

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



By Burton Seidler, PhD

PSPP SPRING Meeting 2014

A Reflection on Mark J. Blechner's Presentation: Contemporary Psychoanalytic Approaches to the Formation and Understanding of Dreams

Dreams, dream-work, and dream interpretation have been central sources of silage sustaining psychoanalysis and distinguishing it from other psychotherapies. Sadly, most undergraduate and even graduate programs do not teach about dreams. Given that, it was a golden opportunity to have Mark J. Blechner, PhD speak with us about his understanding of and approach to dreams at the Philadelphia Society of Psychoanalytic Psychology's annual Spring conference on March 29, 2014.

Dr. Blechner, preeminent scholar and former Editor of *Contemporary Psychoanalysis*, is currently a psychologist/psychoanalyst in private practice. He is the author of the acclaimed book, *The Dream Frontier*, as well as a host of other published articles and books covering a broad spectrum of topics, including: studies on the logic of schizophrenia; a neuro-psychoanalytic understanding of dreaming; sex transformations; approaches to panic attacks; and even essays on harmonics and musical skill.

Right from the outset, Dr. Blechner set a relaxed, open tone that created a safe and warm atmosphere which beckoned the audience to raise questions at any point in the course of his presentation without fear of rebuke. He lent support to any wishes we might have to become more comfortable with our own dreams, fantasies, and reverie and described ways that we could discover how to work with them. We were able to ask questions like: *Is it ever appropriate for the therapist to disclose a dream s/he had about the patient? Does taking psychoactive medication affect the quality, intensity, or quantity of the dream(s)? What am I supposed to do if I feel aroused by a patient's affect?*

Dr. Blechner started by recapping a dream that was offered to him by a new patient who had come to him after having been in treatment with a different analyst. In the dream, the patient described *toilets that were overflowing*, and indicated that there were "turds in the water." Dr. Blechner responded to his personal association to the patient's dream by asking, "Is there anything shameful about your sexuality?" Out of this spontaneous inquiry, an abundance of information seemed to pour forth from the patient.

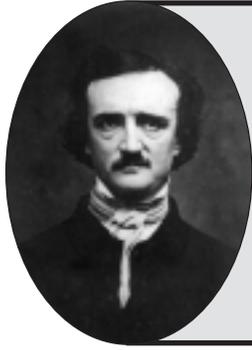
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Robin Ward, PsyD, Mark Blechner, PhD, and Stacey Boyer, PsyD

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*...deep into that darkness
peering, long I stood there,
wondering, fearing, doubting,
dreaming dreams that no*

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His conclusion is that if a dream leads you to ask just one question, and that one question opens up something within the patient that would otherwise remain unexplored, it is well worth the effort. This is very much in harmony with what Bion wrote. Rather than rely on one's logic or mere *intelligence*, Bion encourages us to allow the primordial part of the psyche to arise without being at the mercy of distortions that come about when we try to make logical sense of the material that impacts us.

His discussion was divided into two main sections: (1) theoretical and historical background and (2) experiential group exercises. He managed to pivot back and forth, as his free associations roamed unbound from one to the other.

Theoretical and Historical Background regarding Dreams

Historically, Freud said that dreams represent unacceptable and thus disguised wishes. Dr. Blechner believes that this explanation is limited, pointing out that neurobiology has provided other kinds of information. For example, in 1954, Isorisky & Kleitman said that sleep is a series of states, which include REM, etc. A hypnogram, provided by Dr. Blechner, showed various brainwave changes representing four different stages seen in different patterns of sleep. The hypnogram demonstrated that there is an oscillation of brain waves during sleep. These studies show that everyone dreams every night (with the possible exception of individuals with certain kinds of brain damage), and that dreams occur approximately every 90 minutes. He claimed that the most *bizarre* dreams typically occur during the REM sleep stage. These studies also provide evidence that dreams may not simply be stimulated by conflictual impulses or material.

This begs the question: Why then do we dream? Various theorists have posited a myriad of explanations, including:

- 1) to maintain sleep in the presence of unacceptable wishes (Freud);
- 2) to compensate for excessively one-sided conscious attitudes that are held during the day (Jung);
- 3) to communicate something to someone that could not be expressed otherwise (Ferenczi; Kanzer; and Blechner);
- 4) for no reason at all; rather, dreaming is merely an epiphenomenon associated with periodic, random brain firing, in which the "mind" is making the best of a bad job (Hobson);

- 5) to accomplish a form of mental housecleaning in order to rid the mind of parasitic connections and contents that are not functional (Crick & Mitchelson);
- 6) to consolidate disparate areas of thinking and to integrate information acquired during the day (Winson);
- 7) to remember emotionally charged early experiences and integrate them;
- 8) to make conscious—in a safe place—those areas of awareness that have been dissociated, as well as the mind's attempt to perform a kind of internal, spontaneous form of psychotherapy (E. Hartmann); and
- 9) to formulate extralinguistic associations.

Freud thought of dreams as a kind of rebus. Thus, in addition to his interest in the underlying symbolism of dreams, he also paid attention to the sequence and perceptual *pragnanz*—to borrow a term from the Gestalists—inherent in the dream.

Blechner asks himself: *What does this dream tell me about my patient that I don't already know about my patient?* He illustrated one of the inquiries he typically makes to the reporter of a dream, namely: *Have you ever experienced what is depicted in the dream?* Then he supplied us with a dream that one of his patient's had related to him:

*"I'm in a public rest room in a stall.
It's a typical stall, with metal walls.
I have to have a bowel movement.
The toilet seat is so dirty I can't sit
down on it. I'm trying to find some
position to have a bowel movement
and not sit down on the
toilet seat. I'm really stressed out.
I keep saying to myself, 'just find
another bathroom.' I'm holding on to
the walls, trying to suspend myself
over the toilet. I woke up."*

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Many others have commented on various aspects of dreams and their purpose. Ericka Fromm wondered about hypnotically-induced dreams. She asked: *What is the relationship between hypnoid sleep and dreams?* Steven Leberge talked about lucid dreaming, in which the dreamer has awareness that s/he is dreaming and can exert an influence on the dream. Robert Bosnak developed a technique in which the patient tells the analyst the dream and the analyst highlights some of the emotional points and then asks the patient to go back into the dream and utilize the forces of the more powerful aspects of the highlighted points.

Later, Dr. Blechner referred to the Irma dream that Freud reported in his classic work, *Interpretation of Dreams*, and talked a little bit about Fliess, his mishandling of a patient's case, and how this may have unconsciously influenced how Freud interpreted Irma's dream. He added that dreamers have blind spots that reduce their ability to interpret their own dreams. As Marie-Louise von Frank (in Boas, 1994) observed, "The trouble with interpreting your own dreams is that you can't see your own back."

There is also the technique of repetition. When asking the patient to repeat the dream, the second telling often shows both commissions (added material that was not there at the initial recall) and omissions (details that are forgotten from the first to the second recall). The above can point out and illustrate the presence of repression.

The dream can also be helpful in supervision. For example, a patient had a dream about an evil teacher in High School that prevented her from graduating. In this example, the patient may have been telling the analyst (albeit indirectly, through the safer disguised symbolism of the dream) that she was ready to graduate, that is, leave therapy.

Dr. Blechner coined the term *Oneirophobia*, which is the fear of dreams or of dreaming. He suggests that each of us is afraid, to one degree or another, of our own dreams. Nonetheless, he recognizes the incredible value in having dreams and in being able to record and interpret them. He recommends keeping a dream log, which essentially provides each individual with an ongoing record of the history and evolution of one's unconscious.

An alternate view of dream interpretation is supplied by the Gestaltists, who believe that everything in the dream is a representation of the dreamer, including inanimate objects, other people, events, and so on. This is based on the fundamental proposition that each dreamer is the architect of his/her dream and that everything in it has been planned, designed and crafted by the mind of that architect.

Blechner shared that there are a number of factors that may contribute to the meanings derived from a patient's dream, including: the dreamer's personality; the childhood development of the dreamer; what the dreamer wants; how the dreamer expe-



Mark Blechner, PhD discusses the case presented by Stacey Boyer, PsyD



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periences him/herself in his/her physical world; how the patient sees his/her body; how the patient sees him/her self in relation to the world; any significant traumas in the patient's life; any transference and countertransference at play; and the patient's prominent emotional pattern(s).

Blechner also observes that when you work with patients with psychotic delusions, the moment in which the patient starts having so-called "psychotic dreams" indicates that progress is being made. This suggests that psychosis may consist of a dream-like process while awake.

