

For Mental Health Professionals Interested in Psychoanalytic Perspectives  
A local chapter of the Division of Psychoanalysis of the American Psychological Association

## Terror In The Consulting Room: A Review of PSPP's

Sometimes in life you have to be patient. Sometimes you have to make the same point over and over again in order to be heard. This appears to be true whether you have a sound idea for how to make the country's economy work better, or whether, like Dr. Bertram Karon, you believe that you can successfully treat psychoses without medications in a culture that views medication as the first line of treatment for the seriously mentally ill. We live in a culture in which one in five adults is taking at least one psychotropic medication (APA Monitor, June 2012), a culture in which problems like depression, anxiety, sleep difficulty or not paying attention in school, are often treated with medication and only medication. Dr. Karon has not succumbed to this way of thinking and continues to communicate his hard won belief that the critical issue in psychoses is the patient's early environment, not the patient's genetic endowment, biochemistry or innate temperament.



By Linda L. Guerra, PhD

Based on his many years of clinical experience working with schizophrenia, and conducting research with this population, Dr. Karon is convinced that psychoanalysis and psychoanalytic psychotherapy are the best ways to address the difficulties that these patients struggle with. He believes that patients deserve real treatment, not just symptom relief, and that they should be weaned off psychotropic medication as soon as possible. He states this very clearly in his book, *Psychotherapy of Schizophrenia: The Treatment of Choice*, first published in 1981 with co-author Gary R. VandenBos.

On Sunday, November 4, 2012, Dr. Karon spoke with confidence and conviction to an attentive audience at the Philadelphia Society for Psychoanalytic Psychology's Fall Program. The topic was the treatment of psychoses and



Fall Program  
Featuring  
Bertram Karon, PhD,  
Master Clinician

other difficult therapeutic issues. When asked about his theory of schizophrenia, he answered sharply that "Schizophrenia is a chronic terror syndrome", and that "schizophrenic patients are organized around not getting killed." He described how they have "an organized delusional system"... "just as does everybody else". In line with his belief that it was a toxic early environment that caused the psychotic patient's problems, Dr Karon feels that it is critical to understand the strange meanings that the patient's family gave to things, and to further grasp what the patient did with these meanings and messages. "Hallucinations are waking dreams," he stated, and he believes that therapists should treat them as such by learning the patient's associations to them. "These patients have a need for an organized understanding of their world, just like the rest of

*continued on page 2*

### INSIDE

PSPP Fall Meeting.....	1
Letter from the President .....	3
Research and Practice .....	4
Community Outreach .....	7
Self-Care.....	8
Creative Expressions .....	10
From the Board.....	14
Events .....	17
A Few Words from the Coeditors .....	23

## PSPP Fall Meeting...continued

us". In some ways his treatment of psychotically organized patients is no different from the treatment approach he uses with neurotic or less seriously disturbed patients.

It is evident how much Dr. Karon cares about his patients. He believes that treatments such as electroconvulsive therapy are counterproductive and harmful, and may arise out of the countertransference reactions of medical professionals who resort to things like drugs and electroshock out of feelings of frustration, helplessness, hopelessness and fear. He advocates a modified psychoanalytic approach with psychotic patients, deviating decades ago from the idea that the psychotherapist should be a blank screen with them. Dr. Karon believes such an approach would facilitate the patient's transference of his awful early environment onto the person of the analyst/therapist, resulting in the replication of a terrifying situation in which therapeutic work would be impossible.

From Dr. Karon's narratives of his work, it is evident that he devotes special care to creating an environment of safety and reliability for the patient that contrasts dramatically with his childhood environment and the patient's chaotic inner world. In the first session he starts off with a simple question like "What can I help you with?" and is focused on making emotional contact, knowing full well that these patients are good at avoiding it. He is willing to give practical advice if the patient wants it, but makes it clear that the patient can choose not to take the advice. Instead of being occupied with making clinical diagnoses, he works at making his presence and interest real to the patient. During the initial phase of the psychotherapy, he listens to what the patient says he needs help with, and then focuses on that. In these ways, he establishes himself as a trustworthy person who actually wants to be of help. He may even assure the patient in the initial session that he will not kill him, nor will he allow anyone else to kill him.

In Dr. Karon's view, the primary components of therapeutic change in the patient are insight and the relationship with the therapist. In the treatment of schizophrenics, he feels that it is crucial that the therapist provide a new model of how a patient is to treat himself, so that the patient can identify with a more benign pattern of mothering than he originally experienced. He conveys to the patient the idea that anybody would feel the way she or he does, if they had grown up under the same conditions that the patient had experienced in his early environment.

Upon reflection, several issues were not addressed in this talk. Dr. Karon did not discuss the importance of the patient's expression of rage and aggression toward the therapist. How might he assist the patient in making the jump from regarding him as a kind and loving person toward whom he feels very grateful (once a positive, working therapeutic relationship has been established), to being able to feel and express hate and other negative feelings toward him? Many psychoanalytic theorists and clinicians believe that the patient's expression of hate toward the analyst, and then ex-

## Attendees at the Fall 2012 Meeting.



periencing that the analyst and the therapy survive that hate, is critical to the patient's full recovery.

When patients come from deeply disturbed families, and then experience for the first time in psychotherapy, a relationship in which they have felt accepted, safe and understood, it is often very difficult for them to risk losing this relationship by expressing anger and hate toward the therapist. These patients usually come from families in which much hate was directed at them, and in which they were not permitted to feel, let alone express,

*continued on page 3*

## ***PSPP Fall Meeting...continued***

hateful feelings. To do so would have been to risk annihilation. Dr. Karon believes that the most problematic emotion for schizophrenics is murderous rage, and that they are terrified to deal with it. He makes clear to the patient the distinction between feeling a feeling and acting on it, and tells patients that they can control their actions if they don't try to control their thoughts. It would be illuminating to hear him elaborate a bit more on how he handles this in the course of a long-term treatment.

Another issue that could have used some clarification during the presentation is how Dr. Karon distinguishes "organic psychoses" which arise from disease processes in the body, from those that spring from toxic early life situations. How does he go about making this differential diagnosis? He did explain that most patients respond to his therapeutic approach but not all.

The last part of Dr. Karon's program was focused on difficult issues that arise in working not just with psychotically organized patients but also with other types of patients. He described how depressed patients are "geniuses" at telling the therapist that nothing she can do will help. The trick to working successfully with them is to not believe them, he declared. When working with psychosis, psychotherapists need to believe that they can have a positive impact and that these patients can get well. He stated that therapists need to be able to tolerate their own fears of going insane, as well as feelings of confusion and "not knowing". It is obvious that Dr. Karon has many nuggets of wisdom to impart from all of his years of clinical experience, and thankfully he is still interested in sharing them with the rest of us. It is just too bad that we all can't personally experience what it is like to be in treatment with him.

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## ***Letter from the President***

*It is with great pleasure that I write my first letter as president of PSPP. Our upcoming year looks to be an exciting one, filled with many interesting opportunities for the PSPP membership. To begin, I thought I would spend a moment and introduce the current members of our board whose hard work allows PSPP to offer our numerous creative and engaging programs.*



*By Robin M. Ward, PsyD*

First, as to members remaining on the board, Dan Livney, PsyD continues his able management of our finances as the Treasurer; Stacey Boyer, MA returns to her work as Membership Chair; Natalie Petyk, PsyD remains our Secretary; while Jaquelynn Cunliffe, PhD and Lesley Huff, PsyD continue at the helm of our newsletter as Co-Editors; James Bleiberg, PsyD, Susan Levine, LCSW, BCD-P, and Shirley Tung, MSS, LCSW are all continuing as Directors at Large; Former Graduate Student Representative Dana Odell-Harron, PsyD has moved to a Director at Large position; Diny Capland, MA and Emily Loscalzo, MS are our current Graduate Student Representatives; and Jay Moses, PhD has transitioned from the current to Past President of PSPP. I would also like to welcome three new members to the board. Bree Miller, PsyD and Keren Sofer, PsyD have each joined the board as Directors at Large. And Barbara Zimmerman-Slovak, PhD will be working with the board as the PCOP Liaison.

I am pleased to announce several upcoming events offered up by PSPP or in collaboration between PSPP and other local psychoanalytic groups. On February 2, 2013, PSPP in collaboration with PCPE will be presenting the third conference "Again: Multiple Perspectives on a Psychotherapy Case." As many of you know, the format of this conference involves the presentation of a case followed by consultation and conceptualization from several psychoanalytic perspectives. This year the focus of the conference will be working with children and adolescents. I am also excited to announce that Robert Stolorow, PhD will be presenting

at our 2013 Spring Program (date to be announced). Dr. Stolorow is renowned for his work on trauma as well as considerations of the overlap between psychoanalysis and other philosophical traditions. Finally, by the time this newsletter is in the hands of our membership the collaborative meeting between PCOP and PSPP will have already happened on December 7, 2012. This collaborative meeting will have involved a viewing of the film "Mysterious Skin," followed by a discussion of the movie's themes of the effects of childhood sexual abuse, with our own Barbara Goldsmith, PsyD representing PSPP as a discussion leader.

