Psychotherapy After Sixty
Finding Possibility and Meaning
By Emily Loeb, PhD

The work that we do is always hard. The work we do with women and men in the latter part of their lives may be especially difficult in very specific ways. Some people may feel they have a life “well-lived,” with fulfillment from productive work, personal recognition, good relationships, and good memories to savor. On the other hand, the people who come to consult us at this time of life may be coming with discouragement, clinical depression, or even full-on despair. For us older professionals in the consulting room, this work is different from that with younger people. Both the older therapist and the older patient are more aware of the clock ticking away time. In reality, there is less time ahead, and some possibilities available for younger people are simply no longer available to us.

My older patients in therapy raise questions about the deeper issues of life: existential questions, spiritual questions. More than before, people are dealing with medical issues and physical limitations, the deaths of friends and partners, unresolved relationship issues, and loneliness. Now more than before, people have questions about what is meaningful and what is still possible.

All of this requires the steady presence of the therapist-analyst, a person who is likely wrestling with the same daunting concerns. For the therapist dealing with her own aging, the potential for identification and strong countertransference reactions is often close to the surface. How well prepared are we to face these realities, with their evocative emotions? The “healer” may strive for optimism, to promote the power of positive thinking. But I’ve come to think that what the patient needs even more now is to have a companion on the journey, a companion who knows this territory. The patient needs a therapist who can bear to stay present with the vulnerability, the disappointments, the losses, and the fear of the unknown.

Note: A longer version of this article appeared in Women and Therapy, 32, pp. 186-201.

Liminal Identity
Fluidity in Multiplicity
By Angella Okawa, MFT

We live during a time when race has been revealed to be a social construct and not a biological reality. Other aspects of identity have also been shown to be socially constructed and fluid, and this new reality is slowly showing up in mainstream culture. People with nonbinary gender and sexual identities are featured as everyday people in TV shows, and, with the recent coming out of Caitlyn Jenner, education about the realities and struggles of trans people is reaching the broader population (Bruce Jenner: The Interview, 2015). In addition, many people have more than one career in a lifetime. Not only do we have more identities (professionally and personally) to choose from than ever before, but we also embody many identities simultaneously (Burke & Stets, 2009).

In this article I build on psychologist Ruth Cobb Hill’s concept of liminal identity (2010) by offering a framework for navigating multiple identities in the clinical dyad. I begin with a clarification of self and identity, liminality, and levels of identity. Through a case example I explore how the concept of liminal identity can be applied in clinical work. Though liminal identity can equally be applied to gender, sexual orientation, and sex, my examples will focus on race and ethnicity.

Self Identity

Definitions of the terms self and identity have been challenging for psychologists and sociologists to agree upon, and yet an interdisciplinary effort is needed to address the personal, social, behavioral, and cognitive aspects of these two concepts (Oyserman, Elmore, & Smith, 2012). Identifications are the internalized meanings and expectations of one’s characteristics, relationships, roles, and social group memberships (Oyserman et al., 2012). Identities are not fixed but are dynamically constructed depending on the context and can change over time (e.g., my identity as a woman may become salient when a male client discusses his opinions of a woman at work). Identities make up one’s idea of oneself—one’s self-concept. Some people organize their self-concepts around socially agreed upon domains such as race, ethnicity, gender, or age. Self-concepts include evaluative judgments and attitudes as well.

Note: A longer version of this article appeared in Women and Therapy, 32, pp. 186-201.

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Viewpoint News

With fall well upon us, energy and excitement pervade the halls of TPI and the minds and hearts of those within them. Making Connections, Case Conferences, Symposia, Continuing Ed courses, training programs, study groups—all offer explorations of provocative and profound topics. Time to get immersed!

In this issue of Viewpoint, we explore the theme of identity in several of its aspects. In one of our two lead articles, “Psychotherapy After Sixty: Possibility and Meaning,” Emily Loeb looks at the challenges to identity that arise as the therapist grows older—and as the patient grows older as well. Psychotherapy with an older person is not the same as with a younger person, she writes, but a therapist who has traversed the same ground—or is currently traversing it—can offer the solace of a wise companion-guide on the journey.

In our other lead article, “Liminal Identity: Fluidity in Multiplicity,” Angella Okawa examines the complexities that exist for individuals with multiple identities, whether those identities are racial, ethnic, gender-based, professional, or embedded in some other dimension of self-definition. Angella proposes that a therapist whose locus of identity resides in these borderlands has an advantage when it comes to working with clients who themselves have such liminal identity.

Striking some of the same notes as Emily, Billie Lee Violette reflects on the topic of aging and illness in her event preview titled “When Vulnerability Threatens the Clinician’s Identity.” The event, a CE course presented by the Group Therapy Training Program on November 21, features Claire Alphin reading her paper “Whither Analytic Identity When Aging Interferes?” Ann Steiner will discuss Claire’s paper as well as some of her own work on therapist illness and absence.

In a Report from the Legacy Committee, Norma Campbell takes us on a journey into her personal past, where a great-aunt was able to accumulate wealth and use it to further her values after her death through her will. Norma then takes us into the future with news of a “Planned Giving” project, designed to show TPI members how they can further their values by contributing to the financial well-being of the Institute in years to come.

And just in time for the holiday season, TPI’s Annual Art Show and Sale is coming on November 22. We get a taste of what’s in store for us in Garrett Howard’s interview with two of the artists, Carol Jenkins and Jeff Cohen. Both of these multi-talented individuals point out the ways in which making art and practicing psychotherapy are similar, and similarly satisfying. Save the date for this enjoyable, inspiring afternoon.

As always, we welcome your comments, your “points of view,” and your contributions to Viewpoint. Share your creativity with the community!

Kate Engelberg
Chair, Viewpoint Committee
Fall Course Offering
When Vulnerability Threatens the Clinician’s Identity
By Billie Lee Violette, PsyD, LCSW

On the morning of November 21, 2015, the Group Therapy Training Program (GTTP) will present a Continuing Education course on the topic of clinician identity in the face of aging and illness. The program will start with Claire Allphin, MSW, PhD, reading her published paper “Whither Analytic Identity When Aging Interferes?” followed by dialogue with the audience. Claire is a Jungian analyst, a Tavistock-trained group leader, and a longtime member of TPI. She is a founding member of the Supervision Study Program, where she continues to be active, and she supervises in the Post-Graduate Training Program.

In the second part of the program, Ann Steiner, MFT, PhD, will discuss Claire’s paper as well as some of her own work. Ann is a founding member of the GTTP and a longtime member of TPI. She is also a Board member and Fellow of the American Group Psychotherapy Association (AGPA), where she is Co-Chair of the Health and Medical Issues Special Interest Group.

