

For Mental Health Professionals Interested in the Psychoanalytic Perspective

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

www.pspp.org April, 2005

President's Message

My six year old was up at 6:30 on February 2, wondering about how things had fared with Punxsutawney Phil. We went online (www.groundhog.org, in case you need to go there yourself), saw a picture of the slightly fierce looking Phil, and learned of his prognostication. . . no miracle cure, winter to continue until March. My daughter looked disappointed.

Although charmed by ground-hogs, I have always wondered at this ritual. When does spring ever come at the beginning of February? Still, there is something so hopeful about this reaching toward spring, and the tenacity with which our culture holds on to this whimsical rodent and his imagined powers. It's not the early spring, but our collective opening of—and playing within—this transitional space between winter and spring that is sustaining.

Our program on January 12, a collaborative program between PSPP and the Psychoanalytic Center of Philadelphia, felt as though it opened up such a space as well. There are historical and contemporary reasons for the divide between our organizations, despite our shared embrace of psychoanalysis as a vital cultural force and powerful approach to treatment.

Differences between the theoreti-Continued on page 2

"The Interplay between Discovery and Co-Creation in the Psychoanalytic Process" Redux

PSPP has enjoyed a lively debate following the joint program with PCOP on January 12, 2005. The following is a response piece to the program written from the relational perspective. For subsequent newsletters, we welcome responses from other points of view.

On January 12, 2005, PSPP and PCOP (The Psychoanalytic Center of Philadelphia) sponsored a program with the above title at the Adams Mark Hotel. The participants included Sidney Pulver, M.D. and David Mark, Ph.D., both of whom presented cases, and Michael Kowitt, Ph.D., who served as the discussant. Drs. Pulver and Kowitt identified themselves as classically trained analysts, while Dr. Mark located himself within the relational and interpersonal traditions. While the event represented a swan song for the Adams Mark location (soon to become another Target), it was hoped the evening would

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cal centers of the two organizations were evident in the papers given that evening. David Mark represented PSPP, and read an original paper (to be published in *Contemporary Psychoanalysis*) which illuminated the richness of a relational approach to analytic treatment. Sydney Pulver, of the Center, presented a case from the perspective of a classically trained and increasingly relationally influenced analyst, this paper itself an example of opening a transitional space between theories. Mike Kowitt, also on the faculty at the Center (and an early president of PSPP and a member since its inception), discussed both papers from a classical vantage point, while expressing respect for the work presented from both of these viewpoints.

Both PSPP and the Center were well represented in the audience, and expressions of welcome and desire to connect mingled with voices of concern over not papering over real differences nor forgetting recent history. But a transitional space was opened up; a space inviting dialogue, discovery, and creation. Hopefully it is a space we can continue to keep open, one in which many can play with the meanings of light and shadow, winter and spring, and a groundhog who is always a groundhog but never just a groundhog.

Introducing Your New Currents Editor

I would like to introduce myself as the new primary editor of *Currents*. I am thrilled with my new role and the chance to invite into writing the many voices of the PSPP community. I am currently a fifth-year student in Widener's Clinical Psychology doctorate program, and recently defended a dissertation entitled "Maternal Post-Traumatic Stress and Reflective Function as Predictors of Disorganized-Type Child Attachment." I drew on the data set from Dr. Daniel Schechter's impressive, comprehensive study on the intergenerational transmission of violent trauma. As my dissertation topic implies, I am very interested in the relationship between early childhood attachments and the development of varying degrees of psychopathology from psychotic to neurotic. I hope to work with children and families, particularly with respect to the prevention of abuse and trauma. That said, I love working with college students as a psychology intern this year at Swarthmore College.

When I'm not worrying about graduating, I fantasize about running a childrens' birthday-party/entertainment business, since few things give me more happiness than telling stories and making children laugh (I like making anyone laugh, but I find that my comedic sensibility runs towards a six-year-olds' mindset).

I welcome all submissions and ideas for the newsletter. Do not hesitate to contact me at: Serruyag@aol.com.

I would like to thank Mark Moore, Allison Smenner, Ilene Dyller, Rachel Kabaskalian-McKay, Jay Moses and Sanjay Nath for offering their considerable editorial assistance in the production of the current newsletter.

Gabriella Serruya-Green, MA

Committee Reports

Treasurer's Report

As of December 31, 2004, PSPP had a balance of \$16,450 in its accounts. The balance tends to vary in a regular way throughout the course of each year, and is usually the highest after the collection of membership dues, which begin to come in each March. In 2004, we took in approximately \$10,075 in membership dues—about \$700 more than the previous year. Many of our new members this year came from the Psychoanalytic Center of Philadelphia, thanks to ongoing networking and recruitment by Jill McElligott and Tom Bartlett.

Our goal has been to maintain a balance equivalent to one year's expenses. We budget for approximately \$9,000 in expenses each year, and we are currently exceeding that goal. Our typical yearly budget is shown below.

Membership Committee Report

Welcome New PSPP Members!

The following individuals have joined since the winter:

Joseph Delvey, PhD Mary Ann Groncki, MSS, LCSW Ernesto Hermosisima, PhD Lauren Strobeck, MA Stephanie Drabble, LCSW Mimi Rose, JD

> Jill McElligott, L.S.W. Interim Membership Chair

Our spring meeting and fall dinner meeting have a significant impact on the balance each year. In fact, the profit or loss from these annual events is the largest source of variance in our overall budget. In 2004, the expenses of our fall dinner with Dr. Linda Hopkins exceeded our attendance fees by \$588. Some loss is budgeted for the fall dinner meeting due to the cost involved in providing a full dinner for our members. However, we brought in \$9290 in attendance fees for the spring meeting with Dr. Mark Epstein, which exceeded our costs by \$4685 (this is a correction from the January 2005 newsletter). Overall, rather than spending our budgeted \$3,000 for program expenses, we made a profit of nearly \$2,000 this year.

Thanks to the efforts of PSPP's previous treasurers (Timothy Wright, Julia Mayer, David Ramirez, Robert Blair, and others), PSPP has enjoyed solid financial status for several years. (See below for year-end balances for the last 10 years.) This has allowed the Board to be more creative and flexible in planning and providing services for our members. Please let us know of any ideas that you have regarding our financial status or sponsorship of events that our members would value.

