



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

Text

PSPP FALL PROGRAM: COMMUNITY ROUND-TABLE: The Clinician’s Life History in the Consulting Room



By Valerie Wilson, PhD

On November 9th, 2014, an audience of PSPP members, non-member clinicians and a record number of graduate students participated in an innovative panel discussion at PSPP’s 2014 Fall Program, hosted by St. Joseph’s University. The workshop, entitled “Community Round-table: The Clinician’s Life History in the Consulting Room,” shifted our attention from an exclusive focus on patients’ material to consider the effects of our own life events, preoccupations, challenges, dreams, and unconscious conflicts on our clinical work. Participants enjoyed a thought-provoking and often moving discussion of identity, self-disclosure, personal growth and vulnerability, preceded by extended personal reflections from three generous colleagues at different stages of their careers.

In his introductory remarks, PSPP President Dan Livney explained that the inspiration for the panel came from a recent essay by Nancy McWilliams on the impact of her personal analysis on her development as a clinician (McWilliams, 2013). Acknowledging the importance of the subjective experience of the analyst, Dan encouraged attendees to reflect on Lew Aron’s observation that people drawn to analytic work tend to be inherently conflicted about intimacy and the desire to be known (Aron,1991). In what might be seen as mere coincidence, or read as an enactment of this very conflict, two of the three panelists were a few minutes late to the event, though they more than made up for it with their thoughtful and compelling presentations and discussion.

Each of the panelists spoke in turn about their personal journeys as therapists. Matthew Whitehead, PsyD, represented the early career professional. An adjunct faculty member at the Institute of Graduate Clinical Psychology (IGCP) at Widener University, he is a candidate at the Institute for Relational Psychoanalysis of Philadelphia (IRPP) and a psychologist in private practice. Dr. Whitehead spoke affectingly about experiences of shame related to sexual identity and the introvert’s fantasy of being anonymous while also being known.

Ann Smolen, PhD, a Training and Supervising Analyst in Child, Adolescent, and Adult Psychoanalysis at the Psychoanalytic Center of Philadelphia (PCOP), is known for her research on attachment in homeless mothers and children; she practices in Ardmore and represented a clinician at a “middle” stage of her career. She described her “roundabout” route to social work and psychoanalysis via her early training and professional career as a ballerina and her experiences as a mother. Dr. Smolen provided a deeply moving account of a personal tragedy that informed her understanding of both motherhood and psychoanalysis, and shared how her own analyses and experiences with mentors and supervisors shaped her development.

continued on page 2

TABLE OF CONTENTS

Fall Meeting	1
Letter from the President	5
Research & Practice	6
Self-Care.....	13
In Memory	
From the Board.....	14
Creative Expressions	16
Events	17
Letter from the Coeditors	19

Fall Program...continued

Marilyn Charles, PhD, a Senior Staff Psychologist at the Austen Riggs Center and the 2014 President of Division 39 of APA, reflected on the influence of diverse life experiences and personal characteristics on her long career as an analyst. Her observations touched on the feeling of being always “on the margins,” the urge to give back, the value of common sense and the ability to learn from experience, the experience of a “solitary” person as a member of a group, and the challenges of being a woman in the analytic world. She concluded that “equilibrium comes with age,” and encouraged participants to reflect on the future of psychoanalysis, especially the application and dissemination of psychoanalytic knowledge. For example, she has served as consultant to a project aimed at preventing intergenerational transmission of trauma among aboriginal children in New South Wales, Australia. Dr. Charles emphasized the humanistic heart of psychoanalysis as an encounter with a “real person.”

After the three panelists’ presentations, the floor was opened for questions and discussion. Early on, graduate student participants’ thoughtful questions about self-disclosure led to lively discussion of the meaning of the analyst’s sharing or hiding aspects of her own subjectivity. One participant observed that in her view, the content of what she may disclose verbally to patients is less crucial than the extent to which she remains emotionally attuned to them during the exchange. The classical vs. relational approaches to the analyst’s subjectivity were briefly highlighted, and participants explored the complexity of the unique experiences produced by each therapist/patient dyad. Questions discussed included: What does it mean to be a person with our patients? What is the experience of “hiding” aspects of one’s subjectivity? Can a treatment be successful without the analyst becoming a person to the patient? Despite our efforts to “hide” certain aspects of our selves, or to “titrate” our self-disclosure in response to our sense of what a particular patient needs, are we not ultimately transparent to our patients through the many nonverbal, conscious and unconscious registers of communication that operate throughout our interactions with another person? This “terrible intimacy” of therapy, in Marilyn Charles’s words, leaves both participants vulnerable. The patient’s needs unquestionably take priority in a treatment setting, and our personal therapy and supervision are crucial tools that help us meet our own needs for nurturance to avoid burdening our patients. This workshop, involving discussion with colleagues of different ages, personal backgrounds, and theoretical orientations, provided a refreshing vantage point from which to examine questions about “self-disclosure,” therapist vulnerability, and therapist subjectivity.

With encouragement from Dan Livney, the discussion became increasingly personal and present-focused over the course of the afternoon. An audience member wondered whether we were not all “hiding” to some extent by keeping the discussion focused on abstract concepts and issues of theory and clinical technique. The observation that clinicians are often not comfortable in groups

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was made more than once. Great appreciation was expressed for the panelists’ candor and thoughtfulness in sharing so much of their personal stories, and a number of audience members began to share some of the aspects of their identities, and the major life events, that had affected them in their clinical work. All in all, the discussion touched on a wide range of experiences that gave a snapshot of some of the struggles we and our colleagues have faced, including coming out as LGBT, being the parent of an LGBT child, growing up in poverty, experiencing both chronic and acute physical disabilities, immigrating to the United States, making major career changes, having children, and losing a child.

Many topics were touched on that merit further study. One of the most important in this writer’s view related to the difference between visible (e.g., ethnicity, accent, gender, pregnancy) and less visible (e.g., life history, religious belief) characteristics and social identities of the therapist and how these identities are shared, acknowledged, and perceived in the therapy relationship. An audience member brought up the experience of stereotype threat for clinicians who are members of minority groups, placing the discussion about “hiding” in context by drawing attention to the aspects of ourselves that we cannot choose, consciously or unconsciously, to hide from our patients. The large and enthusiastic group of graduate students in attendance reflected the increasing diversity of psychoanalytically-oriented therapists. For therapists of all backgrounds, awareness of our multiple social identities, each conferring varying degrees of power and privilege, and how these identities interact with those of our patients, is a crucial aspect of cultural competence and can significantly deepen our understanding of our life experiences. Given the increasing multicultural diversity of our society, self-awareness regarding social identities and sensitivity to the experiences of diverse groups will be necessary as we work to expand the reach of psychoanalytic therapy.

In closing, this year’s fall program offered something different and very valuable to the PSPP community. Many thanks to the guest speakers who shared their personal stories, and to the audience participants who generated such a rich and thought-provoking discussion.

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Letter from the President



By Dan Livney, PsyD

I am fascinated by community and communities, with their unique qualities and dynamics and their boundaries of inclusion and exclusion. As I began to compose my remarks as the new President of this organization representing many intersecting parts of the area's psychodynamic/psychoanalytic community, several questions came to mind. Of course, what to say? To explain? To announce? To enthuse; dare I say, even to relay excitement?

First, perhaps, to understand: what is this thing that I am addressing: what is a community? So I decided to go looking. As a former English major my first stop was with the etymology dictionary, hoping to find some clues in the word's linguistic fingerprints to its true meaning. I learned that the word 'community' comes to us from 14th Century French, meaning 'commonness' or 'everybody.' The French word in turn comes from a more friendly sounding Latin word which adds the idea of 'fellowship' but retains the more affectively neutral meaning of 'public' or a thing 'shared by all.' I was disappointed. I went to the dictionary seeking passion and enlightenment, instead all I found was the mundane: the thing all around.

Looking to literature, Shakespeare didn't seem to have much use for the word "community," either: only one instance in all of his plays. Worse yet, that instance is to be found with the connotation of something so familiar that it no longer bears noticing. In the play, the Prince, in a tensely paternalistic moment gets a dressing down from his father, King Henry, for acting more like his predecessor, and profligate n'er-do-well cousin, Richard, than his much more restrained and imposing dad. Goodness, says King Henry, people will look at you with eyes "sick and blunted with community," rather than with the "extravagant gaze" due a King (Henry IV, Part I, Act III, Scene 2).

What about on Pep-Web? I found 147 hits on titles that use that word, but the majority of those papers use it as though it is an already well-known and well-identified noun. I did run into some interesting exceptions. Jean Hantman, in a 1999 paper, talks about the patient who creates her own community through multiple, and carefully thought out referrals to the same analyst. Hantman goes on to explain that she uses the word "community" instead of "group" because the benefit in this circumstance went beyond the people being referred, and extended to their friends, families and co-workers as this circle "continue[d] to provide emotional education in whatever form is comfortable to each." This certainly doesn't resemble PSPP yet, but raises for me at least some questions worth wondering about: how does one enter a community, how does one relate to, and help sustain a community? How does a community relate to and help sustain the individual? Do we, in fact at times, even notice these qualities and operations that are part and parcel of community? There were other "hits" in my Pep-Web search, but not much that seemed to speak directly to these questions (I didn't read all 147 papers, though).

To be fair, there is a body of work on "milieu" therapy, which does have to do with treatment in context and speaks about some of those issues. Coined by Bettelheim, he describes how child patients with insufficient home environments find various transferences to important figures in any of the staff members they come into contact with, not just the primary therapist. A nurse may take on the transference role of a father, another staff member may become a sibling. The work strikes me as having some light to shed on the idea I am examining, but still does not quite hit the mark of my question. All this I find interesting, but not sufficiently clarifying; nor have I yet, by my mine own assessment, made the case for excitement in community, in this thing we share.

continued on page 4

Presidents Letter...continued

I am not sure I can resolve the problem of just what constitutes a community, here. I would be satisfied with raising the question about something so familiar that it can, at times, run the risk of being overlooked and seen with eyes “blunted with community.” Perhaps some may not know that PSPP is one of the largest chapters of Division 39, second only to that of Northern California. Or that our programs, including our popular brunches, have been commented on and envied by various visitors who have come and seen what we have to offer. Having sat in on the local chapters’ meeting at Division 39, I have heard stories from regions across the country where board members describe having a hard time convincing enough people to run for the various board positions, or attracting new members. Many have asked how other programs manage to bring in graduate students who will enrich and enliven the future of these organizations. In a few instances chapters have even been forced to close or to lie dormant for lack of interest.

