



For Mental Health Professionals Interested in Psychoanalytic Perspectives

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

www.pspp.org

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*Message
from the
President*

Jeanne Seitler, Psy.D.

As we leave the first decade of the new millennium, it is important to reflect on how our society and our psyches are faring. I remember as a teenager loving to listen each night in December, before sleeping, to my clock radio for the Casey Kasem Countdown of the Top 100 songs of the year and, at each decade, those of the decade. I loved to reflect and enjoy where we had been as a people and where I hoped to head as an individual.

Casey retired July of this year, and I had long ago lost touch with his Countdown, but I have not left behind my life-review each December. For me personally, life has been quite rich with blessings this decade. My personal successes, however, do not blind me to the fact that the world *in toto* is suffering greatly. Nationally, our economic and healthcare systems are run on misguided, greed-based notions, with little to no regulations. Our education system has been hijacked by bean counters who design tests to

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**Nagging Questions in the Middle
of the Night: *Nom du Grandpère***

Howard Covitz, Ph.D., ABPP

There was, indeed, a time during which it seemed that the analytic community fancied itself in possession of just about all the answers to questions surrounding the psychical status of both well and ill members of Clan *Anthropos*—as individuals, as couples and as families, and in both small and large groups. The oedipal and varieties of castration (or castrated) complexes, after all, were deemed the source of perturbations in all spheres—from the bedroom to the church, from the nursery to concerns over one’s final resting, and from cognitive deficits to the stirrings of the creative Soul. Our psychoanalytic forebears felt strongly that they and they alone could feel the pulse of unconscious strivings and that even empirical data—if it was gleaned outside the psychoanalytic situation (Heaven forefend, even in the child analyst’s office)—had no place in arguments surrounding psychoanalytic thought. We were the new oracles, the Shamans of a new era.

Time was that one might charge up such—may I call it—chauvinistic enthusiasm to a protective feeling about *der Alte*: the Old Guy, Father Freud. Hartmann, Spitz, Greenacre, Mahler and a host of other 3rd generation analysts couldn’t introduce their models without explaining—in convoluted detail—

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President's Message (continued from page 1)

create competition amongst school districts while our children grow obese and disaffected from spending hours being "taught the test" instead of singing, dancing, and taking part in engaging intellectual and physical activities. They eat fast food from vending machines and take various stimulants, benzodiazepines, and antidepressants to be able to sit for 6 to 8 hours per day to concentrate on the test preparatory material. Then, when they cannot sleep at night from lack of fresh air and stimulation and concerns about the world at large and their own family dynamics, they are given "something to help them sleep," another benzo or, more likely, an antipsychotic. By the way, prescribers rarely, if ever, get true informed consent from the parent before medicating a child by first relaying that the bed-time dose is an "antipsychotic" (the actual word is never used), and, secondly, by not giving all of the side effects of such medications, such as gynecomastia, diabetes, changes in cardiac muscle, suicidal thoughts and impulsivity, mania, and metabolic syndrome, to name a few. Can you imagine getting informed consent from the child or teenager? What a concept in a free world! Who would think of asking a student what would help them learn, or, for that matter, have students help design our schools and the curriculums? Burnt out, often poorly trained, frequently poorly supported, but well meaning teachers and school counselors find themselves breaching professional roles and boundaries by suggesting a diagnosis and medication due to their frustrating circumstances. Big Pharma, the multi-billion dollar industry, has the FDA in its pockets, and where Bill Cosby use to sell Jello on prime time TV, Pfizer markets Viagra, and additional pharmaceutical companies join in suggesting medication cocktails.

The core dynamic underlying the patterns described above, as well as the even larger-scale problems of war, torture, terrorism, poverty, environmental crises, and so on, is actually well understood by biologists and psychoanalysts alike. It involves the difference between using one's primitive, limbic, unconscious, "Survival Brain" or engaging one's more evolved, slower-acting, contemplative, "Considerate Brain." The first was experienced vividly in this country on 9/11: fight, flight, or freeze. Those of us who watched were frozen in dissociated horror, unable to get our minds around what we were seeing. From the moment of first impact, a shower of *reactions* reigned, and the fallout still does to this day. We live in an extremely stressful world. When the human brain senses a situation to be stressful, adrenalin rushes to prepare us for untold consequences. *Reacting* is all the adrenalin-run "Survival Brain" knows. Intergenerational patterns of reaction, coping behaviors such as blaming, shaming, labeling, attacking, characterizing, manipulating, controlling, violating, and prejudging, become habitual and are passed from mother and father to child, creating coping styles which look genetic, but are really stress-shaped cycles which entangle generations with all too familiar repetitive behavioral complexes. Inundated with stress-driven, quick-fix interventions, we as a society have lost our ability to readily engage our "Contemplative Brain" to *respond*. Our society is so stressed and jaded, and our coping strategies are so parochial and lacking in flexibility and creativity, that it feels silly, ridiculous even, to *respond* to another. Everyone is *Reacting* and *Overreacting*, road raging, media hyping, competing, materialistic, cursing, shouting! We have little fuel in our emotional tanks to slow ourselves down, center, and listen.