Year-end balances

| 1994 | \$6,436 | 1998 | \$7,590 | 2002 | \$8,908 |
|------|---------|------|----------|------|----------|
| 1995 | \$6,864 | 1999 | \$4,997 | 2003 | \$10,886 |
| 1996 | \$4,176 | 2000 | \$8,052 | 2004 | \$16,451 |
| 1997 | \$8,497 | 2001 | \$10,084 | | |

by Allison Smenner, Ph.D. Treasurer

PSPP Typical Annual Budget

| | Estimated Expense | Actual Expense |
|---|----------------------|-------------------|
| Membership (directory, Div 39 participation, dues collection, Board expenses) | \$3,000 | \$4,170 |
| Communications (newsletter, internet, listserv) | \$3,000 | \$2,480 |
| Programming (spring meeting, fall dinner meeting, brunch series, peer supervision group, assessment group, special or co-sponsored programs) | \$3,000 | \$1,990 (profit) |

A Hole in the Fence

January 1, 2005

Do you know that kind of fence, made of wire, with the diamond shaped weave mounted on galvanized poles? It's common around ball parks and playgrounds; there are extremely long stretches of it on the United States/Mexico border (though not along the U.S./Canada border). Where I'm from it was called cyclone fencing, apparently in reference to its ability to weather some serious winds.

This kind of fence can be cruel in a way that a solid wall is not: this kind of fence not only creates an insider/outsider distinction, it also allows the outsiders to see what they don't have. In the case of those wishing to live on the other side, it forms the border of their longing, the edge of what they hope lies on the other side. If the longing is strong enough, the outsider looks for a hole in the fence.

Should one find or make a hole and get inside, a new challenge develops. The interloper is confronted with the need if not to disappear, at least to find a way to become a part of what's inside. Inexorably, identity is challenged and reshaped as a function of the changed circumstances. This metamorphosis is experienced by many who become analysts, a change tantamount to becoming a member of new culture, the culture of psychoanalysis. ¹

This President's message is written by one whose family came from one culture to another, Mexican to North American and who found the hole in the fence that enable his intellectual cultural emigration to psychoanalysis. Ethnic, racial and sexual minorities are increasingly represented in our ranks. This is part of the story of the development of diversity within Division 39; there's also the story of a diversification of a different sort.

Psychoanalysts are generally interested in history. This year marks the 25th Anniversary of the Division of Psychoanalysis, an occasion that invites reflection as well as a consideration of what's to come. Division 39 was launched when that verb referred mostly to rockets, as there were no personal computers nor public internet, when undergraduate and graduate schools of psychology counted psychoanalytic scientist/practitioners among their ranks and psychoanalytic theories in their curricula. All that, as they say, is history.

Also historic is the time when many psychologists and social workers who were interested in formal psychoanalytic training stood at a fence, looking at the institutes of the American Psychoanalytic Association with an eye toward getting inside. Division 39 helped make a hole in that fence with the now legendary GAPPP lawsuit.

Other efforts, no less significant but somewhat less recognized, furthered the opportunities for psychologists in Division 39 to consolidate identities as psychoanalyst practitioners and clinicians. Visionary leaders within Division 39 worked within our APA to achieve Specialty recognition for Psychoanalytic Psychology, on a par with Clinical Psychology, Counseling Psychology and School Psychology. They also succeeded in developing Diplomate status, elevating our discipline to the pinnacle of professional recognition.

As is perhaps inevitable in the development of an identity shared by thousands of thoughtful often impassioned individuals, conflicts emerged regarding the core elements defining a psychoanalyst. Ultimately, the consensus within Division 39 was to promote intellectual pluralism, acknowledging the many disparate permutations of practice and theory. Thus, in the span of 25 years, a distinct identity grounded in the theories and practices of clinical psychoanalysis has been fostered and consolidated. Within the overall culture of psychoanalysis, preservation and promotion of its "subcultures" was achieved.

Coincident and integral to these developments was the formation within the Division of Section IV, Local Chapters. Throughout the United States, and in Canada, psychologists established groups organized to provide a kind of intellectual home to those interested in psychoanalysis. Some of these chapters founded separate training institutes; all offered venues for the presentation of educational and scientific programs and papers.

The vitality of these chapters did not go unnoticed by other mental health professionals interested in psychoanalysis who were now metaphorically outside the fence: they wanted in. Local chapters began to consider diversifying their identity to include non-psychologists.

Most chapters went on to offer membership to other mental health professionals; some made the hole in the fence even bigger, extending membership to those without postgraduate degrees in mental health disciplines. Eventually, the holes in the local chapter fences brought the membership issue to the leadership of the Division. After consideration, rejection, then reconsideration, the Division's fence opened and non-psychologists began to join Division 39.

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¹Thanks to Leanh Nguyen for her paper at the 2004 Miami Spring Meeting: Recognizing the Other, Narrating the Self.

Clinical Reflections

We have decided to add a new section to our newsletter in which clinicians share their thoughts about some aspect of therapeutic work in which they are, or have been, involved. We invite all members to submit their musings! As the editor, I decided to offer the first piece to "set the stage."

The Beginners' Column: In Search of Translation

Am I entering the right field?

Kermit was right: it's not easy being green. Green as in unripe, newly sprouted, a tennis-ball look-a-like in a sea of lucious red tomatoes. To all those experienced clinicians out there, supervisors past and present, authors, talk-givers, experts on relatedness and differentiation and all the variations thereof: what is it like to be a big tomato? Do your patients' psyches just ripen at the sight of you? How do you know when a therapy is going well? Does your skin shine, do you exude some tell-tale scent of freshness and acidity that says, "yes, good work is happening"? Do your clients sprout tendrils? Do you see change, or just feel moisture and the unmistakable brush of new leaves where none were before? Most of all, how do you distinguish between *progress*, forward change that is slow, creeping, possessed of its own rhythm and clock but inexorably bound for growth; and stagnation, the absence of movement, a plant placidly fading in its grave? How do you, as a therapist, distinguish between facilitative listening, a kind of suppportive, quiet willingness to let clients trek through the thickets of conflicts and questions that allows them to discover their own hardiness, endurance, and emotional capacity; versus collusion, an equally quiet, tacit agreement to let clients avoid the heart of conflict, to dally in meadows, away from the forest? Is there a way to appear to skirt conflict while, with your super slick gardener-x-ray therapist powers, you actually march straight into its deepest core?

