Philadelphia Society for Psychoanalytic Psychology

www.pspp.org • Issue 1, 2018

Currents

For Mental Health Professionals Interested in Psychoanalytic Perspectives

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

Psychoanalysis with Philadelphia's Homeless: An Interview with Dr. Deborah Luepnitz

By Josh Freker, LSW

This is the first installment of an occasional interview series that will profile psychoanalytic practice with populations that have not been historically and consistently served by it.

Many PSPP members are undoubtedly familiar with the work of Dr. Deborah Luepnitz, a longtime PSPP member. She is a practicing analyst, a faculty member of the Institute for Relational Psychoanalysis of Philadelphia, and a clinical faculty member of the University of Pennsylvania Department of Psychiatry. She is the author of *Schopenhauer's Porcupines* and *The Family Interpreted.*

Dr. Luepnitz also created Insight for All (IFA), a collaboration that provides psychoanalytic treatment to homeless individuals. In 1999, she began volunteering at Project HOME, a homeless advocacy and service organization. A few years later, she persuaded Project HOME leaders to allow her and a team of colleagues to offer analytic therapies to its residents. Three highly experienced clinicians got involved right away: Linda Spero, Barbara Zimmerman-Slovak, and Dennis Debiak.

Project HOME, co-founded in 1989 by Sister Mary Scullion and Joan Dawson McConnon, began as a temporary shelter for chronically homeless men and has since grown into a sprawling and successful provider of housing, services, and advocacy for Philadelphia's homeless. The organization now operates 15 freestanding facilities that homeless people never have to leave. Over 8,000 people have come through Project HOME, and 95% have not returned to the streets.

IFA is comprised of 12-13 analysts and therapists who either do group or individual treatments. IFA members meet twice a year to compare notes and provide peer supervision. All therapists volunteer their time to the project.

IFA has a three-pronged approach: (1) Analytic treatment for those still living on the street, done by Violet Little, a graduate of the Psychoanalytic Center of Philadelphia; (2) Group work for residents and staff, facilitated in the past by Luepnitz, Hallie Kushner, and Ellen Singer-Coleman; and (3) long-term individual psychotherapy. The individual treatments are typically once or twice weekly with most patients sitting up. A few prefer using the analytic couch.

I recently sat down with Dr. Luepnitz in her office to learn more about IFA. The following is a lightly edited version of our interview.

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SAVE THE DATE:

PSPP Spring Program
Saturday, March 3, 2018
Working with Intense Shame and Negativity in Psychotherapy
Richard A. Chefetz, MD
Philadelphia Ethical Society
1906 Rittenhouse Square, Philadelphia
Registration and details at pspp.org

Interview...continued

Can you tell me about how IFA got started?

I volunteered with Project HOME in the usual ways—serving food and driving around in the outreach van. What I noticed was that my psychoanalytic training was helpful, even in those simple gestures of serving food or talking to people who were sleeping "rough." If you understand something about projective identification and countertransference, you have a different ability to contain your own feelings and not be overwhelmed by your compassion, rescue fantasies, or repulsion. Some people volunteer for a few shifts, and they can't stand to do it anymore. I thought, 'Psychoanalysis really has a place here.'

I sat down with Sr. Mary, I think in 2004, and asked her if I could bring psychoanalysis to Project HOME. I had 12 years of Catholic school, so I figured I could talk a nun into anything!

Was she open to it?

Sr. Mary is so smart and so open, but she had some hard questions. Psychoanalysis seemed foreign to her. So I broke it down. The word comes from two Greek words: psyche translates as 'soul' or 'mind,' and the Greek verb analyein means to loosen or untie. So in psychoanalysis we untie the knots of the mind or soul.

Then she said, 'But what do you do in the therapy room?' And I quoted scripture from the Gnostic Gospels: 'If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you.' To me, that crystallizes the ethic and the technique of psychoanalysis. Bringing forth is not a primal scream; it's in words. It's a talking cure.

I was able to convince Sr. Mary to give us a try. When she gave the green light, I started talking to colleagues, most but not all from PSPP, asking if they'd see one homeless person or run one group.

Could you offer some of the texture of the work with the homeless patients you treat?

If we think with Donald Winnicott, we remember that the first home we inhabit is the mother's body. Ideally, that's a time when all of our needs are met, and every home we inhabit after that is founded on that experience of a comfortable home. But what if the pregnant mother was hungry or psychotic or getting punched in the stomach? In that case, the first home was not ideal. It was more like a chamber of horrors. We know that what will be repeated or reproduced is that sense of the dangers of being housed, that no enclosure is safe. And we can ask, 'Can such a person ever feel at home in their own skin?' Some homeless people experience the body as a haunted house, and it's actually safer to be outdoors than in.

One of the great frustrations for Project HOME staff members is that they can work their fingers to the bone to get someone to the top of the waiting list to have their own apartment, which the homeless person says they want more than anything in the world. They're on the waiting list; they're very excited. They take the keys and go into this lovely, freshly painted apartment of their own in a safe part of the city with supportive services on a Friday. And on Monday, you find them sleeping in the park again because it's just too scary to be indoors.

It's exasperating, and young staff members can come to have contempt for the very people they want to heal. But from the psychoanalytic perspective we're all fundamentally irrational, and therapists are more accustomed to the irrational behavior of the upper middle class lawyer or teacher who comes in bulimic and eats a whole cake and throws up every night.

We have had to think, in Winnicott's terms, of wanting to provide a holding environment for people who have never been held, but we have to remember his warnings about "impingement." If the mother feeds the baby, not when the baby is hungry, but when the mother is anxious, the baby doesn't experience a good feed. It feels more like an attack. If we are too welcoming or sit too close to someone who wants to be held but has never experienced it, it can be over stimulating. To set too many goals or expectations can be jarring.

The most important thing is to show up and be dependable. It's why I insist that everyone be on time. You can be five minutes late for a neurotic patient because you can just use that as grist for analysis. You cannot be late for someone who has grown up on the street.

What kinds of issues or themes come up with countertransference in this work?

We experience all kinds of crazy feelings if the person comes in and their hygiene has suffered because they lived on the street. Meanwhile there are toxins in the air much more dangerous than body odor. Yet we have this very primitive reaction. People who work with the homeless have to be able to talk about that. You can't repress it.

Sometimes the person won't have much to say, and the therapists in my group will say, 'You know, I think the treatment is over. I feel like a stick of furniture. I feel like a babysitter.' What I have learned is that you have to really work with the countertransference. So I ask the therapist, 'What kind of babysitter do you feel like? The kind who is going to sit down on the floor and play, or the kind who is going to have a girlfriend or boyfriend over and smoke cigarettes?' 'You feel like a stick of furniture? What kind of furniture—a sturdy chair or a table that the homeless person is going to sit on and break?'

So we can use that countertransference experience to stay alert and awake and curious, and hypothesize something about what's going on in the mind of the other person.