As I conclude this letter, I find myself reflecting on my years of involvement with PSPP. Something I have been struck with during my time in our group is the degree of dedication from our membership and the consistent quality of our contributions to psychoanalytic thinking at the local level. I look forward to continuing this tradition and truly appreciate the opportunity to do so.

# Research & Practice

## Dr. Anton Hart Brings Ethics into the Interpersonal

When I think about ethics, a few phrases come to mind: Don't sleep with clients; seek consultation—someone else probably knows more about this than I do; and most importantly, the misperception that that's not something I'll have to deal with! The last phrase connotes a kind of dissociation that was a key element of Anton Hart's talk at the annual Schulman Symposium hosted by Widener University's Institute for Graduate Clinical Psychology. Dr. Hart asked us to look "beyond oaths or codes," and employ "a relational approach to psychoanalytic ethics." If you missed this enlightening presentation, a few key points will give you some understanding, though unfortunately not the CE credits.



By Diny Capland, MA

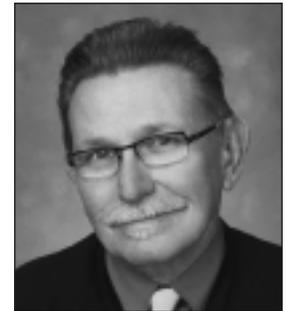
First, let's diminish the dissociation. The code of ethics does not exist just to keep some "not me" therapist from falling on the couch with their patients. It stands to hold us each in constant ethical awareness. Every clinician has the potential for a dark side, which may move him or her to act in devious and highly unethical ways, perhaps yet unlisted in the ethics code. What havoc could your very worst self wreak? Knowing our flaws helps to prevent them from unconsciously emerging in treatment. Yet when we assume it only exists in those 'others' who are boundary violators, we close our eyes to our own potential for harm. Even with our darkest desires, it is unlikely that any of us will barrel past the boundary of our ethics code. But Dr. Hart asked us to aspire to a higher level of practice. If we measure our practice against the code, we are probably doing great. However, when we assess our ongoing interactions with each client, there are likely micro-breaches occurring all the time. We can devalue these experiences, given that they aren't unethical per se, or we can analyze and learn from them. Many of us become complacent about our behavior and justify our therapeutic missteps by measuring them against "real" ethical violations. However, in doing so, we allow ourselves to act in ways that may hurt our clients, or not act in ways that are most helpful.

In a relational frame, this requires the therapist to continually invite feedback from clients, and to be prepared to examine it together with the client and on one's own. The premise that clients know things about us that we don't know ourselves is a critical component of this reflective process. The details of how one maintains self-awareness, self analysis and curiosity about the

client's knowledge of us are better described by an expert such as Dr. Hart. But the broad assertion was clear—ethics are an everyday interaction that we have a duty to uphold on every level, not just at the farthest edge of an identified boundary. Dr. Hart illustrated this point with a very juicy ravioli vignette. The ethics of lunch became more complicated than I could have imagined!

Following the lecture, two discussants expanded on the topic. Dora Ghetie, Psy.D. grappled with the therapist's own masochistic or depressive needs when inviting and engaging with client feedback. Paul Hiatt, M.A. discussed his perspective that trainees may be particularly vulnerable in this endeavor. For an intern, not only the critique of the client but also that of the supervisor must be considered, all while striving to uphold a newly formed professional identity. Dr. Hart then joined students and community members for lunch and additional conversation about the ethics of everyday encounters. While a clear cut answer about the ethics of eating lunch in front of a client did not emerge, Dr. Hart left us all with much food for thought.

## On the Derivation of the Word Therapist



By Charles Ashbach, PhD

The training for psychotherapy by and large focuses, as it should, on the development of capacities within the therapist that enable him or her to make contact with the emotional and psychic-unconscious dimensions of the self. Through this "self development" comes the capacity to be able to tune in and detect the unconscious of the patient's mind, self and personality. The development of empathy, intuition, patience, perspective, context, symbolism and the negative capability are all emphasized in helping a person prepare for the rewarding, though incredibly challenging nature of being a psychotherapist. I want to share some thoughts I have developed through the study of our most demanding profession.

For some years I have been a member of a group of colleagues who have been studying the primitive dimensions of the human personality. Not only through various schools and approaches within psychoanalytic psychology but also through myth, anthropology, sociology and the history of religion. During that time I was fortunate to come upon the origin of the word 'therapist.' This occurred when a colleague of mine commented on a seminar he had attended, describing how the presenter made mention of the root of

*continued on page 5*

## Word Therapist...continued

the English word 'therapist' as being the Greek word *therapon*. My colleague said it had to do with the master-slave relationship between a royal and his servant.

I was struck by this idea. My research revealed that the Greek word, *therapon*, described an individual whose job or role was to be an attendant, companion of lower rank, aide, minister, slave, servant, or replacement committed to the willing sacrifice for a human master or supernatural deity. It was used in the Old Testament to describe Moses' relationship to his god, and was understood as "servant of god." I was especially impressed by the 'sacrificial' aspect of the term when understood as 'slave,' 'servant,' or 'replacement.'

Further research revealed the use of the word *therapon* in Homer's Iliad regarding the role of Patroclus. In the Iliad, Patroclus, Therapon to mighty Achilles, takes up Achilles' cause when he (Achilles) peevishly withdraws from the battle against the Trojans after an argument with King Agamemnon. In that dispute, Agamemnon demanded a certain public deference from Achilles as well as demanding that Achilles gives up his beautiful female slave to Agamemnon. Patroclus, recognizing the demoralizing threat of Achilles' withdrawal, put on his master's majestic armor and went out onto the field of battle to fight the mighty Trojan warrior, Hector. Patroclus sought to save the day for Greece and to save Achilles' sacred name. Of course he did neither. Hector immediately killed Patroclus but his death spurred the mighty Achilles to take up his weapons and defeat the Trojan army, driving them back behind the Walls of the city.

The point here is that the *therapon* is prepared to sacrifice his or her life for the good of the master. The implication is that at the core of the human unconscious lies a sacrificial component, an archetype if you will, that motivates an individual to take up a particular form of subjugation and sacrifice as their life's work. This seemed worthy of reflection.

Heinrich Racker, in his brilliant treatise on the role of the therapist entitled *Transference and Countertransference* (1968), writes compellingly about the unconscious need at the core of the therapist's personality to rescue his or her own internal damaged objects. He says we become therapists to repair and restore these precious objects in order to free ourselves from the responsibility and guilt of having let them down or aggressed against them. Ultimately, Racker believes, that our metabolization of this guilt provides the path to become a competent, caring and realistic professional, empowered but limited, motivated but not manically so. Freud says that we must be careful not to seek cure at any price. He specifies that the goal of therapy is to offer the patient the awareness of choices and then ultimately to step back so he or she can make the choices that define their life.

Racker seeks to remind us that it is the encounter with our own unconscious that prepares us for the encounter with the patient's. It is our ability to acknowledge our limits and our vulnerabilities,

our terrors and our dreams, that helps us to offer this form of integration and humility to our patients.

In working with the most difficult and demanding group of patients, those that occupy the class that Freud (1923) described as manifesting the "negative therapeutic reaction" (NTR), we frequently encounter the collision of our therapeutic self with the split self of the patient. The patient's self is split due to the operation of traumatic components that have driven that individual to both desperately seek help and simultaneously to resist help and the dreaded dangers of change and transformation. We realize, after some time and a great amount of suffering, that the collision between these two aspects of the patient's self poses a great challenge to our therapeutic self.

There is a desperate need in these patients to see the self as "innocent" and the "victim" of circumstances. These needs clash with their unconscious dimension of self-awareness that perceives the aggression and conflict that flows from self-toward-objects. This battle between their love and hate, which is their primordial ambivalence, is complicated by the attack of the super-ego that holds them in a dreadful state of moral judgment and condemnation. Melanie Klein (1935) defines this moment as the crisis of the "depressive position." Often their only recourse is to projectively identify their dilemma into and onto the therapist and ask us to take their place on the sacrificial altar of their relentless self-judgment, punishment and guilt.

Here the battle between empathy and enmeshment is most acutely engaged. The patient frequently feels that "if we loved them" we would take their place in their struggle with their bad-object conscience. Other times they identify with the bad object and seek to have us offer up ourselves so that they may remain free and clear of any responsibility for the injuries to their love-objects. In either the depressive or the paranoid version of the request, the patient is asking us to become the "scapegoat" for them. It is here that we must be able to delineate the various sectors of their unconscious to help them to see what they are asking of us, and to recognize the hold that their internal world of bad objects has over their souls. We might say, at moments like these that may be repeated over and over again across a great span of time, that the patient is asking us to renounce our role of "therapist" and take on the role of *therapon*.

Wilfred Bion (1970) says that the therapist must be able to "suffer" what the patient is tortured by in order to establish credibility with them. He says we must be able to enter into an 'at-one-ment' (atonement) with them in order to offer them the evidence that they are not locked away in the past position of abandonment or withdrawal being lived out in the transference. As with all such states of identification, they are transitory. Eventually the patients must be aided to see that they are not the monsters they fear nor the angels they dream of. Neither love nor hate will ever produce the desired outcome of integration, acceptance, and most importantly, the mourning of the impossible dream lurking at the core of the self.