Together, the two presenters will address disruptions to the therapeutic process due to a variety of factors, making the program relevant to practitioners of all ages. There will be room for audience dialogue with each presenter as well as an opportunity to be in a breakout group. The program will close with a large group discussion based on topics from the small groups.

Claire's paper is extremely experience-near; that is, it is personal, engaging the listener in an emotional and alive way. That said, the paper contains some theoretical gems that broaden the psychodynamic focus beyond the early stages of life. Generally speaking, psychodynamic theory does not address the total life cycle because of its emphasis on attachment and on the repressed unconscious of early infancy and childhood—although there are some well-known exceptions. Carl Jung dealt with the total life span, as did Erik Erikson, and Elliot Jacques wrote a classic on the crisis of midlife. Claire’s paper references Jung and others, giving the reader/listener a contextual basis for the experience of getting older.

Ann brings a unique perspective to this topic. She will touch on the ethical and clinical importance of planning for our temporary and permanent absences, a topic often neglected in clinical training. Ann originally researched this topic for guidance on how to manage her own chronic medical issues. Literature at the time was sparse, reflecting society’s and our professions’ discomfort with the topic—although this is changing with the aging of the Baby Boomers. Ann's specialized work with patients who deal with chronic medical conditions, along with her experiences around the country hearing from patients who had been damaged by unskilfully handled endings by their therapists, led her to design an easy-to-use professional will. She points out that dealing with these issues reminds us of “the importance of thinking about how we want to live.”

The idea for this program originally came to me when I heard Claire present her paper at the Sanville Institute (from which she is a graduate). I also attended a presentation by two therapists/analysts who shared their personal experience with life-threatening illness at a younger age and the effect on their patients. Both of these events brought forth considerable discussion from the audience, which included therapists who had been traumatized by their own analysts’ denial and lack of openness about their illnesses. I came away with an enhanced understanding of my own disavowal and denial regarding vulnerability. I have also become much more comfortable and thoughtful about my own aging and identity as a professional. My hope is that this event will have the same stimulating effect on you.

The impetus for this program was reinforced by discussions of aging and competence to practice at the Psychoanalytic Institute of Northern California’s Ethics Committee, of which I am a member. As many psychotherapists age, attention has turned increasingly to these topics, as can be seen in new ethics requirements for professional wills and for continuing education in aging. Systematic discussion of these existential issues has been missing in most professional venues. We can no longer afford to avoid them.

Thinking together about our emotional experience is the aim and objective of the Group Therapy Training Program steering committee, which includes Mary Ann Kaiser, Melinda Douglas, K.Sue Duncan, Ann Steiner, Allison Trules, and myself. We hope that you will join us for what promises to be a thought-provoking morning of discussion with colleagues.

Billie Lee Violette, PsyD, LCSW, is a psychotherapist/psychoanalyst who sees patients in Burlingame (San Mateo area) and San Francisco. She graduated from PINC and did her graduation paper on Virginia Woolf and her dissertation on group dynamics. She has supervised in both the Post-Graduate Training Program and the GTTP at TPI.

Register online for this course: www.tpi-berkeley.org/continuing-education/fall-2015/gttp-event

Professional Consultation at TPI

Professional consultation at TPI is offered through our Supervision Study Program (SSP). The consultation fee is $50 for TPI members.

To learn more about this program, contact the Executive Director at (510) 548-4407.
Report from the Legacy Committee
Great-Aunt Helen and Planned Giving
by Norma Campbell, LCSW

Among the liveliest of my extended family was my grandmother’s youngest sister, Aunt Helen, as we called her. She had dark curly hair, great energy, a fierce intelligence, and a big smile—not to mention a sharp tongue. As a “spinster” (yes, we called her that) she generated gossip in the family. As the only Democrat in a family of staunch Republicans, she generated outrage. And as she grew older, the generations below her attended mostly to whether or not they would be included in her will.

No one really knew how much money she had, but she traveled a lot and lived comfortably in a lovely home in the Berkeley Hills. She had a long career, first as an English teacher and later as a librarian. She received a Master’s Degree from UC Berkeley in Library Science and worked for many years at a community college. Never one to hold back her opinions or preferences, she kept certain family members stirred up about both money and possessions. As it turned out, she must have been financially wise or frugal or both, because she left an estate that today would be worth about $1 million (she died in 1980).

Aunt Helen’s material success was of interest to me. My grandmother and Aunt Helen were two of six children, all of whom began life on a small, poor farm in Iowa. Their father, an affable man with a twinkle in his eye, had neither the talent nor the stamina for farming, and the family struggled. Letters tell of a “special Christmas” when Great-Aunt Julia (another educated, professional woman and “spinster”) sent almonds from California and Aunt Helen got a new wool cap. Eventually my great-grandfather left the farm and eked out a living as an insurance salesman. In spite of the family’s scarce resources, four of the six children went to college, including Aunt Helen and my grandmother, because my great-grandparents valued books and learning.

I was not close to Aunt Helen, so I was an observer of the drama that unfolded after her death. Her bequests went in three directions: (1) to her favorites, such as her niece Joyce, who looked just like her and shared her enthusiasm for literature; (2) the underdogs of life, like my cousin Allison, whose alcoholic husband had been killed in a barroom brawl, leaving her with two small children; and (3) liberal organizations like the ACLU and handgun control advocates. The personal gifts hurt some feelings; the organizational bequests scandalized the Republicans.

In my small part of the family, my sister (a favorite) got a beautiful antique loveseat, and my brother (a perceived underdog) got a big chunk of money. Me, I got a marble-topped coffee table, in need of repair. (I assume Aunt Helen didn’t think it was fair to leave me out.) But as a loyal sister and a fellow liberal, I enjoyed the good fortune of my siblings and the benefit to the organizations that Aunt Helen supported. I was proud of her.

I learned from Aunt Helen that spending money, after one’s death as well as before, reflects not just affection and family loyalty but a larger range of values. This may seem obvious, but no one in my family talked about money. I never heard anyone talk about extra money (except for education, which ranked with food and shelter as necessities) or investments. It had an impact on me to see an independent woman, two generations older than I, assert the values that informed her passion for political and social justice. It also affected me that Aunt Helen, though I never thought of her as “rich,” cared about how she used her money and who and what she supported even after she died. I suppose it is partly her example that stirred my interest in TPI’s Planned Giving project.