Contrary to the myth that the very poor can only make use of very directive therapies or medication, we've had people in our insight-oriented treatments who have barely missed a session in five or six years and have used the work to get their first job or start their first romantic relationship.

What about transference? How do they tend to perceive you?

At first we asked case managers [who help identify residents potentially interested in therapy] to send them to our private offices, but that didn't work. People weren't showing up. Homeless people are not used to good service. They don't think you'll notice if they don't show up.

Project HOME itself is a kind of protective skin that gets ruptured if they're asked to leave it for care. So we go to the site and see

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Interview...continued

them in an office or conference room. It's not ideal, but it cut the no-show rate by 90%. We go to the site and work with the patient there, sometimes for weeks, months or years until the patient says, 'I don't like meeting here. It's too noisy.' Or, 'I don't like seeing my neighbors when I walk out of this room. Where's your office? Who gets to go there? Why can't I go there?' We explore the fantasy and then make the transition. And at that point, the transference deepens.

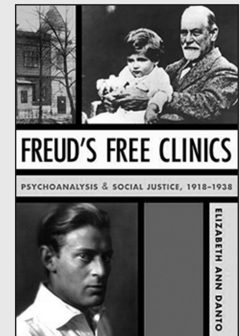
I'm curious to know how this work has changed you.

Well, it certainly has taught me how ludicrous it is to think that poor people don't have an unconscious. When I was a family therapist, our teachers taught us that psychoanalysis was for rich people, and that poor people weren't capable of insight. They allegedly wanted solutions or advice. It's incredibly racist and classist.

I've started to wonder not if having money makes people more reflective, but just the opposite. Being upper middle class can make you complacent. To say homeless people don't have time for insight? If there's one thing homeless people have, it's time. And sitting on the margins and people-watching gives you time to reflect. They are some of the most insightful people I've met. It doesn't mean they can make use of their insight. I've learned to deromanticize. Some people think all homeless people are scammers, con artists, gaming the system, or lazy. Other people think they're all angels in tattered clothes. They're both wrong.

I've also learned to think about my own relationship to home and that that ache for home lives in all of us. We all long for home, and we all long to get away from home.

Freud's Free Clinics



I want to highlight one additional aspect from my full and fascinating interview with Deborah Luepnitz. She reflected further upon the assumption that psychoanalysis is best reserved for those who can pay for it, and that wealthier individuals are the ones who have the potential for insight that analysis demands.

Sigmund Freud's words have often been used to support that idea. In his essay, "On Beginning the Treatment," he talked about how a high fee motivates patients to work and not devalue the process. However, at a 1918 conference in Budapest, Freud gave a speech making the case that some day, as Dr. Luepnitz paraphrased, "the conscience of society will awake, and the rich and poor alike will have access to this treatment." In the decade following, 10 free psychoanalytic clinics sprang up in seven European countries, serving working people and the unemployed.

Elizabeth Ann Danto details this history in *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918-1938* (New York: Columbia University Press, 2005). This book is a source of inspiration for Dr. Luepnitz and IFA, and she highly recommends that others own it.

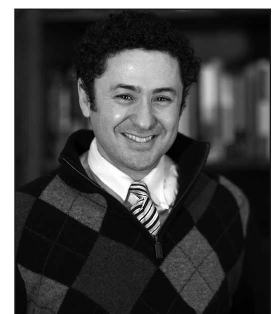
The Duty to Warn: Ethics and Social Consequences

By Dan Livney, PsyD

There was a particularly disconcerting moment during one planning meeting for the local chapter's Duty to Warn (DTW) national conference of October 14th. It was when the group discussed whether it was relevant to inform the Swarthmore Police Department about the meeting ahead of time in case of any counter-protests, or even of potential violence. DTW slated a number of national gatherings of mental health professionals on that day, and the Philadelphia/Wilmington chapter conducted its part of this event at the Swarthmore Meeting House. The question regarding dangerousness was already in the air.

The DTW coalition was founded by Baltimore psychologist, John Gartner, who gathered several thousand signatures (68,000 as of last count) of practitioners in the field who believe in the mental health problems, or of the potential dangerousness of our current President. But questions remained on how to make this determination, what to do about it, and what comes next.

The featured speakers from our local chapter were Bandy Lee, Howard Covitz, Fred Redekop, and Alden Josey. Bandy Lee was an organizer of the Yale conference on the topic of the President's dangerousness, held in April 2017. She is a psychiatrist on the faculty of the Yale School of Medicine, and has been an active collaborator, researcher and consultant on the topic of violence prevention at Yale, to the World Health Organization, and to government programs in the US and internationally. Most recently she was the editor of the 2017 volume,*The Dangerous Case of Donald Trump*. The book has risen the ranks of the *New York Times* non-fiction best seller list, and has been out of print multiple times as word of mouth has grown. She was joined by a contributor to this book, Howard Covitz, whose political activist inclinations he describes as stemming from his "roles as Father, Grandfather, Citizen and Therapist." Apart from that he has also been a past Director of the Psychoanalytic Studies Institute (PSI/IPP) in Philadelphia, and as part of our local community, is a member of the Psychoanalytic Center of Philadelphia. Fred Redekop is a licensed professional counselor, an author and an educator on the faculty of



Dan Livney, PsyD

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The Duty to Warn…continued

Kutztown University. And rounding out the group was the Jungian psychoanalyst, Alden Josey, who has been teaching at Jungian institutes in Philadelphia and New York, and has been lecturing at home and abroad on Jungian themes for over 20 years.

The speakers were joined by discussants Farrell Silverberg, Training Psychoanalyst at the Philadelphia School of Psychoanalysis, and President of IFPE; Aaron Bender, psychoanalyst and psychohistorian; and Frank Malone, Training Psychoanalyst at the Philadelphia School of Psychoanalysis, and the Boston Graduate School of Psychoanalysis.

The task the panel set for itself was to balance the ethical mandates posed by the Goldwater Rule versus those of the Tarasoff case. That is, the balance between the professional mandate for mental health clinicians to not speak in public about people from whom we do not have permission, versus the mandate to warn the public of an imminent danger, of which we have become aware.

As Dr. Lee noted in her book, in March of 2017, the American Psychiatric Association not only reaffirmed the Goldwater Rule, it even extended it, essentially to make it into a gag order. In their talks, Drs. Lee and Covitz both made clear their respect for the Goldwater mandate: that we shouldn't, and perhaps are not even able to make accurate diagnoses from afar. However, Dr. Lee also noted the absence of an ethical rule on the other side, one that would indicate what can be done when the potential risk of harm in keeping silent outweighs the potential harm of speaking out about public figures.

Dr. Covitz defined the notion of risk in terms of statistical weightings – that risk is calculated as the potential of a bad outcome times its severity. So for example, a large risk of losing one dollar does not amount to much, but a small potential of nuclear war is a risk that is real, and one that has been raising anxieties worldwide.

