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Reflections on Child Development and Child Therapy: A Personal Journey Toward an Integrative Model of Therapeutic Change

Kenneth Barish



Kenneth Barish

I began my work as a child psychotherapist in a different era. I was trained, circa 1980, in a supportive-expressive psychodynamic approach to child therapy.

Our goal was to create a therapeutic relationship, through play and talk, that encouraged children to express feelings that were a source of conflict and distress, to provide understanding and insight, and to facilitate a child's ego development, with the therapist serving as an auxiliary ego and an object of healthy identification. At the time, this basic model of child psychotherapy was largely unchallenged, and I was able to help most of the children and families who consulted me. To a great extent, this is still how I work.

But there were limitations and unanswered questions. In the course of therapy with most children, parents would ask for help with daily problems: What do I do when my child refuses to do his homework, or go to sleep on time, or stop playing video games; when he teases his

sister or has a tantrum whenever I say no; when he eats very few foods, or cries when I leave the house, or is late for school every morning?

Often, I was able to provide helpful advice. I offered parents ways of thinking about their children's behaviors that focused on the child's frustrations and disappointments, anxieties and hurt feelings, and feelings of unfairness. With this new perspective, parents were able to listen more openly and communicate more constructively with their children, with less criticism and anger, and with more emotional support. This, too, remains the foundation of how I work.

To help many parents and children, however, I needed to do more. Parents needed more practical advice about how to solve the problems they faced on a daily basis. And, in the background, there was the question of "therapeutic action": What is essentially therapeutic about the work we do? This question, asked and answered in different ways by different schools of thought (and by many skeptical parents), is especially nagging and uncertain in play therapy with children.

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Reimagining APsaA—2022



Bill Glover



Kerry Sulkowicz

The Reimagining vision we articulated for APsaA a year ago is underway. We are living through unprecedented times—the pandemic, political and social upheaval—and these have served as catalysts for changes in our association that have been many years in the making.

The purpose of APsaA as a nonprofit organization is to serve the public good by fostering psychoanalytic education, research, and professional development, with clinical work at its core but informing an increasing number of psychoanalytic applications and outreach to external constituencies. This expanded vision solidly includes, but extends beyond, a focus on furthering professional ambitions.

Our new Standards for Psychoanalytic Education builds on our tradition of excellence, recognizes innovation, and expresses the aspirations of psychoanalytic education today. Our pluralistic model embodies a philosophy and establishes principles of education with guidelines for implementation by local psychoanalytic groups. Accountability is provided by collegial institutional exchanges instead of hierarchical oversight.

The Standards recognizes a variety of educational models and practices, and provides structures for working together to study, compare, and update standards as we evolve. This allows us to turn our attention from past controversies toward the forward-looking initiatives of Reimagining:

- **Culture and society.** We recognize culture and society are constitutive of psychic

life and reclaim the liberatory promise of psychoanalysis by fully addressing racial, class, patriarchal, and gender normative biases in psychoanalytic theory, practice, and institutions. The work of the Holmes Commission can help guide our efforts toward racial equality.

- **Advocacy for psychoanalytic thought and all of its applications.** We are working to establish clinical necessity guidelines and lead the broader psychoanalytic community in advocacy for parity and access to psychoanalytic treatments. These efforts will bring badly needed recognition of psychoanalytic thinking and treatments to the public, legislators, and payors.

- **Membership expansion.** We propose that APsaA become a home for psychoanalysis, not just psychoanalysts. APsaA can lead psychoanalysis in the U.S. as an inclusive association for the entire analytic community—more broadly defined—rather than as a small, elite professional guild that is challenged to sustain the scope of activities and national prominence we all value.

Improving access to care and expanding membership to include psychoanalytic psychotherapists, researchers, and scholars establish the ground floor for creating diversity and igniting intellectual vitality in psychoanalysis, which in turn will enrich our evolving field. Application of psychoanalytic thinking in all mental health fields will strengthen APsaA and make further training feasible and attractive to a larger and more diverse group of practitioners.

Clinical psychoanalysis will be stronger and more relevant as part of a larger and more robust organization rather than as an isolated, declining specialization. Those qualified as psychoana-

lysts will have primary responsibility for psychoanalytic education.

We invite you to join us in bringing the promise of Reimagining APsaA to fruition.

Best wishes,

Bill Glover, President

Kerry Sulkowicz, President-Elect

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CORRECTION

In TAP Vol. 55, No. 2 Spring/Summer 2021, a photo caption on page 4 misidentified Margaret Morgan Lawrence's husband and son: Her husband's name is Charles R. Lawrence, II (not Robert Lawrence, Jr.), and her son's name is Charles R. Lawrence, III (not Robert Lawrence). We regret the error.

Child Development

continued from page 1

In looking for answers to these problems, I found important insights in diverse sources—in Stanley Greenspan and Serena Wieder’s therapeutic program for children with autism spectrum disorders (*The Child With Special Needs*, 1998); in the evaluation of children with learning disabilities and their emotional sequelae; in the emerging “functionalist” theory of human emotions; in Jaak Panksepp’s description of basic emotion systems, especially SEEKING, PLAY, and PANIC/GRIEF (*Affective Neuroscience*, 1998); in John Gottman’s research on family meta-emotion structure and the importance of repair in successful marriages (*What Predicts Divorce?*, 1994; Gottman, et al., *Meta-emotion: How Families Communicate*, 1997); in Ross W. Greene and J. Stuart Ablon’s program of Collaborative Problem Solving (*Treating Explosive Kids*, 2006); and in Carol Dweck’s research on children’s motivation and the importance of a “growth mindset” (*Mindset*, 2006). Among the behavioral methods, Alan Kazdin’s focus on incremental positive reinforcement (finding a “positive opposite”) was both more effective and more theoretically compatible than earlier behavioral techniques (*Parent Management Training*, 2005). And from psychoanalysis, Heinz Kohut’s profound understanding of children’s needs for mirroring and idealization offered guiding principles (“Forms and Transformation of Narcissism,” *JAPA*, 1966). In raising my own children, I found daily evidence of Kohut’s developmental theory.

This theory and research offered help with many common clinical problems—how we can engage more children in treatment, support improved emotion regulation, combat a child’s discouragement, and arrest vicious cycles of pathogenic family interactions.

In several publications, drawing from these and other sources, I have presented an integrative theory of healthy and pathological development in childhood and a corresponding model of thera-

peutic change in child and adolescent psychotherapy (“What is Therapeutic in Child Therapy?,” *Psychoanalytic Psychology*, 2004; *Emotions in Child Psychotherapy*, 2009; *How to Be a Better Child Therapist*, 2018). I tried to show how we can retain the essential contributions of humanistic and psychoanalytic theory—enduring ideas that are helpful to all children and families—and also use active strategies for solving children’s emotional and behavioral problems.

The central focus of this developmental model is children’s emotions and the vicissitudes of these emotions in both health and pathology. To psychoanalysts, of course, the importance of emotions in psychopathology and psychotherapy is not a new idea. Emotions have held a central place in psychoanalytic theory from (literally) the beginning, in Breuer and Freud’s “Preliminary Communication” and the theory of “strangled affect.” In child therapy, helping children express painful emotions—feelings they may consciously hold back or unconsciously disguise or disavow—has always been the “therapeutic core purpose” of our work (Theodore Shapiro and Aaron H. Esman, “Psychotherapy with Chil-

there is very little *freude*—the German word for “joy”—in Freud’s metapsychology (“Positive Emotions for Psychoanalytic Theory: Surprises from Infancy Research and New Directions,” *JAPA*, 1991). For successful child and adolescent therapy, this is an unfortunate omission.

Perhaps even more than adults, whose time and energy are often taken up with more purely economic concerns and practical tasks of survival, children are always in search of good feelings. Motivated by curiosity and the drive to show others what they can do, they are continually “SEEKING”—exploring their world for the possibility of good feelings and the opportunity to share these feelings with others.

“It stays with me”

Several years ago, I was talking with Paul, a bright but mischievous and impulsive 10-year-old boy, about his frequent conflicts with his mother. Paul told me, “I don’t like the rules ... so I’ll say something ... and she thinks I’m being fresh ... and she’ll punish me ... and it makes me angry ... and *it stays with me* ... and she thinks I’m always angry ... it’s a big cycle.” With this statement, Paul succinctly explained the the-

In health, children learn that bad feelings are part of life, temporary and therefore bearable, and through their own efforts or with the help of supportive adults, they can make things better—that this bad feeling, however painful, will not always be there, at least not in the same way it is now.

dren and Adolescents: Still Relevant in the 1980s?” *Psychiatric Clinics of North America*, 1985).

At times, however, in subtle ways, both in theory and perhaps in practice, we move away from children’s emotions toward more abstract concepts and clinical formulations, which, although perhaps true, may miss the essence of children’s experience. Especially, as Robert Emde noted 30 years ago, we neglect children’s *positive* emotions. Emde reminded us that

ory of pathological development I will describe below.

A few weeks later, I was again talking with Paul about his conflicts with his mother. I reminded him of our previous discussion. This time, Paul said, “You forgot the part when the kid apologizes and the mom is still angry.” With this statement, Paul identified another core aspect of pathological development—a parent’s failure to respond positively to a child’s effort at repair.

