



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

PSPP Fall Meeting 2013: Does Psychoanalysis Need a Sex Change?



By Nicholas A. Wood, PsyD

The PSPP Annual Fall Program was held on October 26, 2013, at Widener University. Patricia Gherovici, PhD, a Lacanian psychoanalyst, asked, “Does Psychoanalysis Need a Sex Change?” offering her analysis of the intersection of psychoanalysis and transgender individuals, and the problematic gap between the two. This discussion stemmed from the arguments in her recent book, *Please Select Your Gender: From the Invention of Hysteria to the Democratizing of Transgenderism* (Routledge: 2010). Dr. Gherovici enlightened the audience about the history of psychoanalytic conceptualizations of sexual identity and offered her view that psychoanalysis has estranged the transgender community, given its historically pathological understanding of their experiences. With the help of Jeanne Seidler, PsyD, she engaged the audience in a fruitful case discussion of a transgender woman. Judging by the amount of audience participation, the case discussion and presentation as a whole were a success!

In addition to Dr. Gherovici’s presentation, the Fall Meeting was also an opportunity for the Widener University Institute for Graduate Clinical Psychology to present its Alumni Award for Distinguished Contributions to Professional Psychology to Stephen Martin, PsyD, a Jungian analyst based in Ardmore. Dr. Martin was deeply involved in the publication of Jung’s *Red Book*, and he spoke compellingly about his experience of being “othered” as a Jungian. This was appropriately topical, given Gherovici’s approach to the “othering” of transgender people.

Dr. Gherovici acknowledged that historical factors have played into a strong distrust of the psychoanalytic community by transgender individuals. Specifically, analysts traditionally assumed that transgender necessarily had psychopathology underlying it (as they had previously assumed about homosexuality), but she argued that we could right this wrong by depathologizing the transgender phenomenon while “exorcising the demons of psychoanalysis.” Transgender people, she claimed, have historically found analysis to be “useless and/or catastrophic,” and if we examine some of our own history, theory, and thought processes, we can be much more useful so that we do not cause catastrophic harm.

Dr. Gherovici examined ways in which we might default to thinking that sexual identity is merely the sum of our body parts. She challenged this notion using the evocative example of Angelina Jolie, whose prophylactic dou-

ble mastectomy led her to claim that she is no less a woman because she removed some of her female body parts. Dr. Gherovici suggested that Ms. Jolie is no different from any transsexual person, as “identity transcends anatomy.” This pertains not just to everyday life, but also to Lacanian theory, where “gender must be embodied, while sex must be symbolized.” In addition, if we return to Freud, Gherovici argued that we see the proposal of a drive seeking satisfaction, *regardless of gender or sex*. Given that the great theorists would certainly argue that this phenomenon should not be pathologized. Dr. Gherovici asked whether we “can remain equivocal and not default to male/female and self/other

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binaries.” “Is this not the analytic position?” she wondered. We can certainly agree that it is.

If this sort of purposefully equivocal position is our ideal, then it follows that transgender phenomena are rife for understanding, analyzing, and embracing. As “the other within” (the unconscious) is translated from its incomprehensible foreignness, we can allow “that illegal immigrant within to become documented, to become a naturalized citizen, but we must not become the border patrol” that decides what parts of self are allowable, appropriate, modifiable, free to be symbolized, or lived. Dr. Gherovici finds that many transgender people have been moved to write memoirs, and that there is a role for writing in creating trans identities—“I will right myself by writing,” she stated. I wonder, too, if there is a role for witnessing, as in the analytic or therapeutic realms, that also allows for the integration of the “multiple I’s” that emerge as we engage in this work in a non-pathologizing manner.

Dr. Seitler’s case provided much to discuss, and the audience was fully engaged for the remainder of the day. A number of themes emerged from the discussion, but what seemed most salient is that being a person of transgender experience and witnessing a loved one’s transition are difficult tasks. It is quite easy to unwittingly inflict trauma on a transitioning person, and it is important for us to be aware of ways in which trauma impacts a trans person’s life and of the ways it may be enacted in our work. I noted that a good portion of the audience discussion in some way related to the physical despite Dr. Gherovici’s argument that we must be careful of this. That is, trans people challenge one of our earliest developmental distinctions—good/bad, yum/yuck, boy/girl. When a boy/girl distinction is ambiguous or seemingly incongruous, we humans tend to reduce people to their genitalia—we want to know what they’ve got down there. Trans people navigate a world that thinks it has the right to know what they have in their pants, and I think we must be careful both to acknowledge this and not to re-create it. My experience is that most trans people present for therapy for rather mundane reasons—depression, relationship struggles, etc., and it is certainly not relevant, at least early on, to

be addressing issues of genitalia. Additionally, many or most people who identify as transgender, genderqueer, bearded ladies, transsexual, and so on will never seek surgery to address this issue either because they deem it unnecessary or for economic reasons. Society will continue to reduce trans identities to the physical, and it often finds doing so rather titillating, but we need to provide a healing space where this is not done.

Finally, one member of the audience asked a particularly incisive question premised on the notion of a transgender person’s usually having at least two (pre-transition and post-transition) identities. Some discussions of therapeutic tasks for trans people have addressed the idea of mourning, remembering, and saying goodbye to the pre-transition identity. This audience member presented what seems to be the relational critique of these models—would it not be more healthful to integrate those divergent, contra-gendered self-states into a coherent and authentic personal narrative? Here, perhaps, is where the telling of the story, the writing to make right, and the witnessing truly promote health and identity development.

Therapeutic work with trans people can often feel pressured—there is the pressure from the patient not to address the role of the pre-transition self, the pressure from within not to offend, and the pressure from without given the traditional gatekeeper models of healthcare for transgender people. The old Harry Benjamin standards have been renamed *The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Non-conforming People*, and anyone interested in working with trans people would benefit from reading them. While there is still a role for mental health professionals to provide referrals for physical healthcare procedures, there is movement toward an informed consent model of care, and restrictions are loosening. In addition, laws regarding the gendering of identification documents, birth certificates, and other government benefits are rapidly changing as the society at large takes incremental steps toward fulfilling Dr. Gherovici’s exhortation that “identity transcends anatomy” and we all move toward the vision of a “de-pathologized transgender phenomenon.”

Letter from the President

2013 has been an exciting year for PSPP. We had successful programs from diverse theoretical perspectives within psychoanalysis, including our meeting this past spring with Robert Stolorow where he spoke on his integration of Heideggerian phenomenology with psychoanalytic principles, our collaborative meeting this fall with the Institute for Graduate Clinical Psychology at Widener University where Lacanian psychoanalyst and PSPP member Patricia Gherovici spoke on the complexities of gender with a specific focus on the phenomenon of transgenderism, as well as many interesting offerings from the Spring Brunch Series. PSPP collaborated with PCPE in co-sponsoring the Again conference, involving clinicians from multiple psychoanalytic perspectives commenting on one case and we co-sponsored the Philadelphia Declaration of Play conference. We continued the success of our grad-



By Robin M. Ward, PsyD

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uate student mentorship program. Lastly, the PSPP Endowment Program is up and running; funds supplied by PSPP members are being used to provide financial assistance to members engaged in different psychoanalytically-oriented scholarly efforts.

I would like to highlight two initiatives the board plans to have established by the end of my presidency. First, we are working to optimize our website so that it can function as a searchable data base providing referral information for persons interested in finding a local psychoanalytic clinician. At this time, our website allows only PSPP members to execute searches among the membership. Additionally, there are so many searchable domains that using this feature can feel cumbersome. Our interest is both to streamline this process by refining the categories of search criteria (for example, by decreasing the searchable domains to “zip code,” “in-network insurance status,” and “specialty with particular diagnosis or population”) as well as to open up the option of searching the PSPP membership for a psychoanalytic clinician to the general population. Member input is welcome as we think through the nuts and bolts of this endeavor.