He also spoke about the six indicators of personality-disordered individuals, which constitute those who are unable to accept others as "subjects in their own right." Such people exhibit traits such as viewing others in a non-empathic manner, splitting others into binaries of friend or foe, acting quickly due to an absence of need to evaluate the effect of their behaviors on others, and showing little interest in the relationships or accomplishments of others. This leads them not to recognize the importance of existing laws or social structures; a monomania that leads them to keep in sight only one set of views, which may shift quickly over time; and a willingness to distort truth, given a limited ability to understand the difference between reality and a wish for truth. It seemed that this was a helpful way of looking at the severe pathology one can discern in Mr. Trump, without leading to a specific diagnosis.

Dr. Lee, and others, maintain that the issue is not about diagnosis at all, but about dangerousness. Frank Malone gave a vivid example of this when he described the experience where a patient entered his office for a first session, revealed that he was going home to hang himself, and then rushed out of the office. There is little doubt that while there was insufficient evidence to make a diagnosis, there was enough to trigger an ethical mandate for the clinician to do what he could to prevent the possible suicide.

For Drs. Silverberg and Redekop, the situation is more fraught. What about the risk, Dr. Silverberg asked, of the clinical expertise of clinicians being co-opted for political needs? For some, recent events are pressing for mental health practitioners to enter into the arenas of political power – and, potentially, to thereby become subverted into political tools. He cited the former Soviet Union as a place where just such things have happened. He suggested that we tread carefully lest the field becomes politicized and turns into a "Frankenstein" monster on the loose, enabling further political corruption. Dr. Redekop advocated for further conversation internally, within the field itself, to clarify where it is that we stand and what it is that we are trying to achieve.

The endorsement for caution and for further study reminded me of one of the themes that played out in the audience participation part of the program. There is a tension between finding moderate and thoughtful ways of becoming politically engaged within the larger process of political discord and even disassembly that many see as a part of President Trump's administration and of his Republican supporters in Congress, and, on the other hand, of the imminent danger of war and even nuclear war that allows no such luxury for gradual engagement.

There was ample time for audience participation, and as Dr. Covitz noted following the meeting, in a way that seemed to him to model the kind of respect for differences and disagreements sorely needed in today's political atmosphere.

For me, much of the content of the day felt framed by the contributions of the 27 authors contained in *The Dangerous Case of Donald Trump*. The book is divided into three parts. In the first part, we hear from the authors' descriptions of the charactero-logical dynamics of Mr. Trump, without the intention of coming to a definitive diagnosis. The second part seeks to frame the dilemmas presented by his Presidency for mental health professionals. And in the third part, we are led through some of the societal effects of his candidacy and election – including a kind of mass traumatization that has occurred, and one, in which we are all, as citizens, and as professionals, still struggling to understand our place.

Riding the Wave of the Erotic

By Hallie Kushner, PhD

The first PSPP Fall program arrived early this year, and more than 100 members of the PSPP community wandered across the still-green, beautifully sunny grounds of Haverford College, landing eventually at Founders Hall. The program was called "Riding the Wave of Erotic Transference and Countertransference: The Ethics Around Erotic Revelations," and like the title, it was both poetic and informative. The presenters were Andrea Celenza, imported from the psychoanalytic community in Boston, and our own Sarah White.

Dr. Celenza spoke first. She made a case for welcoming in the erotic, suggesting that we are steeped in erotic material whether or not we prepare ourselves to handle it. It seems that psychoanalysis has been retreating from its attention to the erotic almost as soon as it was created, from Freud's time to ours. Dr. Celenza added that her writing and theorizing around erotic transference filled a gap in the literature, which overwhelmingly presented male-analyst/female-analysand dyads. Her writing made space for the ways in which the "feminine" capacities of holding and containing were as seductive as the "masculine" counterpart of penetration. But beyond that, Dr. Celenza made a point to welcome theorizing around non-binary gender categories.

Dr. Celenza distinguished between sexual and erotic transference, the latter being a more inclusive conception of who you are in the patient's psyche, illuminating their fantasies about their desire. Exploring desire in sexual transference can transform it into an erotic transference, and this point was illustrated beautifully in Dr. White's case presentation (although little will be said about that confidential material here).

This quote, from Freud's paper on "Wild Psychoanalysis," shows the promise and possibility of a more expansive erotic transference:

In psychoanalysis the idea of the sexual has a much greater compass; both above and below it far exceeds the popular sense. This extension justifies itself genetically; we also ascribe to the "sexual life" all manifestations of tender feelings which originated from the source of primitive sexual emotions, even if those emotions experience inhibition in their original sexual aim or have substituted this aim by another no longer sexual.

Dr. Celenza reminded us that the expression of an erotic transference can defend against other feelings, often negative, that can be manifested in a demand that you love the patient in the same way they love you—what she calls a demand for love in the absence of the capacity for loving. What risks are not being taken outside the analytic frame?

In the psychoanalytic context, there are two dimensions that frame and intensify the experience: mutuality of engagement and asymmetry of attention. Mutuality, Dr. Celenza argues, is "an existential fact, a given," what happens when two people meet over and over again in intimate connection. But asymmetry of attention is a choice, requiring discipline and deliberate adoption of a role based on our responsibility as clinicians. It is an active process, one that is entirely up to the clinician to maintain.

When sexual and erotic transferences are under-theorized, and especially when the aggression within them is missed, boundary violations are more likely; boundary violators are unprepared and unable to maintain the asymmetry of attention that is necessary for analytic work. This is where Dr. Celenza's desire to "re-sexualize" psychoanalysis met Sarah White's desire to talk about it.

Dr. White shared that when she began to write up her case presentation, she imagined the audience as a jury—she knew what dangers she was approaching. But it felt important to her to share her experience of being the object of an intense erotic transference, because she had struggled so much herself.

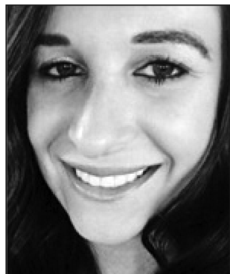
What Dr. White's presentation really illuminated was how difficult and painful it can be to hold space for an intense transference without losing the focus on the patient. Even as it was clear that she was behaving ethically and keeping her patient's well-being in mind, she felt the pain of it. Her use of consultation with colleagues kept a professional "third" in a very hot transference—a protective factor, Dr. Celenza noted, against doing harm.

Dr. Celenza called the case presentation "an elegant piece of work" that highlighted the ways that we must fail our patients in order for them to grow. She shared this quote from Winnicott: "Exact adaptation resembles magic and the object that behaves perfectly becomes no better than an hallucination." Dr. White could not give her patient what he wanted, but she could be what he needed.

I felt very lucky to be part of this audience in this beautiful room on that beautiful day—and I suspect many in the community felt the same way.

Navigating Chronic Suicidality

by Lara Gross, MS



The second PSPP Fall program took place at the elegant Commonwealth Chateau at SugarLoaf, a part of Chestnut Hill College. More than 100 members of the PSPP community attended the program titled: "Navigating Chronic Suicidality: The Challenges and Rewards of a Dangerous Journey."