I anticipate that most of you reading this probably feel that you already give a lot to TPI, and I know this is true, and it is deeply appreciated. But long-term planning for the Institute’s future will require money, as well as the ongoing energies of each generation. Money is a way we can contribute when our energies are spent, and it can provide for needs of the Institute (mortgage pay-off, financial aid, building maintenance) that cannot be covered by volunteer labor.

The Legacy Committee has recently formed a Planned Giving Subcommittee so we can begin thinking about this aspect of the Institute’s long-term financial planning. Our Subcommittee has had only one meeting, and we invite you to help us forge our path and direction. I wrote about Aunt Helen to convey that Planned Giving is not just an option for those of great privilege. I remember the story of a few years ago of the African American woman who saved several hundred thousand dollars under her mattress, which she left for scholarships for young people. Also, none of Aunt Helen’s gifts was large, but I know she made a difference, to my brother, for example, and I imagine that the ACLU was pleased with her support.

We know that times are harder than in Aunt Helen’s day. I’m anticipating that some of you will say, “What retirement?” or, “I’m thinking about paying rent, not who will benefit from my will!” These are pertinent concerns. Our emphasis now is, therefore, not on securing pledges for future giving. Instead, our emphasis is on talking about what it would mean to you and to the Institute, in terms of the values we share in our work, to develop this program.

Those of us involved in this project want to support the values and direction of the Institute. These include offering affordable, depth-oriented psychotherapy that values the internal life; intensive and financially accessible training in the kind of psychotherapy that is undervalued in our society; an organization that is committed to respectful, collaborative work in psychotherapy, training, and supervision; and a community that increasingly attends to issues of social justice.

If you are interested in participating in this discussion, please contact any of us on the Planned Giving Subcommittee—Sarah Weinstein, Bill Reiss, or Norma Campbell. We look forward to hearing from you.
Where Are They Now?
Post-Graduate Training Program 2015 Graduates

Jonathan Burstein, MFT (#86498), sees individuals and couples in his private practice on the Oakland/Berkeley border. His approach combines elements of contemporary relational, psychodynamic, existential/humanistic, and mindfulness-based modalities. Jonathan enjoys working with a wide variety of people, and has a particular clinical interest in helping support others around trauma and shame, attachment injuries, and grief and loss. Jonathan is also passionate about providing affirmative therapy to the LGBTQ, kink/outsider, and poly/alternative relationship communities. He also loves working with couples, especially highly distressed couples, trauma/addiction survivors, and new or prospective parents. He can be reached at (510) 982-6202 or jonathanburstein.com.

Emma Neumann, MA, MFT Intern (IMF #77899), is completing a third year at TPI and hopes to move into private practice in the fall of 2016. She is supervised by Steve Zemmelman, PhD, LCSW (LCS #10933). Emma also works as a therapist at Multi-Lingual Counseling in Oakland where she works with adults, children, adolescents, and families who are on Medi-Cal. Emma practices relational psychodynamic therapy and is particularly excited by the theories of Winnicott, Bion, and Ogden. She has experience working with individuals dealing with depression, anxiety, shame, dissociation, different self states and complex trauma, and couples whose issues relate to infidelity, shame, parenting, and different attachment styles. She is currently welcoming referrals and can be reached at (510) 859-1244.

Sara Ouimette, MA, MFT Intern (IMF #70360), is a third-year Staff Therapist at TPI supervised by Janet Linder, LCSW (LCS #11990). She will be opening a private practice in fall of 2016. Sara has completed her BBS hours and looks forward to becoming licensed in early 2016. Although she has experience working with all ages, Sara is especially drawn to working with young adults struggling with depression, anxiety, difficulty making decisions, perfectionism, and relationship challenges/insecure attachment styles. Sara also has experience and interest in body-related issues such as chronic pain, chronic health problems, and negative body image. She is developing a specialty working with those in the healing and helping professions who live with chronic pain. Her approach is psychodynamic while incorporating aspects of previous experience with behavioral, sociocultural, developmental, and transpersonal psychologies. Sara accepts direct referrals and can be reached at (510) 859-1245.

Linda Race, MA, MFT Intern (IMF #74485), continues her commitment to TPI as a third-year Staff Therapist, with primary supervision provided by Dawn Shifreen-Pomerantz, MFT, MA. Linda currently works with individual adults of all ages who are struggling with anxiety, depression, trauma, and relationship issues, as well as those experiencing life transitions of all types. Linda continues for a second year in the TPI-College Track Oakland pilot program by providing adolescents with counseling services. In addition to working with teens, she has worked with children in educational and hospital settings. Linda will complete her licensure hours during her third year and plans to take the MFT licensing exam in mid-2016. Linda is influenced by relational and attachment theories, the history of psychoanalysis and human development, and the works of psychoanalytic thinkers such as Winnicott, Bion, Ferenczi, and Bromberg. Linda’s future practice will include art therapy and sandtray therapy. She is a member of CAMFT and the American Art Therapy Association. Linda can be contacted at (510) 859-1246.

Tamuz Shiran, LMFT (awaiting new license, IMF #76621) is delighted to be moving into private practice in south Berkeley. I work with adults and couples in an attachment-oriented, relational frame, deeply informed by a somatic, experiential approach (Hakomi) and mindfulness practice (Vipassana). I’m especially interested in working with issues of spiritual emergence/emergency and moments of profound life transition, as well as grief, trauma, and creativity.

I’m excited to be developing a parallel practice in Albany, blending my musical background (BMus in classical voice) and therapeutic training to offer voice sessions in an emotionally attuned frame. I particularly welcome psychologically minded clients who are interested in exploring singing and voice in a safe space that includes the heart, mind and body. (510) 859-1247; walkinghometherapy@gmail.com.

Consultation Available in Relational CBT

Interested in integrating Cognitive Behavioral Therapy into your psychodynamic/analytic practice? Curious about how you can maintain a relational stance and preserve the clinical frame while adding an alternative approach?

Learn when CBT can help patients with unresolved depression, anxiety, personality disorders and substance use.

- Build your fluency with CBT theory; develop your ability to integrate CBT into new or ongoing therapies.
- Help patients identify automatic thoughts, underlying assumptions and core beliefs that affect every dimension of their lives.

Ellen Case, a graduate of TPI's Advanced Training Program, has practiced psychodynamic psychotherapy for 20 years, and added CBT to her practice in 2003. She studied with local CBT expert Dr. Alice Abarbanel and trained with internationally recognized CBT authority Dr. Christine Padesky. Ellen presented the paper Hybrid Therapy: When Cognitive BEfriends Psychodynamic at TPI's Case Conference in 2003, and authored the article A Kind of Alchemy: Integrating CBT Into Psychodynamic Therapy (Viewpoint, 2006). She has also taught and supervised at Pacific Center for Human Growth.

