



## *The Psychoanalytic Center Of Philadelphia At Rockland Mansion*

### **Freud, Franklin and Beyond**

*Harvey Schwartz, MD*

On April 10, 2008 the final Freud, Franklin and Beyond seminar of the academic year took place. This meeting entitled “The Return of the Soldier” was organized by Drs. Larry Blum and Rick Summers from the Center and the presenters were Dr. Tom Wolman, Professors Brendan O’Leary, Anne Norton and Thomas Childers. I provided a historical overview and served as the moderator.

In this brief note I will mention some key points from each speaker’s presentation and will conclude with the web address for those who may wish to hear and see the seminar in its entirety.

I began by reviewing both the recent and very distant history of what is now known as Post Traumatic Stress Disorder. The very current treatment modalities that have been documented to be effective are imaginal desensitization and central acting alpha blockers. Over the past 100 years dichotomous psychoanalytic models have been proposed regarding etiology with some emphasizing character predisposition and others focusing on the extremity of trauma. All models recognize guilt, its intolerance, and the obstacles to working it through as a central motif to the condition. Notably the Iliad, 2800 years old, and

the Epic of Gilgamesh, 4000 years old describe in almost DSM detail the identical PTSD guilt derived symptoms from combat trauma that we see today. We learn something about the bedrock of what it means to be human from the continuity over time of these post trauma sufferings.

**Tom Wolman** reviewed the understandings of combat trauma as they were influenced by the particular milieus of each of the major wars in the 20th century. His clinical work has led him to emphasize the “importance of the symbolic context in which wartime trauma is experienced, endured and hopefully traversed.” For example, in World War I the stunning gap between the rhetoric of war and the reality of war was seen as a contributor to the acuity of the soldiers’ suffering. In World War II cathartic treatments were utilized with some good results though it was noted that this therapeutic approach was not successful with Vietnam veterans, who form the bulk of disabled patients and the majority of his clinical experience. Dr. Wolman has found that the unique conditions surrounding the Vietnam conflict “made the symbolizing efforts, collective and individual, more challenging than usual.” He concluded by noting the

pathogenic importance in Vietnam of the lack of boundaries between the space of war and ordinary space which, when combined with the absence of respected father surrogates, contributed to the high incidence of PTSD.

**Brendan O’Leary** reported on his work with the combatants in Kurdistan, Northern Ireland and Nepal and described how each conflict contributed uniquely to the post combat reintegration of the soldiers. In Kurdistan the guerillas won a thriving and relatively autonomous region and as a result “returned from the mountains with dignity.” In Northern Ireland the IRA did not win a united Ireland and the members have not been integrated into the government. Many of the former combatants feel that they fought to a draw with a net benefit to the community, with the “pragmatists feeling that they laid down their arms for their party.” In Nepal the Maoists have focused on an internal transformation of the country with the possibility of power sharing with the Royalists. In all these arenas of combat it is to be noted that the physical and mental health of the former combatants rarely if ever reach the level of attention that our regular soldiers receive in the West.  
*Cont. P. 5.*



## Inside the Traumatized Family: A Case Example of the Role of Art and Creative Play in Relieving Dissociative Stress

*Donna Wolf Palacio LCSW, MFA*

As a child psychotherapist, I have observed that in play therapy, children pull the traces of trauma they have experienced into their play-space through their drawings and their play. These traces are not from such a distant past that they do not still cause pain and fear, so they unfold slowly and cryptically.

What is especially delicate is the tie between the play-traces and the environment of the child. The creative play is a message not only from the child, but also through the child. These traces can give us a blueprint of the crises, disruptions, and frustrations that cannot be expressed in words.

Sometimes parents lack sufficient flexibility and sense of security to receive these messages. They are too anxious, and cannot see how their own behavior interacts with that of the child. Though they may be able to work on this slowly in their own therapy, when a crisis arises, we must call on whatever inner resources the family possesses to try to facilitate resilience and recovery. In some cases, even with the more traumatized families, we are fortunate enough to see a child patient who has the inner resources to enable his ruthless drive for growth to insist on surfacing. Just such a child is a boy I'll call R.

