



The Associates:

The Community Education Program of the Training Institute for Mental Health

New Address: 115 West 27 Street 4th Floor, New York NY 10001-6217 ♦ 212-627-8181 ♦ www.timh.org

Jay E. Korman, LCSW, President

Please Post

Friday, March 12, 2010 7:30 P.M.

Dream Lovers

Presenters:

Anna Keefe, PhD

Noel Meehan, MSW



In Keat's "La Belle Dame sans Merci" he explores the complex interplay between dreaming and waking, idealizing fantasies and reality and the transcendental quality of romance and the ordinary world. Bobby Darin's song "Dream Lover" is a more modern and pop expression of the same themes, that is, the idealization of his lover, untainted by any real knowledge of her. We know that if a love is to endure, it is impossible to remain within the safety of illusion and private fictions, and that those who do risk a relationship that may become sterile and suffocating. This lecture will examine the allure of a dream lover and of idyllic love and the necessity for real disclosure in a relationship. It will also offer some suggestions on how to deepen a connection with a promising "dream lover."

Anna Keefe, PhD

Psychoanalyst in private practice in New York City and Scarsdale, NY.
Senior Supervisor & Faculty Member, Training Institute for Mental Health.
Executive Director, Training Institute for Mental Health.

Noel Meehan, MSW

Psychoanalyst in private practice in New York City.
Senior Supervisor & Faculty Member, Training Institute for Mental Health.

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I would like to join/renew my membership. I will attend on 3/12/10. Members are admitted free to programs but must advise us **by mail if they wish to have their seats reserved** for particular program(s) until 7:20 P.M. Note: Membership runs from October '09 through May '10.

Membership Fees: General Membership: \$70.00 Senior Membership: \$45.00 (Over 65 with ID) Student Membership: \$45.00 (with ID)

I am not interested in joining but would like to attend on 3/12/10.

Non-members per program: Regular: \$15.00 Senior: \$12.00 (Over 65 with ID) Student: \$12.00 (with ID).

I am a **Training Institute Student or Intern** (no charge for attendance).

Enclosed is my check for \$ _____ made payable to: Associates of Training Institute.

Send to: Associates of Training Institute, 115 West 27 St 4th Floor, New York NY 10001-6217

Please note: Reserved seating can only be made **by prepaying in advance by mail. Seats will be held until 7:20 P.M.** and then released to walk-ins. **No tickets will be sent;** names of registrants will be at door. Please, **no phone reservations.** No refunds will be given – your good intentions will become donations to the Institute. Continuing Education hours verification may be obtained when you check in at the program. Each program is 2 C.E.U.

Dream Lovers

3/12/10
7:30 P.M.

Name _____ Occupation _____
Address _____ Apt or Box # _____ City _____ State _____ Zip _____
Email Address _____ Business Phone () _____ Home Phone () _____