For further information, please contact: Ellen Case MFT, 510-530-5797 ellencasemft@comcast.net
Supervision Study Program
We are pleased to welcome the SSP Class of 2017.

Jennifer Pedelaborde
Hello TPI community! My name is Jennifer Pedelaborde. I am a licensed Marriage and Family Therapist with a background in expressive arts therapy. I am very excited to become a member of the TPI community and continue learning through the Supervision Study Program. I have worked for over nine years providing therapy to children and their families in Oakland. I am currently a clinical supervisor for East Bay Agency for Children’s school-based program in Oakland. I also have a private practice where I see both adults and children in Oakland by Lake Merritt. My areas of specialty include working with trauma, anxiety disorders/phobias, parenting issues, life transitions, and spirituality. I also provide services in Spanish. I look forward to meeting many of you and learning together in community.

Susan Rode
Since 1994 I have worked as a senior clinical social worker at Counseling and Psychological Services at the University of California–Berkeley, providing therapy for the student population of international students, graduates, and undergraduates. My areas of interests include bereavement, grief and loss, living with chronic illness, and life transitions. Prior to my career as a psychotherapist I worked for 20 years as a medical psychiatric nurse working with adult and child psychiatry, including experiences with inpatient eating disorders and substance abuse treatment.

I am looking forward to widening my experiences in the supervision program at TPI.

Renata Wu
I’ve been working for fifteen years as a psychotherapist in Poland and the United States with children, adolescents, and adults in a variety of settings and modalities. In 2004 I came to the US and began shortly thereafter TPI’s Post-Graduate Training Program. In my private practice in Berkeley I provide psychoanalytically oriented therapy for adults, adolescents, and couples. I specialize in working with men on their relationship issues, and with adults on loss (including perinatal), grief, and life transitions.

Wanted: Your Point of View
We hope your mind gets stimulated when you read a Viewpoint article. Maybe you disagree, maybe you have a different perspective, or maybe you just appreciate someone writing about a particular topic. We invite you to share your thoughts, in up to 250 words, for a new feature called Points of View. Send your perspective to viewpoint@tpi-berkeley.org. Let us know what you think—we want to hear from you!

TPI Study Groups
What They Are and How to Start One
Did you know that TPI study groups have been meeting since 2012? Study groups give TPI members an opportunity to come together to study, learn, and discuss a shared interest in a creative way.

In the January/February 2015 issue of Viewpoint, the Catalyst Committee reported that it was expanding the concept of study groups to make them easier to set up, start, and join. Study groups can have any number of members, can meet at any venue, and can be short-term or ongoing. It’s up to the participants to decide on the logistical details once the “convener” has set the group up. If you have been intrigued by a book, an article, a movie, a topic, or a school of thought and want to study it more deeply in a group, where more minds and perspectives can be brought to bear, maybe a study group is for you. The groups are free and are a good way to meet other TPI members in an informal setting. They are also a good way to create a community of learners within the larger community of TPI.

Topics that have been explored in study groups include:
- Buddhism and Psychology
- Working with Older Adults
- Trauma and the Soul (discussion of Donald Kalsched’s work)
- Couples Work: Creating a Safe Place for Rupture and Repair
- Dear White People (movie meet-up and discussion)
- What Do Mothers Want?

Ideas that have been suggested for groups include:
- Using dreams in clinical practice
- Using art in depth psychotherapy
- Understanding the Internet and social media for novices
- Exploring inner space through collage making

If starting a study group appeals to you, or if you and one or two colleagues are interested in expanding your conversations to include more voices, go to the Members Only section of the TPI website and click on Study Groups, then on Submit a Study Group Proposal. You’ll have the opportunity to describe your group, set a maximum group size, suggest initial readings, and propose the day, time, and location. Your idea and call for members will be posted within a few days on the TPI Forum. Soon you’ll be able to immerse yourself in that interest you’ve had in the back of your mind, at the same time that you’re deepening your connection with some like-minded colleagues.
Introducing New TPI Staff Therapists

Fall 2015

Lauren Crawford, MA, is a Bay Area native and a graduate of the California School of Professional Psychology (CSPP). She studied Clinical Counseling with a Social Justice Emphasis. Lauren has recently completed a two-year training program at Berkeley’s Women’s Therapy Center and is excited to start another program that allows long-term work with clients. Lauren enjoys working with folks of all backgrounds, but has a particular interest in working with young adults. Lauren is an artist, a dog owner and lover, and has recently been exploring and deepening her yoga practice.

Beth Greivel, MFTi, PCCI, is a recent graduate of The Wright Institute, and completed her practicum at APPLE FamilyWorks in San Rafael. As a student, Beth successfully lobbied CAMFT to denounce conversion therapy, and is currently a Board Member of Gaylesta, the LGBTQ Psychotherapy Association. Clinically, Beth enjoys working with couples of all cultural backgrounds and sexual orientations. In her former career, Beth worked as a litigation secretary. She enjoys time with her wife of fourteen years, and their dog and cat. Her chickens, it turns out, are not enjoyable.

Ali Kimmell, LCSW, is a native of Denver, and attended Wesleyan University and Smith College School for Social Work before landing in the Bay Area. During graduate school, Ali interned at an elementary school in Colorado and at the San Francisco VA’s Drug and Alcohol Treatment Center. Since 2012, she has been working at Seneca Center as a child and family therapist in a counseling-enriched classroom in a Berkeley public school. During that time she has pursued advanced training in modern analytic group therapy at the Center for Group Studies. Her interests include integrating social justice issues into clinical practice, somatic psychotherapy, and group psychotherapy. She is in an improv troupe and enjoys making sauerkraut and exploring the Bay Area on foot.

Zehara Jambalos Levin, MSW, was born and raised in the Bay Area. After graduating from Smith School for Social Work in 2012, she spent two years working with veterans transitioning out of homelessness as part of a “Housing First” pilot program. Her previous internships included the partial hospitalization program at the Mills-Peninsula hospital and the psychiatric inpatient unit at the San Francisco VA. In her free time, Zehara enjoys reading, baking bread, and yoga.

Beth Pasqualina, MFTi, graduated from Pacifica Graduate Institute last May. For the last three years, as a trainee and intern she worked with at-risk adolescents at Horizons Family Counseling in Livermore. Beth is married and has two children, a college sophomore and a high school junior. In her free time, you will find Beth dabbling in her small vegetable garden, hiking the East Bay hills, doing yoga, and spending time with family and friends.