We emotional healers, we psychoanalytically informed, "we" must lead the world in the art of *Response and Repair*. Our theories proselytize about this

idea. Sometimes we forget that the most basic, simple concepts are the most crucial to quality living versus reactive survival. I often ask my couples to consider whether they are engaged in a reactive cycle or a responsive cycle which is able to heal their own and their loved-one's attachment wounds.

As I bring my message to a close, I pose several questions: How can we better respond to ourselves, our partners, children and community members? What is the quality of our response? Could it be deepened? Is our response creative, flexible, genuine, respectful, heartfelt? Who might you want to respond to? Who would you like

response from? How would you like to be responded to? Do you sometimes provoke reactions because you don't believe you can get the response you desire?

Finally, maybe our New Year's resolution could be to be a "First Responder." Begin by listening and responding first to yourself. Then seek someone to whom you have in the past loved to react to, initiate the process of *repair*, and convert your previous reactions to responses. Your loved ones will cherish themselves, you, and others more deeply because of your new-found attentiveness and responsiveness.

Committee Reports

Membership Report

Leilani Crane, Psy.D.

All 207 of you active members should have received your printed 2009-2010 Member Directories by now. If you have not, please contact the membership chair to request your copy. Overall the online system has served us well, despite some problems with online payment and accuracy in the database. Two things members should be aware of:

- ▶ Once your membership has lapsed, you will be unable to pay dues online unless you re-apply as a "new" member.
- ▶ You have the ability to edit your online directory information.

Please double-check your "privacy" settings to ensure that only the information you wish to share with others

will be shown online and in the printed directory. Beginning with the 2009-2010 printing, the online directory serves as the database for the printed version. If you need assistance in editing your directory profile, please contact the membership chair at artemis7@comcast.net.

Although the system is not yet perfect, it has streamlined the membership renewal and dues payment processes considerably. We are working hard to address problems that have been brought to our attention and make dues payment and event registration as easy as possible. Please feel free to contact us with any suggestions or requests. Thank you all for your patience with the changes. We look forward to another great year of programs and activities with our growing membership!

Treasurer's Report

Ellen Balz , Ph.D.

PSPP currently has approximately \$22,000 in its checking account and \$5,700 invested in CDs.

Last year at this time we had \$13,000 in checking and about \$5,500 in CDs.

The higher balance this year is due to the following:

- ▶ several major 2009 expenses not yet paid (the 2009 PSPP Annual Meeting, the collaborative program, the member directory, and the upcoming newsletter);

- ▶ an increase in member dues and a very successful first online dues collection process; and
- ▶ the efforts of the Board to keep to our budget.

We are on track to end the year with at least a modest budget surplus, a significant accomplishment in a year when we faced significant (one-time) startup expenses for the new website. Many thanks to Rod Murray for all his help with that launch.

how their theory was the proper segue from Freud's thinking to contemporary thought, akin to children arguing over who knew what Mom or Dad *really* meant on their deathbed. It was either "as Freud said" or, to paraphrase some other contemporary Fundamentalists: "What *would* Freud have said?"

Ah! Times have changed. Sensivaria and Philodendron have, with their growing leaves, screened the pictures of Freud that still hang in my office, and meetings of reading groups seem to indicate that training programs in the '80s and '90s and beyond focused less on a thorough reading of the Old Guy and his posse and focused more on Latter Day Saints, who, I should add, have come to be viewed as no less saintly than their once-revered predecessor. These days, groups gather to parse what Lacan meant in this or that Seminar (*jouissance? a? nom du père?*); others cite Bion's gambits ("without memory or desire" or what "O" really denotes) as if he ever considered them more than gambits and thought experiments. As one who is, so to speak, playing in the last quarter of life, I still, however, was surprised when a book opened with the words "Freud's celebrated patient, Anna O" (Akhtar, ed. 2007). In the '70s when I came to analytic training, any psychoanalytically-read proofreader would have been aware that Freud never treated Anna O./Bertha Pappenheim. Times have, indeed, changed—as they always do. The fact that I have no doubt that the author (above) is very well grounded in psychoanalytic history renders such an editorial slip all the more curious in this Second Century of Psychoanalysis.