With this brief anecdote in mind, I offer a summary statement about pathological development in childhood: Persistent emotional and behavioral problems in childhood and adolescence are caused by painful emotions that *remain active* in the mind of the child. Or, stated more simply, *by a bad feeling that does not go away*. As Paul said, “It stays with me.”

Over time, painful feelings that remain active become “absorbing states” (Gottman, 1994) or “deep attractors” (Mark D. Lewis and Lori Douglas, “A Dynamic Systems Approach to Cognition—Emotion Interactions in Development,” 1998) in a child or adolescent’s emotional life—states of mind that are easy to get into but difficult to get out of, often experienced in adolescence as an underlying, more-or-less conscious feeling of loneliness or failure.

The symptoms of child psychopathology typically develop in the context of ongoing pathogenic family relationships—vicious cycles of frequent criticism, punishment, or lack of understanding on the part of parents and increasing defiance, resentment, and withdrawal on the part of children. Especially in family relationships, bad *feelings* lead to bad *attitudes* and bad *behavior*, and then more bad feelings. Causation is cyclical.

Troubled children have become discouraged. In the present moment, they do not expect to be heard or understood; often, as they imagine their futures, they do not expect to succeed in important areas of their lives. The more deeply they feel this way, the more extensive their pathological development has become and the more difficult our therapeutic work will be.

Of course, children and adolescents may not always tell us they feel discouraged. Their discouragement may be disguised or denied, and children may not be aware of the extent to which demoralization has taken hold of their lives, limiting their interests, motivation, and effort. If they become rebellious, underneath—or alongside—their rebellion, their discouragement remains, now more deeply hidden. Often, they look urgently for a way to feel bet-

ter, and they are therefore at high risk for dangerous and self-destructive behaviors.

This psychological process can be compared to an infection or a malignancy. Like biological malignancies, we may sometimes see the pathology in its early stages, and in these instances children and adolescents are likely to respond positively to most forms of psychotherapy. More often, however, parents consult clinicians at advanced stages—when sadness, resentment, or anger has become a child’s dominant mood; when she has lost initiative; when oppositional attitudes and retaliatory feelings are deeply ingrained; and when vicious cycles of criticism and defiance have led to stubborn attitudes and states of mind. Cynical and mistrustful attitudes may seep in, making our work especially difficult.

Healthy emotional development has a different trajectory. In health, children learn that bad feelings are part of life, temporary, and therefore bearable, and through their own efforts or with the help of supportive adults, they can make things better—that this bad feeling, however painful, will not always be there, at least not in the same way it is now. Disappointments are disappointments. Problems can be solved. Bad feelings are not forever. In this way, a child’s capacity for emotion regulation is strengthened from the bottom up, not as the result of conscious emotion-regulation “strategies” but as a memory and an expectation of emotional support.

In this context, important maturing processes take place. Children will be stuck less often in angry, defiant attitudes, less avoidant of challenges, more attentive in school, better able to resolve conflicts with their peers, and less reliant on self-protective mechanisms that limit their initiative, effort, and concern for others.

An Integrative Model of Therapeutic Change

Based on this understanding, I offer the hypothesis that all successful therapies for children and adolescents—whether through empathy and understanding or

From the Child & Adolescent Psychoanalysis Editor

Kenneth Barish gives us a real treat in his “Reflections on Child Development and Child Therapy: A Personal Journey Toward an Integrative Model of Therapeutic Change.” In this contribution, Barish describes the evolution of his approach to children and their families over the span of several decades. He highlights some of the sources who have influenced his work: Stanley Greenspan, Jaak Panksepp, and Heinz Kohut, among many others.

With his integrative approach, Barish identifies ten principles for therapeutic change: (1) Interest (2) Empathy (3) Repair (4) Problem Solving (5) Emotion Regulation (6) Encouragement (7) Play (8) Sleep (9) Helping Others and (10) Limits and Discipline.

This contribution from a master clinician is a must read. Dr. Barish has permission to report on the case example in his contribution. He is the author of *How to Be a Better Child Therapist: An Integrative Model for Therapeutic Change* as well as a book for parents, *Pride and Joy: A Guide to Understanding Your Child’s Emotions and Solving Family Problems*.

—Leon Hoffman

through active efforts to change patterns of thought and behavior—arrest malignant emotional processes, especially vicious cycles of painful emotions and negative family and peer interactions. Our most successful interventions then set in motion positive cycles of healthy emotional and interpersonal experiences—increased confidence and engagement

continued on page 35

When Fall and Halloween Became Falloween: An Analyst's Personal Story

Aisha Abbasi



Aisha Abbasi

When I was asked if I would be willing to write an article for *TAP* about my experience of being the mother of a transgender adult child, I agreed. I feel it's important for those of us

who are analysts to share such personal experiences. Honest sharing of this kind often helps decrease the stigma that still exists around the topic, provides guidance for other families dealing with similar situations, and gradually moves analytic discourse in newer directions.

My husband and I had our first child, assigned female at birth, about three years after we got married. For the sake of my (now) son's privacy, I will not say much about his life growing up. He started a five times a week analysis by his own choice when he was 17, which continued for eight or nine years. My son's analyst suggested we see another child/adolescent psychoanalyst for parental guidance, which my husband and I initially found useful in terms of raising an older teen and then a young adult child. As first generation Pakistani-Americans raising our first child in the States, we needed help particularly in areas where the cultural norms and expectations of our country of origin clashed strongly with those of our adopted country, which was, after all, our child's homeland. This help we received from the analyst we consulted with. Much needed other help, we did not.

In 2009, sometime after he turned 21, I started realizing our young adult child might be transgender. My husband and I

discussed this, but it was clear our child was not yet ready to share this with us. We waited. Our son came out to us openly when he was 22 and about to graduate college. Our younger child, our daughter, was eight years old then. Although we were preparing for this news, and although it was a relief to finally know for sure and to be able to start dealing with this new reality, it was nonetheless a period of intense turmoil for all of us.

Memories of the first few months and years

It is often said when an individual or their family comes out, the very first people they come out to are extremely important, and what these people say will be remembered forever. The very first person I reached out to was my analyst. I had gone back into analysis some months prior to my son's coming out to us, feeling that something momentous was about to happen and I would need help understanding and dealing with it. My analyst's first few comments were about my distress and his wanting to help me with it but also that he was deeply impressed that my husband and I had "raised a child who loves you both and who prizes her own integrity." He might not have been immediately savvy about my son's new pronouns, but his focus on the importance of authenticity and truth was right on. It was an approach that highlighted for me what is really important in life, and one that has since helped me help many of my own patients.

I spoke next on the phone with my sister in England. She was enormously helpful, concerned about my son's well-being while supporting my husband and me in our roles as parents.

From the Diversity Editor

Aisha Abbasi, in this heartfelt account, describes how she and her family responded when her son came out as transgender in 2010. Although the experience was challenging at times, Abbasi's grace and generosity shine through as she portrays a family who reacted to their son with open hearts rather than skepticism. She writes about the poignant responses she received at the time, including those from her analyst and her mother, who offered guidance about how to lead with acceptance. She also writes about unhelpful responses she heard, those founded in shame and confusion, that could have led her in the wrong direction had she not such a clear inner compass and the support of those around her. Abbasi and her husband's respectful love for their son, and their willingness to be self-reflective and curious about him despite difficult feelings of loss, serve as a guide for how we all might approach gender nonconforming individuals in our lives, whether loved ones or patients.

—Justin Shubert

I talked then with my brothers. My older brother shared how one of his professors at the University of Chicago, Deirde McCloskey, had come out as a transgender woman in 1995 at the age of 53. By that time, McCloskey had been married to a woman for 30 years and had two children. As was not uncommon, McCloskey had suffered for years before coming out. I read in detail about her story. In presentations she gave after her transition, she shared that as a child she used to stammer. Every night, when praying to God, she would ask for two things: "God, please take away

my stammer and make me a girl.” After her transition, she pointed out that God had obviously granted one of her wishes. (The stammer never fully went away.) I was pained by her pain and moved by her conviction and courage.

These thoughts were with me when my husband and I went to see our son at his college out of town. It was a weekend when students were giving presentations about projects they had been working on. Our son looked more masculine than when we had seen him in the fall the year before. We all hugged tightly, glad to be together, even as we grappled with what was still very new and felt very fragile. My husband said he felt, in meeting with our son now, as though a boat that had been floundering in a stormy ocean had finally come to shore. His words captured beautifully my own internal sense that our son was more at peace then, compared to any other time over the few years prior.

My husband and I came back home. We had planned with our son that we would talk with our daughter about her brother’s transition, and then we would all attend his college graduation together. We sought good help before we talked with our eight-year-old daughter. It was help that served us well during a time that was full of difficult and conflicting feelings. We were deeply glad and relieved for our son, that he could now live more fully as himself. At the same time, we were not unaware that the years to follow would be difficult and challenging for all of us. We also worried about our daughter, wondered how to help her with the changes she would see and deal with, and the loss of the older sister she had known. She had many mixed reactions, of course, and we all talked about the change, that it was difficult and painful for us but right for our son. When she saw her brother a month later, a new journey of acceptance began.