Gordy Steil is currently finishing his dissertation for a PhD in Language, Literacy, and Culture from UCB’s Graduate School of Education. He finished his MAMFT coursework at the Wright Institute in 2012 and interned at Thunder Road Adolescent Treatment Center for 18 months in 2012-2014. He has interests in sociology and linguistics as well as psychology, and hopes over the long term to work with transitional age youth in the Bay Area. He is also teaching and developing content for The Princeton Review’s courses for the Psychology/Sociology section of the new MCAT.

Save the Date

2016 Spring Symposium
Talking About Race: Our Clients, Ourselves
A Panel Discussion
Kenneth V. Hardy, PhD, Moderator
Saturday, March 19, 2016
9am-1pm (4 CEs)
Preservation Park, Oakland
Learn more at www.tpi-berkeley.org.
TPI Art Show Preview
By Garrett Howard, MFT

In anticipation of the Seventh Annual Art Show at TPI on November 22, I had the pleasure of speaking with two long-time members and artists about their work.

For Carol Jenkins, PhD, the process of learning how to express ideas with visual language—color, line, texture, shape, contrast—is an exciting endeavor. She sees the combinations of this visual vocabulary as endless, and the process of becoming increasingly expressive within her abstract painting has kept her fascinated and engaged. Her interest in making art began with drawing as a child, though it wasn’t until adulthood that she really began painting, which she has now been doing for the past 15 years. Carol's experience in and relationship with the natural world has been an important influence on her work, which includes organic shapes and color schemes that resemble such dramatic scenes as sunsets in autumn (her painting Edge of Day) and an expanse of deep blue ocean covered by clouds (Shimmer).

Highlighting the parallels between painting and psychotherapy, Carol notes, “In a certain way, they both involve a conversation. With painting, if you put something on the canvas, you have to interact with it. It may take a while to engage, and sometimes you have to work to get into the conversation. You also don’t know what it is going to look like [from the outset], and I think that’s true of psychotherapy.” She also points out an important difference between the two, which is that while verbal language can be used to communicate a vast range of experience, different qualities of experience can be captured with abstract art. “Sometimes words drop away when I’m painting, and I love that feeling. Verbal language is so broad and vast, but something else can be expressed with visual language that can’t be gotten to with words.” Carol's art can be viewed at www.caroljenkinsart.com and at instagram.com/caroljenkinsstudio.

Jeff Cohen, MFT, has always been drawn to the visual world (prior to his career as a psychotherapist, he worked as an architect). As a painter, he is interested in the interplay of line, shape, and color; he looks for internal coherence, as well as a quality of dynamism. Part of his process of coming to this compositional integrity involves the movement between “being in sync with the work and feeling outside of it, and then having to find ways to come back into it.”

Jeff could easily be talking about his work as a psychotherapist, and he notes the similarities: “Both are acts of creation that lead to a sense of aliveness.” He is most enlivened by and engaged with his paintings when he doesn’t know in advance how they are going to turn out. He sees this experience of not knowing, both in painting and in psychotherapy, as leading to “something fresh and spontaneous that resonates in a deeper way.” Jeff also emphasizes that there is something about the shared space in which he works that has been generative and inspiring. He enjoys getting to take an idea that may have been developed by or with others and incorporating it into his work, then seeing what can evolve from it. His work can be viewed at www.jeffcohenart.com and at instagram.com/jeffcohenart.

Garrett Howard, MFT, is a graduate of TPI's Post-Graduate Training Program and has a private practice in the Rockridge district of Oakland.
Seyth th Annual
TPI Art Show and Sale

Sunday, November 22, 2015, noon-5pm
2232 Carleton St., Berkeley, CA 94704
Free admission
Light refreshments served

Artwork by Ellie Waxman

2015 Participating Artists

Julie Ann Accornero (Mandala Paintings and Prints)
Beverly Burch (Poetry Books)
Jeff Cohen (Painting)
Jacki Golding (Photography)
Kay Goldstein (Jewelry, Notecards)
Carol Jenkins (Abstract Paintings)
Jeffrey Kessel (Wooden Objects)
Bruce Linton (Photography)
Esther Lerman (Small Assemblages, Notecards)
Jim Moyers (Photography, Notecards)
Rose Phelps (Jewelry, Glass Art)
Jane Reynolds (Fine Art)
Roberta Stern (Jewelry)
Daryn Stier (Jewelry, Cards, Mandalas)
Pete Walker (Assemblages, Vertical Altars)
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2015 Fall Symposium
Field and Frame:
The Therapist-Patient Relationship Revisited

Peter Goldberg, PhD
Saturday, November 7
9am-3pm (5 CEs)
Preservation Park, Oakland

Register online at www-tpi-berkeley.org.
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This Later Phase of Practice: My Personal Work

When I was nearing 60, I began reading everything I could find on the life passage I was entering. I read memoirs and fiction, poetry and nonfiction, all the classics on facing aging and even facing mortality (e.g., Becker, 1973; Vorst, 1986; Erikson, 1959). I read psychoanalytic theorists and books by Jungians and books by Buddhist teachers who were previously unfamiliar to me. Particularly compelling to me was Otto Kernberg’s book Internal World and External Reality (1980), especially two chapters titled “Normal Narcissism in Middle Age” and “Pathological Narcissism in Middle Age.”

One of my most painful issues was the discrepancy between my ambitious ego ideals and the realities of my own capacities and limits. Like many people, I had held an ego ideal and unrealistic illusions about my own potential. I felt surprised, discouraged, and disappointed as I faced these new realities. One day I found this passage in a book by Jungian analyst Cara Barker (2001):

“World Weary Woman” comes into the second half of life with a masculine attitude, having invested heavily in her capacity for high performance…. Goals have come from what she thinks “should be achieved.” Her intellect has structured her actions … her creativity… made servant to her ambition.… Yet, as she ages and her need to make intimate contact with soul deepens, she notices more and more that her outer productions bring less satisfaction. … [She] struggles to come to terms with what is the center of her life. (p. 3)

When I read this, I laughed with the shock of recognition, because I did feel like a “world weary woman.” Although I knew there wasn’t such a sharp split between intellect and “soul,” I realized I wanted and needed more balance between the two—more equilibrium—in my life.