Let's start with what I do know. I know the underlying feelings, motives and beliefs I'm searching for in my clients; I know I'm on the hunt for shame and fear, loathing and rage, terror, excitement, love, lust, rapture, and pride – to name a few. But what do these states look like and sound like for a particular person? How does a particular individual wear his appetites and distastes? Isn't it true that one man's abject misery is another man's pessimistic pride? And for every outer garment, every expression of want or renunciation, what lies underneath? All my supervisors tell me to listen to the underlying messages – what is the client really trying to say by talking about his grades, taking off his shoes, complaining of his roommate, twitching his eye, sniffing the air, sighing, lying, alleging to be dying? But I don't know what it means. I need a translator. Why can't clients come with a dictionary, a personalized "English-Me-speak" Dictionary? Or a manual? Or a book with a table of contents, chapter headings, and an index? Why can't I outline a person like I outline a paper: OK, Mr. Client, let's look at Rage. Tell me all your References to Rage, starting with childhood. OK, Good. Now what citations do you have for Shame and Deprivation of Dependency Longings? We'll be needing a comprehensive review in those areas as well.

I'm good with ideas: internal objects, mirroring transferences, cathexis, catharsis, idealization, devaluation, splitting, projection, identification, sublimation—I can talk the talk, name the defenses, kick around with the mainstays and mechanisms of psychic equilibrium. In the language of literary theory, I know the "signifieds" I'm looking for when clients are busy "signifying."

And I have some social skills—it is not simply the case that I am one of those endearing (or not so endearing) examples of an Utterly Awkward Person who stutters to speak, squints to see, and flounders with all hint of feelings. I venture to say I put people at ease – at least for the first five minutes. I can carry a conversation. I invite reflection. Once, when I decided to stop dating a guy, he protested and argued that surely we were a good match: he had never told anyone as much about his history as had told me. Aren't five-date relationships the ultimate crucible for assessing one's therapeutic acumen? Really, though, I always have questions for my clients: what does it mean to you to have symptom X? how do you see yourself? how do you think others see you? I even have a repertoire of insights: Sounds like your Mom didn't really see you, she treated you as if you were her own abusive Mother, I could see how that would be really confusing for a kid. Or: You seem to shut down in anticipation of others not liking you, so you can "beat them to the punch." Or: It is scary for you to be angry because

Transportation to PSPP Events

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

it feels like the anger will destroy the relationship when all you want is to preserve the relationship and make it better. Or: You are so used to swallowing your own needs that even thinking about them feels alarming and dangerous and you want to "spit" them out, so to speak.

Pretty good for a beginner, I think to myself with every offer of my precious wisdom. I'm a smart one. I've been reading my Ogden and Winnicot, my Fonagy and Main, my Bion and Guntrip and Mitchell and Klein. I am a force to be reckoned with, a fountain of knowledge, a superhero and savior for split souls and stinging psyches everywhere.

Or I would be if my clients got what I was saying. But they don't. And when it comes down to it, I am not even sure I know what I'm saying. Or, at least, I'm not sure how to simultaneously hold in mind, let alone integrate, clients' perception of their experience, my perception of clients, and a theoretical orientation. If I could, maybe then I could translate my observations into a language that clients could hear and use. Maybe then I would not be a dispenser of formulations, but a real facilitator, a therapist who heals through a process of being-with rather than a kind of priestly laying-on of theory.

I truly believe that the most valuable thing therapists offer clients is a new experience of relatedness and understanding, a new way of being in the world, a safe place or base from which to explore and create. But how do I provide such a secure mooring when I am so beset by own legions of insecurity, doubt and fear? How am I to freely attend and explore clients' conflicts when so many of my own roam freely and shamelessly in my head? I know it can be no other way, and I know my own conflicts create sensitivities—and blind spots—that, if understood and managed, can help me understand those of my clients'. That's what my own therapy is for, right?

Still, I feel overwhelmed. In any given therapy session, I feel like I am always shuttling back and forth between opposite poles of strategy: provide empathy... but don't make too many assumptions; show clients you understand them... but don't pigeonhole them with a label or formulation; provide support and create safety... but don't collude with their defenses; challenge clients to grow... but don't re-traumatize them. Identify core themes, notice areas of anxiety, attend to underlying beliefs, heed depictions of important objects, observe patterns of affect-regulation, recognize the transference, use the counter-transference, watch for non-verbal signals, offer an emotional mirror, contain distress, monitor, join, question, reframe — but relax, be yourself.

My one saving grace is that I really like people. I like hearing stories. I love to amplify, expand, elaborate, explore. I love tracking the way people make meaning. My clients make me laugh. And cringe. And marvel. I love the way one of my client's shows her teeth when she laughs, how another demonstrates dance steps in sessions, how a third listens so earnestly, knees together, hands in his lap. True, sometimes I feel like shooting myself – or them – at the end of a session, but just as often, I feel uplifted, warm, and amazed by humanity. I bring a heavy wallop of my own neurosis to the mix, but this would be true of any profession or path I chose, so I might as well go with something I enjoy. So I tell myself.

What do the clinicians out there think? Is this a case of Normal Neurotic Beginner Struggles or Early Signs of Progressive Therapist Deterioriation, where obsessiveness rapidly and progressively undermines all attempts at therapeutic intervention?

And what about my ethical obligations? If I were a mechanic, and I couldn't fix cars, I'd be fired; if I were an accounts executive, and all of my projects fell through, I'd be booted; but as a therapist I could theoretically move from agency to agency, practice to practice, patient to patient, starting with someone new whenever my disgruntled customers fled. I know bad therapists exist. They even make money. But I don't want to be one of them.

So how will I know if I'm bad? I swear, it is not just my Superego talking. My Ego has no interest in spending its resources on a venture bound for failure.

What, really, is bad therapy? I've read about the extremes of therapy: the brilliant, the inspiring, the lifechanging; the egregious, the boundary-violating, the demeaning. I've read about garden-variety good therapy: the reframes, the thoughtful listening, the clever metaphors and deep reflecting. I know the marks of these therapies: in great therapy, patients change in dramatic ways and move in new directions; in terrible therapy patients sue or suicide; in good therapy, patients return week after week, even if hovering between dramatic change and suicide. But what about bad therapy, plain old run-of-the-mill, doesn't work, sagging-in-the-middle, lackluster counseling in which patient and therapist amble along, looking at the scenery, picking a few flowers, and generally avoiding all oncoming vehicles heading from the direction of the patient's life? What about therapy in which patients finally quit because they realize that as lovely and gratifying as it is to receive support in avoiding the collision, they are there because they've been hit too many times, and ignoring the tractor-trailer filled with neuroses or psychoses or thrombosis simply doesn't work. They're there to learn how to face it – and to maybe one day drive the truck.