One of the most moving and helpful responses came from my mother in Pakistan. A retired physician, she was then very ill, recovering from a severe episode

of spinal stenosis and had to be moved temporarily from her own home in Abbotabad to my brother’s home in Islamabad. I needed to postpone my plans to visit her and asked my brother to share my email with her, so she would know why I was not going to see her just then. He told me she read the email while lying in bed in pain, closed her eyes momentarily, and then said softly, as though to herself, “What cannot be cured, must be endured.” I do not believe, of course, that being transgender is something that needs to be cured, nor did my mother. My sense is that she understood, right away, that courage and endurance would be needed for this new reality in our lives that could not be changed.

My mother then asked my brother to call me on the phone so she could speak with me. She told me she had never before personally known a transgender person but that she knew about it. Her message to me and to my husband was simple and powerful: that our most important task was to be deeply understanding of our child’s suffering and needs and to help him in all the ways he needed help at

evolving sense of himself. It was also a time when he and his sister could begin to reconnect, as my daughter grappled, in her own characteristic way, with the changes in her life.

A few more months went by. Fall was approaching. I said to my daughter that it had been a hell of a year, and it was now time to have a hell of a party. I thought she would want to plan a party for Halloween. Instead, she decided we should celebrate Falloween, a combination of fall and Halloween. It was a poignant and powerful moment as I realized her young mind was working hard with the notion of combinations. That year, she decided to be a devil in red for Falloween, and her brother helped her with her face makeup. We had ponies in the backyard and petting animals. Many of her friends from elementary school came and met her brother. The tradition of Falloween went on for four years, after which it was put away, and Halloween became the focus again.

My husband and I had decided we would share, simply and directly, the news, with friends both in the local analytic community and in the Pakistani commu-

...when an individual or their family comes out, the very first people they come out to are extremely important, and what these people say will be remembered forever.

this tough point in his life. A devout and practicing Muslim, she had no qualms and no confusion about what was needed and what was right for her grandchild. It was a message that helped me in turn reach the deepest recesses of my mind and heart and to become a much better mother than I had ever been before.

Our son came to live with us at home after graduating college while going through a part of his transition. It was a chance for all of us to reconnect and to get used to the externally different persona my son was developing. This brought him great peace as his external presentation began to match more and more his

nity, that our eldest daughter was now our son. It was a very moving time. Some friends brought gifts for my son, honoring the gender he had now declared. Others came by just to say *hello*. There was an outpouring of love and support.

That first year, when my son stayed with us, I was grateful to have that time with him. We’d sit on the porch as he strummed his guitar, and we talked about many of the things over the last few years that felt so confusing to me as I witnessed changes in him I couldn’t fully understand. Along with the joy of having him back with us and seeing him more at ease, I was also in mourning for the daughter

An Analyst's Personal Story

I felt I had lost. I missed the softness of my daughter's cheek, the dark swathe of her long hair, the beauty that had been so particularly hers...but I also came to realize what for me had been a pleasure had been for him, my son, a terrible and painful burden. And gradually, very gradually over the next few years, as my son's transition progressed, I realized I was falling in love with, and loving deeply, all over again, this child of ours who now had a different form. His infectious smile, his wicked sense of humor, his beard, his muscles, his growing interest in things his father was interested in were slowly but surely being etched in my mind and heart. It was as though the new image of my son had become superimposed on the old image of my daughter. Over time, it became possible and then even pleasurable to look at old family photo albums, something that felt painful in the very early period of my son's transition.

After living with us for about nine months (the significance of which one can only surmise), my son moved into his own apartment, started one career, decided it was not for him, and went into another line of work which he loves and is very successful at; married, remarried, and is now happily settled with his husband. He and his sister are close, confidants and supporters for each other, and when we all gather, the home is full of love and laughter.

Unhelpful responses after our son came out

What was not helpful were certain relatives who, unconsciously terrified of the idea of a transgender person, advised us to encourage our son to go to the East or West Coast "where most such young people go," and for us to visit him there—in other words, to keep this a secret. Some insisted that the very same bright individual they had loved and cited in the past as an example of

a mature young person must now be confused and just going through "a bad phase."

To these relatives, I responded that we were in a state of sadness and mourning—a strange mourning because there are no external rituals to mark this kind of loss. At the same time, we desperately wanted to help our FTM (female-to-male) transgender son stay safe while

...very gradually over the next few years, as my son's transition progressed, I realized I was falling in love with, and loving deeply, all over again, this child of ours who now had a different form.

going through his transition. We wanted him to find a measure of relief and well-being. I said we would, therefore, welcome words and deeds of solace and comfort, but those who could not offer that should please stay silent: "If you are not able to help, please don't say and do hurtful things." I added that my husband and I were clear that no child of ours ever needed to leave town out of a sense of shame or to maintain secrecy. They were certainly welcome to leave when they wished, but for the right reasons.

We received another unhelpful response from the analyst who had been providing parental guidance to us for a few years. When we told him that my son was transgender, and, after visiting him in college, we all felt relief to know the truth/the reality, and, as a family, were planning next steps, the analyst replied he was glad things were working out well but added, "I have never heard of anything like this before." This was the year 2010. I was dumbfounded and angry. My husband and I then sought another analyst, someone savvy in matters of gender and sexuality, for parental guidance regarding our younger child.

At work

In the first year of my son's transition, I felt deeply supported by members of my

national psychoanalytic study group—Group for the Study of the Psychoanalytic Process (GSPP). When I sent them a letter explaining why I had to cancel plans to attend the group's meeting that year, the members of this private study group, initially founded by psychoanalyst Gail Reed, were profoundly supportive and compassionate in the deepest possible ways. Lena Ehrlich, a colleague and dear friend here

in Michigan, extended a loving, wise, and empathic understanding that is her special hallmark. Other friends reached out. A response to my letter from Dominique Scarfone, who was then a GSPP member, is a message I have always cherished. With his permission, that note became part of a paper I co-authored. Here, I will share a part of that message:

I already knew that you were a poet, but I had understood you wrote poetry in Urduh (pardon my eventual misspelling). What I heard in your letter is the most moving poetry in English, but it was also poetry in more ways than literary. If I were to say this to anyone else about your letter, I would probably seem to have underestimated the importance of the issue, but it will not escape you, as a poet, that poetry is the most serious thing in this world, and I mean it literally. I mean poetry as poësis, that is creation, and life itself. And I heard just that in the letter by which you so generously made me and the group witness, without any exhibitionism, of this difficult passage in the life of your family. I am not ashamed to say that I was moved to tears, sensing how difficult it must be (have been) and yet, how wide and warmly welcoming is your motherly heart to make you able to write those words. You are therefore a poet with words, but also a poet as a giver of life, twice indeed

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APsaA's Complicated Relationship to Queer Identities

Justin Shubert, TAP Diversity Editor

Last year, disputes arose within institutes on the East Coast about the appropriate way to reckon with papers written in past decades that pathologized gay



Justin Shubert

and gender nonconforming patients. These debates revealed more varied and complicated understandings of the LGBTQ+ experience than some may think exist within APsaA.

Many regard APsaA as having a unified and wholly accepting stance toward the LGBTQ+ community, but during my time as chair of our Committee on Gender and Sexuality (COGS), I have seen a range of complex beliefs psychoanalysts seem to have about gay and gender-nonconforming patients and colleagues—some remarkably open-minded and inspiring, and others containing unconscious, degrading biases. Undoubtedly, we all respond to queerness with a complicated mix of internal reactions, many of which we hide. But as we know, it's the internal responses we're not aware of that often cause the most harm. Reactions to transgender people in particular seem driven by unconscious fear and aggression, which are hard to acknowledge and discuss.

COGS

The formation of COGS in 1992, then called the Committee on Issues of Homosexuality, was an important first step in giving queer identities a voice within the psychoanalytic community. The Committee's formation was inspired by a policy passed that same year, following the threat of a lawsuit by the late Richard Isay and the ACLU, that banned discrimination in the selection of candidates, faculty members, training analysts, and

supervising analysts within APsaA on the basis of sexual orientation. While there were no policies explicitly prohibiting LGBTQ+ analysts before 1991, there were no openly gay psychoanalysts other than Isay in the association, indicating an organization in which insidious social biases marginalized and silenced members of the LGBTQ+ community. Although the American Psychiatric Association (APA) removed Homosexuality from the DSM-II in 1973, psychoanalysts at that time opposed the move and petitioned APA to initiate a referendum vote on the decision. Psychoanalysts were late to the game in reconsidering their beliefs and recognizing homosexuality as a normal expression of sexuality.

Ralph Roughton, COGS's first chair, described the Committee's mission as advancing "changes in attitude and policy through consultation and education" ("Rethinking Homosexuality: What It Teaches Us about Psychoanalysis," *JAPA*, 2002). From its inception, COGS has served

underlying such thinking. For them, these battles were neither abstract nor theoretical—but rather a plea for basic recognition. Susan Vaughan, former chair of COGS, tells the story of an elevator ride she endured, as a candidate after presenting at an APsaA conference, where Socarides and his colleagues intimidated her with "sniggering, sneering devaluation and muttered under-the-breath comments about homosexuals" (private correspondence, 2021). Some original Committee members, like so many other queer people in those years, had been in treatment with analysts who tried to "cure" them—analysts whom they loved and trusted yet who believed these patients were fundamentally "perverts" incapable of mature love. As a gay man just young enough to avoid being a patient in that kind of treatment, I feel a sickening pain at the awareness of what my colleagues endured, coming of age when they did.