In counterpoint, I am pleased and feel fortunate to report that PSPP has been growing steadily throughout its 30-year history, and is now finding itself just a shade south of 300 members strong – a remarkable number in the current psychodynamically/psychoanalytically unfriendly climate we live in. I am also proud to note that we continue not only to attract, but to nurture new graduate members through the mentorship program, Barbara Goldsmith’s annual graduate student brunch, and through our research and conference travel stipends. And that both of our last two programs have brought in record numbers of graduate students, not only from all three of the dynamically oriented graduate psychology programs in this area: Widener, Chestnut Hill College and Immaculata, but also from Penn, Bryn Mawr, Villanova, Lehigh, LaSalle, and the University of Delaware.

When I was a graduate student, I, myself, hardly felt as though I existed within a context; I felt alone, or almost so, in my interests until I was introduced to PSPP. I have heard similar stories from many graduate students since then. That idea, that this community can provide such a space - to bring new members into the fold, and sustain those who are there – seems to me to be cause for excitement. Indeed, if you were looking for a reason to contribute to our Endowment Funds, which support our ability to sponsor psychodynamically focused research and dissertations, and to allow financially strapped graduate students and ECPs to travel to Division 39 and other conferences; then perhaps the notion that by doing so you would be supporting your own community, in whatever way you understand it, may be a compelling one.

I would like to close by thanking and welcoming our current board members: Robin Ward (Past-President), Heejin Kim (Treasurer), Courtney Slater (Secretary), Sarah White (Membership Chair), Jeanne Seitler (Past-President and Endowment Chair), Ruth Garfield (PCOP Liaison), Sarah White, Ari Pizer, and Lesley Huff (Newsletter Editors), Emily Loscalzo (Brunch Coordinator), Valerie Wilson (CE Coordinator), Shari Mann and Barbara Goldsmith (Mentorship Program Coordinators), Mark Richardson, Deborah Shain, Philip Rosenbaum, Hallie Kushner, and Natalie Petyk (Members-at-Large), whose time and energies are given in order to create whatever it is that we exist in, at times unseen.

I have had moments, maybe you have too, when I neglect to recall how many of our friends and colleagues are all part of this one organization, no matter what school of thought we come from. If so, perhaps that we have the luxury of taking a thing for granted, much like a “good enough” mother, is something to be praised - a sign that things are “working.” But I would argue that just because we can take a thing for granted is no good excuse that we should. And maybe taking a moment to recall our good fortune is enriching and worthwhile in putting our own energies towards.

I look forward to seeing many of you at our various events. If we have not yet met, I look forward to meeting you, as we work on building and maintaining community, together.

IFPE's "Necessary Fictions" Conference honoring Thomas Ogden in an Ogdenless Event

The International Forum for Psychoanalytic Education (IFPE) had its 25th Anniversary Interdisciplinary Conference at the Kabuki Hotel in San Francisco from November 6th through 8th, 2014 at which psychoanalysis, writing, and the contributions of Thomas Ogden were celebrated.



By Farrell Silverberg, PhD

The conference theme was "Necessary Fictions," and aimed, according to the conference organizers, to spotlight "the fabrications of mind in the service of survival, in the creation of meaning, in the healing of wounds and in narratives of self and other."

In keeping with the conference's theme, IFPE's 2014 Hans Loewald Memorial Award went to Thomas H. Ogden, M.D., whose work has been at the forefront of the shift in psychoanalytic writing that endeavors to best capture the psychoanalytic process and our experiences in the consulting room. In accordance with his custom, Dr. Ogden accepted his award in absentia (see photo), but he joined in the co-creation of a celebratory event along with me and the IFPE board at which a newly revised version of his paper on "Reading Loewald: Oedipus Reconceived" was read.

At this event, as IFPE President, I reported on a personal discussion I had with Dr. Ogden in his office about rethinking the resolution of the Oedipal challenge so that there is a main focus on responsibility between the generations and the process is characterized as a loving diminishment, incorporation and transformation rather than as a fearsome parricide. Ogden sees our responsibility as "fathers is to be better than the fathers we had, and as mothers to be better mothers than we had, and that our responsibility as analysts is to be better than the analysts than we had. To become better than our own analysts and better than our own supervisor, for example, requires that we curtail the idealizations that tend to occur... the maturational task to kill off that idealization as a means of successfully completing the Oedipal challenge," to paraphrase Ogden's words.

I also wish to use this Currents report to share with my PSPP colleagues, since most of us know him only from his writing, that in my meetings with Dr. Ogden, I found him to be a gentle, thoughtful, warm, candid, and, in some indescribable and yet not totally unexpected way, a rather ephemeral presence.

At an IFPE conference, presentations constitute only half of the formula and attendee participation and dialogue with and in response to the presentations constitutes the other half of the cumulative experience during the three days. This was well exemplified in the conference's "Ogdenless Ogden" event where, with a progressively deepening development of the theme, attendee reveries were interspersed with Dr. Ogden's presentation paper and in his absence the space allowed for a uniquely rich celebration of his ideas and sharing thoughts about reverie, the "analytic third" and how matters of idealization, maturation, resolution and responsibility have played out in our work and in our other fiduciary roles, such as parenting.

Since the sole criterion for membership in IFPE is a "self-expressed interest in psychoanalysis," presentations were given by psychoanalysts from many different schools of thought as well as, to name a few, by writers, such as Anne Germanakos (Tribute) and Rikki Ducomet (Netsuke), Princeton gender and sexuality studies pioneer and philosopher, Gayle Salamon (Assuming a Body), noted San Francisco analysts John Beebe and Thomas Kirsch, and 110 other presenters in panels and individual formats. With IFPE's openness to all schools of thought, and its independent spirit — since it is beholden to no certifying or accrediting umbrella organizations, Jungians, Freudians, Lacanians, relational analysts, object relations theorists, self psychologists, psychoanalytic writers, fiction writers, filmmakers and more entered into deep, open, friendly, mutually respectful and synergistically enriching discourse.

IFPE's next conference will be on November 5 -7, 2015, here in Philadelphia at the Sheraton Society Hill, on the theme of "Vulnerability and Its Discontents" and Deborah Britzman, Distinguished Research Professor, FRSC, will be the Loewald Memorial Award Recipient. A call for participation and proposal forms will be available on the IFPE website at www.ifpe.org in the early Spring or ask to be put on the mailing list by contacting admin@ifpe.org.



Dr. Farrell Silverberg presents the IFPE award to Dr. Thomas Ogden

Self-Disclosure with our Fellow Therapists: The Power of Mutual Authenticity



By Phillip Bennett, PhD

One of the most discussed topics in contemporary psychoanalysis is self-disclosure. With a new, post-modern understanding that psychoanalysis is never about just one person (the patient) but always about two persons—the patient and the analyst—the old myth that the analyst could stay completely hidden and anonymous in order to be a blank screen for the patient’s projection has given ways

to a new emphasis on the complex and ever-shifting interaction between the subjectivities of the patient and the analyst in which the analyst is always a participant, whether wittingly or not. Our unconscious, our nonverbal communication, our office décor and dress, our anxiety about our patient’s curiosity and personal questions—all disclose something about us even when we are unaware of it. The question is not whether we self-disclose but how and why we disclose and how we handle it in our interactions with our patients. The answer to this question will be different from moment to moment, from dyad to dyad.

But what about self-disclosure among our fellow therapists? I have found that there is often a reticence to share more personally with our peers. Our psychoanalytic anxiety about self-disclosure can color the way we approach our interactions with colleagues, particularly in public forums. This may be changing in some analytic circles where case presentations and papers focus more actively on the analyst’s experience as well as the patient’s. Nevertheless, there is a long-standing and lingering anxiety about visibility and vulnerability that is rooted not only in the classical understanding of analytic abstinence and neutrality, but also in a collective legacy of competition and excommunication. Traumas such as Freud killing off his disciples or Winnicott being crucified by The American Psychoanalytic Association and then dying of a heart attack—have contributed to a history of anxiety and mistrust among analyst which has sometimes made it risky to share with colleagues in a vulnerable way. But if we think of self-disclosure in a post-modern relational context, it can be an opportunity to co-create together what Thomas Ogden, Jessica Benjamin and others refer to as the “Third”—a shared experience of a “we” which transcends the isolation and polarization which sometimes occur when our “you” and “I” are experienced as unconnected and competitive subjectivities.

When the sharing of personal experience is narcissistic we feel uncomfortable and disconnected from the sharer. In contrast, when someone takes the risk to be vulnerable in an authentic way the person’s courage to speak from their personal experience allows us to access our own personal stories in new ways. There is nothing so universal as the personal. Taking the risk to be vulnerable with our fellow therapists can reduce the shame and isolation we often feel both personally and professionally.