I also wondered about the place of ego in one’s later life. One of the most helpful books was The Middle Passage, by Jungian analyst James Hollis (1995). His book outlines a clear developmental life course with varied challenges along the way, and his observations about the later stage of life rang true to me: “Perhaps the greatest shock of all is the erosion of the illusion of ego supremacy (p. 41).” Hollis writes,

“The Middle Passage”…presents us with an opportunity to reexamine our lives and to ask the sometimes frightening, always liberating, question: “Who am I apart from my history and the roles I have played?” (p. 7)

The transit of the Middle Passage occurs in the fearsome clash between the acquired personality and the demands of the Self. A person going through such an experience will often panic and say, “I don’t know who I am anymore.” (p. 15)

No wonder there is such enormous anxiety. One is summoned, psychologically, to die unto the old self so that the new might be born. [This] is not an end in itself; it is a passage…to earn the vitality and wisdom of mature aging….a summons from within to move from the provisional life to adulthood, from the false self to authenticity. (p. 15)

The Primacy of Reality: Suffering, Grieving, Acceptance

Therapy hours with my older patients are filled with reports of waking up with painful body parts, missing the zest of sexual energy, often the diminution of energy in general. In these hours, the patient is often disheartened, and it becomes a real challenge for me as the therapist to find both a philosophical and an emotional position to sit with.

The reality we are all facing and trying to absorb is based on facts of biology, psychology, time, and space; all of the things we haven’t done that will no longer be possible to do; all that we’ve missed and can’t recover; the limitations of mind, body, resources, and time that remain; the discovery that life is not necessarily predictable or fair. New realities demand recognition, acceptance, and then rededication to the future.

Hollis (1995) writes:

One of the most powerful shocks of the Middle Passage is the collapse of our tacit contract with the universe—the assumption that if we act correctly, if we are of good heart and good intentions, things will work out. We assume a reciprocity with the Universe. If we do our part, the Universe will comply. (p. 41)

When things don’t go as we planned, we ask, Why me? Where is the fairness? These familiar questions have become popularized today as “Why do bad things happen to good people?” But in reality, such questions hark all the way back to the Old Testament story of Job. And they arise again as we confront the stark reality of our own aging and mortality.

The Developmental Tasks of Later Middle Age

I find that at this time of life, I’m far more interested in looking forward. My personal work has to do with accepting what is real, with letting go of nostalgia, ego, and ambition as much as possible. This is also the work of most of my patients over 60.

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I don’t see this time as a time of “deterioration” or of “winding down.” I do see it as a specific developmental stage with its own specific developmental tasks. These are some of the challenges I faced, though the list is far from complete:

- Recognizing the inevitability of death
- Accepting the physical changes that come with aging
- Developing the capacity to mourn
- Becoming resigned to the imperfections in one’s self and others
- Working toward reparations in relationships
- Accepting dependency, independence, and interdependence
- Accepting one’s own life cycle as something that had to be
- Taming envy and cultivating gratitude
- Investing in new goals and pursuits, avenues of creative transformation
- Finding sources of comfort from the external world and the “turn within” to the internal world

A Case of Successful Individuation—and Losses Incurred

The following clinical case example describes a patient’s struggles with some of these issues. Unlike many published case descriptions, it doesn’t have a simple happy ending. I can report, nonetheless, that our work together is energetic, dynamic, and often deeply moving. At times we laugh together wryly; at times we both have tears. Sometimes we just sit together silently, feeling the pain of events that can’t ever change. On other days, though, I often say, “You know, it’s really not over until it’s over.” Surprising possibilities lie ahead, even at the deathbed of a parent, which I have seen more than once.

The therapeutic task for this therapist and patient has involved a reconstructed life narrative, one that includes both the circumstances of the patient’s actual family history and the work she has done to construct a stable and meaningful life. Grief has been a big part of this work, as has our shared pleasure in affirming her strengths and resilience.

Noreen (her name and identifying data have been changed) came to therapy when she was 61. Born in Georgia, Noreen looked like a delicate “Georgia peach,” but in time her strong core, tenacity, and courage came to the fore. She had built a successful career, but it went very quickly; Noreen ended relationships abruptly whenever the relationship, but it certainly refers to the possibility of trust and attachment to others. Companionship, affection, give and take, continuity of caring—all had eluded Noreen, so contemplation of retirement from work brought the other void into painful relief. Noreen’s wish to retire was far more complicated than it might have seemed at first. Early in our work we saw that a pervasive theme in Noreen’s thoughts was the fear of financial failure, loss, and ruin. Although her parents had owned a successful construction business, they had not been able to provide a sense of stability. Her father, a “self-made man,” had problems with alcohol that created a stormy environment. It also turned out that neither her siblings nor any cousins in her generation had gone to college or developed a successful professional life. Noreen found it difficult to believe that she deserved her success and difficult to trust that the foundations she had built in her life would remain solid and reliable.

After months of exploring this insecurity based on internalized identifications, we arrived at the next level of difficulty standing between Noreen and retirement. This reality was her personal isolation and loneliness. Whenever she would leave work behind for holidays or vacation, Noreen was faced with how alone she was in the world. Her living family members remained back in Georgia, and even though Noreen deeply missed having a family, she could no longer identify with them or relate to them. Their politics and cultural values were different from hers, and their disorganized home lives and continued use of alcohol alienated her from them.

I frequently shared with Noreen my view of her accomplishments as a woman virtually forced to leave home for self-preservation. She had given up home and family to build a separate identity and a viable life—essentially to save her Self. Using her fine intelligence and her ambitious drive, she escaped from the family model and broadened her world beyond theirs. In Jungian terms, she was highly successful in her ability to individuate. Less fortunately, however, Noreen continued her “self-definition” project well into adult life, where she was self-reliant but mostly alone. Attachments came and went very quickly; Noreen ended relationships abruptly whenever the differences between Self and Other appeared. Negotiating merging and separateness, intimacy versus isolation, and flexible boundaries was too difficult for her to manage.

What becomes clear in thinking about Noreen is that she came to therapy at age 61 because all of her other successes still left her alone in the last chapter of her life. Freud had said that fulfillment comes through “Work” and “Love.” Noreen had developed her life and Self unevenly so that only the first had been possible. “Love” need not mean the accomplishment of a single intimate relationship, but it certainly refers to the possibility of trust and attachment to others. Companionship, affection, give and take, continuity of caring—all had eluded Noreen, so contemplation of retirement from work brought the other void into painful relief.

Noreen is still working on the long-standing issues that interfere with more satisfying relationships. She comes to therapy regularly, even though many sessions are filled with dark and difficult feelings. I can say that with my encouragement, Noreen has begun to revisit her less-than-perfect family and has even found some pleasure in being generous with financial gifts. At times, Noreen unconsciously places her hand on her heart when she speaks of feeling more open,

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The self includes the "I" who is doing the thinking, the "me" who is the object of thinking, and the awareness of both. When we reflect on ourselves, the three aspects of self are present (Oyserman et al., 2012). For example, in the self-reflection, "I wish I were kinder to myself," there is an "I" who is thinking this, a "me" who is the object of this thinking, and the self that is aware that I am doing the thinking.