*continued on page 6*

## Word Therapist...continued

Our attention and attunement is to be directed toward the internal conflicts that are at the core of the patients' problems and become projected onto and into the therapeutic relationship. We can offer help that might assist them in solving their problem but we must not climb upon the sacrificial altar in their place. Such sacrifice might meet the therapist's unprocessed needs but does not lead patients forward to be able to realize the complexity of their circumstances and the requirements necessary to achieve a productive separation and creative independence.

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## Lessons Learned from Children and Adolescents

When I was in grad school, the most senior member of the faculty was fond of saying that, despite all our studies and supervised experience, we would learn the most from our patients. He didn't mean that patients would teach us new concepts or techniques; rather, they would help us experience and live those concepts and techniques. In planning this paper, I've been thinking about how work with child and adolescent patients has brought to life some of the concepts and techniques that are central to my work.

### Therapy is Once and Future.

Everyone who treats children knows that it requires a great deal of patience and that results are often not readily apparent. I learned the most about this from a case where the benefits of child therapy weren't apparent for twenty years. This realization came several months ago, when I received a call from Alice, a woman in her early thirties who I had seen, with her parents, when she was eight and nine years old. Except for seeing Alice briefly in her teens, I had not heard from her or her parents for decades. Now an adult, Alice explained that she had been struggling to understand and cope with her anger about her mother's pattern of promising much and delivering little, especially emotionally. Alice hoped that my familiarity with her childhood, and my knowledge of her parents, especially her mother, would be helpful. All of that made sense, but it was something else she said, during the ensuing therapy, that hinted at a deeper reason. We had been meeting three times a week for perhaps six weeks,



By Peter Goldenthal,  
PhD, ABPP

when Alice began to talk about my old office and to reminisce about her time there playing with the toys, recalling that she had felt safe, comfortable and understood. She didn't remember anything specific. Rather, it was the feeling of that time and that place that led her to call me as an adult. Furthermore, it was the feeling of that time and that place that helped her feel safe enough to explore these deep, complex, and very painful issues. I was only a few years out of my training when I first treated Alice. I don't remember anything specific either, but I do recall feeling that despite having received excellent training, I was not completely sure of what I was doing. It seems unlikely that I did or said anything profound, and I certainly didn't think of myself as laying the foundation for intensive therapy when she became an adult. And yet, that's what happened.

### The Relationship isn't the Most Important Thing: It's the Only Thing.

Several years ago, I began seeing Jake, a 12-year-old boy, at the request of his single mother. Her complaints were typical—he was sometimes disruptive, often neglected his homework, and had formed some internet “friendships” that made her very nervous. An engaging, unusually verbal, and bright boy, he complained about “having to see that doctor” about as much most pre-adolescent boys. His mother was a kind person, and wanted to be a good mother. However, her own concerns and issues often distracted her. As a result, her parenting was inconsistent. She might spot an inappropriate text message, email or web search, angrily confront her son, and then have insufficient reserves to follow through in any meaningful way. Not surprisingly, there was some difficulty in maintaining a therapy schedule. Each time there was a break in treatment, Jake got into some sort of trouble. At these times, Jake's mother would call me, schedule an appointment, and ask me to talk to Jake about the errors of his ways. Each time, I would make the appointment, talk with her about the importance of consistency, and remind her that I could not be the agent of behavioral control and Jake's therapist at the

continued on page 7

## ***Lessons Learned...continued***

same time. Fortunately, Jake's mother understood and supported this completely. She also saw that things just seemed to go better when Jake's therapy appointments were regular.

### ***Having Nothing to Say Doesn't Mean Having Nothing to Communicate.***

Few boys and young men between 12 and 20 are comfortable talking about themselves or about anything else. After way too many years worrying about how I could encourage them to talk more, I realized that I was paying far too much attention to word-count and far too little attention to what was going on nonverbally. Somehow, I had disconnected everything I had learned in the library, field, and lab about nonverbal communication from what was going on in my office. I took "I'm not sure I have anything to talk about" at face value and the absence of a verbal response as equal to the absence of any response. But now, when an eleven, twelve or fifteen-year-old boy shrugs his shoulders after I ask if he'd like to give therapy a go, I realize that he's saying, "Sure!" And when a 17-year-old looks at me silently after I offer an interpretation, it means that he's considering it, or perhaps even that it resonates with him.

### ***Even When it Looks Like Nothing is Happening, Something Is Happening.***

I first saw Josh when he was fourteen, and treatment continued until he went off to college. He was probably the quietest patient I've ever had: everything he said during the first six months of treatment would probably fit on this page. Unlike some of my adolescent patients, his quiet was not of the "my parents are making me come here," but more of a "you're not gonna get me to talk" variety. Each week, he arrived on time, waked into my office, sat on the sofa, and waited for me to ask him a question. Until that question landed, he was silent. After about six months, I mentioned that I had noticed this and that I was wondering if he was getting anything out of our meetings, or if he was only complying with his parents' demands. His immediate response, offered in a tone neither angry nor offended was, "If I wasn't getting something out of it, I wouldn't be here." Two years later, in reflecting on his discomfort in opening up to peers...or really to anyone...he talked about the "inner circle" of people he could talk to—his girlfriend and his therapist.

### ***Looking Bored can Help***

This is another lesson I learned from the adolescent and pre-adolescent boys in my practice—they don't want their psychologist to look too interested in what they are saying. It as if they were saying—

"No intense eye contact, no forward trunk lean, please." Pretend that you are only half-listening and half thinking about something else. Put your feet up, look around the room, glance out the window. Pay attention, but don't look like you're paying at-

ention. Consider everything I'm saying, remember everything I've said before, everything I've gone through. But, don't look like you're working. Don't hang on my every word. Relax! Or, if you can't relax, at least try to look relaxed. I'm uptight enough for three people."

Of course, my problem is that I am hanging on every word, and I am often working hard, so I have to imagine that I have my feet up on my desk (and I don't have a desk in my office), my eyes are half closed, and I'm half listening, half not. I've never asked any of these young men if my pretense is convincing, but whether it is or not, it does seem to work.

### ***Even Three-Year-Olds Want Respect.***

Ten or fifteen years ago, I treated a 3-year-old boy conjointly with his mother. His parents had recently separated, and his father had disappeared from his life. Among the many ways in which this little boy manifested his distress was that he would climb up to his mother's lap and slap her face. I asked him to accompany me down hall to the next office, so we could talk. It was a brief conversation, the gist of which was that he acknowledged that he loved his mother and that people don't hit the people they love. There was no play involved in this discussion, no puppets, and no doll house—all of which I find very useful in other situations. We simply talked. Credit for this idea goes to Alfred Adler who espoused that even young children can understand and respond to this direct appeal.

## ***Community Outreach***

### ***Update on A Home Within: Not just for kids!***



*By Joseph G. Schaller, PsyD*

About two years ago you may have read about a new project, called *A Home Within*, which we were undertaking within the Philadelphia clinical community. *A Home Within* is a national organization focused on providing relationship-based psychotherapy on a pro bono basis for children, adolescents and young adults who are or who have been a part of the foster care system. Recent estimates indicate that over 424,000 children and

*continued on page 8*

## Home Within...continued

youths across the country are currently in foster care. This number does not include thousands more who have “aged out” of the system at 18 to 21 years of age and who are no longer eligible for mental health services. In response to this great need, *A Home Within* has recently celebrated its tenth anniversary as a formal organization. We currently have hundreds of clinicians volunteering in over forty-five local chapters. It is estimated that *A Home Within* provides the equivalent of 1.2 million dollars worth of professional services annually through direct service and trainings.

The concept is simple, yet challenging. We believe in helping to establish and support relationships between those in foster care and therapists. Toward this end, volunteer clinicians commit to working with individuals for an hour a week in their office with an open-ended commitment. Unlike other short-term treatments or interventions which might be available through foster care agencies, *A Home Within* therapists strive to give their clients a sense of an ongoing commitment which is not limited by funding restrictions, placement changes, or other requirements of the managed care system. In order to ensure a high level of investment and professional competence, *A Home Within* clinicians are also part of ongoing peer-consultation groups which meet on a weekly or bi-weekly basis. These groups provide the therapists with an opportunity for peer support as they navigate the challenges of our work. We also have an intake protocol, which seeks to determine which individuals would be most likely to benefit from therapy and to assist with matching the client and therapist.

Progress within the fledgling Philadelphia Chapter has been slow but steady. At this point we have eight therapists who represent the Psychology, Social Work and Family Therapy disciplines. We have three consultation groups established. One meets in Bala

Cynwyd on alternate Fridays during the lunch hour, another in Jenkintown (also on Fridays) and one in the Art Museum area early Thursday mornings.

An important development has been the establishment of a relationship with Arise Academy, a Charter High School established in Center City Philadelphia exclusively for students who are in Foster Care. Arise Academy has also established an alumni organization with the goal of maintaining connections and contacts with their graduates as they make their way on their own. Personnel at Arise have been particularly excited about the opportunities afforded by the availability of *A Home Within* therapists.