I had an opportunity to experience such peer sharing at the conference of the International Forum for Psychoanalytic Education (IFPE) held in November in San Francisco (see Farrell Silverberg’s detailed description in this issue). IFPE defines itself as a “home for thinking, characterized by a willingness to engage both ideas and experience...to generate an alive space, resonant with psychoanalytic inquiry, in which each person can evolve”. Besides rich intellectual presentations, sometimes by leading lights in the field, presenters frequently took the risk of sharing something of their own personal story. To name a few examples: a man spoke of the relationship between his dying of cancer and working with his dreams in his analysis. An analyst who is also a jazz musician shared how he sees improvisation at work in both his music and his clinical work. A panel of women analysts and writers shared their experiences of reading Virginia Woolf and how this has shaped their own personal and clinical development. An analyst trained as a professional singer spoke about working through her grief at the loss of her husband by singing. She played a recording she had made of herself singing two songs for her deceased husband. It was moving and powerful. I was on a panel with another analyst in which we discussed our relationships with our fathers. He read from a memoir he had written about his father and I presented a paper about dealing with the painful legacy of my father and my struggle to move beyond it. I concluded my paper by playing a song I had written for my father. In a safe trusting space, we were able to share as analysts and as people in a way that was affirming, freeing, and reassuring. It reaffirmed our commitment to our work and helped us know that we are not alone in our vulnerabilities. As Harry Stack Sullivan said, “We are all more human than otherwise”. It is this humanity that we work out of when we sit with patients.

Killing the Patient with Kindness – An Adventure on the Dark Side at the Schulman Symposium

Can we welcome our bad selves to make good therapy happen? This question was woven throughout this year’s annual Schulman Symposium. Psychoanalyst Dr. Jody Messler Davies presented a paper entitled, Killing the patient with kindness: Reconceptualizing empathic attunement from the dark side of psychoanalysis, which was her attempt to address the complexities inherent in this question. She wanted to correct a notion of empathy that has proliferated in recent years. It is an empathy that overlooks the patient’s (and therapist’s) malignant envy, hate, and aggression in favor of viewing the individual as traumatized or victimized. Davies wonders about how therapists might engage these more destructive parts of one’s experience while maintaining empathic attunement. Her paper, along with Drs. Stacey Boyer and Mark Richardson, brilliantly capture the



By Ari Pizer, MMT

continued on page 7

Dark Side...continued

complexities that each wrestles with when they allow the darker side of empathy into their office.

Dr. Davies, in her characteristically inviting style, laid the groundwork before taking the audience on an adventure through her theoretical elaborations and clinical work. Acknowledging the different developmental levels among the audience members, Davies began by summarizing what binds relational psychoanalytic theory together. "It's easy to say what we don't do ... it's a lot harder to say what we actually do," she stated.

She then compared, contrasted, and relationalized D.W. Winnicott's holding and survival of the object with Wilfred Bion's metabolizing function of the analyst. For Davies, the analyst's activity is what differentiates these theories. Whereas Winnicott says we must invite the patient's projections, contain them, and show that we can survive them without retaliating or withdrawing, Davies sees Bion's formulations as messier. Relationalizing Bion's ideas, Davies suggests that in order to receive, metabolize, and detoxify the patient's projections we must first be familiar with our own bad objects as they attempt to break through and disrupt the treatment. These ideas were illustrated beautifully in a clinical example in which she described an enactment with a patient where her own retaliatory and aggressive selves threatened to break through in response to a patient's own hate filled aggressive selves. However, instead of creating a rupture that was beyond repair, Davies and her patient were able to use the moment to help the patient (and Davies) integrate these darker selves into their ongoing experience and move the relationship forward.

Drs. Boyer and Richardson, both Widener alums, then presented their own ideas about working with envy and hate in the clinical encounter. Dr. Boyer, a post-doc at Sheppard Pratt, described her work with a DID patient in the inpatient program. Her extended clinical vignette centered on her work bringing a particularly frightening and destructive self-state of the patient into the treatment. Boyer described her own struggle to contain her negative affect and the challenge to metabolize these darker parts of their mutual experience. Through the work, they were able to help create some links between the various dissociated selves of the patient and begin the process of integration. In Dr. Richardson's presentation, he incorporated his understanding of Davies ideas with those of philosophers, artists, poets, and filmmakers. He described his own struggle to not "avert his eyes" in the face of the more frightening and darker aspects of his own clinical experience. He described a particular moment with a patient when he was gripped by a sense of fear and tension. Wondering aloud about these feelings, he was also able to open up a place for the patient to talk about his own experience of being in a constant state of fear. Both of their discussions illustrated how the parts in ourselves we would most like to disavow can be potent tools in the clinical arsenal.

Overall, The Schulman symposium was a truly enriching experience. Davies' interpretations of Winnicott and Bion were compelling. Her clinical vignettes elaborated her theories and demonstrated her own ability to be vulnerable while maintaining contact with the patient's and her own darker feelings. And Drs. Boyer and Richardson each added a different dimension to the topic. So, can we invite our bad selves into the treatment relationship and still make good therapy? I think so.

Thank you to Aleisa Myles for her contribution to the article.

This article was originally printed in the Widener IGCP Fall/Winter 2014 Newsletter

Comparing Psychodynamic Teaching, Supervision and Psychotherapy Over Video-Conferencing Technology with Chinese Students

By Robert M. Gordon, PhD, ABPP (Photo), Xiubing Wang, MA, and Jane Tune, MA

Question: How do experts compare teaching, supervision and treatment from a psychoanalytic perspective over the Internet with one another and with in-person work?

Method: Our methodology was based on the expert opinions of 176 teachers, supervisors and therapists in the China American Psychoanalytic Alliance (CAPA) who use video-conferencing (VCON) with Chinese students. Expert opinion allows us to understand complex variables that are difficult to study with controlled experimentation. Laboratory study of complex systems would also lack ecological validity. The higher the number of experts in the area of concern would increase the validity and reliability



By Robert M. Gordon, PhD, ABPP

continued on page 8

Chinese Students...continued

of the findings. Our expert participants were recruited from the email list of 300 past and present China American Psychoanalytic Alliance (CAPA) teachers, supervisors and therapists. From the 300 email addresses, 176 took the online survey, roughly a 59% response rate (we could not be sure that all the email addresses were current). The respondents were 65% female, 37% were psychologists, 33% were social workers and 22% were psychiatrists. The teachers (n = 130) had an average of 18.35 years of experience (SD = 9.72), supervisors (n = 152) had an average of 18.63 years of experience (SD = 10.21), and the therapists (n = 163) had an average of 23.84 years of practicing psychoanalytic treatment (SD = 7.44). Seventy-nine percent (n = 175) stated that they have been using videoconferencing (VCON) for 3 or more years for doing teaching, or supervisor or treatment (M = 4.21, SD = 2.14). These results support our methodological assumption that this is a survey of expert opinion.

Results: The results from our on-line survey indicate: 1. The longer teachers teach, the more effective they rate teaching over VCON; 2. Teaching, supervision and treatment were all rated in the range of "slightly less effective" than in-person, with supervision rated significantly more effective than teaching and treatment over VCON; 3. When doing psychoanalytic treatment over VCON the issues of symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy issues, countertransference, are all equally rated in the range of "slightly less effective" than in-person treatment; 4. The highest significantly rated indications for treatment over VCON are "To offer high quality treatment to underserved or remote patients" and "When patient is house-bound or travel would be impractical;" and 5. The highest significantly rated contraindication for treatment over VCON is "Patient needs close observation due to crisis or decompensation." Overall, VCON teaching, supervision and treatment from a psychoanalytic perspective, compares favorably to in-person work, especially when considering its unique contribution to extending services where needed.

Discussion: We used the methodology of a large number of expert opinions that is likely to be able to account for "all other things being equal" when asked how VCON work compares to in-person work. Expert opinion has a long history of validity in both jurisprudence and in science and is a methodology fitted to discover an understanding of complex interacting variables that cannot be easily studied under strict laboratory conditions.

Since this study is not a randomly controlled trial (RCT) study of service efficacy, it cannot address the cause and effect issues. However, a RCT methodology would involve a need for a manualized, time-limited treatment and the parceling out of a great many interacting variables (i.e. in-person vs. VCON, culture, client characteristics, amount of sessions, nature of work, etc.), difficulty with comparable dependent measures across the different conditions, that would require a very high number of clients, high cost and may result in questionable generalizable validity given the complexity of the variables.

The literature in this area does not give us a reason to think that the delivery of services by VCON would be significantly different with different cultures than in-person services. Our experts feel that these issues are largely interpretable, and that over-all VCON minimally reduces effectiveness, and that individual client characteristics may be a significant factor in effectiveness. Ethically maintained frames can be flexible and its variations can be grist for the mill, if there is empathy, respect and knowledge of cultural differences. There is no perfect frame and our psychotherapeutic techniques are robust and reliable.

Another methodological concern is that our scales compared teaching, supervision and treatment of Chinese students with the cultural differences, language problems and Internet problems, with an in-person American client point of reference. This is likely to negatively bias our results, by pushing the responses to the lower end of the scale. However, we would rather have a conservative finding, than to bias in favor of the obvious. Most of our experts are currently involved with VCON teaching, supervision and treatment and would have rated them as effective. We wanted to look beyond the question of simple perceived effectiveness and into how the VCON medium, differentially affects different types psychoanalytic relationships (teaching, supervising and treating).

Of course statistical findings let us know about the typical finding and is insensitive to the ideograph situation. Our finds are valuable in making general statements about how VCON teaching, supervision and treatment compares to in-person teaching, supervision and treatment according to the opinion of our large sample of experts. However, the most consistent comment was that the effectiveness varies widely depending on the client characteristics.

A logical next step would be to test our hypotheses with the other side of this study, that is the students, supervisees and patients that have received the VCON services. It would also be valuable to discover which personality variables correlate with greater satisfaction with VCON services. Overall, VCON teaching, supervision and treatment from a psychodynamic perspective, compares favorably to in-person work, especially when considering its unique contribution to distance education and treatment. There are few opportunities for many professionals who desire psychoanalytic education, supervision and treatment in many areas of the world. The Internet can fulfill that need.

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**Please join
our effort to
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Wikipedia's
Psychoanalysis
pages!**

Wikipedia is one of the most widely used references in the world and is transforming the way we gather information. It provides instant answers in the simplest form and is frequently the first resource consulted when faced with confusing concepts or terms. Yet, psychoanalytic articles on Wikipedia currently lack credible sources and have significant gaps in content. Historically, as psychoanalytic professionals, we do a great job helping individuals, but we don't do as good of a job helping inform the public. As a profession, psychoanalysis has a corpus of knowledge about the human experience, and as professionals, we have an opportunity to improve the quality of psychoanalytic information available to the public.