Still, I suffer whether certain elementary questions remain that might bind the variety of psychoanalytic groups; perhaps not. I thought, in any case, I would use this opportunity to pose what for me remains, as I move toward four decades of immersion in analytic thought and practice, central unanswered questions. I should note, before proceeding, that my sense is that such elementary (elementary in the sense that they can be posed to an elementary school student, perhaps) questions and any potential answers to them are contingent on one's understanding of the Good Life, of Health, both in the individual and in the polity. Freud had suggested that Psychoanalysis was *Weltanschauung*-free; I differ and cannot imagine how our/my worldview could do other than delineate our/my sense of psychopathology and its etiology, and of praxis. Enough prefatory comments, though; on to the nagging questions that keep me awake often enough.

1. If, indeed, we consider the absence of empathy to be pathological, how is it that we develop from the psychopathic use of *the other* (utilizing cognitive empathy, perhaps) *qua* object to an appreciation of the other as a subject (agent) in their own right (birthing

emotional empathy, i.e., a feeling that the other's inner world is precious, akin to Winnicott's notion of object usage). At some juncture, the child allows certain others an inner world and, perchance and thereafter, even comes to cherish that inner world and its relationships. Interestingly, this way of thinking of a valued *dyad*—in that it accepts the relationships of one's other to themselves and to third parties—is essentially *triadic*. For me, this has been the question that has occupied my thinking more than others. An ancillary question tags along; should I feel satisfied if, at the close of a therapy/analysis, the patient has failed to develop this emotional empathy and continues to treat others as s/he might treat things?

2. Ira Brenner (2004) suggested that dissociation deserved to be examined on a continuum of its own, that it appeared in one form or another in us all, and Fonagy has famously touted the value of mentalization, the capacity to tolerate perturbations in oneself and in the other, while remaining centered, i.e., without moving into a different ego state (*petit mal dissociation?*), by integrating that perturbation as data—by mentalizing. Feldman (1974) had referred to this many years ago as a "psychoanalytic addition to human nature," this ability—at least on special occasions and with certain others—to tolerate a chain of feeling associations without reacting. Considering *das Es* or the Id or the reptilian brain that we all carry with us on the best of days, how can this gyroscopic capacity possibly develop? And if it doesn't, should I be satisfied at the end of a treatment?
3. In 1907, Scherwdtner, on the evening that Freud introduced the Rat Man to the participants of his Wednesday group, asked: "Why do we desire to have only unified feelings (not, for instance, affection and aversion, side by side) toward very near and dear persons?" Many folk—Karl Abraham, Klein and Mahler, particularly, come to mind—have contributed to explanations of how Splitting develops into ambivalence and, still, I remain dissatisfied. (Ach! Some people can never be satisfied!) How do we allow for the graying of our objects?
4. And now the kicker! If for me (1) the development of emotional empathy and its related ability to see others as subjects in their own right, (2) the capacity to remain, at least in selected circumstances, unmoved/related in the middle of a storm and (3) the juggling of passionate allegiance to beliefs and an equilibrated balancing of the inherent qualities of good and bad in even the juiciest of Earthly Delights (ambivalence) are goals of treatment, the question remains as to how

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Mentoring: Nurturing the Next Generation of Psychologists

Barbara Goldsmith, Psy.D.

2009-2010 Academic Year: The Importance of Outreach to Students

Please Spread the Word

This academic year, students from Chestnut Hill, Drexel, Immaculata, Drexel, Penn and Widener are participating in the PSPP mentorship program. However, we need to widely advertise the mentorship program, so please spread the word. If you teach or supervise graduate students, please be sure to let your students know about our free mentorship program. Most students are still unaware that this program exists, or are unsure how to take advantage of it.

Many students are confused about the alphabet soup of local analytic programs and training institutes and what they have to offer. Students are getting less and less exposure to psychodynamic thinking in their practica, internships, and graduate programs and are especially eager for more exposure to psychoanalytic theory, practice and/or research. So, if you know of any student who is especially interested in being matched with a psychodynamic mentor, please direct them to our PSPP website, www.pspp.org, where they can get all the information they need about the program.

For those of you who are new to the PSPP mentoring program, here is how the program works. Mentors and mentees are matched based on common interests and geographic locations. Mentees meet regularly with their mentors for one hour each month during the academic year at the mentor's office (summer meetings are optional depending on mutual interest and availability). Mentoring is not the same as supervision and all students involved in the program should have supervisors responsible for their clinical work.

Mentors function as consultants rather than supervisors. Please remember that mentoring satisfies an important developmental need in preparing graduate students for successful entry into the profession. Mentors serve as role models, guides, nurturers, and teachers to the next generation of psychologists.