### Case Example

R was four when I first saw him in therapy with his great-aunt. She had taken guardianship when his mother had lost her home and was unable to care for him. Under the great-aunt's care, R did very well. But as the years progressed, mother wanted him to come back with her, causing tension with the great-aunt and stress for R.

During the custody conflict, which went on for several years, R's great-aunt brought him regularly for therapy. In those sessions, R would make drawings, and it soon became apparent that he had a gift for conveying, in those drawings, his inner life, his feelings and conflicts, his suppressed rage and the defenses he used to protect himself. He would draw himself in various poses of openness or guardedness, sometimes in the image of a dog that might be sad, angry, or scared. While he lived with his great-aunt, where he felt secure and stable, the drawings reflected feelings about his visits with his mother and his attempt to withstand the stress of his loyalty conflict in relation to his caretakers.

The drawings also allowed us to talk about his fears and confusion. His great-aunt was able to respond to these feelings in a way that made him feel safe. The drawings had become a messenger with a language of its own that could guard his internal sense of integration by allowing his feelings to emerge and be validated. However, there came a time when R's mother went back to court and was granted physical custody of R, with shared legal custody with the aunt. Part of the court's ruling was that he would continue in therapy with me. His mother tried to bring him in to see me, but the visits were irregular. Once R was living with his mother, his drawings became highly charged and full of anxiety. They often portrayed a very concrete system of defense, such as rigid body armor or sunglasses on the figures.

During this time, the "messages" were going out, but his mother needed more help responding to and accepting them than did his aunt.

His frustration grew. His drawings began to reflect a frantic search for defenses against his growing anxiety, including some manic rigidity and dark depressive configurations.

One could say the drawings were themselves a compromise, even a symptom, a way of discharging his affects so that he would not "blow up." But in fact, when the stress became too intense, he did blow up. He physically enacted his anger at an impossible situation by punching a wall and falling down the stairs without remembering how this had happened.

It was in this crisis that his mother brought him to see me. His drawings that day were jagged and shaky; there was a feeling of disintegration and fragmentation that I had never seen in his artwork before. He seemed to be either dissociating or on the verge of doing so.

In an attempt to keep him grounded, I pulled out the file of his pictures and began reconstructing the events and feelings that were reflected in them. I did this chronologically, retelling his story through the progression of the drawings. As we went over this past "history", he became noticeably more himself, more relaxed, and more in contact with his body. He then drew an integrated coherent picture of himself and his situation, as if he was reminded by his past work of what his ego was capable of doing.

*Cont. P. 4.*



## The Colleague and Patient Assistance Committee

*Diana Rosenstein, PhD*

On Monday, October 20, 2008, the Center held a Member's Meeting to begin a discussion of issues of aging and the potential decline of analysts — issues important to all of us. Since these issues are among the most important problems brought to the Colleague and Patient Assistance Committee (CPAC), we would like to remind you how the Committee functions.

CPAC is a committee for mediation of disputes arising from impairment of any kind. CPAC is not empowered to rule on ethics issues or to enforce any Center policies. CPAC also serves an educational function to the membership on such issues as dealing with disputes, handling issues of aging, retirement and impairment due to illness or aging. CPAC serves as a peer review committee for conflicts and concerns that are not ethical in nature but concern Center members. In particular, CPAC exists to allow people to bring concerns about impairment to the attention of the Center. In addition, it functions to aid the Center in educating

and informing members so that they may anticipate dealing with these problems, and develop strategies to do so. Finally, CPAC will address concerns about disputes between members or between members and patients which can be resolved through negotiation.

The CPAC has therefore been established to provide an opportunity for peer consultation and assistance with such issues. It is our hope that the existence of this Committee will encourage the early discussion of issues that, left unattended, might become major problems. Problems or concerns may be brought by anyone associated with the Center, whether a clinician, student or patient, but must be brought by someone with direct experience or involvement in the situation. Complaints can be brought to the President of PCOP, the Chair of the Ethics Committee or the Chair of CPAC. Any or all of these individuals reserve the authority to decide in which

venue the complaint should be heard (i.e., Ethics Committee, CPAC, etc.)