All of these aspects of self may also be outside of conscious awareness, or implicit. When this is the case, one can be unconsciously influenced by one's group membership (Devos, Huynh, & Banaji, 2012). In these situations, group membership may become salient and, without conscious intention, trump one's personal identity, especially when one's group membership is polarized by the presence of a member of a different group. The views of one's group can become the views of the individual in these moments. For example, an Asian American may find herself defending Asian culture when talking to a European American who is being critical of Asian culture, even though she may agree with what the European American is saying.

Liminality

Initially referenced as the middle stage of ritual by anthropologist Victor Turner (1969), liminality is experienced during a relatively brief period when ritual participants stand at a threshold between the old way of being and the new. During this liminal period, participants are stripped of their social status and experience a sense of ambiguity or disorientation. In writing my master's thesis on finding wholeness as a biracial woman (Enders, 2011), I discovered that participants’ experience during the liminal phase resonated with the daily experience of those who are multiethnic, genderqueer, bisexual, and/or intersex.

Liminality in identity. In a world that prefers binary identity, those whose identity lives in this in-between space feel pressure to claim one end of the polarity and reject the other. Rather than being a transitional space, the liminal is, for these individuals, a permanent home (Enders, 2011). This liminal space of identity can be "unstable, unpredictable, precarious, always-in-transition ... lacking clear boundaries"—the person is in a "constant state of displacement" (Anzaldúa, 2002, p. 1). Yet by holding dualities simultaneously, the person creates a bridge wherein the borders between "our" and "theirs" can be crossed. These “border crossers” (Watkins & Shulman, 2010, p. 171) allow for new dialogues by permitting more diversity of perspectives. Resting the locus of identity at the threshold of opposites and not in the identities themselves—what I am referring to as liminal identity—allows multiethnic individuals not only more stability in their sense of self but also a platform for transformation.

Liminality in psychotherapy. The power of liminality (i.e., liminal space) has been described by psychological theorists for decades under various names (Winborn, 2014), such as participation mystique, transcendent function, reverie, transitional and intersubjective space. This space is important because it allows opposites to coexist in the therapy relationship. This parallels the way in which an individual's liminal identity allows for the coexistence within the person of multiple ethnic, sexual, or gender identities. Much as liminal identity allows for both the oneness and the multiplicity of an individual, therapeutic liminal space allows for both the oneness and the multiplicity of both the therapist and the client. The diversity of the groups we belong to, the groups others may think we belong to, the groups we want to belong to but feel we can’t, the conflicts inside us and between us—all have room to be explored in liminal space.

Levels of Identity

Four levels of identity have been helpful for me when tracking which aspects of identity are present in the liminal space with my client: intrapersonal, interpersonal, intergroup, and archetypal.

Intrapersonal. On the intrapersonal level, the individual interacts with aspects of her self. For example, a woman may feel frustrated with not being a good person. She may have the self-concept of being a good person. As a way to protect this self-concept she may criticize herself for not being good, and thus the conflict that arises is intrapersonal (Sedikides, 2012). Mixed-race (Black-White) individuals may feel intrapersonal conflict between their Black self-concept and their White self-concept.

Interpersonal. According to many self theorists, “the self is fundamentally interpersonal” (Morf & Mischel, 2012, p. 33). For example, the same woman may feel ashamed when a friend tells her she is a selfish person. Her self-concept of being a good person is threatened by this interpersonal interaction.

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CLINICAL CONSULTATION GROUPS

- Increase your capacity to engage deeply in the therapeutic process with a focus on case material, readings and group process.
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Led by Cindy Sachs, MFT, ABD, Personal and Supervising Analyst, Psychoanalytic Institute of Northern California (PINC) and Supervising Faculty, The Psychotherapy Institute (TPI).
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Intergroup. Because not all groups have equal social privilege, groups can easily come into tension with each other. When this happens, our sense of self can become identified with a group identity. Jungian analyst Thomas Singer (2010) describes this as a cultural complex getting constellated. Cultural complexes are “emotionally charged aggregates of ideas and images that tend to cluster around an archetypal core and are shared by individuals within an identified collective” (Singer, 2010, p. 234). Cultural complexes can relate to any type of culture, such as ethnicity, race, religion, tribe, gender, or occupation, to name a few. Complexes of a given culture form over time—sometimes over multiple generations—often originating in a traumatic event. One example of a cultural complex in the United States is the history of Black and White relations. The potent negative stereotypes of this complex, when activated, can be seen in the devastating mass shooting that took place in Charleston, South Carolina, last June.

Archetypal. C. G. Jung believed that “archetypes are not whimsical inventions, but autonomous elements of the unconscious psyche” (Jacobi, 1959, p. 37). Archetypal energies such as the Victim, Persecutor, Child, or Hero may be present in the liminal space. Tracking these motifs helps the therapist reach a deeper understanding of what is present in therapy.

Navigating Multiple Identities

Rather than having a locus of identity within a single identity at a given time, a person with liminal identity has a locus of identity that rests in the midst of multiplicity. As a result, understanding identity as liminal allows more ease at tracking the multiple levels of identity (intrapersonal, interpersonal, intergroup, archetypal) in the liminal space between the therapist and client. Holding our client’s multiplicity helps us maintain our connections to all these levels and also creates a platform for us to stand upon, especially when we are caught in complexes that are constellated at the intergroup level.

Singer describes this ability to hold constellated cultural complexes as carrying the “transcendent function for the collective psyche.” He opines that some individuals, such as Gandhi, Martin Luther King, Jr., Desmond Tutu, and Barack Obama “have the capacity to hold these cultural complexes in their psyche in such a way that an authentic experience of the transcendent function comes alive in them, pointing to a resolution of otherwise intractable, emotional group conflicts” (Singer, 2010, p. 235). Such holding is essential for multicultural therapy.

Case Example

A 25-year-old multiracial (Asian/European American) female client tells her 58-year-old European American male therapist that she feels she got a bad review because her boss, an older European American man, has something against quiet Asian women. She gets angry, saying that the expectations of this culture are biased toward extraverted, outgoing, loud White men. The therapist knows that the client struggles with being direct in her communication style. The therapist wants to be a good White ally and is unsure how to navigate this without retraumatizing her with cultural stereotypes. He is also confused about which cultural stereotypes she is subjected to, given her mixed heritage. He becomes frustrated, feeling that he’s being a terrible therapist, and can’t access any of his cultural competency training. The client unconsciously senses the therapist withdrawing, looks down and says, “Never mind; you wouldn’t understand.”

