

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: “Human beings cannot stand a meaningless existence.

-Carl Jung

MESSAGE FROM THE PRESIDENT

The modern psychoanalytic training ideal is for the imitation, and not merely the admiration of the classical and contemporary theorists and researchers in our field. We do this by interacting with our colleagues rather than working in a silo. Some of the questions on my mind include:

- In what ways can we convey our knowledge and experience to students and organizations?
- How can we increase members and their engagement in PSP?
- What is the best way to retain members as well as integrate newcomers?

I hope you will consider helping me as we move forward.

-Bill Lorman

THE THERAPIST’S THESAURUS

Aphonia. Loss of voice. Seen in conversion disorder.

Delusion of self-accusation. False feeling of remorse and guilt. Seen in depression with psychotic features.

Holophrastic. Using a single word to express a combination of ideas. Seen in schizophrenia.

Panphobia. Overwhelming fear of everything.

Suppression. Conscious act of controlling and inhibiting an unacceptable impulse, emotion, or idea; differentiated from repression in that repression is an unconscious process.

STANDARDS FOR ACCREDITATION: Standard 5-1

The institution has a psychoanalytic faculty that is sufficient to sustain academic quality.

Our faculty have been vetted to have the requisite knowledge, skills and experience in modern psychoanalytic theory and technique. The faculty meet, as a group, twice a month to discuss issues related to academic and clinical training including program expansion, curriculum development and revision and student progress. You can view our faculty and their bios on our website.

**CLASSES RESUME SEPTEMBER 7TH.
HAVE YOU REGISTERED YET?**



THANK YOU, DEB

Deb Grigson, a public member of our Board of Directors, retired from our Board recently. She served for eight years and provided expert advice on matters related to human resources. Her invaluable assistance in structuring many of our policies, handling problems

and providing overall support to staff and Board will long be remembered. The Board recently honored her with a plaque for her service at a luncheon held at Founding Farmers in King of Prussia. It was great to get everyone together and reminisce on the good work she did for us. Although she will be sorely missed, as she was told on several occasions, we have her on speed dial so we can continue to ‘pick her brain’ as needed – and she whole heartedly agreed. We will miss your presence, Deb.

THEORY CORNER: Transference Variants – Part 2

AGGRESSIVE TRANSFERENCES

These take the form either of negative or more pathological paranoid transferences. *Negative transferences* are seen at all levels of psychopathology but can predominate in some borderline patients who tend to see the therapeutic relationship in terms of power and victimization, regarding the therapist as

omnipotent and powerful, whereas the patient experiences him- or herself as helpless, weak, and vulnerable. Negative transferences are identifiable in varying degrees in all analyses and usually require specific intervention and interpretation.