The complainant must identify him or herself, but the privacy of the complainant will be maintained within CPAC.

Thanks to all of our members who joined us for this discussion. How to handle the delicate matter of our aging group of analysts and their eventual need to retire from practice is a sensitive matter. We recommend two recent articles dealing with issues of aging or death of the analyst that might be of interest to all members:

Firestein, S.K. "The patient or the analyst dies: Ethical considerations." (2007) *The American Psychoanalyst*, 41, 30-31.

Galatzer-Levy, R. M. (2004). "The death of the analyst: Patients whose previous analyst died while they were in treatment." *Journal of the American Psychoanalytic Association*, 52(4), 999-1024.

## Membership Committee Seeks Nominations for Friends of PCOP And Honorary Members *Kathleen Ross, PhD*

The Membership Committee of PCOP, under the able leadership of John Frank, has been hard at work over the last three years to review and expand the Center's categories of membership. We have recommended several new kinds of membership which have been approved and adopted, including Adjunct Member, Clinical Associate, Student Affiliate, and aPt Associate. Members in all of these categories enrich our psychoanalytic community and bring a wide range of experience and thought to our programs and activities, opening the Center to new ideas and broader participation. We are now actively seeking nominations for two other categories of membership, one new and one old, of which all readers

may not be aware: Friend of PCOP and Honorary Member. "Friend of PCOP" came into existence several years ago at the recommendation of our committee. A Friend, according to Center bylaws, is one who has "demonstrated support for and/or participated in activities of the Center." Friends have certain privileges of membership except those of voting and holding office, and are not required to pay dues. To date we have one Friend, Patricia Burland. We would very much like to have more!

Please consider whether you know someone, from any clinical or non-clinical walk of life, whose support for the Center merits special recognition as a Friend, and bring

the name to the attention of a Membership Committee member (names listed below). The committee will discuss all nominations.

Honorary Member, a category long in existence at both the former Association and Society, according to Center bylaws is open "to distinguished persons who have made significant contributions to psychoanalysis." Like Friends, Honorary Members may be clinicians or come from other fields, such as academia or industry, and do not pay dues. They hold all privileges of membership except those of voting and holding office.  
*Cont. P. 5.*



## News From Outreach and Collaboration

*Lana Fishkin, MD*

The Extension Division has some interesting and diverse courses and workshops scheduled for this fall. The neurobiology and the psychodynamics of addiction is being discussed in fascinating new courses given by Abigail Kay, Charles Giannasio, and Fred Baurer.

John Frank is addressing unconscious communication in the clinical encounter (a fresh look at counter-transference), and Craig Lichtman will provide an overview of the Psycho-dynamic Diagnostic Manual (PDM).

Geoffrey Margo returns to offer his always popular introductory ethics workshop, as does Tom

Bartlett, who is once again presenting the fascinating film about RD Laing and his therapeutic community. Finally, Helen Rosen continues her series of course offerings with Meditation for Clinicians, a valuable adjunct to training.

The spring semester has many equally exciting new offerings. Syd Pulver is returning with his fascinating seminar on Dreams. Likewise, we have prevailed upon Richard Kluff to once again offer his course on Trauma. Monisha Nayar will moderate a fascinating new course on Prejudice, while Salman Akhtar is introducing a course on Wilfred Bion. A newcomer to our series, Annette Leavy, will moderate a reading group on literature

and psychoanalysis. So keep your eye out for the spring brochure and registration form.

We would be remiss if we failed to mention the monthly discussion group, open to all at no charge, at the Bryn Mawr Film Institute, every first Sunday of the month, right after the 4PM showing. This project of PCOP, now in its 4th year, has become an EVENT at the theater, drawing large and enthusiastic crowds to our "Inside the Characters" discussions. We are grateful to Susan Adelman for keeping this popular series running so smoothly, and to the many PCOP members who have so ably served as facilitators of this discussion group each month.