So, how do we answer Hobson (and a number of others), who proclaim that dreams are meaningless, and contend that interpretations are just the analyst assigning his/her meaning to the dream, and that one could make meaning out of anything, even the phonebook? Blechner answers this by referring to observations by psychoanalysts of the direct experience of our patients. We hear more dreams (from patients) than anyone in the world and can inform our neurological colleagues with considerable conviction, that what we notice is much more than neurons firing randomly.

Experiential Group Exercises, a Dream Analysis Technique

This extraordinarily thought-provoking talk called a number of issues to mind, and, as good presentations often do, it raised more questions than it answered and stimulated substantial audience responsiveness. The usual veil of guardedness against raising one's hand and sharing something personal that individuals typically maintain in large group settings to protect themselves from feeling exposed, inadequate, misunderstood or misjudged, was suspended. This is a great tribute to the sense of safety, well-being and comfort that Mark Blechner somehow conveyed to and instilled in the audience. Despite the fact that this was a very large group, there was a sense of cohesion, togetherness, and what appeared to be a collective sense of unity of purpose and ease even when the material before us was disquieting. I believe that it was this sense of closeness and security that allowed members of the audience to have a near-felt experience of their own emotions and to be able to verbally express and discuss some of those feelings. This set the stage for Stacey Boyer's contribution of a particular patient's dream.

Joining Dr. Blechner, Stacey Boyer provided a case presentation that focused on a particular patient's dreams while Blechner lead the audience in his Group Dream Analysis technique. In this technique, members of the audience listen to and/or read the patient's dreams and offer their own interpretations "as if" the dream were their own. This elicits individual associations to the dream, which in turn may produce clarifications of various parts of the dream, or foster incubation and percolation of some of the unconscious material, and ultimately become a source of orchestrated projections.

The dream that Stacey offered purposely did not provide specific "facts" about the patient. Instead, these were to be filled in by the audience's intuition, creativity, as well as personal projections. The "recurring dream" that Stacey gave us, along with her follow-up inquiry, which essentially asked the patient to "tell me more," produced considerable audience affect—much of it consisting of dissociative reactions in this specific instance.

As a personal example, in the midst of writing copious notes on this meeting so that I might do justice to all the hard work that Dr. Blechner and Stacey Boyer put into their respective presentations [and because I was "writing up" the conference], I wrote down practically everything verbatim, as best as I could. Yet, at one (as it turns out, crucial) point, I found myself doodling. I wondered to myself why I had momentarily strayed from my assignment, as well as why did I specifically draw what I had doodled? The answer presented itself to me in a most curious manner. One member of the audience volunteered that he had felt as if he was dissociating to a part of the dream. This seemed to coincide with the time sequence in which I found myself "drifting off." Something was in the psychological air, so to speak, or intersubjective space, as it were. This did not appear to me to be a mere coincidence. Rather, a synchronicity of sorts, as Jung might say. While this is far from an outright blanket endorsement of Dr. Blechner's method, it certainly represents a significant wish on my part to know more about it and about his take on dreams in even greater depth.

If it is the ultimate goal of a presenter to give us just enough information to whet our collective appetites and entice us to want to learn more on our own, than Dr. Blechner more than fulfilled his task. He has inspired novitiates to recognize the existence of a dynamic unconscious and appreciate one of its manifestations—dreamwork—and he adeptly moved sometimes jaded or even cynical senior clinicians to look at dreams with fresh eyes. For that I am grateful, and I know that I am not alone in my gratitude.





By Robin M. Ward, PsyD

Letter from the President

For my final President's Letter I thought I would share the following reflection, perhaps a kind of psychoanalytic parable.

It was right around mile seven that I realized I was in trouble. Not that the Broad Street Run was easy last year, but the knots in my calves and the aches in my shins were telling me that the ten-mile course was decidedly more painful this time around. Amidst the sweat and suffering, I started to reflect on my preparation for the race. How did I get here? I guess I trained more for the last race, but I was feeling in pretty good shape, did so well the previous year, and so on. Shouldn't I be able to do this? Just slow down a bit? Unfortunately, my legs were stubbornly maintaining their position and I couldn't muster interest in fighting them on this point. Then I did the thing that all runners fear at some deep level: I walked.

I walked for about a half mile, hundreds of runners passing by me. My embarrassment kept my eyes focused in front of me. In a paranoid manner, I imagined the spectators lining the sides of Broad Street thinking disparaging things about me: "What's with this guy? Couldn't he just push out another couple of miles? Must have been a little too cocky with his training." Around this time I looked up to see a group of young people, maybe from a local high school or university. They were holding a sign with some sort of supportive message. Then I locked eyes with the kid on the end: wavy black hair and clean cut. "Nice job," he said to me. "Thanks," I shot back, my tone expressing disdain for his obviously snarky attempt to point out my failure. I walked past him. Then behind me I heard him call out without a hint of sarcasm, "No, for real, you're doing great; keep it up."

My dad was a runner as a younger man until knee problems eventually proved prohibitive. I remember advice he offered up once: "When you hit a hill, lean into it; don't slow down. You can take it easy when you're going down the other side. That's the mistake a lot of people make—stopping when it gets hard; that's when you lose." My older brother ran with my dad as a young teen, ending up running even faster than him, eventually taking him to school records and state championships in distance events. I was never as fast as my brother, a guy who, to this day, seems to thrive off the suffering of distance running in a way I've never experienced.

Both of them were with me as I gave up on the Broad Street Run: I was disappointing my father; I was being beaten by my older brother; and, at that moment, the world knew what a failure I was.

So did this young guy offering up sincere encouragement know what was going on for me: my own private psychological drama, introjects and memories, Oedipal dynamics tinged with sibling rivalry? I doubt that he did. Nevertheless, he did see something in me, likely something he saw in a number of other runners struggling down the final stretch of the race, each engaged in his or her own silent struggle.

Jacques Lacan ends his seminar on the *Four Fundamental Concepts of Psychoanalysis* with a talk titled, "In you, more than you." In my read, Lacan is proposing that the mutative agent in psychoanalytic work is attention in ourselves and others to something, for lack of a better word, 'other'—something with which we don't immediately identify, some other seat of desire or yearning. As much as we know our patients and as much as we know ourselves, the mutative moments in our work, perhaps in life, are when we don't know, but see something more than what is on the surface. At a different point in the same seminar, Lacan refers to this type of moment as catching sight of a "beauty" breaking through the dominate story or ostensive content. The good psychoanalytic interpretation doesn't endeavor to name this beauty; instead, it notices it, casts a light on it, shifts our focus. What this beauty becomes we can't know, but this careful attention and appreciative acknowledgement creates something, allows something important to exist in a way that it hasn't previously.

So I want to thank this kid for his helpful impromptu psychoanalytic interpretation, for seeing something in me that I wasn't letting myself see, for helping an ashamed and defeated runner refigure, reroute, and access other elements of my experience. We do something like this in our psychoanalytic work when we encounter those fatigued and overwhelmed parts of our patients; they too are immersed in their own internal battles, battles for which we only get a sense of the cast of characters. It is less our 'knowing the other', but, instead, our 'not knowing, but noticing and desiring' this fleeting beauty that makes the difference—a sort of psychoanalytic divining rod indicating where to dig. How did this work for me? Maybe this kid was helping me give voice to a different part of me that had been momentarily hobbled by fatigue and doubt. Or maybe I was making him my dad, hearing love and encouragement rather than the acknowledgment of failure. Maybe, with his help, I was willing to give a nod to my older brother, "You beat me today, but someday I'll take you." Whatever the case, I did run the rest of the way to the Navy Pier: not a record breaking time, but not so bad either.

It's been a good run. Wishing you all the best.

Research & Practice

Why I love Psychoanalysis and You Might Too, or The “Magic” of Psychoanalysis

Psychoanalysis has been pronounced dead so many times that many people don't realize what a rewarding career it can offer. I'd like to tell you why I love being a psychoanalyst and why you might, too. If you study psychoanalysis, you may even have more company than you imagine: as psychiatry and psychology begin to draw back from biological and behavioral reductionism, as neuroscience increasingly recognizes that experience influences neurophysiology and neuroanatomy, and as cognitive-behavioral therapy takes more notice of both feelings and the therapeutic relationship, the contributions of psychoanalysis may again attract attention. Throughout its history, psychoanalysis has steadfastly kept its focus on mind, feelings, and the therapeutic relationship. Not only is psychoanalysis as relevant as ever, it also can be magical, fun, suspenseful, challenging, and rewarding. Let's start with the magic.