The presentation was led by Victor Welzant, PsyD, Director of the Sheppard Pratt Health System Postdoctoral Psychology Fellowship in Trauma, and Director of Education and Training of the International Critical Incident Stress Foundation. Dr. Welzant is also involved with the International Society for the Study of Trauma and Dissociation (ISSTD), maintains a private consulting and clinical practice, and serves on the editorial boards of the *International Journal of Emergency Mental Health and Frontiers in the Psychotherapy of Trauma and Dissociation*.

Dr. Welzant was very engaging, passionate, and genuine. He began by challenging the PSPP community to consider suicidality as deserving of a multifaceted exploration that evolves over time, rather than simple, common assumptions such as relief from pain. Chronic suicidality has layers of meaning and motivation that are often built into one's character and serve many functions. Suicidality may even be ego syntonic for some: "It is not what I think. It is who I am."

It is not truly possible to understand the risk and protective factors for the suicidal patient unless we know him or her in a profound manner. Dr. Welzant underscored how, too often, clinicians do not have adequate training in navigating and assessing suicidality. Many clinicians work with too little data from their patients. This is why our long-term psychoanalytic/psychodynamic work is so extremely significant. How else would we begin to understand the patient's baseline, subtleties, and affective tolerance?

Dr. Welzant described suicidality from a relational perspective, touching all individuals and systems surrounding the suicidal person. He asked a very powerful question: "Who is this journey dangerous for?" Vivid clinical narratives were presented to spark deep discussions about personal experiences, interventions, transferences, challenges, and rewards.

Working with chronic suicidality can be a balancing act of holding the patient while allowing him or her to process the deep meanings and motivations related to their suicidality. How do we work towards validating without endorsing? Meanings may evolve over time and developmental stages, ideation may become a close companion, and fantasies of suicide may serve a transitional function. How do these fantasies of suicide help the patient? This process will involve grief, just as one may experience grief when losing any other symptom or defense. Simply providing a patient with homework or safety plans may be a complete empathetic failure.

We must explore additional holding environments for both the patient and ourselves. Therapists may have the responsibility of regulating, via nonverbal cues, the patient's edge of tolerance until the patient learns to regulate their own. Invite them to tell you what happens after deep exploration, once they go home and have time to process, and how they were able to tolerate and regulate affect.

I believe this topic is of interest to so many therapists because suicide is one of our greatest fears. How do we act out our fears in the countertransference? Are we basing our decisions off the right thing to do for us or for the patient? Some therapists are faced with the decision whether to hospitalize every session. We must remember that the "right" decision for the patient is typically the most anxiety provoking for us. Why are these conversations so difficult, even among other therapists? "Based on the definition of therapy, one is being asked to talk about things they do not want to talk about and one is being asked to hear things that they do not want to hear."

Dr. Welzant reminded us that we must examine the rewarding moments just as sincerely as we are mindful of the terrifying ones. He provided practical information, such as trying not to work with more than two chronically suicidal patients at once, so that the therapist is able to contain anxiety. Overall, there was just as much focus on the therapist as there was on the patient, because Dr. Welzant integrated the relational aspect of chronic suicidality in an elegant manner. The therapist must learn to accept the limitations of therapy and our own power while exploring rescue fantasies. Dr. Welzant took on every challenging question with grace.

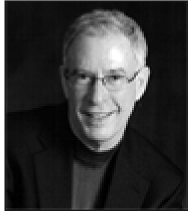
I felt very honored to be in the presence of such a supportive community and the brilliant Dr. Welzant.

Lara Gross is a fourth year doctoral student in Clinical Psychology (PsyD) at Chestnut Hill College. She interns at Haverford College Counseling and Psychological Services and works as an adjunct instructor at Temple University and Holy Family University. Lara is a graduate student representative for PSPP.

Research and Clinical Practice

PDM-2 Notes: The Value of Diagnoses

by Robert M. Gordon, PhD, ABPP



"I never diagnose a patient. It is a harmful, negative label!"

I then asked the clinician who stated that, who was in my workshop on the DSM-5, ICD-10 and PDM, "What problems do you treat?" It then became clear that this clinician just used his own diagnostic labels based on his theoretical orientation. We all diagnose. There are two points here. 1) Diagnoses are to discern what is wrong and to guide what to do. And 2), the diagnostic taxonomies let us use a common language to communicate, study, and learn about various disturbances that people have. A diagnosis is to help. I remember the value of the inclusion of PTSD and Borderline Personality Disorder in the DSM-III. This led to more grants and research for specific treatments.

Is telling a patient their diagnoses a good idea? In rare instances probably not, but mostly I consider it the patient's right to know, and educational. Consider this: can you imagine treating someone with an addiction problem and not telling him or her that they have an addiction problem? I cannot imagine treating someone with a personality disorder and not telling them about it (when they are ready to hear it). It can help increase their self-awareness and improve healthy controls over their externalizations.

But the categorical DSM personality disorders bothered me, because clinically, I saw various levels of severity, which the DSM did not address. Not until the Psychodynamic Diagnostic Manual, which was published in 2006, did I see a consideration of personality disorders at the neurotic or borderline levels.

In addition to my psychoanalytic therapy practice, I also do assessments for the courts. I have met psychopathic criminals at the psychotic level (remember Hannibal Lecter?). The PDM did not include a psychotic level personality since the research bases for the PDM was from mainly outpatients. When I became part of the PDM-2 work group, I pushed for a psychotic level of personality syndrome (we agreed that "syndrome" was a better term than "disorder.") I had empirical research from MMPI-2 data and clinician ratings showing there were psychotic level personalities (they have a delusional core). And also, by then both the DSM-5 and ICD-10 categorized the Schizotypal Personality within the schizophrenic spectrum. Thus, the PDM-2 is the only taxonomy with Personality Syndromes that are dimensional (i.e. Personality Organization) at the neurotic, borderline, or psychotic levels.

The level of Personality Organization (neurotic, borderline or psychotic) is very important to informing treatment. How you would treat a person with a Dependent Personality Syndrome at the neurotic level would likely be very different than someone with a Dependent Personality Syndrome at the borderline level (the latter requiring more supportive than uncovering work). Also the PDM-2 considers anaclitic style (a person more concerned with attachment and loss issues) and introjective style (a person more concerned with self-definition). Each is also handled differently in treatment (emphasis on relationship or interpretation).

With the PDM and even more so with the PDM-2, diagnoses are helpful to inform about the best approach to psychotherapy. The PDM-2 helps you to assess Personality Syndrome (P Axis- Depressive, Dependent, Anxious, Obsessive and Compulsive, Schizoid, Somatizing, Hysterical, Narcissistic, Paranoid, Psychopathic, Sadistic, and Borderline) and Mental Functioning (M Axis- Cognitive and affective processes, Identity and relationships, Defense and coping, Self-awareness and self-direction). There is a Symptom Patterns from the PDM-2 S Axis (e.g., those related to psychotic disorders, mood disorders, anxiety disorders, event and stress disorders, addiction and medically related disorders, etc.).