But as society has grown more open-minded in the last few decades, so has

Psychoanalysts were late to the game in reconsidering their beliefs and recognizing homosexuality as a normal expression of sexuality.

as a safe harbor for LGBTQ+ analysts within the organization as well as an activist group to combat anti-LGBTQ+ discrimination within our field and promote education and acceptance.

In the early years, the Committee's members, some of whom are still active today, endured attacks on their dignity from senior analysts like Charles Socarides, who held discussion groups at APsaA's national conferences until as late as the early 2000s. Those meetings continued to espouse theories that described homosexuality as a disorder that could be treated. COGS members attended these groups and bravely challenged the homophobic assumptions

APsaA. Today, our organization promotes education and forward-thinking scholarship that approach gender and sexuality through a wider, less pathologizing lens. Each national meeting provides attendees with opportunities to consider and reconsider their thinking in these areas. While prejudice toward many members of the queer community, including transgender, gender nonbinary, bisexual, and polyamorous folks is still ubiquitous in society and in our field, gay and lesbian analysts in APsaA now seem to have much the same access to analytic training and leadership positions as their heterosexual peers.

Complicated Relationship

Since COGS's formation, its members, along with other like-minded analysts within APsaA's leadership, have consistently nudged our organization to take stances meant to protect the LGBTQ+ community. In 1997, we helped APsaA become one of the first mainstream mental health organizations to support marriage equality. In 2012, we spearheaded the creation of an APsaA position statement that denounced the harmful practice of "conversion therapy" which, tragically and incredibly, is still practiced throughout the U.S. today.

In June of 2019, in the midst of a national reckoning, APsaA issued a public apology for the ways it contributed to the pathologizing of LGBTQ+ people. In the press statement, then president Lee Jaffe stated, "Regrettably some of that era's understanding of homosexuality and gender identity can be attributed to the American psychoanalytic establishment ... it is long past time to recognize and apologize for our role in the discrimination and trauma caused by our profession." The apology, undeniably meaningful, took many members of COGS, including myself, by surprise. For decades, we have worked to achieve such public recognition and acceptance from APsaA. Yet even as we celebrate this milestone, some of us question whether APsaA's apology was based on the sincere work of an organization grappling with its past.

Present Day

In 2016, I was asked to present a case during a COGS workshop at the summer APsaA conference in Chicago. As a third-year candidate new to these meetings, I was excited. The room was packed with experienced analysts who offered insightful feedback about my first control case, a gay man.

After the workshop, I rode in a cab to a COGS social event with Diana Moga and Susan McNamara, then co-chairs of the Committee. We talked pop music and New York City nightclubs...not your typical analytic banter! Over dinner, the Committee discussed the events of the meeting and caught

up with each other. Don Spivak showed me pictures of his grandchildren and his fantastic garden in Michigan. It felt to me that the people of this Committee, many but not all of whom are LGBTQ+, were more than just colleagues. They were old friends, and I was grateful to be among them.

The APsaA I walked into in 2016 did not seem discriminatory in the least to me. The feedback I received at the Chicago meeting was sensitive and rich; not a single analyst pathologized my patient for being gay or suggested I try to cure him. Psychoanalysis had come a long way. And yet, while I recognize that as a great feat, in my time chairing COGS I've become aware that our progress isn't as absolute as it outwardly appears. APsaA's updated public positions did not change every analyst's beliefs; bias still exists, although now in a more private realm.

Last year, in response to the growing awareness that, decades ago, Vamik Volkan penned what we now see as degrading writings about gay and trans people, a controversy brewed in certain institutes. The conversations that resulted, perhaps holding and enacting something for our entire organization, were characterized by varying degrees of support, denial, aggression, and defensiveness as psychoanalysts debated appropriate ways to reckon today with our collective past in regard to LGBTQ+ people. It felt to me that there was an overriding wish to simply be done with this difficult reckoning, to either cancel or exonerate, and then quickly move on as if this moment of conversation was an aberration rather than a glimpse into a much bigger matter. Various members of our association called upon me to enact some kind of public acceptance of APsaA's apology, in order, it seemed, to erase our painful past instead of trying to understand the cause and reconcile it with our present. We must not be hasty in either resolving or avoiding these difficult conversations, no matter how unpleasant; they reveal uncomfortable differences of opinion among psychoanalysts that have not been aired before. There is organizational value in speaking the unspoken and grappling with our complicated history.

Truth and Reconciliation

In 2001, Kenneth Lewes, who passed away from Covid in April 2020, presented "Being Gay and Becoming a Psychoanalyst: Across Three Generations" at an APsaA meeting in New Orleans. In this published talk, Lewes noted that while there had been a major reconciliation between psychoanalysis and gay people, "deeper structural and dynamic forces" still exist in the "non-written history," alive in private opinion and conversation, in supervision and in the consulting room. (It's important to note trans people weren't an explicit part of the conversation at that time.) Lewes wrote:

Insofar as psychoanalysis itself can be considered as having a psychology and a system of strivings, anxieties and defenses, the discourse on homosexuality that developed from the Second World War until the 1980s was a kind of neurotic symptom or, perhaps, a character disorder (Young-Bruehl, 1996). It was maintained with an amount of energy entirely disproportionate to its ostensible importance; it served as a vehicle for the discharge of disowned sexual and especially sadistic impulses; it had important functions in bolstering a somewhat fragile self-esteem and cultural identity; it was maintained doggedly and irrationally in the face of common sense experience and obvious historical fact; it was virtually unanimous and allowed none of the questioning and free play of intellect that are the marks of non-anxious curiosity and investigation. It was, so to speak, quite syntonic with the egos of those who professed psychoanalytic ideals and ethics. Now that it is over, one wonders what it was all about.

If it were dealing with a patient, an organization or an ideology, psychoanalysis would have plenty to say about the nature and dynamics of a system—psychological, structural, or intellectual—that developed and sustained such an aberration for so long and so unquestioningly. Such aberrations, it knows, do not appear out of thin air, but are rooted deeply in the unconscious strivings and anxieties of that system, and unless these dynamics are understood as an internal event, their symptoms will

reappear. As a discipline, psychoanalysis knows these things very well, yet about its own history it has fallen silent and so far has said little about this prolonged lapse from sanity. This very silence, I think, is the most unnerving aspect of the history I have just traced. If a patient wished to avoid discussing a prolonged disturbed episode, we would all suspect that he was defending against an internal complex that was still alive and toxic. [emphasis added]

Lewes' statement—"unless these dynamics are understood as an internal event, their symptoms will reappear"—continues to serve as a warning for us and a call to rise to the challenge of discussing these dynamics openly and candidly.

Mentalizing transphobic countertransference requires diligence and honesty; it's an often difficult process requiring us to confront how we developed our own gender identity, recognizing both the cisgender and transgender parts within.

In the rushed attempt to renounce our field's dark past, I am concerned we have adopted too quickly an accepting stance, which renders silent the many and varied perspectives our members actually hold in regard to LGBTQ+ people. I don't believe we have put sufficient effort, individually or collectively, into the kind of dialogue and self-reflection that would be needed for us to reconcile with the fact that psychoanalysts traumatized many queer people through bogus theories and harmful, unfounded practices. Analytic theories not only hurt analytic patients, they also had a major impact on social views at large about gender and sexuality, making damning ideas commonplace, such as the erroneous trope that people "become" gay due to faulty parenting. (The ways in which our field damaged many groups is vital to understand and discuss further but beyond the scope of this article.) Without a comprehensive reckoning, can we be aware of the damaging beliefs that remain embedded in our theory and practice today?

Gender Nonconforming Identities: Expanding Scholarship and Unthinkable Anxieties

Nowhere is psychoanalytic thinking more confused and conflicted, it seems, than in its approach to trans and gender nonconforming people. On the one hand, for the last two decades such analysts as Adrienne Harris, Ken Corbett, Avgi Saketopoulou, Griffin Hansbury, Jack Drescher, Francisco Gonzalez, and others have paved the way for us to think about gender and nonconforming identities in remarkably perceptive and sensitive ways. On the other hand, some analysts still believe that being transgender is only a disorder caused by trauma. Others are preoccupied with seemingly well-meaning anxiety that trans people

will change their minds and regret receiving gender-affirmation surgery. Underlying such worry is often the idea that a trans identity is "just a phase." Recall the frequent refrain from 30 years ago that coming out as gay was likewise "just a phase." Further, some analysts refuse to use a stated pronoun when it doesn't match a person's natal sex because it's "too confusing," or "not correct English." Rather, these may represent defenses against powerful but unanalyzed countertransference reactions—a gender-policing response to confusion and fear about transgressing stereotypical gender roles. As a cisgender person, I understand this confusion and fear—I experience it myself at times—but my hope is that more analysts will recognize and reflect on their internal reactions to gender rather than countertransferentially enacting them.

