



**Institute of Contemporary  
Psychotherapy+Psychoanalysis**

**A Community for Self+Relational Theory+Therapy**

## **November 2022 Newsletter**



### **From the Directors: Do You “Matter” to Others? By Martha Gibbons, PhD, APRN, BC**



**Martha Blechar Gibbons, PhD**

Ten years ago, in a sociology class I was introduced to the concept of “mattering,” and recently I discovered it again in the literature. I realized that the construct was surfacing in my practice in psychotherapy sessions with widows and widowers as they shared their grief. “I come home to an empty house. No one greets me, no one is waiting for me. People have stopped checking on me. I feel like I don’t matter.”

As I learn more about ICP+P in my new role, I am determined to be more conscious of how I relate to others, how I convey to them that they matter. Not only is this essential for new people joining our organization, but for everyone...including our founders, the people who have established the keystone that has allowed us to launch so many of our pursuits.

Mattering can be measured. Sociologist Morris Rosenberg created a mattering scale featuring questions such as “How much do other people depend on you?” and “How much would you be missed if you went away?” Since Rosenberg’s survey, more scales have been developed to assess mattering. John Taylor, also a sociologist, asserts that “mattering makes a unique contribution. It is distinct from self-esteem, social support, and other factors; it’s an important part of the self-concept.”

Compared to other psychological states, it is suggested that a low sense of mattering is more responsive to change through psychotherapy. It is possible to learn to engage with others in ways that foster one’s sense of mattering.

Mattering is defined by sociologist Gregory Elliott as consisting of three components:

**Awareness:** Do people pay attention to you or walk right by you?

**Importance:** Do you have people who are sincerely interested in your well-being?

**Reliance:** Are there people who would come to see you for help, support, or advice?

Not only have I heard the concept articulated in my practice by adults...children share stories of coming home to an empty house, not being heard or understood by parents,

struggling to gain attention. Sociologist Gordon Flett reveals that a sense of significance (or insignificance) begins in childhood. Feeling that one does not matter as a child can be damaging.

More than one teenager in my practice has expressed a felt sense of insignificance through a suicide attempt. Elliott found in a 2009 study on mattering in adolescence that as teens' feelings of mattering in their families decreased, antisocial, aggressive, or self-destructive behaviors increased.

Psychologist Isaac Prilleltensky reasons that we derive our sense of significance not just from personal relationships, but from work and community. He created his own scale, the Mattering in Domains of Life Scale (MIDLS), in which people assess their degree of feeling "worthy, acknowledged, and appreciated," as well as their contributions to others. Four domains are reflected in this assessment: the self, relationships, work (paid or unpaid) and community.

I am finding mattering to be embedded in the process my terminally ill patients experience when we conduct a life review together. As people near the end of life, they want to know that they were important, that people relied on them, and that they were both heard and seen.

Martha Blechar Gibbons, PhD, APRN, BC, Co-Director, ICP+P

*More on mattering:*

Flett, Gordon. (2018). The psychology of mattering: understanding the human need to be significant. *Academic Press*.

Russo, Francine. Do you "matter" to others? The answer could predict your mental health. *Scientific American*. October 6, 2022.



## **CORRECTION: FELLOWSHIP PROGRAM**

*In the newsletter supplement on the ICP+P Fellowship Program, I inadvertently omitted one of the fellows' introductions. I apologize, and now include Dr. Matthew Heller's introduction. --Tom Holman, Ph.D., Editor.*

**Matthew Heller, MD, MPH**, is a 4th year Psychiatry Resident at Walter Reed National Military Medical Center in Bethesda, MD, where he sees mostly active duty military service members and their dependents. A former yoga instructor and meditation teacher, he has an interest in mind-body medicine and self-healing practices. He is considering pursuing formal psychoanalytic training in the future, and on warm weather weekends can often be found paddleboarding rivers, lakes, or the Chesapeake Bay with his dog.