I have talked with many colleagues who are attracted to the philosophy of this project but who are not trained or not interested in working with children and young adolescents. Over the past two years I have become increasingly aware of a tremendous need among older adolescents and young adults who are attempting to make the transition out of the foster care system into independent living. Many of these young women and men have internal resources and competencies, but still face the relationship trauma of earlier disruptions in their lives. Some of you may be able to provide therapy for someone in this age group. If so, I hope you will be in touch with me to explore some options.

If you haven't done so, please check out the *Home Within* website: [www.ahomewithin.org](http://www.ahomewithin.org). And please contact me if I might be able to give you more information about this project and our goals. (610.995.0189, [www.ahomewithin.org](http://www.ahomewithin.org), [drschaller@josephschaller.com](mailto:drschaller@josephschaller.com))

Thanks to the many members of PSPP who have been encouraging and supporting this work along the way!

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## Self Care

# HOLIDAYS



By Sarah White, MS

I recently returned from Thanksgiving with family in California. We spent Thanksgiving with close family friends who lost a son/brother to suicide over seven years ago. The last time we spent the Thanksgiving holiday with them was seven years ago—months after the tragic death of this 18-year-old boy. It was an interesting experience to straddle both the memories of seven years ago and the present. I acutely remember the first Thanksgiving without him—we participated in the rituals of the day as though we were walking through mud. I remember that the young man's mother did not leave her bedroom until about 6pm and I also remember feeling somewhat relieved that she was able to hibernate rather than put on a false “happy hostess” front. Seven years ago, I was

*continued on page 9*

## ***Holidays...continued***

invited to share the blessing before the meal. I did not know what to say, given the fact that we had all been stripped of something so fundamental to our lives—the illusion that death is far away from us, that relationships, even the broken ones, are still in process.

### ***So I read the following from Ezekial 37:***

*“The hand of the Lord was upon me, and he brought me out by the Spirit of the Lord and set me in the middle of a valley; it was full of bones. He led me back and forth among them, and I saw a great many bones on the floor of the valley, bones that were very dry. He asked me, ‘Son of man, can these bones live?’ I said, ‘O Sovereign Lord, you alone know.’ Then he said to me, ‘Say to them, ‘Dry bones, hear the word of the Lord! This is what the Sovereign Lord says to these bones: I will make breath enter you, and you will come to life.’”*

In the aftermath of significant loss, I believe that many of us feel like brittle and dry bones with little hope of renewed life. The holidays can exacerbate the experience of loss. The gap between the reality of our lives and things we most want is highlighted amidst mass consumerism that tells us we not only can, but *should* have everything we want. The way the media floods us with images of happiness and relationships further alienates us from our feelings of loss and sadness.

There are many disenfranchised losses whose perceived “illegitimacy” compounds experiences of grief—a parent who is grieving the loss of a miscarriage, an individual who recently ended a romantic relationship, a married person whose marriage is crumbling, an unemployed person who longs for work, someone who is experiencing irreconcilable conflict with a friend or family member, someone who is ill or who has an ill loved one. And then there are the losses of things that never were—the parent who has longed to have a child and has been unable to, the single person who longs to be in a relationship or who longs to be married, the professional who has experienced the doors of one’s dream career close over and over again.

Working with my clients this holiday season, I am sensitive to their unique circumstances of loss, and hope to provide a holding environment in which they can navigate this season while holding onto their own losses and disappointments with compassion instead of despair.

### ***According to author Anne Lamott:***

*You will lose someone you can’t live without, and your heart will be badly broken, and the bad news is that you never completely get over the loss of your beloved. But this is also the good news. They live forever in your broken heart that doesn’t seal back up. And you come through. It’s like having a broken leg that never heals perfectly—that still hurts when the weather gets cold, but you learn to dance with the limp.*

I am able to hold my clients’ experiences of loss with a silent hope of my own—that this is not the end of the story; that loss, alone, is not infinite. It may be permanent, but there is always room for growth and the incorporation of loss into one’s sense of self and relationship to the world in a meaningful way. I guess that gift, even if silent at times, is something I can offer those who come through my doors this season.

## Abe Isaac's Christmas Day Patient: An Interpretation

By Howard H. Covitz, PhD, ABPP, NCPsyA  
(1994 from H. Covitz—*Ditties et Lettres du Abe Isaacs: Doggerel from an Analyst with — some say — Too Many Years Behind the Couch and Too Few Upon It— work in progress*)

It wouldn't be the first Christmas  
Abe arose more than a'might listless.  
Could it be that he was Jewish  
That had Old Abe both tired and bluish?  
Nah!  
If Irv Berlin could celebrate a White morn,  
Why need Abe Isaacs be so very forlorn?  
"Neurosis, must be! Nothing less  
That has me in this frightful mess.  
If I could see a patient, maybe two,  
I'd feel more involved, less the Jew.  
A conference or meeting, maybe Grand Rounds  
Would rid me of these perennial frowns  
That visit me each Christmas Day  
And last through the Feast of Circumcision,  
New Year's Day, a week away."

Zo!  
Abe fed the dogs and when he built a fire,  
To warm his heart and still desire,  
He heard a voice from just behind  
Somewhere in his office, not in his mind.  
He turned to make a quick inspection  
Reality testing was his predilection!  
And there he was, big, fat, and furry  
Santa C. and in no big hurry  
Sitting in Abe's analytic chair  
Flowing beard, long white hair:  
"Abe. I've decided this morning to retire  
Warm my frosted toes here by your fire."

And Zo! Santa C. continued:  
"I considered chilling out in Saskatoon  
And thought for a moment — maybe Cancun.  
One too warm; the other too cold  
I need it just right. Like you, I'm getting old.  
So I'm taking up residence in temperate climes  
Your office is fine, if you don't mind.  
In exchange, I'll share with you the truth  
Of my reindeer friends and silly red suit.

I'm on the run ...  
There are those who think me a common loon  
And want me ensconced in some padded room."  
And Zo! Abe agreed to tell no one  
About his friend now on the run.  
And Santa agreed to tell his history,  
Anamnesis full, leaving no mystery.

"I used to sell some pots" the story began  
An incredible story for an incredible man.  
"I'd travel about from Shtetl to Shtetl(0),  
Mein vife vas Channah, I vas called Herschel.  
Mein Life vas OK. Some taking, some giving.  
Fifty Kopeks a'veek, not such a bad living.  
For vone mit a nomen like Herschel Levy  
Maybe not enuff fur Miniver Cheevey.  
But dose Kepitalists are locked into visions of Gold  
And vorry retirement vhen dey get old.  
Vee Yiddin, vee make it on a little bit love,  
Mit Challah und Chicken on Shabbos,  
A little vood fur der stove"

"Zo! It vent on for many a year  
Until problems mit Channah!  
Oy! Vey es mir! (1)"

"Fur der keeds left home  
Und Channah began to mutcher (2),  
I saw her tru der vindow mit Leibl der butcher.  
Didn't look like aerobics, vhat I saw in mein bed  
A Qvick "Zai Gezundt (3)" I offered  
Outa der Shtetl I did head  
To get me a new life, maybe a good German name,  
Buy me a Prussian suit, get me some fame.  
I grew der big belly und a zavtig grosse taches (4)  
Und I chose a shayna nomen, Santa Kleine Naches (5).  
Den I bought couple reindeer, sold meine horse  
Und abbreviated mein name to Santa Claus."

"But mit'out a job, no vife, no pots, no pans  
I needed to carefully voik out a ten year plan.  
I couldn't forget Channah, und der Butcher Leibl  
Not mit'out cholent (6) on mein Shabbos table,  
Zo! I became a schnorer (7), collected many donations

# Expressions

Said I'd give them to kinder in der emoiging nations.  
I had more den I could use and before very long  
Kleine industrialists came to voik, I paid dem mit a song.  
Dey called demselves elves, dey had funny little ears  
Und seemed to get along fine mit mein friendly reindeer.  
Dey didn't worry, mein elves, vhat vas false or true  
Vedder I vas Herschel der Shaygitz (8) or Santa der Jew."  
"Life vas pretty good though occasionally I got noivous  
About der Tax-men. Zo I opened a seasonal delivery soivce.  
But somewhere I knew inside of mein head,  
My noives hed to do mit Channah und Leibl in bed  
And somehow to do mit mein suit dat was red,  
Und der odd "Ho! Ho! Ho! that I every stop said.  
Zo! I decided if ever I'd retire from dis occupation  
Und give up der drink, celebration und libation,  
I'd come to an analyst fur a gutte explanation.  
Zo! tell me Abe, you got an intoipretation?"

Abe knew immediately, just what to say  
And was thrilled to have a patient on Christmas Day.  
"Herschel, or Santa, it's really much the same  
Though sometimes there's much to learn from a name.  
For Hersch means "deer" in Yiddish as you know  
And Herschel is "little deer", a deer that must grow.  
Combined with your little elves, an hallucination  
Bespeaks organ envy and red fears of castration.  
For reindeer are known best by their horn  
Something akin to what it is that you mourn.  
Embrace your gifts, your fine Yiddische soul!  
Not everyone was meant for a splendid Norse Pole.  
Big bellies and bottoms will offer no compensation  
Nor will you feel better from either seasonal libation  
Or what I must say, now, in my interpretation."  
"You tell yourself you give each child a gift,  
On Christmas morn, their spirits to lift.  
But if truth be told and truth be said,  
You're preoccupied with what goes on  
In their parents' bed.  
You steal down the chimney while the kids are asleep,  
Crack the bedroom door, just one little peep.  
Hoping to learn that it was with force  
That Leibl brought Channah to intercourse.

