals that might alert us to a developing problem, we may be compromised in our caregiving capacity. We, the editors of Currents, have created a column devoted specifically to articles that focus on the self-care of the caregiver.

As I was unable to attend the Spring Meeting, I learned from Robin's article that Dr. Harris used two analogies to illuminate the condition and consequences of neglect of self-care. One analogy referred to the story of Freud, who neglected the obvious signs of oral cancer until he could endure the pain no longer. This is a story of self-care deficit as well as addiction, for Freud's addiction to nicotine in the form of cigar smoking factored significantly in his neglect to seek care. Freud continued to smoke despite the urging of friends and colleagues. Freud was adamant that being deprived of smoking left him "completely incapable of working, a beaten man"...as if what he was suffering from (the painful consequences of his addiction) was intimately tied to who he was.\*

Freud's situation bears resemblance to the story of Philoctetes (the second analogy in Dr. Harris's presentation). The festering wound of Philoctetes was not only the source of unrelenting agony; it was the source of his supernatural prowess as an archer. Philoctetes' wound, his source of immense suffering, ostensibly defined him. Freud indicated that his

addiction and his subsequent suffering were also tied to his prowess; in other words Freud's suffering also defined him. The similarities between these chosen analogies end here. In Sophocles' play, Philoctetes' journey takes him toward another fate when the deity Heracles offers him a path with the promise of healing. Heracles tells Philoctetes that his affliction could be cured, but only if he bears his agony, takes the bow of Heracles, and uses his prowess as the infallible archer to fight victoriously at Troy. Philoctetes heeds Heracles' prophesy, wins the battle for Greece, and returns healed and triumphant. His choices not only reflect a faith in his abilities and vocation, they reflect a firm belief in Heracles' promise of redemption, reconciliation, and recovery.

How might this story speak to us with regard to self-care? Dr. Harris wisely tells us to care for our "analytic instruments" by acknowledging the fallibility of human endeavor in training and by sharing our difficulties with colleagues. I believe another avenue of self-care is *personal psychotherapy*. Personal therapy gives us the opportunity to address issues that arise *internally* as we do deep work with our patients. However, we must be willing to listen to the guidance and insights offered. In the myth, the *faith*, Philoctetes had in his vocation, his "instrument," and Heracles' prophesy of reconciliation and recovery were vital to Philoctetes journey towards healing. This is, perhaps, another ancient Greek play with a "psychoanalytically meaningful" message—accepting and implementing our vocation and "analytic instrument" as elements of our own healing.

Respectfully submitted  
Jacquelynn Cunliffe

\*Freud, *Dora, and Vienna* (by Hannah S. Decker, 1991)

## A Few Words from the CoEditors

*Jacquelynn Cunliffe, MSN Ph.D. and Lesley Huff, MS*

After getting over the shock of what exactly we had gotten ourselves into, we began to brainstorm what we hoped to accomplish in our new role as coeditors of the PSPP Currents Newsletter. Creating community...no matter how many ideas we tossed around, this was an important one to which we continued to return. What was the role of PSPP in creating community amongst the various psychoanalytic entities in Philadelphia? What role could the Currents Newsletter play in this effort?

The need for a greater connection amongst PSPP members was humorously made evident when we reached out to Robin Ward, Psy.D., and asked that he pass along his wisdom after so many years of editing the newsletter. The plan seemed simple enough. Meet Robin for coffee and pick his brain. However, it became quickly apparent that neither of us had met him before, and had no idea what he looked like. As if on some awful blind date, we approached a number of tables with individual men whom we thought might look "psychoanalytically-oriented." We fumbled through our introduction, trying to assess if we had found the right person. We succeeded in perplexing a number of the coffee shop patrons, but not in finding Robin. Luckily, the carefully placed copy of the Currents Newsletter on the table finally led Robin to us, but the challenge of this meeting was not forgotten. This experience inspired us to include photographs of members with their submissions to the newsletter, as well as a brief introduction to the new PSPP Board.

A sense of community is also evident in the many ways in which PSPP members are active in Philadelphia, whether through outreach efforts, research, presentations, and various educational events. Our hope is for the Currents Newsletter to become a helpful resource for informing each other of current and upcoming activities so that a greater sense of participation and community can be created. We have dedicated sections in the Currents Newsletter to these various activities, as well as a cumulative events calendar.

Since we view psychoanalysis as a dynamic practice, we dedicated a section to members' perspectives on psychoanalyti-

cally-oriented topics. To create a sense of dialogue, we have also included a "Letters to the Editors" section to allow for an exchange of ideas and reflection on the submissions within the newsletter.

In addition to creating community, we were also very excited about ways in which the Currents Newsletter could be used to highlight the creativity found in the study and practice of psychoanalysis. At the 2011 American Psychoanalytic Association meeting in New York, there were a number of presentations on psychoanalytic creativity found in poetry, photography, film, and creative writing. We imagined there was an untapped wealth of creativity in the Philadelphia psychoanalytic community for which the Currents Newsletter could be a venue for its expression. We even envisioned an entire issue of the Newsletter dedicated to creative content. With the number of submissions we received for this section of the Fall/Winter 2011 Currents Newsletter, we happily realized it would not be a challenge to fill such an issue.

Many of you have been kind enough to share in our excitement regarding new ways in which the Currents Newsletter can serve the PSPP community. We hope this will be a continuous dialogue as we explore various ideas and assess their usefulness in the newsletter. We look forward to serving in our new role as coeditors of the PSPP Currents Newsletter and thank you in advance for your support, patience, feedback, and good humor.

### Special Thanks

We would like to express our gratitude to Carole Roberti and Dom Roberti, Ph.D., who continues to diligently handle all of our printed materials, including our membership directory and brochures, and to Rodney Murray, Ph.D., our web administrator extraordinaire, who assists tremendously with our website and listserv, for their hard work.