*Inside the Traumatized Family.*  
*Cont. from P. 2.*

### Discussion

In this session R had shown himself that he could survive not only by compromising and repressing, but also by being able to move back and forth in two worlds. He could draw on various internal personae that allowed him the integrity of his feelings and sense of self. As grown-ups, we may take for granted the ability to present ourselves adaptively to the various people and situations we encounter. This may even be seen as a sort of "healthy splitting", which comes increasingly under our control as we mature. For children, this is not such an easy task. Conscious splitting-off of

affects for the sake of survival has its price, but its absence is not always an option. It is very much within the repertoire of the "healthy" person to protect bodily and psychological integrity through this adaptation.

Looking at it this way, one could say that R's ability to physically punch that wall was not so different from his ability to draw his inner states. Both were affirmations of the body and its ability to express feelings that were intolerable. One might even say that the body took back its right to have a say in how it was treated, even if it didn't have the power to change it.

### PCOP Initiative to Bring Psychoanalysis Into the College Classroom

Dear All,

As a member of the Departments Outreach and Collaboration, and Professional Affairs I'm writing to inform you regarding what feels to me to be a very exciting and vibrant long term program, Student Affiliates of the Psychoanalytic Center of Philadelphia. It involves engaging undergraduates and graduate students in attempting to spark their interest in psychoanalysis. APsaA designed several outreach projects, one of which was called "The 10,000 Minds Project." This program was designed to increase the exposure of undergraduates' to psychoanalysis, as a theory and mode of treatment. APsaA found that undergraduates' enthusiasm for psychoanalysis was very strong! There is no doubt that graduate students enrolled in analytic friendly universities could be interested in supplementing their regular academic learning and enrich their professional and personal lives. There is a strong need for us to nurture students for our field to grow.

If you are interested in contributing your ideas and thoughts I welcome your participation. Please contact me at 610-668-6363, or email [sjapko@aol.com](mailto:sjapko@aol.com)

Respectfully,  
Sheila Japko, LCSW, Chair, Student Affiliates of PCOP  
Member, Department of Outreach and Collaboration  
Member, Department of Professional Affairs



## What's New At PCOP

Ralph Fishkin, DO President

The current year is off to a very good start with our Welcome Back Party, where we introduced our new students and Fellows to each other and to the Center members. Thanks to Susanne Benser and Fran Martin for the great job they did to create the party.

Bruce Levin and Diana Rosenstein, with the support of the educational program directors, have organized a Patient Assessment Conference on Saturday mornings at Rockland. Each conference will feature the discussion of a patient referred to the Consultation Service. The first conference took place Saturday, September 27, 2008. Ilene Dyller did a beautiful job presenting to a group of approximately 12 students and 7 faculty members. The Consultation Service plans five more of these conferences during the current academic year. Please look for notices and plan to attend. One faculty member said to me that he had not had as enjoyable and stimulating a clinical educational

experience since his residency at the Institute of Pennsylvania Hospital.

Yes, we are planning a new website. The Website Committee continues to work on its development. Beautiful in design, this website promises to be extremely useful to members and students, and to the Center as well. There will be a "Find a Therapist" section, a closed section for members and students, including a comprehensive listing of course descriptions and reading lists for all courses in each educational program, and even papers in PDF form that are not available on the PEP Web.

After many years of excellent service to the Center, Larry Blum has stepped down as Program Committee Chair. He deserves our thanks for a job well done. New Chairs Susan Adelman and Jennifer Bonovitz are already at work planning programs for future years, and promise some exciting changes in format.

*Freud, Franklin and Beyond*

*Cont. from P. 1*

**Anne Norton** described her early family life as it was influenced by her father's absences in Vietnam where he served two tours of duty as a Navy officer. Unlike today where email allows ongoing contact with combatants, in the past there was virtually no ongoing relating with family members who were in theaters of war. In her case she reported "forgetting" about her father while he was away. While her father and most others that she knew never told war stories to the children after they returned she has noted that she has been particularly interested in hearing from colleagues about their various combat experiences. Professor Norton concluded by describing what she feels are the significant disadvantages to having a volunteer as opposed to compulsory army - if there was a draft the "spirit of the people would be brought into the Army." In this way "many more people's lives would be touched by war."