It's often the case that once we come to truly know someone from an unfamiliar group, we realize how similar we actually are. While I have been out as a gay man for 20 years, it wasn't until I had the privilege

of witnessing a patient slowly come to terms with a transgender identity that I understood and empathized with how fraught the process can be, both for the trans person and those around them. During that treatment, I found myself flooded at times with feelings of anxiety, sympathy, fear, and love. Ultimately, I saw how profound it was for my patient to embody his true gender. I also saw the intense anxiety, almost a form of PTSD, he had developed in response to early scolding, regulation, and constant invalidation about his gender. Such reactions to gender, harmful but sadly common, impinge on our ability to find our gendered selves.

In "Unthinkable Anxieties: Reading Transphobic Countertransference in a Century of Psychoanalytic Writing," Griffin Hansbury uses Winnicott's description of "unthinkable anxieties" to understand the kinds of anxieties that arise in cisgender therapists when sitting with a transgender patient.

The analyst drowning in the confusional whirlpool of transphobic countertransference is unable and/or unwilling to mentalize the patient's psyche and soma ... the trans patient cannot find himself in the mind of this analyst, just as he could not find himself in the mind of his caregiver. He searches but finds only more unbearable, unthinkable anxiety and dread. But the analyst who mentalizes the unmentalized can get out of the whirlpool and get on with the healing work. (2017)

Mentalizing transphobic countertransference requires diligence and honesty; it's an often difficult process requiring us to confront how we developed our own gender identity, recognizing both the cisgender and transgender parts within. Through this process, we start to free both ourselves and the other from the harsh gender restrictions and prohibitions that we've unknowingly learned and ingrained.

An Invitation to Participate

Anton Hart, in his article "Multicultural Competence to Radical Openness: A Psychoanalytic Engagement of Otherness," wrote:


Complicated Relationship

When it comes to the problem of prejudice, psychoanalysis offers a more profound remedy than trying to teach people not to be prejudiced or to watch what they say. Because psychoanalysis is interested in understanding what would make one person hate another and is inherently interested in creating contained opportunities for dialogue. Psychoanalysis aspires to help people to become more aware of the ways ignorance is self-protective and that prejudice involves using people to manage dreaded internal experience. (TAP, vol. 51 no.1, 2017)

We are all raised to privilege cisgender, straight identities and devalue queer ones. We all contain an array of multi-determined, degrading thoughts toward queerness and queer people. In order to help

heal our LGBTQ+ patients from the damaging beliefs they have internalized about who they are, as well as to respect our LGBTQ+ colleagues, family, and friends, we have an obligation to acknowledge those parts of ourselves that diminish queer identities and hold them next to a higher understanding that these beliefs are simply not right. As Hart reminds us, this is just the kind of work we know how to do as analysts: to self-reflect and maintain a stance of openness to the “unfamiliar, even the frightening, in our patients and in ourselves.” How can we, as individuals and as a field, be honest about and contend with our prejudices rather than enact them?

Thirty years after its formation, COGS is still an active, vibrant, and growing committee upholding its founding promise to facilitate “changes in attitude and

policy through consultation and education.” In our Committee meetings, senior members who were active in the 1990s sit next to a younger generation of analysts who are passionate about this work. We regularly offer workshops and discussion groups at the national APsA meetings exploring various facets of the LGBTQ+ experience. Anyone who would like to learn more about queer identities and the many reactions we have toward them are welcome to attend. 

Justin Shubert, Psy.D., Ph.D., is a psychoanalyst in Los Angeles. He is a founding member of the Committee on Diversities and Sociocultural Issues at the New Center for Psychoanalysis, and the chair of APsA's Committee on Gender and Sexuality.

An Analyst's Personal Story

Continued from page 8


to the same child. For I believe that your child who felt compelled to undergo such a drastic change will be grateful to you for the gift of understanding and support, in the midst of the pain of it all. I can only imagine, and can certainly not imagine well enough, what you, your husband, your children, must have gone through. And yet, from what I sensed in your letter and from what I had already sensed emanating from your person, is the feeling that you were able to reach to the deepest layers of your being and to find new sources of love and support for your child, new words for the new person and new understanding for the previous one who could not go on in his/her old skin. I want to thank you deeply for the privilege I, along with the others, was given to be made witness of such an important moment in your existence.

APsA's Committee on Gender and Sexuality was another safe and nurturing space for me during the first few tumultuous years following my son's coming

out. At the national level, it was there, at a Committee meeting, where I told my and my family's story. Colleagues and friends, especially Don Spivak, provided both support and an analytic understanding of what transition involves for both the individual and the family.

As patients heard that I had a transgender child, they were able, gradually, to bring their feelings about this into treatment. They often tested the waters first, though, to see if I could tolerate their talking about it. Initially, they wondered what my husband and I did wrong so that our child had “become transgender”; then they wondered how things were still okay at home with my family; and with time, many of them were able to talk about their envy regarding the acceptance and love they imagined my son received from me and my husband ...which brought up pain about what had been lacking in their own lives. I've written about this in detail in a chapter in my book *The Rupture of Serenity: External Intrusions and Psychoanalytic Technique*.

I've always believed in the importance of being honest and open with my patients while trying to make sure

the focus of their analyses remains on our working together to understand *their* minds. And I felt I could offer my patients nothing less when it came to this aspect of my life. So as patients heard, or read, about my having a transgender child, and asked about it, I met their questions with candor while also protecting my son's privacy and that of my family, and safeguarding against being overstimulating or exhibitionistic: not an easy road to traverse but definitely possible. I made it clear to my patients that this was not a secret, and not something I could not or would not talk about. And at the end of the day, these discussions led to a deeper exploration and understanding of their lives. 

Dr. Aisha Abbasi is a Training and Supervising Analyst at the Michigan Psychoanalytic Institute and a Supervising Analyst at the Florida Psychoanalytic Center. She is the author of *The Rupture of Serenity: External Intrusions and Psychoanalytic Technique* and the co-editor of *Privacy: Developmental, Cultural, and Clinical Realms*. She is also a published poet in her mother tongue (Urdu).

APsaA's 2022 Virtual Winter Meeting

February 12-13, 2022

Entering Year Three of Covid Time

The old ways are over, the rules in flux. We are repositioned, more overtly in the world now, a little less elite, suddenly scrambling like everyone else to find our way in a thickly mediated contemporary reality. No one knows what's next, what shapes our practices will take, what new frames, new thoughts, new ways of participating in our social and natural surroundings.

The sudden emergence of the Omicron variant necessitates that once again our February meeting will be a virtual one. Nature intrudes, as though insisting that, along with protecting ourselves, we also attend more carefully to her demands, to her needs for care.

In Saturday afternoon's program, the University Forum will host Bryan Stevenson, author of the internationally acclaimed *Just Mercy*, and founder and executive director of the Equal Justice Institute, who will be speaking of "The Mass Incarceration Crisis: The Hidden Racial Narrative." Heather Ann Thompson, professor of history at University of Michigan and the author of the multiple-prizes-winning *Blood in the Water: The Attica Prison Uprising of 1971 and Its Aftermath*, will be one discussant while Beverly Stoute the other, offering her psychoanalytic reflections on Stevenson's talk.

Another featured program is Kenneth Eisold's panel on "The Analyst in Group Life: How Our Group Identities and Memberships Affect Our Ability to Work Together," featuring James Barron, Lama Khouri, John Lundgren, and Angela Sowa. Ann Pellegrini will also



chair a panel on "The Turn to the Social," featuring Francisco Gonzalez, Dorothy Holmes, and Jyoti Rao.

The weekend will end with a special session chaired by Bill Glover and Kerry Sulkowicz—"Reimagining APsaA: Psychoanalysis & Social Engagement Today." Britt-Maria Schiller, head of APsaA's Department of Psychoanalytic Education (DPE), and Maria Nardone, co-head of the Social Issues Department, will speak. Our president and president-elect will share their views then open the session for interaction with members and guests.

In spite of the unexpected vitality of meetings taking place on the Zoom platform, many of us yearn for real contact with friends and colleagues from across the country.

Planning has begun for our June meeting. Date, place, and format remain to be determined. The past 20 months have given us the opportunity to rethink the structures

of our meetings. We no longer feel bound to our traditional four big three-hour panels. We have the chance to rethink and to reimagine how to best convene. The Program Committee is again open to review proposals—not only for large panels but for any idea, any setup, anything that may provide relevant exciting opportunities for us to start shaping our next decade(s). Along those lines, we are now thinking of "pop-up" meetings: two-hour events that will emerge between our traditional large Winter and Spring Meetings. We welcome any other program ideas. We hope to make the boundary separating the Program Committee from the membership more porous, to open programming ideas to a more diverse, less predictable cohort. Please pitch in. Now's the time. Traditional impediments to participation are dissolving. See you in February.

—Donald B. Moss, M.D.
Program Committee Chair

Introducing the 2021–22 APsaA Fellows

The American Psychoanalytic Association Fellowship Program is designed to offer additional knowledge of psychoanalysis to outstanding early-career mental health professionals and academics, the future leaders and educators in their fields. The 13 individuals who are selected as fellows each year have their expenses paid to attend the national meetings of the American Psychoanalytic Association during the fellowship year and to participate in other educational activities. The biographies below introduce our current cohort of excellent fellows. We enthusiastically welcome them to APsaA.