The PDM-2 is not just another diagnostic taxonomy of mental disturbances. It was specifically developed to help inform for better treatment. I will write a few more articles on how to use the PDM-2.

Meanwhile, a quick and useful hint!

When you look at the PDM-2 and see that it looks the size of an old Philly Yellow Pages phone book, it seems enough to use it as an impressive ornament for your desk. It is 1078 pages!

I recommend first reading the Personality Syndromes- P-Axis Chapter (written by Nancy McWilliams and Jonathan Shedler). It is only 40 pages. It is one of the most important pieces ever written for understanding and treating personality. From there, I recommend reading the rest of the Adult section. From that you will get most of the basic concepts. If you specialize in the other developmental groups or would like to learn more about them, then go on to the Adolescence, Childhood, Infancy and Early Childhood and Later Life sections. (If you are interested in personality assessment, then read the chapter I co-authored. It is not a chapter you curl up with, but may visit.)

The Limits of Psychoanalytic Thought for Gender Dysphoria

by Danna Bodenheimer, DSW, LCSW

I remember struggling to choose a major in college, constantly vacillating between sociology and psychology. I imagine I was not the only one. I ended up with Women's Studies, ultimately unable to choose between what was really wrong: the mind in the world or the world of the mind. I opted, when I realized that becoming a psychotherapist was an inevitability, to take the social work route. I think that this was largely in the hopes that the ills of society and the ills of the psyche could be held together in equal measure. Sometimes this fantasy came to fruition; most times it did not. Honing my skills through psychoanalytic training and supervision only deepened my experience of the disparity between diagnosing society versus locating pain as a byproduct of intrapsychic or interpersonal struggles.

The shifting political landscape, particularly within the last year, has rendered the disparity completely null. I have had few sessions where stress and anxiety about the "outside" world has not entered the treatment room. Global, political, and economic issues that I never anticipated seeing represented clinically, make themselves known hour after hour. Whether climate change has left someone out of touch with their family in a hurricane ravaged town or panic about health insurance has left someone in fear for the security of our therapy together, the line between the macro and the micro, a fantasy dichotomy to be sure, has now completely collapsed.

This is perhaps most true in my work with trans and non-binary identified clients. The assaults and losses in the trans and non-binary communities have occurred at a fevered pitch, through the increased denial of human rights, violence against trans bodies, and widespread misunderstanding of the complexity of gender identity. Whether at the hands of Trump's ban on trans troops in the military, bathroom bills in North Carolina or the termination of gender affirmation treatments in children's health insurance policies, trans lives are under attack.

And the fact is that part of the attack on trans lives and psyches occurs at the hands of mental health care workers. This is not necessarily a conscious attack on our parts, but one in which we are complicit. We are complicit partly because of how psychoanalytic theory functions. Reductively, psychoanalytic theory suggests that symptoms are a manifestation of intrapsychic or interpersonal conflict. We are mandated to think critically about symptoms, to make meaning of them. For example, if someone comes in with OCD and has a fear of leaving the oven on, this leaves us with multiple paths towards interpretation and meaning making. On the most superficial level, we might wonder if there was a fire during childhood. Thinking more deeply, we might consider that the childhood home simply felt atmospherically dangerous. We think hard, we seek to generate insight, and hope that relationally, through safety and transparency, the symptom can lessen its hold on the psyche.

Dr. Danna Bodenheimer

So, what happens when a client comes in with symptoms of gender dysphoria? What happens if a male-identified client comes in saying that their growing breasts are leaving them desperate, self-injurious, even suicidal? And even more problematically, what if that client comes in and needs us to write them a letter for their insurance provider that will allow them the medical assistance to further affirm their gender identity?

Both psychoanalytic and psychological thinking leaves us thinking symbolically, hoping to make meaning of the symptoms. And if we are not thinking symbolically or relationally, we often turn to diagnostics. This can leave us in the position of either questioning, interpreting, or trying to make sense of why someone would feel a sense of asymmetry with the gender that they were assigned with at birth. This inquiry can cause tremendous psychic injury and misattunement with a client who is already living in a highly marginalizing society. Furthermore, the structure of gatekeeping set forth by health insurance companies and the WPATH (World Professional Association for Transgender Health) leaves us in the problematic position of authority over the narratives of these clients and, ultimately, the community's ability to seek desperately needed care.

The limitations of psychoanalytic inquiry have left me turning back to my college experience with women's studies, now better understood as queer and gender studies. I have most specifically taken great guidance and clarity in the use of queer theory, a school of thought not so distinct from self psychology. Both believe firmly in the need for self-actualization as a central tenet of living fully and authentically. Self psychology wonders if the false self was created in the service of maintaining attachment to early, rejecting caregivers. Ideally, a more authentic self can emerge in the presence of a secure attachment, mutual recognition, and fuller acceptance of one's individuality. Queer theory mandates that ideas about who we are; our identities (specifically our gender and sexuality) must be self-determined and taken or received as completely valid by those who we interface with. Clinically, to question a client's gender identity, and the formation of it, can be experienced as a level of policing or intrusion. And this intrusion can be felt as oppressive and deeply damaging in its ability to invalidate what feels fundamentally true.

The main difference between self psychology and queer theory is that queer theory lays the discomfort that one feels in one's gender experience at the feet of a society that compulsively assigns gender

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The Limits of Psychoanalytic Thought...continued

at birth, if not before, in a highly binaried, presumptuous and narrow way. In fact, most gender assignments are made upon faint view of genitalia in the ultrasound process. Basing gender assignment on genitalia is problematic, as is the notion that one will emerge in symbiotic comfort with this assignment. Queer theory rarely assumes that gender dysphoria is due to intrapsychic maladies, but rather a society that thinks about gender in an overly simplistic and reductive manner. However, queer theory also argues that whatever it takes for someone to feel more at ease in their experience of gender is a freedom that ought to be completely self-determined. And, I don't disagree.

This doesn't mean that I surrender my use of psychoanalytic thought when thinking about gender dysphoria. Instead, I turn my psychoanalytic inquiry away from my client and turn it towards society. I think critically about how society desperately mandates the existence of only two genders, assumes that these genders are accompanied by predetermined characteristics, and leaves most of us with very little room to breathe around how we experience ourselves.

I haven't given up on using psychoanalytic thought, but when it comes to treating trans and non-binary clients, I simply don't privilege it. I have it in my back pocket, rather than my front, in an effort to subvert what can be read as a scrutinizing analytic gaze upon my clients. Instead, I shift this gaze towards critical thought about our collective addiction to categorizing people by gender. I think about the side effects of this addiction, which include the destructive sequelae of toxic masculinity, extreme sexism, and the erasure of bodies and souls that attempt to live with increased nuance around their gender identities.

Dr. Danna Bodenheimer is the founder and owner of the Walnut Psychotherapy Center. She practices with a largely queer identified client population and writes and teaches on issues related to gender and sexuality.