Students Who Are Interested in Finding a Mentor:

- ◆ Go to the PSPP website, www.pspp.org, click on the Mentorship link, read "Welcome to the Mentorship Program," and download the "Graduate Student Questionnaire."
- ◆ Complete the "Graduate Student Questionnaire" (please prioritize your interests on the questionnaire).
- ◆ Email the completed questionnaire to Dr. Barbara Goldsmith at barbgsmith@aol.com.

For Members Who Are Interested in Becoming a Mentor:

- ◆ Send an email message to Dr. Barbara Goldsmith at barbgsmith@aol.com. Please include your contact information, locations where you would like to meet with your mentee, areas of interest/expertise (both scholarly and clinical), as well as any other information that might help ensure a good match.

Thanks to those who are currently mentoring students this academic year:

Susan Adelman, Ph.D.
Cindy Baum-Baicker, Ph.D.
Karen Berberian, Ph.D.
Susan Carswell, Psy.D.
Eileen Casaccio, Psy.D.
Ilene Dyller, Ph.D.
Jeffrey Faude, Ph.D.
Dora Ghetie, Psy.D.
Jay Moses, Ph.D.
Julie Nemeth, Ph.D.
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H. Panill Taylor, Psy.D.
Jed Yalof, Psy.D.
Robin Ward, Psy.D.

Just Exactly What is a Psy.D.?

Jules C. Abrams, Ph.D., ABPP, Professor Emeritus, Widener University

There has been considerable confusion concerning the difference between the Ph.D. in psychology and the Psy.D. degree. This is an effort to bring some clarification to this question as well as to present a brief history of the Psy.D. degree.

Traditionally, the Ph.D. is the highest academic degree that can be achieved. Thus, for many years, the Ph.D. in psychology was considered the terminal degree for those interested in the field of psychology. But psychology has had more trouble than most disciplines in defining itself as a profession. Psychology began as philosophy, established its independence as a natural science, and developed its first significant applications as a science-profession.

The vast majority of Ph.D. programs in clinical psychology follow the model that was defined at the Boulder conference. Essentially this scientist-practitioner concept stated that clinical psychologists were to be trained for research and practice, but the emphasis was on research. Very soon many problems emerged as the result of this definition. For one thing, clinical psychologists tended to be interested either in research or in practice (usually the latter). More seriously, these programs emphasized research to such a degree that there was very poor preparation for professional practice. On a personal note, by the time I graduated with my Ph.D. in 1955 from Temple University, I was very well versed in academic psychology and research methods, but I knew less about psychotherapy than the students who have completed the first year of their Psy.D. program at Widener University's Institute for Graduate Clinical Psychology. Like many others, I needed to pursue my training in psychotherapy in postgraduate years and through private supervision.

Clearly these problems did not go unnoticed and there had to be some change. Yet, for a long time, the academic psychologists resisted the idea of training of professional psychologists. In 1973, another national training conference was held at Vail, Colorado. For professional training in general and the Doctor of Psychology concept in particular, two resolutions were particularly important.

- ▶ First, "The development of psychological science has sufficiently matured to justify creation of explicit professional programs, in addition to programs for training scientists and scientist-professionals."
- ▶ Second, "We recommend that completion of doctoral level training in explicitly professional programs be designated by award of the Doctor of Psychology degree and that completion of doctoral level training in programs designed to train scientists or scientist-

professionals be designated by award of the Doctor of Philosophy degree. Where primary emphasis in training and function is upon direct delivery of professional services and the evaluation and improvement of these services, the Doctor of Psychology degree is appropriate. Where primary emphasis is upon the development of new knowledge in psychology, the Ph.D. degree is appropriate" (Korman, 1974).

In 1968 the first Doctor of Psychology program was started at the University of Illinois by Donald Peterson but was discontinued in 1980 at the insistence of the strict traditional academicians in the Department of Psychology at that time. When that program was terminated, the program at the Hahnemann Medical College (later University) became the oldest accredited Psy.D. program in the country. It was organized as a Division of Psychology in the Department of Psychiatry. The fact that the Department of Psychiatry later changed its name to the Department of Mental Health sciences speaks well to the respect and support accorded to the administration, faculty, and students in the Psy.D. program. It is true that in 1989 a change in the Chair of the Department of Mental Health Science made it necessary for the whole program, including faculty, students and accreditation, to move to Widener University, but this is a story for another time.

There are now over 50 programs offering the Doctor of Psychology degree. Most follow either the "practitioner" model or the "scholar professional" model. All of these programs must meet the strict requirements of the American Psychological Association for accreditation. In line with this, it is important to point out that the direct education and training of clinical psychologists does not entail a rejection of research. Professional psychologists employ the same methods and modes of thought in approaching professional problems as scientists and scholars do in approaching the general issues of the discipline.