Herschel! You're welcome to choose my office  
in which to retire  
To warm your frostbitten toes, to hang your  
stockings by my fire.  
But I will offer no proffer,  
Can't let you go  
Before you accept the meaning of "Ho! Ho! Ho!"  
For when you first said "Zai Gezundt" to Channah that night,  
When through the window came that Primal Scene fright,  
In truth, you wanted to say very much more ...  
You had wanted to scream "Whore! Whore! Whore".  
My interpretation is near complete,  
just one more thought to say  
Before we settle down, two Jews on Christmas day.  
Mein tiere (9), Herschel, it takes neither  
psychoanalyst nor lawyer  
To know that you've become a travelling voyeur.  
But recall what male Jews say each morn first  
And Socrates said it, too, in Diogenes Laertius,  
Blessed are you God for not making me female  
Blessed for not making me a roo or a snail.  
Afterall!  
Retiring here? You could have it worse.  
And being a Peeping Herschel? It's not such a curse.  
That sack on your back? It could've been a purse.  
And homophobia of that ilk  
is multiculturally-speaking perverse."

## MERRRRRY CHRISTMAS LEGEND

0. Shtetl were Jewish town in the Pale during the 19th C.
1. Oh! Woe unto me (and everyone else, too)
2. Mess around
3. Go in Good Health!
4. A Big and Meaty Buttocks.
5. Santa of Preciously Small Good Fortunes.
6. Eastern European Jewish Cassoulet.
7. A Sacred Beggar.
8. An Endearing though Broadly Anti-Multicultural term for Non-Jewish Males.
9. Roughly Sweetie or My Dear!

## Anorexia

By Jessica Rhee

My heart is too big  
It is fat with feeling  
And heavy with longing

And yet, this heart hungers  
It is a squalling infant, a baby bird  
Whose mouth is always open, screeching for  
sustenance whenever another is near

I thought that losing my love would starve my heart  
Turn palpitations into parchment  
And lock it away in a library of memories and grief

But my heart is still big  
It is still fat with feeling  
And still heavy with longing

There are things you learn as you live with a hungry heart:  
Emptiness screams;  
Silence is loud;  
And loneliness is always there,  
even when you're not alone

My friend told me the other day that  
my heart had grown thin, gaunt  
That my eyes looked like empty wells  
I told her, "Don't worry. Loneliness fills me up inside."

This hunger is bewildering  
There must be a hole in my heart, I think,  
For it empties out mere moments after it is filled

I watched some videos the other day  
Several girls had posted slideshows of  
their journey with anorexia  
Images slid by of flesh being whittled down to bone,  
like a tribute to minimalism

I watched, and I wished

You see, the biological function of the heart is  
to act as the hub of circulation  
I wish my heart could be whittled down  
to the exact diameter of my veins  
I wish my heart would just stay within that  
prescribed circumscription

But my heart is too big  
It is too fat  
And it is too heavy

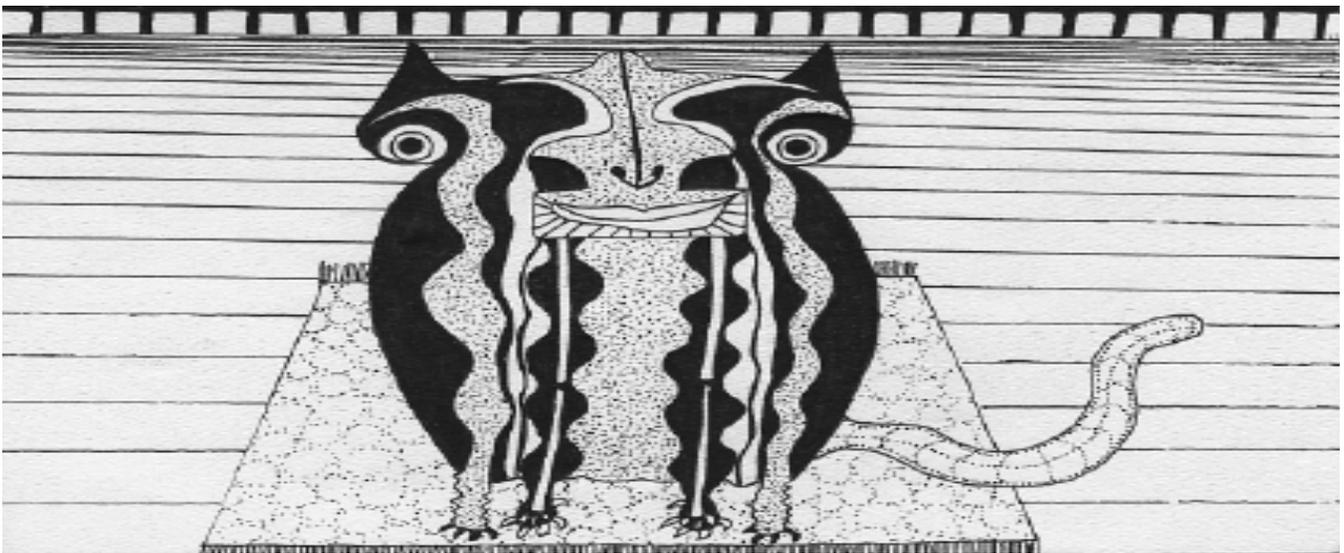


Image by Fred Chase, PhD

## **who's there?**

*By Aleisa Myles, BA*

1. long stretch

blank slate  
lonely starting place  
head to head looking  
missing face

stillborn tears  
rivers none can see  
evaporate to disappear  
erase me

out of touch  
cold like straight lines  
parallels never finding  
intertwines

vanishing  
into space world recedes  
frameless gaping universe  
on me feeds

2. recoil

who would  
ever reach across to try  
again to bend unyielding  
rifts of sky?

not me  
i eat the sounds  
i hurled too far beyond  
my bounds

3. stricken

fine poison  
gathers here and swells  
response ready posturing  
none expels

clenched tight  
i cannot grasp the reason  
venom always inside spills  
in treason

4. rattle

cry out  
how could my trying cease  
will this confounded noise ever  
bring me peace?



*Photo by Peggy Walsh, MS*

## Welcome to the New Board:

Robin M Ward, PsyD • M Jay Moses, PhD • Natalie Petyk, PsyD • Dan Livney, PsyD  
 James Bleiberg, PsyD • Susan Levine, LCSW, BCD-P • Bree Miller, PsyD • Keren Sofer, PsyD • Shirley Tung, MSS, LCSW  
 Stacey Boyer, MA • Jacquelynn Cunliffe, PhD • Lesley Huff, PsyD • Barbara Zimmerman-Slovak, PhD • Diny Capland, MA  
 Emily Loscalzo, MS • Barbara L. Goldsmith, PsyD • Jeanne Seitler, PsyD • Patricia G. Rice, PsyD



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Barbara L. Goldsmith, PsyD

**Endowment Chair**  
Jeanne Seitler, PsyD

**CE Coordinator (Psychology)**  
Patricia G. Rice, PsyD

## New Board...continued

To learn more about returning members of the board, please refer to their profiles in the Fall/Winter 2011 edition of the PSPP Newsletter. Learn more about the newest members of the board below.

Diny Capland, MA, Graduate Student Representative, will be completing her PsyD at the Institute for Graduate Clinical Psychology at Widener University this Spring. She is currently an intern at Philadelphia FIGHT.

Bree Miller, PsyD, Director at Large, is a psychologist working in Counseling and Psychological Services at St. Joseph's University and the University of Pennsylvania. She obtained her doctorate from Widener University.

Keren Sofer, PsyD, Director at Large, serves as intake director at the Women's Therapy Center and maintains a private practice in Center City, Philadelphia. She earned her doctorate at the University of Denver.

Barbara Zimmerman-Slovak, PhD, Liaison to the Psychoanalytic Center of Philadelphia (PCOP) maintains a private practice in Haverford. She is a graduate of PCOP's Adult Psychoanalytic Program with post-analytic training in relational psychoanalysis at the Stephen Mitchell Center in New York City. Barbara is on the faculty of PCOP's Analytic Institute and is Co-Director of PCOP's Psychoanalytic Psychotherapy Training Program.

## Mentorship Update

By Barbara L. Goldsmith, PsyD

Last spring, every mentor and mentee who has participated in the PSPP mentorship program since its inception in 2005 was asked to complete a brief online survey in order to evaluate the effectiveness of the program and to allow us to make changes. Unfortunately, we had very limited feedback on the survey, but here is what we got back so far.

### From the Mentors:

- 100% of the mentors who responded said that they focus on career development in meetings and that this was the most important service

mentors feel they provide to their mentees.

- 87.5% of the mentors said that they also offer emotional support as part of their mentoring.