Orkideh Behrouzan, M.D., Ph.D., is a physician and a medical anthropologist specializing in mental health and the Middle East, and currently Associate Professor in medical anthropology at SOAS University of London. Behrouzan is the author of *Prozak Diaries: Psychiatry and Generational Memory in Iran* (2016, Stanford University Press), a 2015–16 fellow of the American Council of Learned Societies (ACLS), and the founder of Beyond Trauma, an interdisciplinary and collaborative initiative that aims to create a new interdisciplinary discourse on mental health in the Middle East (beyondtraumaproject.com). She has previously worked as a practicing physician, research scholar in molecular genetics at the department of Clinical Medicine at University of Oxford, Assistant Professor of medical anthropology at the *Institute for Medical Humanities* at University of Texas Medical Branch (UTMB), and Associate Professor in Medical Anthropology at the department of *Global Health and Social Medicine (GHSM)* at King's College London. Behrouzan is a bilingual poet and fiction writer.



Darja Djordjevic, M.D., Ph.D., is a graduate from Harvard Medical School/Department of Anthropology, a Master 2 from *École normale supérieure/École des hautes études en sciences sociales*, Paris, and AB from Harvard College. She completed two years of general psychiatry residency at Yale, and decided to subspecialize in psychosocial oncology and child/adolescent psychiatry. She would like to acknowledge the mentor-

ship and pedagogy of her Yale Psychiatry supervisors, especially Drs. Richard Ownbey, Farzana Begum, and Robert Ostroff. Her dual career integrates clinical psychiatry, medical anthropology, history of medicine, African studies, and global health equity in theory and practice. Her book manuscript, *The Cancer War(d): Onco-Nationhood in Post-Genocide Rwanda*, is based on research conducted in Rwanda and beyond from 2010 to 2018. Her publications have appeared in *BioSocieties*, *Journal of Global Oncology*, and *Medicine Anthropology Theory*. Djordjevic is an Adjunct Assistant Professor at the University of Global Health Equity, Rwanda; Research Associate at the Wits Institute for Social and Economic Research, University of the Witwatersrand, Johannesburg; and Fellow at Brainstorm: The Stanford Lab for Mental Health Innovation. She is a passionate music aficionada and violinist. She lives between the East Coast and Chicago, her native town.



Katherine Evering-Rowe, LCSW, is a clinical social worker in private practice and a senior therapist at Walnut Psychotherapy Center, a group practice serving the LGBTQ community in Philadelphia. She completed a BA in English and Women's Studies and an MA in Educational Studies focused on critical race theory and radical pedagogy at Tufts University. After years of writing and facilitating social and food justice programming for teens, she pursued clinical training and earned her MSW at the University of Pennsylvania's School of Social Policy and Practice. Katherine completed her second-year internship and a post-MSW Fellowship at Bryn Mawr College Counseling Services where she

went on to help structure and teach in the training program for new social workers. Her clinical interests include the intrapsychic and relational impacts of racial trauma, and the challenges of navigating differences in class, gender, sexuality, and skin tone in treatment between Black therapists and Black clients. Katherine hopes to complete an analytic training and to help broaden opportunities for clinicians of color to draw on the riches of an analytic approach while working in their own communities.



Sheila Frankfurt, Ph.D., is a psychologist and investigator at the Department of Veteran Affairs VISN17 Center of Excellence for Research on Returning War Veterans (COE). She received her Ph.D. in Counseling Psychology from the Department of Psychology at the University of Minnesota—Twin Cities. Dr. Frankfurt's research and clinical practice focus on military trauma and its impact, and in particular what has come to be called 'moral injury.' Dr. Frankfurt is currently funded by the VA Office of Rehabilitation Research and Development and the COE to develop a group therapy treatment for military traumas and moral injury, based on psychodynamic and psychoanalytic theory and practice.



Georgette Q. Harrison, M.Ed., earned her Master of Arts and Master of Education degrees in Counseling Psychology from Teachers College, Columbia University. Upon graduating, she began her clinical experience as a bilingual

clinician at the Cornell Scott Hill Health Center Child and Family Guidance Clinic. She transitioned to serving as the Director of Clinical Services at Integrated Wellness Group, a psychotherapy practice in New Haven, CT. As her interest in working with the youngest children and their families grew, she pursued an Infant-Parent Mental Health Post-Graduate Certificate from the University of Massachusetts, Boston while serving as the Training Director for Child First, a national, evidence-based, two-generation model that works with young children and families, providing intensive, mental health home-visiting services. She is currently the Director of Clinical and Community Partnerships at the Child Guidance Center of Southern CT, a community-based mental health clinic in Stamford. As part of her role, she routinely provides community presentations for providers and parents on child mental health topics while continuing to provide individual and family therapy to families. Ms. Harrison is a Licensed Professional Counselor in the state of Connecticut, a rostered Child-Parent Psychotherapy clinician, and the agency trainer for the Attachment-Regulation-Competency treatment model.



Kevin Ing, M.D., M.Div., is a fourth year psychiatry resident at University of California, Irvine and is currently completing the Adult Psychoanalytic Psychotherapy training program at New Center for Psychoanalysis in Los Angeles, CA. Prior to medical training, he received a BA in philosophy from Yale University, and an M. Div. at Westminster Seminary while serving as a chaplain and minister in an English, Cantonese, and Mandarin-speaking congregation. As a current APA/SAMHSA fellow, he is exploring how the dilemma of autonomous vs. collectivist sense of self in bicultural Asian-American identity negotiation affects questions of shame and shame-resilience in mental health access and treatment. His other professional interests include neuroimaging in psychoanalysis, religious trauma, spiritually oriented

psychotherapy, psychedelics, and integrated mental health. He will continue his training next year as an addiction psychiatry fellow at Yale School of Medicine.



Manal Khan, MBBS, is a second-year Child and Adolescent Psychiatry Fellow at University of California, Los Angeles. Manal received her medical education from Pakistan. After relocating to the U.S. in 2015, Manal completed her residency training in adult psychiatry from Duke University and University of Washington, respectively. She is also pursuing further training in Child and Adolescent Psychoanalytic Psychotherapy at New Center of Psychoanalysis in L.A. Manal's areas of interest include childhood adversity, trauma, structural/social determinants of health, cultural psychiatry, and psychotherapy. She has extensively engaged in scholarly activities around these topics and sees advocacy as an integral part of her everyday work. Manal has also served in various leadership roles, both locally and nationally, during her residency training and fellowship. Some of her notable projects include developing a global mental health and cultural psychiatry track during her residency, serving as the inaugural equity, diversity, and inclusion chief during her fellowship, and creating a mentorship program for Pakistani psychiatry residency applicants. Manal also feels passionately about bringing anti-war education and policies to psychiatry. Manal is a mother to two boys, named Salaar and Sulayman, and enjoys the goodness that they bring to her life.



Stephanie Kors, Ph.D., is a postdoctoral fellow in the Program for Psychotherapy at Cambridge Health Alliance and a clinical fellow at Harvard Medical School. She received her Ph.D. in Clinical Psychology from the University of Tennessee, where she studied developmental pathways to opioid misuse in pregnancy.

During this time, she served on the board of the Appalachian Psychoanalytic Society for three years. Her current research seeks to extend the empirical basis for psychoanalytic psychotherapy, particularly among marginalized populations. Additionally, she is interested in the ways in which basic principles of psychoanalytic theory are taught at the high school and undergraduate level. She is a member of the Boston Psychoanalytic Society and Institute and the Massachusetts Institute for Psychoanalysis. In addition to her clinical work and research, she is also an adjunct instructor in the Mental Health Counseling and Behavioral Medicine program in the Boston University School of Medicine.



Tatianna Kufferath-Lin, Psy.D., (she/her/hers) is a clinical psychologist and postdoctoral fellow at IMPACT Psychological Services, a group practice in Mamaroneck, New York. She became interested in psychodynamic theory and practice as an undergraduate student and intake coordinator at a trauma treatment clinic, where she worked alongside clinicians providing attachment-based therapy to parents and children who were survivors of abuse and neglect. Tatianna is a graduate of the Ferkauf Graduate School of Psychology, where her doctoral research focused on psychotherapy process in parent sessions of Regulation-Focused Psychotherapy for Children, a short-term, manualized psychodynamic treatment for children with disruptive behaviors. Her work has been published in the journal *Psychotherapy*, and she has authored and co-authored several scientific articles and academic book chapters on psychodynamic psychotherapy for children and families. A commitment to under-resourced communities, interdisciplinary collaboration, and the value of psychodynamic thinking underlie both her research and clinical work. Through these avenues, she hopes to contribute to the evidence base for psychodynamic treatments for children and families, join dissemination efforts to make these treatments available to more communities, and help make psychoanalytic ideas accessible to a broader audience.



