

Providing access to quality affordable  
psychoanalytic psychotherapy

# MPSI PSYCHOTHERAPY CENTER

FALL 2018 | Volume: 4



## RESEARCH ON SLEEP

by new fellow, Bridget Bender

Greetings! My name is Bridget and I am one of four new people who are fortunate enough to be participating in the MPSI fellowship program this year. I am also a full-time Fire Captain in the city of Minneapolis and am interested in serving the first responder community as a therapist someday. I have noticed that although first responders need mental health services, firefighter culture and stigmas surrounding mental health/chemical dependency serve as barriers to the addressing these problems in the population.

CONTINUED PAGE 6



## MPSI FALL CONFERENCE: PRINCIPLES OF PSYCHOANALYTIC COUPLE THERAPY:

For Analysts And Therapists  
Who Practice It, And Those  
Who Won't

October 13, 2018

Richard Zeitner PhD

The vast majority of mental health professionals are trained primarily to work with the individual. Yet, most of the patients consulting us, even those with a diagnosable mental condition, are significantly affected in their social and relational lives, and, often within their intimate partnerships—the couple and the family.

CONTINUED PAGE 2



## MAKING A DIFFERENCE

Second Year Fellows

Second year fellows are already investing in their senior volunteer positions. Pictured here is Angela Porter, who volunteered to staff our table at an event this summer. For the third year the Psychotherapy Center participated in the annual, S. A. V. E., Suicide Awareness for Voices in Education event. Angela and Bev Caruso represented the Center by providing information about our services to attending professionals and to the families of those who have lost a loved one to suicide. As usual it is a chance to network with other service providers and experience a very moving event.

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## MPSI Fall Conference continued



Ironically, we are then called upon to treat, or at the very least, to help in the understanding of these disturbances in our patients' intimate lives.

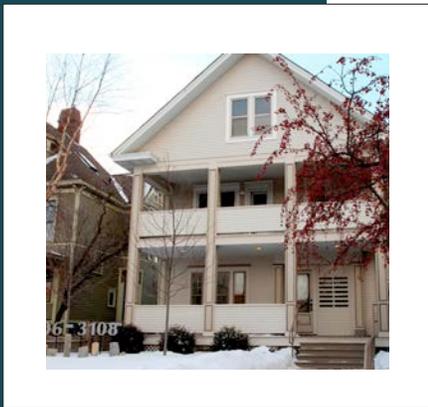
Richard M. Zeitner, Ph.D., a psychologist, psychoanalyst, and family and couple therapist, will present a one-day workshop on some of the most contemporary psychoanalytic ideas for treating disturbed relationships. His framework incorporates work from British objects relations, including Klein, Fairbairn, Dicks and Winnicott, David and Jill Scharff in the U.S., and his own recent contributions from the relational and systems perspectives.

Link theory, pioneered by E. Pichon Riviere and his collaborators, from Latin America, increase complexity and depth to any discussion of a psychoanalytic understanding of couples and family dynamics. Dr. Zeitner will demonstrate how the above ideas also apply to individual psychotherapy and psychoanalysis.

Register online at [MPSI.org](http://MPSI.org)

## MPSI Psychotherapy Center

*Providing access to quality affordable psychoanalytic psychotherapy*



### CONGRATULATIONS

to the psychotherapy Center for ten years of service to the mental health community. It has been our pleasure to provide low cost short and long term psychodynamic psychotherapy to underserved populations.

The MPSI Psychotherapy Center is in its 9th year of providing low fee psychodynamic psychotherapy to people unable to afford mental health care. On August 29th we celebrated the graduation of five fellows, completed orientation for our four new fellowships and welcomed again two second year fellows. Our volunteer supervisors, fellows and staff were on hand to hear of the success of the program, and to receive thanks for their many hours of contribution.

Over 2000 of psychotherapy were provided by our fellows during last year. Some patients were seen intensively; twice weekly for a year and if their therapist elected to stay at the MPSI Psychotherapy Center for a 2nd year, their patients had the opportunity to receive intensive psychodynamic psychotherapy for up to two years. This level of service is

unavailable to patients in our community who rely on low fee clinics for their mental health care.