When I resumed my post as therapist in a counseling center after winter break, I noticed that the majority of clients from the previous semester did not come back. I know there may be good reasons for this: the vagaries of college life, incompatible schedules, the difficulty of examining life when it takes so much energy just to live it, etc. But last semester I had a few clients who clearly left on account of me. I was too young, too anxious, too cold. It is tempting to see these all as projections—and I don't doubt that projection was at work—but I know the complaints had some truth to them. So I have been trying to build up my ego strength, flex my tolerance, gird my skill at tolerating criticism, and study the ways in which I contribute to the lack of progress of my clients—no small step for a flower-picker who would just as soon wish away the tractor trailer as understand it.

I wish there was a remedial group for therapists. There was always the low math group, the low reading group, the "B" team in after-school sports. Sometimes I feel that I need special accommodations, someone to give me extra help, extra support, extra guidance. Is there some kind of psychic brace I could wear? How about extra time? I guess I can't improve on the patient-therapist ratio. There are pencils with those colorful plastic coverings that are supposed to improve your grip: do they make those for your psyche?

I'm beginning to recognize the feeling of a therapy that is going under, the stagnation, the complacency, the stench of avoidance, the festering of unasked questions and unmentioned subjects. I think, in some strange way, that I'm addicted. It's like we've made a tacit bargain, the clients and I: we know I don't know where to go, they know they don't know where to go, but, through some telepathic means, we agree that if I don't challenge them too much, they'll keep coming. I get to play therapist and they get to play responsible adult working through their issues. It's not a bad deal in the end, and we both feel the better for it... until we don't. Inevitably we reach a point of frustration, but we're both too polite to comment - that would be bad manners - and so it is in secret that I lament the short half-life of fantasy. And yet, instead of picking up the wilted fantasy and moving on to face the unsaid and acknowledge the mutual hiding, I just seek out another fantasy. I'll smile more. I'll ask about a new topic but nothing too evocative. We wouldn't want to break the alliance, now would we? No, no, no, so like a Victorian spinster in her drawing room, I sip cup after cup of tea and model just so how to tuck away all the unmentionables that would be ever so distasteful to speak of.

But, to be perfectly fair, the Victorian sitting room model could be of use. Anyone who has read Jane Austen, Edith Wharton or Henry James knows that plenty of revelations, subversions, and quiet reversals can occur in the drawing room. If I would just allow myself to be the plucky heroine, the tactless scheming mother, or the irreverant suitor, I could let loose with those politely phrased missiles that change lives. Because the phrasing matters. I say I am all about avoidance but, in truth, I sometimes I clobber my clients, pointing out their anger and disappointment and petulance in an attempt to embrace the "here-and-now"—only to have us squirm in an unfruitful silence or desperately seek a subject change. In these instances, I am the gaff in the parlor, the bigtoothed aunt with a wart on her lip who wears ridiculous Parisian hats in a damp English winter and cheerfully inquires after the cousin who turns out to be dead.

There must be a way to be mannered without being enslaved to stifling conventions. I have the two poles; the diffidence for ducking defenses and the willingness to rush headlong into conflict: how do I marry these tendencies? How do I translate my ideas into behaviors and comments that fit the drawing-room office? I feel that if I could do this, I would have some hope after all.

What do you think?

Gabriella Serruya-Green, MA

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Interplay between Discovery and Co-Creation (continued from page 1)_

mark the beginning of a more collaborative relationship between these two analytic organizations in our area. Because true collaboration entails a clear understanding of differing perspectives, I, as a relational thinker in attendance that night, wanted to offer some of my impressions of where crucial differences between the classical and relational views were glossed over. I suspect this was partly due to an intent to find common ground—an admirable goal—but reliable common ground can't be founded on misperceptions and misunderstanding.

I don't intend to discuss the details of either case presentation in any depth here-there's neither time nor space - but only to highlight some aspects of the presentations and discussion as a means to illustrate my points. Dr. Mark began the evening with an overview of the theoretical issues in which he essentially questioned the premise that discovery and co-creation of unconscious experience represent two distinct aspects of the analystpatient relationship. He emphasized how relational analysts no longer view interpretations as attempts to discover something hidden inside patient, but rather are understood as imaginative creations, any number of which are possible given the plenitude of facets (and spaces) in a patient's experience. Dr. Mark then reminded the audience of Spence's radical critique of the archaelogical model of a patient's history which Spence replaced with the notion of an unfolding narrative truth in analysis. In the end, Spence's view leads to an emergent, pluralistic, and indeterminate view of truth-making which both

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patient and analyst participate in. These are crucial points of the relational perspective that I think were largely lost in the subsequent discussions, but more on that in a moment. Dr. Mark then presented a lengthy, richly detailed case of a woman in her mid-30s whose difficulties (and his in working with her) he came gradually to perceive and experience through the mutually refracted lens of dissociation—through realizing his own multiple self experiences in relation to his patient's.

In his ensuing presentation, Dr. Pulver offered a summary of his understanding of what he called the controversy between discovery and co-creation, and then presented a clinical vignette to illustrate that understanding. In contrast to Dr. Mark, Dr. Pulver distinguished "discovery" (as pertaining to the mutual uncovering of something pre-existing in the patient) from "co-creation" (as referring to the unique mode and content of interaction that develops between the analyst and patient). His clinical vignette described the initial three sessions (and phone calls between the second and third session) with a woman in her late 30s who had suffered horrific sexual abuse as a child by her father. The patient left a furious phone message with Dr. Pulver after the second session in which this material emerged.

Following the case presentations, Dr. Kowitt's discussion was concise and covered three critical areas of difference in the classical versus relational views: 1) the nature of unconscious mental content, 2) the analyst's objectivity, and 3) mental conflict. However, I didn't feel that these three points truly grappled with the profound critiqueon epistemological grounds—that the relational view has presented to classical assumptions. In a different vein, Dr. Pulver seemed to suggest that much of the controversy between relational thinkers and classicists is just a matter of semantics, of applying new terms to old concepts, of the human tendency to dichotomize and set up political encampments. While the intent here may be to proclaim commonalities, this view ignores not only the constitutive power of ideas in terms of how they affect our awareness of (and attitude towards) what's happening in the clinical setting, but also contemporary research in social and language development, neurology, and biology, which informs the post-modern sensibility where relational thinking locates itself. This is what I want to elaborate on here.

