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Coming to Life Between Orthodoxy and Heterodoxy: A Candidate's Journey

Eli Diamond

Candidates are not a homogenous group, and each has a very different, idiosyncratic hero's journey and struggle. According to the writer Joseph Campbell, myths—and perhaps biblical narratives—are not stories that never happened but are, in fact, stories that always happen. My psychoanalytic birth story and its associated labor pains speak to something more universal as well.

I attended a religious high school, which was progressive in some ways. For instance, we learned Greek mythology, took Advanced Placement courses, and were academically well prepared for university. However, we did not learn “heretical” subjects such as evolutionary biology, other than a cursory explanation to satisfy state requirements, paired with theological apologetics. The primacy of the Orthodox perspective was obvious and, in some ways, comforting. I was swaddled within a community that provided a manual to life, cradle to grave, a place to belong, and a clear blueprint for thinking and approaching the unknown. Identification with an

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orthodoxy furnishes a raft in a chaotic and stormy sea. However, orthodoxies risk becoming stale, overly concrete, and deadening in their efforts to keep everything safe and well understood.

At Columbia University, I fell in love with astronomy: the celestial, the ineffable, the numinous, the mysterious, the wondrous, all bounded by calculations, measurements, and attempts to engage with amazing unanswered questions and discover new frontiers. Astronomy strives toward that which is not yet conscious. I was assured that the department was exclusively populated with atheists. No one was so silly as to believe in God. I wasn't quite sure what to do with that as an Orthodox Jewish girl still trying to hold on to my Orthodox values as I ventured further into the world. I discovered astronomy as an upper junior, too late to pursue it as either a minor or major. But I'm also not sure what I would have done in that world that had clearly no use for a god that I had been raised to believe was omnipresent, omniscient, and omnipotent. It was the first time but certainly not the last that I found myself inhabiting two worlds that had very little use for each other. Two realms that dismiss and deny the power of each other.

While in graduate school, I availed myself of the inexpensive day passes

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Local Discussions

Bill Glover and Kerry Sulkowicz



Bill Glover



Kerry Sulkowicz

Following the February 2021 National Meeting, Bill and Kerry have been holding local discussions over Zoom with APsaA centers, institutes, and societies to listen to their views on current issues: Covid; diversity; expanded membership; the TA function; advocacy; our listservs; and the future of APsaA. We describe current initiatives but mainly listen to what's most important to local groups. New technology enables us to meet with members on their home ground and include many who don't attend our meetings. We've made ourselves available to join whatever forum works for them, including Town Halls, meetings with faculty and boards, etc.

As of this writing, Bill, Kerry, and other APsaA Board members have met with 15 local groups: Atlanta, Boston, Contemporary Freudians in APsaA, Dallas, Denver, Florida, Houston, Kansas City, Oregon, PANY (Psychoanalytic Association of New York), St. Louis, San Diego, San Francisco, Tampa Bay, and Wisconsin. More visits are planned and will continue through the fall.

It has been an eye-opening and inspiring experience to learn firsthand about the dedication and creativity of our local groups, how widely we vary yet how much we have in common. We've also been struck by how little these groups know about each other. For most of our members, their primary affiliation is with their local group, and they don't closely follow national

developments "inside the beltway" of APsaA. Although our new structures—the Department of Education (DPE) and the Board of Directors—are working effectively, they are still growing into their roles and uncertainty exists. The tensions at the national level are manifest in local groups. There is anxiety about APsaA becoming either too radical or not radical enough. The national organization has an important function to contain and provide a model for addressing and resolving these tensions.

We will share some observations from these discussions:

- We can be proud of how APsaA and its local groups have met the challenges of the past year in adapting psychoanalytic education during Covid and providing resources to their members and the public. The resources provided by our Covid Advisory Team, the Town Halls, peer consultation groups, and DPE support for virtual learning have been invaluable.
- Each local group is addressing racial inequality, and they appreciate the leadership of APsaA and the Holmes Commission.
- Local members were enthusiastic about enhancing advocacy and branding efforts to support analytic practice, particularly for candidates and recent graduates. Extending legality and insurance coverage for telehealth is a priority.
- Many groups have psychotherapy members with voting rights who are active participants, some in leadership roles. In many places, these members are vital to the success of the local institution. Psychotherapy training programs abound and are found to support, not dilute, the psychoanalytic mission. Several local groups are successfully integrating psychotherapists and academics in

the basic didactic curriculum of psychoanalytic training.

- Local governance structures vary greatly, from the traditional Society & Institute to the newer model of psychoanalytic centers. Some societies and institutes are well integrated, while others function quite separately.
- There is enthusiasm for expanding membership but also concern about the potential loss of analytic identity and professional legitimacy.
- There is general agreement that analyzing, supervising, and teaching candidates should be functions of psychoanalytic education rather than markers of status. Our local groups vary in their TA/SA appointment procedures, but all value local option. We find that this feedback correlates with the findings of the TA survey.
- While the Members List is a valuable means of communication, many members complain about the contentious exchanges, and tune out or unsubscribe.
- Some groups have existential issues that include difficulty filling leadership, faculty, and TA/SA roles.

The world is in a time of momentous change. As the pandemic passes, we will all be assessing its impact on our societies and on ourselves. APsaA's future is cast in a new light as we grapple with the challenges and welcome the opportunities of a changed world. The ways we have met the crises bode well for our ability to adapt and advance psychoanalytic thought and practice. We look forward to working together to build our future.

Between Orthodoxy and Heterodoxy

Continued from page 1

offered to students to attend APsA's winter meetings. At a discussion group on eating disorders, Dr. Kathryn Zerbe spoke about navigating two worlds that rejected each other: the analytic world, which used to dismiss patients with such concrete somatic symptoms as eating disorders, and the eating disorder world, which dismissed psychoanalysis as an inappropriate form of treatment, preferring instead such "evidence-based" treatments as DBT and the Maudsley method. I was drawn to the way Dr. Zerbe lived on the bridge between two worlds that had little regard for each other. I came to believe that we might nimbly navigate different worlds or models, and in so doing, create new worlds and new models. Perhaps I could shift from a domain of established rules to a domain guided by negotiations. However, new models often cling to the orthodoxies of each contributing tradition. I craved the security of a mainstream approach even as I chafed against it. Tenets provide a tether, an anchor, but can also quickly become a straitjacket and a bind. Ties that contain also constrain.

During my psychoanalytic psychotherapy post-doctoral training at the Wright Institute, Los Angeles, a classmate inquired about the place of the soul in psychoanalysis. I immediately responded that it was the unconscious. I needed psychoanalysis to be able to hold everything, and I needed to step in and defend it from any perceived deficiencies or attacks. It was imperative that it retain its prestige and myth of exceptionalism, even as it was clearly in decline. I had been bred on a steady diet of Jewish exceptionalism, even though religious observance was hardly in fashion.

As I navigated psychoanalytic training, I began to suspect that I had traded one orthodoxy for another. I left one beloved, well-respected but problematic family for another one. Orthodoxies delineate in-groups and out-groups. You belong, you don't

belong. You're my people, you're not my people. Stimulated by my internal orthodoxy, I split faculty and potential supervisors into buckets: my kind of analyst...or not. My father is prone to saying that anyone to the right of him is a zealot and anyone to the left of him is an apostate. Internally, I established my psychoanalytic camp and started inviting some to my tent and dismissing others. I disowned my internal zealots and apostates as well as the profound concomitant struggle that needed to be articulated rather than banished and denied. By not informing my family about my training, I protected my internal families from each other for reasons I'm still trying to fully understand. I also sheltered the ideal

between an orthodoxy inherited from my family and a self-generated heterodoxy. I brought this into my training, and it guided how I approached and interacted with my personal struggles and the Institute. I unconsciously safeguarded my family; that's been my role. Orthodoxies and families provide a place to belong. Yet, we must belong to ourselves before we can belong to anyone or anything else.

I used to jest that I had three major disabilities: I couldn't hail a cab in New York City, crochet a yarmulke (the



Eli Diamond

Psychoanalysis belongs to the in-between, on the bridge, in the emergent. To that which is growing and not deadened or stale. To that which is alive and enervating.

from my ambivalence, thereby creating a hole inside. What can't be known creates an abyss. We can fall into these chasms or be blinded as we attempt to repudiate them.

In analytic training, we play out our own family dynamics in spaces that have their own existing familial dynamics. We, candidates and faculty, assume roles that we are accustomed to from our family systems. We recapitulate well-known battles, even as we come to training in search of new families and hope that, within our new families, we can do things differently. If we are loathe to assert ourselves within our families of origin, we will likely have similar troubles in our institutes. We may blame the institute for not being dissimilar enough to our families, but perhaps we have not grown enough—yet. If we needed to rebel to differentiate in our family, that might be the template we adhere to within institute life. Or perhaps we lean the other way—compelled to try on a role that was denied within our original family. I carried an internal conflict

traditional head covering worn by Orthodox Jewish men), or see the hidden picture in a Magic Eye poster. I couldn't relax my eyes and attention enough to discern the floating shape. I wonder whether five years into analysis, and after three years of training, I might be more successful. Have I begun to develop more of a capacity for Keats's negative capability or Bion's maternal reverie? Will I meet an emergent bud with the gentle and insatiable inquisitiveness a curious child brings to the wild rather than the zeal of a Japanese Ikebana master curating the perfect floral arrangement? Shall I embrace the tendrils of incipient growth with compassion and interest as I watch them break through the concrete? Shall I inculcate a willingness to let the solidity of orthodoxy crumble and break so that new life can germinate?

I have been wildly compelled by assertions that analysis can save lives. My husband insists that vaccines save lives; but analysis saves souls. But what does that mean? In what ways does analysis conserve and regenerate? How

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Dear Candidate: Analysts from Around the World Offer Personal Reflections on Psychoanalytic Training, Education, and the Profession

Fred Busch

Candidates have always been our future. They are our legacy. However, there is little in our literature that might help younger clinicians reflect upon what it means to be a psychoanalytic candidate and its role in the professional life they are about to enter. In a first-of-kind book, I attempted to speak to these issues by inviting senior psychoanalysts from around the world to write personal letters to candidates that include memories of their own training, what it was like to become a psychoanalyst, and what they would like most to convey to the candidate of today.

The request to write something for this book was met with great enthusiasm, and it shows. In these rich letters one finds insights that can help analysts in training and those recently entering the profession reflect upon what it means to be a psychoanalytic candidate and what it's like to begin a life as a psychoanalyst. Sharing their own experiences, these analysts demonstrate a vital commitment to psychoanalysis and give lively descriptions of how each became and remained a psychoanalyst. They write candidly about the enduring satisfactions of being an analyst and about the anxieties, ambiguities, and the complications they faced in training and entering the profession. Many offer ways to think about dealing with these hurdles. Some suggest it is useful to realize one is always in the process of *becoming* a psychoanalyst. To do so is to be open to a life-long process of learning and testing one's ideas.

Below are edited excerpts from these letters that give an idea of the authors' joys and disappointments they've experienced in analytic training and the

profession. Although the difficulties of their training have not been forgotten, these senior analysts have, for the most part, worked through these issues without losing their enthusiasm for being analysts. They offer ways of thinking about training to help candidates deal with their own experiences. For most, the conclusion is: It was worth it.

Arthur Leonoff (Canada)

As much as I have felt the need at various points to reflect on my analytic training, to revisit its valuable teachings, I have also had to work through experiences of disillusionment.

I also understand better now why analysts work well into their old age and sometimes through it. There is the excitement in being an analyst—the capacity to help people deeply, to inch them toward deeper change, to learn what has been previously unknowable, all the while further refining one's analytic capacity that continues to grow. It is hard for me to imagine giving this up as long as there are patients willing and eager to work with me and profit from what we as a group of committed clinicians have to offer.

Claudio Eizirik (Brazil)

A suggestion to you: Try to participate in the meetings of your institute and society, dare to ask questions and make comments at the seminars, don't accept anything without raising your doubts when it's the case. If you think a concept is strange, unjustifiable, or even ridiculous, share your ideas and ask for clarification.

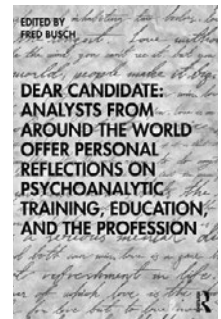
Daniel Jacobs (U.S.)

Your analytic education is an exercise in uncertainty—and in learning to

tolerate that “not knowing.” Not knowing what your analyst really thinks of you. Not knowing how you will pay off your educational loans. Not knowing whether you will have an analytic practice after so much effort, an effort that leaves you wondering if you should be at home with your family instead of at seminars. Uncertainty is the rule of candidacy. Competing psychoanalytic theories can also confuse as much as they clarify. And how about the lack of clarity as a beginner in how to analyze? How does one even get to do analysis, find a patient who is willing to undergo intensive treatment?

Heribert Blass (Germany)

This leads me to the question of anxiety in psychoanalytic education. I think anxiety is unavoidable. Of course, I was also anxious about how I and my psychoanalytic work would be assessed by my supervisors and my fellow candidates. And I was also worried if I could understand my patients well enough. I still have this worry every day. But I would like to distinguish between anxiety as a helpful signal of never being too sure and anxiety as a fear of disapproval and exclusion. The latter paralyzes one's own feelings and thoughts. So, I would like to encourage you to be anxious in a caring sense but not anxious in the form of submission. Be open to your teachers but do not follow them blindly. Rather, dare to discuss difficult analytical processes with them and hopefully find common solutions instead of either submitting or superficially agreeing and then doing something else. This includes dealing with mistakes.



Roosevelt Cassorla (Brazil)

The other day, you told me euphorically that one of the assessors of your clinical report said: “Your text is perfect. I have no questions to ask and nothing to add.” You were proud, and I know that you wanted to share your happiness with me. You found it strange that I didn’t seem pleased, and since we have a close relationship you asked me, “What was the matter?” I am initiating this dialogue in writing, but I am sure that we will address this in greater depth when we meet.

Your perception was correct. I felt affected and ill-at-ease and was unable, at that point in time, to put my thoughts into words. I shall explain: A “perfect” work of psychoanalysis, one which doesn’t raise any questions or problems, cannot be good work. Flawless analytical sessions and texts do not exist. I have encountered situations before when I have thought that the presenter has glossed over their own interventions. This gloss conceals, yet it also reveals. The psychoanalytically trained listener doubts the truthfulness of the account.

Ellen Pinsky (U.S.)

When I was a candidate, my friends and I used to play a game that goes like this: Imagine that the entire psychoanalytic literature is destroyed tomorrow. Psychoanalysis vanishes, but you can bury a time capsule to be dug up after a few hundred years. Into that capsule you can put some papers—a handful of short works, or excerpts from longer works, ten or twelve brief pieces at most that people of the future might use to reconstruct psychoanalysis.

What do you put in the imaginary capsule?

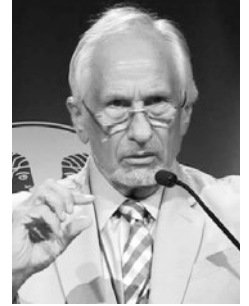
In the process of creating and re-creating your capsule, you are not only tracking your own development as a psychoanalyst, you are also preserving the discipline. Perhaps most important, you are writing a letter you would send to future generations of aspiring psychoanalytic students, in this way connecting you to past and to future. I think here of Freud’s melodic

sentence in “Creative Writers and Day-Dreaming” about phantasy, or daydreams, and the function of a child’s play. “Thus past, present and future are strung together, as it were,” Freud writes, “on the thread of the wish that runs through them” (1908).

Otto Kernberg (U.S.)

Not knowing you only permits me to answer some of the many questions you may have at this point and to be cautious about unsolicited advice. To begin: It is well worth it to become a psychoanalyst at this time when psychoanalysis is widely being questioned and criticized—sometimes with good reason. Psychoanalysis, I believe is the most profound and comprehensive theory about the functions, structure, development, and pathology of the human mind. It also provides a spectrum of psychoanalytically based psychotherapies, including the classical or standard psychoanalytic treatment and several derived, empirically validated psychotherapies. And it is a unique potential instrument for research on the mind.

conflicts and beliefs that are at its root will enlighten both of you with pleasure. And not to forget: Which other profession would allow you to linger on dreams, to look at their intricate layers of meaning, and enjoy the beauty, wit, and even the archaic bluntness of their imagery? Since this complexity is what makes psychoanalysis such an intriguing profession, it is obviously a daunting task to study it.



Fred Busch

Stefano Bolognini (Italy)

In short, if I compare my early situation as a candidate with yours, I would say we had probably more grandiose, idealizing illusions (such as being somehow “pioneers,” easily recruiting needy patients asking to be rescued via classical treatment, dealing with a univocal, indisputable, all-explaining

Which other profession would allow you to linger on dreams, to look at their intricate layers of meaning, and enjoy the beauty, wit, and even the archaic bluntness of their imagery?

