

# 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** “It is our responsibilities, not ourselves, that we should take seriously.”

--Peter Ustinov, British actor and writer

### OUTSIDE NEWS & VIEWS

Despite contrary marketing claims, high-caffeinated beverages have little or no effect on the neuromotor impairment caused by alcohol. To measure the effects of caffeine and alcohol on motor skills, investigators from the Boston University and Brown University randomized 127 young adults to one of four treatment conditions: beer with or without caffeine, or nonalcoholic beer with or without caffeine. After consuming the beverages until those drinking alcohol reached a blood alcohol level above the legal limit for driving, participants in each group were assessed on driving performance (via simulator) and on sustained attention/reaction time. According to results, while alcohol significantly impaired driving, attention, and reaction skills, the addition of caffeine did nothing to improve driving performance and had only a barely measurable effect of attention/reaction scores.

### THE THERAPIST’S THESAURUS

*Developmental Perspective.* A view that examines the patterns and causes of change across the life span.

*Algophobia.* Fear of pain.

*Somnolence.* Pathological sleepiness or drowsiness from which one can be aroused to a normal state of consciousness.

*Anosognosia.* Inability to recognize a physical deficit in oneself (e.g., patient denies paralyzed limb).

*Localized amnesia.* Partial loss of memory; amnesia restricted to specific or isolated experiences. Also called *lacunar amnesia* or *patch amnesia*.

*Poverty of speech.* Restriction in the amount of speech used; replies may be monosyllabic.

### STANDARDS FOR ACCREDITATION: Standard 1-1

*The program has a published mission statement that describes its goals for psychoanalytic training.*

#### Our Mission Statement

The mission of the Philadelphia School of Psychoanalysis is to develop and sustain a strong psychoanalytic community, which has many functions: education, training, research, the practice of psychoanalysis, as well as service to its membership. The sense of community rests on a foundation of shared values: commitment to lifelong personal growth, professional ethics, mutual support among analysts, and fruitful involvement with the psychoanalytic and the larger community. These values are shaped by a historical vision of psychoanalysis that includes a theory of mind, a way of understanding social phenomena, and a treatment process.

### JUST A THOUGHT... by Bill Lorman

#### Terminology for the People We Treat

I refer to those who receive our services as patients. The rationale for this philosophy is based on the derivation and meaning of the terms used in other settings:

- Patient comes from the route word meaning 'those who suffer.'
- Client comes from the route word meaning 'those who buy services.'

- Consumer comes from the route word meaning 'those who use [consume] services.'

I believe that the populations we serve have been suffering with their symptoms for some time. I believe that our interventions are geared toward relieving the suffering [of patients] rather than focusing on selling services [to clients] or providing services for the use, in any way they choose, [to consumers].

### AN HISTORICAL PERSPECTIVE by Dr. Barbara Smith

#### A SPOTNITZIAN MOMENT

Before the Philadelphia School of Psychoanalysis purchased 313 South 16<sup>th</sup> Street, in 1975, classes were held at the Curtis Building on the Drexel University campus.

It was decided that office space was needed to enable students to begin working with clients. An office was leased in the Medical Towers Building, built in 1931 and 30 stories high. It was comprised

of two small offices each with a tall window, and a narrow windowless room with kitchen appliances.

Dr. Hyman Spotnitz was coming from New York to visit the Institute and had been invited to see our new clinic accommodations. He arrived and was greeted by myself and a few other students, all eager to hear his impressions and to hopefully approve of our new facility.

He strolled about in the small area moving from one office to the other and looking down from the windows to the street below, which was a considerable distance. In a quiet tone of voice he said, “You need to get window protectors.” There were startled glances and spiked states of anxiety amongst us as the impact of what his neutrally stated comment meant. Needless to say, the task of procuring and installing the necessary safety measures proceeded with alacrity.