Zenobia Morrill, Ph.D., is a postdoctoral fellow at Yale University, Mental Health & Counseling. She completed her postgraduate fellowship in clinical and community psychology at the Yale School of

Medicine and her doctorate in counseling psychology at the University of Massachusetts Boston. Prior to this, she graduated from Teachers College, Columbia University with her Ed.M. and M.A. in counseling psychology. Dr. Morrill's research interests include critical and liberation psychology, psychotherapy, qualitative methods, and decolonial approaches. Generally, her work aligns with critical psychology's mission to trouble structural and epistemological violence in the psy-disciplines. Her dissertation was a critical-constructivist grounded theory examination of power dynamics in clinical practice, from which she developed a model for a Liberation Psychotherapy. Dr. Morrill serves on the board of the Society for Qualitative Inquiry in Psychology (SQIP), the Society for Theoretical and Philosophical Psychology (STTP), and, previously, the Society for Humanistic Psychology (SHP). She also was a Research Officer for the United Nations special rapporteur on the right to health. Since 2017, she has been a Science News Writer for *Mad in America*, a mental health webzine.



Sien Rivera, M.D., is the chief Child and Adolescent Psychiatry Fellow at Prisma Health Midlands in Columbia, SC. He received his medical degree from SUNY Stony Brook School of Medicine

and completed his general psychiatry residency at Prisma Health Midlands. Alongside his clinical duties, Sien assists in teaching on LGBTQIA+ development as well as psychodynamic case formulation. His academic interests include LGBTQIA+ psychiatry, transgender and gender diverse youth, and the intersections of mental health and new technologies. He is a member of Prisma Health's physician working group for transgender

patient care, the Association for Gay and Lesbian Psychiatrist's Resident Committee, the American Association for Child and Adolescent Psychiatrist's Sexual Orientation and Gender Identity Issues Sub-Committee, and the Committee on Gender and Sexuality of the American Psychoanalytic Association. In South Carolina, he is also a member of the city of Columbia's first Equality Committee, which advises the city council on matters of LGBTQIA equity. His paper, "From Battleground to Playground: A Winnicottian Reading of the Video Game Avatar as Transitional Phenomenon for the Queer, Transgender, and/or Gender Non-Conforming Patient" was the 2021 recipient of the Ralph Roughton Paper award and received honorary mention for the International Psychoanalytic Association's first Tiresias Award.



Ewurama Sackey, M.D., is currently a first year Child and Adolescent Psychiatry fellow at UCLA. She was born and raised in Toronto, Canada. Ewurama attended the University of Pennsylvania

where she studied Health & Societies, Africana Studies, and Gender Studies. A college course about race, class, and poverty in the United States, specifically New Orleans, inspired Ewurama to move to New Orleans (recently post-Hurricane Katrina) to teach high school. Through teaching, Ewurama bore witness to intergenerational and systemic trauma that her students experienced in addition to the resilience and determination of adolescents in their family systems. Observing a dearth of mental health providers in areas such as these, Ewurama chose to become a psychiatrist. She attended the Perelman School of Medicine at the University of Pennsylvania for medical school and remained for psychiatry residency. During residency, Ewurama co-founded the Penn Psych Cultural Psychiatry Certificate Program, served as chief resident and psychotherapy resident coordinator, and received a certificate in the Foundations of Psychoanalytic Thought Program through the Psychoanalytic Center of Philadelphia. Ewurama has

also been the recipient of the APA/SAMHSA Minority Fellowship Award and the Penn Psychiatry Outstanding Senior Resident award. Ewurama hopes to further explore her interest in psychotherapy with adolescents, identity formation, individuation, intergenerational trauma, and racialized trauma through the APsA fellowship program.



Sudev Sheth, Ph.D., is a faculty member at the University of Pennsylvania. He holds a joint-appointment at The Lauder Institute of Management and International Studies, and

in the Department of History. He teaches perspectives on entrepreneurship, global capitalism, and leadership across the Wharton School and the School of Arts and Sciences. His research focuses on the social and cultural history of South Asia, business history, and the social responsibility of business.

In 2020–21, he was a Fellow at the *Psychoanalytic Center of Philadelphia* where he learned about psychoanalytic approaches to leadership and entrepreneurship. Key learnings from that experience have made their way into his second-year MBA course *The Global Leader*. In collaboration with a clinical psychoanalyst, he is also developing a course on the meaning of money which explores the concept of money from the "inside" through psychoanalytic ideas about the mind, and from the "outside" through historical debates about its creation and use. Dr. Sheth's writings have appeared in leading journals such as *Economic & Political Weekly*, *Journal of the Economic & Social History of the Orient*, *Manuscript Studies*, and *Business History Review*. He has also published case-related materials on leadership, ethics, and family business for *Harvard Business Publishing*. Dr. Sheth is currently working on a book that explores how business leaders in seventeenth-century India navigated political uncertainty to grow their family firms into modern businesses. Prior to joining the Penn faculty, Dr. Sheth was the Harvard-Newcomen Fellow in Business History at Harvard Business School where he taught in the MBA and doctoral programs.

IPA Podcast: ‘Psychoanalysis On and Off the Couch’

Harvey Schwartz

Psychoanalysis as a field will survive, perhaps thrive, if we let others know about the power of intimate insightfulness to alter their lives. Speaking to ourselves in our own language(s) is necessary but certainly not sufficient if we are to have a presence in the general community and the communal mind.

In 2017, the International Psychoanalytical Association (IPA), under the leadership of Virginia Ungar, set out to remedy our traditional inward focus with an *IPA in the Community* orientation. She inaugurated eight different committees (law, health, culture, climate, refugee, education, violence, and humanitarian organizations) for the purpose of reaching out to our wider areas of interest and application. Harriet Wolfe and Adriana Prenalder will be building upon this foundation and creating an *IPA in the Community and the World* program.

During these times of disruption, the podcast provides a way for the most senior members of our field to share their personal recollections of our history as well as their own personal evolution.

Establishing the IPA podcast, *Psychoanalysis On and Off the Couch*, is one of the efforts that Virginia and the Board enthusiastically supported when I proposed it at the 2018 IPA Board meeting. At that time, podcasts were just beginning to become popular, and this was an effort to get ahead of the outreach curve. Since then, my colleague Steve Rolfe and I have produced over 100 episodes focusing on psychoanalysts who apply their theory and clinical skills in remarkably varied venues, from prisons to dialysis units, from police departments to corporate board rooms, from classrooms to refugee centers. I, as well as others, have been surprised to learn of the many “off the couch” activities that engage our fellow analysts. “I didn’t know analysts worked in all these areas” is a common refrain from listeners.

Starting in March 2020, we added to our focus the methods far-flung IPA communities are using to cope with the pandemic—from Russia to India, from Brazil to Portugal, from South Africa to Israel. We discovered many similarities as well as differences within our international psychoanalytic family. Some

cities carefully followed lockdown regulations, for example, and some didn’t. Some clinicians were comfortable with online work, some less so.

I’ve also spoken with a number of the elders of our field to learn their perspectives on this unique moment in history and in psychoanalysis. During these times of disruption, the podcast provides a way for the most senior members of our field to share their personal recollections of our history as well as their own personal evolution. We learn of their changes in technique and understanding of abstinence over their many years of practice.

The pleasures I gather from this project are considerable. In addition to learning a new interviewing skill, I’ve met so many remarkable colleagues worldwide. Some have become friends. I’m moved by the thoughtfulness and dedication of our fellow analysts, and

I’ve learned from each conversation. Many analysts I’ve spoken with serve as links to the early psychoanalytic free clinics in Europe in the 1920s and ’30s. Our founders’ vision of making analytic engagements widely available is being realized, albeit with little fanfare, in these out-of-office contexts, often pro bono and with people who would not otherwise seek private treatment. Other analysts on the show function as virtual career advisors to prospective candidates who wonder if there are applications for our hard-earned analytic skills outside the consulting room. I ask each analyst I interview what they bring from their identity and practice as psychoanalysts to their off-the-couch lives. No spoiler here—you need to listen to hear their responses.

Our next task as a field is *theory building*; we intend to study the many settings and interventions in which psychoanalysts are involved and collect our observations to better understand the essence of this work and, therefore, better appreciate and teach it. It’s worth recognizing that off-the-couch

work isn’t watered-down analysis but each experience becomes something unique.

In that spirit, Steven Marans, the director of the Childhood Violent Trauma Center at the Yale Child Study Center (I recommend my two interviews with him: #16, #65), and I are creating a community psychoanalysis curriculum utilizing hands-on experiences depicted in the podcast.

Psychoanalysis On and Off the Couch can be heard and subscribed to through our website IPAOFFtheCouch.org or at your favorite podcast platform.

In the interest of turning further outward to the community at large, I’ve started a second podcast, *The Mind, Body and Soul in Healing*, that is oriented toward the general population. In one show, I interviewed an analytic candidate from Johannesburg who described her emotional struggles with becoming a mother. In another, I spoke with a psychotherapist who described the differences between dynamic therapy and other forms of psychotherapy. I’ve interviewed a memory specialist neurologist about preventing Alzheimer’s Disease as well as a psychologist/microbiome researcher on the latent microbiota communication that exists between mother and infant. Other shows have been on Zen and psychotherapy, the placebo effect, and depression throughout history.