The MPSI Psychotherapy Center utilizes the OQ45 to assess the severity of symptoms at intake and at the end of treatment. The OQ45 is easy to administer and interpret and is commonly used by community clinics to assess the effectiveness of the care they provide. During 2016-2017 the average OQ45 score at intake was 69.6 and at post test 60.5. The data show a significant decrease in severity of illness score by 9.1 points or 13%.

MPSI PSYCHOTHERAPY CENTER  
3108 Hennepin Avenue  
Minneapolis, MN 55408  
612.824.3800

# Second Year Fellows Making a Difference continued

Two other fellows, Kaycie Dale and Patricia Holdahl are also electing to volunteer for a second year with us. It is the tradition of the Center to invite second year fellows to take on some administrative tasks, to mentor the first year fellows and to readily share their clinical and administrative experiences with the first year cohort.

Their contribution is much appreciated. Also appreciated is the contribution of our returning supervisors, Jan Search, Gloria Levine, Mary Louise Gooch, Clare Buntrock, Marv Lobel, Catherine Phibbs, Ginny McDermott, Julianne Miller and Elizabeth Wittenberg.

WELCOME TO OUR NEW SUPERVISORS SANDY RYAN AND EMILY HUNSICKER, WHO HERALD FROM OUR FIRST YEARS OF FELLOWS.



SECOND YEAR FELLOW, ANGELA PORTER, SUPERVISORS GLORIA LEVINE, JAN SEARCH AND NEW BOARD MEMBER KATE MCRAITH



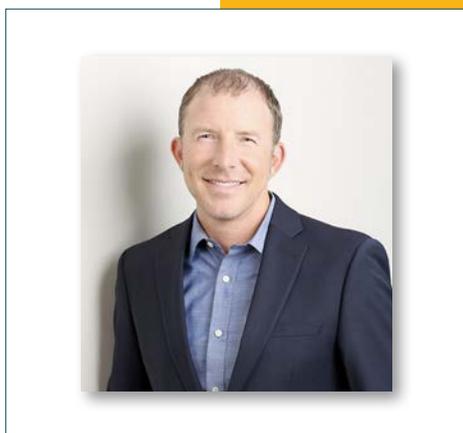
SANDY RYAN



JAN SEARCH



HAL STEIGER AND KIM RORIE



JOSH MEENDERING

We are proud of the contributions to MPSI of our graduating fellows, Jen Brown serves on the PPTP committee, Kim Rorie previously volunteered on that committee, teaching in PPTP and is currently President-Elect of the Society. Josh Meendering is treasurer of the Society and is teaching in PPTP. Natalie Taber and Kate Mcraith volunteer on the outreach committee.



## CHELSEA Wagner

*Contribution from one of our graduated fellows*

Many patients come to me hoping to remember what happened to them. Trauma often robs us of our pasts—memories included. Many techniques were created to help people remember what happened.

Many didn't work.

Most of us think of memories as facts; something we can recount accurately in time and place. A clear memory feels like “proof,” like a camera taking a photograph or a video that recounts the specifics of what happened or didn't happen to us.

What I have learned from psychoanalysis is that memories are actually

nothing like facts. Some of my most profound memories have no words. They are a feeling, a color, a smell, a place. Without curiosity, they are just that—a small piece of a very complicated puzzle. They are meaningless when it comes to recounting any kind of linear story or factual representation of what went on. Psychoanalysis helps us see that allowing memories to be just that, flashes of sensation, can be an entryway into more fully embracing the present of our lives.

The humidity in the summer takes me right back to Virginia. I am standing on the blacktop waiting near the car. I have my beach towel and it is early. There is sand on my feet and I am itching to get to the ocean. Mosquitoes swarm and I jump into the car to wait for my mother.

In this instance, I can think of what age I might have been. But, there were so many moments on that driveway and so many things happened at that home. I can maybe put together some facts around the experience. But, what really matters to me (now) are the why questions. Why does the heat always take me to that one moment? Why is the heat

brining me there today? Who am I waiting for now? What is biting at me? What ocean awaits?

What I was searching for when I began psychoanalysis was answers about why I was experiencing memories and what they meant to me in the past. The gift of psychoanalysis, though, has been something else: the practice of allowing memories to inform how I relate to myself in the now.