The Division 39 Wiki Project is a collaborative effort to disseminate psychoanalytic information in more accessible and relevant ways. As more professionals contribute to this project, the information becomes more accurate and usable by the public.

Please join us in assembling a group of psychoanalytic professionals dedicated to improving the quality of psychoanalytic information on Wikipedia. Graduate students and faculty are especially encouraged to join us. We are seeking the following:

- 1.) Article Editors – Individuals wanting to edit and/or learn how to edit Wikipedia articles.
- 2.) Content Consultants - Individuals wanting to review edited articles and provide content-based feedback on an as-needed basis.

For more information about the project, please email Ari Pizer (ari.pizer@gmail.com). We look forward to hearing from you!



By Howard H. Covitz, PhD

SELF-CARE

Freud: "Je Ne Suis Pas une Freudiste"

I trained, that is, "I was cooked to perfection," on Harold's couch ... he on Paul Harbour's ... Harbour with Hans and Hans with Sigmund. I know, I know! We don't officially believe that analysis or the Eucharist or embracing Muhamet or Jesus or the Talmud or the Bhagavad-Gita makes us perfect but ... we sort of do.

I went to see Harold due to imperfections. First of all, I had been in analysis with someone who had spots and not stripes and my institute made it clear that they would tolerate stripes but no spots. Harold wore the right stripes. Indeed, he was so well striped that he thought Anna Freud and Hartmann, Kris and Loewenstein might ... just might've been hiding those telltale spots or something worse ... some barely visible Cutaneous Lymphomas that signaled their misapprehension of the Gospels as Received. Harold was also brilliant and kind and his couch was "just right." Please, let me be clear: I and my wife of 49 years, both, are very pleased that I did my apprenticeship on Harold's couch.

My second reason for being in analysis was that I had struggled with a severe stutter since the time I was 30 months old. Four Score and Seven Years ago, my parents set forth on the ethnic sidewalks of the Deep South (South Brooklyn, aka Coney Island). I arrived later ... really big (12+lbs, at birth). I was smart and cute, too — reading three languages and 5 different scripted alphabets by the time I was 4 but angrily mute from 28-30 months, and stuttering quite severely in most situations from then to about 30 years of age — until, that is, having been "properly smoked and aged" on Harold's miracle couch.

Harold and I worked together and my stutter gave way via explorations into my sometimes feral letter writing — my unbewusste aggression. Actually, there were some folk for whom my aggression was likely bewusste! Any case, it took H & H quite a while to get me to embrace the notion that, while I was writhing to squeeze and stutter and sputter, my listener had little choice but to sit by and wait. We all know 'the nature of that game' It could be called: 'be the victim, as you choke innocent bystanders to death with your neuroticisms.' We

continued on page 10

Freud...continued

did finish and now that I was analyzed, I went on to sit on (?) the faculty and a bit later became Associate Director and then Director of the Psychoanalytic Studies Institute (the second non-medical institute in USA). Harold and I became colleagues and, indeed, in 1986 – enough years post-analysis – Harold invited Marsha and me to break bread with he and Immy – sometime before the safely-Pagan holiday of Thanksgiving. The best laid plans, aye? Harold called the Tuesday before Halloween with a message that he had days to live.

That Saturday morning, I was sitting with his class – all of us in tears – feeding them the news of his death and reading his last unpublished paper. That was 28 years ago.

More than a quarter century later, I noticed a reappearance of hesitations in my speech and a cardiac arrhythmia that might or mightn't be related. Maybe others couldn't tell that it was my old friend, the stutter ... but I knew. Was I angry at the notion of now Playing in the Last Quarter?... Sitting in the Front Pew? Hard to say. Marsha and I were making plans for a 50th anniversary in just a few years. Kids were settled. Six more-than-pleasing grandkids had arrived in the years that Marsha and I were being orphaned. I had led, by all South Brooklyn expectations, the good life – in no small part due to Harold's efforts. I taught and wrote and practiced ... I lived! And even if I was always a bit odd, it seemed to me that I was so in an acceptably lovable way. My wife liked me, my kids and grandkids putatively liked me, my patients thought well of me (well, the Personality Disordered folk don't like anybody) and my neighbors said nothing audible like "There goes the neighborhood" when Marsha, I and the Mongol Hordes moved into our home 35 years ago.

Wh-h-h-at to do? After Harold died, his wife, Immy, gave me his analytic couch, but I passed it on to a trainee because he had this great Irish name and psychoanalysis needed all the diversity it could get. Anyway, the couch wasn't available and exhuming Harold? C'mon.

Wh-h-hat is one to do? That's getting closer to my question. We all know that Freud recommended that — like Jefferson's Tree of Liberty that needed to occasionally be watered by the blood of patriots and rebels — analysts needed to get back to plumbing the depths whenever their "listening instrument" got clogged.

'Analysis made us, if not perfect, then very, very, very well. And we're still well but the vicissitudes (we all learn the word vicissitudes in analytic training right after we perfect the beard and the cigar) of practice may require a fine-tuning of our analytic ear. So, we toddle back to the analytic couch for maybe-not-exactly more of the same.'

Well, as I admitted: not exactly. With me, it was more like: I need someone to really listen-up because life's stresses are again appearing in a tell-tale knot in my throat that is bypassing the striated musculature and going off to cause mischief in the mucosa of the machinery that gives rise to fluid speech and maybe – just maybe – paroxysmal atrial fibrillation.

Now, I had analytic friends who strayed outside the band of the righteous to non-analytic therapists but they would explain it by saying that they had found a "spiritual advisor." Indeed, Harold had told me at the end of our work together that he thought the

structural changes we had enacted would remain but, again, vicissitudes of life could always weaken the Psyche. What he really worried about for me, he added, was that I might "fall into the bowels of religiosity," and while he thoroughly disagreed with my writings on the Oedipal that was taking up much of my time, I should publish it and take my comeuppance like a man. Gee, thanks, (analytic) Dad.

Ah, now I'm closer to the real question that plagued me: Do I go to another analyst or do I go out and "Taste and See" (Psalms). Is analysis the only way, the whole way and nothing but the way? Or is it more like Curds and Whey that shouldn't be re-eaten after 35+ years? And, anyway, I long-wondered if it wouldn't be better for Freudian Trainees to see Relationists ... Relationists to see Jungians ... etc. "Go, West, Young Trainee, and breathe in the diversity!"

Zo! Do I go to someone who self-identifies as a psychoanalyst? It might be, for instance, Kosher or Halal to go to someone in-Ko-huts, or a Relational Analyst, but could I go to a member of Les Perfidies and keep my union card? Could I go to a Dance Therapist and work on getting this Jew some rhythm? Mein Gotte! I can hardly utter the words: Can I go to one of those "spiritual therapists?" If I go to some Kabbalistic or Mystic type or to a descendant of Perls or Yalom or Haley, or Beck or Heaven forfend, Spontitz, or to a student of that guy with his Jung-frau's, could I ever show my face in Psychoanalytic Public, again?

Less than fifteen years ago, I presented a paper on a curious type of Primary Process thinking that I thought I may have found. I hypothesized that Verbs tended to transmute in the unconscious into Nouns and then into Proper Nouns, a process that tended to neuter them of their original action meaning. The examples I used for the latter morphogenesis were: Mammon (from 'money/filthy lucre' to a personified 'Nomen Daemonis'), Sabbath (from 'resting(s)' to 'a day governed by prohibitions and compulsions'), Truth (from 'honestly presenting what one witnessed' to 'some abstract philosophical or ethically moralistic prescription') and Science (from 'good thinking about the observable' to 'quantifiable hypothesis testing and nothing but'). My hour talk was followed by almost two hours of nasty arguing between members of the audience. But it was in Kentucky at the annual meeting of the Association for Science and Culture ... and it may well be that Science and Culture are like C-4 and human flesh and just shouldn't be mixed – or not in Kentucky.

This yields my final set of questions:

Has Freud's psychoanalysis, indeed, become the religion of Freudian Psychoanalysis? Has a collection of works and efforts by which a small sample of the psyche is used to understand the whole of it or, at least, vast parts of it – by any and all means – come to be a collection of dogmas in rigid churches, each having built a retaining wall about itself to keep in the Faithful and keep out the Perfidious ... a wall, as we said in Brooklyn was "As tight as a clam's ass; watertight?"

Zo! As I prepare to toddle off to an insightful non-analytic therapist whose game I don't know, I recall what Reik reported. He and the Master had been walking on der Ringstrasse and young Teddy asked the old man if he was a Freudian. Freud reportedly responded in French: *Moi? Je ne suis pas une Freudiste.*

Oh! Those bawdy French!

Miracle in Motion

I am on the most amazing journey. I feel like I have entered a parallel universe. Perhaps it has been running alongside my known world all along.



By Katherine Shrager, PsyD

Dozens of literary references spring to mind in which characters, unbeknownst to the world around them, are transformed into other beings, transported to unknown worlds, or both, as we, their audience long to call out, jump up and down, and perhaps shake the shoulders of other characters to enlighten them to these invisible transpositions. We bear witness. We hold their hands; exult with them; catch their tears; laugh together in delight, inspiration, or release - while their comrades continue life as was. It is one of the most compelling and evocative techniques to enunciate the solitude of human experience.

On the morning of Friday July 19, 2013, I became one of those characters. In the span of just over three hours, without ceremony or precursor, I went from fully able-bodied to completely paralyzed below the neck. I don't mean weakened, or shaky, or clumsy. I mean totally, utterly, unable to move.