In regard to unconscious mental content, Dr. Kowitt presented the classical view that such content exists in a relatively stable and structured form, despite our inability to ever perceive it in its "original" state, only in derivative forms. "Derivative," at least in the classical view is, by definition, something of lesser status because one of the goals of an analysis is to see through the derivatives in order to get as close to the original truth as possible. According to Donnel Stern (2003) "in the Freudian scheme...the 'real meaning' — the wish or desire that is the source of the conscious idea — can exist only in the unconscious. The conscious representation of experience is actually the paler form." In contrast, the relational view is that unconscious content is, in Donnel Stern's term, relatively "unformulated," fluid in meaning, and becomes more significant and complex in the act of articulation.

Dr. Kowitt described the classical attempt to uncover and validate these hypothetical unconscious contents by a process of what he termed "triangulation," observation and repetition. While I was not entirely clear what exactly Dr. Kowitt meant by "triangulation," this enterprise appears based on a model of physical science and experimental probing, like a geological sounding for evidence of a vein of treasured ore. In the discipline of physics, this search for the "elementary" particles ran into a realm of indeterminacy a few decades ago. But perhaps most importantly, this approach must inevitably evoke a very different attitude and demeanor toward the patient than a relational approach which emphasizes perceiving, articulating, and formulating novelty in a mutual exchange where truth is continually in the making. Daniel Stern, in his wonderful new book (2004), The Present Moment in Psychotherapy and Everyday Life (where he extends his seminal work on the intersubjective world of infants to all human relationships and therapy), writes, "psychoanalysis treats happenings as they unfold in the present moment as events displaced in time and person (transference), as yet another instantiation of past patterns, as springboards for associations, or as only surface events like the manifest content of dreams. Much is lost." The "intersubjective orientation", as Stern terms it—the sense

of "Where are we at? Where do we stand?" — is tilted in a very different direction than the psychoanalytic approach in which the crucial "truth" lies hidden somewhere offstage.

In the second part of his discussion, Dr. Kowitt raised the thorny issue of the analyst's objectivity. Relational thinkers, of course, have cast considerable doubt upon the possibility of any such thing. Dr. Kowitt suggested that classical analysts are somehow able to be both participants and observers, holding both the intrapsychic and interpersonal perspectives in mind concurrently. I think this fundamentally misconstrues the experience of "participant-observer" whose hyphenated moniker suggests the impossibility of a demarcation between these two stances. It's a bit like saying you can swim while keeping one leg firmly planted on the shore. Granted, this creates a very different kind of analytic investigation, one in a more fluid, shifting experiential universe. A paradigm shift, as Stephen Mitchell called it, and this point can't be emphasized enough. It is not just a matter of semantics. To quote Daniel Stern again, "intersubjectivity in the clinical situation can no longer be considered only as a useful tool or one of many ways of being with another that comes and goes as needed.....all physical and mental acts will be viewed as having an important intersubjective determinant because they are embedded in [this] intersubjective tissue." This "intersubjective matrix", as Stern terms it, is hardwired. He writes that "our nervous systems are constructed to be captured by the nervous systems of others, so that we can experience others as if from within their skin, as well as from within our own."

This leads into the third general area Dr. Kowitt discussed—mental conflict. In his presentation, Dr. Pulver described his attempts to understand his patient's enraged reaction after the second session both in terms of "discovering" her pull to see him as her abusive father or passive, inattentive mother; and of "co-creating" her reaction through his manifest and unconscious responses fit-

PSPP Website

Please check out our website at www.pspp.org

Also, we have a new "opt-out" listserve to facilitate exchange of information among members. Subscription to the listserve is an automatic benefit of membership. If you would like to unsubscribe, simply follow the instructions at the end of each email.

Member Publication

Linda Hopkins has an article in *The Annual of Psychoanalysis*, Volume 32, 2004, published by the Chicago Institute for Psychoanalysis. The title is: "Red Shoes, Untapped Madness, and Winnicott on the Cross: An Interview with Marion Milner." Dr. Hopkins would be pleased to send a copy of the article to anyone who requests it (her email: hopkins2@comcast.net)

ting into these pre-existent patterns. Similarly, Dr. Kowitt, while acknowledging how Dr. Pulver's insensitivity may have affected the patient, focused mainly on her intrapsychic dynamics, particularly in the context of the exigencies of beginning psychotherapy which changed her "inner equilibrium". From a relational perspective, these explanations both continue to skew things heavily towards the patient's contributions. How does beginning a new relationship in therapy affect the analyst's "equilibrium"? What is presupposed? What is anticipated? What is the "intersubjective orientation" as therapy begins? Stern describes a plethora of recent research which indicates how much we are tuned into another human being's intentions from the beginning - and how this "reading" of the other is neurologically, sensorially, and affectively based. An analysis of the subtle mutual shifts in body posture and gesture, of voice tonalities, of gaze – and the congruence or incongruence of these with the content-during Dr. Pulver's second session with his patient would add a wealth of information about what was meaningfully (and painfully) emergent and present in their encounter.

As an illustration of these dimensions of the "intersubjective matrix", I wanted to share an experience I had while listening to Dr. Pulver's case presentation. While Dr. Pulver was describing in very graphic detail the nature of the sexual abuse his patient reported, I felt extremely awkward and embarrassed and bowed my head. I thought something to the effect of "this is too revealing, too much, too soon". I wanted to tune out. When I briefly looked up, I noticed some others in the audience with a similar bowed posture. What can be made of this? Many formulations are possible. Was I experiencing something akin to what Dr. Pulver experienced during that session when his patient exposed herself so prematurely and suddenly? Was he reiterating in some way the patient's experience? What were the intersubjective demands inherent in this particular analytic forum? The point is that in this moment I became woven into the intersubjective experience between Dr. Pulver and his patient-and the audience. Adrienne Harris, a relational analyst, quotes Merleau-Ponty in writing, "I prefer to think of social and relational life as a 'continuum of interacting embodied subjectivities'. We are moving away from the body as machine and towards a more plastic and complex 'body,' where inside and outside fold around each other..."

So, such are the observations of one relationalist about this evening's events, made in the spirit of Edgar Levenson's cardinal investigative question "what's going on around here?!"

Jeffrey Faude, PhD

A Hole in the Fence (continued from page 4)

As our organization turns the corner on 25 years, questions related to who's in and who's not persist. New fences spring up. Undergraduate and graduate programs in psychology have relegated psychoanalytic theories to a place outside the fence of core curricula. States, most notably New York, have promulgated regulations that could have a long term effect on what it means to be a psychoanalyst.