**Thomas Childers** presented his extensive research on the quite troubled return of World War II veterans. Despite the mythology surrounding the "greatest generation" Childers has uncovered the details of the "deeply troubled reentry" of many veterans from that era. The popular media of the day reported extensively on the civilians' fears of veterans' violence and criminal activity, their "threat to society," and marital problems. Unemployment was triple that of civilians, divorce twice, and many veterans were without housing. "Psychoneurotic symptoms" were pervasive and one third of veterans felt estranged from civilian life a year after their return.

The media reported extensively on the problems and complaints of veterans until 1948. Suddenly at that time there was a shift of the nation's attention to "how to spot a communist." The possibility was raised that part of what fueled the development of the paranoid orientation was a collective defense against the never realized depressive affect of post war adaptation.

I recommend the extensive question and answer period on the podcast.

<http://www.med.upenn.edu/psych/PCOP.html>

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### *Honorary Members, Cont. from P. 3.*

Although numerous Honorary Members were named in past decades, including Janine Chasseguet-Smirgel and Bernard Pacella at the Society, and Rudolph Lowenstein and Jenny Waelder-Hall at the Association, at present there are no Honorary Members at PCOP. We are eager to consider nominations, which according to our bylaws must be made by a petition of three Active or Life members to the Membership Committee. We welcome such petitions from Active/Life members. Alternatively, if anyone associated with the Center in another category of membership wishes to propose a name, the Committee will consider it

and work to find Active/Life members who might wish to petition. Again, please bring member names to the attention of any committee member.

The Membership Committee looks forward to another active year in 2008-09. We hope to keep our Center's membership growing in number and expanding into new categories. We ask everyone to help us in this endeavor and to send us names of nominees!



## A Reflection On Case Conference: The Gift Of The Group

*Hannah Kliger PhD*

Occasions for public speechmaking such as the recent graduation ceremony of my 2008 adult psychodynamic psychotherapy class, call to mind for me another time and another generation of orators. Presentations on these occasions seem to often begin with pre-salutary words that state: before I begin this speech, I just want to say a few words.

To introduce my brief reflection on the gifts of the group process that became evident throughout the continuous case conferences that our class undertook, I want to share a "few words before." I wish to thank my classmates, firstly, for their willingness to work collectively on the cases that were brought forward throughout our training. Together, in our weekly conversations about issues featured in the continuous case conference sessions, we attempted to understand the unfolding of the alliance between therapist and patient. The engagement in the therapy room between patient and clinician that was reported back to us, with its almost thrilling spark of adventure, was never un-interesting. In fact, among the many rewarding aspects of the continuous case conference experience was the feeling that evolved during each session in our room, the little corner space upstairs at Rockland with its exotic wallpaper design, the creaking door, and so many intricate and sensory moments. There, in that room, our group became much more exposed to each other, with our sleeves rolled further up the elbow, shoes off, and Hershey bars all around.

My interest in the power of such group dynamics is what brought me to Rockland originally as an academic fellow, to discover how organizations and their team members work, but especially below the surface. Our cohort of adult psychodynamic psychotherapy students ventured there -- below the surface -- in our group work. Using the self as tool, focusing on ourselves and the interactions among us and in relation to the material,

each of us brought layers of meaning from our own self-examination, our own therapy or analysis, and our own work with clients or with clinical material.

In our continuous case conferences, comments were shared, reverberations articulated, and ongoing exchanges offered different viewpoints on the data. Consequently, every Tuesday evening, the divide between the clinician-in-the-trenches and the group as peers or co-therapists was broken down, crossed over, and reconsidered. Each member of the group, imagining an analytic stance positioned in a critical pose vis-à-vis the clinical data and vis-à-vis that evening's presenter, joined in a collaborative effort to generate interpretations and thematic findings that proceeded to change the therapeutic context under consideration. In a sense, the continuous case format allowed under consideration.