### From the Mentees:

- 83.3% of mentees said that they were gaining theoretical knowledge from their mentors.
- 60% of mentees however, wanted greater help in specific case formulation, while this was the area listed as least important to mentors.

Mentors take note, it seems that students would like more exposure to case formulation to be a part of their mentoring. For mentors who have not yet provided their feedback, please look for the survey in your email later this year. For all our new PSPP members, here is how the Mentorship program works -

### If you would like to become a Mentor:

Mentors are generally members of PSPP. Interested PSPP members can email Dr. Barbara Goldsmith at [barbgsmith@aol.com](mailto:barbgsmith@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.

### If you would like to apply to be Mentored:

There is no deadline for applying. Students and mentors can apply at any time. Students are encouraged, but not required, to become members of PSPP at a discounted student rate.

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 emailed to Dr. Goldsmith at [barbgsmith@aol.com](mailto:barbgsmith@aol.com).

## Mugs for Mentors Program

We introduced our Mugs for Mentors program last May at the PSPP graduate student brunch. Please email Dr. Goldsmith if you have not yet received your mug.

Thank you.

## Membership Report

By Stacey Boyer, MA

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

Aspen Alford  
M. Catherine Ambrose, MSS, LCSW  
Jessica Covitz, MSW  
John DeHart  
Dale Fisher, MSW  
Kilian Fritsch, PhD  
Michael Gawrysiak, PhD  
Stevie Grasseti, MA  
Kristine Gross, MS  
Jean Hantman, PhD  
Webb Haymaker, MSW, LCSW  
Ela Jarzabek  
Ruth Kanost, PhD  
Heejin Kim, PhD

Gustavo Klurfan, MA  
Karen Kohaut, PsyD  
Todd Koser, MA  
Hallie Kushner, PhD  
Ellen Madof, MEd  
Anne Malone, MSS  
Risa Mandell, MSW, LCSW  
Andrew McGinley, MS  
Linda Moberg, PhD  
Grant Mundell, MA  
Shelley Oxenhorn, MD  
Lauren Perovich  
Hannah Peters, MS  
Ari Pizer, MMT

Heather Plastaras, PsyD  
Caryn Richfield, PsyD  
Steven Richfield, PsyD  
Nicole Seitz, MS, LPC  
Natalie Sheridan, PsyD  
Sunghye Sin, MA  
Cheryl Sparks, MA  
Andrea Stern  
Jacqueline Strait, MSW, LCSW  
Emily Szeliga, PsyD  
Audrey Ulke, MA  
AnnMarie Whithed, MA, MFT  
Justin Wiley, PsyD  
Elviria Zuazo-Legido, PsyD, LPC

## Membership Report

As of December 1, 2012, PSPP has 279 active members:

179	Full Members
44	Student Members
28	Early Career Members
17	Board Members
7	Associate Members
3	Retired Members
1	Administrator

In addition to our 279 active members, PSPP currently has 118 members whose renewals are past due, 113 of which have lapsed (more than 30 days past due). Over the past year, 44 new members have joined us 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!

### 2012 Needs Assessment

We received nine responses to our needs assessment survey this year. Below please find a brief summary of these responses.

#### Responses to past year's programs:

All programs were informative and enjoyable, members were appreciative that various programs were offered on different days of the week, and members expressed appreciation for the selection of program topics. A suggestion to improve the programs including providing reminders of upcoming events.

#### Suggested topics for future programs:

Combined lecture/workshop format regarding clinical topics, ethics, mindfulness, body/mind concepts and clinical techniques.

#### Suggestions for future speakers:

Melanie Suchet, PhD, author of *Under the Skin: A Psychoanalytic Study of Body Modification*; Janet Sands; Arnold Goldberg, PhD, author of *Analysis of Failure: An Investigation of Failed Cases in Psychoanalysis and Psychotherapy*; Jonathan Lear, PhD; Daniel Hughes, PhD on attachment-based parenting and working with high risk families; and Harold Bursztajn, MD on psychiatry, ethics, and the law.

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

Hold a social event in a casual setting that is not connected to an educational program or business meeting to help members get to know Board members and help others to realize how helpful psychoanalysis can be.

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

Overall, members indicated they have had no issues with program scheduling. Members indicated they would prefer events on Friday mornings/evenings, Saturday mornings/afternoons, or Sunday mornings/afternoons or the first Sunday of the month (although two members indicated that Sunday morning and the first Sunday of the month were not convenient).

## 2012 Endowment Report

By Jeanne Seidler, PsyD

So far this year, the PSPP Endowment Fund has received five generous gifts and one promised matching gift totaling \$870.00. Imagine what we would have to work with if everyone contributed!! Of course, Endowment gifts can be given any time of the year either by mail or through the website. It is never too late to contribute!

This year, the PSPP board granted the first distribution of Endowment funds by announcing 20 one-day scholarships for student members of PSPP to attend the ISEPP

conference held in association with the PSPP Fall Meeting the first weekend in November. Four students responded to the invitation and enjoyed attending the ISEPP conference through the financial support provided by the Endowment Program. Two of these students joined PSPP in order to qualify for the scholarships and were, thereby, introduced to PSPP and psychoanalytic concepts that they would not have otherwise experienced. This is consistent with an important goal of the Endowment fund!

The Endowment committee continues

to work on designing the structures we need to assist students in applying for the various Endowment funds. We have been designing selection criteria and working out pathways for both continued funding of each Endowment and reasonable dissemination of the funds.

We are extremely pleased to finally have a program to assist us in underwriting student scholarships, awards and programming on highly specialized topics pertaining to the areas defined by our PSPP Award recipients. The Fund descriptions are provided on the PSPP website.

To date (2010-2012), the Funds contain the following amounts:

The Jules Abrams, Ph.D. Fund:	\$ 595.00
The David Ramirez, Ph.D. Fund:	\$ 590.00
The Elisabeth Young-Bruehl, Ph.D. Fund:	\$ 825.00
The Linda Hopkins, Ph.D. Fund:	\$ 395.00
The Barbara L. Goldsmith Ph.D. Fund:	\$ 295.00
The PSPP General Expenses Fund:	\$ 275.00
<b>Total Endowment gifts:</b>	<b>\$3695.00</b>

**PSPP Currents is published three times a year. Contributions and comments may be sent to the Coeditors, who reserve the right to edit manuscripts for length, clarity, and consistency of style. The deadline for the Spring issue is April 1, 2013.**

## *Spring 2013 Events*

SAVE THE DATE

**PSPP 2013 Spring meeting with Robert D. Stolorow, Ph.D.  
From Mind to World, From Drive to Affectivity:**

**A Phenomenological-Contextualist  
Psychoanalytic Perspective**

**April 6th, 2013**

**Friends Center 1501 Cherry Street, Philadelphia**

SAVE THE DATE

### ***PSPP Brunch Series***

PSPP is proud to present the upcoming events for the Spring Brunch Series. The presenters and topics for these intimate and informative events are as follows:

**Courtney Slater to present** *Integrating a Pet God into Therapy: Psychoanalysis and Religion in Practice* on April 21st.

**Noelle Burton to present** *Fool for Love: The Management of the Analyst's Vulnerabilities Within Bad-Object Fields* on May 19th

**Kevin McCarthy to present** *Flights Into Health or Sudden Gains: A View From Psychotherapy Research* on June 23rd

More information regarding locations and times will be posted soon on the PSPP website.

### ***The 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. We also coordinate several cartels and reading groups which engage theoretical problems, clinical presentations, and psychoanalytic cultural critique.

Writing is Doing – New 2013 Project

Kelly Writers House, Room 202, 38th and Locust Streets, University of Pennsylvania, Philadelphia

February 28, March 28, and April 18, 2013, 7-8:30 pm

In this reading group project we will tackle the enigmatic, elusive, and crucial concept of writing in Lacan's later work. We will follow an itinerary through a selection of Lacan's texts, first opposing the letter to the signifier, then writing to the letter, finally pursuing the question of a performativity of writing as opposed to or combined with an ontology of the Real.

In this reading group we engage in a close reading of the texts followed by a discussion. The seminar is open to everyone interested.

Curated by Patricia Gherovici. Email [contact@lacangroup.org](mailto:contact@lacangroup.org).

## **Events...continued**

### **The Jung Club Presents**

Fridays, 1-5 pm, The Academy House,

CE Credits Available

www.thejungclub.com

#### **March 8**

#### **The Cycle of Life: Themes and Tales of the Journey**

Erel Shalit, PhD is a Jungian psychoanalyst in Ra'anana, Israel and past President of the Israel Society of Analytical Psychology. He is Founding Director of the Jungian Analytical Psychotherapy Program at Bar Ilan University, and past Director of the Shamai Davidson Community Mental Health Clinic, at the Shalvata Psychiatric Centre in Israel, and presently Honorary Secretary of the IAAP Ethics Committee.

#### **April 19**

#### **Deconstructing the Monstrous; An Archetypal Psychology Approach**

Sylvester Wojtkowski, PhD, is a Jungian analyst in private practice in New York City and a founding member of the Jungian Psychoanalytic Association (JPA) where he is a seminar instructor and supervisor. He is a graduate of the C.G. Jung Institute of New York and is on the faculty of the C.G. Jung Foundation for Analytical Psychology.