Over the years a number of traditional Ph.D. programs have seen the advisability and indeed necessity of more clinical training during the graduate program. Still, for the most part, those interested primarily in research or in teaching are those who choose to enter a Ph.D. program.

The major and most important defining feature of the Psy.D. degree is the emphasis on clinical training, usually over a period of five years, including at least two years of practica experience and an internship. Those individuals who are primarily interested in clinical practice generally choose a Psy.D. program.

Continued next page

Charles Ashbach, Ph.D. on the Paradox of Narcissism

Robin M. Ward, Psy.D.

The 2009 Annual meeting of the Philadelphia Society for Psychoanalytic Psychology was held on the afternoon of Sunday, the 6th of December at Saint Joseph's University. The first portion of the meeting included both PSPP president Dr. Jeanne Seidler's overview of what the board had accomplished this year and the awarding of longtime PSPP member and former PSPP president Dr. Linda Hopkins the 2009 PSPP Distinguished Member Award. Dr. Hopkins was given this award in recognition of the important contributions she has made to the training of numerous clinicians (many were in attendance) as well as to the local PSPP and greater psychoanalytic community over years of service. Following the award presentation, Dr. Charles Ashbach led an interactive talk titled, "Everything, Something, and Nothing: On the Paradox of Narcissism." In the following, I will provide a synopsis of some of his key points.

To set the context for the sort of questions Dr. Ashbach was approaching, he provided three versions of the myth of Narcissus, the older Greek version and then two later Roman versions (one by Ovid, the other by Pausanias). In the well known Hellenic version, Narcissus was an infinitely attractive youth, sought after by many suitors, but denying all of their affections. Following the suicide of a suitor scorned by Narcissus, the beautiful youth was cursed to fall in love with his own reflection in a pool and stayed there until his death, as he slowly wasted away, transfixed by his gaze. The later versions involved additions to the original story. In the first mentioned by Dr. Ashbach, Narcissus was no longer a mortal youth, but, instead, the child of two river spirits. In the other, it was not Narcissus' own reflection he fell in love with in the pond, but the image of his dead twin sister.

Dr. Ashbach used the different myths of Narcissus to reflect on different definitions of narcissism. He suggested that whereas Freud proposed a primary narcissism that was an "object-less" state (referencing the Greek version of the myth), it might be more useful to consider narcissism

as always already including others. For example, by adding the biographical point of Narcissus' birth from the river gods, his fate of wasting away staring into the water takes on a different quality. Rather than being an emersion in an originary, object-less state, he instead can be seen as returning to or being trapped in the realm of his parents. Similarly, there is a qualitative shift afforded if we imagine Narcissus falling in love not with his own image but that of his dead twin sister. In either case, Dr. Ashbach suggests that the struggle of the narcissistic individual is one of dealing with the trauma of a lost wholeness, in his words, the loss of the "illusion of perfection" and the infliction of the "limitations of mortality." That is, what Narcissus is pining for is his lost, perfect union, either with the imagined perfection of the realm of his parents or the pre-sexual realm embodied in his lost sister where he did not yet have to be only a boy or a girl.

Dr. Ashbach's talk ended with a conversation regarding the appropriate clinical stance taken with respect to the narcissistic subject. As a heuristic, he proposed asking ourselves if we should intervene via the "pool" or "outside of the pool." That is to ask, are we most useful to the narcissistic individual when we react in ways consistent with his or her image in the pool or can greater utility be reached by responding in ways inconsistent with this reflection? The risk of the former stance is the potential loss of therapeutic movement as the homeostatic equilibrium of the narcissistic economy is maintained. And the latter seems a tall order, as to experience an "outside" of the pool brings the narcissistic subject to the painful encounter with an "other," thereby disconfirming, in Dr. Ashbach's terms, his or her "hallucinated memory of the self as complete." No final answer was developed to this clinical conundrum; however, I found the coordinates offered up by Dr. Ashbach and those participating in the conversation helpful in thinking more deeply about the dilemmas faced both by the clients and the clinicians working with this phenomenon.

What is a Psy.D. (continued from page 6)

I will close by using an anecdote stated to me by Donald Peterson. He said that if he ever needed heart surgery, he would want to have that surgery performed by someone who had done over 100 such surgeries as compared to someone who had written over 100 articles about the subject.

Reference

Korman, M. (1974). National conference on levels and patterns of professional training in psychology: The major themes. *American Psychologist*, 29, 441-449.

The Questions We Ask. . . . and Come, Ask Questions!

Rachel Kabasakalian McKay, Ph.D.

What follows is adapted from a work in progress by the author and David Mark.