Cordelia Schmidt-Hellerau (U.S., Switzerland)

You’ve made a great choice when you decide to go for psychoanalytic training! To work with the human mind is endlessly fascinating. No two patients are the same, even if they carry the same diagnosis. To trace the particular defense strategies of your patient’s ego when faced with challenge and opportunity, and to experience the emergence of their unconscious fantasies and infantile theories, will always reward you with awe and amazement. As much suffering as a patient may put on your couch or chair, to eventually access and resolve together the unconscious core-

theory, etc.) to be progressively reduced and realistically proportioned by experience; while you can have today more consistent and refined analytic instruments, a more advanced professional community, and a different awareness of the contemporary psychoanalyst on how the human mentality uses interior organization and availability to invest are rapidly changing in the relational attitude of the subject toward the object.

What instead remains substantially unchanged, in my opinion, is that analysts are, in fact, the only owners of the keys to the door to the unconscious, and the only possible guides for patients needing deep and stable changes in their lives.

Isn't this enough for motivating you to become such a specialist?

Jane Kite (U.S.)

And then there's the central importance of your own analysis in this process. I firmly believe, based on experience, that in order to be deeply interested as an analyst in someone else's story, someone else has to have been deeply interested in you. Some of us have had parents who were interested in us, and others haven't. For those of us who haven't, in particular, the analyst's interest is crucial. And by "deeply interested," I don't mean just liking; I mean being interested in raising the wreck—getting to the bottom of it. This is the job description for being an analyst. It is a form of commitment unlike any other. It is a process that is never complete, but having some idea that it's possible, and how to do it, is essential. Your own experience in analysis is crucial to becoming an analyst yourself, with supervision a close second. It has been said that every supervision is the chance for another analysis. The presence of the supervisor as a third term in your work with patients, and often in your own analysis, is vital.

The combination of analysis and supervision offers (or should offer) infinite ways of refracting your own experience of being a person and an analyst, something that just doesn't happen in "real life." If you read the psychoanalytic literature carefully, you'll find that the trajectory of any one analyst's writing—in addition to its subject—maps the course of that analyst's personal development. It is also helpful to go back into analysis with another as needed. You are never done, and there is always more to learn. I've always found this point to be uniquely reassuring. I think it's safe to say that my interest in psychoanalysis could be described as a love affair. It has to start with an other but, with luck, it will continue privately for the rest of your life.

Eric Marcus (U.S.)

Training is not easy. It is time intensive. It is financially difficult. It is emotionally demanding. It is self-confronting. It helps if you want it very badly, if your interest is compelling, if you love patient care, if you need to think deeply about the mind. In training, you learn difficult theory, treat challenging patients, are supervised in

...to be an analyst, as I see it, is not to seek the best ways toward symptom relief but to be part of a search for the deepest integration of the patient's unconscious mind, of the truths with which at bottom he struggles.

uncomfortably personal ways, and read an exciting but seemingly endless and dense literature. Because the study is so personally demanding, you meet many puffed up egos, one adaptation to the humbling of grandiosity. Ignore the ego aggrandizement. The field is riven theoretically, as all growing fields tend to be, and you see many heated arguments. Enjoy the show and don't confuse truth with the theoretical *sturm und drang*. Do not click on the emotional click bait of pedagogy. Focus on your learning. Learn from all.

Integrating theory and developing your clinical working style are lifelong developments.

Michael Diamond (U.S.)

What begins in candidacy will hopefully grow into a career-long project to develop your capacity to work with unconscious material and appreciate the life of the psyche. Yet, this will invariably test your ability to tolerate uncertainty, confusion, insecurity, and intense feelings, often in ways that entail considerable *vulnerability*. Additionally, particularly through helpful supervisory experiences and your personal analysis, you must reckon with your ability to tolerate disappointment, responsibility, and manage narcissistic investment in

your work, often in great inner *solitude*. Despite the intimacy within analytic space, we are unutterably alone in the deepest and most important aspects of our work. Your solitude as an analyst must become an anchor where you can eventually find your way, often amid turbulent and unfamiliar conditions that candidacy can help you learn to accept and even bear

with curiosity. One way of maintaining its vitality is, in my opinion, to encourage ourselves to rethink, to question each and every one of its concepts in light of the epochal changes as well as contributions from other disciplines.

Rachel Blass (Israel)

While psychoanalysis offers an understanding of the person that falls into the field of psychology and a practice that could be considered a form of therapy, the unique nature of the psychological understanding and therapeutic practice that it offers also shapes a profound ethical vision. We can and should, in my view, be motivated by this vision. I consider this vision to be one regarding the power of truth and of love. It proposes that failure to know oneself, one's inner truths, is what lies at the foundation of psychic disorder, and analytic cure is to allow the patient to come to know these previously unknown, unconscious truths. Coming to know truth in this context is not simply an intellectual matter but rather involves the integration of parts of ourselves; it means a lived experience of these parts. And it is also a motivated act, as is the failure to come to know. That is, we in a sense "choose" to know and "choose" to deny, and in this sense we are also responsible for our psychic

suffering and the suffering we cause others as a result.

In other words, what I'm emphasizing here is that psychoanalysis provides the person with a way to know and be oneself—to choose to live truthfully, to take responsibility for who one is and what one does. This is an ethical aim, and to become an analyst is to embrace it. Therapeutic relief through analysis, in this context, is only a derivative of striving toward this analytic aim—one of its important benefits. That is, to be an analyst, as I see it, is not to seek the best ways toward symptom relief but to be part of a search for the deepest integration of the patient's unconscious mind, of the truths with which at bottom he struggles.

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Virginia Ungar (Argentina)

Just one personal point: I started to attend local, regional, and international scientific meetings early on, and this opened up my mind in a way that only recently, in the position that I now occupy in the IPA, I realize was the start of the journey that brought me to where I am today.

I don't want to give an idealized picture of my training, however. Again, I say that there was a lot of effort and dedication in those years, and time scraped from wherever possible, especially family life. I had excellent teachers, and some not so. I had wonderful supervisors who were as generous as they were demanding. My colleagues said that I chose the most difficult ones, but from them I learned during my clinical experience so much about psychoanalysis. Above all, however, and being faithful to Bion, I learned through experience what it is to be dedicated to a task and to have a passion for psychoanalysis.

Harriet Wolfe (U.S.)

Psychoanalysis is an approach to thinking and education that emphasizes reflection and understanding. It becomes a contradiction in terms when rules regarding the psychoanalytic training model take on an absolutist quality. The preservation of a certain model rather than the establishment of policies and procedures that reflect attention to individual training and clinical needs is inconsistent with fundamental psychoanalytic principles.


The allure of rules is that they offer a sense of security and stability, especially during times of rapid change. At best, rules promote healthy functioning and improve output. They make us better. At worst, rules become a bastion against important new thinking like an orthodoxy that can only perpetuate itself. Somewhere in between seems right. Quality control is essential, but we have a potent, well-tested analytic method and ways of understanding human nature that merit organizational confidence. In my view, flexibility in the face of shifting technological and cultural change is not a specific risk to psychoanalysis or a harbinger of a slippery slope. Flexibility, as I see it, is an approach reflecting an overall attitude of curiosity, discovery,

and openness to new thinking and willingness to face challenges without excessive fear.

Dear Candidate, we need your help in exploring the pros and cons of flexibility in the goals and standards for analytic training. Please be an active participant in the conversations at your institute while you live through the process! Also, participate in the national and international conversations, now so much easier thanks to communication technology. An open and transparent educational system promises to allow greater emphasis on scholarship, research, and collaborative thinking, all good for the future of psychoanalysis.

Alan Sugarman (U.S.)

It is important that you find an analyst with whom you feel comfortable being brutally honest about the workings of your mind as well as the ways you work with your patients. Unfortunately, this does not always happen in one's training analysis. If it doesn't, seek another analysis when you can. For me, my third analysis, when I was already an established analyst, is the one that truly helped me to know and master my deepest conflicts. As expected, my clinical work improved remarkably. For this reason, my parting words will be to remember Freud's suggestion that we all be reanalyzed periodically. Do not shy away from another analysis if you find you are getting in your own way at any point in your analytic career.

While this book is geared toward candidates and those entering the profession, analysts at all levels might be inspired to think, once again, about this impossible but fascinating profession. *Dear Candidate: Analysts from Around the World Offer Personal Reflections on Psychoanalytic Training, Education and the Profession* was published by Routledge, November 2020. 

Fred Busch, Ph.D., is a Training and Supervising Analyst at the Boston Psychoanalytic Institute. He has published over 70 articles in the psychoanalytic literature and five books, primarily on the method and theory of treatment.

Reflections in the Wake of the Atlanta Shootings and a Year of Anti-Asian American Pacific Islander (AAPI) Hate

Meredith J. Wong

It is late May as I am writing this piece for *TAP*—my heartfelt reflections on racism, anti-Asian racism, and the shared and varied experiences of Asian American Pacific Islanders (AAPIs) in the United States through the lens of my lived experience as a Chinese American woman, a person of color, and a psychiatrist/psychoanalyst during this time of Covid, violence, and racial reckoning.

May is Asian American and Native Hawaiian/Pacific Islander Heritage Month, a time to acknowledge and celebrate the history, contributions, and cultures of AAPIs in this country. It is also a celebration of diversity, representing progress beyond the ideals I heard growing up of “color-blindness” and America as a “melting pot.” This month, history is being made. The alleged gunman in the Atlanta spa shootings in March—in which eight people were murdered, including six women of Asian descent—was indicted on murder charges. The Fulton County prosecutor announced her intention to pursue hate crimes charges if he is convicted, which would be the first application of Georgia’s new hate crimes law. On May 20, President Biden signed into law the Covid-19 Hate Crimes Act that fights anti-AAPI violence.

These advancements are welcome, but we are still in the midst of a precipitous rise in killings, beatings, and harassment of AAPI people. Racialized hatred and blame for the “China virus” and “kung flu” were fomented at the highest levels of government last year. Violent incidents have continued to mount since the Atlanta murders.

Meredith J. Wong, M.D., is a psychiatrist and member of the New York Psychoanalytic Society & Institute. She serves on NYPSI’s Committee on Racial Consciousness & the Diversities and APsA’s Committee on Gender & Sexuality.

A 75-year-old Chinese American woman, Xiao Zhen Xie—who was beaten, fought back, and cried out in shock afterward in Cantonese, her voice cracking in anguish—reminded me of my grandmother. A 65-year-old Filipina American woman, Vilma Kari, was brutally kicked and stomped on in front of a Manhattan building a couple miles south of my office after the attacker shouted, “You don’t belong here!” The silent response of the building staff was to close the door. The website *Stop AAPI Hate* totaled over 6,600 anti-AAPI hate crimes or hate incidents between March 2020 and March 2021, notably toward women, youth, and the elderly.

I want to acknowledge that the struggles of Asian American Pacific Islanders differ from other groups’ struggles. In contrast with Black or Indigenous people of color, AAPIs are mostly immigrants or descendants of immigrants who came to the U.S. by choice. While we have suffered from racism and, at times, racialized violence, we have never existed in this country in the context of our ancestors having been forced here as slaves, driven from our homelands, systematically brutalized, or unequivocally seen (then and by some still now) as less than fully human, based just on the color of our skin. This is the first time many AAPIs have experienced mortal danger due to racism, in sharp contrast to the reality for so many Black and brown people in our country.

But even so, the collective traumas of people of color are intertwined and not mutually exclusive. The complex story of race in America tends to be collapsed into a Black and white binary that renders other races/ethnicities less seen. Despite numbering about 23 million and being the fastest-growing minority group in the U.S., AAPIs are often invisible in the discourse and in statistics and polls; we are left out or merely listed as “other.” For some white Americans, the shootings brought the startling

revelation that AAPI people are minorities that suffer at all. It shocked into awareness some AAPIs, as well, that racism does indeed affect them as much as they would like to believe it doesn’t. Other AAPIs are much less surprised, aware that to some degree racism has prevented them from being fully seen, known, and included their entire lives.

I’d like to take this opportunity to explore the ways and historical context in which AAPIs in America have been impacted by racism, including how we have been stereotyped, erased or less seen, and subject to discrimination and violence. I will direct particular attention to the experiences of AAPI women and relate some of my own experiences growing up and living in this country. I will examine how the Atlanta shootings occurred within a clear context—at the intersection of racism, misogyny, anti-immigrant sentiment, and religious prohibitions against sex—and also comment on psychoanalysis and its approach to race.

Children, Race, and Racism: Growing Up AAPI

I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus side-shows, it is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves or figments of their imagination, indeed, everything and anything except me.

—Ralph Ellison, *Invisible Man* (1952)

As we psychoanalysts know, blueprints for how we see ourselves and others are laid down at a young age. These beliefs are built upon or changed as we grow, have more experiences, and move into the larger world. People also do see color from a



Meredith J. Wong

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young age, even if they protest this fact. As social creatures, we are evolutionarily hard-wired to see differences of all kinds. What becomes problematic are the relative values placed on certain characteristics versus others, and the resultant license to discriminate as a result. The famous and heart-breaking doll studies by Black psychologists Mamie and Kenneth Clark—"Racial Identification and Preference in Negro Children" (1947)—and subsequent studies over the years have shown that both white children and children of color display pro-white implicit bias from a very early age, and value or devalue themselves and their peers accordingly.

People also locate themselves in the world in relation to others—through similarities and differences, who is like me and who is not. Yet psychoanalysis traditionally privileges the individual, with the "social," including race and racism, seen as external. Psychoanalysis may attribute racialized self-image, perceptions of others, and transferences solely to a patient's internally-generated conflicts, such as around sex and aggression, or to relational attachments while dismissing the effects of the very real racial, ethnic, and cultural surround on the intrapsychic lives of the patient and analyst and everything the dyad constructs in the analytic space. White is seen as normative, and not discussing the actuality of race and racial difference (i.e., focusing only on symbolic meanings) as neutral.

For me, it has been a long, difficult journey to stop seeing white as normative. I am a third-generation Chinese American whose grandparents immigrated in the 1930s and '40s from Toisan in rural southern China. Growing up in a small, conservative, extremely white, and racist town, I had a deep yearning to belong. I did not realize at the time how much my wanting and striving for acceptance and approval in (white) others' eyes involved a devaluation of my Asian American self and unwitting participation in the devaluation of other people of color in the process. It took years for me to realize, consciously, how rarely people who look like me, or any people of

color, have been fully seen in America—or in the white space of psychoanalysis—historically and to this day.

My first encounter with racism was in nursery school. I had not seen myself as Other until I was excluded from playing with some kids based on appearance. It was upsetting and confusing. I was then bullied throughout elementary school for my race. When I was 7 years old, a common racist taunt was a song that went:

"Chinese"—kids pulled up the corners of their eyes.

"Japanese"—kids pulled down the corners of their eyes.

"Dirty knees. / Look at these / boobies!"—kids pulled out the front of their shirts.

It took years for me to realize, consciously, how rarely people who look like me, or any people of color, have been fully seen in America—or in the white space of psychoanalysis—historically and to this day.

Then they laughed, self-satisfied or perplexed when I did not find it funny too. At times, I would walk by and people would just yell "ching chong ching chong ching chong!" at me. Even if not as malicious, people might say a bunch of gibberish and ask what that meant in Chinese. I spoke back when I could but still felt badly about myself. I felt ugly and alienated, and internalized the racism.

The internalization of my Asian-ness as bad and Other stemmed not just from racist taunts. In elementary school, I sang "My Country 'Tis of Thee" every day with the other kids but understood early on that the soaring lyrics did not include me or my family. I saw stereotypical depictions of East Asians with pointed hats and bucked teeth and wondered if my eyes were really mere slits like that—unseen, unseeing, and diminished, their expressiveness erased. Shame twisted in me as I read award-winning faux-Chinese children's tales by white authors, their foolish characters steeped in exoticism and played for laughs. I didn't see

myself, a kid of Asian descent who was also American, reflected anywhere.

Children are quite straightforward in what they say. Then racism goes more underground with age. Violent acts of racism make the news—as they should—but racism and discrimination can be so much more casual. People of color experience racism in many small but stressful ways—microaggressions or quiet assumptions—that don't get talked about as much but that white people participate in and may not be aware of. The values and behaviors inherent in this casual racism contribute to the systemic racism that keeps minorities down, Others them, and provides fertile ground for more violent acts, especially against Black people. Black people have long been perceived as more dangerous, sexual, and immoral; less intelligent and

hard-working; and more responsible for their difficulties in life than white people. It's been shown that Black boys are viewed as older and more threatening than white boys of the same age, which leads to deadly consequences, like with Trayvon Martin (Phillip Atiba Goff et al., "The Essence of Innocence: Consequences of Dehumanizing Black Children," 2014). Black men are also perceived as larger than similarly sized white men (John Wilson et al., "Racial Bias in Judgments of Physical Size and Formidability," 2017).

