

# Free Associations

## A Newsletter for the PSP Community

...dedicated to excellence in learning, teaching and application of psychoanalytic knowledge

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**NOTABLE QUOTE:** “Experience is the name everyone gives to their mistakes.” -Oscar Wilde

**From the Desk of  
Lisa M. Correale, LCSW, NCPsyA**

Have You Joined PsiAN? [PsiAN](#) is a global community of mental health professionals and stakeholders dedicated to promoting psychotherapies of insight, depth and relationship. PsiAN aims to restore these therapies to their fundamental place in the mental health landscape through education and advocacy regarding their personal, economic, and sociocultural

effectiveness in alleviating suffering and transforming lives.

Visit [www.psi-an.org](http://www.psi-an.org) to learn more and to join. Membership is free!"

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### **THE THERAPIST'S THESAURUS**

*Affect labeling.* Highlighting a patient's feelings by giving them a name.

*Delusion.* False belief, based on incorrect inference about external reality, that is firmly held despite objective and obvious contradictory proof or evidence and despite the fact that other member of the culture do not share the belief.

*Hyperphagia.* Increase in appetite and intake of food.

### **FROM A CLINICAL SUPERVISOR'S NOTEBOOK**

#### *Self-Disclosure*

Personal self-disclosure is not an automatic, expected and spontaneous occurrence. If and when it occurs, it should have been carefully considered and determined to be in the service of the patient and not serve the counselor's own anxiety or needs.

Personal self-disclosure is an important and significant boundary issue and may be especially salient with the populations that we serve. It can be a healing therapeutic tool or it can move the focus of the therapeutic work away from the patient, closing off or redirecting the focus of further exploration, causing the patient to want to protect or take care of the counselor, or possibly devaluing the counselor.

If personal self-disclosure has been determined to be appropriate, then the counselor should have already considered how it might be interpreted by the patient, how it might benefit the patient, and how it will foster the therapeutic bond.

### **TECHNIQUE OF THE WEEK** – *The Therapeutic Process*

Frequently, patients take two steps forward and then one backward; that is, often after therapeutic gain, a period of anxiety, confusion, and/or depression follows. This is because emotion is a powerful agent of change and creates disruption. Even a positive change may have a disorganizing effect on the brain and behavior because of the proliferation of synapses that occurs with new learning. This idea is

supported by a developmental principle of all biological systems that “there can be no reorganization without disorganization.” It is the therapist's responsibility to assist the person in understanding that the gains being made are often followed by increased sadness and anxiety. Conveying hope is essential for the process and progress to continue.

### **Cultural Sensitivity**

It's important to ask your patient about his or her own experience in their culture. If it is a culture different from yours, ask how he or she feels about working with you. This is respectful and opens up a dialogue about the experience for the patient. It is okay to tell the patient that you may make mistakes about his or her culture and experience and to ask the person to let you know if you do.

For people of color who come to a white therapist or vice versa, racial differences often are “the elephant in the room” and should be addressed to enable the person to stay in treatment. Asking out of a genuine curiosity and admitting ignorance are collaborative and reduce the power imbalance in the relationship by allowing the patient to teach us.

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