By Lawrence D. Blum, MD

A patient starts by telling a psychoanalyst a story, the story of his life, or of his suffering. Gradually, as the sessions progress, the analyst becomes important to the patient, and the patient then incorporates the analyst as a character in the story. The story, remarkably, is suddenly taking place in the office as it is being told! This occurrence can have a quite magical feeling. The analyst's presence in the story offers a unique opportunity to help people figure out what their stories (their lives and relationships) are all about, and then to “write” better outcomes than would otherwise be possible.

This is serious business and challenging work, but also a form of play. Instead of reading about or hearing about someone's struggles, to some extent one participates in them. It's intimate. The analyst has to be curious, to want to know the patient's mind (and heart), and to want a relationship. He (or she) has to be ready to participate in the story as it takes place, yet also be able to observe and comment. The central, difficult, task is to allow the patient to form a relationship with the analyst that is determined as much as possible by the patient's needs and inclinations, and at the same time to observe and narrate the relationship as it develops. Together, the analyst and patient can then examine and learn from this process. If you've read, or been taught, about analyzing transferences and resistances, the process

just described is most of what it's about. Psychoanalysis thus provides an opportunity to be deeply involved with other people in a way that is careful yet also spontaneous, caring, and respectful, even as it is asymmetrical, and certainly non-physical.

One of the things that helps patients most in psychotherapy is the opportunity to distinguish the ways they view other people (and the world) that are distorted by fantasy from the ways in which they are realistic—in other words, to get the past out of the present. Looking at the ways the patient treats the analyst, or to put it in terms of the idea described above, how the patient brings the analyst into the story, provides the best opportunity for this work. This is why intensive treatments are helpful: they facilitate a more involved relationship with increased opportunities to look first-hand at more intense feelings and fantasies. In less intensive, less frequent psychotherapies, the psychoanalyst brings the same set of skills and can often foster a helpful analytic process in those therapies as well.

It is a major challenge for the analyst to truly allow the patient to make the analyst whatever kind of character in the story that the patient needs him to be, and to facilitate the expression of any and all feelings that the patient may have toward that character. The analyst has to be willing to be loved, hated, envied, desired, condescended to, avoided, mocked, or criticized – and at the same time to maintain his composure, along with his observing, narrative, and interpretive faculty. The analyst also must be alert to the inevitable evidence for, and to help bring into focus, those difficult feelings, especially the anger and hate, that the patient (or analyst) may attempt to avoid, or to express only very indirectly. These difficult feelings are often at the center of the patient's struggles. Bringing them to life in the relationship, so they can be understood directly, there and then, is typically a high-challenge, but high reward, proposition.

Another part of the interest and fun should now be clear: while the work is necessarily deliberate and patience is required, there is always suspense. One can never know how things will turn out. How many of the hurdles will be cleared, which ones, how, and when? This is a sort of theater in which no two performances, no two plays, are the same. At times things may appear similar, but the next act, or the ending, may not be what one expects. Stay tuned! Perhaps this is why so many psychoanalysts work well past the time when colleagues in other fields have retired – the work stays interesting and fun.

What helps prepare a psychoanalyst for this? Everything! Psychoanalysis lives in a great intellectual neighborhood, with stimulating interactions with many nearby disciplines. Anything you've learned about people in an English course, in art, history, sociology, anthropology, psychology, and psychiatry applies. So

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does neuroscience, which has a greatly increasing exchange with psychoanalysis. With its attention to drives and biology, psychoanalysis connects with the natural sciences; with its focus on interpersonal relationships, it engages with the social sciences; and with its emphasis on individual subjectivity, it is squarely in the humanities.

If your interests are broad, if you are someone who was drawn to the mental health professions because you really want to know what makes people tick, you may well find a career in psychoanalysis to be remarkably fulfilling.

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Finding a Focus at Division 39



By Ari Pizer, MMT

I was planning to write a piece about my experience at the Division 39 conference, but I hope you will first indulge me as I stray from the topic. I'd like to talk about a rapidly developing interest of mine, which is connected to my experience in NYC. It is the application of relational psychoanalytic theories to diversity issues about disability. Recently, it became a topic of conversation in an online colloquium; the discussion touched on how this topic is an underdeveloped area in the psychoanalytic literature. Additionally, in the most recent Division 39 inSight, Frank Summers talked about his vision to diversify the field by expanding the minority presence in the division. He said, "We have the opportunity to diversify the field in major respects, such as ethnicity, race, and sexual orientation and identity." I would like to suggest that people with disabilities are another underrepresented minority group in psychoanalysis. Yet, I believe that relational theory and psychoanalysis in general have a lot to add to the discussion on disability. The following are a couple of the many ways relational theory could potentially contribute to our understanding.

One such area could be our understanding of how self-states contribute to the varying ways that people identify with different models of disability. There are three common models of disability – moral, medical, and minority (Olkin, 2001). The moral model views disability as the result of sinfulness, as a test of faith, and that people with disabilities are often thought to have special abilities and heightened senses. The medical model sees disability as a medical problem in the individual and its aims are adaptation, cure, amelioration, or rehabilitation. Finally, the minority model, which is currently seen as most preferred, posits that

disability is a social construction, and problems are the result of environmental failures rather than residing within the individual. My belief is each model is alive within the individual, community, and society. Therefore, by viewing these models as discreet we risk losing how spiritual needs, seeking out an idealized other, or locating the problem in the environment may be understood as each arising within an individual through interactions between the different models, self-states, developmental strivings, and relational matrices. I am also interested in the roles of shame, guilt, and self-pity as they relate to the various identification with the models. Finally, I wonder how complementary and concordant identifications, filtered through the lenses of these different disability models, may be understood in the interplay of various self-state configurations with others, and elaborated upon with ideas such as holding a piece of the other's unconscious (based on Davies contributions to "The Unconscious" panel with Jody Davies, Richard Lasky, and Donnel Stern).

Another such contribution could be how enactments might help us better understand the dynamics at play in activism, social justice, and interpersonal interactions. In a recent video lecture on the APA's website called Disability as a Diversity Variable: A call to Action, Dr. Julie L. Williams, a psychologist who identifies as a dwarf, recalls an interaction with a stranger. She describes that while at a bookstore, a man approached her and proceeded to tell her that she was somehow inspirational and how hard "it" must be [to be a dwarf]. Dr. Williams said to the audience that she has learned to "feel [a microaggression] coming," but that she was "on" that day and replied to the stranger, "I don't think this is nearly as hard for me as it is for you." The situation only got worse as both parties



PSPP attendees at the Division 39 Meeting: Dennis Debiak, PsyD, Jane Widseth, PhD, Courtney Slater, PhD, and Stacey Boyer, PsyD

seemed angry and offended by the other. Nothing was resolved. I bring this example up because I am conflicted. On the one hand

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I love her response. Having been in her position, his comments feel like an invasion, and a negation of her subjectivity. On the other hand, it seemed to reinforce a perception of her marginalized status and her unapproachability. In her actions there seemed to be “an absence of conflict where conflict should have been (Stern, 2004).” According to Stern, her response may point to some unformulated, dissociated experience, and an enactment [to avoid experiencing an injury to her self-esteem or self-regard]. I wonder how she would have responded if she were not “on” that day? What if when she “felt it coming” the stranger had actually picked up an aspect of her subjectivity of which she was not yet aware (Aron, 1991) and decided to approach her? I worry that in a “call to action” it is easy to take up one side of the argument only to find that the conversation quickly descends into binary thinking rather than holding all of the complexity in dialectical tension.

So, why do I bring this up when I should be writing about my experience at Division 39? Well, it was through attending the conference and through subsequent conversations with people I met in NYC that I was able to begin formulating the above thoughts. The conference was a place to hear and collect new and unfamiliar ideas, to discover, shape, and deepen my unformulated interests, and to connect and converse with senior clinicians. They were effusive about the newer and younger clinicians who were interested in psychoanalysis, and found ways to connect us to others and support our interests. Also, on a personal level the conference served as a kind of transitional space for me. As a person with a severe visual impairment, I was able to play with various parts of my personal and professional identities, and begin to see how they all fit together. There were many highlights - the panel discussions on the Unconscious with Jody Davies, Richard Lasky, and Donnel Stern, the End to the Religious Wars with Marilyn Charles, Lew Aron, Nancy McWilliams, Deborah Leupnitz, Joseph Cambray, and Paul Lippmann, and the Meet the Author roundtable with Steven Kuchuck, to name only a few. However, it was the connection to the people and to the division that will stay with me when the other memories fade, and it will be the connections that I will highlight when I encourage other graduate students to attend future conferences and events.