This alteration was punctuated by a whole range of scattered and unfamiliar sensations for which I as yet had no language, only later to be defined and elucidated: An iron vice grip seized my triceps like some kind of possessed construction clamp. One hand went limp and refused to follow orders, as though it suddenly spoke a different language from my brain. A rush of warmth flooded my feet. An abrupt, deep ache tightened my neck and shoulders, and my toes tingled as though I'd sat on them for too long. And then, shockwaves shot like sizzling electric currents in random non-patterns, as though in some crazed electrical test of new, amateurishly installed wiring in a log cabin. I had no conception of the world I had precipitously entered.

I spent two days in the emergency room baffling an array of medical professionals and undergoing an impressive arsenal of tests. By the end, after first attempting to stamp me with a psychiatric diagnosis to mask their own bewilderment, neurologists had located an area of inflammation in my cervical spine. I was transferred to another hospital, where I spent six days for differential diagnosis and the first phase of treatment, massive doses of intravenous steroids. By then, muscle atrophy had set in. I had lost every muscle in my body below my neck.

At this moment began a journey that most of us have had but few of us are ever blessed to recall: By the grace of G-d, I began to move. I first regained tiny movements in my feet and arms. Like a newborn, I practiced these movements over and over again, fascinated and in love with what my body could do.

With this success, I was moved to Magee Rehabilitation Hospital. This astounding facility began the arduous process of putting Humpty Dumpty together again. Their skilled therapists had the courage to take my blood pressure of 64/36 and teach me to sit up anyway. On my first day in the therapy gym, I recall sitting heavily supported in my wheelchair before a poster, which, next to a photo of hands poised gracefully over a piano keyboard, proclaimed, "BELIEVE IN A WAY BACK." It was Magee's motto, and incredulous as it felt at that moment, it became mine, too.

Within my first three days, a pair of enthusiastic physical therapists crouched on either side of me and supported my floppy frame in my first tentative and teetering stand. As I stood there, exhilarated, I ignored the black spots before my eyes and the room spinning around me. When the therapists asked, "What do you think?" I choked back tears of awe and replied, "I will never again take for granted the ability to take a walk.

Within days, however, after tasting the allure of rehabilitation, I was moved to another hospital for twelve days. The first two days were filled with the most grueling collection of medical assessments and procedures I have ever undergone. I was approved for a blood filtering technique known as plasma pheresis, which kept me bedridden with a catheter in my jugular vein for ten days. Each day I begged for physical and occupational therapy, itching for the opportunity to move again.

The best part was being moved back to Magee again. As the medics wheeled my stretcher back into my room there, I burst into tears of joy and said a prayer of immense gratitude. I spent seven weeks working doggedly every day to regain my physical capacities. My biggest triumphs were perhaps the goals never formally established but rather those set silently in my mind - I will scratch my own nose; I will hit the elevator button; I will make a telephone call; I will turn the pages of a beloved book.

By the end, I propelled myself around the facility in a hemi-height wheelchair mobilized by walking my feet along the ground. My daytime nurse scolded that whenever she wanted to give me meds, all she saw was the back of my head disappearing down the hall. I considered this a triumph! One day shortly before my discharge, as I sat on the rooftop patio overlooking Downtown Philadelphia, I started chatting with a fellow patient. As we talked, he said, "You know, I will never forget the day you first stood up." I said, "Really? You were there? You remember that?" I couldn't believe that anyone else had been paying attention. He told me that he had been in tears, that the entire gym had looked on, moved. And then he proceeded to quote what I had said that day. He said I had inspired him, and because of that he never lost hope that he might one day stand, too.

I was dumbstruck. We go through our lives, motivated by and focused on our goals and blessed with the triumphs that meet us each day. But rarely do we get to hear the impact we have on another, then a complete stranger. And rarely do we get such daily, piercing reminders of how lucky we are. I have truly been blessed.

I have been blessed in so many hundreds of ways, and these are illuminated daily, one at a time, like the slow unfolding of a flower

continued on page 12

Miracle...continued

or the gradual brightening of the sky, one tiny diamond star at a time: I walk unassisted. I climb the three flights of stairs in my home. I open the refrigerator door. I meet the sweetest goal of all, lifting my delicious toddler into his crib at bedtime and out again when he awakens. I make myself a cup of coffee. I shower myself and wash my own hair. I type this article on my iPad with my own hands. I tick off these achievements by the sheer grace of G-d.

Months later, my neurologist showed me images from my latest MRIs, remarking that he saw only improvement. He showed me the inflammation in my cervical spine and detailed the bodily functions controlled at each level. My inflammation extended from C3 to T1. At C4 the spinal cord controls the diaphragm, and at C3 breathing functions begin to be governed, explaining my labored and weakened coughing, swallowing, speech, and even breath. But, he said, if the inflammation had occurred only millimeters higher, in the C2 region, he said, "We would not be having this conversation."

I would have been on a ventilator.

I am truly blessed. The journey of recovery is long and gradual. I have entered a world of therapy not psychological, but physical and occupational. I can name and locate muscles I never knew existed, and I have a felt sense of their intricate orchestrations that enable human movement. I have communed with others whose experiences echo elements of my own, sharing with these otherwise strangers the triumphs, hopes, horror, and humour that not even those most beloved in my life can comprehend.

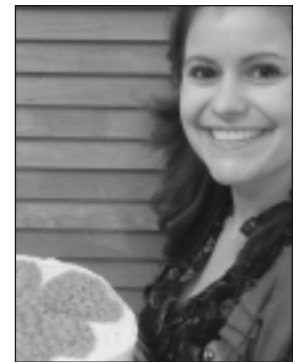
I am daily shaped by this experience. Thanks to my early and complete physical incapacity, I gained an ability to articulate in patient, painstaking detail the most seemingly abstract or intangible activities and experiences. Ever the mover, I suddenly became intimate friends with mindfulness. (I have never before spent so much time staring at ceiling tiles!) Ever the multitasker, I have learned to focus all of my attention on a single task or, frequently, a single part of a task. I am often late, because after a lifetime of perfecting the ability to do many things at once and quickly, I have not yet perfected the ability to estimate how long I will now require given my diminished capacity and the strong effect of even small environmental stimuli on my functioning. I have learned to ignore the discomfort of others as they watch me struggle mightily and for extended periods of time to do something simple like remove my jacket or take a key out of my wallet. Conversely, I have also learned to accept my limitations or the restrictions of a situation and ask for help, even when I sometimes know that given unlimited time I could probably accomplish the task myself.

I have witnessed humanity's capacity for striking wisdom, breathtaking kindness, and profound resilience. I have been inspired by the Divine brilliance of the human body and the perfect orchestration required to complete even the smallest task. And I have seen firsthand the effect of one's outlook on the path of one's life. Each afternoon at Magee, after working fiercely and happily in

therapy, I would sip coffee and sit on the balcony outside the second floor cafeteria. There, overlooking the busy Philadelphia street, hung bold black banners with golden letters. These same banners, seen simultaneously by patients above them and the busy world bustling below them, held deeply different meanings to each. I would try to fathom what others thought of these banners as they drove through the rush hour traffic, what I myself would have thought a few months earlier, or if I even would have noticed them. But each day at Magee I would look at these banners and get chills down my spine.

These banners declared, "BELIEVE IN A WAY BACK."

The Art of Baking: Self-Care from a Winnicottian Perspective



By Amanda L. Sellers, MS

I lovingly refer to my maternal grandmother Helen as "Grammy." She was originally "Memmy" to her 11 older grandchildren but when I came along as the second-youngest grandchild, I gave her my own special moniker. She preferred this new name and it stuck. I strongly identified with her and I believe she saw much of herself in me, too. Growing up in poverty, both of my parents worked a lot, and so Grammy became my primary attachment figure. She even gifted me what was to become my transitional object—a yellow Berenstain Bears blanket with gold silk trim. I named the blanket "Blanky" and referred to "her" in female pronouns because "she" (Blanky) clearly represented Grammy.

My favorite memories with Grammy are those spent baking together. She had been a baker in our small town and was known for her beautiful wedding cake creations. I would pull a kitchen chair over to the countertop so I could stand with her at the large KitchenAid mixer, carefully observing her every move. She patiently taught me how to measure out ingredients, crack eggs, and grease and flour pans. We would joke and play, as she would pipe homemade icing onto my fingernails giving me a "manicure" which, as a 5-year-old, I particularly thought was hilarious. She regularly acknowledged and praised my work ethic, calling me her "diligent little baker." From baking with Grammy, I also learned more about generosity and how to show others love. She gave away most of what she baked to sick neighbors and nuns from our church, known throughout our community as a kind, compassionate, and generous lady.

continued on page 13

Art of Baking...continued



Twenty years later as a clinical psychology doctoral candidate, baking is the most soothing self-care practice I engage in. I refer to Winnicott in order to better understand this self-care practice. Winnicott said that, in adulthood, we deattach the original transitional object in favor of creative pursuits like art or religion. As I deattached Blanky, baking became my creative transitional endeavor that connected me to Grammy. As I bake, the kitchen becomes my holding environment. The sensorimotor components of the experience, like the transitional object of childhood, continue to be important—I am soothed by the smells, textures, and tastes of the experience. While in the kitchen measuring out ingredients and fretting about whether the icing is the right consistency, I feel close to Grammy, who passed away when I was seven. I even sometimes pipe icing out onto my fingernails and have a little chuckle, fondly recalling my special times with my most cherished attachment figure. Additionally, just like Grammy modeled two decades ago, I give away the majority of what I bake to others whom I care about (e.g., my cohort and mentors at school, my coworkers, the students whom I teach). Baking is an opportunity to create something beautiful and share it with people I love—a tangible object, carefully and lovingly crafted with my own hands, I can gift to them to demonstrate my affection.

FROM THE BOARD



By Jeanne Seitler, PsyD

Sadly, with the tough economic times, our Endowment program is not receiving the gifts with which we began. Given that PSPP now has close to 300 current members, it is a shame that we have only received four gifts this year. As I have commented before, gifts do not need to be large to make a huge difference. Realistically, since many of our members are students, re-

tired, and early career professionals, we can't expect huge annual gifts, but how amazing would it be if 200 of our members each year gave \$25? The endowment would grow by \$5000 a year. I believe this is a reasonable goal that we should all strive for.