AAPIs and the "Model Minority" Myth

Asian American Pacific Islander people, in contrast, are often stereotyped as a monolithic, (over)compliant "model minority" who works hard, has few emotional needs, and has "made it" in America. This stereotype is highly problematic. Far from a homogenous group, AAPIs originate from over 20 countries across East, Southeast, and South Asia and the Pacific Islands. Each of these countries encompass a multitude of variations in ethnicity, culture, lan-

guage, and religion. Some AAPIs, such as the Hmong, live in deep poverty, and some are hampered by intergenerational trauma, such as Vietnamese and Cambodian refugees. AAPIs have immigrated to this country at different times; for different reasons (seeking opportunity, fleeing from trauma, or both); and in different ways (alone, with family, or to join family, as a spouse, child, or adoptee—cross-racial or not). They come from different socioeconomic, educational, and professional backgrounds. Wealth disparity is higher among AAPIs than any other racial group. Not all AAPIs prioritize education and, for those who do, striving against racism is a common motivation.

Many AAPIs suffer from systemic inequalities as well, including access to quality education and to physical and mental healthcare that meets their language and cultural needs. Even AAPIs who appear on the surface to have “made it” may be suffering in less obvious ways. For example, they may matriculate into elite schools—against the odds relative to similarly matched white people—but in adulthood find themselves disproportionately unable to advance, like other people of color. It is even harder for AAPI women, who have to contend with both a “glass ceiling” and “bamboo ceiling.”

The “model minority” myth, while seemingly complimentary on its face, comforts white people who want to believe this country is a pure meritocracy—where success is attained merely by bootstrapping—rather than a place that bestows white people at birth with unearned privileges that then accumulate over the years. These false beliefs most egregiously hurt non-Asian people of color by suggesting that Black people and others are at fault for not doing the “right” things to succeed in the traditional sense, and therefore no changes need to be made to address inequalities.

The “model minority” myth also relies on silent complicity: When AAPIs do speak out, the illusion of near-whiteness shatters. Like other people of color, AAPIs may quickly become objects of projected aggression if they are perceived as a threat to white power and superiority. Anne Anlin Cheng, in *The Melancholy of Race: Psychoanalysis, Assimilation, and Hidden Grief* (2001), and David Eng and Shinhee Han, in

“A Dialogue on Racial Melancholia” (2000) and *Racial Melancholia, Racial Dissociation: On the Social and Psychic Lives of Asian Americans* (2019), describe a racial melancholia for AAPIs as they strive for an idealized American whiteness that can never be attained, while simultaneously their ethnic heritages are lost and racialized selves devalued. Stereotypes may limit AAPIs in their sense of possibility—what they can be interested in, do, or accomplish—which can contribute to poor self-esteem, depression, and anxiety, especially if they are unable, ambivalent about, or do not wish to quietly fit the model of what they are “supposed” to be.

Shame due to internalization of the “model minority” myth combines with a multitude of other reasons to make AAPIs in need of mental healthcare less likely than the general population to get it. This is especially true of immigrants and the second generation, and to a lesser degree the third generation. These other reasons include cultural stigma, fear of “losing face,” favoring of other support systems, a lack of culturally appropriate care, access issues, and differences in mental health education and perception of benefit. These topics have been explored in the work of researchers such as Jennifer Abe-Kim (2007), Oanh Le Meyer (2009), Sunmin Lee (2009), and Stanley Sue (2012).

Historical Context: “Perpetual Foreigners” and “Yellow Peril”

There is a strange duality in which AAPI people are lauded as succeeding in the American Dream yet are seen as “perpetual foreigners.” I can’t remember how many times I have been asked in inappropriate settings by random people, “Where are you from?” When I answer, “New York”—knowing full well what they are looking for but wanting to see if they will catch themselves or dare ask again—they say, sometimes with irritation, “No, where are you really from?” If I then try to explain how my family has been in this country for over 80 years and I don’t speak Chinese, they are shocked and in disbelief.

The “perpetual foreigner” stereotype and relative invisibility of AAPIs in American history are reinforced in our schools. The AAPI experience may be conveyed to children in the barest sketch, mostly as a romanticized story of immigration and the

building of the railroad, with a couple bumps in the Chinese Exclusion Act and the Japanese American internment—of almost 120,000!—after Pearl Harbor. The U.S. is largely portrayed as a noble land of freedom, opportunity, and adventure, the land of John Wayne, the shining city on a hill. This glosses over American imperialist and racist attitudes and the toll they have taken on people of color, who have put untold work into building this country into the prosperous nation it is today.

I think Asian American Pacific Islanders would be perceived as less faceless and foreign if the true and centuries-long American history in this country were taught with the nuance it deserves, as dissonant as it may be to how (white) America wants to see itself. This necessarily includes the racism AAPI people have faced and fought against. Prior to the Chinese Exclusion Act of 1882, the Page Act of 1875 had already essentially banned “Oriental” women from immigrating, based on a stereotype characterizing them all as “lewd” and “immoral” prostitutes. In the 1870s and ‘80s, Chinese Americans suffered from multiple massacres, expulsions from their homes and towns, and lynchings due to growing fears of “Yellow Peril,” a racist and xenophobic positioning of Asians as “filthy yellow hordes” who represented a mortal, moral, and existential threat to the West by spreading disease and supplanting white Americans in “their” jobs and country.

Some AAPIs, far from being passive, fought back against racism in the courts: The parents of 8-year-old Chinese American Mamie Tape, for example, attempted to desegregate San Francisco schools in 1885. Store owners Yick Wo and Wo Lee fought for nondiscrimination in the enforcement of laws in 1886. In 1898, Wong Kim Ark asserted his birthright citizenship. Almost 70 years later in 1965, Patsy Mink, a third generation Japanese American, became the first woman of color and first Asian American woman elected to Congress—the same year that stringent U.S. immigration regulations based on race and national origin loosened through an addition to the Immigration and Nationality Act of 1952. This opened the door to new waves of AAPI immigrants from across the Asian continent.

One hundred years after the anti-Asian violence of the late 1800s, a redux of the

In the Wake of the Atlanta Shootings

fear of white job loss led to the murder of Vincent Chin. In 1982, two white American autoworkers in Detroit, thinking Chin was Japanese, used racial slurs and beat him to death yet received only probation and a fine of \$3,000 plus court fees. Chin's death was a turning point in the development of a unified Asian American—and later, Asian American Pacific Islander—identity, as AAPIs of different ethnicities and national origins recognized the need to work together in the fight against racism. East Asian AAPI groups are certainly not the only ones who have been targeted. In 1989, a white man in Stockton, Calif. stated, “the damn Hindus and boat people own everything” two weeks before opening fire in a schoolyard, killing five children and wounding 29 more and one teacher, the majority of them Southeast Asian. South Asian AAPIs, especially Muslims and Sikhs, have suffered from racialized harassment and violence in the aftermath of 9/11.

We can then see that anti-Asian scapegoating for the Covid-19 pandemic, with the Atlanta shootings occurring amid that, is only the latest iteration of “Yellow Peril.”

Stereotypes of Asian and Pacific Islander Women and the Atlanta Shootings: Racism and Misogyny

The Atlanta shootings are also a contemporary example of how racism, violence, gender, and sexuality in this country are inextricably linked. Sexual repression and disavowal in Western culture, with a particular Puritanical and now evangelical bent in the United States, mean that society often places responsibility for men's sexual behavior on women (who “tempt” them) and projects sexual feelings, desires, and anxieties into racial Others, who are then experienced as both thrilling and frightening.

The stereotype of Asian women as hypersexual and submissive also has deep roots. Asia was seen as a feminized land to be plundered and conquered when the first European explorers arrived in the Americas, originally in search of Asia. In the 1800s, limited American exposure to Asian women, further exacerbated by their sexualized banning under the Page Act, dove-

tailed with an American fascination with, but lack of genuine exposure to, Chinese culture. The U.S. then brutally colonized the Philippines at the turn of the 20th century and, during the mid-20th century, fought imperialistically in the Korean and Vietnam Wars. Sexual imperialism occurred in parallel, in which the promise of willing, unassertive native women was specifically used to recruit American G.I.s. During the Vietnam War era, the continued availability of native women's bodies was officially sanctioned and arranged by the U.S. military via “Rest and Recreation Stations” through agreements with local governments. Less talked about, then and

such as *Crazy Rich Asians* (2018), *The Farewell* (2019), and *Minari* (2020).

So when I heard about the Atlanta shootings, it was immediately apparent that they had occurred at the intersection of racism, misogyny, anti-immigrant sentiment, and religious prohibitions against sex, whether the white perpetrator was conscious of it or not. After all, six female body workers of Asian descent were murdered in Georgia, where at the end of an election rife with racial hatred and white fear of replacement, Black and AAPI voters had rallied to swing the state and entire election blue. But when the shooter insisted it was about

So when I heard about the Atlanta shootings, it was immediately apparent that they had occurred at the intersection of racism, misogyny, anti-immigrant sentiment, and religious prohibitions against sex, whether the white perpetrator was conscious of it or not.

now, is how many Asian and Pacific Islander women were dehumanized, sexually exploited, and violated, with mixed-race children abandoned in the process. This topic is explored in depth by Sunny Woan, an attorney, in her paper “White Sexual Imperialism: A Theory of Asian Feminist Jurisprudence” (2008).

Meanwhile, 20th century American film and theater amplified the hypersexualized view of Asian women while minimizing the violence done to them. Asian women are often portrayed as simple, exotic, submissive China Dolls/Lotus Blossoms or devious, entrapping Dragon Ladies, as in the musical *Miss Saigon* (premiered 1989, set in the 1970s) and the film *Full Metal Jacket* (1987), in which its 1960s Vietnamese sex worker famously said, “Me love you long time.” In pornography, the depiction of Asian women in these kinds of roles and as victims of sexual violence flourished and continues to flourish. In cinema, *The Joy Luck Club* (1993) and *Saving Face* (2004)—the latter about AAPI queer female characters—for years stood nearly alone in portraying AAPI women in varied, complex, and non-stereotypical ways. It is only very recently that these textured portrayals have become more common in films

sexual “temptation” and the sheriff said the shooter just had “a really bad day,” many white Americans were quick to disavow, with a palpable sense of relief and even scoffing laughs, that the attacks had anything to do with race.

This derisive response impacted me deeply. The world feels less safe if some white person can just have a “bad day” or be frustrated with Covid and then someone who looks like me ends up punched or dead, after which people may say, “Oh, well.” I was struck acutely with the pain of erasure and simultaneously brought to a new level of understanding of what Black and brown people contend with.

My lived experience tells me that the phrase “racially motivated” need not pertain only to cases where race is the sole motive. Over the years, I've been catcalled or hit on countless times with the words “Ni hao” or “Konichiwa” paired with an attempted accent or bowing. Sometimes the person becomes angry if I ignore them or respond negatively. Sometimes they call me a “chink.” On dating sites, some would see me as simple, exotic, and willingly submissive right off the bat, simply because I am an Asian-appearing woman.

Those men would probably also say that sexual interest was their motivation, not racism, even though racism informed their fantasy and their fetishizing behavior. Maybe that same type of fantasy—of the submissive, faceless Asian prostitute or the manipulative, entrapping Asian prostitute—contributed to the Atlanta shooter feeling so threatened and tempted, his own disavowed sexual and aggressive feelings projected into the women. It is not clear if any of the women killed were actually involved in sex work, or if that was only the shooter's fantasy.

There are people who argue that because some of the recent perpetrators of anti-Asian hate crimes have been non-white, the surge in attacks cannot possibly be related to white supremacy. The unfortunate reality, though, is that we are all a part of this white-dominated society pervaded through and through with racism. Minorities turning on one another does not mean that a broader racism is not at play.


Our Responsibility in the Fight Against Racism

Indeed, systemic racism will continue to endure unless individually and collectively,

we—especially those of us who are white—continue to unpack our own perceptions and work to change them, person by person, group by group, and institution by institution. We need to talk with our children early about race, racism, and difference. As part of this society, we all have blind spots to interrogate and education to pursue.

Psychoanalysis has a long and difficult history with regard to race, with limited literature that has only recently grown, as detailed by the psychoanalyst and psychiatrist Beverly Stoute in "Race and Racism in Psychoanalytic Thought: The Ghosts in Our Nursery" (2016). Similar to and as part of (white) America, our field has had difficulty acknowledging its white normativity and the damage done due to racism. For psychoanalysts, it is important to note that ideas of analytic neutrality and silence on the subject of race can serve as a defense against one's own discomfort in this matter. On an institutional level, the Holmes Commission on Racial Equality was finally formed last August. It is tasked with the important work of investigating systemic racism and its underlying determinants embedded within APsAA.

Anton Hart, in "From Multicultural Awareness to Radical Openness: A Psychoanalytic Engagement of Otherness," describes striving for "radical openness" while engaging psychoanalytically with issues of Otherness by "attempting to notice, question, and relinquish presumptions about oneself and the other" (2017). It is important to acknowledge and accept that, inside and outside the treatment room, errors and enactments are bound to happen in navigating issues of race and difference. These exchanges can hopefully be seen not as live grenades to be buried but invaluable windows into others' and our own experiences of race and difference, furthering dialogue rather than shutting it down. By trying to truly see our fellow humans and turning that recognition into action, we will be better able to affirm the humanity and dignity of people of color, address race as it pertains to us all, and heal any breaches that may occur, together.

As analysts, we potentially have much to contribute in fighting racism, both in our personal lives and through our work, as part of and in interaction with the larger world. But first, we must honestly acknowledge where we ourselves are on the subject, and keep working. 

In Memoriam

Deaths reported to the National Office between March 16, 2021 and June 23, 2021

Bernard W. Bail, M.D.
January 26, 2021

Carlos R. Estrada, M.D.
January 26, 2021

William E. Bernstein, M.D.
April 18, 2021

Lee Jaffe, Ph.D.
June 20, 2021

H. Spencer Bloch, M.D.
May 12, 2021

Joseph D. Lichtenberg, M.D.
May 19, 2021

Bernard Chodorkoff, M.D., Ph.D.
2015*

Edward H. Olsen, M.D.
November 20, 2018

James A. Doull, M.D.
March 23, 2021

Irving Sternschein, M.D.
2021*

T. Wayne Downey, M.D.
March 11, 2021

Carl Tuss, M.S.W.
March 2019*

F. Rodney Drake, M.D.
April 19, 2021

*only notified/exact date unknown.

With sadness, we note that, on June 20, 2021, Lee Jaffe died. Past President of APsAA, Lee suffered a long, degenerative illness that led to his stepping down in February 2020,



Lee Jaffe

four months before his term ended. His passing represents a loss for his family and friends, for the organization, and for those of us who worked with him over his many years of involvement and service in our professional community.

APsAA will rename The Candidates' Council Psychoanalytic Paper Prize, that Lee initiated during his tenure as President of the Candidates' Council, in his honor. To donate to the Candidates' Prize, please visit apsagiving.org.

The Intersection of Gender, Sexuality, and Our Current Crises: The Psychological Impact of Race, Politics, Economics, and Covid

Paula L. Ellman, Margarita Cereijido, and Hilli Dagony-Clark

This article presents a narrative about a 15-month excursion, beginning before the pandemic in March of last year and culminating in April 2021 in a two-day IPA-APsaA Conference organized to address essential current-day challenges. During the February 2020 IPA Committee on Women and Psychoanalysis (COWAP) administrative meeting, we explored the idea of joining with the APsaA Committee on the Status of Women and Girls (CoSWAG) to create a panel for the 2021 Winter Meeting. Our discussion evolved into plans for a conference on gender diversities that came to fruition on April 9th and 10th of this year. Members from IPA and APsaA committees on gender and sexuality were invited to join, thus forming a robust planning committee of nine psychoanalysts from Washington, D.C., Washington, California, and New York: Paula Ellman, Margarita Cereijido, Cecile Bassen, Victor Bonfilio, Ethan Grumbach, Catherine Mallouh, Hilli Dagony-Clark, Jill Gentile, and Janice Lieberman.

Paula L. Ellman, Ph.D., ABPP, is a Training and Supervising Analyst and faculty in the Contemporary Freudian Society, D.C. and the Washington Baltimore Center for Psychoanalysis. Her practice is in North Bethesda, Md.