Finally, I can't end the article without mentioning the support and encouragement from PSPP. I would not have been able to attend the conference without the generous financial support of the PSPP Dr. David Ramirez endowment fund for graduate students. I hope this will encourage others to take advantage of the community we have in Philadelphia, and that I will be able to meet many of you at future events.

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Research Report: Theoretical Orientation and the Use of Countertransference in Differential Diagnosis: Implications for Ethical Dilemmas and Risk Management

Part of our research project on the PDM2 involved wanting to assess the importance of countertransference (CT) as a diagnostic tool as well as its use with risk management. One way to test this is to see if a psychodynamic orientation, which focuses on inner subjectivity, would help practitioners to use countertransference in differential diagnoses as compared to orientations that do not value inner subjectivity awareness as much.



By Robert M. Gordon, PhD, ABPP

We asked practitioners about their primary theoretical orientation (TO), about risk management, and about countertransference to their patients. One hundred and three Psychodynamic practitioners (PDT), 142 Cognitive-Behavioral practitioners (CBT), and 166 Other practitioners (Family Systems, Humanistic/Existential and Eclectic) were asked, “How likely would these diagnostic dimensions affect most therapists’ countertransference?” This question was “projective” since practitioners tend to deny that they have much problem with countertransference themselves. Of the 19 PDM personality disorders, 14 personality disorders elicited significantly different CT reactions from practitioners of the various theoretical orientations listed. PDT practitioners were always significantly more sensitive to countertransference and CBT practitioners were overall least sensitive to countertransference.

PDT practitioners were significantly more sensitive to CT issues than CBT practitioners with respect to the range of personality disorders most associated with acting out and risk-management problems.

PDT practitioners were not significantly different in CT than CBT practitioners for the neurotic level personality disorders, which produced little CT (Depressive, Dependent, Anxious and Obsessive-compulsive).

These results have considerable two-fold implications. For one, greater awareness of one's subjective reaction to the more difficult personality disordered patients should facilitate the use of better differential diagnoses and more appropriate therapeutic interventions. The second interrelated implication of our findings is that the anticipation of ethical dilemmas via sensitivity to CT reactions should be an aid in risk-management.

This study does not clarify to what extent the variable is educa-

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tion or personality when it comes to sensitivity to CT. Certain personality traits might also affect choice of TO and sensitivity to CT. Many studies have shown that PDT practitioners tend to score higher than CBT practitioners in intuition and openness to experience (Topolinska & Guido, 2007), tolerance and risk taking (Christopher, 2008), preference for the intangible, unstructured and symbolic (Scagg, Bor & Watts, 1999), ambiguity tolerance (MacLennan, 2008) and affect tolerance (Heffler, & Sandell, 2009; Varlami & Bayne, 2007).

Our results indicate that not underestimating CT reactions can lead to errors in diagnoses, which can potentially lead to ethical complications. We therefore suggest that aside from favored treatment biases, the addition of subjective CT insight as a diagnostic tool may alert the practitioner to difficult patients before many objective symptoms are known. The implications of these findings suggest that clinical training in a taxonomy that considers CT such as the Psychodynamic Diagnostic Manual (PDM Task Force, 2006) may be useful in helping to avoid ethical dilemmas regardless of one's level of training or theoretical preference.

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Questions can be directed to Bob Gordon at
rmgordonphd@gmail.com

Unbearable guilt and the Primitive Superego

The practice of psychotherapy has increasingly been focused on the problem of the superego and the issues and vicissitudes associated with the patient's experience and handling of his sense of guilt. In an interesting article, Safan-Girard (1998) identified two forms of guilt that she termed "bearable" and "unbearable" and sought to relate these forms to the treatment context and the ways a therapist might approach an individual operating in each mode. The "unbearable" mode is related to the problem of the individual's intense feelings of destructiveness and hate that threaten to overwhelm the sense of love and care for one's objects, i.e., the very essence of psychic goodness and worth. She points out that both Freud and Klein see this version of guilt as predominantly unconscious and acting within the individual as motive for masochistic self-punishment, expiation, paranoia and/or self-loathing.



By Charles Ashbach, PhD

"Unbearable guilt" reflects the existence of a superego that is primitive, harsh and sadistic. This is the "conscience" that haunts, attacks, confuses and debilitates the subject. It is a significant factor in a variety of pathological conditions, e.g., schizoid phenomena, narcissistic conditions and perversions, but is especially central in understanding depression and states of compromised self-esteem. Massive splitting has fragmented the self and there is the establishment of a cruel and sadistic "judge" that seeks to assign blame, guilt and responsibility for "sins" and "errors" of the subject. Freud observes that the investment of aggressive energy, derived from the death instinct, leads to the construction of an internal object that is experienced as a "... higher being who deals out punishment inexorably" (1923, p. 54).

The complement to the "higher being/superego" is a devalued aspect of the self that is treated as the worthless "sinner" who is guilty, responsible and must be made to suffer for one's wretched acts. This is the "scapegoat" part of the personality who is the "surrogate figure" chosen to accept the blame that the central part of the self cannot have assigned to it. This arrangement of judgment and suffering protects the narcissistic core of the self from having to bear up under the threat of the loss of its innocence, goodness and perfection.

In *The Ego and the Id* (1923) Freud paid special attention to the effects of a harsh superego on the healthy functioning of the ego-self, and demonstrated that the source of the most intense resistance was related to the patient's unconscious guilt that worked to produce a sense of worthlessness and lack of significance. When the self experiences the "inexorable" threat of the

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Superego...continued

therapist-object it withdraws and sets up a defensive position seeking to remain hidden and opposed to the exploratory work of the treatment. It is this condition that Freud described as the “negative therapeutic reaction,” or NTR as it has come to be known. Where most patients might derive benefit and improvement from the partial steps of understanding, support and clarification provided in the relationship, these individuals get worse. They seem to remain stuck inside a fixed psychic state where the original trauma occurred. Rather than move out of this “timeless moment,” the patient fends off the efforts of the therapist and the treatment for fear of having to accept a horrifying moral judgment. Or more problematically they will be asked to re-experience and mourn the experiences that set the original trauma and injuries in motion.

Either path, to accept their “guilt and badness” or to accept the comprised nature of the world where their trauma originated, seems unacceptable. Further, as Freud pointed out, the superego emerges through identifications with the primary objects of the family. These identifications produce a superego that resembles the worst features of the parents as well as the worst features of the self that opposed the parental figures. The patient seeks to maintain the illusion of power attributed to the parental objects and evacuate the sense of helpless vulnerability that characterized their childhood. Out of this significantly compromised position emerges the “back and forth” of reciprocal blame, attack and chronic defense. The patient incessantly seeks to place the therapist in the role of the “helpless” and “accused child” that they were forced to accept during their development. The battle becomes an important hiding place that provides the patient with a sense of unconscious protection and comfort. The therapist must be aware that a great vulnerability lies on the other side of the conflict.

Whether the patient present himself as “worthless supplicant” or “arrogant superman” each version of the self needs to be deconstructed to find the authentic ego-system lurking in the shadows of these masks. Once the complexity of the battle becomes named and identified, it is possible to join with the patient to deconstruct the nightmare aspects of their tormented experience. In this way the treatment may help the subject to enter into a process of genuine, progressive mourning so that he may replace the mode of complaint, misery and sacrifice with the progressive transformation into an integrated self.

The suffering involved in a process of genuine mourning leads to metabolization of traumatic memories and emotions that facilitates the separation between the self and its infantile internal objects. These patients seek a kind of sacrificial process where they endure the pain and guilt of their circumstance while they wait for the forgiveness and transformation of their ideal god-like object. Thus in sacrifice they are “unified” with their internal objects and do not have to risk the consequences of being separate and alone.

In the condition of “unbearable” guilt the patient seeks either to be a sacrificial victim in order to compel the imagined god-object (ego-ideal) to answer their prayer and make everything better, or to find a sacrificial victim among their intimate objects and “offer them up” on the altar of the sadistic superego. These sacrifices reveal the bitter and vengeful dimension of the patient’s painfully injured self. The need for a “scapegoat” can infect every aspect of their life and relationships, especially the therapy process where it announces itself through the experience of especially chaotic and intractable counter-transference problems.