Presently, the Endowment gifts are not sufficient to meet the

needs of the board wishes to make each year. Since the Div 39 conference this year is in San Francisco, we will be hard pressed to assist as many students as we did last year to attend the conference.

Please check out our website for both the new PSPP Endowment Application and for the Endowment Annual Gift Form to make your 2014/2015 gift. It is never to late to make an Endowment gift. I will be happy to send you a letter acknowledging your gift to be used for tax purposes.

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

Fall 2014 Endowment Report

The pattern of Endowment Fund giving since the program's inception in 2010 is as follows:

Year	Number of members who gave to the Endowment Fund	Amount of Money Raised
2010	9	\$1,400
2011	11	\$1,425
2012	5	\$870
2013	8	\$661
2014	5	\$735

Membership Report

As of January 1, 2015, PSPP has 283 active members:

- 177 Full Members
- 36 Student Members
- 43 Early Career Members
- 16 Board Members
- 7 Associate Members
- 2 Retired Members
- 2 Administrator



By Sarah White, PsyD

Over the past year, 39 new members have joined us and our membership continues to grow each month. We thank you all for continuing to participate in the PSPP community and hope that you find your membership both enjoyable and worthwhile!

continued on page 14

Membership Report...continued

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

Omar Alsaadi	Sophie Fink Flores	Claire Jaffe	Julie Present Koller
Neal Beatus	Harris Finkelstein	Sheila Japko	Rachel Reed
Margot Burke	Sari Fleischman	Jon Krigel	Mark Richardson
Adrian Chiu	Noam Fliegelman	Stewart Maloney	Josh Saks
Paula Cortes	Jiabao Gao	M.Natalia Martinez Munoz	Simrun Sandhu
Dina Del Amo	Eliot Garson	Cecile McKenna	Amanda Sellers
Esther Elbaum	Stacy Green	Sara Mix	Camille St. James
Barbara Faracchio	Valerie Horvath	Michael Oakley	Suzanne St. John
Ruth Feinblum	Rachel Hubbard	Mark O'Dwyer	Julie Young
Sherira Fernandes	Sarah Inver Richardson	Olivia Phan	

Mentorship Program Update

Over the past year, we have been able to successfully match 43 students with mentors. Thank you to all the PSPP members who have generously volunteered their time to mentor. We would like to continue to increase the number of students and early career professionals who can take advantage of this program, so please spread the word!

For those of you who are new to the mentoring program, mentors and mentees are matched based on common interests and geographic locations, and meet for one hour each month during the academic year at the mentor's office. Summer meetings may also be an option depending on mutual interest and availability.

If you are a Graduate student or Post-doc who is interested in finding a mentor, Fill out a questionnaire from the PSPP website, www.pspp.org.



By Barbara L. Goldsmith, PsyD



By Shari B. Mann, PsyD

Email it to Dr. Barbara Goldsmith at barbgsmith@aol.com

(Questionnaires will also be available at the various graduate school programs in the area)

continued on page 15



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Emily Loscalzo, PsyD

Mentorship

Mentorship Director

Barbara L. Goldsmith, PsyD

Mentorship Assistant Director

Shari B. Mann, PsyD

CE Coordinator (Psychology)

Valerie R. Wilson, PhD

Membership Report...continued

If you are interested in becoming a mentor :

Email Dr. Barbara Goldsmith at barbgsmith@aol.com.

Please include your contact information, locations where you would like to meet, areas of interest/expertise (both scholarly and clinical), as well as any other information that might help us ensure a good match.

Please remember that many graduate students are eager for more exposure to psychodynamic ideas and are looking to network in the psychoanalytic community.

Mentoring satisfies an important developmental need in preparing graduate students for successful entry into the profession, and offers practicing professionals the opportunity to share their knowledge and experience. Jed Yalof, PsyD, is an example of one such practicing professional who has mentored several students over many years, and he writes about his mentoring experience below:

Reflections From A Mentor

An important part of my professional identity involves contributory services. These are services for which one does not receive remuneration, but dedicates or volunteers time and service to support various activities in the field of psychology. Both service and volunteerism are integrated with local and national professional organizations that provide many opportunities for committee involvement and professional mentoring. One part of my work involves a number of activities that include mentoring professionals in the areas of teaching, psychoanalytic therapy, and emerging professional interests. I have been involved with the PSPP Mentoring Program for about 10 years and find it professionally enriching. Dr. Barbara Goldsmith has overseen the Mentoring Program for as long as I can remember and does a wonderful job in matching students with professionals who can provide support, encouragement, affirmation, and guidance around matters that require a thoughtful pairing of minds to solve problems that arise as part of the mentee's education and training. I have had several long-term mentees and have found this experience especially gratifying because of an opportunity to observe and participate in the professional progression of students from start to finish.

The experience of mentoring differs from my work at Immaculata University as Department Chair and PsyD Program Coordinator, where the long-term result of student progression is very gratifying and embeds the mentor role (in some cases!), but is not tied to evaluative procedures, which adds a different element to the



By Jed Yalof, PsyD

mix compared to a straight mentoring relationship. As a mentor, I am available as needed to discuss what is needed. Over the years, I have met with mentees weekly, biweekly, and monthly in my office, and have covered a gamut of topics. More specifically, here are some illustrations that highlight what I've done as a mentor. (1) Thinking through job decisions, whether it be decisions to leave a job, take a job, or discuss salary, and being available for phone contacts and frequent meetings to assist in thinking out strategies that might work when addressing these type of delicate issues. (2) Processing (sometimes extensively) a strategy for dealing with job workload or conflicts in a clinical setting or academic program that includes in-depth discussion of anxieties associated with self-advocacy when there is an authority-subordinate power gradient. (3) Supporting a mentee's starting out as a teacher, including a focus on student-teacher dynamics, preparation, and grading. (4) Discussing the internship application, comprehensive examination, and dissertation process (and conflicts that can arise during these passages) as a way of supporting the mentee moving through these phases of graduate training. (5) Discussing ethical issues in cross-cultural assessment and in other areas. (6) Talking about a mentee's experiences attending conferences and how these conferences fit into (or didn't fit into) the mentee's professional interests.

As a mentor, I also have found it enjoyable to talk about my own experiences and professional development (revisiting good and not so good memories!) in a way that I would not if I were seeing someone for therapy or analysis. I have been doing this for many years and there's much more to it than the illustrations noted above, but they capture a good range of what might go on when mentor and mentee meet. Most importantly, I get to know the mentee, and this is the best part of it. We develop a relationship that becomes collegial. This type of engagement helps to encourage rapport building, sharing of knowledge, and consolidating a sense of professional direction and psychoanalytic interest in the mentee, while also enhancing my own professional development both as a mentor and clinician.

I would encourage you to contact Dr. Goldsmith, and invite you to offer your knowledge and presence to someone in training. Similarly, if you are reading this article as a student member of PSPP, please consider asking for a mentor. The experience can be very worthwhile, supportive, and important to professional growth, while also encouraging a sense of community and camaraderie with a more experienced professional with a primary interest in psychoanalytic psychology.





In Memory:

Celebrating the Life and Memory of Our Dear Friend: Dominic Roberti, PhD

On July 15, 2014, PSPP lost a dear, devoted friend when Dominic M. Roberti, 81, of Bryn Mawr, died peacefully in his home after successfully fighting cancer for over twenty years. “Dom,” as we referred to Dr. Roberti, shepherded generations of PSPP presidents, membership chairs and Currents newsletter editors through the ins and outs of maintaining the PSPP computerized data base and generating & mailing all of our brochures, newsletters, ballots, and our directory. Anything PSPP created that needed to be printed and sent to us

through the postal service, Dom handled. He spent hours helping us get our news and materials out to members and the public. I have no idea how many envelopes he stuffed, how many brochures he folded, how many hours he spent helping us edit each membership directory.... Dom was the one called whenever we needed a back issue of something to act as a model for an updated/current project. “Dom, how did we do that last year? Could you send me the PDF of the brochure we used so I can model this year’s after that one?” Dom updated, edited and formatted, collated, folded and stamped, and delivered to the post office all of PSPP’s paper materials smoothly and efficiently for over twenty years.

Devoted PSPP member Karen Berberian was instrumental in initially connecting PSPP with Dom Roberti, as Karen’s spouse and Dom were colleagues at St. Joseph’s University. I met Dom when I began my position as Membership Chair in 2000, and we worked on PSPP projects together until illness forced him to let go of his work with PSPP several years ago. I really enjoyed working with Dom. He had a soft-spoken, patient demeanor and an easy chuckle. I learned that he was up every morning with the birds and was devoted to regular meditative nature walks each afternoon with his lovely wife Carol. To save PSPP the cost of shipping, I often picked up boxes of PSPP materials from the Roberti’s home, making sure to get there before or after that walk and was always welcomed with kindness and warmth. Dennis Debiak shared that he too, while on the PSPP board, often visited with the Robertis and that they “seemed to be so in love”....

For those of you who didn’t know Dom, Dr. Roberti worked for nearly 30 years at St. Joseph’s University before retiring in 1995. He taught chemistry and held a variety of administrative positions, including acting dean in 1968 and 1969. He helped author the report that led to the admission of the first women to St. Joseph’s in 1970. Dr. Roberti returned to teaching in 1971, and developed environmental and food-chemistry classes designed for non-science majors.

Dr. Roberti was diagnosed with prostate cancer in 1993, and underwent a variety of surgical and pharmaceutical treatments for the rest of his life. Because he was so familiar with what patients face, he dedicated much of his free time to supporting other cancer patients, especially those who were newly diagnosed, as a volunteer in the Cancer Support Community in Fairmount Park.

He went about the work quietly and humbly, said his wife, Carole Miller Roberti. He would come home and tell her: “They’re so frightened, but I can share my experience with them as a person who lived with cancer for 20 years. There is hope.”