Margarita Cereijido is a Training Analyst and Faculty of the Washington Baltimore Center for Psychoanalysis. She is a member of COWAP.

Hilli Dagony-Clark, Psy.D., FAPP, is a psychologist and psychoanalyst working in New York. She is a faculty member of the New York Psychoanalytic Institute.

Besides knowing the conference would focus on the experience of gender, we were initially directionless about the topic. Yet with the impact of the pandemic and racial unrest that followed, the topic loudly declared itself. Functioning as both process and study group, we grappled with the pain inside and around us, and strove to contextualize it psychoanalytically. Our discussions took into account the growing impact of the pandemic on marginalized populations. Covid brought with it a general rise in domestic abuse and significant economic struggle, especially for underprivileged people. And the national awakening to racial injustice thundered in our ears. From there, our theme and title were born: *The Intersection of Gender, Sexuality, and Our Current Crises: The Psychological Impact of Race, Politics, Economics, and Covid.*

The goal of our April Zoom conference was to bring together a diverse collection of individuals who could navigate a conversation on intersectionality of race, class, gender, economics, and health.

Friday Night's Keynote

Claudia Rankine, the acclaimed poet of *Citizen*, winner of the National Book Critics Circle Award, delivered the keynote. She was joined in conversation by psychoanalyst/interlocutor,



Paula L. Ellman



Margarita Cereijido



Hilli Dagony-Clark

Francisco Gonzalez. Not surprisingly, Rankine presented her ideas on race in a movingly poetic way. She spoke about the Lafargue Mental Health Clinic in Harlem which, between 1946 and 1958, was, as the novelist Ralph Ellison noted, our nation's most successful attempt to provide community-based mental health treatment to underserved, underprivileged Black and Indigenous populations. Rankine urged us to be intentional in offering psychoanalysis beyond the groups we customarily treat in order to reach, specifically, people of color and disadvantaged socio-economic groups. Speaking of the Lafargue Clinic's mission, Rankine asked, "How do we create that now?" Then, with a nod towards her own psychoanalysis, she made clear her understanding of its benefits. In addition, she referenced those like Bryan Stevenson, a Black Harvard-educated attorney who created the Equal Justice Initiative with the explicit mission to provide legal services to the underprivileged. She said, "If you build it, they will come."

Rankine emphasized the public health crisis created by racism, noting that the strain of living in Black skin yields more

serious illnesses and shorter lives. At age 58, Rankine remarked she is equivalent, in terms of her expected longevity, to a 65-year-old white woman. She told us that Black newborns are three times more likely to die during birth if delivered by white rather than Black obstetricians. Rankine spoke about the many Black people who view any participation in the system as useless and, therefore, refuse to vote or opt out in other ways. The audience was mesmerized by Rankine's description of racial disparity and white blindness. Her talk served as a call to all psychoanalysts.

Saturday's Conference

Saturday's conference featured two panels, two breakout groups, and an end-of-day exchange between presenters and the audience. The two panels differed in focus and structure. The first panel: "The Psychological Impact of Our Current Crisis through the Lens of Race, Politics, Economics, and Gender" addressed ways that the Covid-19 pandemic has significantly impacted our global population and ways in which race, politics, economics, and gender affect individual experiences of the pandemic in the United States and abroad. Presenters Annie Lee Jones, Jhuma Basak, and Ann Pellegrini, moderator Hilli Dagoni-Clark, and host Ethan Grumbach discussed intersectionality in their presentations and conversation.

Jones, in her paper "Experiencing the Other During the Covid-19 Pandemic: Racialized Projections of Contagion," spoke to the pandemic experience described by an analyst who has been treated as Other. To quote the abstract, Jones "illuminated the deleterious effect of the twin public health emergencies of systemic racism and Covid-19 that have a disproportionately deadly impact on communities of color." In particular, she highlighted "already-existing disparities in our healthcare delivery system and

employment based on racialized projections of contagion onto the blackened bodies of the servant essential worker classes in urban areas." Jones discussed ways that "the Black body is experienced by the larger culture as an embodied Other—the *rubbish people*—moving through this Covid-infected world." She addressed "the experiences of the self in the presence of potentialities

public life and space stands lost, propelling an altogether revised new effort." Thus, she said, "It is imperative to read the clinical in India with inclusive agencies of caste, class, gender, and socio-political realities, as much as it is crucial for psychoanalysis to free itself from exclusivity, and engage in community spectrum."

Ann Pellegrini, in "Neoliberal

Rankine urged us to be intentional in offering psychoanalysis beyond the groups we customarily treat in order to reach, specifically, people of color and disadvantaged socio-economic groups.

for infection mapped across multiplicities of complex socio-economic and culturally enforced projections/expectations of what constitutes the dis-eased body in self and self/other interactions."

Jhuma Basak, in her paper "Covid and Other Crises in Today's India: An Appeal to Community Benevolence," presented on the position of women and the caste system in India. Regarding our fear of contagion, she said, "Today there is a global dread, but in India, as a culture, there is familiarity with evasion of human touch, even that of human shadow, from a certain sector of its society as for decades that ruled the psyche of the upper caste in society in relation to the lower untouchable category." Basak explained, "The pandemic situation has prompted a sad justifiable reaffirmation of certain existing prejudices and bigotry within the Indian site, making the uncanny more reasonable, legitimate, and using medical doctrines to reawaken communal uncanny to exercise abjection of the unwanted. The binaries over urban-rural, rich-poor divide of class and caste all magnify the gap between the self and the Other." Basak observed, "Decades of women's struggles to claim

Necropolitics: Not Your Uncle Sigmund's Death Drive," brought together three terms—*neoliberalism*, *biopolitics*, and *necropolitics*—to think about how human life has been valued during the Covid pandemic and some lives deemed disposable. According to Pellegrini, "*neoliberalism* names an economic, political, and moral rationality in which market values are elevated over other values, and become the measure of everything." Pellegrini offered as an example the Trump administration's minimization of the risks of Covid in the name of reopening the U.S. for business. Next, she introduced *biopolitics/biopower*, terms coined by philosopher Michel Foucault. She said, "*Biopower* indexes a fundamental change in relation between power and life in Western modernity, starting in the 18th century. When states act, they do so in the name of life: The task of biopower is to make live and let die decisions. If the overall imperative of the modern state operating in the mode of biopower is to foster life, manage it, maximize its capacities, under neoliberalism, the life to be optimized is the endless life of the market." Pellegrini explained, "Some life thus becomes expendable in the service of optimizing the health of the market. Under ongoing conditions of white

Gender, Sexuality, and Our Current Crises

supremacy, expendable life is not an abstraction, however. Some die so that others may live better. In the U.S., we can see this in the disproportionate impact Covid has on communities of color.” Here, Pellegrini introduced postcolonial scholar Achille Mbembe’s term *necropolitics* to underscore the active making die of some peoples whose lives are seen as disposable. *Necro* means death, and Mbembe’s point, according to Pellegrini, “is that optimizing the lives of select men and women means actively organizing the state of things so that other lives—human and nonhuman—are left exposed to danger, disease, death.”

The presentations of the first panel captured, in a riveting way, aspects of our current crises, here in the United States and across the world, by looking through a lens of race, gender, and class disparities. That reality seemed to spark outrage in the audience and provoked an energetic discussion about systemic racism and the deleterious effects of privilege.

The second panel, “The Impact of the Pandemic Crisis on Gender Dynamics: A Time of Transformation,” included papers about the fallout of the pandemic in relation to women and gender-based issues: job loss and regression to traditional gender roles, violence, victimization, and the search for safe spaces. As speakers noted, the pandemic creates openings for change, as in any crisis. Victor Bonfilio moderated the four-presenter panel while Catherine Mallouh hosted. Margarita Cerejido, in her paper “The Impact of the Pandemic Crisis on Gender Dynamics: From Othering to Openings for Change,” described how some partners reverted to traditional binary stereotypes and roles while others further transitioned toward more egalitarian partnerships. The crisis, according to the author, challenged the patriarchal masculine mandate that men need to be in charge as financial providers. Cerejido noted that

“stereotypical hyper-masculine men have difficulties feeling vulnerability and pain and feel angry instead. They may dissociate aspects related to vulnerability and project them onto their partners, who are then perceived as weak and vulnerable.” Cerejido remarked that “such Othering is problematic for such men who have a hard time accessing their sensitivity, and

bodies, bodies subjected to masochism, bodies of maternity, of prostitution, transgendered bodies, among others.” Fiorini said, “The effects of obedience and/or resistance on bodies may potentiate previous situations, and most situations are highly related to the masculine/feminine dichotomy and its power relations.” She proposed to include post/binary logic in order to

Audience members emphasized the need to hold in mind the place of race, class, and privilege in all our work, especially between white analyst/therapist and white patient, and in our work on gender.

likewise for their partners who become the powerless, denigrated Other.” However, she also noted that “some hyper-masculine men are able to transform, connect with their tenderness, and respond to the urgent needs regarding childcare.” Cerejido called this “an instance of the plasticity of gender identity and dynamics.”

Paula Ellman, in “Safe Spaces, Unsafe Spaces, and Gendered Spaces: Psychoanalysis During the Pandemic,” explored the multi-layered concept of space that has been unveiled during the pandemic with a discussion of the experience of space, what is safe and unsafe, and how it has become reconfigured and differently considered. The pandemic exacerbates social fractures with regards to race and gender, and with that in mind, she observed, the concept of space is conceptualized in terms of race, space that becomes gendered, and those occasions when it is regressively experienced. Ellman used clinical vignettes to elaborate her ideas.

Leticia Glocer Fiorini, in “Gender Violence in Covid Pandemic: Disciplined Bodies-Dissident Bodies,” focused on the effects of violence on bodies in the context of the confinements due to the Covid pandemic. She reviewed models of disciplined bodies and dissident bodies: “techno-bodies, hysterical

rethink this subject and, at the same time, reformulate the category of *difference* in this context beyond the classic notion of sexual difference and of each person’s sexual orientation.

Lastly, Janice Lieberman, in “Women in Freefall: The Pandemic’s Unveiling,” discussed the tragic loss of 2.5 million jobs during the pandemic, most held by women. She said, “This reverses the many work-related gains made by women over the past 60 years. In many cases, married women with children left their jobs to care and homeschool for children and do most of the domestic chores while their husbands worked.” Lieberman advanced a number of psychodynamic reasons for this based on a comparison of clinical work with women in the ’70s and today. Some of the reasons she named were “careers that challenge traditional roles that women held; identifications with mothers and other family members who did the bulk of domestic work; fear that their husbands would find them to be unlovable if they worked.” Lieberman concluded that this unbalance is not good for women and men alike, and that clinicians can now work to reset it.

A salient and continuous theme of the symbolic significance of contagion emerged in the conference. From a psychic perspective, the virus becomes

a metaphor of “untouchables” in India, Black bodies that are denigrated in America, and the trans bodies of individuals who have been murdered globally. Because racial and ethnic minority groups have higher rates of Covid infections and related deaths, they suffer directly and disproportionately as a result of the virus. At the same time, marginalized people are more likely to be associated, unconsciously, with infection itself. Moreover, women of color, in particular, bear the brunt of physical, hands-on labor, such as caregiving and cleaning. They are often essential workers who do not receive proper care or protection from the virus.

During the second panel, the audience exchange was intense and challenging, respectful and very important. In the final conference discussion moderated by Victor Bonfilio, with hosts Ethan Grumbach and Jill Gentile, presenters engaged with audience concerns that the afternoon papers were not directed at themes of intersectionality that many expected. At times, expressions verged on outrage that these papers made little reference to racial issues and failed to recognize the position of privilege and reflect the urgent nature of the racial issues raised by the pandemic. Significantly, the George Floyd murder trial was happening at the same time as the conference. Many were preoccupied by the horrors of racism that seemed to afford little mental space for other dimensions of our work, specifically gender. They felt disturbed by the second panel’s move away from race with its focus primarily on gender, stating that any neglect of racial issues now is emblematic of white privilege. Audience members emphasized the need to hold in mind the place of race, class, and privilege in all our work, especially between white analyst/therapist and white patient, and in our work on gender. For much too long, recognition of these privileges has been far from the minds of

those who are white. At the end of the conference, there was an explicit recognition that all analysts must now keep in focus the crucial importance of serving *Black, Indigenous, and people of color* (BIPOC). Efforts to bring services to BIPOC patients, rather than expecting them to come to us, are needed, as Claudia Rankine asserted in her keynote presentation. Conference attendees took note of those psychoanalytic institutes that have established community tracks in their training programs as models for future development. Making racism a part of each presenter’s paper topic appeared to be the call of the day. As Rankine put it, “If you build it, they will come.” It is time for us to build.

Our conference stirred thoughts about the relation and sometimes tension between primarily intrapsychic struggles and group and social struggles. The question is what are the implications for our clinical work? Motivated by the horror of Argentina’s military dictatorship at the end of the 1970s, the Argentine psychoanalysts Janine Puget and Isidoro Berenstein worked extensively with that question in their paper “The Subject and the Other” and developed a theoretical framework that differentiates among the intra-subjective level, the inter-subjective level, and the trans-subjective level. The intra-subjective refers to what takes place only in the individual’s inner world; the inter-subjective to what takes place between the individual and another; the trans-subjective refers to what takes place at the social level, those things that concern everybody (1999). Another important contribution by Yolanda Gampel addressed this question in the context of the violence in the Israeli-Palestinian conflict. She articulates in her paper, “The Pain of the Social,” what Freud identifies as one of the reasons for suffering—“our relations to other men.” In Gampel’s words, this is “the suffering that originates in human relations as a whole” (2020).

APSA

On a Freudian Path

Lucille Spira

First
 You
 Evenly hovering
 I thrashing among the leaves
 Pondering the depths
 Bathing in the transference
 Anxiously floating
 While waltzing through the love
 and the hate
 Later
 Freely associating
 Contemplating your owl hoots
 Cutting through
 Teasing out the red threads
 Putting Oedipus to rest
 Now
 Circling Eros and Thanatos
 Steering the horse
 Skirting the brambles
 Landing feet on the ground
 Bracing for the inevitable fall.



Lucille Spira, LCSW, Ph.D., is a member of NYSPP and a co-teacher at AIP. She is co-editor of *Encounters with Loneliness: Only the Lonely (2014 Gradiva Award)* and editor of *Rage and Creativity: How Feminism Sparked Psychoanalysis (IPBooks)*.

APsaA 2021–22 Elections Campaign Statements

PRESIDENT-ELECT

Daniel W. Prezant, Ph.D.



I love psychoanalysis and APsaA. The APsaA I know is made up of caring, smart, and curious analysts who are dedicated to helping, learning, and teaching. Helping run the COVID-19 Advisory Team, Reopening Task Force, and Membership Department has taught me to see the opportunities in the challenges that APsaA and analysis face. We found an opportunity during COVID to include all insiders and outsiders in our analytic family. The silver lining in the tragedy of COVID is that APsaA is now seen as an inclusive leader that provides value to the entire analytic community. This has had a profound impact on the way younger and more diverse prospective members view APsaA.


Unfortunately, APsaA has long been seen as a group of exclusionary analysts who think they know best. It is ironic that as analysts we spend our days trying to help our patients be less self-defeating, only to spend our nights and weekends doing exactly that with our colleagues both in and outside of APsaA. When I looked for analytic training, I was repeatedly told that as a psychologist I would never get into an APsaA institute. I was told that if accepted, I would

never be treated as an equal. When analysts outside of APsaA learned that I was training at NYPSI, they seemed to either pity my naivete or to be offended. I was then told that even if I graduated, I certainly wouldn't become faculty or a TA. I guess they will say that I certainly won't become president-elect of APsaA.

I learned that in the face of other people's certainty, it is helpful to think for yourself, not take things so personally, and hold an open-minded and curious uncertainty. What I am certain of is that I had a transformative analytic education at my APsaA institute. I also learned that old wounds die hard and that people, including us, have a propensity to feel like outsiders. In fact, it seems to me that most of us feel like outsiders in many ways. While these feelings are endemic to the human condition and growing up, we should strive to help everyone feel integral in growing APsaA and analysis.

APsaA has a long history of snatching defeat from the jaws of victory. Chairing the Psychoanalytic & Psychodynamic Teachers' Academy helped me see how APsaA both undermines itself and how it can flourish. The Teachers' Academy builds desperately needed connections between APsaA and academic psychiatry, psychology, and social

work by mentoring and teaching social workers, psychiatrists, and psychologists how to teach analytic theories and therapy. Thousands of graduate students, externs, interns, medical students, residents, fellows, and postdocs have a better view of analysis and APsaA because of the Teachers' Academy. These Academy teachers found us very helpful and welcoming until they asked me how they could become members of APsaA. When I had to tell them that they could join, but that they couldn't be full APsaA members, I felt like I was promoting a separate but equal doctrine. We were destroying the very connections we had tirelessly worked to build.