Here it’s helpful to recognize that the superego actually has two identifiable modes: the primitive and the integrated. The primitive version is founded upon Klein’s paranoid-schizoid position that sees the world as split between “good” and “evil.” This split context is rigid, moral, authoritative and ruthless. The self is “acted upon” by forces and is not the source of choice and intentionality. It is a black or white world that demands perfection or innocence and adherence to an absolute moral order.

The advanced psychological context reflects Klein’s depressive position. Good and bad have become integrated and the search for the ideal and the pure has been modified and constrained with the “good-enough object” now able to provide support and nurturance. The self begins to feel sorrow and regret for attacks against good objects, hence the term “depressive” position, and the desire for reparation enters into the experience of relationships. Gratitude can be expressed and dependency loses some of its toxic danger. Envy becomes less intense and creativity can come forward. The superego under this advanced context is more modulated and less driven by the desire to be “absolutely right.” Guilt can become bearable because the self is not in fear of having its spiritual and psychic essence conquered and debased.

Safan-Girard says we need to keep in mind the “missing” love that the patient with unbearable guilt feels but is unaware of. The movement toward integration helps the therapist to maintain hope and engagement even with the emergence of such ferocity of the patient’s superego. The focus of the treatment is to help patients free themselves from the “moral claustrum” that has held them in its grip and threatens their very being and to introduce them, gradually, to the world of reality, genuine relationship and security. A challenging task but one aided by the differentiation between bearable and unbearable guilt.

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Enlightened Conversations

Leonard Cohen's voice filled the theater as attendees of the inaugural "Enlightened Conversations" took their seats at the New York Blood Centre in New York City on a warm evening in early May. The "Enlightened Conversations" series is a collaboration between Tricycle Foundation and Spring Journal, and hopes to increase understanding and awareness of the intersection between psychoanalysis (with an emphasis on Jungian analysis) and Zen Buddhism. As one of the presenters, Polly Young-Eisendrath, PhD, pointed out, much focus has been placed on the relationship between Mindfulness and Cognitive Behavior Therapy. Therefore, it is also helpful to more deeply understand the relationship between analysis and Zen. The theme of the inaugural event was "Opportunities and Obstacles in Human Awakening," and delved into topics such as enlightenment, the use and abuse of power, and the role of humor, paradox, and altruism in the process of awakening. It is difficult to do justice to the depth of material presented over the two days, therefore this article simply provides an overview of the first of four panel discussions, with a follow-up article summarizing the latter ones.



By Lesley A. Huff. PsyD

Authors of related research articles in the Spring 2013 edition of Spring Journal were invited to participate in the "Enlightened Conversations" panels, with the expectation that they would respond to topics introduced by the moderator, unscripted and without notes. For each topic, representatives from psychoanalysis and Zen Buddhism spoke within a designated timeframe, followed by a discussion amongst the panelists, with questions from the moderator and audience members. The panelists engaged in a relaxed and respectful manner, often reflecting on how difficult it was to tackle such profound topics before the moderator's bell was rung.

The kick-off on May 9th began with a conversation comparing and contrasting the process of being psychoanalyzed and attaining enlightenment, which was moderated by Pilar Jennings, PhD, an author and psychoanalyst. The first presenter, Henry Shukman, an author, poet, and Associate Zen Master of the Sanbo Zen lineage, described the process of becoming enlightened as if one is entering into a new state where one forgets everything one knows, seeing both self and all things as empty, and removing the perception that all things are solid. He explained that the on-going journey of becoming more enlightened is filled with events that are both loud and obvious, as well as those that are more subtle and quiet. Shukman clarified that there are many stages of awakening, and eventually a need to return to our regular lives. Otherwise, he warned, the self is still dominant and we remained attached, but to a different state of being. The goal is for the difference between the enlightened and unenlightened states to disappear. The next speaker was Polly Young-Eisendrath, PhD, an author and Jungian Analyst, who reflected on the process of being psychoanalyzed. She explained that the process is often a paradoxical one, where clients come to analysis to better understand themselves, and instead engage in a process where they become more comfortable with ambiguity. Dr. Young-Eisendrath emphasized that many clients believe the source of their anguish is external, and slowly begin to realize ways in which they unconsciously create their own suffering. The third speaker, Shoji Muramoto, PhD, a

psychologist, professor, editor and contributor to the Journal of Humanistic Psychology, provided a historical perspective on the concept of the Buddha mind, asserting that we all have a Buddha nature to which we just have to become aware. Dr. Muramoto stated that it is easier to experience the process of becoming enlightened than it is to describe it in words. He clarified that in the West, the mind is considered separate, whereas in the Eastern traditions, everything is the mind – desire, forms, and non-forms. However, he cautioned that when there is so much focus on the mind, we may become indifferent to other aspects, such as psychosomatic, psychosocial, and psychoemotional concerns. Once the three speakers presented their perspectives, they collaboratively discussed the intersection of their ideas. Key points that were made included Shukman's emphasis on enlightenment being a very individual experience, with the most universal aspects being an increase in awareness that enables us to function in more situations, as well as a reduction in reactivity. This is accompanied by the increased interest in others instead of in oneself. According to Dr. Young-Eisendrath, these aspects are similar to the outcomes seen in psychoanalysis. However, she expressed some confusion around the role of suffering, and questioned whether some level is necessary for growth. Dr. Muramoto concluded that it is more important to focus on our efforts to attain authenticity, as well as our efforts to avoid the temptation of the self-other trap.

In the second phase of the panel discussion, Dr. Jennings shifted the conversation to Roshi Pat Enkyo O'Hara, the Abbot of the Village Zendo, and Jeffrey Rubin, PhD, an author and psychoanalyst. Roshi Enkyo provided her perspective on Buddhism, describing it as a system of practice focused on self-awareness and an appreciation for life and suffering. Given her emphasis on community in her work, it is not surprising that she highlighted the role of coming together to be mindful, with Buddhism serving to hold and bind us. Like Shukman, Roshi Enkyo described enlightenment as a moment-to-moment experience, with one moment of awakening, followed by moments of delusion. The second speaker, Dr. Rubin, outlined

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some of the assumptions found in psychoanalytic theory, such as the experience of an internal “civil war” between our feelings and experience, and the work necessary to address the challenge of our self-deception. Given how the past influences the present, he was encouraged by the intersection of Buddhism and psychoanalysis, especially since the former teaches us to look at experiences with a “beginner’s mind.” Like meditation, Dr. Rubin also asserted that psychoanalysis can support the creation of a sanctuary from the frantic speed of life, where the client can experience intimacy and speak freely without censorship. During the collaborative discussion directed by Dr. Jennings, both speakers addressed the question of what we are trying to claim in the processes of enlightenment and psychoanalysis. Roshi Enkyo emphasized the need to reclaim our conditioning, which creates a “screen” in front of us that makes it difficult to connect with others. However, this process is on-going, with every day requiring us to ask ourselves, “Am I awake?” Reclaiming our conditioning is also important in psychoanalysis, according to Dr. Rubin, who emphasized the importance of opening to the full texture of emotional reality even when “off the cushion” or outside of the analyst’s office. However, both speakers clarified that analysis pursues a deeper understanding of the meaning of things, while Buddhism is about understanding the “not meaning” of things. During the audience dialogue, I was able to follow-up on this topic by asking for clarification about the differences between true self, false self, and the concept of no self. Roshi Enkyo offered the advice of understanding the self as not being something that is fixed, but rather something that is dynamic. Dr. Rubin further clarified that the goal is not to arrive at a self, but to experience the on-going state of the self. Dr. Rubin also stressed that a gift of Buddhism is the state of being vs. just talking about something. He punctuated this point by sharing a story of a guru in India who was driving in a car with several people who were questioning him about awareness. They were so focused on their inquiry, they did not notice driving over a squirrel.

*And, everyday
I will ask
myself:
“Am I awake?”*

As the first evening and panel came to an end, I was overwhelmed with excitement about the topics that had been discussed, and anticipation of what the second day would bring. Amongst the presenters on Saturday, I was looking forward to hearing Deborah Luepnitz, PhD, a member of PSPP, discuss her work with Project Home. The topics tackled by the speakers on the second day did not disappoint, and are too rich to squeeze into a single article. Therefore, I will attempt to do justice to the rich discussions from the Saturday panels in a second article for the Fall/Winter edition of the PSPP Currents Newsletter.