As a therapist, I often help my patients learn this basic form of curiosity. Rather than agonize over what something means or if it is true, I have them apply the “piece of a memory” to the present moment. After some time, they might also get information about their past or they might get a more linear depiction of what happened to them. But again, what I have found is this is not what matters most, in the end. What matters most is that patients know themselves. That they can be curious, interested, and attuned to their own inner world. Through this process they will know what the past felt like, what it was like, and they will know bone-deep what happened to them.

## WHAT IS PSYCHOANALYTIC PSYCHOTHERAPY?

Psychoanalytic psychotherapy is a form of intensive psychotherapy that promotes personal development and freedom from unsatisfying or painful patterns of living. In pursuit of these goals, the individual and the therapist work together in close collaboration. Special attention is paid to the replications of past relational patterns in the present, to the interaction of personal and interpersonal experiences, to body and mind, fantasy and reality and to the unconscious as well as conscious experience.

The patient and therapist work together to understand the meaning of the patient's emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love, and creativity.



2017-2018 FELLOW AT THE MPSI  
PSYCHOTHERAPY CENTER

I came to MPSI Psychotherapy Center's fellowship program looking for an immersive experience in a psychoanalytic/psychodynamic framework. I had spent the 12 months prior to MPSI working in a setting that employed a purely Relational-Cultural Therapy framework (Kente Circle) for my MSW clinical placement. Coming to MPSI-PC, I was hungry for the opportunity to discuss and employ transference and countertransference dynamics therapeutically and attend to object relations elements. And, as a queer and mixed-race clinician, I was excited to contribute my own lens of attentiveness to the particular concerns of queer, trans, and black and brown clients. Within the low-fee clinic I found an opportunity to blend theoretical learning (through the PPTP classes) and practical application in a

## Continuity of psychodynamic practice across multiple therapists in the low-fee clinic: experience of working with two transfer clients

By Natalie Taber, MSW, LGSW

thoughtful and attentive community of experienced analysts (Hal Steiger), theoretically affiliated therapists (Bev Caruso), bright and insightful peer learners (Dani Kasprzak, Kate McRaith, Angela Porter, Kaycie Dale, Patty Holdahl, and Caysha Borchert).

Particularly, I was curious about the impact on a client's work in the transference/counter-transference relationship as they move from one therapist to another through the low-fee clinic as the fellows turn over year after year. I had the opportunity to explore that experience first hand, as I took on two transfer clients at the start of my MPSI year. For one client I was his third MPSI therapist, and for the other I was her second (both of whom have been de-identified for the purposes of this article and protecting client confidentiality). What I found, in sum, was that the continuity of the clinic provided little disruption to the therapy, despite the yearly change in therapists for the first. And for the second client, the change in therapists provided an opportunity to explore relational and transference

patterns that manifest across both therapeutic relationships, a sort of compare and contrast opportunity not unlike what occurs during any change in therapist for a client.

The first client had originally come to the center in what he refers to as the lowest point in his life; narcissistically inclined and struggling with anxiety and depression, he was seeking validation and acting out with significant anger, bringing his life to a crisis point. By the time we started working together the ground work had been laid for him to begin to understand and cope with his internal dynamics. Previous to coming to MPSI, the client believed that his emotional and behavioral challenges were "genetic" and that he could do nothing about them. Through the work at MPSI, the client continued to gain insight into himself and a sense of agency in his own life. Far from feeling disruptive, the change in therapists provided a continuity in his treatment that could not have been achieved at other low fee clinics.

CONTINUED PAGE 6

### HOW DO I MAKE AN APPOINTMENT?

Call 612-824-3800 and leave a detailed message on the general voicemail. An intake coordinator will return your call within 2 business days.

### WHAT CAN I EXPECT FOR MY FIRST SESSION?

Your therapy starts with your first visit where you will have a chance to talk about the problems you are having and the help you want to make important life changes. You'll have a chance to meet your therapist and decide if the fit is a good one. You'll also determine your fee for each session and complete a brief intake process. We keep the paperwork to a minimum so that the main focus is helping you get the care you need.