Once outside now inside the fence of psychoanalytic identity, the daunting challenge for all of us is to show those outside, most notably graduate students and early career professionals in psychology and social work, the holes in the fence. It's harder for them to find their way to

a psychoanalytic identity now. For students and graduates from non-mainstream cultural and ethnic backgrounds the path may be even more obscure. Across the board, dispelling the calcified myth of a monolithic psychoanalytic theory is a good way to make a hole, create a gap. We invite sojourners in and make room for the changes their inclusion will create.

Inside our professional community lies a range of possible psychoanalytic identities. That's a kind of diversity that keeps things lively.

David Ramirez, PhD

Parapraxis

We have added to the newsletter a section devoted to the creative works of our members. This month we feature a poem by Deborah Derrickson Kossmann.

Swimming

"We know these animals are scared. Who knows what they will do – they might run off and get trapped under the ice – who knows?"

Tom Albert, Wildlife Management Official

Near Barrow, the three gray whales are almost dead. Against them moments rise like waves as the wind chill freezes sea around their necks.

The Eskimos saw through ice and name them: *Touto, Siku, Kannick*—
"hole," "ice," "snowflake"—things that do not last.
They recognize the bruised noses, barnacled bodies as they bob in and out of offshore water.

The boy chokes his throat with two hands floating up for air in the classroom.

It isn't his impending death that grips him, the northern-lit eyes of classmates, bitter dark. He's tasted various fears before.

It's the Eskimos he thinks about, protecting those sick whales.

He wants them to shoot, stop their breath, make them sink underwater.

Flickering, he sees the open-mouthed teacher. If he had a knife he'd make *her* hurt. Everywhere he feels his father's hands around him. "Don't tell," he murmurs, bleeding white like those Alaskan icebergs.

He's not saved in the park, in his own room. Going down, he wants not to be, this last gasp, the blown cry that hangs like crystals and sprays downward.

On television: the President calls, the largest helicopter tows a rescue barge. Touched by the grays, lost and small as children, the biologists try an ice breaker, prayer. They tell us, "Every year, probably dozens drown or are crushed by the ice," but nobody sees them trapped too far north, confused by closing water. "Tonight," says the newscaster, "the Eskimos might kill them for food."

In a hospital bed, the boy rolls over, shivering, not sure anymore if he's swimming.

Deborah Derrickson Kossmann

Deborah Derrickson Kossmann received a 2004 Pennsylvania Council on the Arts Fellowship for her poetry and a 2002 Individual Creative Artist Special Opportunity stipend. Her poetry has been published and is forthcoming in various literary magazines including Philadelphia Poets, Mad Poet's Review and The Aurelian. Her personal essays have appeared in journals and magazines including Psychotherapy Networker and Families, Systems, and Health.

Being and Becoming

25 Years of Continuity and Change in Psychoanalytic Psychology

25th Spring Meeting of the Division of Psychoanalysis (39) of the American Psychological Association Waldorf-Astoria Hotel, New York, NY April 13-17, 2005

Keynote Speakers: Jay Greenberg, Adam Phillips

Invited Panels Include:

- ◆ Robert Prince, David Anderegg, Marylou Lionells and Nancy McWilliams: Swimming Against the Paradigm Tide: Practicing Analysis Today
- ◆ E. Lisa Pomeroy, Drew Westen, Kenneth N. Levy, and Fonya Lord Helm: The Use and Misuse of Psychotherapy Research: What Every Psychodynamic Clinician Needs to Know
- ◆ Arnold Schneider, Andrea Celenza, and Karen Maroda: *Boundary Violations: Where and How?*
- Melinda Gellman, Mary-Joan Gerson, Gilbert W. Cole, and Frances Sommer Anderson: The Analyst's Vulnerability: When Psychoanalysis Meets Medical Illness
- ◆ Christoper Bonovitz, Peter Carnochan, Diane Ehrensaft, Toni Vaughn Heineman, and Richard Ruth: Ms. Freud and Mrs. Klein, How Far Have We Come? A Roundtable Discussion of Child Treatment over the Last Quarter Century
- ♠ Ron Balamuth, Mark Epstein, Master Sat Chuen Hon, and Robert A. Thurman: Frames of Healing: East and West.
- ◆ Stefan R. Zicht, Fred Pine, Lawrence Epstein, and Edgar A. Levenson: If I Knew Then What I Know Now: Reflections on Psychoanalytic Experience
- ◆ Muriel Dimen, Debra Roth, Stephen Hartman, and

- Virginia Goldner: Sex: The New Generation
- ◆ Karen Marisak, Nadia Bruschweiler-Stern, Karlen Lyons-Ruth, Alexander C. Morgan, Jeremy P. Nahum, and Daniel Stern: The Foundation Level of Psychoanalytic Meaning: Implicit Process in Relation to Conflict, Defense, and the Dynamic Unconscious: A Roundtable Discussion with the Boston Process Change Study Group
- ◆ Nancy C. Hollander, Robert Jay Lifton, and Rachel Peltz: *The Psychic Matrix of the Social World: How Can We Learn From the Past?*
- Carol Pepper, M. Gerald Fromm, Adrienne Harris, and Paul Lippman: Learning From Serious Disturbance: Three Psychoanalytic Therapists Reflect on Their Work
- ◆ Gerald Stechler, Justin Newmark, and Mary-Joan Gerson: *The Fragile Ethics of Partnerships: Treating Couples*
- ♠ Rebecca Curtis, Morris Eagle, Drew Westen, and Jody Davies: Psychoanalysis and Its Critics
- ◆ Patricia Outland, Karen Maroda, Stuart Pizer, and Joyce Slochower: Analytic Vigor, Analytic Rigor-Analytic Ideals and the Nature of the Frame

Registration

Information regarding the meeting, including registration materials, is available at the web site of Division of Psychoanalysis (Division 39), www.division39.org. To register or for additional information contact Johanna Beyer or Erin Claywell at Natalie P. Shear Associates, Inc. at 1-800-833-1354 x. 104 or 105 or by e-mail at division39ny@nataliepshear.com