Given that this was the inaugural event in the “Enlightened Conversations” series, I was unsure what to expect. However, I am delighted that I took the time to travel to New York to listen to the speakers address such relevant and important topics with humility, collaboration, insight and humor. The next “Enlightened Conversations” event will be held in Boston in October 2015, where speakers will be wrestling with the question “Enlightenment: Idealized or Real?” I encourage you to attend. As I reflect on how to take these lessons back to my own clients, I plan to leave more space for being and ambiguity, with less emphasis on arriving at a final destination. And, everyday I will ask myself: “Am I awake?”



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SELF-CARE

Ethics, Self-Care and Mindful Awareness

“Professor Shralow, will we have time to talk about self-care today?”



By Leslie Parkes Shralow, PhD

This question from a doctoral student in my Spring 2013 Ethics course echoes in my memory. I recall responding to the overwhelmed student that perhaps we might have some time, but that we had a lot of other important information to cover in class first. The student was no doubt stressed from the multiple demands of his first year in Chestnut Hill College’s doctoral program. I never did find the time last year to address that student’s request; my brushing past his question reflected my own lack of appreciation for and awareness of personal self-care as an integral part of ethical practice. With a developing interest this past year in the intersection of mindful awareness practices, self-care, and professional issues, I added an assignment to the same course this Spring of a stress diary and self-care plan. I also asked the students if they would be willing to begin the second half of each class with a brief period of sitting meditation practice after the class break, with the option of sitting quietly if anyone preferred to opt out for any reason. I was pleasantly surprised to find that the students in both of my graduate Ethics classes readily agreed, and the majority fully participated.

Later in the course, I was moved as I read my students’ stress diaries. The diaries detailed their struggles with balancing all of the stressors in their lives, including family responsibilities, academic pressures, anxiety, feelings of loneliness and transition, and worries about measuring up in graduate school. Their writing suggested that it was a challenge to consider how they might realistically integrate self-care into their busy, and often overwhelming schedules.

Reading my students’ papers, I found myself wondering about the limits we all face with ethical self-care in a larger culture that seems increasingly speedy, technology-based, and consumerism-oriented. This background is the cultural context in which our clients live and try to find meaning, and the context in which we mental health professionals try to offer our knowledge and expertise.

At a conference for psychoanalytic academicians at Austen Riggs last November, my fellow participants bemoaned the rise of “mindfulness” as the latest trend in a profession under siege to show evidence of rapid (and inexpensive) reduction of symptoms. I too feel disappointed, even embarrassed, by the secularized appropriation by our profession of 2500 years of Eastern philosophy and teachings. Buddhist scholar and environmentalist David Loy refers to this cultural trend as “McMindfulness,” a

movement divorced from a deep tradition of spirituality, wisdom and ethics. Yet many of us in the psychoanalytic community who are interested in the intersection of contemplative practice and psychology suspect that manualized mindfulness treatments for the reduction of symptoms skims the surface of a much greater potential. From the perspective of Tibetan Buddhist teachings, practice of meditation oriented toward personal reduction of suffering is consistent with the initial stages and self-reflections in the development of the spiritual path, eventually integrating with a deepening awareness of selflessness and compassion.

Research in the emerging field of “interpersonal neurobiology” (Siegel, 2012) has offered new perspectives on contemplative practices and the relationship to brain integration, attachment theory, and awareness of our interconnectedness. I believe that there is ample room for psychoanalytic practitioners, historically comfortable with not knowing and with sitting with the questions, to address and explore the greater potential of contemplative practices beyond the currently popular manualized mindfulness treatment approaches.

Johnson, Barnett, Elman, Forrest and Kaslow (2012) write about ethics in the profession of psychology as derived from Western values of autonomy and self-sufficiency. Thus, there is a problematic over-focus on disciplinary action taken after an ethics violation has already occurred. The authors note that the APA Ethics Code obligates us to judge when our own emotional competence is impaired, yet research in social psychology demonstrates that we humans are very poor evaluators of our own functioning and greatly over-estimate our abilities. Johnson, et al (2012) promote a reconceptualization of professional ethics as a collective moral duty, consistent with multicultural and social justice perspectives within psychology. This “communitarian” approach emphasizes our shared responsibility as a competent community, and the importance of early recognition and engagement with our fellow psychologists who may be struggling and vulnerable to ethical missteps.

In my work with graduate students, I often think about my place in the academic community and my responsibilities as a potential role model, including my identification as a relational psychodynamic psychologist interested in the integration of contemplative practice. In the area of ethics, I contemplate in-

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Ethics...continued

stances in my own career that I found myself taking the more expedient, less considered path in an ethical dilemma, or the times when I lacked the courage and/or skillful means to speak up for my personal and professional ethics in the face of organizational pressures. I think about last year when I spoke about the importance of self-care in ethical practice, while not truly offering the space for my students (and myself) to explore the challenges of self-care in the context of the dominant values of our society.

Contemplative practices give us access to experiential knowledge of the slippery quality of our sense of boundaries of the self. I believe that it is possible that engagement in practice may also support a deeper perspective on the relationship between professional ethics and our interconnectedness. In the words of Rabbi Hillel: "If I am not for myself, who will be for me? If I am only for myself, what am I? And if not now, when?"

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From the Board

Mentorship Update: Nurturing the Next Generation

It has been 9 years since the inception of the PSPP Mentorship Program and over 150 students have participated. The success of this program is based entirely on your generosity, as many PSPP members have volunteered as mentors every year for the past 9 years!

Both students and early career professionals are overwhelmingly appreciative to have an opportunity to be paired with a mentor who will guide them in their career development.

We thought you might like to hear from the students themselves, so each newsletter will publish an account of a mentee's experience.



By Barbara L. Golgsmith, PsyD
Director



By Shari B. Mann, PsyD
Assistant Director

Mentorship from a Student's Perspective: A Match Meant to Be



By Ksera Dyette

(Mentor: Dr. Marjorie Bosk)

Throughout my schooling, I always gravitated toward my teachers and administrators in a way that every step in my academic career was supported by a mentor. When I entered Widener University's program in Clinical Psychology I had an idea of the direction I wanted to go, but was unsure about so many things. That first semester I blundered in the dark, wondering if the journey I chose was the one I really wanted to make. At the same time I gravitated toward PSPP events and continually found myself saying, "You know, I should really apply for that mentorship program," but I would keep putting it off. In retrospect, I wondered what I would say to a mentor. Would I be discovered as a fraud? What were my reasons for this psychology-thing anyway? Could I even articulate why I wanted to help people?

Somehow, the expectations seemed different in my mind and I was afraid.

I finally dug my heels in at the start of my second semester. I emailed Dr. Barbara Goldsmith my application, checking "all that applied." I wanted career development, discussion of theory, research, consultation on clinical materials, and more reading! True to my nature, I sought out more than I thought a mentoring relationship could hold, adding that I was interested in working with children in a Psychodynamic frame. I was paired with Dr. Marjorie Bosk, whom I contacted by email as soon as possible.

Marjorie and I affectionately refer to the day we met as "meant to be." I had not heard back from her yet when I attended the PCPE hosted Program, Expanding the Frame. For some reason I did not initially connect that the Marjorie presenting was going to be my mentor. Marjorie and Dr. Laurel Silber were

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having some technical difficulties with their PowerPoint when I was volunteered to help. I was able to get it up and running and during dinner Marjorie came over to thank me. She handed me her email and started to say something as it slowly dawned that this was The Marjorie.

I exclaimed, "Oh my goodness! You're Dr. Marjorie Bosk! You're my mentor!"

Marjorie replied, "Am I? Oh my! You are Ksera." She laughed, saying, "It was meant to be."

There are not enough words to sum up what a blessing it has been to work with Marjorie. She placed no restrictions on what I could get out of our meetings together and, contrary to my nature, we never plan, except to meet. She always provides an open space and seems to see me at every moment, knowing—always knowing—the work to be done and the spaces to fill. So many of my experiences, both personal and professional, constantly bounce back and forth, and Marjorie is always present, following the pendulum I lug into her office. Sometimes it is hard to see what impacts our work with clients and what is impacted by that work, and her eyes have been my eyes, a light in the darkness.

As I now move into my fourth year at Widener, Marjorie is still with me. It has been harder to meet, but we periodically check-in or engage in a much-needed phone conversation. I am so glad that she has been on this journey with me and will continue to be; I certainly credit Dr. Goldsmith with working her matching magic. At every turn I encourage new students to take advantage of this resource and I know several have. I certainly consider it among the choices I've made that hold the most meaning and weight. I sincerely hope that others have found this as life-changing as I have.