On January 31, the Institute for Relational Psychoanalysis of Philadelphia (IRPP) will hold an open house for anyone interested in learning more about the programs we offer. We are currently inviting applications for our third class of analytic candidates, to begin training in September, 2010. We are also pleased to add to our programs both a series of advanced courses for graduate analysts and a monthly child supervision group.

IRPP began its first training class in January 2007, with teaching and supervisory faculty comprised of longtime members of our local analytic community as well as some of the leading figures in Relational Psychoanalysis through the Stephen A. Mitchell Center in New York.

Why a Relational institute? One common view of relational psychoanalysis is that it is a more related, less austere version of traditional psychoanalysis. While that is partly true, the fact is that most current analytic practice is much more related, and much less austere, than was the case even ten or fifteen years ago. More to the point, Relational Psychoanalysis, beyond simply offering a more related manner of engaging, represents a different stance, operating from a different model of mind and conceptual-

ization of unconscious process, emphasizing different aspects of development, *and* seeing the therapist's role in a more fundamentally embedded way. There are also significant differences in the understanding of therapeutic action—what and who changes, and why. One way to talk about these differences is to reflect on the questions we ask, as analytically trained therapists—both the questions we ask out loud, and the questions we ask ourselves, which guide our work.

Since Freud, the cardinal question in the classical psychoanalytic tradition has been, "What does this mean?" "This" refers to something that the patient says, or doesn't—it is understood that the patient's unconscious generates the words and gestures that point the way to the meaning *within* the patient. The analyst listens, attentively, evenly, as words swirl around, gathering like snow into familiar drifts—the patterns will emerge if one is patient enough and knows how to read them. In this view, it is hazardous for the analyst to speak too much or too passionately; the snow will be diverted, it will form hills and dips that weren't there to start with, and the analyst will be left with an unrecognizable landscape.

Within the British Independent (or "British Middle School") tradition and within Self-Psychology, the key question might be framed, "What does the patient need?"

Institute for Relational Psychoanalysis of Philadelphia (IRPP)

OPEN HOUSE

Sunday, January 31, 2010

11:00 – 1:00

**Learn about our programs,
hear from current candidates**

For address and directions, please RSVP to
Rachel Kabasakalian McKay at rachelkmckay@gmail.com
(please note middle "k" in email address) or 610-660-9887

For the classical analytic therapist, this question (“what does the patient need?”) is considered relevant, but muted—and with a more limited range of possible answers, i.e., the patient needs an interpretation to make the unconscious, conscious; or a supportive comment, aimed at strengthening of “adaptive ego functions.” However, for those working from a more self-psychological or a Winnicottian perspective, the issue of what the patient needs takes center stage. While the patient might need an interpretation, something else might also be needed—generally a way of being related to that should have been provided in childhood, but wasn’t.

“What’s going on around here?” which Ed Levenson put forward as the guiding question for Interpersonal psychoanalysis, shifts not only the focus, but the tone of the therapist’s questioning—in deliberately startling contrast to either the somber restraint of the classical position or the maternal restraint of the Independent or self-psychological positions. The shift in question is also fundamentally a shift in stance—the therapist is in the mix, able to observe only as one participating in the interaction with the patient. It is impossible, and not even desirable, to “leave no trace” on the landscape to be divined; the only way to know the landscape is to be on it, in it. The neutral safety of the observing chair is gone, and the therapist is free to ask a whole host of other questions. What really happened? Who did what to whom? And what is going on *in here*, right now, between us?

Relational psychoanalysis takes root in the space between the former poles of the Interpersonal and the Object Relations and Self Psychological positions. Drawing on the vital contributions of each of these traditions, but building something fundamentally new with these elements, Relational approaches don’t represent a unitary stance, but do cohere around certain key elements. There is a great deal of emphasis on the necessity of the analyst’s engagement for a number of reasons—including the recognition that often the most painful affect locked away by traumatic experience can only be brought meaningfully into the room within enactments that involve the unconscious responses of both participants (Bromberg, 2006; Bucci, 2008); but also because, as Benjamin (2009) writes, “The psychoanalytic process requires a safe but enlivening encounter with the other’s subjectivity in which both sides can have impact and be recognized, albeit in very different ways” (2009, p. 458).

So what of the guiding questions in the Relational approach? The questions of the classical, object relations, and interpersonal analytic traditions still resonate, especially in combination with one another (e.g., “what is going on around here that I am wondering what this means, or what it is that my patient needs in this particular moment? Who is my patient right now to me, and who am I to her? What is happening between us?”). But the questions are asked from a position of embeddedness in

the relationship and a sense that the present and past interpenetrate one another, as do the unconscious workings of the two people together in the room. Jody Davies (in a talk given at the Psychoanalytic Center of Philadelphia, November, 2008) has observed that what binds a somewhat diverse group of Relational theorists and practitioners together are more “the questions we ask” than the answers that follow. This says a number of important things about the Relational perspective, but one of these is an emphasis on questions that are open-ended. Who *knows* the answer to “what does this mean?” There is an expanded universe of possible answers to this question whenever it emerges. Most important, there is the abiding conviction that meaningful asking and formulating answers can only happen with another in the therapeutic process; the “answers” are not the province of the therapist alone.