#### **May 17**

#### **What Dissociates in Dissociation? Unpacking and Exploring a Complex Phenomenon in Theory and in Clinical Practice**

Richard P. Kluft, MD, PhD practices psychiatry, psychoanalysis, and medical hypnosis in Bala Cynwyd, PA. He is a Clinical Professor of Psychiatry at Temple University School of Medicine, on the faculty of the Philadelphia Center for Psychoanalysis, and has published over 225 scientific papers and book chapters. He is the Editor of *Childhood Antecedents of Multiple Personality, Treating Victims of Sexual Abuse, and Incest-Related Syndromes of Adult Psychopathology*.

Registration and Fees

Entire Series of 5: \$500 (\$600 with 4 CE credits each)

Single Seminar Fee: \$125 (\$145 with 4 CE credits)

Co-sponsored by the Philadelphia Jungian Professional Club and NAAP

For Registration and additional information go to [www.thejungclub.com](http://www.thejungclub.com) or contact Marion Rudin Frank, EDD, at 215-545-7800 or [mjfrank@comcast.net](mailto:mjfrank@comcast.net)

### **PCPE and PSPP Present - Again: Multiple Perspectives on a Psychotherapy Case**

February 2, 2013, 1-6pm

3.5 CE Credits Available

**Haub Executive Center, McShain Hall,  
St. Joseph's University**

In June 1989, in the early years of the Philadelphia Society for Psychoanalytic Psychology (PSPP), we sponsored a highly successful program: Three Perspectives on a Psychotherapy Case. More than twenty years later, in 2011, we offered this conference again. This year, our case presented by Norka Malberg, Psy.D., will be an adolescent case. Psychoanalysis, being an expansive theory that has evolved over time with advances in research, provides a fertile ground for clinical discussion. We work together in this present moment, to bring multiple perspectives to a contemporary understanding of technique and its connection to theory (past and present). This year, psychotherapists from our local community, Marjorie Bosk, PhD, Gabriella Serruya-Green, PsyD, and John Frank, MD, will be discussing the case with special sensitivities to the developmental aspects of treating a child. In the 24 years since the first conference, attachment research and theory has been making its way into psychoanalytic thought, which can be seen more directly in work with children. Join us again and be a part of making psychoanalytic history in Philadelphia.

#### **Learning Objectives**

1. Participants will be able to recognize the developmental aspects in formulating a case.
2. Participants will learn of how to incorporate multiple perspectives in a clinical case— a both/and way of think-

*continued on page 19*

## **Events...continued**

ing as opposed to either/or.

3. Participants will learn how attachment theory enhances psychoanalytic thought.

### **Moderator, Presenter, and Discussants**

#### **Dr. Norka Malberg, PsyD, LPC**

Dr. Malberg is a child and adolescent analyst who trained at the Anna Freud Centre in London. She obtained her doctorate from University College London under the supervision of Dr. Peter Fonagy for her work on *Development of Mentalization Based Group Interventions targeting Medical Adherence in Adolescent Renal Patients*. In addition, she holds masters level degrees in Developmental Psychopathology, Counseling Psychology and Developmental Psychoanalysis.

She currently lives and works in New Haven, Connecticut where she is the Clinical Director for Training and Supervision for Child FIRST, an evidenced-based home visiting project serving the needs of high risk families and children under the age of 6. She is also in private practice in New Haven, CT. She is in the Clinical Faculty at Yale's Child Study Center where she is part of the newly developed International School of Infant Mental Health; a collaboration between the Anna Freud Centre, Yale and the Tavistock Clinic.

Dr. Malberg is a member of the Contemporary Freudian Society where she lectures regularly in the Child Analytic program. She is also a member of the Western New England Psychoanalytic Society in New Haven. She is the co-editor of the recently published book: *The Anna Freud Tradition: Evolution of Theory and Practice over the Decades* (2012) published by Karnac Books.

#### **Marjorie Bosk, PhD**

Dr. Bosk is a clinical child psychologist with a specialty in young children and their families. After receiving her doctorate from the University of Pennsylvania she has worked in private practice in Bryn Mawr, PA for 30 years and consult with preschools and parent groups. Additionally, she is a member of a nonprofit group, The Philadelphia Declaration of Play, which is part of a global movement to preserve childhood and to keep the mind of the child in the minds of adults and society.

#### **Gabriella Serruya-Green, PsyD**

Dr. Serruya-Green is a psychologist who practices in Center City, Philadelphia, as well as in Springfield, PA, who specializes in the treatment of children and families. She was a fellow of the American Psychoanalytic Association from 2005-2006 and has presented in the past at the Annual Division 39 (Psychoanalysis) meeting. She graduated in 2005 from Widener University's doctoral program in Clinical Psychology.

#### **John Frank, MD**

Dr. Frank is on the faculty of the Psychoanalytic Center of Philadelphia (PCOP) and is a graduate in Child, Adolescent, and Adult Psychoanalysis. He is a Clinical Professor of Psychiatry at Drexel University College of Medicine where he was a Child and Adolescent Residency Training Director. His publications on trauma are based on his work with amputees during the war in Vietnam and children hospitalized with chronic illness. He has chaired Discussion Groups at the American Psychoanalytic Association dealing with Gay Identity and Diverse Gender Experience in Children and Adolescents. Locally, he leads reading and clinical study groups that explore similarities and differences between modern classical and relational psychoanalysis. Dr. Frank is in private practice in Philadelphia.

#### **Laurel M. Silber, PsyD**

Dr. Silber is a child, adolescent and adult psychotherapist in private practice in Bryn Mawr. She is on faculty of the Institute of Relational Psychoanalysis of Philadelphia (IRPP) and adjunct faculty at the Institute for Graduate Clinical Psychology at Widener University where she teaches courses on psychotherapy with children and adolescents and their families. Her most recent article was published (2012) in the *Journal of Infant, Child and Adolescent Psychotherapy* on work with teenage girls. She is current President of the Philadelphia Center for Psychoanalytic Education. She has been appointed to the first cohort of Ambassador of Childhood Program and member of Philadelphia Declaration of Play (PDoP).

*continued on page 20*

## Events...continued

### Registration and Fees

PSPP Member: \$75 (after registration deadline \$85)

Non-member: \$85 (after registration deadline \$95)

Early-Career Member and Analytic Candidate: \$45  
(after registration deadline \$55)

Retired Member: \$20

Students: \$10

Please register at <http://www.pspp.org>  
by January 15, 2013

### Cancellation and Refund Policy

We reserve the right to cancel a program if there is insufficient enrollment, at which time all fees will be refunded. If you cancel your registration, a \$40 credit will be applied to future programming.

### Special Needs Policy

If you have any special needs related to your participation in our program offerings, please contact Barbara Zimmerman-Slovak, Ph.D., at [bzslovak@comcast.net](mailto:bzslovak@comcast.net) or 610-896-7228.

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## Winter/Spring 2013 Calendar

**January 11 (NY)** – NYPSI Presents A Film Screening and Discussion of Alfred Hitchcock's "Rear Window." Discussion leader: Dr. Peter Dunn. Time: 7pm.

**January 15 (NY)** – NYPSI Presents Aby Warburg, The Hopi Serpent Ritual and Ludwig Binswanger. Presenter: Peter J. Loewenberg, PhD. Time: 8:15pm. CEs available.

**January 22 (RM)** – PCOP Presents Programs in Psychoanalytic Studies (formerly known as the Extension Division): Basic Principles of Psychoanalytic Psychotherapy. Instructors: Bruce Levin, MD and Diana Rosenstein, PhD. Time: 7:30-9:00pm. See 1/29, 2/5, and 2/12. 6 CEUs available for attendance at 4 sessions.

**January 24 (NY)** – NYPSI Presents Knowledge as Fact and Knowledge as Experience: Freud's Constructions in Analysis. Presenter: David Bell, MD. Time: 8:15pm. CEs available.

**January 29 (RM)** – PCOP Presents Programs in Psychoanalytic Studies (formerly known as the Extension Division): Basic Principles of Psychoanalytic Psychotherapy. Instructors: Bruce Levin, MD and Diana Rosenstein, PhD. Time: 7:30-9:00pm. See 1/22, 2/5 and 2/12. 6 CEUs available for attendance at 4 sessions.

**January 30 (BGC)** – PCOP Presents Psychoanalytic Forum, Sydney E. Pulver Lecture, Owen Renik, MD. A Paradox, a Paradox. Time: 7:30-9:30pm.

**February 2 (RM)** – PCOP Presents Consultation Service Assessment Conference. Presenter: Monisha Akhtar, PhD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10am-12pm. 2 CE's available.

**February 2 (SJU)** – PCPE and PSPP Present: Again: Multiple Perspectives on a Psychotherapy Case. Presenters: Marjorie Bosk, PhD, Gabriella Serruya-Green, PsyD, John Frank, MD, Norka Malberg, PsyD, and Laurel Silber, PsyD. Time: 1-6pm. 3.5 credits available.

**February 5 (RM)** – PCOP Presents Programs in Psychoanalytic Studies (formerly known as the Extension Division): Basic Principles of Psychoanalytic Psychotherapy. Instructors: Bruce Levin, MD and Diana Rosenstein, PhD. Time: 7:30-9:00pm. See 1/22, 1/29, and 2/12. 6 CEUs available for attendance at 4 sessions.