Second, we are in the beginning steps of developing a PSPP Speakers’ Bureau. The purpose of this bureau would be to provide a venue for interested PSPP members to make connections with local groups in order to disseminate information about psychoanalytic psychology—that is, to get out the word about psychoanalysis. Practically, this will involve the development of a list of PSPP members interested in participating in such a program as well as the creation of strategies to facilitate the logistics of outreach to various groups (undergraduate universities, graduate programs, religious institutions, community organizations, etc.). Imagine how different an undergraduate course on psychopathology or psychotherapy would feel if a guest lecturer knowledgeable in psychoanalytic theory and practice were to frame the discourse on various mental health related topics. Or consider the outreach possibilities at local high schools, churches, and synagogues. As with the website optimization, member input on this exciting initiative is welcomed.

Here’s looking forward to an exciting and productive 2014.

Research & Practice



Reflections on Transience, Permanence, and the 24th Annual International Forum for Psychoanalytic Education (IFPE) Conference



By Ksera Dyette

By Jess Rhee

The Backdrop

In the consulting room, in art, love, life, death, or beyond, transience and permanence illuminate beginnings and endings and everything in between. This year’s IFPE conference theme centered on examining transience and permanence as necessary tensions of the human condition and on how psychoanalytic work and thought address this tension.

The conference took place in the heart of Philadelphia at the Sheraton Society Hill Hotel, from October 31 through November 2. Within the hotel’s Flower Meeting Room, the Venerable Lama

Losang Samten created a Tibetan sand painting, a Kalachakra mandala (“The Wheel of Time”) over the three days that the conference took place. Conference attendees could stop in and meditate or watch as the mandala took form, culminating in the inevitable dismantling ceremony, where they could each take home a bit of the once permanent, but then transient, sand. The conference and the mandala took form, evolved within a holding space, and then vanished with the hope that everyone would be transformed and transported.

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IFPE Conference...continued

Our presentation, which was the last in a panel, was entitled “Three Paths Through Fire.” Presentations by Dr. Ellen Luborsky and Peggy DuBois preceded it. Dr. Luborsky’s talk, “A View from the Dollhouse,” illustrated transience and permanence in treatment with children via the transformation they undergo through play. She spoke of the children finding a unique language all their own, expressing sadness, rage, and confusion through the metaphor of the “overturned” dollhouse; “furniture strewn and people tossed out.” For Dr. Luborsky, the trashing of the dollhouse was what infused it with life, “making room for new energies in the process.” Following the view from the dollhouse, Peggy DuBois provided listeners with a seat inside the dollhouse, giving words to a particular loss, the “silent destruction” called forth when adults give birth to a child who remains unloved. Peggy opened the door to a room often left locked and hidden in the recesses of the dollhouse, sharing her own trauma and pain in a bold cry to those crowding the dusty room until the door was shut again, making way for the third path through fire.

Annica, Dukkha, and Anatta: An Exploration of the 3 Dharma Seals through Poetry and Song

Our presentation created a path through fire, smoke, and air using original works of poetry and song as an illustration of this journey. Our hope was that this exploration would lead to an interconnectedness of our emotional experiences, since there is a powerful universality to the emotions evoked by these concepts, and that it would kindle an examination of where the listeners, our fellow travelers, were on this path.

The framework for this exploration was found in the three fundamental truths of existence that are offered by Buddhist thought: Annica, Dukkha, and Anatta. Although these truths can each stand alone as an important lesson, we conceptualized them as forming a path to transcendence, leaving suffering behind.

Fire | ANNICA | Impermanence

The kindling for transcendence is bound in the flesh of a human being, as well as in the weight of our desires. All this must be burned away before we can be as air above, within, and around our existence.

Smoke | DUKKHA | Suffering

Smoke is the unwanted combination of solids, liquid particulates, and gases. It is the residue of combustion, the moment between solidity and dissipation, the bridge between fire and air. It can be used as a form of communication and as a way to expel the unwanted and unacceptable things that lie within us. It can obscure transcendent images, though they exist right before our eyes, much like suffering can obscure our ability to see our experiences as they really are.

Air | ANATTA | Letting Go

As we make our way along the bridge of suffering, the light of knowledge allows the bridge to dissipate, thereby making room for trust that we will not fall, but rather that we will rise into the air around us.

The Emotional Impact of the Conference

This was an incredible opportunity to listen to powerful and thought-provoking presentations, and to meet with and speak to like-minded individuals from all over the world. Also, as this was an interdisciplinary conference, we had the opportunity to hear from individuals who represented different fields within the mental health profession, such as social work and psychiatry.

Overall, it was a dizzying experience that necessitated the making of some difficult decisions, since there were four different presentations slated for most of the time blocks. Upon reflection, this format was most conducive to the mindful practice of being present. Time moved like a quickly flowing stream, and the presentations were like stones upon which we rested briefly, in a meeting of minds.

The mandala dismantling ceremony served as the culmination of this 3-day whirlwind, and it was a powerful moment that will not soon be forgotten. We all gathered around the mandala as the Venerable Lama Losang Samten took a few moments to speak about what the dismantling ceremony represented. The light was turned off and we were enclosed in darkness, with only a single light to illuminate the different sections of the mandala as the person holding the light walked around it. This seemed to serve as a reminder that we only ever see glimpses of the whole of our existence at any point. The light was turned back on and the Venerable Lama then rang a bell and began intoning a Buddhist prayer. He placed some brushes on the table and encouraged us to sweep the sand into the middle of the table as he continued to pray.

This seemed to generate a small ripple of murmured resistance as people naturally grappled with the destruction of a beautiful thing. Soon, however, people stepped forward and began to dismantle the mandala. After we had each taken a turn or two, the Venerable Lama Losang Samten mixed together the particles of sand until the colors ran together. We were given little envelopes to take some sand home, and we were encouraged to bless our homes with the sand and then release the sand, preferably in a body of water.

And so, the mandala was dismantled, and thus ended this transient conference on transience.

For a copy of the live recording of “Annica, Dukkha, and Anatta: An Exploration of the 3 Dharma Seals through Poetry and Song,” please contact Jess Rhee at jyrhee27@gmail.com.





By Jacquelynn Cunliffe,
MSN, PhD

The Philadelphia Jung Club Presents *'Quantum Physics and Psychology'* with guest presenter Dr. Rise Kauffman, PhD (...Or: How I learned to stop worrying and love the uncertain universe)

Once in a while, when I am in a particularly friendly setting or feeling particularly courageous, I might make it known that I am fascinated by quantum physics. Not that I possess a clear understanding, mind you (does anyone REALLY understand quantum physics?), but that I am hopelessly compelled by the ever-increasing number of discoveries of 'magical properties' and 'mysterious connections' that occur at the quantum level. So what might this have to do with psychology or psychoanalysis? What might quantum physics (Einstein's "spooky action at a distance") tell us about the incremental psychic changes generated or facilitated by the analytic process and the therapeutic relationship? Perhaps there's more than meets the EDS (electron dispersing spectrometer)!

At the heart of my journey on this magical, mysterious tour of quantum physics burns a question: Can we gain any understanding about the way the psyche—the mind—works and about the ways psychoanalytic process can lead to healing and psychic transformation?

Much to my surprise, I have found a few like-minded therapists who ponder some of the very same questions about quantum physics. Imagine my delight when Dr. Marion Rudin Frank generously invited one of the editors of *Currents* to attend a Jung Club Lecture and one of the presentations was entitled "Quantum Physics and Psychology" with Rise Kauffman, PhD, as the guest lecturer. Naturally, I jumped at the chance to attend this talk. Together with a couple of similarly interested colleagues, I spent a pleasant afternoon exploring the dynamic and relational interactions of an unseen world.

Dr. Rise Kauffman is a clinical psychologist in private practice in New York and New Jersey. She spent several years on the staff at Cornell University Medical Center, New York Hospital, has been a professor at the City University of New York, and a clinical psychologist at Payne Whitney Clinic in New York. She has a particular interest in the interface between Jungian Psychology and the physical sciences, which led her to her own exploration of the connections between psychoanalysis and quantum physics. Dr. Kauffman's talk began quite simply with an introduction to quantum physics for the uninitiated. Quantum physics is the study of the interactions among wave phenomena and particles that are very, very small, (beyond microscopic!) to the sub-atomic level. It is at this level where reality as we know it ends and 'weird' begins.