All of which gets to the heart of “why Relational psychoanalytic training?” The Relational stance demands both an ability and a willingness to participate in a more embedded way in the therapeutic relationship and to be able to participate and reflect more or less simultaneously. It challenges the therapist to remain engaged when buffeted by sometimes inchoate affect without taking refuge in the internal soothing of analytic certainty and to appreciate the complexities of two separate subjectivities in a way that leads to meaningful shifts, often in both patient and therapist. Relational work requires the use of oneself as an instrument (Anthony Bass, personal communication) in a particularly demanding way, and it is with this ideal in mind that our training program is developing. Thus, the training is intensive, but it is our hope and expectation that it will be an extraordinarily rewarding and even pleasurable experience.

One final note: analytic training is not only for doing analysis. One of the issues with which we are actively grappling as an institute is how to articulate the many professional activities for which this training can be meaningful and valuable. This is one of the themes we will be exploring at our Open House on January 31; it is also related to the topic on which Lew Aron will be speaking at an event on March 19 (see article by Laurel Silber, this issue.)

References

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PCPE Update

Laurel Silber, Ph.D.

The Philadelphia Center for Psychoanalytic Education, along with PSPP and PCOP, have co-sponsored programs on Contemporary Psychoanalysis, in particular focusing on the work of the Boston Change Process Study Group. In October of 2009, Ed Tronick, Ph.D., of the BCPSG, was the invited presenter for the Kramer-Mahler Lectures, and in November of 2009, Karlen Lyons-Ruth, Ph.D., also of the BCPSG, and Jacqueline Gotthold, Psy.D., presented on contemporary views of change in psychodynamic psychotherapy (the later program was also co-sponsored with Bryn Mawr College).

These programs provided a rich developmental frame for re-thinking how change happens in psychotherapy. The speakers shared research and video clips of mothers and children, demonstrating the more determined inclusion of development into thinking about the change process. The two events together offered a complex and persuasive perspective on some of the ways in which robust research findings from developmental research are changing the way we think about child development and, moreover, our understanding of change in the practice of psychodynamic psychotherapy.

The conferences themselves were not only about relational thought, but they were relational events. There was a collaborative process between local psychoanalytic organizations, and the meetings were connected in their content. We were all learning together.

PCPE is hosting a dinner meeting, which continues the theme of exploring ways contemporary psychoanalysis is changing. Psychoanalysis will be getting “on the couch” as we examine the historical and cultural factors that have gone into the shaping of its theory and practice. Invited speaker Lewis Aron, Ph.D. will present his views on the impact of racism and anti-Semitism as well as feminism on the shaping of psychoanalysis and, in particular, the split between psychoanalysis and psychotherapy.

Stephen Seligman, D.M.H., our second invited speaker, will address significant shifts in contemporary views of development, emphasizing the inclusion of maternal subjectivity, and how these advances have informed changes

in psychoanalytic theory. Lewis Aron and Stephen Seligman are both leaders in the movement toward Relational Thought in Psychoanalysis. David Mark, director of the Institute for Relational Psychoanalysis of Philadelphia, will be facilitating this discussion and it promises to provide much “food for thought.” It will be held at Al Dar Bistro on Montgomery Avenue in Bala Cynwyd

on Friday night, March 19th at 6pm. Save the Date – the flyers will be following.

I would encourage all to attend. It is a rare opportunity to gather together these speakers with the kind of comprehensive breadth and depth of their views of this complex subject: where we are and from whence we came into our current theoretical context. Hope to see all of you there!

SAVE THE DATE

Future Conference
Friday night
March 19th, 2010

*Deconstructing the Historical
and Cultural Forces
Shaping Psychoanalysis*

Nagging Questions (continued from page 4)

these capacities develop in the therapeutic process and in what manner they must be manifest in the therapist/analyst in order for the change in the patient/analysand to occur? Puzzles such as the following remain.

If Neutrality works toward mentalization, does it work against intersubjectivity? And with all our complex thoughts about subjectivity and narcissism, is pathological narcissism little else than the inability to tolerate another’s healthy narcissism (Covitz, 1997), and what would therapists need do in order to modulate their and their patients’

narcissism (maybe a new synchronized Olympic sport)?