I believe that my experience with COVID, Membership, the Teachers' Academy, the Association for Child Psychoanalysis, NYPSI, and being an APsaA Director-at-Large helps me listen to and work effectively with all of our APsaA and analytic colleagues. I am committed to making APsaA a place we are all proud to call our professional home, where we all feel like insiders, and where every opinion is heard. I ask for your vote for President-elect so that I can work with you to seize the opportunities in our future challenges. 

Daniel W. Prezant reports no ethics findings, malpractice actions, or licensing board actions.

Timothy H. Rayner, M.D.



These are very exciting times for the American Psychoanalytic Association, and I am honored to be nominated to serve as President-elect, to continue the progress that has accelerated in recent years.

APsA, a village of scarcely 3,000 psychoanalysts, is home to an astounding array of brilliant psychoanalytic thinkers and doers, including a great number of analysts in the trenches, treating suffering patients and preparing the analysts of tomorrow. Unfortunately, this number is a fraction of what it could have been, or could yet be, as other brilliant minds have flourished or languished outside of our umbrella because they or their ancestors were nonmedical, unorthodox, disenfranchised, or nonconforming. In the coming decades, the impact of psychoanalysis in the United States could just as easily expand exponentially to address desperate societal needs as collapse into obscurity under the weight of rigidity and internal battles. If it is to be the former, we will need to expand our membership and our aims.

Conventional psychoanalytic training is accessible to, and appealing to, a shrinking and aging number

of clinicians with the means, inspiration, and encouragement to undertake and complete it. That population cannot carry the weight of what we might accomplish into the future. We have common cause with numerous psychotherapists, social scientists, researchers, and community-facing professionals, all of whom could enrich our activities and benefit from cooperation with us.

Paradoxically, it is by expanding our focus beyond the high frequency dyadic psychoanalytic relationship that we most enrich, preserve, and proliferate it. One of our sharpest internal divisions concerns traditional hierarchies originally created to maintain the professional rigor and legitimacy of our training but resulted in exclusionary practices that did not always serve the cause of quality, keeping the reins of power and economic advantage, securely in the hands of a select few. We absolutely must attend to the quality of the treatment, supervision, and teaching of our analysts in training, but the means by which we do so should focus more on how we help our faculties develop that quality than how to weed out those who don't make it through narrow hoops. We need an overhaul of our vocabulary, and our thinking, which may take years to accomplish.

Of course, nothing I have presented here is original to me. Everything I have stated is, in fact, the path we are already on, thanks to our current and recent leadership. The Holmes Commission is a powerful force that has committed us to putting our money where our mouth is in addressing racial inequality inside and outside of our Association. No one president of APsA can accomplish these goals on his or her own, or within the span of one presidency. Rather, there must be a chain of leadership that carries the baton forward, and a sturdy fabric of collaboration maintained and built upon. Tensions must be contained and mediated so that we benefit from the broadest range of contributors. I believe the Nominating Committee has asked me to run for President-elect of APsA because they know that these ideas are near and dear to my heart, and they have seen the energy and dedication I have brought to my work on the Board of Directors. If elected, I will bring that same passion to the growth of the American Psychoanalytic Association, and consequently to psychoanalysis as both a clinical discipline and a way of thinking with wide application in our society.

APsA

Timothy H. Rayner reports no ethics findings, malpractice actions, or licensing board actions.



DON'T FORGET TO VOTE!

Voting materials will be distributed early January 2022

Seth Aronson, Psy.D.




I am honored to be nominated for the position of Director-at-Large for the American Psychoanalytic Association.

Even before my institute, the William Alanson White Institute, joined APsA, I began serving on the Committee on Graduate Education in Psychology, and together with Karl Stukenberg, we organized a number of webinars for interested graduate students. Since joining APsA, I have served on the Board of Directors,

representing the William Alanson White Institute for seven years. I currently serve on the IRRRC where we have carefully and thoughtfully evaluated interested institutes, visiting various sites and ultimately, re-examined training/educational and supervisory standards with a commitment to change. I have presented at the Annual Meeting and now am co-chair of one of the discussion groups.

Through my administrative and teaching responsibilities, I have much interaction with candidates, residents and graduate students. I believe we can inspire passion and commitment to our

field in those interested with the aim of attracting more recent graduates and candidates to become involved. We can maintain a commitment to rigor in our field while being open and inclusive. Our future depends on it. I also believe we can draw on those in other disciplines who share our interest in the field of psychoanalysis as they have much to teach us and contribute.

I would be honored to serve as Director-at-Large. 

Seth Aronson reports no ethics findings, malpractice actions, or licensing board actions.

Jack Drescher, M.D.



I am honored to run for Director-at-Large. If elected, I will bring energy, a scholarly commitment to psychodynamic thought and practice

and a willingness to engage with the public about who psychoanalysts are and what we do.


My previous elected leadership roles in other organizations include: William Alanson White Institute, American Psychiatric Association, New York County Psychiatric Society and Group for Advancement of Psychiatry. Since joining APsA 6 years ago, four APsA Presidents recruited me to join committees: Public Information, COVID-19 Advisory Team, Task Force on Advocacy, Public Information, Branding and Messaging and Strategic Action Committee.

I practice in Manhattan where I see patients, supervise, lecture, write, edit and speak publicly to the media. My

scholarly work focuses on gender and sexuality; I've published over one hundred book chapters and peer-reviewed articles and edited more than twenty books. I serve on numerous journal editorial boards. My publications are translated into Italian, Portuguese, French, Spanish, Russian, Arabic, Finnish and German. Two of my publications were cited in support of a 2018 Indian Supreme Court decision overturning colonial sodomy laws (*Navtej Singh Johar and others v. Union of India*).

I strongly believe the wisdom of scholars should not be confined to ivory towers. It is important for psychoanalysts to engage with a wider world. In today's misinformation age, analysts must communicate the value and importance of what we know to other professionals, to the media and to the general public. I am frequently sought out by broadcast and cable TV news networks and am often consulted by national and international print and internet media outlets on stories related to mental health.

With Sue Kolod, I co-edit *Psychoanalysis Unplugged*, APsA's official blog with more than a million reads. We help APsA members demonstrate their expertise to a wider public. I presently co-lead APsA's Wikipedia Project, bringing public outreach and education about psychoanalysis to a widely read online resource.

As Director-at-Large I would bring a former outsider's perspective to APsA's Board. When applying for analytic training in 1988 as an openly gay man, I could not be accepted into an APsA Institute. I trained at W.A. White, which had itself been excluded from APsA membership in the 1950s. I joined APsA with many of my fellow W.A. White graduates in 2015. Since then, I've had the privilege of meeting with, speaking to and working with APsA members from institutes around the country. I deeply value the relationships and organizational commitments I have made here. I ask you to vote for me. 

Jack Drescher reports no ethics findings, malpractice actions, or licensing board actions.

Neal Spira, M.D.



When I ran for President-Elect 2 years ago I wrote in my position statement that I thought APSaA should be a home for

all those interested in Psychoanalysis and its applications. I am glad to see the progress we are making in that direction. I also wrote that in order to be truly relevant, we need to engage with issues of concern to all Americans. Covid 19 and its consequences gave us an unexpected opportunity to engage with the world outside our consulting room

and the divided America that we all inhabit. Our Winter meeting provided an inspiring example of what that kind of engagement looks like.

That said, I think the major task confronting APSaA moving forward is to affirm the importance of what Shafer called the “Analytic Attitude” as we engage with our patients, our fellow citizens, and our colleagues in this association. In a time of heated emotions, this attitude creates a sorely needed space for reflection and self observation. Along with that, at times, comes a greater sense of agency and the

potential for turning our individual and collective aspirations into reality.

I have been a psychiatric clinician for almost 40 years, and a psychoanalyst for 30. My training in psychoanalysis has enriched the lives of my patients immeasurably, and in that way it has enriched my own life. I am grateful for this opportunity to serve as Director-at-Large, and if elected I’ll do what I can to make sure that what we’ve learned in the past 120+ years since the “Interpretation of Dreams” will inform what I hope we can learn in the future.



Neal Spira reports no ethics findings, malpractice actions, or licensing board actions.

Lyn Yonack, M.A., LICSW



As we stand together at this crossroads, shaped by a year of retreat—Covid-related lockdown—and awakening—social justice disruption

and recognition, I am particularly delighted to be nominated for Director-at-Large. After serving on the Executive Council—now Board of Directors—for 7 years, I look forward to serving the larger membership. We are at a moment full of promise, of consequential change predicated on the finest in our history and traditions and on an acknowledgment of the urgency we face, as an organization and profession, to become even more relevant and responsive to more people, in more situations and settings.

Currently, I am the editor of *The American Psychoanalyst (TAP)*, a member of the *JAPA* editorial board and a reader

for *IJP*. I write, edit, present, and teach on various topics, most recently: the erotic transference online; learning from experience in groups; the poetics of the analytic moment; and the misogyny of everyday life.

A graduate of the Berkshire Psychoanalytic Institute, I’m on the faculty, EC and board of Western New England Psychoanalytic Institute and Society, where I am a training and supervising analyst. I am an affiliate faculty member at Austen Riggs Center, former board member and president of the local chapter of APA Division 39, and former board member of the Center for the Study of Groups and Social Systems, the Boston affiliate of the A.K. Rice Institute.

On the national level, I am on, among other committees, the Social Issues Department’s Committee on the Status of Women and Girls and DPE’s Diversities Section. In addition, I serve

on the Institute Requirements and Review Committee (IRRC). Our work advancing training and educational standards and our conversations with independent organizations seeking affiliation with APSaA couldn’t be more pertinent to the challenges we currently face: relevant, responsive and rigorous training; remote training and analysis; the imperative to increase and broaden membership; and the need to render our organization—as well as psychoanalytic education, thought, research and practice—more palpably germane to a larger swath of clinicians and thinkers. It is all very exciting—and crucial work.

Before turning my attention and professional intentions to psychoanalysis, I studied for my Ph.D. in English Literature. I live, write and work in Great Barrington, Massachusetts.



Lyn Yonack reports no ethics findings, malpractice actions, or licensing board actions.

Christopher S. Rigling, Psy.D.



It is an honor to be nominated as a candidate for the Candidate Director-at-large position. I have found my experience as a candidate member of APsA to be invaluable. I currently have several roles within APsA as a candidate, including a candidate member of the DPE Steering committee, the Chair of the Candidate Membership Committee, and the Program Chair for the Candidates Council. Over the past twenty years, I have always been committed to active participation and leadership in professional associations. I have been an active member of the American Psychological Association, am Past-president of the Connecticut Psychological Association, and currently serve as the Past-president of Candidates' Association and candidate member of the Board of Trustees at the Chicago Psychoanalytic Institute.

As an advanced candidate I have become aware of many of the concerns of newly emerging psychoanalysis. The world around us has changed dramatically over the past decade, psychoanalytic theory and practice continues to respond and develop. Just as the practice of psychoanalysis was impacted by the wars and turmoil of the 19th century, the pandemic has caused us all to begin to adapt theory and practice within a new world in which relationships are changed by the use of technology in the development and maintenance of relationships, including those with patients and colleagues.

Members of the APsA are steadfastly working towards understanding the complexities of identity and culture within the theory and practice of psychoanalysis. The changes in thought and language used to communicate gender, race, and sexuality challenge psychoanalytic theory and practice in the 21st century. I have been impressed by the responses that APsA has

made in my first years of membership as a candidate, through dialogue within the membership and by inviting and listening to important voices from all aspects of our culture. I have had the chance to meet with many creative, thoughtful, and thought-provoking senior psychoanalysts. All have been welcoming, not just inter-personally, but of new perspectives and ideas.

If I am afforded the opportunity to serve in the role of Candidate Director-at-large, I will represent the ideas and concerns of candidates and newly emerging psychoanalysts within APsA. I look forward to the opportunity to be part of these exciting challenges as we move into an uncertain and challenging future. We all benefit from the support of a vital and robust guild organization. It allows each individual to develop as psychoanalysis grows and meets the challenges of our world in the 21st century.



Christopher S. Rigling reports no ethics findings, malpractice actions, or licensing board actions.

Mariela G. Shibley, Psy.D.



Being part of the oldest and largest professional organization for psychoanalysts in North America is an honor and a privilege, and I am committed to promoting the high educational and professional standards that characterize our Association. It is for that reason that I would like to expand my involvement with APsA by serving on the Board of Directors as a Candidate Director-at-Large.

My interest also stems from my years of involvement in organizations and committees that represent my professional values. I served on the Board of Directors of the San Diego Psychological Association (SDPA) as a Member-at-Large and chaired a number of committees within the Association, including

the Ethics and Standards Committee, where I served for four years. I am also on the Board of the San Diego Psychoanalytic Center (SDPC) as the Candidates' Representative, a role that opened the door for my involvement with APsA's Candidates Council. My active participation in these organizations has allowed me to grow both professionally and personally, benefitting from other people's points of view regarding issues I care about and solidifying my commitment to the future of that organization.

While APsA continues to evolve and adapt to our everchanging sociopolitical climate, the need for flexibility and willingness to consider differing perspectives has come to the forefront. As an immigrant myself, I feel compelled to acknowledge and challenge divisive views and positions, as I believe building bridges is vital for growth and development.

If elected to a Candidate Director-at-Large position, my goal is to be the bridge between the Board of Directors and candidate members, encouraging participation from those who bring with them diversity in both perspective and experience—those who represent the future of this association and psychoanalysis as a whole. I would contribute to the growth of the Association by offering innovative ideas and brainstorming solutions to the myriad challenges we are bound to encounter, institutionally and globally. Most importantly, I am looking forward to adding my unique cultural perspective to the great work that is already being done at APsA so as to foment a more culturally inclusive environment.



Mariela G. Shibley reports no ethics findings, malpractice actions, or licensing board actions.

APsaA's 110th (Virtual) Annual Meeting

SEPTEMBER 17–19, 2021

Let's say it began in March 2020. Well, then, is it over now? How will we answer that? How do you distinguish the events of the past 16 months from their residue? Faulkner said it famously: "The past is never dead; it's not even past." Freud less so: "Hysterics suffer from reminiscences."

We psychoanalysts are always in the midst of it. In the midst of time, yes, and in the midst of interiorities, and, more and more explicitly, in the midst of our surrounding world. Always, I think, we each aim to let in as much of all of it as we can. We might think of our 110th Annual Meeting, September 17–19 as a concentrated effort to open ourselves up to even more, to stretch, to reach a little further than we have, and a little less far than we will. Of course, Covid will be on our minds: What has it done, what is it doing, what will it do? And also the natural world: What have we done, what are we doing, what will we do? And, lest we forget, the human world, the world of subjects and objects, dominators and dominated: our colonizing and colonized histories—what about them, are they over? How might we distinguish our personal and collective histories from their residue?

And while we take on these newly emerging questions, we also will certainly maintain our focus on our clinical practices and how, there too, we are all trying to stretch, to realize the possibilities of psychoanalysis, to increase its efficacy, to expand its applications, and to invite an increasingly diverse pool of colleagues to join us in seeing what all of us might be able to do together.

At APsaA's 110th Annual Meeting, there will be three **Special Plenary** sessions. Friday's: "**After the Plague?**" (Sarah Ackerman, Ebony Dennis, Glen Gabbard, Anton Hart). The question mark here signals psychoanalytic thinking at work. No confidence in any before and after, instead only a steady focus on the volatile present.

Saturday's: "**Psychoanalysis After Fanon**" (Guilaine Kinouani, Lara Sheehi, Garth Stephens, Lou Turner). For much of the world, it is Fanon who incarnates the liberatory message of psychoanalysis. This is the first time his work will be presented at an APsaA national meeting. His work bears particular relevance to our current efforts to illuminate the workings of racism, both in and out of our consulting rooms. We will also have a special session later on Saturday that will focus on the use of Fanon in the clinical setting. Sunday's: "**Mourning in America: Explorations of Loss and Repair**" (M. Fakhry Davids, Forrest Hamer, Mary Margaret McClure, Lynne Zeavin). Much has been lost, and much remains unmourned. We might have once had a shared sense of confidence, a sense that, after all, we must be on the right track—but no, no longer; now we are a wounded country, trying to recover. This discussion—with both a clinical and social focus—will highlight the difficult work of mourning, the temptations to evade it, and the possibilities of meaningful and enduring repair.