In a sense, the continuous case format allowed each of us to accompany the therapist in the transformative process of practicing psychodynamic psychotherapy. In our classroom, we act "as if" we are in the room with the patient (we know we are not), affected in our ability to connect with the work by our own personal histories as well as by our responses to the life history we witness and analyze together, as we also witness the witnessing of our colleagues.

In other words, through the continuous case conferences, we were given the ability to become familiar with how classmates listen to and conceptualize clinical material, including how we formulate and would time analytic interventions. And, throughout, there was heightened

awareness of the rational working of the group as deeply affected by the emotions and irrational feelings of its members. The full potential of the group is felt at those moments in the continuous case conference when this fact is realized and dealt with, not as often as it could be, but electric when it happens.

In a 1992 report on psychoanalytic education in the United States, based on a survey conducted by the American Psychoanalytic Association, the average number of classroom hours devoted to the presentation of a single case was 32 hours. And we, just during our second year of study, surpassed the national average. Of course, we had our first taste of this incredibly fertile learning environment in which to present and discuss a case over a prolonged period of time in our first year, as well, also with outstanding facilitators. All this provided us with the richest learning encounter of all: an emotionally-based one, where the therapist not only reports what is taking place but also demonstrates in the case conference what has come to light in the therapy room: disinterest, defensiveness, resistance, anger, attraction, fantasy. We, the case conference participants, had an opportunity to focus on the therapist's functioning as a source of information about the patient, and we asked of each other that we attend to our emotional responses, even as we also engaged in more didactic discussions of technique and diagnosis. For our group, the transactions in the case conference became clinical data, too, as we patiently and excitedly paid exquisite attention to feelings and personal reactions of the clinician, the patient, and the participants. And, it made us want to come back for more, knowing there is always more.



## The Third Annual Akhtar-Brenner Lecture in Psychoanalysis

The third annual Akhtar-Brenner lecture in Psychoanalysis took place on October 15, 2008 at Jefferson Medical College, where Stuart Twemlow, MD was the invited speaker. An internationally known psychoanalyst whose special expertise is in the understanding and management of violence, Dr. Twemlow gave a fascinating presentation on the use of martial arts training in dealing with violent young people. Dr. Twemlow has a black belt in Karate and is an expert in other far Eastern disciplines, so his integration and application of analytic

thinking with the martial arts is unique. The title of his talk was "Embodying the Mind: Ritualized Movement as a Container For Destructive Aggression" Drs. Twemlow, Akhtar and Brenner spent much of the day with the psychiatric residents at Jefferson and it is hoped that next year's speaker will be able to coordinate his or her visit with the Center so that candidates and faculty will be able to participate.



## Learning in Groups at the Psychoanalytic Center of Philadelphia: A Personal Odyssey

*John L. Frank, M.D.*

My earliest experience with professional groups was as a first-year resident at Massachusetts Mental Health Center in Boston in the late 60's. Psychoanalysis was the predominant influence in residency programs across the country. The competition was stiff to get into the best programs and we had close to 25 in each class. To learn "group psychodynamics," our class met in open-ended weekly sessions with Max Day, a well liked training analyst who usually had little to say. After the first few sessions, he picked up a tension between those who were there from the beginning and those who weren't. Addressing the second group, he said: "It's as if you missed the maiden voyage of the Mayflower." With that, we were launched!

While stationed for two years of military duty at Valley Forge General Hospital-- I led a weekly group for Vietnam amputee war casualties. That was followed by weekly groups for children and adolescents with acute and chronic illness on Hahnemann's inpatient Pediatric unit in Philadelphia. These were wonderful opportunities to learn about separation, loss, various kinds of trauma, resiliency and the role that environmental deprivation and support played in the course of hospital treatment.

As recent graduates of the Philadelphia Association for Psychoanalysis, it seemed quite natural for a group of us to come together at people's homes for weekly case discussions. We had

known each other from class work and conferences, shared the joys and anxieties of beginning private practice and our first salaried jobs, and were all transitioning from student status to independent or faculty status. Most important of all, the glue that held us together was our burgeoning identities as newly minted psychoanalysts.