PSPP 2018 Brunch Series

For more information and registration, visit www.pspp.org.

Diverse Identities: Intersectionality and the Therapeutic Relationship
Sunday, January 28, 2018
Presenter: Leilani Salvo Crane, PsyD
Location: Wynnewood, PA

A Psychodynamic Approach to Starting and Running Group
Sunday, February 11, 2018
Presenters: Katy Cording, PsyD & Jim Bleiberg, PsyD
Location: Broomall, PA

Other Forms of Healing
Sunday, March 11, 2018
Presenters: Hallie Kushner, Ph.D., Brittany Policastro, & Caroline Grace Ashurt, M.Ac, Dipl.Ac.
Location: Plymouth Meeting, PA

Psychoanalytic Praxis and Theory
Sunday, April 15, 2018
Presenter: Howard H. Covitz, PhD, ABPP, NCPsyA
Location: Elkins Park, PA

It's Like Seeing a Dog Walk on Its Hind Legs: Extra-Analytic Contact, Overlapping Relationships, and Engagement with Clients Outside the Consulting Room
Sunday, May 6, 2018
Presenter: Kyle Schultz, PsyD, M.Ed.
Location: Wayne, PA

Shame, Exposure and Self-Disclosure in Supervision
Sunday, May 20, 2018
Presenter: Barbara L. Goldsmith, PsyD & Valeriya Spektor, Ph.D.
Location: Wynnewood, PA

The Therapy Center: Courageous Conversations

By Sarah White, PsyD

This was my second year attending the Therapy Center of Philadelphia's Courageous Conversations, co-sponsored by PSPP, this time held at the Ethical Society on Rittenhouse Square. Both events felt like sacred gatherings, in which my heart and mind swelled in ways that elicited a simultaneous deep ache and pull towards a better way of being, both in the therapy room and in the world.

This year's speakers were Kiran Arora, PhD, and Deidre Ashton, LCSW. Dr. Arora is an associate professor of Marriage and Family Therapy at Long Island University, Brooklyn, whose research interests include exploring the connections between trauma and oppression in communities of color, and the intersections of race and religion. Deidre Ashton is a licensed clinical social worker specializing in providing socially just, and queer-affirmative individual, couple, and family therapy, and clinical supervision. The program drew attention to the structurally embedded inequities that continue to poison our society, including racism, white supremacy, transphobia, Islamophobia, and bigotry. Marginalized communities continue to demonstrate an increase in anxiety, panic, rage, and fear for their and their families' lives in the aftermath of the 2016 elections.

Dr. Arora generously told painfully moving stories of her family, Canadian Sikh Indian immigrants, as well as the history of Sikhs in India who were displaced and unseen by the Indian government. She told the story of 1984: Operation Blue Star, in which Sikh places of worship were invaded, Sikh artifacts were destroyed, families were pulled out of their homes that were subsequently set on fire, and thousands of people—mothers, children, infants, pilgrims included—were killed. She described the vilification of Sikh people, the media portrayal of Sikhs as violent, and her own experiences of being spit at and bullied. She described the historical pain of the Sikh people being a weight she carries daily, and the ways she continues to be experienced as threatening even in contemporary contexts.

Deidre Ashton vulnerably shared her personal experiences living within a larger context of racism, sexism, and heterosexism, and the messages she learned early on, "To be black is to be less than," and "I needed to work twice as hard to be deemed half as good as my white counterparts." She spoke about her personal and professional commitment to dismantling racism and cisgenderism, and the ways she invites her clients to share their stories of trauma along these lines. She actively invites her clients to name their social locations, and gain their voice in articulating matters of identity, trauma, and rage in the hope of being able to creatively channel these realities with courage and love.

Themes that permeated both presentations and the subsequent open dialogue included the importance of the following: 1) Naming and witnessing what is happening in the therapy room, between therapist and client, along lines of difference and privilege; 2) People in positions of power being willing to be publicly unpopular while advocating for marginalized communities; 3) Changing the rules that govern in a way that is disproportionately advantageous to certain people; 4) Overtly naming and calling out incidents and patterns of sexism, racism, and classism; 5) Continually inviting story-telling; 6) Love, courage, and hope in uncertain, threatening times.

Deidre Ashton concluded her talk with the following poem by Maya Angelou, a moving ending to a deeply powerful program:

You may write me down in history
With your bitter, twisted lies,
You may tread me in the very dirt
But still, like dust, I'll rise.

Does my sassiness upset you?
Why are you beset with gloom?
'Cause I walk like I've got oil wells
Pumping in my living room.

Just like moons and like suns,
With the certainty of tides,
Just like hopes springing high,
Still I'll rise.

Did you want to see me broken?
Bowed head and lowered eyes?
Shoulders falling down like teardrops.
Weakened by my soulful cries.

Does my haughtiness offend you?
Don't you take it awful hard
'Cause I laugh like I've got gold mines
Diggin' in my own back yard.

You may shoot me with your words,
You may cut me with your eyes,
You may kill me with your hatefulness,
But still, like air, I'll rise.

Does my sexiness upset you?
Does it come as a surprise
That I dance like I've got diamonds
At the meeting of my thighs?

Out of the huts of history's shame
I rise
Up from a past that's rooted in pain
I rise
I'm a black ocean, leaping and wide,
Welling and swelling I bear in the tide.
Leaving behind nights of terror and fear
I rise
Into a daybreak that's wondrously clear
I rise
Bringing the gifts that my ancestors gave,
I am the dream and the hope of the slave.
I rise
I rise
I rise.

From the Board

Fall 2017 Endowment Report

by Jeanne Seitler, PsyD

It is with great pleasure that I share with the PSPP membership the good works our Endowment Program continues in our community. The following PSPP members applied for and received stipends from the David Ramirez Fund and the Jane Widseth Fund, assisted by allocations from the General Endowment Fund, to support attendance at the 2017 APA Div 39 Spring Meeting in New York City:

Sabra Ann Walter, M.S.

Kelly Bassett, M.Ed.

Ari Pizer, MA, MMT

Joshua Freker, LSW

Although PSPP does not yet have an Endowment award dedicated to psychoanalytic research, two years ago the PSPP board decided unanimously to award a gift of support to the start-up of the Journal for the Advancement of Scientific Psychoanalytic Empirical Research (JASPER). The first issue of JASPER was mailed out early this summer and the second issue is on its way to the printer as of November 2017. The PSPP board expressed enthusiasm for this project and pride to have an opportunity to be involved at its inception.

As this Endowment chair was unable to attend the PSPP Fall meetings this year, the annual appeal for Endowment giving that is usually done in person at the Fall meeting did not occur. Consequently, gifts for 2017 have not yet come in as they usually do in response to the personal appeal. I must now catch up with my Endowment chair duties and request your participation in our Endowment program through making a donation.

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, PsyD at: 10 Garber Square Suite 5 Ridgewood, NJ 07450.

This year, Feb. 15 is the deadline for applications for Endowment funding. 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 2017/18 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….