In addition to his cancer support activities, Dr. Roberti was active in organizations dedicated to peace and social justice: the Catholic Peace Fellowship, the Catholic Worker, and the Interfaith Walk for Peace and Reconciliation. He also was active in the Philadelphia Buddhist Association. In the last 15 years, he taught adult education classes related to meditation and Buddhism.

Born in Philadelphia, Dom grew up on Girard Avenue. His parents were born in Italy; his father worked in a clothing factory, his mother as a seamstress. Dr. Roberti graduated from St. Thomas More High School in 1951. He won a scholarship to St. Joseph’s, majoring in chemistry. He graduated third in his class and was the top science student. Dr. Roberti received his doctorate from Princeton University in 1959, and worked at DuPont Chemicals and Villanova University before joining the faculty at St. Joseph’s in 1966.

In addition to his wife, Dom is survived by a son, John; daughter Rosemary R. Browne; and six grandchildren.

A lovely memorial service was held at 11 a.m. Saturday, Aug. 9, at the Medical Mission Sisters Chapel, 8400 Pine Rd. PSPP member, Karen Berberian, and I were in attendance and shared condolences on behalf of PSPP with the family.

The PSPP board, under the leadership of Dan Livney, PSPP president, voted to contribute \$250.00 to the Cancer Support Community of Philadelphia in the name of Dom Roberti. A walkway brick will be inscribed in memory of Dom.

Dom you were a wonderful, devoted friend to all of us at PSPP. We will sorely miss you and will enjoy the image of you now taking your afternoon walks in the Creator’s Gardens.

With love, gratitude and fond memories,

Jeanne Seitler

Creative expressions

roll of quarters

By Aleisa Myles, MA

i was four bus rides in a pocket
sliced and stacked in minimalist form
neatly bundled, enrobed
in a brown paper coat

so easily unglued at the seams
a flick of a wrist and i tumble
out plink plink plink
fluttering before i land

i am a band of refugees shorn
of collective worth on grounds
of settling dispersed into dust and dregs
discarded debris of humanity

uncarried, i cannot carry
well in my heart the passenger
far from home, stranded
going nowhere without me

Presence . . .

By Deborah D. Shain, LCSW, BCD

She came with leaden tread,
But leaves my office skipping.
Her gait belies her former pain.

I walk her to the door reflecting
on her story newly-written.

What's this?

What's left behind?

Wads of tear-sopped tissues
Soaked with father's ancient scorn.

And in her vacant chair
A forgotten sweater
Awaiting her retrieval

Same time next week . . .





Treating Eating Disorders in an Analytic Context: Clinical Conundrums

Saturday January 31, 2015

9:30 am - 3:30 pm

St. Joseph's University, The Haub Center
(4.5 CE's available)

The Philadelphia Center for Psychoanalytic Education (PCPE) proudly presents keynote speaker Jean Petrucelli PhD, with Co-facilitators Barbara L. Goldsmith, PsyD and Denise Lensky, PhD

Eating disorders present particular treatment challenges to clinicians in how they engage with and welcome bodies—their patients and their own—into the therapeutic dialogue. Interpersonal treatment with patients struggling with eating disorders involves an ongoing complicated negotiation. This negotiation is between attending to the direct intervention of the symptom while simultaneously stepping away from the pull to do so. The goal is to explore what an intervention means to the patient and ultimately to understand what role the symptom plays in the patient's intra-psychic and interpersonal world.

Dr. Jean Petrucelli will present an approach to the treatment of anorexia, bulimia and binge eating disorder beyond symptom alleviation with the initial phase involving direct symptom intervention within the framework of an interpersonally based analytic treatment. With an eye towards understanding the neurobiological underpinnings and the implications of these findings in treatment, the concepts of attachment theory, self regulation, affect regulation, dissociation, and the multiplicity of self-states and body-states theory will be viewed as interpersonal constructs. Cultural influence, etiology, clinical conundrums, countertransference reactions, roadblocks and treatment goals will be considered in developing an understanding of how to reach these often "unreachable" patients. Issues related to body obsession, diagnosis, assessing the level of care, appetite, creating contracts and food charts will be presented as part of the bridge one builds to enter the ritual-filled world of the eating disordered-patient.

Patients with eating disorders notice so much about bodies and convey so much by talking and also not-talking about bodies. Attending to the sensitivity of eating disordered patients' reactions to the therapist's body can often illuminate unarticulated enactments and fuel productive therapeutic dialogue. The emphasis on clinical interaction and mutual influence allows us to explore the bodily aspects of communication where the joining of minds and bodies can be both embodied and embodying. Our aim is to welcome bodies into the therapeutic dialogue.

Biography of Jean Petrucelli, PhD

Dr. Jean Petrucelli is Director and Co-Founder of the Eating Disorders, Compulsions and Addictions Service since 1995, Supervising Analyst, Teaching Faculty, White Institute Conference Chair, and Founding Director of the EDCAS one year educational certificate program at the William Alanson White Psychoanalytic Institute in NYC. She is on the Teaching Faculty and is Co-Chair of the Faculty and Course Selection committee for the Interpersonal/Humanistic Track at NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; and is an Associate Editor for the journal *Contemporary Psychoanalysis*. Dr. Petrucelli is Editor of the books *Body-States: Interpersonal and Relational Perspectives on the Treatment of Eating Disorders* (Routledge, soon to be released-2014); *Knowing, Not-Knowing & Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty* (Karnac Books, 2010); *Longing: Psychoanalytic Musings on Desire* (Karnac Books, 2006); and Co-editor of the book *Hungers and Compulsions: The Psychodynamic Treatment of Eating Disorders and Addictions* (Rowen & Littlefield., 2001 & 2009). She is in private practice on the Upper West Side in Manhattan.

Biographies of Co-facilitators

Barbara L. Goldsmith, PsyD is a clinical psychologist in private practice in Philadelphia and Rosemont, PA. She is adjunct associate professor at the Institute for Graduate Clinical Psychology and is on the faculty of the Institute for Relational Psychoanalysis in Philadelphia. She is a training consultant for the University of Pennsylvania's Counseling and Psychological Services, and was founding president of the Philadelphia Center for Psychoanalytic Education.

Denise Lensky, PhD is a clinical psychologist in private practice in Center City. She was formerly the Director of the Eating Disorders Program at the Belmont Center in Philadelphia and the Deputy Director of Counseling and Psychological Services at the University of Pennsylvania. She is a candidate at the Institute for Relational Psychoanalysis of Philadelphia.

continued on page 19

Events...continued

CE Credits: Four and one-half (4.5) are available to participants.

Registration Fee:

\$95 for PSPP Members

\$120 for Nonmembers of PSPP

\$75 for Early Career Professionals

\$10 for Graduate Students

To register, please go to pceonline.org or by mail to: PCPE c/o Dr. David Ramirez; 500 College Avenue; Swarthmore, PA 19081

PSPP Spring Brunch Series

11:00-11:30 am Brunch

11:30 am-1:30 pm Presentation and Discussion

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

www.pspp.org

(2 CE's available)

February 22, 2015 - With the Wind: Making Clinical Use of Challenging Mental Health Institutional Situations, Dan Livney, PsyD

Situations encountered in mental health settings, including non-optional treatment conditions and potentially counter-therapeutic institutional decisions can have deleterious effects on patients and clinician morale, alike. Participants will learn about strategies for working within these kinds of settings, and even making effective therapeutic use of them when they arise.

Dan Livney, PsyD is a Clinical Lead at Project Transition, a long-term residential program in Philadelphia and is a Clinical Psychologist in the Geriatric Psychiatry Department of the University of Pennsylvania. He serves as the current President of PSPP and as Treasurer for the Association for the Psychoanalysis of Culture and Society (APCS). He also maintains a private practice in Chestnut Hill, Philadelphia.

March 8, 2015 - Forgetting Repression: Lacan and Parapraxis in Contemporary Clinical Practice, Robin M. Ward, PhD

From its inception, psychoanalysis has been a verbal practice, a therapy through the medium of language, Freud's talking cure. This was made abundantly clear in Freud's early work on parapraxes. However, focus has shifted a great deal

in more recent years towards the non-verbal elements of psychoanalytic work, many even proposing that the non-verbal communication is the fundamental ingredient. An unfortunate consequence of this shift is a decreased focus on the the core insights Freud proposed in his early work. These insights, of the human subject as a divided subject and of language as a means of unconscious work, are maintained and developed in contemporary Lacanian practice. My talk will provide an overview of the history of attention to unintended speech acts in psychoanalytic work as well as a consideration of the place of this attention in contemporary clinical discourse.

Robin M. Ward, PsyD is a psychologist in private practice with offices in Philadelphia and Media. He is adjunct faculty at the Institute for Graduate Clinical Psychology at Widener University where he teaches various courses on psychoanalytic topics, is an active member of a local Lacanian clinically oriented study group, and is a Past President of PSPP. He has previously presented and published on contemporary applications of Lacanian psychoanalytic principles.

May 17, 2015 - Topics in Applied Psychoanalysis: How to Approach Custody Evaluations from a Psychoanalytic Perspective, Diana S. Rosenstein, PhD

Though parents who choose to end their relationship with one another often have serious difficulties communicating and cooperating with one another, why are they often unable to set aside their individual concerns and focus on the needs of their children? How do we understand this lack of basic parental functioning on the part of parents in high conflict custody battles? This presentation will focus on the anxiety laden topic of the psychological evaluation of families in custody disputes. From a psychoanalytic perspective, how can we understand the motives of parents, who from their perspective are fighting to preserve a close relationship with their children? From a psychoanalytic perspective, how can we understand the intense conflict between the parents, who seem to lose sight of the needs of their children? We will explore ways of understanding aspects of adult character from a psychoanalytic perspective which interfere with parenting.