## CONTINUITY OF PSYCHODYNAMIC PRACTICE CONTINUED

I found this client to be one of the most enjoyable clients I saw, something I attributed to his work with the previous two MPSI fellows, such that I was seeing him at a different point in the arch of his therapeutic progress compared to other clients just beginning therapy at MPSI. This client was enjoyable to work with because he utilized his therapeutic time as an opportunity to be thoughtful and curious about himself and to explore his childhood history as it bore on the present. Coming from a family where people seem to be thoughtless about themselves, the client drank up the opportunity to think and feel in therapy. We began to explore our transference dynamics, and I have been impressed with his ability to use our relationship to deepen his understanding of himself, no doubt facilitated greatly by the work he had done with previous fellows. Despite having had a good experience transferring from MPSI fellow to MPSI fellow, this client chose to leave MPSI-PC and remain with me at my new practice, as he explained that he felt a personal connection with me that he wished to maintain and continue.

The second client came to therapy with significant anxiety and panic attacks and struggled to tolerate therapy, often missing sessions for weeks at a time. Using the psychodynamic/psychoanalytic framework, I proposed to her that we might have the opportunity to explore more deeply what was contributing to this discomfort and support her through it together if we were working in twice-weekly sessions. She agreed, and we worked together twice weekly for the duration of the year; I suspected that she needed more not less and would benefit from a greater holding container, and that seemed to be the case. She shared with me in therapy the various discomforts she had felt in therapy previously, and as we have grown together we have been able to identify the ways in which these relational elements replicate in our own relationship and work together. My therapeutic work with this client has benefited from her having had previous experience with another fellow at MPSI. This client also has chosen to remain with me at my new practice, and I am grateful for that and for the opportunities MPSI provided for us to begin this work together.

The low fee clinic continues to provide an essential service for those seeking therapeutic support by providing an opportunity for in-depth psychodynamically informed therapy for those who could not otherwise access it or afford it. I am grateful for the opportunity that I have had through the MPSI clinic to contribute to these clients' continuity of care while developing my psychoanalytic practice. I look forward to remaining part of the MPSI community while continuing on in my private practice (with Dani Kasprzak and Kate McRaith) and at my agency practice (at Relate Counseling).



## Research on Sleep continued

I have been in school for the past several years, completing a BA in psychology at the U of M and now working on an MSW at the University of St. Thomas/St. Catherine University. Over those years, I have written a lot of papers at the fire station, where my colleagues would ask questions about my work. When I would say, "I'm writing about PTSD" or "I'm studying addiction," they would nod, disinterestedly, and keep walking. One day, when I told my colleagues I was writing about sleep deprivation, something amazing happened: they pulled up a chair and wanted to hear more. I had an epiphany: since firefighters are very interested in physical fitness, and there are no stigmas associated with sleep problems in the fire service, maybe I could get them to pay attention to behavioral health ideas if I package them with a biopsychosocial need- like sleep. Below is a synopsis of my research study on sleep deprivation and firefighters.

### Sleep Deprivation and the Health of Firefighters

Sleep has become a trendy topic in recent years. Self-help literature targets a sleep-deprived audience, promising transformative results: "Sleep Soundly Every Night, Feel Fantastic Every Day: A Doctor's Guide to Solving Your Sleep Problems; The Sleep Revolution: Transforming Your Life, One Day at a Time; Sleep Smarter: 21 Essential Strategies to Sleep Your Way to a Better Body, Better Health, and Bigger Success" (Huffington, 2017; Rosenberg, 2014; Stevenson, 2016). While these promises may seem to be too good to be true, they are based in reality. There isn't an aspect of health or wellness that cannot be improved by improving one's sleep, and conversely, sleep deprivation can contribute to an array of health problems, including: cardiovascular disease, mental illness, addiction, metabolic disease, and cancer- to name a few (Aran et al., 2016; Kamphuis et al., 2016; Martindale, Morissette, Rowland, & Dolan, 2017; O'leary et al., 2016;

Tobaldini et al., 2017; Walker, 2017; Wannamethee, Papacosta, Lennon, & Whincup, 2016; Watling et al., 2016). Still, while sleep health has gained the attention of the more proactive and health-conscious, it continues to be generally undervalued in the West, both socially and in formal healthcare models (Johnson, 2017; Quan, 2008; Walker, 2017). In fact, recent studies show that about two-thirds of all adults in developed nations are not getting enough sleep; that is to say, on average, they are sleeping less than the 7-9 hours a night that is recommended for adults by the World Health Organization and National Sleep Foundation (Walker, 2017). Sleep impacts the body, mind, emotions, and experiences of every human being, and yet many Westerners continue to sacrifice sleep to meet the demands of today's fast-paced society.