Mentorship Program Update

by Barbara L. Goldsmith, PsyD, Director & Valeriya Spektor, PhD, Asst. Dir.

As the mentorship program enters its 13th year, interest has been incredibly enthusiastic and owes its success to our members who have generously found time in their busy schedules to nurture the next generation of psychologists and social workers. Thanks to all of you who have said "yes." We recognize that many of you have been mentoring since the inception of the program in 2005 and your continued support is really appreciated.

In the past year we have had an increased interest from graduate students and post-docs not only from our local universities (Widener, Chestnut Hill, Temple, Immaculata, and Penn) but also from training programs all over the country. We have also had many early career professionals interested in being matched with psychodynamic mentors.

Dr. Valeriya Spektor, recently sent out surveys to both mentors and mentees soliciting their feedback. The majority of respondents expressed appreciation for the program and discussed valuing their experience and their mentoring relationships. Some suggested that it would be helpful to have more structure and clarity to mentoring expectations. Here is some more clarity. At the initial meeting there should be a discussion of what the mentee's interests and expectations are (e.g. *career development, or discussion of theory, research, or readings, or consultation regarding psychodynamic formulation of clinical material that does not entail supervision or a therapy relationship with the mentee*). Mentors are encouraged to contact us with any questions or concerns at any point in the process. It the mentee and mentor are not happy with the match, then a new match will be made. Please don't hesitate to contact us as we are happy to help.

Mentoring is an important and rewarding experience for both mentee and mentor. Mentees have repeatedly told us that they find mentoring to be an invaluable experience and feel incredibly supported by their mentors who reap much satisfaction from the experience as well. The benefits of mentorship are highlighted in a June 2016 article in the Monitor entitled *"The Life Changing Power of Mentors"* **http://www.apa.org/monitor/2016/06/mentors.aspx**

At this year's PSPP graduate student/mentee brunch on **May 20th**, we will discuss the supervisory relationship—specifically the role of ***Shame, Exposure and Self-disclosure in Supervision***. Please join us for brunch on **Sunday May 20th**. Save the date and stay tuned for further details about registration online at **pspp.org**. We hope to see you there.

Also check us out on the *PSPP Mentorship Facebook Group*, which all members of the program can participate in: **https://www.facebook.com/groups/psppmentorship/**

Sci-Fi Recommendation Corner

by Hallie Kushner, PhD

When transferring my academic allegiance from English lit to psychology, I realized that reading people was a lot like reading books—and this held true even before I transferred my academic allegiance from psychology to psychoanalytic theory. In that spirit, I want to recommend two sci-fi trilogies that have resonated with my psychoanalytic self. The first is the "Imperial Radch" trilogy by Ann Leckie: *Ancillary Justice*, *Ancillary Sword*, and *Ancillary Mercy*. There are two main reasons that I recommend these books to a psychoanalytic audience, but I hesitate to say what they are because they are both such good reveals. Even a word might spoil the surprise. So, I'll just say that Leckie plays with the following: the nature of personhood, emotions as a valuable source of information, and internal conflict. And they are surprisingly funny.

The second trilogy is "Lilith's Brood," by Octavia Butler. I understand that the volumes in this trilogy *(Dawn, Adulthood Rites, Imago)* were originally published under the name "Xenogenesis" (a much better title, imo) but they're published as a brood, now. Octavia Butler (1947-2006) was a sci-fi author whose works—you will discover, if you look for her at the Free Library—are filed under African American literature. Her books "see" race both overtly, in the sense that most of her (human) protagonists are black, and covertly, in the sense that her stories can be read as allegories on race. So beneath the top level of a roaring good sci-fi tale are themes she works through again and again in her books: diaspora, gender, and the interdependence (at times grudging or hostile) among groups who wield vastly different levels of power.

The Butler trilogy is about the relationship between an alien species (the ooloi) that evolves and survives via "trading" DNA with other life forms, and the surviving humans of a nuclear world war. The aliens scoop up the human survivors, alter their DNA and fertility, and make the world habitable again. The price of survival is that humans are linked to the alien species going forward; past the generation that survived the war and colonization, no one is strictly "human" anymore. The aliens cannot always persuade humans to collude in this trade, and those humans are known as "resisters" (!). The resisters self-segregate, growing more despondent and violent as they are crushed under the weight of their choice—freedom at the price of infertility and eventual extinction. The humans who agree to link their survival to the aliens do so with regret and rage, as well as love, for the ways they are changed.

Humans cannot be allowed to perpetuate themselves, the aliens argue, because they are too deadly:

> *"Your bodies are fatally flawed. The ooloi perceived this at once. At first it was very hard for them to touch you…You have a mismatched pair of genetic characteristics. Either alone would have been useful, would have aided the survival of your species. But the two together are lethal."*

This "conflict," as the books state it, is between intelligence and hierarchy. The latter is "a terrestrial characteristic. When human intelligence served it instead of guiding it, when human intelligence did not even acknowledge it as a problem, but took pride in it or did not notice it at all…That was like ignoring cancer." The protagonist replies that she doesn't think of this as a "genetic problem" at all, and her alien ambassador says,

> *"Yes…intelligence does enable you to deny facts you dislike. But your denial doesn't matter."*

I was reading this trilogy when Charlottesville happened. What a bracing reminder of our "genetic conflict." *Our denial doesn't matter.* Because Butler's books can be read on multiple levels, the act of reading her is akin to listening for deeper meaning—like looking beyond the manifest story to the latent story. And in an altered but recognizable way, the "conflict" shapes the feelings and choices of the books' characters much as we are used to thinking about unconscious conflict.

Thank you for joining me in the sci-fi recommendation corner! Where there is always room for fun and/or dystopian despair.

Remembrance of Yvonne Agazarian

by Howard Covitz, Ph.D.

Yvonne Agazarian died in October 2017; she must have been 88 or 89. Many of you won't have known her, even though she arrived on the Philadelphia Mental Health Scene just around 1950 and stayed active for more than 65 years and was awarded Group Therapist of the Year by the APA in the late 90's. If Emile Zola was right to say about himself and others that it was human destiny "to live loudly," then Yvonne lived so in a bold and quiet manner—a theoretical conquistador. I thought I might take a few moments to communicate—with those of you who didn't know her—some thoughts about the breadth of her impact in the psychodynamic world and—for those of you who knew and loved her—my shared sorrows that Yvonne Agazarian is no longer up and about to teach us all about the many areas in which she brought her acute thinking to broad conversations about individual and group development and functioning. I can only share about the places we intersected; maybe others can share differently and in their own way.

