Free Associations

A Newsletter for the PSP Community

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

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<u>NOTABLE QUOTE:</u> "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-Maya Angelou

FROM A PSP TEACHING ASSISTANT'S PERSPECTIVE

I am Jim Basilio and I am senior candidate here at PSP. I also work as a Teaching Assistant for Dr Bill Lorman. I have been doing this for several years now and I have found the experience to be particularly rewarding. There are some minor administrative tasks that go along with the job such as keeping track of attendance and homework submittals, but there are benefits associated with this work as well. In addition to associating more closely with Dr Lorman, I think when I go through the readings there is a different point of view I am reading from. I want to have something to contribute to the class more so than when I was a class participant. Accordingly, I get more from the readings and I do learn more than I previously did as a student. Additionally, it doesn't happen often, but in the past, when Dr Lorman is not able to attend class, I was asked to "fill in" for that week. In addition to the brief but intense Adrenalin spike that resulted, it really was a rewarding developmental experience, one that I would not have had.

THE THERAPIST'S THESAURUS

Black-Out. Substance-induced anterograde amnesia whereby once a person's level of intoxication reaches a certain point, he forgets everything that happens between that point and the point where the intoxicant has significantly been cleared from the body. Indicates reversible brain damage.

Blocking. Abrupt interruption in train of thinking before a thought or idea is finished; after a brief pause, the person indicates no recall of what was being said or was going to be said. Common in schizophrenia and severe anxiety.

Coprolalia. Involuntary use of vulgar or obscene language. Observed in some cases of schizophrenia and in Tourette's syndrome.

NOTE: THIS IS AN EXPANDED
NEWSLETTER. SEE ADDITIONAL
PAGES

NONPSYCHOANALYTIC SNIPITS

6 Prunes a Day Prevents Bone Loss in Women at Risk for Osteoporosis

Eating 6 prunes a day is associated with preserved bone density in postmenopausal patients and may prevent osteoporosis, according to study findings.



FOR THOSE PLAGUED BY PATIENTS WANTING REINFORCING LETTERS



Dr. Gordon Livingston, a psychiatrist in Maryland, gives his patients the following advice:

"I do not get involved in work grievances, lawsuits, custody disputes, disability determinations, or other legal or administrative proceedings, including work excuses and requests for change in job conditions. If you require an advocate for any of the above reasons, you need to hire one elsewhere; I am here to provide therapy."

EDITOR'S COLUMN: A REQUEST TO OUR NEWLY CERTIFIED ANALYSTS

One of the main goals for any profession and professional organization is to publish and/or disseminate your research. Please consider submitting a short abstract of your final paper which can be posted in a future edition of our newsletter. Our community would certainly benefit from reading your work and I'm sure it would generate interest and even motivate others to begin or finish their

own final papers. This would be a great way to spark interest into our future certified analysts. You can let me know your thoughts by sending me an email at blorman@hotmail.com. I look forward to hearing from you.

-Bill Lorman



Saturday October 8th

10:00am-12:00 PM

(EST)

on Zoom!

2 CE's-\$30



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More on the Therapeutic Alliance

A challenge for the therapist is to engage the patient so that he or she will continue treatment. Dropout rate after the initial session has been shown to be 20%, that is, one out of five patients terminated treatment before meeting the goals of the proposed treatment. We now know that the weaker the alliance, the more likely the person will be to drop out of treatment. The ideal is to develop a basic level of trust and a shared agenda with the patient, which includes the collaborative goals of therapy. Three elements of the therapeutic alliance that most theorists agree with are the collaborative nature of the relationship, the warm, emotional bond between the patient and therapist, and the agreement between the therapist and patient on the goals of treatment. Competencies that reflect the therapist's ability to develop a therapeutic alliance include the ability to establish rapport, enable the patient to actively participate in the process, establish a treatment focus, provide a healing environment, and recognize and attempt to repair the alliance if needed. Cultivating the therapeutic alliance is an ongoing process throughout the therapy.





Jill Scharff, MD:

"Psychoanalytic Education Online"

Tuesday, November 8th

5:30pm to7:30 PM (EST)

on Zoom!

2 CE's-\$30

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For more info visit; https://psptraining.com/community-lectures/