Continuing Education Programs

at the 25th Spring Meeting of the Division of Psychoanalysis

Dissociation and Enactment

- ◆ Donnel Stern, PhD, Training and Supervising Analyst, William Alanson White Institute; Faculty, NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; Editor, Contemporary Psychoanalysis and "Psychoanalysis in a New Key"
- ◆ Description: A dissociation-based model of mind leads to a conception of the unconscious as unformulated experience and to a new and different way of understanding patient-analyst enactments. The dissociation model suggests that enactments take place because there is too little conflict in the personality. The resolution of an enactment requires the formulation not only of new experience, but of new conflict. These ideas and what they suggest about daily clinical work with enactments will be discussed. Clinical material will be supplied by the workshop leader and participants.
- ◆ April 13th, 9:00 AM 12:00 PM. 3 CE Hours \$60

The Almost Untreatable Narcissistic Patient

- ♦ Otto Kernberg, M.D., FAPA, Director, Personality Disorders Institute, The New York Presbyterian Hospital, Westchester Division; Professor of Psychiatry, Weill Medical College of Cornell University; Training and Supervising Analyst, Columbia University Center for Psychoanalytic Training and Research; Past-President, International Psychoanalytic Association
- ◆ **Description:** The course has three major objectives: 1. To acquire expertise in the diagnostic evaluation of the broad spectrum of narcissistic patients; 2. To acquire expertise in structuring the treatment approach, specifically considering these most difficult cases; 3. To acquire expertise in the technical management of extreme, self-directed aggression, which coincides with the patient's sense of superiority over those who try to help him.
- ◆ April 13th, 9:00 AM- 12:00 PM. 3 CE Hours \$60

Face-to-Face Communication in Infant Research and Adult Treatment: A Film Lecture

- ◆ Beatrice Beebe, PhD., Clinical Professor of Psychology in Psychiatry, Columbia University; NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; Institute for the Psychoanalytic Study of Subjectivity
- ◆ Description: This lecture will review the dyadic systems model of communication in mother-infant research and its applications to adult treatment. New research on the impact of maternal depression and anxiety on motherinfant self-and-interactive reglation, as well as the prediction of attachment outcomes, will be presented. Dr.

Beebe will present an adult treatment case of early trauma, in which she made an unusual intervention of taking a series of videotapes, which illustrate implicit models of intimate relating and her collaborative participation in the treatment.

◆ April 13th, 1:00 PM- 4:00 PM. 3 CE Hours. \$60

Overcoming the Odds in Psychoanalytic Process: Core Principle of Dialectical Constructivism

- ◆ Irwin Hoffman, Ph.D., Lecturer in Psychiatry, University of Illinois College of Medicine; Faculty and supervising analyst, Chicago Center for Psychoanalysis; Faculty and supervising analyst, National Training Program in Contemporary Psychoanalysis
- ◆ Description: This Master Class will explore the meaning of a perspective on the psychoanalytic process called "dialectical constructivism." Among the features of this viewpoint to be highlighted will be its integration of existential and more traditional psychoanalytic ideas. Dialectical constructivism focuses on mortality, what is given in the patient's experience and what is chosen and created, and the analyst's role in affirming the patient as a creative agent.
- ◆ April 13th, 1:00 PM 4:00 PM. 3 CE Hours. \$60

The Communicative or Strong Adaptive Approach to Psychotherapy and Psychoanalysis: The Claim for a Leap Forward

- ◆ Robert Langs, M.D., Private practice, New York, N.Y.
- ◆ Description: The strong adaptive or communicative approach to psychotherapy and psychoanalysis rests on the premise that coping with death-related, traumatic, external events is the primary task of the emotional-processing mind. In this new paradigm, reality and unconscious perceptions are given precedence over unconcsiou fantasies and patterns of behaving and interacting. The class will point out flaws in present-day psychoanalytic thinking and propose new replacement concepts. Clinical material, narrative communications, as well as biological findings will be presented. Discussion will be encouraged.
- ◆ April 13th, 1:00 PM 4:00 PM, 3 CE hours, \$60

For a full description of the goals and objectives of the Workshops, please go to the Division 39 website, www.Division39.org, where you will also find registration materials. You may address questions to Johanna Beyer or Erin Claywell at Natalie P. Shear Associates, Inc. at 1-800-833-1354 x 104 or 105, or by e-mail at division39ny@nataliepshear.com

Some Programs of Interest to the PSPP Community

Note: Much of the information for this calendar was obtained from the website for the Alliance for Psychoanalytic Thought at www.philanalysis.org

Friday, April 1

Mitchell Dratman Memorial Lecture: Noses are Red: How to Improve Your Child's Sense of Humor. Presenter: Joel Schwartz, M.D. Evening program (7:30 to 9:30 pm) at Rockland, East Fairmount Park, 3810 Mt. Pleasant Drive, Philadelphia, PA. Sponsored by the Psychoanalytic Center of Philadelphia. (215-235-2345).

Saturday and Sunday, April 2 and 3

Gestalt Therapy Institute of Philadephia: A Weekend of Gestalt Therapy. All-day programs in Bryn Mawr. CEU's available for pyschologists and pending from other boards. Sponsored by the Gestalt Therapy Institute of Philadephia. For more information, call 610-519-1300 or check out the Institute website at http://www.gestaltphila.org.

Sunday, April 3

Open House at Rockland to Learn about Training Oppportunites in Psychoanalysis and Psychotherapy. Shadows of Trauma: Implications for Treatment of Children and Adults. Presenters: Jennifer Bonovitz, Ph.D.and Salman Ahktar, M.D. The presentation will be followed by refreshments and time for discussion with faculty, directors of the various training programs, graduates and candidates of the Center. Location: Psychoanalytic Center of Philadelphia, Rockland East Fairmount Park, Philadelphia. Time: 3 to 5 P.M. Sponsored by the Psychoanalytic Center of Philadelphia. Please RSVP by 3/18/05 to Shireen Kapadia, (610) 558-5669.

Wednesday and Thursday, April 6 and 7

Graduate School of Social Work Call For Papers: Issues and Challenges in Child and Adolescent Mental Health. For more details on the series visit our website at http://www.brynmawr.edu/socialwork.

Thursdays, April 7, 14, 21, 28

PCPE Short Course II: The Cultivation of Attention in Buddhist Meditaion and Psychoanalytic Iquiry. Instructor: Jeffrey Faude, Ph.D. Location: To Be Announced. The Philadelphia Center for Psychoanalytic Education. For more information, please contact Dennis Debiak, Psy.D., at 610-690-2442 or at ddebiak@aol.com

Friday, April 8

Gestalt Therapy Institute of Philadephia: Narcissism and the Love Relationship. All-day program in Bryn Mawr. CEU's available for pyschologists and pending from other boards. Sponsored by the Gestalt Therapy Institute of Philadephia. For more information, call 610-519-1300 or check out the Institute website at http://www.gestaltphila.org.