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Remembrance...continued

First, as a supervisor. Yvonne was my first psychoanalytic supervisor in the early-mid 70's. She thought psychoanalytic concepts like a shortstop plays the infield: crisp and decisive ... though still with humor. My first clinical session at the Psychoanalytic Studies Institute was set up with a man who showed up with a bow and a quiver full of arrows. He explained that a Yellow River had told him to rob a bank with his bow and arrows. After being released from hospital, he was sent to our clinic to quiet the river, I suppose. Session over? I immediately called Dr. Agazarian in the terror known to youngish therapists at the time of their first forays into treatment. Yvonne, in her very-British-with-a-hint- of-French accent, replied simply: "Now, I want you to write these two things down, Howa'd, word for specific word. First ... Give ... the ... patient ... away … to … an … experienced … therapist. Roger that?" I said that I did. "Good. Second. Pay, once more, very careful attention to each word: Don't ... put ... an ... apple ... on ... your ... head."

Yvonne, like many other (particularly) female analysts, seemed to bring people along with her ... coworkers ... people who all were or became dear friends. SAVI (Strategic Interaction of Verbal Analysis), a program for helping people understand their interpersonal communication style, was done with her friend Anita Simon, 50+ years ago. Her first book on Group Analysis (The Visible & Invisible Group) was with another friend and group-co-therapist, Richard Peters, with whom she taught at the Psychoanalytic Studies Institute and where both were or would be Directors. During this time, Yvonne was also among the founders and active members of the Delaware Valley Group Psychotherapy associations and on National Group boards. Many of the mature leaders of these groups, today, recognize Yvonne as a primary mentor. I recall casual and formal discussions she would have with Kernberg, Wolff and many others about Whole Group analysis. Yvonne's mind was always alive ... and always sharp … and when drinking, thoroughly enjoyed singing songs she learned during the Blitz in air-raid shelters.

In the 80's, Yvonne became interested in exploring other methods. She, Dick, Claudia (was Claudia the first President of PSPP?) and Fran became interested in the works of Davenloo on Short-Term Dynamic Psychotherapy. It wasn't long before Yvonne worked on understanding certain principles of subgrouping in groups that led her to her works for the last 20 years of her life in (founding) System Centered Therapy (SCT) ... for individuals, for groups, and for couples. Yvonne was a grand thinker, not one for playing at the margins. She postulated that groups' identities, cohesiveness and structure could all be related to the manner in which groups came apart and went back together. She drew on thinking from the General Systems folk, from thinkers such as Lewin, from Psychoanalytic works with allegiance to what worked clinically and what constituted a cohesive theory. Perhaps a dozen volumes came out of that work, again with colleagues, Susan, Kathy, Fran and Claudia. I never much theoretically agreed with Yvonne, but like so many of her colleagues and students, I never stopped admiring and loving my friend and her multi-leveled thinking. With shared sadness with Berj, her long-time partner, and all of us who knew and loved her, I say:

You did real good, Yvonne. We'll miss you, always.

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IRPP Announcement: Child Relational Training

The Institute for Relational Psychoanalysis of Philadelphia is pleased to announce the opening of a child relational training program. This is a new, stand-alone offering, which also represents an institute-wide commitment to widen the focus within all of our training programs to more explicitly include work with children and families.

We have been training candidates for 11 years in adult relational psychoanalysis. On the basis of this experience, and a growing awareness of childism—that is, insufficient attention to children's needs—this new child relational training program has emerged. Our adult training has always included a developmental perspective, and has taught concepts critical to relational thinking from child work, such as play. We are now poised to deepen and expand this element of the curriculum, to begin to train candidates to work with children and their families, as well as adults.

The relational turn in psychoanalysis has been influenced by empirical findings from neuroscience, attachment theory and, in particular, infancy research. Therefore, attaching a child program in ongoing dialogue with the adult program will create structural training conditions that mirror, and thus support, a fuller elaboration of central relational concepts. Within the child training, attention to clinical skills necessary to work within a system, that is, to pivot between and within the intersubjective space(s) of the child and their parents will be emphasized. The child candidate will be learning about layers of relational work, i.e. of the therapist in relation to the child and family, as well as privileging foregrounding work as a third to the child-parent relationship and the cultural context surrounding the system. The Institute is proud to be adapting to the current cultural realities and to the more recent empirical findings and theoretical developments with application into expanded training opportunities.

In this Institute context we have invited Christopher Bonovitz, Ph.D. to a Reading Dialogue on February 3, 2018. Please join us:

Christopher Bonovitz, Ph.D.:

Faculty, Supervising & Training Analyst, William Alanson White Institute; Clinical Associate Professor of Psychology & Clinical Consultant, New York University (NYU) Postdoctoral Program in Psychotherapy & Psychoanalysis; Faculty & Supervisor, the Mitchell Center for Relational Studies, & the Manhattan Institute for Psychoanalysis; Associate Editor, Psychoanalytic Dialogues & the Journal of Contemporary Psychoanalysis. Currently completing an edited book with Andrew Harlem on Development & Therapeutic Action.

THE INTERGENERATIONAL TRANSMISSION OF ATTACHMENT PATTERNS
WITHIN A CULTURAL CONTEXT IN CHILD TREATMENT

This reading dialogue will explore the intergenerational transmission of attachment patterns from parent to child and the cultural context surrounding these patterns. Using an Interpersonal-Relational theoretical perspective, an extended treatment with a pre-adolescent boy will be presented that illustrates the various permutations of attachment patterns between parent and child, their manifestation in the transference and countertransference, and the therapist's attempt to create psychic space for symbolic communication and the processing of disorganized affective experience.

Check the PCPE website – www.pcpeonline for more details of the seminar.

Letter from the Editor

I am excited to get more involved with the PSPP community as the editor for *Currents*. Thank you to Ari for his work on the newsletter over the last few years and for helping me learn the ropes. In this issue, we feature an interview with Deborah Luepnitz on the work of Insight for All (IFA). Hallie Kushner and Lara Gross provide overviews of our two excellent and heavily attended fall meetings, Dan Livney writes about his experience at the Delaware meeting of the Duty to Warn, and Sarah White writes movingly about the Courageous Conversations event, co-sponsored by The Therapy Center of Philadelphia and PSPP. Robert Gordon offers a succinct overview of the PDM-2 and how we can start using it in our practice, Danna Bodenheimer writes about the tensions and possibilities of using psychoanalytic theory and queer/gender studies in her work with trans and non-binary people, Hallie draws upon psychoanalysis to review science fiction books, and Howard Covitz helps us to remember Yvonne Agazarian, one of the founders of our community. We also have additional updates and member notes on the Endowment Fund and Mentorship Program.

My hope is that this, and future *Currents* issues, help foster a sense of connection, highlight noteworthy work in our community, stimulate new ideas, and inspire you about the potential impact of our efforts. I hope to get to know many more of you, and I welcome your ideas and contributions.

Josh Freker, LSW

Editor

PSPP Member News

Corinne Masur will have an edited book coming out in April published by Karnac Books: *Flirting With Mortality: Psychoanalysts Consider Death*. Included in the book will be chapters by Corinne, Nancy McWilliams, Ruth Garfield, Harvey Schwartz, Henri Parens, Salman Akhtar, Sybil Houlding, and Ellen Pinsky.

To share your professional news in the next Currents, please email psppeditor@gmail.com.

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