Spring 2014 Endowment Report

In the last issue of *Currents*, I reported the Endowment gifts received in 2013 and the resulting 2013 balances in each Endowment Fund. Now it is my pleasure to report how some of these resources were allocated over the past few months.

The following PSPP members applied for and received stipends from the David Ramirez Fund assisted by allocations from the General Endowment Fund to support attendance at the APA Div 39 2014 Spring Meeting in New York City:

Stacey Boyer, Alex Gould, Sheri Mann, Ari Pizer, Dana Sinopoli, Audrey Ulke

In addition, Stacey Boyer applied for and received financial support to underwrite expenses needed to complete her dissertation research on Witnessing and present it at the poster session of the Spring NYC meeting of APA Div 39.

At the end of 2013, Stevie Grasseti applied for and received funding towards her dissertation research on how parents influence their children's social behavior with peers when their children are involved in contexts where bullying occurs.

Thanks go out to Ksera Dyette and Rod Murray who continue to keep our website updated and to work on our website to allow us to have more flexibility in our methods of gathering and allocating Endowment gifts.

At this time our website software does not allow members to assign their gifts to the various Endowment Funds. Gifts made through the website currently go directly into the General Endowment Fund. The way we have decided to handle this situation for the time being is to ask you to email the Endowment chair at jseitler@gmail.com with the particulars of how you want your gift to be assigned once you have made the gift through the website. I will record your preference and relay your allocation information to the PSPP treasurer. The alternate method is to indicate your funding allocations directly on the Endowment Giving Form after printing it out from the website. Mail it with a check made out to PSPP to Jeanne Seitler at: 10 Garber Square Suite 5 Ridgewood, NJ 07450.

Late fall is the best time to present an application for consideration for Endowment gifts.

You will find the PSPP Endowment Application on the website as well as the Endowment Annual Gift Form when you are ready to make your 2014 gift.

Your gifts and interest help us continue to support our next and future generations of psychoanalytically-minded members.

I want to extend a Huge Thanks to our consistent annual Endowment supporters!

And for those who have yet to give to the Endowment Program, no gift is too humble....



By Jeanne Seitler, PsyD

Creative Expressions

P (aw) se

Katherine Shrager, PsyD

I sob -
long,
choking
sobs -
and gasp -
and tears stream down my face.

Why is it that every goodbye
brings back every goodbye before it?

Please
grace my sunny windowsill
jingle down the hallway
hide in unexpected corners
like an unwrapped gift.

my forehead melts against the vibrating window and
houses tiptoe in excruciating ritardando as
pain sears through my limbs.

Psalms 137 - have I forgotten thee, oh Jerusalem?
Why else?

Six big eyes stare back at me as I turn,
"I love you" on my lips,
a question mark rips through my heart
like the electric shocks through my body, one pang at a
time
and then all at once,
as I turn again, now, towards that revolving door,
the same one that led me to you, my miracle Baby,
but whose windows now form a question mark,
dark grey and looming -

I'm glad I didn't know.

I suspend,
stripped,
five stories -
and eight feet -
above unfamiliar soccer cleats popping like happy little
kernels
through panes
and pains

Like
the Fisher Price Little People athletes far below
who accompany another furry absence.

You hug me,
fierce "I know" hugs from a frail body,
home to a soul who has seen
and lost

more than most lives ever hold to begin with,
fierce hugs as though to transmit
this wisdom through your arms
to my heart.

The twinkle in your eye,
the staccato bounce of her giggle
that never forgot how to dance.

I know you are still up there
on the 16th floor
twinkling together.

The 16th floor where I,
behind the curtain of conversation,
daydream of roses and secrets slipped into my ear
with lyrics murmured through headphones
and windows onto the
sparkling George Washington bridge

and memories

memories follow me down cold streets
chase me
as I look over my shoulder hoping I'd outrun them
chase me
in the biting December lakeshore gusts
and through the window over that vast,
undulating expanse
and lyrical, S-sweep of skyline
where I am "Here Without You"

The bedspread
the phone, cold in my hands,
colder against my cheeks,
like the flexion of newfound independence
pressing against my softness
out the window onto the artificial quietude of suburbia.

The twelfth floor view of Arch
and arc overlooks them all
as you
and Patty Loveless
quietly uncurl finger after tear-stained finger.

The windowsill is so sunny -
Won't you come sit here with me
and keep it warm?

Events Events Events

Spring Brunch Series

Every Spring, PSPP hosts a series of lectures by noteworthy speakers on topics that are relevant and stimulating for the psychoanalytic community. The Spring Brunch Series also allows for the enhancement of our community as likeminded and curious individuals come together in the comfort of a PSPP member's home to share a cup of coffee and thought-provoking conversation.

We are grateful for the time and effort provided by the speakers, as well as the members who open their homes with gracious hospitality. A special thank you to Emily Loscalzo, PsyD, Brunch Series Coordinator, whose tireless efforts make the Spring Brunch Series possible.

The Spring 2014 Brunch Series included the following presentations:

"Rock-a-bye Baby" - Surviving Postpartum Psychosis for Mother, Baby and Therapist, with Dana L. Sinopoli, PsyD, held Sunday, February 16, 2014

PSPP & IRPP Presents...Not Just New Names for Old Concepts: How Relational Psychoanalysis Changes What Happens in the Room in Adult and Child Treatment, with Rachel Kabasakalian McKay, PhD and Laurel Silber, PsyD, held on Sunday, March 16, 2014. Drs. Kabasakalian McKay and Silber shared their reflections on their presentation, as seen below.

Bearing Transience and Finding Permanence: Reflections on my Work with Dying Patients, with Deborah Seagull, PhD, held on Sunday, May 18, 2014

Brunch Series Reflection: How Working Relationally Changes What Happens in the Room

Ask listeners and readers to consider that there is something fundamentally new in the relational turn - something that challenges us as therapists in far more personal ways than in traditional psychoanalytic models, asking us to hold levels of uncertainty more often and for longer periods, softening the border between the patient's construction of reality and the therapist's, and ultimately rendering these radically contingent on one another.



By Rachel Kabasakalian McKay, PhD

From a relational perspective, the questions we ask, as Stephen Mitchell suggested, are different. From the centrality of "what does it mean?" - the cardinal psychoanalytic question for decades - through Ed Levenson's thundering interpersonalist query, "what's going on around here?", the relational turn continues to generate subtler and more multifaceted questions that emerge from the therapist's immersion in the intersubjective field. The questions that might take center stage in the therapist's mind are more like, "What is this, how does it

feel to inhabit it, what emerges in the room as we explore this place together?" What does it mean is not unimportant, but it is certainly less central in the room, and less central in how transformative action takes place. Further, this question is understood not as "information" to be gleaned, but as an emergent property of experience in the intersubjective matrix, which necessitates using affect - expressed or withheld, present or absent, readily understandable or disjunctive - as the lead sensibility, with ideas taking shape from an affective reading and response. The implications of this shift affect all phases of what happens in a therapeutic interaction: what we listen for; how we allow ourselves to recognize our internal responses; and how and what we convey to our patients.

Working in this way offers the possibility of a therapeutic relationship that engenders more than understanding or insight - although these are both involved; and more than simply a reparative emotional experience - although it is quite often precisely that; but a deepening of both subjective experience and the capacity for intersubjective relating that changes the way both people can engage with inner and external worlds. It is the quality of relatedness that is both the goal and the means of change.

Brunch Series Reflection: Relational Psychoanalysis with Children and Adults

It was a pleasure to enter into a conversation with such a vibrant community on the subject of how the therapeutic work is truly different using a contemporary relational psychoanalytic framework when working with children or adults for the PSPP Brunch Series. The fact that we organized a talk that privileges both children and adults in the same discussion is already an example of contemporary psychoanalysis. The worlds of children and adults are not wholly separate; the sameness and differences between the processes are interesting to contemplate together. It demonstrates the values that are embedded in the relational model of multiplicity and mutuality.



By Laurel M. Silber, PsyD

My talk reviewed relevant background history within child analysis to better appreciate the current theoretical/technical context. Paradoxically enough, while working with children is unquestionably always, by nature of their developmental circumstances, relational, the two or three-person aspects of the child were made light of to conform to classical adult (one-person) psychoanalytic model. Attachment theory, neuroscience and infancy research have formed a strong confluence of theories with relational psychoanalysis to more adequately take up the technical aspects of working with the child, now within the relational context. The intrapsychic as well as the interpersonal aspects of the clinical work are considered in tandem. The model is more congruent with the realities of a child's life. There is a further paradox, however: relational psychoanalysis is primarily focused on working with adult patients.