One phenomenon Dr. Kauffman describes clearly demonstrates that 'spooky' element that Einstein refers to... the 'observer effect'. Shifts in reality can happen as a result of a particle or waveform being observed. For instance, if unobserved, electrons act as waves, which propagate in a cyclic nature through space. The act of observation, which must locate electrons at a particular position to be measured or studied, results in the electrons acting as particles, rather than as waves. It is as if the waveform perceives the act of observation and acts accordingly. We might consider that the very act of observation changes reality—in short, the observer effect. I, myself, have considered this question: Can we describe a phenomenon in the therapeutic situation that might demonstrate a similar effect? Certainly the mere presence of the therapist can have profound impact on a patient's perceptions of reality—the bearing witness to trauma by an empathic and fully present therapist can have a healing effect without any additional or demonstrable interventions. Could this be the 'quantum' observer effect working on a macro level? It is an interesting concept.

The contrasting natures of particles and waves are also of interest to Dr. Kauffman, as they may have a similar relationship to the contrasting natures of the masculine and feminine in human society. Dr. Kauffman reminds us that most psychological theories are primarily developed through a dichotomous lens of masculine vs. feminine. These theories have historically celebrated qualities which have been culturally determined as 'masculine' while demeaning and pathologizing traits which have been defined as 'feminine.' Interestingly, quantum physics, too, has its own version of what could be seen as 'masculine' and 'feminine.' Quantum physics divides the subatomic world into two very different but interchangeable categories, wave and particle forms, which Dr. Kauffman says might be akin to the designation of the 'feminine' and 'masculine.' Waves are the less limited, more energetic forms of the subatomic realm, and seem to represent the nature of the feminine... less bounded, more fluid and cyclic in nature with the ability of more than one wave to occupy the same space. Particles, on the other hand, might represent the quantum version of the masculine. They are firmly bounded, clearly defined, not fluid or cyclic, and have a finite energetic capacity and an inability to occupy the same space. Quantum physics teaches us of the limitations of the particulate nature and places the state of the waveform at a higher level. However, the subatomic world can move

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back-and-forth from wave to particle depending on the conditions and the presence of the observer effect. Human individuals can also contain both aspects of the masculine and feminine but in contrast to the quantum world, we have traditionally regarded the feminine as less than, elevating and normalizing the masculine.

Dr. Kauffman also describes another interesting quality of the subatomic world: Every tiny particle or waveform exists in relationship to something else. Nothing exists in isolation and everything in existence is engaged in some form of relationship to an 'other.' For another of Einstein's "spooky action at a distance" I give you... 'entanglement.' Entanglement is a phenomenon that I continue to try and wrap my mind around. A simple explanation is that if two submicroscopic particles are entangled, their 'state of quantum being,' as measured by their spin (up or down), momentum, polarization or position, is always determined in relation of one to the other. If one is observed to be spinning 'up' the other must be spinning 'down.' If entanglement has occurred, then the two particles are entangled forever... regardless of the distance between them. Theoretically, you could have one particle on the moon or the other side of the universe for that matter, and the other on earth. If you change the spin (or any other measurement) of one entangled electron or particle, there is a simultaneous reciprocal change in the spin of the other. No distance is too great where this phenomenon would not be observed. How do particles become entangled? Why does this relationship defy time and distance? Scientists are still discovering how these things occur. I have considered whether there is any kind of interaction in the psychological realm that might be even slightly parallel to this effect. This thought-exercise raises many questions, not the least of which is how relationship and love are at the heart of interpersonal and intrapersonal development. Many developmental psychologists would say that relationship in the form of 'attachment' is necessary for the development of a healthy, cohesive sense of self. I have wondered whether entanglement at the quantum level and attachment at the macro-level could be associated phenomena. How do our human relationships forever contribute to and transform the internalized sense-of-self in others?

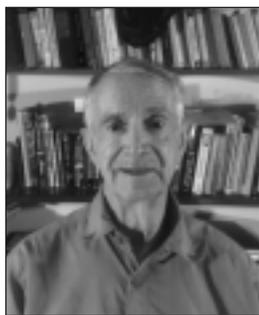
The notion of quantum memory may also have some parallel in psychology with regards to the healing of trauma. Quantum theory suggests that although past-changes-present, understanding and reflection can actually change the past through the shifting of memory... in this case, quantum memory. What is quantum memory? Oh my... I will give this my best shot... quantum memory is composed of bits of information that exist on the subatomic level. Where data in computers are stored as mutually exclusive '1s' and '0s', quantum memory can exist at once as both 1s AND 0s. Theoretically, it is a self-perpetuating steady-state which may not be limited to the unidirectional passage of time but transcends time so that past is present and pres-

ent past. *Say What?* I must admit this is pretty heady stuff but let's play with this concept to see if there is anything we might extrapolate with regards to psychological healing of traumatic memory. I believe that we can 'travel back' with our patients, accompanying them via the processes of narration (psychic memory) and feeling (emotional memory), and that something can indeed shift. As patients, in therapy, relive in their minds' particular traumas, they now have a witness, a 'companion', who can help them re-experience, re-interpret, and better understand the event, changing the way they view themselves and their relationships to the events and the players. How can we be at once 'in the chair' and at the same time in their minds as witness, translator, and sometimes advocate/protector? Well... I suppose we could also question how, at the quantum level, can a reality maintain dual states of existence that simultaneously occur, where time is an illusion, and consciousness creates reality?

I am grateful to the Philadelphia Jung Club and Marion Rudin Frank for this provocative and informative program. The connections between the ways the quantum universe is perceived, the ways we understand the power of human attachment, and the interplay of relationship, consciousness, and psychological development are mere speculation and an interesting pastime. Quantum physics tells us that the universe is uncertain, which allows for infinite possibilities. Perhaps one day the time will come when we actually begin to understand a unified theory of the micro-cosmos and the macro-cosmos. However, as Dr. Kauffman encouraged us at the end of the lecture, we might be able to fashion a few suggestions from the quantum perspective: a certain and predictable universe does not exist; possibilities may only be limited by our imagination and belief systems; and seeing the world and its inhabitants in a dichotomous, either-or perspective, is a rather primitive and unrepresentative way to understand the physical and relational world. Until such time when we reach this unified field theory, we must rely on the human imagination of psychologists and psychoanalysts to borrow from what we know about the quantum realm to create a better understanding of the power of human consciousness and the sometimes uncanny and magical properties of psychoanalytic psychotherapy. This in no way reduces the mind to mere physical science. Rather, it is an expansive understanding of the mind, opening it up to connecting consciousness to all elements of the universe, perhaps akin to Jung's Collective Unconscious.

*How I learned to stop
worrying and love
the uncertain universe.*

Role of Aggression in the Treatment of Schizophrenia



By Harold R. Stern, PhD

This paper is an attempt to introduce and summarize the rather complicated subject—the treatment of schizophrenia with attention to the role of aggression. Essentially, the treatment of schizophrenia involves working with someone who is unable to cooperate or has difficulty doing so, who cannot communicate reasonably, and/or who has difficulty following the basic rules of treatment. Additionally, these patients have little or no object constancy. The ensuing issues of transference and counter-transference make the treatment of the patients with schizophrenia particularly challenging.

The transference that is observed is a narcissistic transference, something that Freud viewed as a part of a group he termed the “narcissistic neuroses.” In his early work, he saw the narcissistic neurosis as a problem of the libido having been withdrawn from objects in the outer world and instead, invested excessively and

self-directly in one’s own ego. This narcissistic transference is different from object transference because there is no observable external object to project upon. This kind of transference is difficult to recognize since the internal self is the object. Even when it is recognized, there typically seems to be no way to resolve it. What we observe in these patients are symptoms of withdrawal and sometimes grandiosity. Early on for psychoanalysts, this picture created an impasse. A study of the history of analysts attempting to treat schizophrenia reveals that analysts using the classic approach to treat schizophrenia found that these patients remained in a frozen state of narcissistic self-involvement or got worse. Such patients were unable to develop the needed object libido and were thus unable to achieve an object-transference toward the analyst.