One group that can experience sleep deprivation more frequently than most is that of full-time, professional firefighters. As shift workers, professional firefighters keep odd hours and erratic sleep schedules. Unlike other shift workers, however, professional firefighters work entire days at a time, responding to emergencies both day and night. These long and erratic shifts, coupled with off-duty scheduling demands, make it nearly impossible for firefighters to adjust to consistent sleep schedules. Lack of enough consistent, quality sleep can have a very negative impact on the health of firefighters and may predispose them to an array of biopsychosocial illness, including: heart disease, obesity, depression, and addiction (Walker, 2017). However, little research has been done within the firefighter population and many of the health concerns of firefighters are not yet fully understood. Fire-

fighter culture is distrustful of outsiders, making the firefighter population difficult for researchers to access (Jahnke, Poston, Jitnarin, & Haddock, 2012). Further, many of their behavioral health issues go unrecognized and/or untreated, as behavioral health continues to be stigmatized in the fire service (Gulliver et al., 2018).

So, it seems that while firefighters' erratic sleep schedules may predispose them to disease, their distrust of outsiders and cultural stigmas regarding behavioral health may be standing in the way of their being assessed and treated for it. As public safety workers, the wellbeing of first responders is of concern to the entire community. The aim of my exploratory, quantitative research study was to gather preliminary data regarding the health of professional firefighters, with a focus on sleep. Data was collected from several Midwestern, metropolitan fire departments via an online survey. Sleep-deprived participants were identified using the Epworth Sleepiness Scale (ESS), as well as self-reports of average sleep onset latency, and hours of sleep achieved on-duty/off-duty. Participants were also asked to assess their own health and wellness needs, and to indicate their use of and interest in various health and wellness resources.

The survey results indicate that at an astounding 98.5%, the vast majority of firefighters are not meeting the minimum recommendation for sleep while on-duty. Based on reported sleep quantity in full hours, the largest grouping of firefighters (48.9%, n = 133) reported an average of 3-4

hours of on-duty sleep. At 43.38% (n = 11), the next largest group reported an average of 5-6 hours of on-duty sleep. Even the most severely sleep deprived firefighters outnumbered the adequately rested at 6.25% (n = 17). In a substantial minority, only 1.5% of firefighters (n = 4) reportedly met the minimum recommendation of 7 hours of sleep while on-duty. Interestingly, firefighters' off-duty sleep reports produce very different results, with the majority of firefighters (57.4%, n = 156) reporting adequate off-duty sleep.

The findings of this study indicate that firefighters are aware of a need to improve their sleep and are interested in the provision of sleep resources. This is good news. With sleep health trending and established firefighter buy-in, positive changes are more likely to take place. Sleep hygiene education should be provided to all firefighters. It could influence them to make better choices related to their sleep, which would subsequently impact other areas of their health and wellbeing. Firefighters value physical health and fitness. It is likely that knowledge of the far-reaching health benefits of improved sleep would encourage them to value it more. Furthermore, as a physiological need, sleep carries with it no stigma in the fire service. Sleep could therefore be used as a proxy for addressing more sensitive issues, like mental health, substance use, and suicidality among firefighters. Mental health professionals should consider using sleep health to breach more sensitive topics with firefighters and should be knowledgeable about firefighter culture when working with this population.

To view the study in its entirety, visit [https://sophia.stkate.edu/msw\\_papers/851/](https://sophia.stkate.edu/msw_papers/851/).