There are many things happening here at all levels of identity. How the therapist might intervene is a separate topic. For now, we will map out what is present in the liminal space in the therapeutic dyad.

On the intrapersonal level, the therapist is feeling conflict around the part of him that wants to support his client against potential racism and sexism and the part that thinks there could be some justification for her bad review. He feels self-critical about being unable to remember his training. Intrapersonally, the client may feel conflict between her Asian self-concept, for which being quiet is a sign of respect, and her White self-concept, which values direct communication.

On the interpersonal level, the client is both hurt and angry at her therapist for withdrawing and may also feel that the therapist wants her to be more outgoing, just as her boss does. The therapist is worried about harming the client with his observations. He is also noticing paternal, protective countertransference feelings.

On the intergroup level, these groups gain salience in the liminal space: European American/Asian, monoethnic/multietnic, Baby Boomer/Millennial, male/female, father/child. The therapist may unconsciously identify with the group identities of Baby Boomer and male such that stereotypes of these groups become salient in the therapeutic dyad. The Baby Boomer identity could include judgments about Millennials being entitled, and the male identity could include opinions about women not being natural leaders. The therapist may not consciously believe these ideas; however, the stereotypes are implicit in our culture. The client may become identified with the group “Person of Color” and polarize the therapist as “Other” (i.e., European American). When this happens, the client stops seeing the therapist as a unique person and sees him solely as “Other.” The therapist’s individuality is lost in the eyes of the client, and he becomes merged with this stereotype (Burke & Stets, 2009).

On the archetypal level, the paternal countertransference may evoke the Father and Child archetypes. Because of the generational difference, the Senex and Puer may be present as well. The Orphan could also be present, given the client’s multiracial heritage, especially if she is the only mixed-race person in her family and community.

Looking at the identities at play from a liminal perspective, we take a vertical slice of the levels of identity. Though not all of these will have salience at once, holding space for them allows for the multiplicity of the client to be met. The things to especially note are the polarities that form at the intergroup level, such as European American/Asian, Baby Boomer/Millennial, male/female, monoracial/multiparical, and Father/Child. These differences can be very destabilizing when polarized. As polarities, they may be somewhat conscious (i.e., elephant in the room) or implicit.

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Next Steps

When one rests one’s identity in the liminal, opposites can coexist by allowing one to “get beneath already existent narrative frames” and “slow down knee-jerk reactions” (Watkins & Shulman, 2010, p. 149). By holding space for our client’s multiplicity, we as clinicians can not only hold space for all aspects of self but also hold our client’s complexities alongside our own without reacting to polarizing identities.

Just as some people carry the transcendent function for the collective psyche (Singer, 2010), I believe multiracial individuals and others who find themselves between polarizing cultural identities naturally carry it. I also believe that embodying liminal identity can be a learned skill. By holding the tensions of opposites we can move in the direction of resolving and integrating them, not only for our clients but also for our culture.

References


Angella Okawa, MFT, is both a certified Integral Coach and a Licensed Marriage and Family Therapist. Utilizing her experience at IDEO, an award-winning global design firm, she applies design thinking to her work with individuals, couples, and teams. She also specializes in bringing mindfulness to the challenges of diversity and difference.
more tolerant, more connected. Her ability to stay connected to me through many storms of misunderstanding and disappointment is a significant achievement in itself.

Conclusion
As for me, still reading, thinking, talking with peers, and working at 75, I’ve learned a lot! I feel calmer and happier and am still busy and involved. Between quiet times and active times, some balance is developing. Often the most comforting reading for me is with the poets. In a poem called “The Third Hour of the Night,” poet Frank Bidart (2007) writes:

After sex & metaphysics…what? What you have made.
Many creatures must
Make, but only one must seek
Within itself what to make. (p. 38)

And in another poem, “Advice to the Players,” Bidart writes:

There is something missing in our definition, vision, of a human being:
the need to make.
We are creatures who need to make.
Because existence is willy-nilly thrust into our hands, our fate is to make something—if nothing else, the shape cut by the arc of our lives. Making is the mirror in which we see ourselves.
But being is making: not only large things, a family, a book, a business, but the shape we give this afternoon, a conversation between two friends, a meal…
(p. 10)

References


Emily Loeb, PhD, was trained in psychoanalytic clinical psychology at Columbia University in New York and has maintained a psychotherapy practice in Berkeley since 1976. She teaches widely in the Bay Area, including at TPI and the Wright Institute. She sees adults in her private practice but was a board member at WestCoast Children’s Center for many years.
# TPI Committees

TPI members are welcome to participate in committees. Please call the committee chair before coming, as there are occasional changes in schedule and meeting place.

## Case Conference
Kate Buchholz (510) 859-1217  
Fridays TBA

## Catalyst
Lee Safran (510) 496-6096  
3rd Friday of the month, 2:45-4:00pm

## Clinical Services
Jim Moyers (510) 843-2424  
3rd Thursday of the month, 11:00-12:30pm

## Curriculum
Sarah McCartney (510) 495-0750  
Jim Rosati (510) 545-3876  
4th Monday of the month, 12:10-1:30pm

## Diversity
David Khalili (415)-448-6743  
Carlin Quinn (510) 379-4828  
1st Wednesday of the month, 7:45-9:00pm

## Education
Jeff Cohen (510) 548-4950  
2nd Monday of the month, 12:10-1:30pm

## Group Therapy Training Program
Mary Ann Kassier (925) 746-2624  
Melinda Douglass (415) 215-4796  
1st Wednesday of the month, 9:15-10:25am  
Faculty Meeting 10:30-11:30am

## Making Connections
Jenessa Radocchio (510) 852-9429  
1st Friday of the month, 3:00-3:45pm

## MUG
K. Sue Duncan (510) 548-4407  
1st Monday of the month, 12:10-1:10pm

## Supervision Study Program*
Terri Rubinstein (510) 601-1697  
Debra Gajer (510) 548-4960  
4th Wednesday of the month, 6:45-7:45pm  
Faculty Meeting 7:45-9:00pm

## Supervisors’ Committee*
Cindy Sachs (510) 339-3260  
1st Friday of the month, 1:20-2:35pm

## TUG
Maria Sutter (510) 658-8225  
3rd Friday of the month, 1:30-2:45pm

## Viewpoint
Kate Engelberg (510) 516-1524  
3rd Monday of the month, 12:15-1:15pm

## Executive Board
Nancy Ebbert, President  
nancy.ebbert@comcast.net  
2nd Friday of the month, 4:00-6:00pm

* Must be a TPI supervisor to participate on this committee