Dr. Hyman Spotnitz (1985) offered a resolution to this theoretical impasse after he observed that the core issue for these patients was not libido turned inward towards the self, but the aggression that had been turned inward and used to attack the self. He theorized that they suffered not from too much self-love, but from excessive self-hate. Spotnitz found that by using certain treatment approaches that differed from the prevailing classical approaches, he was able to develop strong transferences of a different kind than those found working with neurotic patients. These were narcissistic transferences in which the patients became very self-preoccupied, and the analyst was perceived as part of the patient’s self, rather than having separate thoughts and feelings. These transferences replicated the processes of the early years of life. They provided insight to the analyst about the patient’s early self-destructive formulative experiences. Because of the patients’ primitive ego states, he avoided using the classical techniques of free association, interpretation, and confrontation. Instead, he cultivated narcissistic transferences.

Spotnitz developed special techniques such as joining, mirroring, and reflecting in order to strengthen fragile, fragmented ego structures. Until the patient became strong enough to function without

his prior primitive structure of defenses, the analyst needed to reinforce and join these defenses. Also, he needed to attend to the problem of the therapist’s negative narcissistic countertransference. Without the therapist having some understanding about the management of his own feelings, as well as some basic techniques, a positive outcome in the treatment of schizophrenia would be difficult to attain.

Because the origins of the patient’s condition lie in the early pre-oedipal period, it is not helpful to engage in verbal exchanges with a patient who has an immature ego structure. This leads to the understanding that feelings induced in the analyst and feelings aroused in the patient are the significant factors leading to change and progress. This emotional communication becomes the basic means of interchange. Words in common usages that are signifiers are representative of underlying symbolic and referred meanings. For the pre-oedipal patient, these act as powerful metaphors and can be laden with concrete significance. For the schizophrenic patient, words may not merely describe something that is destructive; they can in themselves magically destroy. This limitation in the treatment needs to be remedied by educating the patient to say everything in a therapeutic climate that is not only safe, but also healing. Since free association, interpretation, and insight are initially counter-productive, the goal becomes to simply get the patient to talk freely and gradually to feel safe. This can resolve resistances that block progressive verbal communication.

The modern analytic approach is a method of investigation rather than a method of explanation. Instead of explaining the patient to himself, the patient is helped to put his thoughts and feelings into words in his sessions. The analyst attempts to lead the patient’s transition to thinking in the object world by avoiding addressing questions and comments to the patient’s ego and instead, shifting them to his object field. The focus is away from the patient’s inner processes, gradually moving him out into the external world.

Another modern analytic technique involves “contact functioning.” In general, the analyst may avoid direct approaches to the patient and instead, wait and allow the patient to reach out to him, again fostering movement toward the object world. Constantly widening the scope of the patient’s sphere of psychic content into language integrates and strengthens the patient’s ego. Furthermore, the resultant increase of emotional interaction with the therapist leads to important maturational progress.

In treating the schizophrenic patient, we do not seek insight. We strive for emotional growth and development through an experiential relationship with the analyst aimed at helping the patient’s ego to grow by being able to “say everything.” This, among other things, enables the safe and healthy release of inhibited aggression.

REFERENCES

- Alexander, F and French, T.M. *Psychoanalytic Therapy: Principles and Applications*. Ronald Press, New York. 1946
- Bibring, E. *Psychoanalysis and the Dynamic Psychotherapies*, J. of the A.P.A., Vol 2, 1954.
- Spotnitz, H. *Modern Psychoanalysis of The Schizophrenic Patient: Theory of The Technique*. Human Science Press, 2nd Edition. New York. 1985.
- Stern, H., *The Couch: Its Use and Meaning in Psychotherapy*. Human Sciences Press, New York. 1978

What Do Mental Health Practitioners Want From a Diagnostic Taxonomy? An Abstract of a Forthcoming Article on Our PDM Research Project

*By Robert M. Gordon, Andrea Blake, Robert F. Bornstein, Francesco Gazzillo, Janet Etzi,
Vittorio Lingiardi, Nancy McWilliams, Cheryl Rothery, and Anthony F. Tasso*

Mental health practitioners and psychology graduate students (N= 510 completed surveys) were asked to diagnose a recently seen patient and then to rate the helpfulness of the Psychodynamic Diagnostic Manual (PDM) dimensions, as well as the ICD and DSM classifications, in understanding their patient. The following PDM dimensions were rated as “helpful – very helpful” by the respective percentage of participants: Level of Personality Organization—75%; Dominant Personality Patterns and Disorders—62%; Mental Functioning—67%; and Cultural/Contextual Dimension—41%. Only 30.5% rated the ICD or DSM symptoms as “helpful-very helpful” in understanding their patient. All differences were statistically significant. In this sample, 36% had doctoral degrees and their primary orientations were Psychodynamic (26%), CBT (33%) and Other (41%).

We found an earlier survey of 61 expert diagnosticians who strongly preferred the PDM classification system over the DSM or ICD and also found the Personality Organization (Healthy-Neurotic, Borderline, Psychotic) dimension the most helpful of all. Of that sample, 80% held doctorates and their primary orientations were Psychodynamic(44%), Eclectic (21%), Cognitive-Behavioral (15%) and Other 16%).

The current much larger sample’s order of the ratings was consistent with that of the predominately doctoral level psychodynamic expert sample. The results support the earlier findings indicating that the PDM’s diagnostic taxonomy is favored over the DSM and ICD taxonomy by both expert and typical practicing clinicians regardless of theoretical orientation. These results suggest that the typical practitioner wants a diagnostic taxonomy of the whole person.

Coauthors are listed in alphabetical order. The IRBs of Muhlenberg College and Chestnut Hill College determined that this project adequately protects the welfare, rights, and privacy of human subjects. Many thanks for the help with recruitment and data collection go to: Debra Kay Bennett, Amy Brosorf, Robert Galligan, Jenny Holcomb, Arpana G. Inman, Linh Luu, Bindu Methikalam, Sneha A. McClincey, Susan C. McGroarty, Allison Otto, Bethany Perkins, Judi Ralph and Ken Ralph (J&K Seminars), Val Spektor, Lauren Turner and Christina Villani.

COMMUNITY OUTREACH

Philadelphia Declaration of Play: Bringing Back Childhood for the Future of Society

In 2011, a group of child advocates — child psychologists, child analysts, educators, and directors of playgrounds in Philadelphia — joined together and founded the Philadelphia Declaration of Play (PDoP). This group collaborated across disciplines to improve the foundation of children’s lives in Philadelphia through the promotion of free play. For those who have viewed the documentary, “Race to Nowhere,” this is a response to the crisis of too much stress in children’s lives; this is an effort to create a “way to be somewhere”, to be “in” experience and to feel mastery through play. The public health crisis of childhood obesity, the increase in diagnoses of attention deficit disorder, depression, and anxiety, can all be attributed to a marked deficit in opportunities to play. Professional child advocates felt the need to create PDoP, a social action committee, which has since organized events and invited internationally recognized speakers to inspire action for change.

In 2012, the Alliance for Childhood and the Association for Childhood Education International partnered to create the Decade of Childhood 2012-2022. PDoP is a local grassroots group associated with this international initiative; two of PDoP’s members are Ambassadors of Childhood with the Decade.



By Laurel M. Silber, PsyD

*Founding Member of
Philadelphia Declaration of
Play, and Ambassador of
the Decade of Childhood*

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Creative Expressions

Hope

By Deborah D. Shain, LCSW, BCD

No more to live with horror
Life longs to be bounced
On the knee of joy!

Declaration of Play...continued

In other words, we represent and are an integral part of a movement to create a more secure childhood, one that privileges optimal development and wellbeing through active consideration of the mind of the child.

We believe it is imperative that mental health professionals join with educators to increase the energy for changing policies and practices that affect the lives of children. For more information, please visit the website www.ACEI.org to learn about the next global summit for the Decade that will be held this April 10-13, 2014 in Vancouver, and consider joining in the conversation about improving the lives of children..

PDoP's most recent event brought together Joan Almon of the Alliance of Childhood, Susan Linn of Commercial Free Childhood, Penny Wilson of London's Playwork profession, and Kathy Hirsh-Pasek of Temple University to promote the importance of play in the lives of children. Through discussions addressing administrators and teachers of local schools, arts organizations, landscape architects, social work and psychology professors (including three local psychoanalytic organizations), a relational network formed which shared a common mission—Improving the lives of children through play, PDoP created an umbrella organization that brought together many schools and organizations to support this effort, strengthening the movement.