And this is only the Special Plenaries. There will be so much more. Here are some brief sketches:

- Bonnie Litowitz will chair the discussion "The Big Lie: A Conversation on Language, Mass Media and Subjectivity." What can we rely upon when our sense of truth is systematically assaulted by carnival barkers?
- Nancy Kulish chairs the discussion "Opening Up: What We Learned from Our Shared Experiences of the Pandemic." What we have learned, clinically, from working remotely, what surprises we've encountered?
- Lindsay Clarkson chairs the discussion "The Ecological and Its Place in the Internal World." What is it doing there, why have we paid it so little attention?

- Irene Cairo and Lynne Zeavin chair one-day clinical workshops with Catalina Bronstein and Priscilla Roth as their discussants.
- Mark Solms chairs the discussion "A Randomized Controlled Trial of Psychoanalytic Treatment at Varying Frequencies."
- Mojgan Khademi chairs the discussion "Psychoanalysis 20 Years After 9/11: Exploration of the Impact on Practice and Education."
- Himanshu Agrawal chairs the discussion "Experiencing the Members List" to explore its power, its accomplishments, its problems. Henry Friedman hosts.
- Robert Galaatzer-Levy chairs the discussion "COVID-19 at Colleges"—kids just starting out and then walloped.
- Jane Kite chairs the discussion "Lying, the Liar, and the Lied to," with some likely convergences with Bonnie Litowitz's discussion.
- Irene Cairo and Stephen Portuges chair a new feature of the program "Controversial Dialogues: Exploring Class and Racial Ideologies In and Out of the Clinical Setting."

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The three days are packed. The program seems to form a composite picture of much of what goes into trying to be a psychoanalyst in contemporary America. The distinction between analyst and citizen is less clear than it once was. There is ongoing discussion about this—the citizen side and the analyst side, each vying for priority. We hope the program helps turn this opposition into a unity, pointing toward an emerging notion of citizen-analyst, trading in our once-iconic image of the blank screen for a new model: an engaged person, present, and straightforward.

Find more information at apsameeting.org. 

Psychoanalysis and Psychoanalytic Psychotherapy: What's the Difference?

Ralph H. Beaumont



Ralph Beaumont

At a meeting of APsaA's Psychotherapy Department in early 2014, my committee chairs and I pondered the question: What kind of programming would help put the practice of psychoanalytic psychotherapy in a balanced and interesting place within the discourse of psychoanalysis? We decided to propose a discussion group that would consider the two processes, psychoanalytic psychotherapy and psychoanalysis, side by side, using clinical material from each modality. The following winter in New York, the first meeting of the new discussion group was held. Fred Busch, a psychoanalyst from Boston who had recently written on the topic, was our first discussant. I chaired the group, as I have continued to do since 2015.

We did not know what to expect in terms of interest or attendance. The turnout was robust, as it has continued to be since, often exceeding 100 participants. Over the years, the range of attendees has included a wide spectrum, from students in APsaA institute-affiliated psychotherapy programs to seasoned Training Analysts. Our discussions have been rich, wide-ranging, and intellectually stimulating. None of this did we entirely anticipate. Our topic was timelier than we could have imagined.

To launch our discussions, I trace the history of the topic and mention Mary O'Neil and Leo Rangell's "Panel report—annual meeting, 1953—psychoanalysis and dynamic psychotherapy—similarities and differences"; Franz Alexander's "Psychoanalysis and psychotherapy"; Edward Bibring's "Psychoanalysis and the dynamic psychotherapies"; and Merton Gill's "Psychoanalysis and

exploratory psychotherapy"—all published in 1954 in *JAPA*. Sometimes I comment on Robert Wallerstein's assertion that the single original contribution from the U.S. to the history of psychiatry has been psychoanalytic psychotherapy. He made this comment in 1989 at the Rome congress of the International Psychoanalytic Association.

Each time we take up this important topic, we consistently find that many of the distinctions made in those early papers seem no longer relevant. Some of our discussants still draw a clear distinction, as did Fred Busch, who emphasized his view that the unique goal of psychoanalysis is to create a

similarities. They tend to see the two modalities on a continuum.

Controversies do emerge in our discussions. We frequently examine, based on clinical material presented in the group and on participants' own practices, analytic cases that meet all the criteria of analyzability that never, after years of frequent sessions on the couch, show substantial evidence of an analytic process. On the other hand, participants describe patients who present without typical indications for analysis, are seen less often than the usual analytic frequency of three to five sessions weekly yet display a clear analytic process. These

Participants in our groups often conjecture that when cases have many criteria for analyzability, greater frequency and use of the couch are more likely to develop analytic processes. Others argue that an analytic process is not about frequency or furniture.

psychoanalytic mind. Some discussants find a distinct difference between the two modalities but are not able to clearly define the distinction. One person emphasized the greater likelihood that new processes of symbolization are mobilized specifically in psychoanalysis versus psychotherapy. At another meeting, Rosemary Balsam, a New Haven psychoanalyst, illustrated a distinction between the processes by asking presenters to bring material from consecutive sessions. For many, this revealed a clear deepening of the work in the second or third consecutive psychoanalytic session that was less evident in less frequent (weekly or twice-weekly psychotherapy). A number of discussants and many participants in our groups over the years, do not find in the clinical material clear distinctions between the two processes and are more impressed with the

patients show a rich capacity for self-observation, affectively meaningful insight, dynamically significant use of the transference, and evidence of structural change. While some agree that this does happen, many argue that mostly it does not. Participants in our groups often conjecture that when cases have many criteria for analyzability, greater frequency and use of the couch are more likely to develop analytic processes. Others argue that an analytic process is not about frequency or furniture. Presenting problems, frequency, and the use of the couch aside, the qualitative question remains in any given case: What defines a psychotherapeutic process versus an analytic one? Over the years, this question, implicitly or explicitly, remains at the heart of our discussions.

Our discussions have not elicited many of the distinctions traditionally drawn. For example, circling back to Bibring's 1954 paper, no arguments are made for the predominant role of interpretation in psychoanalysis as compared to psychotherapy. No one suggests, as did Bibring, that in psychotherapy the most important interventions are instead clarification, suggestion, abreaction, and manipulation. Our discussions are less concerned with drawing firm lines of

demarcation and more focused on considering nuances and novel distinctions that promote an evolving understanding of various psychoanalytic modes of practice. We have moved on.

Since the beginning, our dozen biannual discussion groups have explored new avenues and new ways of considering psychoanalytically informed treatments. This clinical territory seems sufficiently ambiguous to stimulate the curiosity and creativity of those who

come to ponder the question with us. Where we will end up seems far from clear, but the journey so far has been a richly engaging one!

APSA

Ralph H. Beaumont, M.D., is a psychiatrist, Training/Supervising Analyst, and OHSU affiliate professor in private practice in Portland. He is a founder and former director of the Oregon Psychoanalytic Institute and currently chairs APsA's Psychotherapy Department.

Psychotherapist Spotlight: Meet Jonathan Kersun

I have been coming to APsA meetings for many years. I never pursued analytic training, but I've been in analysis for quite some time and I practice psychoanalytically oriented psychotherapy. For years, I have felt somewhat like an outsider here. I was clearly not part of the *in group*. When greeting new people at the annual meeting in New York, introductions typically involve a form of "What's your name, what analytic organization are you associated with, are you an analyst?" One is continually reminded that one is not an analyst. This feeling is reinforced by the hierarchical nature of the organization itself: Training Analyst vs. not Training Analyst; certified analyst vs. not certified analyst. I am not any of that. Because I enjoy the meetings so much, I resigned myself to feeling like an outsider.

Then I discovered the Psychotherapist Associates. This organization within the organization had been in existence for at least a decade prior to my learning about it, yet it was unknown to me. Surely, this collegial group of analytic clinicians remains unknown to many within APsA,

Jonathan Kersun, M.D., started his career in general surgery. Interested in narrative and the human condition, he changed to psychiatry. Currently, he divides his time between working in his private practice in Bala Cynwyd, Penn. and as an inpatient psychiatrist at Belmont Behavioral Health.

as well as to would-be members in the larger mental health community. As the new chair of the Psychotherapist Associates Committee, I hope to help change this in the future.

Psychotherapist Associates is a category of affiliation within APsA for non-analyst psychotherapists who practice psychodynamic/psychoanalytic psychotherapy, have at least a master's degree, and are licensed in their home states. Currently, there are 290 members. Benefits of affiliation include tiered dues for APsA meetings and JAPA subscriptions, as well as listing in a national directory of psychotherapists. Part of APsA's Psychotherapy Department, we sponsor a Dine-Around during the Winter Meeting that is always sold out. Open to all, approximately 20 attend the dinner held at one of the nearby restaurants. It is a great opportunity to socialize with others in the organization. We offer discussion groups about psychoanalytic psychotherapy at the winter and spring meetings that are well attended and well received.

In addition, we co-host, with the Committee on Psychoanalytic Psychotherapy Training Programs, a networking event open to all at the winter meetings. Presently, the Psychotherapist Associates Committee is organizing study groups for people across the organization so they can learn from each other and remain connected between meetings. We

are always looking for new members and new ideas.

Since discovering the Psychotherapist Associates, I have become progressively more involved with its committee.

I started by co-chairing the Business of Practice Workshop, a discussion group at the winter meetings. We've discussed a range of topics, including erotic transference, the concrete patient, and boredom. Geared to the early-career practitioner as well as to the seasoned clinician, the program always fills the room and the discussion is inevitably lively.

Last year, my predecessor, Margo Goldman, stepped down as chair of the Psychotherapist Associates Committee after serving in the position for many years. I have since stepped into that position, and I'm slowly learning the ropes. I've met many new and interesting people through my involvement, which is an ongoing joy. I feel much more connected to the organization. APsA itself has become more welcoming to non-analysts, which is great. I encourage anyone with an interest in joining the Psychotherapist Associates to reach out to me at kersun@mac.com. Happy to talk anytime.



Jonathan Kersun

APSA

Transformation and Resistance in the Community of Psychoanalysis

Monica Samelson

Does psychoanalysis seek or resist transformation? I've begun my analytic training at a time when a global pandemic and uprisings make abject social inequality an irrefutable truth, shining a light on often disavowed power structures that maintain disparities across lines of marginalization. In other words, I seek the answer to this question of transformation as it becomes clearer that transformation is mandatory. Psychoanalysis is often characterized by deep, life-changing work that doesn't flinch in the face of truth, but how deep does this commitment go? After all, our field is mired, too, in these power structures of white supremacy, patriarchy, ableism, transphobia, and the like; they thread through psychoanalysis and psychoanalysis threads itself through them. We're all insidiously affected. Is there something at the roots of our profession that could help us bend our own arc towards justice, or does what lies at our roots keep us mired?

But of course, we know that transformation can be sought and resisted at the same time, that we can reach for it with one hand even while the other handcuffs us in place and throws out the key. This ambivalence is at the crux of our work with patients. Our field, since its inception, has been complex and human in the same way.

In his 2015 article exploring intersections between psychoanalysis and liberation theology, "A Preferential Option for the

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Monica Samelson

Repressed: Psychoanalysis Through the Eyes of Liberation Theology," Daniel Gaztambide discusses how psychoanalysis lends itself to understanding human acts of Othering. Welcoming the other is part of our heritage. I am moved by the picture of a community so indelibly marked by the traumas of Otherization—being Jewish in Europe in the early 20th century—and the clear understanding of what it means to be cast to the margins and projected upon with horrific deadly consequences. It is from this social location that the initial conceptualization of the unconscious—the other within ourselves—could arise. The founding community of psychoanalysis asked something new and subversive of individuals: to let back in the repressed other of their minds. Perhaps they also asked something new of society, something that would be transformative: to rehumanize the oppressed and reclaim our projections cast onto the other. Transformation then, is at our roots.

When Freud was 11 or 12 years old, he was walking with his father Jacob, who told him a story of a walk of his own youth. Jacob was wearing a new fur cap, and a Christian man approached and knocked his cap off. "Jew, off the sidewalk!" he shouted. Sigmund asked his father how he had responded. His father answered that he had stepped off the sidewalk and picked up his cap. Sigmund saw this as a disappointing submission to the more powerful man. He was ashamed of his father.

In part, Freud told this story—and many psychoanalysts retell it—as an illustration of Oedipal conflicts. He and other early analysts sketched conceptualizations of the world to make sense of experiences of aggression and competition, and we pick up these threads of theory in our understanding of Freud's biographical story. But our cultural conversation of this anecdote too often leaves out an analysis of power and oppression, ignoring the cultural, his-

torical, and group context. This assault by a Christian man and submission by Jacob bring clearly into view the hierarchical ladder of power. When we discuss the story, we acknowledge that an act of discrimination happened, but we often fail to examine the ladder. Our focus is trained on the conflict we imagine between Otherized Sigmund and his Otherized father, but what would it look like to see and reckon with the conflict the oppressor brings to bear on the oppressed?

The narrow focus prevailed. This resistance to transformation at our roots affects how psychoanalysis is practiced today. Our work is, of course, stationed resolutely in the intrapsychic, but our various psychoanalytic theories too often fail to conceptualize the greater sociocultural picture, let alone understand how it is mirrored in individual minds and interpersonal relationships. As I increasingly bring up the sociocultural with my patients, it becomes clear that to avoid it is to miss something crucial. Discussions of whiteness, patriarchy, capitalism, rape culture, and cultures of exploitation have led the therapeutic endeavor into richer, more intense, intuitive, and fruitful realms. It opens things up. Yet entering this space sometimes feels like groping in the dark, especially as I begin training and find these areas so unilluminated by psychoanalytic thinking.

Anton Hart, in his various writings and presentations, proposes analysts start aiming for radical openness in which we loosen our grip on the implicit idea that we meet with our patients to impart wisdom, understanding, or perspective. Rather, we endeavor to open ourselves up to our patients' minds and ways of thinking. Critically, he makes clear that we achieve radical openness not only by being open to novel ideas but by going into the encounters ready to lose old ideas. He asks: What are we willing to relinquish in order to gain something new?

Similarly, the philosopher Thomas Kuhn proposed in his 1970 book *The Structure of Scientific Revolutions* that scientific progress is characterized by infrequent but necessary revolutions: When enough anomalies have built up, a community abandons the

old paradigm it has been trying to fit them into in favor of a new one. One of the key characteristics of this paradigm shift is that the two ways of thinking are incommensurable. One cannot look one way at the world without foreclosing another point of view. This is familiar to many psychoanalysts. Much cannot survive a good analysis—marriages, careers, and certainly ways of making sense of the world. It follows that we, as a community, might have to give something up to better fathom and fit into our current context, and to reach for a new horizon. What is it that we are taking for granted, and what might we gain when we let it fall away?

More psychoanalysts are hearing the calls for transformation. We expand what it means to be “analyzable,” focus on recruiting more racially representative and gender-diverse candidate classes, and incorporate ideas of difference into the curricula of our training institutes. We become adept at recognizing troublesome anomalies in what we take for granted—like a rigid gender binary, American exceptionalism, and the violence of state-

led poverty and punishment—and try to warp and stretch the notions of the old paradigm in the hopes of making them benign. It leaves me wondering whether we could develop a way of thinking that wouldn't engender the anomalies in the

great deal to him that are projections, which is the way of paradigm warping. But I am confident that it shouldn't matter so much what he might think. Angela Davis reminds us that, “radical simply means grasping things at the roots.” At the roots of

Much cannot survive a good analysis—marriages, careers, and certainly ways of making sense of the world. It follows that we, as a community, might have to give something up to better fathom and fit into our current context, and to reach for a new horizon.

first place—but I am starting to feel that this would require a great deal of relinquishing, a relinquishing of things that feel very important.

I chose to include Freud's biographical anecdote because it enriched my thoughts. Yet I can't help but wonder how limiting my own preoccupation with our founder might be. How far can we stretch the old paradigm? I'm not sure what Freud would think of my ideas, though I've surely ascribed a

psychoanalysis, you can find, dialectically seated, a radical search for humanistic transformation alongside incredible resistances to change. Given what it takes to see things differently, I wonder whether the coexistence of these resistances and inclinations toward change means that the inclinations toward change can't bear fruit. If we'd like to grow something different in the garden of psychoanalysis, I think we'd better dig up some roots.



New Members

New Active Members

George Bermudez, Ph.D.
 Celeste Birkhofer, Ph.D., Psy.D.
 Kati Breckenridge, Ph.D., Psy.D.
 William Coburn, Ph.D., Psy.D.
 Robin Cohen, Ph.D.
 Roberto D'Angelo, MBBS, Psy.D.
 Franziska DeGeorge, Ph.D., Psy.D.
 Alasdair Donald, M.D., Ph.D.
 Dania Eldandashli, M.A.
 Jessica Ferranti, M.D.
 Samuele Filomena, Ph.D.
 Valerie Frankfeldt, LCSW, Ph.D.
 Daniel Goldin, M.F.T., Psy.D.
 Cheryl Goldstein, Ph.D., Psy.D.
 C. Tyia Grange Isaacson, LCSW, Ph.D.
 Hao-Chung Hsu, M.D.
 Alice X. Huang, M.D., M.S.
 Amanda Hutchison, M.D.
 Sargam Jain, M.D.
 Ben Kafka, Ph.D., L.P.