2019-20

# FELLOWS WELCOME

Abbie **SHAIN**  
Bridget **BENDER**  
Michael **BROWN**  
Nicole **DUENOW**



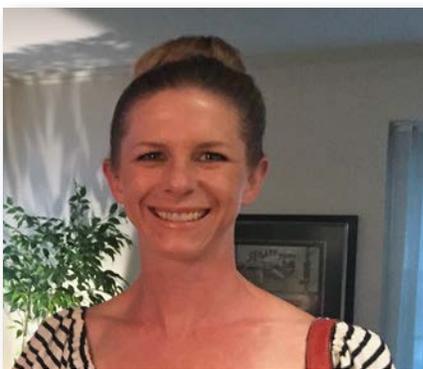
MICHAEL BROWN AND BRIDGET BENDER

## Bridget **BENDER**, BA, MSW Candidate

Bridget received her Bachelor of Arts in Psychology from the University of Minnesota, Twin Cities. She is currently pursuing her MSW at the University of St. Thomas/St. Catherine University and is a full-time firefighter in the metro area. She has worked as a peer supporter with Mn-FIRE and plans to continue to serve the first responder population as a clinician. She has experience working with individuals struggling with trauma/abuse histories, anxiety, codependence, self-esteem, loss, grief and life transitions—especially those related to reproduction. She is interested in trauma work and is enrolled in classes at the Somatic Experiencing Trauma Institute for 2019. Bridget takes a holistic approach to healing and enjoys helping clients sort out their emotions, learn about themselves, build relational skills, and work towards their goals.

## Michael K. C. **BROWN**, M.A.

Michael is presently working towards his Psy.D. in Counseling Psychology, and he has his M.A. in Counseling and Psychological Services from Saint Mary's University of MN. He also holds a B.A. in Religious Studies from the University of MN, wherein he focused on methods of direct experience, such as mysticism. Michael continues to study religion, mythology, and philosophy in his spare time. He also enjoys daily meditation, writing, cycling on remote, gravel roads, and backpacking in the North Woods.



ANGELA PORTER

# WELCOME BACK

ANGELA **Porter**  
PATRICIA **Holdahl**  
KAYCIE **Dale**



ABBIE SHAIN, HAL STEIGER AND KARI FLETCHER

## Abbie SHAIN

Abbie received her B.A. from Macalester College and a candidate for a Masters in Social Work from the University of Minnesota. In previous roles, Abbie has worked extensively with immigrant and refugee communities around the Twin Cities. Abbie's practice brings together her clinical training with her background in community organizing to foster a restorative and shame free therapeutic space. Abbie specializes in partnering with clients to build capacity and resilience around experiences of oppression and marginalization, anxiety and depression, and grief and loss.



KAYCEE DALE

## Nicole Duenow, MA

Nicole is a psychotherapist and interfaith spiritual director whose work is grounded in practices of care that are trauma-informed, spiritually-integrated, and cross-culturally focused. Her Jungian-flavored style incorporates methods and modalities that cut across multiple disciplines and fields of study, including neuroscience and behavioral physiology, comparative religions, the literary expressive arts, and the epigenetics of relational, historical, and inter-generational trauma. An Intermediate-level student of Somatic Experiencing® and on track for LPC-licensure and certification as a Registered Poetry Therapist, Nicole also holds Master's degrees in Counseling and Psychological Services and in Theology with a concentration in Spirituality. From her perspective, more and more people seem to be walking through the world feeling unseen, unheard, and utterly misunderstood, yet the manualized therapies that reign supreme in the world of managed healthcare are unable, at least as of yet, to adequately address the depth of these subjective experiences. Thus, Nicole appreciates psychoanalytic psychotherapy for its power, accessibility, and unique capacity to both understand and honor the complexities of the human person. It is for these reasons (and more!) that Nicole feels over-the-moon excited to be serving the community as a clinical fellow at the MPSI Psychotherapy Center. With almost a decade's worth of experience working with adolescents and adults, Nicole provides psychotherapy to individuals and couples, and also facilitates poetry therapy groups. She has worked extensively with individuals who have experienced religious and/or spiritual wounding as well as adult adoptees, survivors of childhood sexual abuse, angry adolescents, adult children of alcoholic/dysfunctional families, and people who identify as empaths and/or highly-sensitive people.