One of the discussions of interest to psychoanalysts in particular, was the finding that at the center of the movement, what ignited

action on the part of adults toward creating more space for children's play, was inviting adults to reflect on their own play memories. When adults reflected on their own pasts, the value of the play experiences, as integral to their own self-integrity, became apparent. These remembered experiences served as powerful motivators,, encouraging adults to create meaningful play memories for today's children. How will children feel real, whole, or creative without it? The link is made and adults must wake up to the reality that children's lives are missing a critical dimension, which not only undermines their development, but also ultimately undermines the future of the society at large.

Another of PDoP's events was entitled, "Bringing Back Childhood for the Future of Society," and it powerfully brought the issue of play and development to the forefront of the minds of every attendee. With nearly 150 registered attendees from near and far, this event was very successful. In an afternoon of breakout sessions, many local experts on play spoke on the value of risk in children's lives, on the use of play in psychotherapy with children and their parents, and on the value of play in the school curriculum. The conference also highlighted the value of play to community development. The organizers and participants had fun chalking the sidewalks, playing on the playgrounds, drumming in a drum circle, sharing play memories, and learning from each other the importance of advocacy for children's developmental rights. Please visit our website for a description of these events: www.declarationofplay.org.



By Lesley A. Huff. PsyD

SELF-CARE

MINDFULNESS FOR THE CLINICIAN

*B*reathing in, I am aware of my breath. Breathing out, I smile. It is amazing that such a simple act as attending to our breath can have a significant impact on our interactions with others, our overall wellbeing, and even our brains. Neuroscience has finally given us insight into what the practitioners of Buddhism have known for almost 2,500 years. Practicing mindfulness formally and informally can help us to be more present in the moment. It enables us to respond, instead of reacting as a result of the distortions that various psychoanalytic traditions have named defense mechanisms, internal drives, unconscious wishes, introjects, etc.

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The Clinician...continued

My favorite definition of mindfulness comes from Jon Kabat-Zinn: “Mindfulness means paying attention in a particular way—on purpose, in the present moment, and non-judgmentally.” This definition seems so consistent with what many of us strive to accomplish in the clinical session with our clients. Regardless of our specific training on how to handle countertransference in the session, a consistent instruction for most of us has been to be aware of it and remain in the present. Neuroscientific research has elucidated a key mechanism through which the practice of mindfulness can support this effort. The areas of our brain below the cerebral cortex are outside of our conscious awareness and direct intervention. When our limbic system (specifically the amygdala) becomes aroused by a perceived threat, a cascade of sequences can occur involving the sympathetic nervous systems, HTP axis, etc., that can narrow our focus and increase the likelihood that we will react based on misinformation. It is unlikely that this will play out as intensely in the therapeutic relationship as it may outside of the clinical setting, but it may impede our ability to truly understand our client, distort the information upon which we are basing our interpretations, and subtly convey via non-verbal cues an unintended message to the client. With consistent mindfulness practice, there is strengthening (or thickening) in the left prefrontal cortex, a region that can serve as a kind of braking system for the amygdala. Additionally, being in-tune with our breath can reduce the sympathetic nervous system’s activity and increase that of the parasympathetic nervous system, which enhances our sense of calm and wellbeing.

Although the practice of mindfulness sounds promising, some of you may be wondering how you are going to introduce one more thing into your already hectic schedules. There are a few things to keep in mind:

- 1. Mindfulness is about being present for whatever it is that you are doing, rather than allowing your brain to wonder. It is not about adding one more thing. In fact, you will find over time that it actually reduces much of our exhausting mental chatter.***
- 2. Just like building a muscle, it takes practice that involves lifting the weight and releasing. Therefore, it is important to understand that the acts of focusing, becoming distracted, and returning your attention are all parts of the practice. It is not recommended to go to the gym and lift a weight and then walk around with it lifted all day. It is the same in mindfulness. Focus, wander, return.***
- 3. It does not have to be completely quiet to practice mindfulness. What we hear is part of our experience. In mindfulness, we practice listening without interpretation or judgment. Notice the sound; then allow it to fade away.***
- 4. Dan Siegel, PhD, noted that mindfulness is brain hygiene in the same way that brushing your teeth is dental hygiene. You would not imagine just reading about brushing your teeth, nor saying you did not have time for it.***
- 5. Speaking of brushing your teeth, the best way to develop a habit is to attach it to something you already do. Why not practice mindfully brushing your teeth? Rather than using that time to think about all of the things you need to get done for the rest of the day, or things you should have done, focus on the experience of brushing your teeth – the physical sensation of the brush in your mouth, the taste of the toothpaste, etc.***

Given our increased understanding of neuroplasticity across the lifespan, we can appreciate that brain changes from mindfulness are experience-driven. So, how can you be mindful right now? Take a moment to notice that you have been breathing. If you feel that focusing on your breath is boring, I encourage you to take Jon Kabat-Zinn’s advice. Close your mouth, put one finger over your left nostril, and then place one finger over your right nostril. It is amazing how quickly your breath becomes interesting.

Happy practicing!



*Philadelphia Society
for Psychoanalytic Psychology*

FROM THE BOARD

Welcome to the New Board – Updated Board Profiles - Fall/Winter 2013



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

Words of Wisdom: “Say whatever’s on your mind. Try not to exclude anything regardless of how indiscreet, irrelevant, or nonsensical it might seem.” – Sigmund Freud (Paraphrased)



Dan Livney, PsyD, President-Elect, is in private practice in Chestnut Hill and Clinical Lead at the long-term residential treatment program, Project Transition. Dan obtained his doctorate from Chestnut Hill College. He serves as Treasurer for the Association for the Psychoanalysis of Culture and Society.

Words of Wisdom: “It is in the shelter of each other that people live.” – Irish Proverb



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

Words of Wisdom: “Every problem has a gift for you in it’s hands. You seek problems because you need their gifts” – Richard Bach



Courtney Slater, PhD, Secretary, is a licensed Clinical Psychologist in Delaware and Assistant Professor at Widener University’s Institute for Graduate Clinical Psychology. At Widener she teaches courses in social psychology, diversity, and spirituality and religion in psychotherapy. She obtained her degree at the Rosemead School of Psychology, in Southern California.

Words of Wisdom: “Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.” - Martin Luther King, Jr



Heejin Kim, PhD, Treasurer, is a staff psychologist at Swarthmore College CAPS, with private practices in Bryn Mawr. Heejin obtained her doctorate from Bryn Mawr College, PA.

Words of Wisdom: “Better late than never.”

Jim Bleiberg, PsyD, Directors-At-Large, is an Associate Professor at West Chester University, with a private practice in Bryn Mawr. Jim earned his doctorate from Widener University.

Words of Wisdom: “Go confidently in the direction of your dreams! Live the life you imagined.” – Thoreau

Bree M Gould, PsyD, Director-At-Large, is a psychologist working in Counseling and Psychological Services at St. Joseph’s University. She obtained her doctorate from Widener University.

Natalie Petyk, PsyD, Directors-At-Large, is the assistant director of clinical services at St. Joseph’s University CAPS, with private practices in Philadelphia and Bala Cynwyd. Natalie obtained her doctorate from The American School of Professional Psychology in Washington, DC.

Words of Wisdom: “The best way out is always through” – Robert Frost

Leslie Parkes Shralow, PhD, Directors-At-Large, is Assistant Professor and Co-Coordinator of the Masters Program in Clinical and Counseling Psychology at Chestnut Hill College. She also has a private practice in Center City, Philadelphia. Leslie is a graduate of the clinical psychology program at Temple University.

Words of Wisdom: “For years and years I struggled just to love my life. And then the butterfly rose, weightless in the wind. ‘Don’t love your life too much it said,’ and vanished into the world.” – Mary Oliver

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Updated Board Profiles...continued

Dana Sinopoli, PsyD, Directors-At-Large, maintains a private practice in Center City, Philadelphia. She is also connected with the Philadelphia Coalition for Victim Advocacy and is expanding private practice work with this organization and with the community systems that are involved in victim care. Dana obtained her doctorate from The Chicago School of Professional Psychology.