## **New Member Spotlight: Heidi Knoll, LCSW** **By Tom Holman, PhD**



With Heidi's private practice intact due to Covid and teletherapy, she and her psychologist husband moved from the metro NYC area to DC



this past Spring to be near their son and his growing family. Heidi has recently obtained her DC licensure to expand her practice here and will be maintaining her NY licensure. Heidi's longtime friend and colleague, Linda Kanefield has spoken highly over the years about ICP+P, inspiring her to join. Heidi is looking forward to becoming part of the community.

Heidi graduated from Smith College School of Social Work in 1983 and worked at the Pleasantville Child Guidance Center of the Jewish Child Care Association of New York. She completed psychoanalytic training in 1991 at the Westchester Center for the Study of Psychoanalysis and Psychotherapy in White Plains, NY. She is currently a faculty member there and coordinated Admissions for the Institute for six years. Heidi has been doing psychodynamic /relational psychotherapy and psychoanalysis with adults, adolescents and children for more than 30 years. This has included work with eating disorders and those in life cycle transitions, eg divorce; postpartum, adjusting to parenthood.



## Children's Corner

### Dreaming vs. Reporting Dreams

By Tom Holman, PhD



**Tom Holman, PhD**

*Note: The Children's Corner is intended to encourage more discussion in the ICP+P community of child development, child therapy, and the common threads of psychotherapy through the lifespan. Please feel free to reply or contribute your own observations.*

The child enters the playroom and dreams. As children develop, they can report more nocturnal dreams in an adult-like manner. But younger children simply dream in the session. They may say, "I had a dream last night," and this may in fact have happened, but they are dreaming much or all of the content as they report it. These dreams may include nonverbal play as well as words which may or may not seem to make sense. Our best response to the child is to enter the dream with great respect and empathy. Our worst response is to charge into the dream-space like a bull in a china shop, interrogating for more detail or making interpretations. If all goes well, we can join the child inside their dream. In this potential space or intersubjectivity, the mutual dreaming *is* the mutual playing *is* the therapeutic action. Adults, who like to see themselves as rational, are more comfortable reporting nocturnal dreams. They compartmentalize their unconscious, non-rational potential as something that happened to them in a socially acceptable state of reduced rationality. Some adult therapists may be more comfortable collecting details of the dream, analyzing it according to their theoretical approach, and presenting the analysis to the patient. At this point the dream is dead on the dissecting table. However, adult patients and their therapists, with some preparation, can come to a state of dreaming together in the session. Then reporting a dream can become active, mutual dreaming, enlivening the session, the treatment, and the relationship.



## UPCOMING ICP+P EVENTS

# **Short Course The Referral Matrix: Complications, Countertransference, Ethics and Implications for Treatment**

**Featuring Rob Muller, PhD  
Saturday, December 10th, 2022  
11:00 am - 1:00 pm ET  
Online via Zoom**

***This short course is appropriate for clinicians at all levels of experience  
and offers 2.0 Ethics CEs.***

In their efforts to build and sustain a private practice, therapists often feel pressure to cultivate and maintain referral sources. Through the extensive use of clinical examples, Dr. Muller will elucidate the various factors that are at play during the referral process, and how they can affect the patient, the therapist and the ongoing therapy. All of the participants in the referral process bring their issues and histories into the mix creating a unique, complex interplay of forces which dynamically affect one another. Due to a convergence of financial, professional and personal anxieties, the therapist may be at risk to de-rail from focusing on the needs of their patients. This may result in an alteration of their usual modes of listening to and working with their patients. There is a potential in these situations for there to be a diffusion of boundaries amongst all the participants and a greater tendency for enactments to occur. Dr. Muller will help participants gain a more complex perspective on how to maintain ethical boundaries when working with, as well as making, new patient referrals.

At the conclusion of this course, participants will be able to:

1. Identify two factors that increase the vulnerability of therapists to being distracted from the needs of their patients.
2. Name two warning signs that might alert a therapist that they are being unduly influenced by factors in the referral matrix.
3. List two complications that might arise if a therapist chooses to treat a relative or friend of a current patient.

