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: "The three components of happiness are something to do, something to love, and something to look forward to."
-Gordon Livingston, MD

From the Desk of The Coordinator of Education and Training – Marie Hartke

As you know, matriculated students at PSP are required to report their clinical hours twice a year. (In January and July). Were you aware that you can keep a record yourself, of your progress through your program requirements? Simply go to our school website, psptraining.com and select PEOPLE, then STUDENT, then FORMS, Under FORMS you will find a form for "Program Requirements Tracking". This will enable you to keep a record of your progress in Required Courses; Case Presentations; Clinical Supervision; Training Analysis; Clinical Hours/Experience and Group Supervision.

THE THERAPIST'S THESAURUS

Aggression. A behavior that directs intentional harm at another person.

Alexithymia. Inability or difficulty in describing or being aware of one's emotions or moods.

Bradykinesia. Slowness of motor activity, with a decrease in normal spontaneous movement.

Alogia. Inability to speak because of a mental deficiency or an episode of dementia.

GENERAL PSYCHOANALYTIC CORE COMPETENCY EXPLAINED

Facilitate the exploration of unconscious experience.

Unconscious experience refers to dreams, fantasies, slips of the tongue, parapraxes, daydreams, unconscious/derivative communication, the analytic third – i.e., any manifestation of the unconscious in analysis.

IMPORTANT NOTE:
Please remember to register for our November 8th lecture at 5:30pm EST on Zoom Presenter: Jill Scharff, MD, FABP. The topic: Psychoanalytic Education Online

FROM A PSYCHIATRIC RESIDENT'S NOTEBOOK AN ETHICAL ISSUE

What do you think? I'll print the best 'Point-Counterpoint' Responses in a future issue.

"At age 34, I was undergoing psychoanalysis as part of my residency training. One day my analyst informed me that I was adopted. I asked how he knew. He knew because my estranged wife's psychologist had approached my analyst at a conference and asked, "Does [your patient] know he's adopted?" My analyst replied, "He hasn't mentioned it." It turned out that my wife had heard the news years before through family friends, but thought it was my parents' choice to tell me or not. She discussed it with them and they declined. So, she told her therapist, her therapist told mine, and he had to figure out a way to bring it to me. I will always be grateful that he had the courage to do so." SHOULD THE PSYCHOANALYST HAVE TOLD HIS PATIENT THIS NEWS?

MODELS OF MENTAL HEALTH - *Six Conceptualizations of Mental Health*

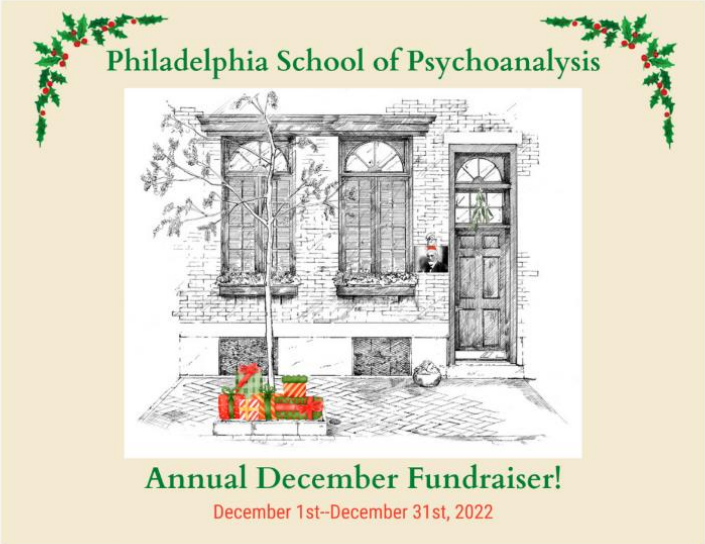
1. *Above normal* – a mental state that is objectively desirable (This is Freud's definition which is the capacity to work and to love).
2. *Maturity* – from the viewpoint of healthy adult development.
3. *Positive psychology* – as epitomized by the presence of multiple human strengths.
4. *Emotional intelligence* – successful object relations.
5. *Subjective well-being* – a mental state that is subjectively experienced as happy, contented, and desired.
6. *Resilience* – the capacity for successful adaptation and homeostasis.

FROM THE SUPERVISOR'S NOTEBOOK - Conveying empathy and ensuring that it is heard by the patient- an example

One patient came to his session looking very stony faced. The analyst misunderstood the patient's silence as anger rather than fear and said: "Perhaps you are angry at me because I had to cancel our session last week." The reality was that the patient was afraid that he had made a big mistake with his girlfriend and that she was going to break up with him. This kind of breach of empathy can be harmful to the therapeutic alliance. A better response for the therapist would be to observe and ask for clarification: "You look unhappy. What's going on?"

Help Wanted!

If you can mail just one fundraiser invite you can help make our Annual (Online) December Fundraiser a success!
Please Contact Lisa Correale for Information & Fundraiser Notecards:
lisacorreale@psptraining.com



For More information About PSP's December Fundraiser Visit:
https://psptraining.com/psps-annual-fundraiser/

Life and Death Instincts

Before designating aggression as a separate instinct, Freud, in 1920, subsumed the ego instincts under a broader category of life instincts. These were juxtaposed with death instincts and were referred to as *Eros* and *Thanatos* in *Beyond the Pleasure Principle.* The life and death instincts were regarded as forces underlying the sexual and aggressive instincts. Although Freud could not provide clinical data that directly verified the death instinct, he thought the instinct could be inferred by observing *repetition compulsion,* a person's tendency to repeat past traumatic behavior. Freud thought that the dominant force in biological organisms had to be the death instinct. In contrast to the death instinct, eros (the life instinct) refers to the tendency of particles to reunite or bind to one another, as in sexual reproduction. The prevalent view today is that the dual instincts of sexuality and aggression suffice to explain most clinical phenomena without recourse to a death instinct.