Words of Wisdom: "Hint: The cage is unlocked."
– Nova Knutson

Keren Sofer, PsyD, Directors-At-Large, is a clinical psychologist in private practice in Center City, Philadelphia. She specializes in the areas of grief and loss, couples and family treatment, chronic illness as well as psychological assessment. Additional treatment interests include immigration and trauma, and for the past few years, Keren has conducted pro bono asylum evaluations through the Human Rights Clinic of HealthRight International. She earned her doctorate from the University of Denver.

Words of Wisdom: "The psychic task which a person can and must set for himself is not to feel secure, but to be able to tolerate insecurity." – Erich Fromm

Stacey Boyer, MA, Membership Chair, is a fifth year doctoral student at Widener University. She is currently a doctoral intern at Villanova University's Counseling Center. Stacey also serves as Membership Chair for the Society for Personality Assessment Graduate Students.

Words of Wisdom: "The relationship is not a vehicle to get rid of the tsunami—as if the past were an illness—but a means to live together in its shadow, allowing it to shrink a little bit at a time, freeing the patient's natural capacity to feel trust and joy in the 'nearness of you.'" – Bromberg

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

Words of Wisdom: "A psychoanalyst is just a mind's way of looking at itself" – Neils Bohr (Paraphrased)

Lesley Huff, PsyD, Newsletter Editor, has just completed her post-doctoral fellowship at Behavioral Healthcare Consultants. Lesley obtained her doctorate from Chestnut Hill College. Additionally, she is an Adjunct Professor at Chestnut Hill College, Montgomery County Community College, and Pennsylvania College of Art and Design.

Words of Wisdom: "Be with those who help your being"
– Rumi

Sarah White, PsyD, Newsletter Editor, maintains a private practice as a Licensed Professional Counselor in Mount Laurel, NJ. She is also currently completing her post-doc at the Counseling and Psychological Services Center at Haverford College. Sarah obtained her doctorate from Chestnut Hill College.

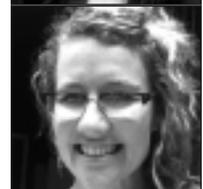
Words of Wisdom: "Be patient toward all that is unsolved in your heart and try to love the questions themselves, like locked rooms and like books that are now written in a very foreign tongue. Do not now seek the answers... Live the questions now." – Rainer Maria Rilke.

M. Jay Moses, PhD, Division 39 Section IV Representative, is an Advanced Candidate at the Institute for Relational Psychoanalysis of Philadelphia, with private practices in Philadelphia and Wayne. Jay obtained his doctorate from the University of Tennessee.

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.

Emily Loscalzo, PsyD, Brunch Series Coordinator, recently earned her doctorate from Chestnut Hill College. She completed her internship at Girard Medical Center in July and is now Clinical Supervisor of the Narcotic Addict Rehabilitation Program at Thomas Jefferson University and an Admissions Counselor at Keystone Center.

Words of Wisdom: "Resentment is like drinking poison and then hoping it will kill your enemies." – Nelson Mandela



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Updated Board Profiles...continued

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

Words of Wisdom: "History despite its wrenching pain, cannot be un-lived and if faced with courage, need not be lived again." – Maya Angelou

Shari B. Mann, PsyD, Mentorship Assistant Director, is a Postdoctoral Fellow at SOAR, Inc, a non-profit organization providing therapy to survivors of sexual abuse, in Wilmington, Delaware. Shari obtained her doctorate from Widener University.

Words of Wisdom: "Owning our story can be hard but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love and belonging and joy—the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light." – Brené Brown, PhD LMSW

Valerie R. Wilson, PhD, CE Coordinator (Psychology), maintains private practices in center city Philadelphia and Rosemont. Valerie obtained her doctorate from Boston University.

Words of Wisdom: "I'm addicted to placebos. I know I could quit, but it wouldn't make any difference." – Steven Wright



By Barbara L. Goldsmith, PsyD
Director

Mentorship Update: What is Mentoring?

Mentoring is an important and rewarding experience for both graduate student (or early career professional) and mentor. Mentees describe mentoring to be an invaluable experience in which they feel very supported by their mentors. Many meet once a month but some more or less frequently. Since the program's inception eight years ago, we have found that there are many reasons people sign up for the mentorship program and that the focus of the mentoring can and often does vary when the mentee's life circumstances change, such as beginning graduate study, starting a practice and/or beginning a family, etc.

Assistant director Shari Mann checks regularly with both mentee and mentor to solicit feedback and offer help if needed. We have noticed two recurring questions: "What should I discuss with my mentor?" and "What is the difference between mentorship and supervision?" We decided to address both of these questions here.

What should I discuss with my mentor?

Mentorship is a collaborative process and the initial meeting is

a time to talk about what the mentee is seeking from the mentorship. This enables both participants to assess whether or not their respective interests are a good match. Any concerns about the match should be communicated to us. The following are some suggestions as to what can be discussed:

- Career development and goals (practica, internship, post doc, licensure, etc.)



By Shari B. Mann, PsyD
Assistant Director

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Mentorship...continued

- Balancing work/graduate school with personal life
- Discussion of readings, theory or research
- Dissertation topic, research and writing
- General questions regarding psychodynamic case formulation and understanding themes and patterns in therapy
- Looking at projective testing from a psychodynamic lens
- Beginning a private practice

If you are unsure what to focus on or talk about we are available to help. Contact either of us at barbgsmith@aol.com or sharibmann@gmail.com.

What is the difference between mentorship and supervision?

While both supervision and mentoring involve a supportive relationship and the passing on of knowledge central to professional development, there are important differences:

- Mentees need to have a supervisor responsible for their clinical work. Mentors are not responsible for supervising clinical work.
- Supervision is evaluative while mentoring is not.
- Any discussion of clinical work in the mentorship relationship should be *general*. For example, general questions or concerns can be addressed regarding working with specific populations or disorders (eating disorders, addictions, trauma etc) that could involve discussion and recommendations of resources/readings or discussion of theory or research. How to conceptualize a psychodynamic case formulation can be specific to a case but more often it will involve a *general* discussion of how to come up with a formulation using psychodynamic theory. There should not be ongoing discussion of therapy case material that would replicate supervision. We are here to help, so if a mentor has questions, he or she should contact us to discuss.

Above all, we would like to thank all the mentors who have generously volunteered their time to the PSPP mentorship program over the last eight years.

PSPP Listserv Guidelines

The PSPP listserv is an invaluable resource for the membership in assisting clients with finding appropriate referrals both locally and beyond. We know that client/therapist match is one of the most significant aspects of successful treatment; as such, giving some background on a client as well as what the client is seeking is usually necessary. However, as clinicians, we must always be mindful of maintaining client confidentiality. This is required legally and also ethically by our various professional ethics codes.

Here are some basic guidelines to assist PSPP members in making referral requests that adequately maintain client confidentiality:

- Only include pertinent information such as:
 - ❖ preferred location of a potential therapist
 - ❖ modality (i.e. individual, couples, family therapy)
 - ❖ general issues
 - ❖ any client preferences
- Avoid over-specificity with client information:
 - ❖ do not include client's exact age
 - ❖ use generalities when describing presenting issues (i.e. instead of saying 'client is currently experiencing distress due to divorcing his spouse after five years of marriage along with coping with a demotion at work' say 'presenting issues include relationship and career stress')
 - ❖ avoid identifying where the client lives (rather, frame any location needs as 'requests a therapist close to or near X location')

While the listserv is limited to PSPP members, anything we do online comes with risks around privacy. Requests can be forwarded accidentally, emails can be hacked, etc. A good rule of thumb with regard to protecting client privacy is to ask yourself: If someone close to the client read the description, would they be able to identify the client?

Thank you for considering these guidelines for posting referral requests.

Fall 2013 Endowment Report



By Jeanne Seidler, PsyD

In the last issue of *Currents*, I reported what Endowment gifts were received in 2012 and how some of these resources were allocated during 2012/2013, naming the Endowment Award recipients. In this report I want to summarize how the Endowment Funds have accumulated since 2010, the first year in which we received Endowment gifts.