# GRADUATE Fellows



Danielle M.  
**KASPRZAK**  
MSW, LGSW

I began working at MPSI-PC as a postgraduate fellow in September 2016 following my MSW graduation earlier that spring. I was grateful to continue the work I did with clients at my second-year placement at Hamm Clinic (three clients transferred with me to MPSI, and one is now transferring with me to my private practice, having worked together for over three years). While I have valued all aspects of the fellowship, the emotional and intellectual engagement of psychoanalytic supervision has helped tremendously in deepening the therapy with my clients. Many of my clients have experienced severe early childhood trauma histories, and understanding defenses, object relations, and my own self in the room has created a safer, containing space for our work to continue.

While working as a fellow at MPSI-PC, I was also working as the humanities editor at the University of Minnesota Press. I plan to stay at the Press while maintaining a small private practice in downtown Minneapolis, where I specialize in working with queer and trans individuals. I also have extensive experience working with academics (graduate students and faculty) and deeply understand the complex and personal nature of writer's block. I am currently accepting new patients for both short-term and long-term psychotherapy. More information is available on my website, [www.daniellekasprzak.com](http://www.daniellekasprzak.com).

My future professional goals include psychoanalytic training (as well as doing infant-observation independently from analytic training) and writing an article on the concept of "delight" between patient and therapist. I look forward to staying in touch with the MPSI community.



Kate  
**MCRAITH**  
MSW, LGSW

Kate joined us after receiving her Master of Social Work degree from the University of Minnesota. Kate

worked in several crisis and acute mental health settings, including inpatient facilities, day treatment programs, and residential mental health settings. She has a wealth of experience with children, adolescents, and adults who are experiencing a variety of mental health concerns. Her interests include working with individuals experiencing anxiety, grief and loss, depression, trauma, caregiver fatigue, loss of personal direction, abuse history, relationship struggles, life transitions, and attachment disorders. The Center will miss Kate as she has been a strong role model and support to our first year cohort. In addition to her clinical social work position at Program Therapist for the Mental Health Inpatient Unit at United Hospital in downtown St. Paul., Kate is starting a private practice in downtown Minneapolis. We wish her the best in her career.

**ANXIETY 101:**  
you have the **flu** you call your **doctor**.  
your **anxiety** is holding you back.  
a **therapist can help**.

**Therapy**  
that helps  
therapy  
you can afford\*

MPSI Psychotherapy Center  
Uptown | 612.824.3800  
[www.mpsi-pc.org](http://www.mpsi-pc.org)

\* How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are trained in psychoanalytic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.

**feeling wrong?**  
you are not **alone**. it's  
**isolating**. **Talk it out**.  
a **therapist will listen**.

**Therapy**  
that helps  
therapy  
you can afford\*

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**Relationships 101:**  
**making up** or  
**breaking up**, either way  
it's **complicated**.  
a **therapist can help**.

**Therapy**  
that helps  
therapy  
you can afford\*

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## JOIN US

SUNDAY SEMINARS  
December 9

Language, Culture and Therapy, A Lacanian View  
Suzana Mallard, Ph. D. Candidate, Brazilian trained  
psychoanalyst

January (TBA)

Working with Psychotic Patients

March (TBA)