**February 12 (RM)** – PCOP Presents Programs in Psychoanalytic Studies (formerly known as the Extension Division): Basic Principles of Psychoanalytic Psychotherapy. Instructors: Bruce Levin, MD and

*continued on page 21*

## **Calendar...continued**

Diana Rosenstein, PhD. Time: 7:30-9:00pm.  
See 1/22, 1/29, and 2/5. 6 CEUs available for attendance at 4 sessions.

**February 12 (NY)** – NYPSI Presents Freud in Zion: Psychoanalysis and the Making of Modern Jewish Identity. Presenter: Eran J. Rolnick, MD, PhD. Time: 8:15pm.

**February 17 (RM)** – PCOP Reel Thinking Series Presents: “Chimpanzee.” Discussion Leader: Danny Freeman, MD. Time: 2-5pm.

**February 19 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: The Work of Owen Renik. Instructor: Sydney Pulver, MD. Time: 6-7:30pm. See also 2/26, 3/5, 3/12, and 3/26. 7.5 CEUs available for attendance at 5 sessions.

**February 22 (RM)** – PCOP Presents The Selma Kramer Lecture in Child Psychoanalysis: A Psychoanalytic Approach to a Neurobiological Disorder: The Dyadic Treatment of a Toddler with Autism-Spectrum Disorder. Presenter: Susan Sherkow, PhD. Discussant: William Singletary, MD. Time: 7:30-9:30pm.

**February 23 (RM)** – PCOP Presents The Margaret Mahler Child Psychotherapy Lecture: The Application of a Psychoanalytic Understanding of Development to Treating Children on the Autism Spectrum. Presenter: Susan Sherkow, PhD. Time: 10am-12pm.

**February 26 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: The Work of Owen Renik. Instructor: Sydney Pulver, MD. Time: 6-7:30pm. See also 2/19, 3/5, 3/12, and 3/26. 7.5 CEUs available for attendance at 5 sessions.

**February 28 (KW)** – Philadelphia Lacan Study Group Presents Writing is Doing – New 2013 Project. Curator: Patricia Gherovici. Time: 7-8:30 pm.

**March 2 (RM)** – PCOP Presents Consultation Service Assessment Conference. Presenter: Alla Gordon, PsyD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10am-12pm. 2 CE’s available.

**March 5 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: The Work of Owen Renik. Instructor: Sydney Pulver, MD. Time: 6-7:30pm. See also 2/19, 2/26, 3/12, and 3/26. 7.5 CEUs available for attendance at 5 sessions.

**March 8 (AH)** – The Jung Club Presents The Cycle of Life: Themes and Tales of the Journey. Presenter: Erel Shalit, PhD. Time: 1-5pm. CE credits available.

**March 9 (RM)** – PCOP Programs in Psychoanalytic Studies Presents: DSM-5 and PDM-2: Ethical and Conceptual Issues. Instructor: Robert Gordon, PhD, ABPP. Time: 9am-12pm. CE’s available.

**March 12 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: The Work of Owen Renik. Instructor: Sydney Pulver, MD. Time: 6-7:30pm. See also 2/19, 2/26, 3/5, and 3/26. 7.5 CEUs available for attendance at 5 sessions.

**March 23 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: Getting to Know the Wisdom of Our Minds. Instructor: Helen Rosen, PhD. Time: 9am-12pm. CE’s available.

**March 26 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: The Work of Owen Renik. Instructor: Sydney Pulver, MD. Time: 6-7:30pm. See also 2/19, 2/26, 3/5, and 3/12. 7.5 CEUs available for attendance at 5 sessions.

**March 28 (KW)** – Philadelphia Lacan Study Group Presents Writing is Doing – New 2013 Project. Curator: Patricia Gherovici. Time: 7-8:30 pm.

**April 2 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: Forgiveness and Gratitude. Instructor: Salman Akhtar, MD. Time: 7:30-9:30pm. See also 4/9. CE’s available.

**April 6 (RM)** – PCOP Presents Consultation Service Assessment Conference. Presenter: Ilene Dyller, PhD. Moderators: Diana Rosenstein, PhD and Bruce Levin, MD. Time: 10am-12pm. 2 CE’s available.

*continued on page 22*

## **Calendar...continued**

**April 9 (RM)** – PCOP Presents Programs in Psychoanalytic Studies: Forgiveness and Gratitude. Instructor: Salman Akhtar, MD. Time: 7:30-9:30pm. See also 4/2. CE's available.

**April 18 (KW)** – Philadelphia Lacan Study Group Presents Writing is Doing – New 2013 Project. Curator: Patricia Gherovici. Time: 7-8:30 pm.

**April 19 (AH)** – The Jung Club Presents Deconstructing the Monstrous; An Archetypal Psychology Approach. Presenter: Sylvester Wojtkowski, PhD. Time: 1-5pm. CE credits available.

**April 20 (TBD)** – 44<sup>th</sup> Annual Margaret Mahler Symposium on Child Development: The Wounded Self: Narcissism, Rage, and Revenge. For more information, contact Jan Wright, 215-955-2547.

**April 21 (TBD)** – PSPP Spring Brunch Series presents - Integrating a Pet God into Therapy: Psychoanalysis and Religion in Practice. Presenter: Courtney Slater. Time: TBD.

**April 24 (BCG)** – PCOP Presents Psychoanalytic Forum Robert Waelder Memorial Lecture: Thoughts on Childhood Constitutional Endowments and Their

Cognitive and Characterologic Trajectories. Presenter: Donald Rosenblitt, MD. Time: 7:30pm-9:30pm.

**May 8 (RM)** – PCOP Presents Psychoanalytic Forum: The Influence of Self Psychology on the Theory and Practice of Psychoanalysis. Presenter: Anna Ornstein, MD. Discussant: Miriam Field, MSS. Time: 7:30pm-9:30pm.

**May 17 (AH)** – The Jung Club Presents What Dissociates in Dissociation? Unpacking and Exploring a Complex Phenomenon in Theory and in Clinical Practice. Presenter: Richard P. Kluff, MD, PhD. Time: 1-5pm. CE credits available.

**May 19 (TBD)** – PSPP Spring Brunch Series presents - Fool for Love: The Management of the Analyst's Vulnerabilities Within Bad-Object Fields. Presenter: Noelle Burton. Time: TBD.

**June 23 (TBD)** – PSPP Spring Brunch Series presents - Flights Into Health or Sudden Gains: A View From Psychotherapy Research. Presenter: Kevin McCarthy. Time: TBD.

## *Events Calendar*

### **Events Locations:**

AH	The Academy House, 1420 Locust Street, Philadelphia
BCG	Bala Golf Club, 2200 Belmont Avenue, Philadelphia
KW	Kelly Writers House, Room 202, 38th and Locust Streets, University of Pennsylvania, Philadelphia
SJU	Haub Executive Center, McShain Hall, St Joseph's University
RM	Rockland Mansion, East Fairmount Park, 3810 Mt. Pleasant Drive, Philadelphia

### **For more information:**

Psychoanalytic Center of Philadelphia,  
[www.philanalysis.com](http://www.philanalysis.com)  
Philadelphia Center for Psychoanalytic Education,  
[www.pcpeonline.org](http://www.pcpeonline.org)  
Pennsylvania Society for Clinical Social Work,  
[www.pscsw.org](http://www.pscsw.org)  
New York Psychoanalytic Society and Institute,  
[www.psychoanalysis.org](http://www.psychoanalysis.org)  
International Society for Ethical Psychology and Psychiatry,  
[www.psychintegrity.org](http://www.psychintegrity.org)

## *A Few Words from the Coeditors*

*"The poor ego has a still harder time of it;  
it has to serve three harsh masters...  
the external world, the superego, and the id."*

– Freud (1932)

Each month, we get together with a small group of fellow therapist and discuss our work with clients. Many meaningful conversations are focused on our feelings of powerlessness and confusion in the face of circumstances facing our clients, and wondering if we are making an impact. These conversations are helpful since they teach us to be empathetic to each other, rather than allowing ourselves to fall under the influence of a less than compassionate superego.

At times, preparing the PSPP *Currents* Newsletter has felt like holding on as tightly as we can to an unruly client whose life experiences are sending him or her hither and thither. Challenges can come from gathering together articles, coordinating with very dedicated (but quite busy) board members, wrestling with uncooperative technology, and finding space amongst our own personal and professional obligations, especially during the holidays.

However, in the midst of slipping deadlines and unexpected challenges, we have worked hard to keep ourselves levelheaded and excited about bringing you the collection of viewpoints, activities, and creativity that is so prevalent within our psychoanalytic community. An important first step has been to engage in self-care; the second is to quiet the critical superego. And throughout the process, we have worked to maintain a sense of perspective and humor.

We thank you for your patience with the Fall/Winter 2012 edition of the PSPP *Currents* Newsletter, and look forward to bringing you more stimulating editions to come.

Warmest regards, *Jacquelynn and Lesley*



Philadelphia Society  
for Psychoanalytic  
Psychology

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*Currents*

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