Year	Number of members who gave to the Endowment Fund	Amount of money raised
2010	9	\$1,400
2011	11	\$1,425
2012	5	\$870
2013	8	\$661

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Endowment Report...continued

At this rate of giving, if all 283 current members supported the Endowment program as the past giving members have, the Endowment program would bring in \$32,000 a year. Think of what could be achieved with such resources! Realistically, since many of our members are students, retired, and early career professionals, we cannot expect such a result, but how amazing would it be if 200 of our members each year gave \$25? The endowment would grow by \$5000 a year. I believe this is a reasonable goal that we should all strive for.

Presently, the Endowment gifts are not sufficient to meet the awards the board wishes to make each year. Therefore, the board has decided that we will add to the Endowment Program each year we have income that exceeds our expenses. The board voted to move half of any year's budgetary overage to be assigned to and distributed to each of the Endowments.

To summarize, from 2010-13 the Endowment program donations totaled \$3,736. Gifts awarded to student members totaled \$2,755. The PSPP board assigned \$4,500 of budgetary surplus to the Endowment program in 2011 and \$1,750 in 2012. The current balance in the Endowment program is \$7,516 due to \$6,250 of board funds being assigned to the Endowment Program.

We are continuing to work on the Endowment Program and to refine the process for giving through the website. There are still improvements to be made....

Please check out our website for both the new PSPP Endowment Application and for the Endowment Annual Gift Form to make your 2014 gift.

Help us continue to support our next and future generations of psychoanalytically minded members and a Big THANKS to those members who have devotedly given to the Endowment program each year.

2013-2014 Membership Report

By Stacey Boyer, MA

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

Karin Arndt, MA	Paul Hiatt, PsyD	Josh Saks, PsyD
Kelly Bassett, LP, MEd	Jennifer Howarth, MS	Anita Schmukler, DO
Richard Bollinger, PhD	Joseph Keifer	Dana Sinopoli, PsyD
Kathryn Cording, MPsy	Paige Marmer, PsyD	Karen Smith, LCSW
Gail Corrado, MD	Stacy Maurer, EdM	Emily Sonenshein, PsyD
Frances Ennels, MA	Sneha McClincey, MS	Aita Susi, MD
Meghan Faith, MS	Jason McLaughlin, LCSW	Catherine Welsh, MSW
Elaine Frank, LCSW	Michele Miele, MS	Sarah Whalen, MA
Ariele Garofalo, PsyD	Avi Nires, PsyD	Sarah White, PsyD
Eliot Garson, PhD	Peggy Phipps, LCSW	Nicholas Wood, PsyD
Carly Goldberg, DSW, LCSW	Bianca Previdi, MD	Jacoba Zaring, MA
Stacy Green, LCSW	Donald Rauh, MD, PhD	
Suzan Greenberg, PsyD	Sally Reeves, MA	

Membership Update

As of January 20, 2014,
PSPP has 276 active members:

179	Full Members
36	Early Career Members
35	Student Members
18	Board Members
5	Associate Members
3	Retired Members

In addition to our 275 active members, PSPP currently has 156 members whose renewals are past due, 147 of which have lapsed (more than 30 days past due). Over the past year, 37 new members have joined our thriving community. We thank you all for continuing to participate in the PSPP community and for making this community both enriching and enjoyable.

Special Thanks

I would also like to express my gratitude to the following people for their hard work: Charlie Mikalic at Professional Duplicating who diligently handles all of our printed materials, including our membership directory and brochures; Ksera Dyette, graduate student at Widener and the computer whiz who assists in compiling data for our printed directly and mailings; and to Rodney Murray, PhD, our web administrator extraordinaire, who assists tremendously with our website and listserv.

Events Events Events

PSPP Spring Brunch Series

PSPP is proud to present the upcoming events for the Spring Brunch Series.

All Brunches will be held as follows:

11:00 A.M. to 11:30 A.M. Brunch

11:30 A.M. to 1:30 P.M. Presentation and Discussion

Locations

Registrants will receive an email confirmation containing directions to the location of the brunch for which they are registered.

CE Credits and Fees

Brunch attendees are eligible for 2 Continuing Education Credits. To obtain CE credits, you must register for a brunch program. CE credits are free to PSPP members. Non-members must pay \$40 per program to receive CE credits.

The presenters and topics for these intimate and informative events are as follows:

Rock-a-bye Baby: Surviving Postpartum Psychosis for Mother, Baby, and Therapist

*Dana L. Sinopoli, PsyD
Sunday, February 16, 2014*

Throughout internship and residency, Dr. Sinopoli worked with a young woman who wanted to murder her baby. This program explores the framework used to conceptualize this patient and the treatment interventions that contributed to successfully keeping her out of the hospital and helping her recognize that she matters and exists outside of her roles of mother and wife. In addition to discussing the implications for working with postpartum issues in general, the connection between this case and Dr. Sinopoli's personal relationship with another mother of an unwanted child will be presented.

Dana Sinopoli, PsyD earned her doctorate at The Chicago School of Professional Psychology in 2011 and completed the Chicago Center for Psychoanalysis fellowship program in 2009. Her dissertation, "The post-rape sexual healing process: A women's story project through feminist epistemology" won the first place award for graduate research in women's issues at the

2009 Illinois Psychological Association convention. She completed her APA internship and post-doc at Hartford Hospital's Institute of Living. Following completion of this residency, Dr. Sinopoli worked as a staff psychologist at the Villanova University Counseling Center and is now in full-time private practice in Center City. Interests include sexual and interpersonal trauma, first-break young adults and their family system, women's agency, the internalization and manifestation of shame, and self-injury.

Not Just New Names for Old Concepts: How Relational Psychoanalysis Changes What Happens in the Room in Adult and Child Treatment

*Rachel Kabasakalian McKay, PhD and Laurel Silber, PhD
Sunday, March 16, 2014*

Philip Bromberg has noted that people come to therapy with the paradoxical wish to stay the same while changing, and perhaps this is true for psychoanalysis as well. Nonetheless, people do change in ways that are meaningful — sometimes dramatically so, as does the field. There is widespread interest (and perhaps, skepticism) about just how different Relational psychoanalytic work really is, and at least as important, why and how the difference matters. Drs. McKay and Silber will talk about some ways in which what happens in the room in Relational treatment, in adult and child work, respectively, is distinctive and how it changes the way the therapy is experienced by both participants.

Rachel Kabasakalian McKay, PhD is a psychologist and psychoanalyst in private practice in Philadelphia. She is Associate Director and a founding board member of the Institute for Relational Psychoanalysis of Philadelphia (IRPP), a current board member of PCPE, and former president of PSPP. Dr.

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Save the Date

**PSPP Spring Meeting with
Mark Blechner, PhD
Presenting an interactive talk on
dream interpretation
Sunday March 29, 2014
Sugarloaf Chateau at
Chestnut Hill College**

Events...continued

McKay is adjunct faculty at the Institute for Graduate Clinical Psychology at Widener University.

Laurel Moldawsky Silber, PsyD is a clinical psychologist working with children, adolescents and their families in private practice in Bryn Mawr, PA. She is adjunct faculty at the Institute for Graduate Clinical Psychology at Widener University and on faculty of the Institute for Relational Psychoanalysis of Philadelphia. She is past President of the Philadelphia Center for Psychoanalytic Education and founding member of the Philadelphia Declaration of Play. She has published articles on the intergenerational transmission of trauma.

Bearing Transience and Finding Permanence: Reflections on my work with Dying Patients

Deborah Seagull, PhD
Sunday, May 18, 2014

In this presentation, Dr. Seagull will reflect on her work with terminal cancer patients, and what she finds effective. She will cover psychoanalytic and relational ideas including aggression of the dying patient, attachment, and attunement. She will provide case examples that demonstrate why this treatment is important despite there being no promise of a more hopeful future, and how therapy can ease the burden of feeling alone even in the ultimate separation of death. Case examples will be provided of how conducting supervision with students working with palliative cases is quite distinct from a different population, and how students' need something different than in general outpatient supervision.