While infancy research has more easily formed a bridge to adult work, as it moved from dyadic to dyadic, making inferences from parent-infant to therapist-patient, it is middle childhood and adolescence that

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is less discussed and more different. There is a more radical departure in technique to a three-person model in middle childhood and adolescence to therapist-child-parent(s). The difference more directly connects psychoanalysis with systems thinking and the greater complexity of process has presented some challenges for integration into the model.

The concept of play has expanded within child relational psychoanalysis. The therapist uses the frame of play, moving from literally playing within the intersubjective space of the child-therapist to playfully expanding the parents' ability to mentalize about multiple aspects of their child. We discussed these issues and more as we noshed on brunch food. It was fruitful in many ways!

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

Saturday, September 20, 2014 – 5.5 CME/CE credits available

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 characters 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.

Sponsored by the Psychoanalytic Center of Philadelphia in collaboration with the University of Pennsylvania’s Freud, Franklin and Beyond programs, the full-day symposium will be held on Penn’s campus.

Program flyers and registration forms will be sent out shortly. Check the PCOP website at www.philanalysis.org for postings.



PSPP
Member Recognized



The Board of Directors of the American Psychoanalytic Association recently unanimously elected Robert M. Gordon for Honorary Membership. They noted that, “You have conducted research and published widely, especially on topics relevant to professional ethics, personality assessment, forensic assessment, love and intimacy, and most recently the Psychodynamic Diagnostic Manual. Equally important, the committee was impressed with how much of your work has been published in peer-reviewed journals that are not psychoanalytically oriented.” Dr. Gordon will be honored at the President’s Reception on January 14, 2015 in New York at the Waldorf Astoria.

The Jung Club Presents

Fridays, 1-5 pm

The Academy House, 1420 Locust Street, Philadelphia, Pa.

www.thejungclub.com – (4 CE’s each)

Sept. 19th, 2014

In the Place-Time Continuum of the Threshold

Jeanne Bresciani, Ph.D., is a Fulbright Scholar, teacher, lecturer and performer. She is Artistic Director and Director of Education of the Isadora Duncan International Institute, Inc., began formal studies in myth at Skidmore College and continuing as an iconographer and Kress Fellow, earned an I.M.A. degree at the Williams College Sterling and Francine Clark Art Institute in the History of Art. She holds an I.M.A. degree in Movement Analysis and Imaginal Psychotherapy, a program directed by Debra McCall and supervised by James Hillman, and later as an M.A. in Dance from New York University and graduate faculty there, she completed her Ph.D. on parallels between Duncan and Jung in Myth and Image in the Dance of Isadora Duncan.

Oct. 17th, 2014 - Virtue Ethics, Clinical Wisdom and Narratives from the “Virtuous”

Psychoanalyst: Where Does Jung Fit In?

Cynthia Baum-Baicker, Ph.D., is a clinical psychologist and trained psychoanalyst in practice in Center City, Philadelphia and Doylestown, PA. Founder of the Division 39 Wisdom Project, she sits on the Advisory Board of the Scattergood Program for the Applied Ethics of Behavioral Healthcare at the University of Pennsylvania. Her virtue ethics-wisdom work has been published in the *Journal of Clinical Ethics* and the *American Psychologist*. She has presented virtue ethics/wisdom workshops for APA’s Divisions 39 and 29; the American Psychiatric Association; the Philadelphia Society of Clinical Psychologists; and the Philadelphia Society for Psychoanalytic Education. She is president of APA Division 39 Section on Couples and Family Therapy; sits on the National Behavioral Health Leadership Council; and is board chair of the Thomas Scattergood Foundation for Behavioral Healthcare.

A letter from the Coeditors

By Lesley A. Huff, PsyD, Sarah White, PsyD, and Ari Pizer, MMT

In the summer of 2011, Jacquelynn and Lesley waited patiently at a café in Media to meet with Robin Ward, the previous editor of the newsletter. In planning to meet Robin, we quickly realized we had no idea what features would identify the correct person we were to meet. Was Robin a man or a woman? For what age range should we be looking? After approaching several tables of individuals (feeling like we were on some odd blind date), we decided to place copies of the previous PSPP Currents Newsletter on the table between us as a beacon to help Robin find us. And so our adventure began. Based on this experience, we were inspired to include photos of the board members and authors in the newsletter. Other changes to the newsletter came from such epiphanies, creative inspirations, pitfalls, and necessities along the way.

Typical to Lesley and Jacquelynn's personalities, our dreams were big for the newsletter, and we were not about to let our lack of actual experience in producing a newsletter limit those dreams! Our trip to the annual meeting of the American Psychoanalytic Association in New York and its scheduled events around poetry, photography, etc. contributed to our desire to include creative pieces in the newsletter, and a special edition dedicated to such pursuits. We have been very grateful for the support of artists, photographers, writers, and poets from the psychoanalytic community who provided their contributions to the experiment in the creative edition, as well as to the Creative Expressions section of the on-going editions.

Mutual support, good humor, and diligence kept us moving forward (especially during the time when a technology crash caused us to lose all our previous hard work and content for that edition of the newsletter). We worked closely with the Board to determine how best to support the enhancements to the newsletter, and were thrilled with the on-going support of PSPP members with their articles, experiences, insights, and creativity.

2013 turned out to be hectic year for the coeditors and for the other members of the Board. Our effort to accommodate this by extending deadlines was a valuable lesson in the domino effect on the release of the newsletter. The intrusion of life circumstances for Jacquelynn and Lesley made it difficult to juggle the newsletter and time our availability to accommodate when submissions came into the newsletter. Luckily, Sarah graciously extended her help and became the third coeditor of the newsletter. Her inclusion into the team went smoothly, and she has been a tremendous help with reviewing, editing, and collaborating with the authors to finalize their submissions. However, we still struggled to manage the logistics of deadlines, mostly because of our desire to accommodate authors whose submissions we felt were rich enough to balance the extension of due dates.

2014 brings with it even more changes. As Jacquelynn's private practice expands and she gets deeper into her analytic training, she regrettably has retired her position as coeditor. Her contribution will be sorely missed. Sarah will continue to bring her energy and hard work to the newsletter, along with expanding her role as Membership Chair for PSPP. At the end of 2014, Lesley will also retire her position as coeditor, as responsibilities from her clinical and assessment practice and teaching increase. With these changes, we are grateful to welcome aboard Ari Pizer as the newest member of the PSPP Currents Newsletter coeditor team. Ari Pizer is entering his third year in the joint PsyD/MBA Doctoral Program in Clinical Psychology at Widener University. He has experience as an extern in the Counseling and Psychological Service (CAPS) at Haverford College (Haverford, PA), and as a practicum student at the Keystone Center (Chester, PA). Prior to entering his doctoral program, he held positions as the Music Therapist in the Dept. of Psychiatric Services (inpatient) at Albert Einstein Medical Center (Philadelphia, PA), and as Program Coordinator of the Music Therapy Outreach Program at the Wellness Alliance of the Horizon House (Philadelphia, PA). He has a master's degree (2010) in Music Therapy from Temple University (Philadelphia, PA) and an undergraduate degree in Jazz Performance from Berklee College of Music (Boston, MA).

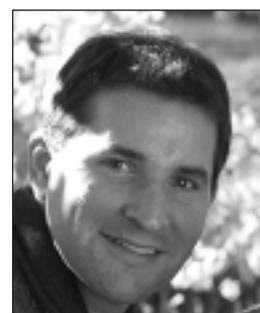
The PSPP Currents Newsletter has been and will continue to be a wonderful forum for sharing ideas and insights into analytic practice. We look forward to the continued evolution of the newsletter under Sarah and Ari's leadership. As always, our role as coeditors is facilitated by the support of the PSPP and broader psychoanalytic community. We look forward to a long and fruitful relationship!



Lesley



Sarah



Ari



Philadelphia Society
for Psychoanalytic
Psychology

www.pspp.org • Spring/Summer, 2014

Currents

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

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Save the Date

PSPP Fall Meeting presents “Community Round-Table: The Clinician’s Life
History in the Consulting Room” with Marilyn Charles, PhD, ABPP,
Ann Smolen, PhD, and Matthew Whitehead, PsyD, with Dan Livney, PsyD as moderator.

Sunday November 9th • 1pm to 5pm

The PSPP Newsletter is published two times a year. Contributions and comments may be sent to the Coeditors at, psppeditor@gmail.com. We reserve the right to edit manuscripts for length, clarity, and consistency of style.