**CLICK HERE TO REGISTER!**

## **Roundtable Series Diagnosing Bipolar in Diverse Communities: Risks, Implications and Solutions**

**Featuring Linda McGhee, JD, PsyD  
Sunday, November 13th, 2022  
3:00 – 5:00 pm ET  
Online via Zoom**

***This roundtable is appropriate for clinicians at all levels of experience.  
No CEs will be offered.***

Diagnosing bipolar disorder is challenging under most circumstances, but when race, gender and LGBTQIA communities are factored in, the process often results in misdiagnosis. The implications of misdiagnosis are far-reaching in terms of treatment and quality of life. We will explore how to analyze and assess diverse populations within the framework of cultural competence, compassion and systemic barriers.

*Space is limited*

**CLICK HERE TO REGISTER!**

## **Fall Conference**

### **The Golden Allure of Celebrity: Reflections by a Psychoanalyst/Musician about Boundary Crossing in Psychoanalysis and Music**

**Featuring Julie Jaffee Nagel, PhD  
Saturday, December 3rd, 2022  
9:00 am – 12:30 pm ET  
Online via Zoom**

***This conference is appropriate for clinicians at all levels of experience  
and offers 3.0 CEs.***

Celebrities have charisma, charm, and talent. Dr. Nagel will explore how the allure of celebrity in music may provide fertile ground for sexual, erotic, and romantic boundary crossings in the teacher and student dyad. The same dynamic may occur in other dyads in which there is a power differential, such as therapist and patient or supervisor and supervisee. The psychological and institutional fallout from such boundary crossings is powerful, shameful, and harmful to everyone involved.

This conference addresses the “elephant in the room,” that enactments typically are met with silence and not addressed. Dr. Nagel will illustrate lessons learned from an interaction among a celebrity, a colleague, and herself. How to give voice to these moments, how to process the multiple layers of experience will be examined in her presentation.

In the second half of the conference, smaller breakout groups and a larger group discussion will connect Dr. Nagel’s reflections to participants’ own clinical experiences with patients. This may include issues of transference/countertransference and power dynamics related to differences in culture, race, sexual orientation, etc.

At the conclusion of this conference, participants will be able to:

1. Explain the dynamic created when the attraction of powerful individuals leads to people being silenced.

2. Analyze the underlying determinants and temptations that may lead to boundary crossings of all kinds.
3. Describe instances of institutional and/or personal repercussions of crossing boundaries in psychoanalytic/psychodynamic training and/or treatment.

**CLICK HERE TO REGISTER!**



## News + Notes

Bethesda Office Available FT/PT Spacious office available full-time or part-time in beautiful 3-office suite in Downtown Bethesda, with comfortable waiting room/kitchenette, bathroom, and storage closet en suite. Large windows and temperature control within 14x14 office with Wi-Fi for tenants and clients. On-site paid parking for tenants; free parking possible for clients; near public and private garages and Metro. unfurnished, full-time (preferably) or part-time (minimum 1 day per week). For more information, including very reasonable rent, please contact Jonathan Lebolt at [Therapy@Doctor-Jon.com](mailto:Therapy@Doctor-Jon.com) or (240) 507-7696 (voicemail or text).

Jonathan Lebolt has relocated to northern NJ, where he has joined the faculty of the Center for Psychotherapy & Psychoanalysis of New Jersey, secured licensure as a clinical social worker and reactivated his NY license. He will maintain his licensure in DC, MD and VA, conducting teletherapy/psychoanalysis and professional consultation. Jonathan will remain an active member of ICP+P, including continuing to lead the Relational Perspectives Study Group. Feel free to reach out to him at [Therapy@Doctor-Jon.com](mailto:Therapy@Doctor-Jon.com).



### **We love hearing from you!**

Please send articles, announcements, artwork, etc. to  
Nilou Mostofi, ICP+P Administrator, at [icppeast@km-direct.com](mailto:icppeast@km-direct.com)

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