Deborah Seagull, PhD earned her doctorate at The Derner Institute at Adelphi University in NY specializing in psychoanalytic and health psychology. She has worked at the cancer center at Pennsylvania Hospital for the last eight years working with patients, families, and groups who were coping with this illness. She is currently in private practice in Center City with a continued focus on this population.

Psychoanalysis and Orthodox Judaism: Clinical Implications

Katherine Shrager, PsyD
Sunday, June 22, 2014

This program will explore the topic of working with Orthodox Jewish clients. Dr. Shrager will identify religious and cultural practices and beliefs that distinguish the Orthodox Jew from other clients. She will highlight some ways in which these intersect with normal life cycle events, transitions, and stressors. This program will provide some basic information that will allow therapists to enter into such relationships with greater

empathy and understanding, as well as a stronger cultural and religious knowledge base for inquiring into the client's personal inner life. Clinical examples will illustrate these cultural beliefs and practices in the clinical encounter.

Katherine Shrager, PsyD earned her Doctor of Psychology degree from Widener University in 2006. She completed her dissertation research on the intersubjective use of music in individual psychotherapy. She completed her pre-doctoral internship training at the Belmont Center for Comprehensive Treatment on the Eating Disorders Unit and her postdoctoral training at West Chester University in the Counseling Center. She is currently in private practice in Bala Cynwyd and works with many young adults in the Orthodox Jewish population who are navigating related life transitions.

For more information and to register, visit www.pspp.org.

Call for Papers

“Enchanted Places,” Imagined Childhoods - A Symposium on Children’s Literature and Psychoanalysis

Saturday, September 20, 2014

**Psychoanalytic Center of Philadelphia
and the University of Pennsylvania**

Deadline for Submission: February 15, 2014

Featured Author: Jerry Spinelli

Jerry Spinelli has been writing books for more than thirty years and has published an average of one book a year over that time. *Maniac Magee* (1991) won the Newbery Award and *Wringer* (1997) was a Newbery Honor recipient. More recent titles include *Stargirl* (2000), *Milkweed* (2003) and *Hokey Pokey* (2013). In a blend of gritty realism and casual magic, Spinelli locates his stories in the places where ordinary children live—old cities, dreary suburbs and school classrooms—then enchants these places with transcendent language and characters who radiate courage and bold eccentricity. His stories confront difficult and conflictual themes like poverty, homelessness and urban race relations, as well as mourning and social ostracism, but they do so without sentimentality. Spinelli's characters are never victims, but are tough survivors and often moral and spiritual heroes in his and their imagined worlds.

It is a challenge to psychoanalytic theory and practice to acknowledge the “enchanted” role of language on a day to day basis as we practice our “talking cure,” as well as to go beyond our normative developmental narratives in order to account for the survivors, the exceptions, and the morally courageous char-

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Events...continued

acters who have emerged from difficult environmental circumstances to transform their own lives and the lives of others in the process.

This symposium will provide an opportunity for explorations of language, of 'enchantment' in psychoanalysis and literature; of the reciprocal acts of imagination between author and reader involved in creating works of children's literature; and, the possibilities for transformation of the painful realities of ordinary childhood in both psychoanalysis and literature. It will provide a forum for Jerry Spinelli's work, for the work of other authors, as well as for works of theoretical, clinical and literary interest. Academics, psychoanalysts, graduate students and psychoanalytic candidates are encouraged to submit original papers.

Guidelines for submission:

Completed papers only. 8-10 pp. No abstracts or proposals. Names and identifying information on separate cover sheet only.

Send papers to:

Elaine Zickler, PhD at mezickler@gmail.com

The Jung Club Presents

*Fridays, 1-5 pm, The Academy House,
CE Credits Available
www.thejungclub.com*

March 7 (This event has reached capacity) Borderland Consciousness: Treatment of Trauma and Re-Languaging Western Civilization's Relationship to Nature, in the Crisis of Climate Change

Jerome S. Bernstein, M.A.P.C., NCPsyA, is a Clinical Psychologist and Jungian Analyst in private practice in Santa Fe, NM. He is past-President of the C.G. Jung Institute of Santa Fe, where he is Senior Faculty and supervisor, and founding President of the Jungian Analysts of Washington, D.C. Association. In 2005 he published *Living in the Borderland: The Evolution of Consciousness and the Challenge of Healing Trauma* (Routledge) explaining his theory of Borderland consciousness, a consciousness resulting from the Western psyche being pushed to reconnect with Nature and the Indigenous psyche. The impact of trauma, individually and collectively, is central in this process. Jerome Bernstein lectures internationally on these topics and also led the first seminar (4 days) between Jungian Analysts and psychotherapists and a Navajo medicine man and a Navajo cultural translator on the Navajo Reservation (2011) which was internationally attended. He has written and lectured on numerous articles on these topics, on a wide range of clinical topics and on international conflict.

May 2

The Last Renaissance: Psychodynamics of Individuation in Late Life

Alden Josey, PhD, NCPsyA holds a degree in Chemistry from Cornell University and was a former research scientist in the DuPont Company, from which he retired after 27 years, during which he created over a score of technical papers and developed several patents. He is currently a Jungian analyst, trained in Zurich and a graduate in 1989 as an IAAP-certified Jungian analyst. He has a private psychotherapy practice in Wilmington, Delaware, which he has had for over 20 years. He has been President, Director of Training, and Director of Admissions of the Philadelphia Association of Jungian Analysts. He currently holds emeritus standing in PAJA, where he teaches in the Seminar and supervises training candidates. He has an active schedule of lectures, workshops and private study groups in this country and abroad, in which he pursues a variety of interests with current emphasis in the interface of Psychology and Religion and in the psychodynamics of Individuation in later life.

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
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For Registration and additional information go to
www.thejungclub.com or contact Dr. Marion Rudin Frank
at 215-545-7800 or mjfrank@comcast.net

A Few Words from the Coeditors

by Jacquelynn Cunliffe, MSN, PhD, Lesley A. Huff, PsyD, and Sarah White, MS

Sarah recently attended a workshop on playwriting. Her motive for attending was to support a friend leading the workshop, since she has neither substantive interest nor any practice in playwriting. As her friend described the art of creating a play—and even the nuances in determining what makes a play a *play*—Sarah was repeatedly surprised and moved by the parallels with psychodynamic psychotherapy.

According to the presenter, theatricality is what makes a play a play.

“Theatricality... is a process of looking at or being looked at. It is an act initiated in one of two possible spaces: either that of the actor or that of the spectator. In both cases, this act creates a cleft in the quotidian that becomes the space of the other, the space in which the other has a place...” (Feral & Bermingham, 2002).

When Aaron Carter (2007) discusses a show’s theatricality, he is “Speaking of bridging the distance between the represented and the real with creative solutions that 1) do not pretend the distance doesn’t exist and 2) use that distance as an opportunity to build an additional layer of meaning into the show.”

Doesn’t that sound familiar? Theatrical elements, Sarah’s friend suggested, include: voice, embodiment, physicality, actor, fiction, intimacy, aliveness, temporality, character, language, conflict/tension, space, staging, sound, music, world, environment, audience, spectator, imitation, and representation. Most of these are, also, elements of the therapeutic process. We set our own stage of sorts and establish a frame in which stories can be told and intimacy is possible. Yet there is a distance, and a temporality, inherent to the process.

One of the most remarkable things about PSPP is the rich community from which we can learn about the art of psychotherapy. There are shared core elements and countless variations. That is the mystery of the practice and the beauty of the community. The *Currents* Newsletter is one manifestation of this rich tapestry. We, the editors, are grateful for your contributions and look forward to those you submit moving forward.

***Wishing you the best in the work we are privileged to do,
Sarah, Lesley & Jacquelynn***

References:

Carter, A. (2007). Theatricality: A definition. *New Terminology for Dramaturgy: Discussing the Practice of Playwriting*. Retrieved from <http://ntfd.blogspot.com/2007/07/theatricality-definition.html>

Feral, J. & Bermingham, R. (2002). Theatricality: The specificity of theatrical language. *SubStance*, 31 (98/99), 94-108. Retrieved from <http://www.jstor.org/stable/3685480>



Jacquelynn



Lesley



Sarah



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