Madeleine Lansky, M.D.
 Aaron Lewis, Psy.D.
 Sidney Miller, Ph.D., R.N., LCSW
 Stefanie Minen, M.S., CMHC
 Lynne Oliva, Psy.D., LMFT
 Sangeeta Patel, M.D.
 Ilene Philipson, Ph.D., Ph.D., Psy.D.
 Peter J. Radestock, LL.B., Ph.D., Psy.D.
 Philip Ringstrom, Ph.D., Psy.D.
 Gretchen A. Schmutz, Psy.D.
 Peter Schou, Ph.D.
 David Schreiber, M.F.T., Psy.D.
 Mark C. Sexton, Ph.D.
 Malini Singh, Ph.D.
 Gil Spielberg, Ph.D.
 Maranda Y. Sze, Ph.D.
 Masato Tsujikawa, Ph.D.
 Hannah Wallerstein, Ph.D.
 Mary Walters, LCSW, Psy.D.
 John Watkins, Ph.D., Psy.D.
 Joye Weisel-Barth, Ph.D., Psy.D.

Cuiqin Wen, M.A.
 Lara Weyland, Ph.D.
 Katherine M. Williams, Ph.D., LCSW
 Mark Winitzky, Psy.D.
 Sherri L. Wongchaowart, M.D.

New Candidate Members

Razieh Adabimohazab, M.D.
 Katherine Cahn-Fuller, M.D.
 Maree Chanter, MBBS
 Edurne Chopeitia, L.P.C.
 Greta Kugler, Psy.D.
 Lolly Lederer Connolly, Ph.D., LCSW
 Elizabeth Liepold, LCSW
 Nina Mahaffey, LMFT
 Nat Newton, Ph.D.
 Brian Stoessel, Ph.D., LP
 Guy Williams, M.D.

New Academic Associate

Candidate Members
 Carrie Duncan, Ph.D.

How to Become a Published Author: The DPE's Commitment to Scholarship

Richard Tuch

Psychoanalysis is a living being. The best way to keep it evolving, and hence surviving, is to keep our scholars' pens gliding across the page. Analytic scholarship furthers the field by constantly reconsidering core analytic principles and psychoanalytic practices. It is the job of the Scholarship Section of APsaA's Department of Psychoanalytic Education (DPE) to encourage nascent writers to become full-fledged contributors to the psychoanalytic literature.

Helping analysts develop writing skills is our chief charge and our efforts take form through many different ventures. The first is the Idea Incubation Workshop, which was launched at the 2019 APsaA Winter Meeting and recurred a year later. The workshop provides aspiring writers who have yet to muster the gumption to put pen to paper with an opportunity to present ideas that have been batting about in the recesses of their minds. Their nascent drafts are shared with a panel of journal editors and writers who help them develop their ideas into publication-worthy submissions. Presently, we are vetting upcoming presenters for the 2022 APsaA meeting next February in New York City. Those interested in participating should contact me at richardtuch@gmail.com.

Richard Tuch, M.D., is a Training and Supervising Analyst at the New Center for Psychoanalysis, Los Angeles. He presently heads the Scholarship

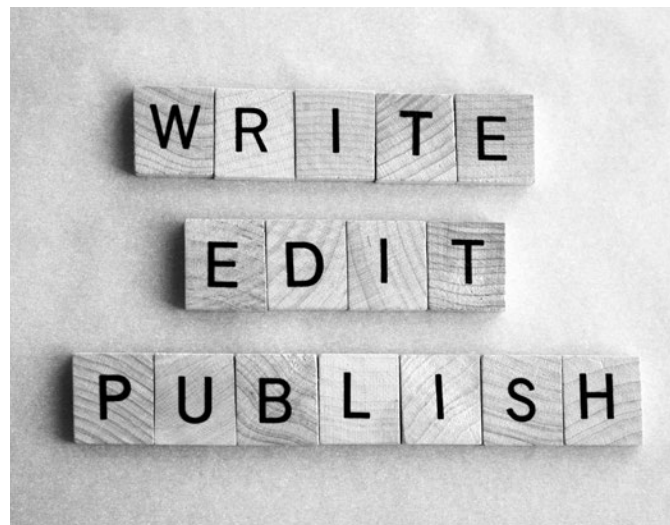


Section of the DPE. He has written extensively and is interested in helping candidate and early-career analysts hone their writing skills.


For the last few years, the Scholarship Section has been circulating a paper entitled "Distilling the Essence of Treatment: A Beginner's Guide to the Retelling of an Analysis." It instructs candidates who are writing up their case work for promotion or graduation, or graduated analysts who are approaching the certification process, about how to present their case work efficiently. The paper has been well received, and we frequently get requests from individuals and institutes for access to this material. For those wishing to be sent a copy, please send your request to the above-mentioned email address.

A third project presently underway involves surveying analytic institutes to get a sense of how each approaches the task of instructing candidates on analytic writing. To date, we have received feedback from six institutes, and we encourage those who have not yet responded to be diligent about completing our brief survey. Its aim is to educate all institutes about how the topic is taught nationally. To date, we have collected a list of more than 70 papers that are currently assigned in teaching courses conducted at four institutes, and we very much hope to compile a more complete list for our collective instruction.

A final project—the Journal Profiling Project—surveys journal editors to collect data about each of the 36 presently published analytic journals. The culled information will then be made available to authors and would-be authors via the



DPE page on the APsaA website. This project aims to help writers better understand the sometimes mysterious process of getting one's work into print. Our goal is to create a one-stop shop that provides potential submitters with an overview of the requirements and preferences of current journals, so that writers can decide which might be best suited for their submission. This webpage, which will be actualized as part of APsaA's website upgrade later this year, should help authors navigate the writing, submission, and publication process. Stay tuned!

A scholarship is something bestowed on worthy students to help them pay their way through the halls of learning over a set time period. Active, ongoing scholarship into a given discipline is another thing altogether. Psychoanalysis will surely reach a dead end if practitioners fail to make their way from the consulting chair to the writing desk. It is the mission of DPE's Scholarship Section to keep analysis alive by encouraging psychoanalysts to put their thoughts, experiences, and theory into the written word and contribute to the literature. 

Six Hard-Won Lessons: Teaching Psychoanalysis Online

David E. Scharff

The International Psychotherapy Institute (IPI) and its psychoanalytic training program, the International Institute for Psychoanalytic Training (IIPT), were founded as distance-learning programs. So, the question of how to conduct effective teaching across geographical distance has always been front and center in IPI's conceptualization of programs and in its teaching. I wrote an article for the *Journal of the American Psychoanalytic Association* about this in 2015 in order to share what the Institute had learned on the topic to that point. But events in the intervening years have overtaken what could be said then, so I am most appreciative to *TAP* editor Alan Sugarman for inviting me to update our learning in light of the suddenness with which all institutes and psychotherapy training programs have had to move online in the spring of 2020, most with little or no preparation.

The first thing to say is that good online teaching is centered in good teaching. If teaching technique does not work well in the in-person classroom, it will not work online either. For instance, a teacher reading from a paper or from lecture notes with his head down for an extended period of time is ineffective in a classroom, and even worse online. Now that we all have experience, it may come as no surprise that promoting discussion using Zoom—which I consider the best and most common platform—works similarly to classroom teaching.

David E. Scharff, M.D., is co-founder and former director of the International Psychotherapy Institute; Supervising Analyst in IPI's psychoanalytic program; co-chair of APsA's Covid-19 Advisory Committee; and a member of APsA's Distance Analysis Study Group. He directs training programs in China and Russia.



David E. Scharff

IPI has used distance teaching at many levels of scale. When the Institute began using it in 1995, “distance education” meant that all our students had to travel several times a year to join us in Washington, D.C. This was expensive for out-of-town students; nonetheless, many found it worthwhile because they came from places without psychoanalysts, or even analytic psychotherapists, from whom to learn. Others came because they wanted access to our theoretical orientation in object relations psychoanalysis. Recall that in the late 19th and early 20th centuries, Americans wanting to learn psychoanalysis typically went to Vienna or Berlin, and later London. That was possible only because trans-Atlantic travel and travel by rail had improved over the previous decades, making it finally practical to travel long distances. Although the telephone was invented around the turn of the 20th century, calls were too expensive to be useful for treatment, education, or supervision.

Twenty-five years ago, phone service became inexpensive, so we at the International Psychotherapy Institute used it for individual supervision, small group “conference call” seminars, and group supervision. And it worked pretty well. We might have wished we could be in a room together, but it was nevertheless satisfying to be sharing ideas and clinical experiences over the phone. Then, in the late 1990s, came the internet and a subsidiary technology called the “intranet” offering the possibility to link sites for real-time audiovisual communication. It was relatively expensive but could link up to

four sites at a price IPI decided it could afford. We linked Washington, D.C. with London, Salt Lake City, and Long Island. In that way, we could import teaching from London or New York to three American sites where students gathered. As far as I know, we were the first in our field to do this. One of our board members cautioned that there was considerable wisdom in being the second to try something new, thus letting someone else work out the bugs. But we forged ahead. Despite frequent technical glitches, we found that a great deal could be learned together as a group working across the four sites. We partnered with two divisions of the Tavistock in London over several years, the Tavistock Clinic and the Tavistock Institute of Marital Studies (now called Tavistock Relationships), sponsoring seminars online and international conferences in London and Washington, with benefit to students on both sides of the Atlantic. In addition, the IPI intranet made it possible to include a wide array of presenters and guests from the richness available in the New York area, or occasionally to invite someone located near or visiting the other sites.

Then the technology mushroomed. Suddenly we were able to offer large group seminars to individuals sitting at their own computers in the comfort of their offices or homes. Now we could invite guest teachers from anywhere in the world. At first, the available technology was clunky and often subject to disconnection. But as we all know, with the advent of current platforms (Zoom, Doxy.me, FaceTime, Google Groups), it has “Zoomed along.”

Here is what we do now at IPI:

- We provide large group seminars where all participants are able to join in and speak during discussion periods. We do not do webinars because they constitute one-way delivery; over time, we found the webinar format to be the least effective teaching medium. People learn best when there is discussion in a group, regardless of size. We typically have groups that range in size from about 20 participants up to 150. (Our Zoom contracts allow 300 participants without having to buy a more expensive license,

Six Hard-Won Lessons

although larger group sizes are available.) We ask presenters in our seminar series to speak for approximately half the time. For instance, we ask for a one-hour presentation in a two-hour seminar, with several pauses throughout for discussion. That way, the audience feels listened to and the presenter receives feedback. Even though only a minority of participants speak in any large group, the possibility of speaking changes the receptiveness of the entire group. Participants also use the Zoom chat function to comment or ask questions. We strongly believe in interactive learning, no matter the size of the group.

- We use Zoom's large group meeting feature for institutional events: faculty meetings, meetings of our entire center, and Town Halls that draw participants from all over the world (China, Australia, South America, Europe) to discuss issues of mutual concern—racial issues, for example, culture and ethics, or Covid and its effects.
- Small group seminars, the size of an analytic or psychotherapy class, also work well on Zoom. Teachers and students see and hear each other well. We encourage group discussion in these settings and discourage teachers from lecturing without group participation. That makes real learning, of the kind afforded by small seminars, entirely possible on Zoom.
- Covid travel restrictions prompted us to offer our larger weekend conferences (from 75 to 100 students and faculty) online. Candidates, students, and other participants work with distinguished guests and IPI faculty in large and small group settings over three days of intensive learning. Enrollment has steadily increased during the pandemic, reaching numbers as high as 150 participants, in part because these conferences do not require the added time and expense of travel.
- What does not work as well is a so-called hybrid classroom, with some students in the room and some online. In a preliminary survey done by APsA's Distance Analysis Study Group,

candidates complained about these mixed seminars. They reported that this approach disadvantaged the distance candidates. Their preference was for "all online" or "all in-room."

- Supervision is especially convenient and successful online. In my own experience, there is no difference in effectiveness between in-room and online supervision and consultation. This applies equally to individual, paired, and group supervision. Unless a broadband weakness requires a disabled camera for improved transmission, I ask my supervisees to have their cameras on. Some supervision pairs prefer the telephone; that, too, is effective. Allowing the supervising pair to choose is as important as in clinical analysis or psychotherapy.
- The largest downside of distance-mediated education, what we all miss most, is the informal time—meeting in the hallway over coffee or for a drink

present material, for instance, from the readings? Or to summarize a topic from their own study? Or to address questions supplied in advance to focus their reading?

4) Technical glitches will happen! Have you prepared a fallback plan to switch to another platform—FaceTime, Google Groups, or cell phones? Be sure to have everyone's email address and phone number so you can call or text easily about how to reconnect.

5) Periodically review with students how the teaching is going. There should be both formal review by the course or program organizer and by the teacher with their group. This is especially important online because there is diminution in non-verbal cues. But we can make up for that by reviewing the teaching and learning in tactful but overt ways initiated by the teacher. Otherwise, dissatisfaction can build through such impalpable forms of resistance as seen in the overly compliant student who learns little.

While I hear many complaints about "Zoom fatigue," it does not have to be exhausting! With experience, you can learn to relax during teaching, just as you need to relax while conducting therapy.

after class. It is possible to make some accommodation for this loss by scheduling a group chat for a class or faculty, but we look forward to being physically together as we creep back to normality. Reinstating the social aspect will be easier because we have stayed in touch online in the meantime.

Our six hard-won lessons for teaching online:

- 1) Always keep group dynamics in mind.
- 2) Monitor the group: Who is speaking? Is the group participating or only listening passively? Are one or more students hiding without participating, perhaps with their cameras off?
- 3) Involve the group members. Do you want candidates or students to prepare to

6) Finally: Learn to enjoy yourself in face-to-face connection with students over Zoom. You will have saved commuting time and enjoyed the comfort of your own office, just as they have. While I hear many complaints about "Zoom fatigue," it does not have to be exhausting! With experience, you can learn to relax during teaching, just as you need to relax while conducting therapy. Teaching and supervising should be more than work; they should include the pleasure of helping less-experienced colleagues develop. We have had an incredible opportunity in our ability to continue teaching and learning in the time of a pandemic. And for sure, as this worldwide tragedy recedes, we will experience an expansion of what is possible in the teaching and availability of psychoanalysis.

APsA

Learning from Experience: Supervision in the Covid World

Daniel W. Prezant

March 2021 marked the one-year anniversary of our collective response to Covid-19, giving us an opportunity to reflect on our experience with, among other things, tele-supervision by video conference and phone. Changing in-person supervision of in-person treatment to tele-supervision of tele-treatment was difficult, particularly for those of us who supervise child analysts and therapists, and for our supervisees. Most of us were short on experience with, and long on prejudice against, online work. Having to change how we supervised and treated patients overnight made the work even harder. However, Covid presented us with a crisis. Supervisors and supervisees rose to the challenge and learned new ways to work. Many of us defended against the harsh reality of Covid-19 by thinking it wouldn't last long. As the terrifying sprint became a depressing marathon, we learned more about the essence of analytic supervision.

During analytic training, many candidates and trainees absorb a set of assumptions about what analysis is and isn't. These are often delivered as bedrock truths by our teachers and supervisors. Such assumptions, handed down from one generation to the next, are often presented as self-evident truths that need never be questioned. In fact, not questioning them may be a way to solidify our professional identity as analysts—at least for some. For example, we are taught and then we teach: You can't do tele-therapy or tele-analysis because therapist and analyst must be in the

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same room with the patient. Likewise, we assume that, in order to teach effectively, supervisor and supervisee must be in the same room. These assumptions imply that tele-supervision of tele-treatment is impossible.

As absurd as that may seem now, many of us learned that to be an analyst we had to accept such views as facts; some of us may still believe them. Nevertheless, I think such views pose major obstacles to providing good and responsible supervision, especially when the supervisor and supervisee are in different rooms.

We should ask ourselves: Are we currently telegraphing to our supervisees that tele-work can be psychoanalytic, that is, it can reveal wishes, fears, conflicts, and transference-rich material? That, in their training and their education, it counts toward work with control cases? That however different it may feel, remote supervision is not necessarily worse or better than in-office work? Or are we communicating to our supervisees that tele-work isn't real, won't count, and merely provides a holding pattern until we get back to true in-office work?