Diana S. Rosenstein, PhD is a psychologist and psychoanalyst in private practice in Jenkintown, working with children, adolescents and adults. She is also involved in forensic evaluations regarding child custody, termination of parental rights, bonding and attachment. Dr. Rosenstein is the current Past President of the Psychoanalytic Center of Philadelphia, where serves on many committees, mentors Psychoanalytic Fellows and is on the faculty of the psychoanalytic and psychotherapy training programs. She supervises psychology interns and fellows at Pennsylvania Hospital.

continued on page 20

Events...continued

June 7, 2015 - Psychoanalytic Psychotherapy and Orthodox Judaism: Clinical Implications, Katherine Shrager, PsyD

This program will explore the topic of working with Orthodox Jewish clients. Dr. Shrager will identify religious and cultural practices and beliefs that distinguish the Orthodox Jew from other clients. She will highlight some ways in which these intersect with normal life cycle events, transitions, and stressors. This program will provide some basic information that will allow therapists to enter into such relationships with greater empathy and understanding, as well as a stronger cultural and religious knowledge base for inquiring into the client's personal inner life. Clinical examples will illustrate these cultural beliefs and practices in the clinical encounter.

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

Registration Fee:

PSPP Members: Free

Non-Members: \$40 per brunch

To register, please go to www.pspp.org.

Where's the baby?: Keeping the child in mind in psychoanalysis.

Dialogues seminar and workshop at Bryn Mawr College

March 11 (Wed), 7:30-9:30 pm

March 18th (Wed), 7:30-9:30 pm

March 21st (Sat), 9:00 am-4:00 pm

(10 CE's available)

A Workshop with Arietta Slade, PhD, with Co-facilitators Laurel M. Silber, PsyD and Corinne Masur, PsyD

In this workshop, Dr. Slade will explore the proposition that while psychoanalysis has been a developmental theory since its inception, there are still subtle but important ways in which the baby and even the child has been absent from clinical thinking in adult work. This occurs despite the fact that infant research and attachment theory are considered funda-

mental aspects of relational theory and practice today. Dr. Slade will explore various manifestations of this phenomenon, and suggest some of its potential root causes. She will also consider some ways to enliven and enrich developmental thinking in psychoanalytically informed work.

Biography of Arietta Slade, PhD

Dr. Arietta Slade is Clinical Professor at the Yale Child Study Center, and Professor Emerita in the doctoral program in Clinical Psychology at the City University of New York. An internationally recognized theoretician, clinician, researcher, and teacher, she has written widely on the clinical implications of attachment theory, the development of parental mentalization, and the relational contexts of early symbolization. For the past 12 years she has also been co-directing *Minding the Baby*, an interdisciplinary reflective parenting home visiting program for high-risk mothers, infants, and their families, at the Yale Child Study Center and School of Nursing. Dr. Slade is also editor, with Jeremy Holmes of the six volume set, *Major Work on Attachment* (SAGE Publications, 2013), with Elliot Jurist and Sharone Bergner, of *Mind to Mind: Infant Research, Neuroscience, and Psychoanalysis* (Other Press, 2008), and with Dennie Wolf, of *Children at Play* (Oxford University Press, 1994).

Biographies of Co-facilitators

Laurel M. Silber, PsyD, past President of PCPE, is in private practice with children, families, and adults in Bryn Mawr, PA. She is faculty at the Institute of Relational Psychoanalysis of Philadelphia and adjunct at Widener University's Institute for Graduate Clinical Psychology program. She is a founding member of the Philadelphia Declaration of Play. Her publications are in the area of relational work with children.

Corinne Masur, PsyD is a clinical psychologist, psychoanalyst and play activist who has been in private practice in Center City for over 30 years and who has recently opened a practice in Exton, Pa. She is on the faculties of The Psychoanalytic Center of Philadelphia and Widener University and is the co-director of a Parent Child Center. She has written on the subjects of early childhood bereavement and the analyst's fear of his/her own mortality. She is also a founder of The Philadelphia Center for Psychoanalytic Education and The Philadelphia Declaration of Play.

CE Credits: Ten (10) CE credits are available.

Registration Fee:

\$225 for PSPP Members

\$250 for Nonmembers of PSPP

\$150 for Early career professionals

To register, please go to pceonline.org or by mail to: PCPE c/o Dr. David Ramirez; 500 College Avenue; Swarthmore, PA 19081

continued on page 21

Events...continued

The Jung Club Presents

Fridays, 1-5 pm

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

www.thejungclub.com

(4 CE's each)

March 27th, 2015 - The Alchemical Opus: What Does it Mean for the Patient to Work In Psychotherapy?

Gary Trosclair, LCSW, DMA., is a Jungian Analyst in private practice in New York City, and Westchester County, New York. He is a graduate of the Jung Institute of New York and has been teaching there for ten years. He also serves on the faculty of the New York Center for Jungian Studies, and The C.G. Jung Foundation for Analytical Psychology in New York. His writing has appeared in The Huffington Post, Quadrant, and The Journal of Jungian Theory and Practice. His forthcoming book, *I'm Working On It In Therapy: The Client's Guide to Using Psychotherapy Effectively*, will be published by Helios Press in Spring 2015.

May 15th, 2015 - Finding Common Ground among Evolutionary Biology, Cognitive Archaeology, and Analytic Theory

Margaret Boone Rappaport, Ph.D., is a cultural anthropologist and Co-Founder of The Human Sentience Project. She works as a futurist, lecturer, and science fiction novelist in Tucson, Arizona. As President, Policy Research Methods, Incorporated, Falls Church, Virginia, she was contractor to federal and state agencies for over twenty years. She lectured in Sociology and Anthropology at Georgetown and George Washington Universities. She earned her doctorate at the Ohio State University in 1977. Her dissertation was on the adjustment of Cuban refugee women and families. Dr. Rappaport is a past Chair of the Ethics of the American Anthropological Association.

Christopher J. Corbally, SJ, Ph.D., is a Jesuit priest and an astronomer with the Vatican Observatory Research Group, for which he has served as Vice Director, and liaison to its headquarters at Castel Gandolfo, Italy. He is an Adjunct Associate Astronomer at the Department of Astronomy, University of Arizona and ministers to a wide variety of Catholics, including Native Americans, in Tucson, Arizona. He earned his doctorate in Astronomy at the University of Toronto in 1983 and continues investigating stars via their spectra. Dr. Corbally is a past president of the Institute on Religion in an Age of Science.

These activities are being co-sponsored by HealthForumOnline (www.healthforumonline.com) and The Philadelphia Jungian Professional Club and are associated with four (4)

hours of CE credits each. HealthForumOnline is approved by the American Psychological Association to sponsor Continuing Education (CE) for psychologists. HFO maintains responsibility for this program and its content. The Pennsylvania Board of Social Workers, Marriage and Family Therapists and Professional Counselors allows APA-approved programs to be used as CE credits for these professionals.

For Registration and additional information go to www.thejungclub.com or contact Jay Ann Jemal, Ph.D. at [302 218 5008](tel:3022185008) or jayjemal@jemalturnes.com



NEED FILLER

NEED FILLER

Save the Date

PSPP Spring Meeting May 31, 2015, 9:30 - 2pm. “Multi-Cultural Perspectives on Parenting and Child Development” Presenters: Henri Parens, DO and Bambi Chapin, PhD, with Discussant Norka Malberg, PsyD

**Corinne Masur, Fran Martin and Erin Hadley have just launched a parenting blog: www.thoughtfulparenting.org
Please enter the discussion by posting your comments and share the link with friends, family and patients.**

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

Letter from the Coeditors

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

“Expecting change brings stability.” - Ellen Langer

In the Spring/Summer 2014 edition, we announced changes to the PSPP Currents Newsletter editing staff. We wished a fond goodbye and much appreciation to Jacquelynn Cunliffe, MSN, PhD, who has refocused her efforts on increasing her private practice and her journey towards becoming an analyst through the Psychoanalytic Center of Philadelphia. At the same time, we welcomed Ari Pizer, MMT to the coeditor staff. He has taken an active role in the publishing of the Spring/Summer 2014 and the Fall/Winter 2014 editions, and we look forward to continuing to work with him in the future.

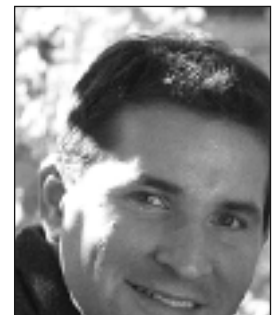
In this edition, we express more goodbyes to two people who have played an important role in the PSPP Currents Newsletter. The first fond farewell is given with heavy hearts, as we say goodbye to Dr. Dominic Roberti who passed away in July 2014. Dom played an instrumental role in the publishing of the PSPP Currents Newsletter through the Fall/Winter 2011 edition. Jacquelynn and Lesley had the honor of working closely with Dom as he eased their transition as the new editors, taking over for Robin Ward, PsyD. He played an active role in helping us bring our vision of updates for the newsletter to fruition, as well as sharing his vast wisdom from having published so many previous editions. We remember fondly being treated to tea and cookies by Dom and his wife Carole, who graciously welcomed us into their home as we embarked on our editorial adventure. We would like to dedicate the Fall/Winter edition of the PSPP Currents Newsletter to Dom’s memory.

The second goodbye is to Lesley Huff, PsyD, who will be leaving the editorial staff to focus on her private work in therapy, assessment, and teaching. Additionally, Lesley and her husband Michael will have their hands full with their new child, Parker Amanda Hooper, born December 14, 2014. Although she has relocated to the Lancaster, Pennsylvania area, Lesley hopes to find more time to attend PSPP events and continue to stay connected to the psychoanalytic community in Philadelphia.

As we look ahead to 2015, we are excited by the opportunities and visions that will come from the new PSPP Currents Newsletter editorial staff, and want to thank you in advance for your continued support and participation in our efforts to bring you an interesting and thought-provoking newsletter that reflects the collective wisdom and experiences of our analytic community.



Sarah



Ari



Lesley



Philadelphia Society
for Psychoanalytic
Psychology

www.pssp.org • Fall/Winter, 2014

Currents

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