Sunday, April 10

PSCSW's Coffee and Conversation: A Double Loss: Impact of Divorce on Grief and Mourning when a Family Member Dies. Presenters: Marcia Dorman, LCSW, PH.D. and Mary Miller, LCSW. Time: 10 am till Noon. Location: Philadelphia, PA. Pennsylvania Society for Clinical Social Work. (215-942-0775)

Sunday, April 10

PSPP Sunday Brunch Series: Psychotherapy with the Dying Patient. Presenter: M. Jay Moses, Ph.D. Time: 11 am to 1:30 pm. Sponsored by the Philadelphia Society for Psychanalytic Psychology. For more information, call Jay Moses, Ph.D. at 215-951-7153.

Wednesday, April 20

Scientific Program: The Sydney Pulver Lectureship:

The Past or the Present Unconscious: Here-and-Now Interpretation Versus Reconstruction. Presenter: Peter Fonagy, Ph.D., F.B.A., Freud Memorial Professor at University College, London, Author, Affect Regulation, Mentalization, and the Development of the Self. Location: Hilton Hotel, 4200 City Avenue, Philadelphia. Time: 7:30 to 9:30 pm. Sponsored by the Psychoanalytic Center of Philadelphia. (215-235-2345).

Wednesday, April 20

La Salle University Social Work Program. Parenting the Adult Child. Workshop presenter: Dr. Matti Gershenfeld. Evening program in Philadelphia, PA. Sponsored by Social Work Program, La Salle University. (215-951-1108).

Thursdays, April 27, May 4, 11

PCPE Reading Seminar III: Toward Understanding and Changing Maternal Disorganizing Behavior and Interrupting Intergenerational Transmission of Violent Trauma. Discussants: Laurel Silber, Psy.D. and Marjorie Bosk, Ph.D. Location: To be announced. Time: 7:30 to 9:30 pm. The Philadelphia Center for Psychoanalytic Education. Call Birgitte Haselgrove at 610 328-8059 to register.

Friday to Sunday, April 29, 30 and May 1

PCOP and NAPsaC Program: Formation and Transformation: A Re-examination of Psychoanalytic Education. Location: University of Pennsylvania, Philadelphia, PA. Sponsored by: the Psychoanalytic Center of Philadelphia and NAPsaC. For more information, check out the website at www.philanalysis.org/transformation.html or contact Audrey Wright at 267-974-7915.

Sunday, May 1

Graduate Student Brunch: Internships, Hardships, and Mentorships: An Open Discussion on Becoming a Psychodynamic Practitioner. Barbara Goldsmith, Psy.D. and Miriam Franco, Psy.D. will lead an open discussion with graduate students regarding the difficulties and obstacles pertaining to becoming psychodynamic practitioners and will discuss PSPP's developing Mentorship Program for graduate students. A light brunch will be served. Time: 11:00 am to 1:15 pm. RSVP requested to Matthew Whitehead at mlw0302@mail.widener.edu

Saturday, May 7

The 36th Annual Margaret Mahler Symposium on Child Development: Boundaries, Fences and Walls Around the Self: Developmental, Clinical, and Cultural Aspects. Presenters: Glen Gabbard, MD, Ilany Kogan, Ph.D., and Phyllis Tyson, Ph.D. Discussants: Salman Akhtar, MD, Ira Brenner, MD, and Ruth Garfield, MD. Co-sponsored by the Psychoanalytic Center of Philadelphia, the Foundation of the Psychoanalytic Center of Philadelphia, and the Department of Psychiatry and Human Behavior, Jefferson Medical College, Thomas Jefferson University. (215-955-8421).

Sunday, May 8

PSCSW's Coffee and Conversation: Managing Psychiatric Emergenices in an Outpatient Practice. Presenter: Todd Weinstein, LCSW, BCD. Time: 10 am till noon. Location: To be announced. Pennsylvania Society for Clinical Social Work. (215-942-0775)

Saturday, May 14

PCPE Workshop: Toward Understanding and Changing Maternal Disorganizing Behavior and Interrupting Intergenerational Transmission of Violent Trauma. Presenter: Daniel Schecter, MD. Location: To be announced, Main Line area. Time: 10 am to 4 pm. The Philadelphia Center for Psychoanalytic Education. Call Birgitte Haselgrove at 610 328-8059 to register.

Thursday, May 19

Discussion and Reading Group: The Wizard of Oz. Discussants: William Singletary, M.D. and Ann Smolen, MSS, LSW. Evening program (7:30-9:30 pm) held in Merion. CE credits available. Location: Psychoanalytic Center of Philadelphia, Rockland, East Fairmount Park, Philadelphia. Sponsored by the Psychoanalytic Center of Philadelphia. (215-235-2345).

Thursday, May 26

The Natural. Presenter: Steven T. Levy, M.D., Editor, Journal of the American Psychoanalytic Association. Discussant: Melvin Singer, M.D., PCP Faculty. Location: Hilton Hotel, 4200 City Avenue, Philadelphia. Time: 7:30 to 9:30 pm. Sponsored by the Psychoanalytic Center of Philadelphia. (215-235-2345).

Announcing the PSPP Doctoral Research Scholarship

Each academic year, the Philadelphia Society for Psychoanalytic Psychology will select one doctoral dissertation that advances our understanding and/or application of psychoanalytic theory, research, practice or thinker(s). This year's recipient will win a \$500 scholarship and a free year's membership to PSPP. The successful candidate will have defended their dissertation between June 1, 2004 and June 30, 2005 in a Delaware Valley Ph.D. or Psy.D. program. The dissertation research can focus on one thinker or theory or compare a concept or theory to other schools of thought. The winner may have the opportunity to present his or her research at one of the PSPP Continuing Education Sunday brunch series.

This is a unique opportunity to share your research beyond your immediate circle of faculty and friends with other doctoral candidates and professionals in the greater Philadelphia professional mental health community who are committed to promoting the scholarly exchange of psychoanalytic thought and knowledge.

Interested candidates should email a copy of their dissertation abstract, proof of defense (i.e., a copy of the dissertation approval page) and date of prospective graduation to:

The PSPP Doctoral Dissertation Award Committee c/o Dr. Miriam Franco mfranco@immaculata.edu

Application Deadline for 2004 - 2005 is July 1, 2005.



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