I believe tele-analysis and supervision can be conflict- and transference-rich. Alternately, it can be a stilted pretense of treatment or supervision. How effective it is depends on the analytic or supervisory pair and how they deal with the very real challenges of a remote session. In-person therapy or supervision can also be real or it can be stilted. Whether two people meet online, over the phone, or in person is only one of many variables that influence the quality of analysis and supervision.

However, we should not pretend that tele-treatment or supervision is the same as in-office work. To do so is to deny the sense of loss we may experience in a video conference or phone session. Calling attention to how these sessions are

different than in-person meetings and mourning the differences when necessary are better ways of making tele-sessions work. Although I prefer in-office work, I infer that most pairs find tele-analysis and distance supervision in some ways the same and in other ways different, in some ways better and in other ways worse.

To insist that a pair must be in the same room in order to be psychoanalytic and effective may be a way of avoiding mourning the losses wrought by Covid. Avoidance may protect us from painful feelings but limits our ability to adapt to Covid and post-Covid realities. Even for those of us lucky enough to circumvent Covid-related loss and illness directly, we have all been confronted with fears about the health, capacity to work, and finances of our loved ones and ourselves. We continue to experience anxiety about the future of our profession.

There's an old saying: Analysis shouldn't be defined by the furniture. Perhaps Covid will teach us that therapy and supervision should not be defined by an office or the physical distance between us and our patients and supervisees.

A mere two years ago, it was inconceivable that we would be supervising candidates and trainees who had never sat in the same room with their patients, their analysts, or us. It still seems like a science-fiction-meets-psychoanalysis fantasy. Perhaps the impossibility of this new reality explains why some people avoid mentioning, in supervision and treatment, Covid or their experience working online or by phone.

Yet, it's crucial to help supervisees think about what is lost when they do not share concrete space with their patients. In the office, because both are



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actually there, therapists and patients face the possibility of kissing or killing. Those who defend against this fantasy online or over the phone may also defend against recognizing the power of other libidinal and aggressive impulses. During Covid, the real prospect of infecting or even killing each other may make the exploration of these fantasies too terrifying. But when there's no chance of actualizing wishes and fears—to hurt and to love—it may protect the patient and the supervisee to the point of deadening the analysis.

Supervision in the Post-Covid New World

Supervisors can also teach supervisees to attend many other aspects of online treatment, including but not limited to silence, privacy, the frame, technology, and intimacy.

Supervisees may need guidance to understand online silence. Silence can be hard to tolerate and harder still to understand in any type of session. Online, it's more difficult to recognize cues for taking turns and, therefore, to know when to speak without speaking over the other. It's less clear whether the patient is thinking and/or defending against uncomfortable feelings, especially in a phone session. Cell phone pauses can be so quiet that it's hard to know whether you can't hear the other person, they can't hear you, or that the call has dropped. Supervisees also struggle with what to do when they can hear a patient speaking but can't make out many of the words.

Supervisees may need permission to think about the effects of meeting from home with their patients and with their supervisor. In the office, it is the therapist and supervisor who create and maintain the frame. In our offices, we know how to ensure privacy and confidentiality. There, patients are not likely to show up in their underwear or pajamas or barefoot. (Nor is the

therapist, for that matter.) They typically don't enter our offices seconds after being in work or family meetings. They also can't enter another Zoom meeting seconds after getting up from our chairs or couches. They don't talk to us from the toilet. They aren't cooking or eating meals, parenting, or doing laundry or work for their jobs. They're not looking at multiple screens, shopping online, watching porn, masturbating, or encouraging their partners to listen or join in.

In other words, working remotely means the frame that holds analyst and patient, and supervisor and supervisee, becomes a shared responsibility. Supervisors can work with supervisees on when to interpret such forms of distancing as a defense or when to give patients guidelines for how to behave in a tele-session. Once there's been a breach of the frame, the supervisor can help the therapist think about it analytically as well as practically.

Supervisors can educate supervisees to recognize how defenses may appear differently online than in person. Supervisees may be too anxious or inexperienced to notice that patients who complain about technology may be displacing complaints about the therapist and Covid onto video glitches. On the other hand, patients who are positive about online work might be defending against feelings of longing and absence, abandonment and neglect in regard to the therapist.

Working remotely from home—inviting the other into one's home—can resemble in-person home visits in which patient and therapist might become over-stimulated and overstimulating. This new intimacy can amplify voyeuristic and exhibitionistic fantasies that can feel exciting, seductive, shameful, and aggressive. Patients, therapists, supervisees, and supervisors likely have wishes and fears about showing our more naked selves and our families. Transference wishes may be defended against with fears of intrusiveness, acting out, Zoom disinhibi-

tion, defensive withdrawal, and fatigue.

Many patients, when working from home, worry that they're being overheard during their sessions. Supervision offers the therapist the opportunity to think with the supervisor about what this might mean and what, if anything, can be done about it. Early-career clinicians may not see how this worry can inhibit the patient or, on the other hand, encourage exhibitionism. Patients may not be able to secure a private space at home, but they may also be unconsciously encouraging their partners or children to eavesdrop—and enact a primal scene fantasy. When patients bring their analysts into their home online, it may stimulate transference fears or wishes of betraying their spouse with their analyst and betraying the analyst with their spouse. In a parallel process, the supervisee-analyst can feel excited and uncomfortable entering into the supervisor's home online.

Psychoanalysts and therapists may defensively resist seeing the intense positive and negative transferences, sexual love, and aggression patients sometimes show us online when family members are close by. Supervisees may feel ashamed or guilty if the patient's spouse or parents see how much the patient loves and hates the analyst. In such cases, the therapist's discomfort may lead to resistance in affect or hinder a full analytic exploration. Patients, their parents, or partners may pick up on the supervisee's resistance and double down with their own. When both the patient and the supervisee are too uncomfortable with certain feelings, it can interfere with the analytic attitude, an outcome that lends credence to the belief that online analysis cannot be analytic or transference-rich.

As ominous as the transference complexities of tele-work may sound, they are best dealt with by the same curious and non-defensive analytic attitude that we typically bring to in-office work. Supervisees may need to know that voy-

eruristic and exhibitionistic wishes and fears are fundamental elements of work in the office, online, or on the phone before they can notice it, let alone interpret it. If candidates in analytic training, for example, ignore anything they see and hear on the screen or phone that differs from what they experience in the office, in order that it be considered “real analysis”—and in order to avoid shame associated with voyeuristic impulses—they will likely resist bringing such experiences into supervision.

Another challenge during Covid is that patients, therapists, supervisees, and supervisors are dealing with similar feelings at the same time. Knowing this can help clinicians foster greater empathy for their patients. This, however, can also interfere with the distance an analyst needs to remember that, even though this is a very real event, most of us react in characteristic ways that reflect our singular histories, transferences, wishes, fears, conflicts, and defensive patterns. In ordinary times, supervisors guide supervisees to understand that such real-life matters as fees and schedules simultaneously serve as defensive displacements. Now, we need to guide supervisees to recognize that Covid, the computer screen, and the phone are realities that also function as defenses against the therapist and more.

Supervisees are anxious about how Covid and tele-treatment will affect their training and their income. How do they get control cases, accrue licensing hours, or earn money if remote work doesn't count as part of their training, or if their patients—or the parents of child patients—are out of work? Many are concerned about getting new patients when they're working only online or on the phone. It's one thing to adjust to remote sessions with an ongoing patient but a very different thing to begin online. Supervisees may unconsciously compensate for the distance by being more active, more passive, or more self-revealing.

Beginning analysts may need help seeing how resistance to therapy can get amplified online. Imagine a very resistant adult patient in a negative transfer-

ence who becomes even more resistant online and insists on ending treatment. With supervision, the therapist might see the patient's wish to terminate as it functions as a defense against the patient's anger. This could be anger at the therapist for not protecting him from Covid or about the shift in the frame. On the other hand, it could be a defensive maneuver to avoid the excitement and fear that might accompany being in the analyst's home and having the analyst in his home.

Alternately, it's possible that this very resistant adult becomes more engaged in tele-analysis. We might support the supervisee as he comes to understand that, for some patients, physical distance brings a

casual sex. When supervisors help their supervisees feel more contained, they likely will develop greater empathy and understanding. After all, Covid-19 brings a cruel contradiction to a young person's developmental need to assert autonomy, push away from their family, deny their vulnerabilities, try out their sexuality, and move from the family group into their friend group.

Likewise, supervisees may not see how their own fears about Covid could interfere with understanding why a phobic adult or child patient sees the pandemic as an answer to their prayers. Not only do they get to stay home and avoid what they're afraid of, including their analyst, but everyone encourages such avoidance.

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sense of safety and freedom that allows them to experience more aggressive and sexual wishes toward the analyst. New awareness of these wishes might terrify the patient. We can imagine that a patient who came to his in-person sessions reliably might now express such terror by forgetting appointments, or having persistent problems connecting with his computer or phone. We can encourage the supervisee to consider how missed sessions might actually indicate progress.

What about the countertransference? Do our supervisees become more judgmental in the countertransference when they feel anxious about their own survival? Deprived of basic familiar rituals and comforts in their lives, or angry about their own powerlessness in relation to so many changes, therapists contend with their own emotional experiences in this new analytic frame.

Supervisees may not see that their own fears, anger, and guilt are interfering with their empathy for adolescent and adult patients who, for example, refuse masks and vaccines, or gather without keeping physical distance, or who report touching, kissing, or having

The anxiety that supervisees might feel can also make it harder to be empathic with the child or adult patient who wants to meet only in person, or agrees to a tele-appointment but resists engaging in the analysis. These patients may assert that nothing is wrong—they have no worries about Covid and don't care about any of the changes in their lives. Supervisees may need support in recognizing a patient's need to rigidly deny their fears to protect themselves from being overwhelmed.

Adapting to Remote Supervision Post-Covid

So how do we adapt to tele-supervision and help our supervisees adapt to tele-treatment? Over 15 months, most of us have been able to adapt relatively well. At the core of our work is the recognition that patients' conflicts, transference, and resistance will usually surface regardless of venue—whether it's in person, online, or on the phone. Many of us find that patients and supervisees who were working well in the office continued to do so online or on the phone, whereas patients and supervisees who were tenuously connected,

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or had trouble working in person, had even more trouble with remote work.

Thus, what we do at a physical distance is very similar to what we do in person. We try our best to teach supervisees to create video or phone environments that feel as genuine as possible while encouraging them to be open and honest about how different it may feel from working in person. We look at the reality as well as the singular meaning of Covid and tele-treatment for each patient. Although the world has changed, hopefully our analytic ability to understand the patient and the treatment remains the same.

Regardless of the venue—online, by phone, in the office—we support the people we teach to track changes in their patients' talk, play, and affect as signals of psychic pain. And we guide supervisees to track their own feelings in the countertransference that might foster a better understanding of their patients' psychic lives. We also help the supervisee maintain the alliance with the parents of their child patients by discussing additional pressures parents have experienced during lockdown and will feel as the world opens up.

We came a long way in the first not-so-short year with Covid. When you're in an ongoing history-making experience, as we are (or hopefully were, depending on when you read this), it's hard to predict what the future holds, but I think we still have a long way to go. The normal we're all hoping to go back to will likely exist only in the history books. As vaccination rates increase and Covid cases decrease, we still have to consider whether and when it's prudent to go back to our offices. And there may be other reasons besides safety to continue online or on the phone with certain patients and supervisees.

In this new normal, we and our supervisees will make choices about if, when, and how to reopen our offices. Analysts and analytic therapists are not typically directive. Even if we and our supervisees only ask patients to be fully vaccinated before meeting in person, it's still direc-

tive. All the more so if we or our supervisees ask patients to prove they're vaccinated, wear masks, pass Covid symptom checklists, and not use waiting rooms or bathrooms. In the new normal, some will refuse vaccinations, some will be too young to get vaccinated, and some may be too immunocompromised to develop immunity.

In the new normal, some supervisors, supervisees, therapists, and patients may choose not to do in-person work. Some may choose not to do remote work. Institutes might require candidates and trainees to do in-person work only. Insurance could stop or decrease reimbursement for tele-therapy.

If, or when, we go back to in-person work, we will think about how to work with supervisees and patients who

what venue the patient is analyzable. At this transitional point, it's hard to know what type of analytic or supervisory pairs would be the best fit for tele-work, which would be good enough, and which would be simply undesirable.

Looking down the road, I anticipate that few of us will go back to seeing supervisees and patients in person only. Many of us will use a hybrid model where we work sometimes in person, sometimes online, and sometimes on the phone. This will likely lead to many practice and analytic challenges. We will have to help our supervisees think about whether they should require their patient to work in a particular venue or let the patient choose. They will need to think about what to do if a patient disagrees with a supervisee's recommenda-


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don't want to come to the office. Surely, this will be influenced by our own beliefs about what constitutes effective supervision and treatment as well as our own beliefs about being directive. Making these kinds of decisions will come more easily to those who have strong convictions. However, some of us are uncertain about what will be best. For some, the choice might depend on what seems best for particular patients or particular circumstances.

Trainees and candidates will benefit from talking with their supervisors. It may be difficult for supervisees to tell their patients that they no longer work remotely when they've been working that way for over a year. It may be useful to consider whether to announce a rule of treatment or interpret the desire to continue online as a resistance that needs to be understood so that patients can let themselves have the best treatment.

For those who choose to continue distance work along with in-person treatment, supervisors and supervisees will have to change their focus from assessing the patient's analyzability to assessing in

tion or doesn't seem to be able to make a choice. We can encourage supervisees to contemplate why an online or phone patient might show up in person to surprise the therapist—is that an enactment of a primal scene fantasy? What about the in-person patient who suddenly wants to call or go online—is that a matter of convenience or a move to catch the therapist off guard?

If supervisees see patients back to back and use a hybrid model, it could be challenging to navigate from in-person to phone to online. Supervisees might have to contend with not quite knowing if they need to go to their waiting rooms, turn their ringers on or off, or log into or out of their online platforms. A supervisee may be waiting for their patient to show up in person and not notice that the patient is calling or waiting online, or vice versa. Given our long-forced isolation, it seems good that we are at a point where we can think about these possibilities. And it's especially good that such possibilities and their implications can often be worked through between supervisor and supervisee. 

Between Orthodoxy and Heterodoxy

Continued from page 4

can psychoanalysis save a life? I think it brings vitality, authenticity, spontaneity, aliveness—which necessitate giving up orthodoxies.

Psychoanalysis belongs to the in-between, on the bridge, in the emergent. To that which is growing and not deadened or stale. To that which is alive and enervating. Psychoanalysis saves our lives by putting us in contact with the energy of the emergent, however confusing and complex. Analysis helps us come to life, come to being, come into ourselves with kindness, integrity, compassion, freedom, and vivacity. That is my hope and what I am willing to risk as I try to surrender to the process, as I release my orthodoxies and their concomitant anchors, and dive into the deep, dark

unknown while trusting that I will not be adrift but in fact found—or maybe that I will find myself.

It is humbling to recognize how much we do not know, how desperately we cling to control, knowing, and intellect, and how our personal analyses are not merely training requirements or intellectually interesting but, in fact, absolutely necessary and vital. We need our personal analyses to make sense of our training in a deep way as we grapple within internal holes that get revealed and come fully to life.

Neither psychoanalysis nor Orthodox Judaism has all the answers, but at their best each has a tremendous amount to offer. There is a lot available in these traditions if we can resist looking to them for everything or for easy answers. In the crevasses and ocean trenches, there is a lot of meaning to be found. I love psychoanalysis, Judaism, my family, and psychoanalytic training: each has, or will,

break my heart. As the poet philosopher David Whyte teaches us, anything that truly matters will break our hearts and leave us hurting, yearning, raw, and open—our professions, our partners, our children, our institutes, our dreams. Psychoanalysis can enable us to survive surging heartbreak. By sharing and enduring heartbreak with our analysts, we can brave despair on our own, including the inevitable anguish caused by our analysts. In analysis, we co-create an ark—an ark of the covenant and a vessel to ride out the flood. We can survive the squall and encounter our internal dove in the bright, clear light of morning, grasping our olive branch as we step into a new and unknown world. This sphere will contain tempests and heartbreak as part of a full, rich, vital life in which continuous growth is possible and available. I hope my analysis and analytic training helps me venture into the wild unknown. APSA

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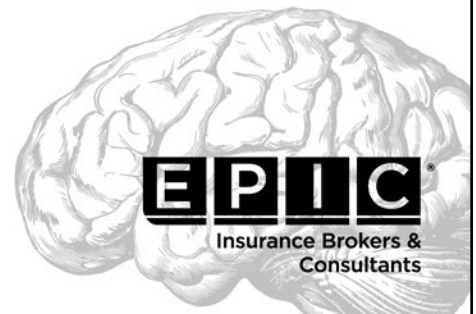
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