While some of the original group members have left for various reasons and have been replaced by new members, several of us have been together for close to 30 years. The format of the sessions has remained remarkably stable. The greeting chit chat would sometimes morph into stronger feelings about the politics of the organization and I often felt I had to defend the more extreme



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liberal end of the psychoanalytic spectrum. But politics aside, I think we have all been very grateful to each other for the opportunity to listen, think, and talk about the nitty gritty of working with patients in an office setting. The person who hosts the evening—and supplies the snack—is given the first right to present something. Or any one else can volunteer to present. The subject matter may be a particular clinical problem or issue on the presenter's mind.

Increasingly over the years, our own counter-transference has taken center stage. While most of us think of ourselves as a study group focusing on clinical issues, we really do a kind of group supervision which fills in where our actual supervision left off.

This group of colleagues has always been important to me for their emotional support, for the back and forth exploration of psychoanalytic themes in patient material, and for the social satisfaction of schmoozing with friends and acknowledging the passing of personal milestones and professional time together. Soon after the two psychoanalytic groups reunited, we in the Membership Committee of the Psychoanalytic Center of Philadelphia heard an often posed question by many would-be members of the Center; what do I get for my dues? In addition to the numerous scientific sessions, extension courses, networking with area Universities, social events, listing in the membership directory, free CME/CE credits, and reduced fee for PEP WEB, there is one more benefit which is often under-appreciated: the opportunity to join a Center group. One of the most exciting and potentially gratifying aspects of belonging to the

Psychoanalytic Center of Philadelphia is the enormous breadth of its members' backgrounds and interests. Surrounding the core of psychoanalytic education and practice are layers and layers of applied psychoanalytic thinking and practice by people from the most diverse backgrounds and cultures. Each of these people has their own unique way of relating to psychoanalytic ideas and practices. From this broad fabric anyone can join or even lead a discussion group which could focus on clinical material, journal articles, community needs, cultural events, movies, mother-infant play, business activity, educational functions, artistic endeavors, spiritual concerns, and more! Groups can be short lived--for an hour. Or they can form for several weeks, months, or years. Groups have started as off-shoots of elective courses, extension school courses, or some combination of personal and professional activities. Some are open to the community such as parent-child groups, city schools discussion group, and "the alliance for psychoanalytic thought" idea forum. Homogeneous groups help to consolidate professional identities as psychotherapy associates, or psychoanalysts. Heterogeneous groups allow cross-fertilization of ideas by people with diverse backgrounds and training.

To briefly describe one group open to members of any stripe, over the past 10 years, 10 to 20 of us have met monthly at the Center to discuss a single journal article. Unlike the first clinical group described above, patients are only briefly discussed here. The main focus of this "reading group" is the article and our reactions to it. Also unlike the clinical group, since our members' backgrounds are so varied (active members, candidates, psychotherapy associates, fellows), we often

bring very different perspectives and subjectivities to the reading material. For me, this makes for many surprises, challenges, and interesting discussions where basic assumptions are continuously questioned. Over the past several years, we have discussed attachment and object relations theory, infant research, newer views on counter-transference, self-disclosure, relational psychoanalysis, and how these "newer" ideas relate to classical psychoanalytic thought. Members take turns selecting papers of special interest to them and also leading the group for that session. In June, we end with a dinner of some kind and over the years, the discussion has given way to the pleasure of eating, talking, and relaxing. For the past two years, due to growing interest, we have had to cap our current group (14 people last year and 20 this year). There are many and varied groups going on at the Center--some not advertised--which reflects how many spokes go out from the unconscious hub. As the Membership Chair, I wanted to share not only my own history with groups, but also to say that our Center is a very rich source of human knowledge, drive, vision, and wisdom. Organized groups—while not as sexy as drilling for resources—are a wonderful way to help each other tap and share our intellectual and emotional resources around common psychoanalytic themes and mostly to have fun learning together.

Please feel free to contact me if you have any comments, ideas, or questions about leading or joining a group at the Center.

***Stay tuned for "Members In The News" in the next edition of The Interpreter  
Submit your information to Roberta Brenner at RBren33834@aol.com***