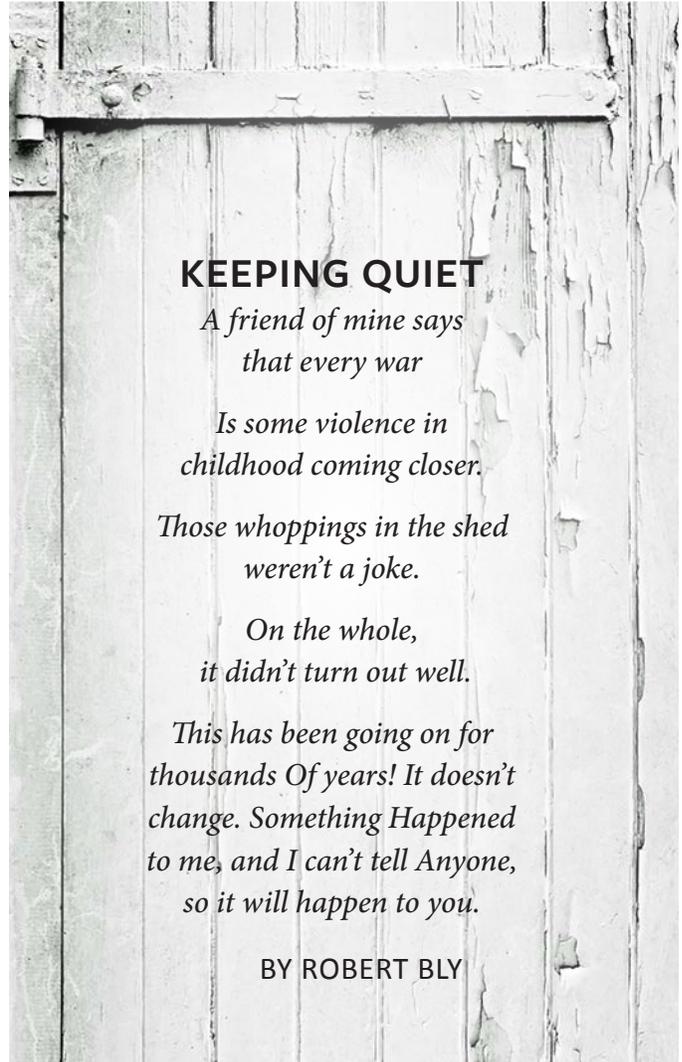
Relationships in the Technological Age - Discussion  
Works by Danielle Knafo, Ph.D.

Meet and Greet – 6.30p

Presentation – 7.00-9.00p

CONTACT: bevcaruso@gmail.com

LEARN MORE AT  
[www.aapcswmn.org](http://www.aapcswmn.org)



### KEEPING QUIET

*A friend of mine says  
that every war*

*Is some violence in  
childhood coming closer.*

*Those whoppings in the shed  
weren't a joke.*

*On the whole,  
it didn't turn out well.*

*This has been going on for  
thousands Of years! It doesn't  
change. Something Happened  
to me, and I can't tell Anyone,  
so it will happen to you.*

BY ROBERT BLY

## Psychotherapy Center Posters

In an effort to make our services known to those in need, we have produced posters that we hope will let people know who we are and how we can help.

**ANXIETY 101:**  
you have the flu you call your doctor.  
your anxiety is holding you back.  
a therapist can help.

**Therapy**  
that helps  
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MPSI  
PSYCHOTHERAPY CENTER

Providing access to quality affordable  
psychoanalytic psychotherapy

3108 Hennepin Avenue  
Minneapolis, MN  
55408

[mpsi-pc.org](http://mpsi-pc.org)

The MPSI Psychotherapy Center's  
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FALL 2018



IN THE TECHNOLOGICAL AGE

Presenter: Danielle Knafo, Ph.D.

The American Association for Psychoanalysis in Clinical Social work began in the 80s as a study group of the MN Society for Clinical Social Work. It became a free-standing-organization, whose goal is to educate practitioners in psychodynamic therapy and techniques.

SATURDAY, APRIL 27, 2019

9 am – 2 pm, Edina Country Club  
5100 Wooddale Avenue | Edina 55424

This conference explores the use of psychotherapy in our changing environment and culture. The speaker does so particularly with an eye to technology, noting how the 21st century technological revolution is changing what it means to be human. She defines perversion as an expansion from the mainstream path and seeks to understand how technology changed the social sphere of life. The boundary between humanity and technology has blurred as we are tempted to form emotional attachments to our electronic devices. Is technology reframing humanity and relationships? Will it create a better world or not?

This conference will examine: the eroticization of objects, splitting, illusion, virtual worlds, exploitation, isolation, empathy, human limitation, and transcendence.

It will examine how trauma, the loss of a love object and the inability to grieve, lead to avoidance and substitute objects. 4 CEUs. For details email: [bevcaruso@gmail.com](mailto:bevcaruso@gmail.com), Fees TBA

*Danielle Knafo is a clinical psychologist, psychoanalyst, professor and author. She has written numerous books and articles on various subjects, including the psychology of art; creativity in psychotherapy; unconscious fantasies; working with trauma, immigration and psychosis. Recently she has turned her focus to the effects of technology on the human psyche and relational life.*