Perhaps, these queries are still of interest to many, though in the contemporary conversation I hear questions more closely related to specific schools, to Attachment Theories, to Drive and Ego Psychology Schools, to Lacanian thought, to Neuropsychoanalysis, to Schools of Object Relations, to the Relational turn, and to Self Psychology, etc. I have attempted to communicate (above) some broader questions not obviously anchored to a particular theory that may lead to productive discussion but right now don’t yield – uninterrupted sleep.

Winter and Spring Schedule for the Child Development Study Group

All meetings are held on Sunday afternoon from 1:00 to 4:00 PM. Please contact Karen Berberian (610-896-6220 or kberberian@verizon.net or) if you wish to be added to

the email distribution list and to find out where each meeting is taking place.

January 10	Karen Berberian and Essie Goldsmith	Children with hearing impairment
February 28	Mitzie Grant	PKU: Cognitive and psychiatric outcomes and new treatment options
March 14	Howard Covitz	New ideas about the Oedipus Complex
May 23	Susan Kaye-Huntington	Childhood depression
June 6	Todd Koser, Diny Capland, and Susan McCrea	The impact of childhood sexual abuse on memory

Themis: The Feminine Archetype of Healing

The archetypal pattern imaged as Greek goddess Themis, the blindfolded figure of Our Lady Justice, is now the symbol of law and order. But for the ancients, Themis was honored as the original Delphic Oracle who brought a natural ancient wisdom to the ordering of the world of gods and humans. This presentation will explore this forgotten archetype and its reappearance as a source of psychological healing in clinical settings and in contemporary movements for reconciliation and restorative justice. Its potential for transforming individuals and societies will be explored.

**Friday, February 26th, 2010, 1 pm to 5pm
The Ethical Society Building
Rittenhouse Square**

Pamela Donleavy, J.D., NCPsyA, is a Jungian Analyst in Arlington, MA, former state and federal prosecutor in Philadelphia, Past President of the New England Society of Jungian Analysts, on the Board of Directors of the National Association for the Advancement of Psychoanalysis, and on the faculty of the C.G. Jung Institute–Boston and the Assisi Institute in Vermont. She is co-author of *From Ancient Myth to Modern Healing, Themis: Goddess of Heart-Soul, Justice and Reconciliation* (Routledge).

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In Memory Of Theresa

Linda L. Guerra, PhD

Author's note: The following account has been fictionalized in order to preserve confidentiality. Any resemblance to a real person is purely coincidental.

Recently one of my psychotherapy patients, with whom I had been working for many years, died a week after being taken to the hospital. She had been suffering with a chronic, debilitating disease, which had been getting progressively worse for a long time. Since the deterioration in her physical health had been so gradual, with many twists and turns, her death felt unexpected and wrenching. I was able to see her in the hospital, knowing that this might be our last meeting. She was conscious and aware during my brief visit, and told me that she was coping well with being there. She knew that she might not be going home and seemed okay with that. I, on the other hand, walked out of the hospital with tears streaming down my face. A few days later she was gone.

It is a lonely experience for an analyst when a patient to whom we have formed a close attachment over a long period of time passes on. No one else knows all that we shared during the many hours of the treatment. Of course, grief is, by its nature, a solitary experience, and certainly my grief was nothing compared to what her family members must be feeling. Nevertheless, I was shocked and tearful when I heard the news of her death, particularly since her condition had improved and there was talk of sending her home from the hospital just a few days before.

Theresa had occupied the same time slot on my weekly schedule for many years. During that time that I had

come to feel that I could almost visualize the house in which she had grown up, her parents, siblings and the small rural elementary school that she had attended. I had come to know intimately how she had experienced her childhood, how she had arrived at her truth about her sexuality, and how liberating it had been for her to finally leave home to attend a large university in a big city. It was recurring depression that had brought her into treatment with me, and we struggled with that the entire time that she saw me. There were times when the depression would disappear, and we would both feel relieved; then just as suddenly it would return, like a demon holding her head under water, making it extremely difficult for her to function and breathe freely. Over time, she and I became a good depression-fighting team, strong enough to beat the demon for long periods, but not yet strong enough to banish it forever. Meanwhile, I had come to appreciate Theresa's amazing kindness, sensitivity and creativity, and I felt privileged to know her as intimately as I did. She never gave up her belief in the analytic process that we were engaged in.

I learned about her death from a family member when I phoned to inquire about how she was doing. I was expecting (i.e. hoping) to hear that she was back home and doing better, as had happened several times before. I am still absorbing the fact of her death, and although I have scheduled others in her time slot, I have not yet given it to anyone else as a regular time. I guess this is a therapist's magical thinking or perhaps a way to pay homage. Here's to you, Theresa. I love you.