I invariably look forward to meeting and learning with each interviewee. I appreciate the feedback I receive from clinicians and lay audience alike. They too, it seems, look forward to our next conversation.

Thanks for listening.

APSA



Harvey Schwartz, a Training and Supervising Analyst at the Psychoanalytic Association of New York and the Psychoanalytic Center of Philadelphia, co-chairs the IPA in

Health Committee and hosts *Psychoanalysis On and Off the Couch* and *The Mind, Body and Soul in Healing*, available at HarveySchwartzMD.com

Is It Worth It? A Question from Both Sides of the Couch

Peter Gross

In August 2021, after 16 months of varying degrees of isolation, masking, and social distancing, I had my first day of seeing clients in the office, and coincidentally seeing my analyst again in person. I have been able to maintain my own analysis four times a week throughout the pandemic: I stretched out on my recliner while my analyst looked over my shoulder from my laptop. I'm in my fifth year of working with her, so I have logged in many hours dealing with that traffic. We spent a good part of that August in-person session talking about how it felt to be in her office again. I maintained the belief that the sessions on Zoom were just as effective and meaningful as they had been in person, that it was a successful adaptation to these extraordinary times. My office in Fairfax, Va. is 30 minutes away from hers, located in Washington, D.C., and the drive takes me through some of the thickest traffic the city has to offer. We agreed I would come to her

As things open up and people are vaccinated, conversations about returning to the office have been more about the convenience of meeting on Zoom and not fighting traffic.

office once a week on Wednesdays and have the other three sessions on Zoom because Wednesday is the only day I have scheduled in-person sessions for my clients. I live an hour away from my office, and so making the drive to and from work to sit in front of the Zoom camera seemed unnecessary. I had been able to maintain effective clinical relationships with all of my clients, including children, during the past 16 months. As things open up and people are vaccinated, conversations about returning to the office have been more about the convenience of meeting on Zoom and not fighting traffic. But at the end of that first day back, I started to consider possible unconscious

dynamics of my experiences and those of my analysands.

I began my formal psychoanalytic training and psychoanalysis with my first training case three months into the pandemic. I picked up my second training case this past year so the entirety of my psychoanalytic training, my supervision, the classes, and all of my analytic sessions have been conducted over Zoom.

I and the first analysand I saw that day had similar experiences with this change in the analytic setting. This was a new experience for me as an analyst with him, and it would be my first time back with my analyst after 16 months of Zoom sessions. I had been meeting with my analysand four times a week for six months, and it still felt like a new experience with each other in the room. We talked about my office: what it was like getting to the office and sitting in the waiting room. As I sat in my chair in the traditional position, off to the side and

just behind him, I felt a new anxiety and tentativeness in engaging with him. The session had a reserved quality to it, and, at the end, when I brought up the idea of making Wednesday the day for us to meet in person he said *no*, he wanted to remain on Zoom all four days. He said the drive out to my office was difficult and anxiety provoking. After my visit with my analyst, the drive back to my office was also difficult. I wound up five minutes late for my next client who happened to be my other training case. I felt myself retreating from the convergence of these events, longing for the simpler and safer routines of working from home. This was a different risk of exposure: The repressed and

split-off parts of myself were now in the room with my analyst.

I spent the next morning organizing an argument to present to my analyst in favor

of our continuing on Zoom four times a week. The convenience of just closing the door to my office on Wednesdays and setting up my laptop was very appealing. I wanted to remain in the safer space. I began our session with a closely reasoned argument. Like any good analyst, she didn't just buy it but instead helped me to think about what I was saying. I was defensive at first, sticking to my argument. I told her there really isn't a significant difference between being in her office or being on Zoom. I referenced the many productive hours we've already logged on the Zoom platform. She reminded me that when we met in her office, I commented on how much more personal it felt to be there. This opened up a new consideration for me. I made the association to how I manage my experiences of vulnerability, how I minimize the intimacy of a four-year analytic relationship. My analyst failed to prevent the pandemic and protect me from the deprivation of my time in her office, an unacceptable feeling that remained repressed for sixteen months. I started to think about the metaphor—navigating traffic as an integral part of my work in analysis. For four years, I had navigated congested roads, construction, and lane closures to get to and from her office. Our sessions technically began when I lay down on her couch and ended when she said we are "at time," but arriving at her office and then returning to mine was all part of the work. I remembered being anxious about



Peter Gross

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The ‘Both-And’ with Teletherapy and Teleanalysis

Todd Essig

October 2021, nineteen months into the pandemic and I’m still working full-time as a telehealth provider. Sitting now and writing in front of a full-color HD screen fed by a super-fast internet connection, I worry about what comes next: Will APsaA, and psychoanalysis, embrace a research-grounded and nuanced both-and approach to using technology, one that acknowledges both what is possible and what is not? Or will a more one-sided enthusiasm take hold? Will we take full measure of technology’s significant promise and its inevitable losses and limits? Or will an either-or mindset of being for or against technology blind us to what screen relations can’t do?

Screen relations weren’t always like they are now. My first technologically mediated relationships were way back when screens were monochrome and modems so slow that one could type faster than the connection could carry. Nevertheless, I was captivated by the intimacies I experienced on those early chat boards and discussion forums. Several years later, in 1991 when I began psychoanalytic training, I was already trying to understand how technology could so easily capture hearts and minds. Then what worried me—and what I tried to combat by launching and directing *The Psychoanalytic Connection* (first as jofi.com and then, from 1995 until we closed in 2009, psychoanalysis.net where, among other things, we developed and hosted the *JAPA Netcast*)—was how my new psychoanalytic colleagues were avoiding technology’s significant promise.

Now, decades later, after many years of the psychoanalytic community using PEP-WEB, engaging in or following at times fiery listserv interactions, participating in pandemic-specific experiences of online conferences, and providing teletherapies, tech avoidance has become untenable. A role for screen relations in helping us help people solve problems in living is no longer in doubt. However, a complemen-



Todd Essig

tary awareness of technology’s perils, problems, and inevitable losses is very much in doubt. It seems the nuanced both-and attitude I believe we need is being occluded by familiarity and wonderment. We are reaching a point—organizationally, professionally, and culturally—where an appreciation for the unique value of in-person relating is at risk. At the base of my worry is my observation that many people are acting and talking as if screens and speakers can seamlessly substitute for physical co-presence.

It doesn’t have to be this way, at least for psychoanalysis. From the start of 2020 until the summer of 2021, I had the privilege of working with eight international colleagues on IPA’s Remote Analysis in Training Task Force, ably chaired by Alexander Janssen from the Netherlands. We began with significant differences of opinion, backgrounds, and theoretical frameworks. Despite having to work exclusively online because of the pandemic, we studied and worked together in search of a consensus no one thought we could achieve when we first began. But we did. We found a workable approach to technology-in-training that allowed us to remain true to our foundational beliefs and formative psychoanalytic experiences. We did this by embracing both what technology can do and what it cannot do. Doing so was not easy. Central to our successfully reaching consensus was trusting that appreciating technology’s inevitable limits and losses is not a reason to eschew the technology. Instead, recognizing the inherent problems offered us an opportunity for solutions-focused

creativity. Appreciating both promise and peril allowed us to replace the possibility of schisms and splits with an innovative forward-looking approach no one initially thought possible.

Unfortunately, at least at the time of this writing, APsaA seems to be going in a different, more one-sided direction in regard to technology. For example, the absence of both-and nuance is evident in the Institute Requirements and Review Committee’s (IRRC) recently proposed revisions to APsaA’s educational standards. The version that became active early October acknowledged only “the value of distance technology in all components of psychoanalytic education.” There was no balancing acknowledgment that distance technologies also have deficiencies and problems. It failed to direct attention to specific pedagogical skills and institutional requirements considered essential for best practices distance education. The document also failed to acknowledge particular educational need for or benefits from developing skills specific to providing teleanalysis and teletherapy. Though obviously necessary, the proposal reads as though expertise in providing in-person psychoanalytic care is all one needs to provide high-quality teletherapy or teleanalysis. Differences well established by decades of research between what can take place in person and what can take place on screen appear erased by the document.

That the document gives scant credence to the inevitable benefits *and* costs, rewards *and* risks is especially prominent in its discussion of candidate teleanalysis. Instead of it being an option that could be made to work when necessary, as we concluded in the IPA Task Force Report, IRRC made teleanalysis a standard option that could be selected solely on the basis of preference. According to the proposed standards, a candidate at an APsaA-affiliated institute could opt

'Both-And'

for a teleanalysis “to provide a greater choice of analyst.” It reads as though nothing of value would be lost in choosing screens and speakers over physical co-presence. No longer would a candidate need to arrange, despite inconvenience or resistance, to see an analyst in person. With this as the baseline, for example, candidates in Philadelphia could choose analysts in New York simply because they preferred the cachet of that institute. Or a candidate in Chicago, feeling constrained by urban fees, could scour the country for the lowest cost analyst, or the one with the most lenient cancellation policy. In this way, IRRC’s proposed revisions ignore the limitations and inevitable losses of teleanalysis and, correspondingly and likely without an intention to do so, diminished the uniqueness of in-person treatment.

Not everyone agrees. Obviously. But I think this is an avoidable mistake with potentially dire consequences: potential schisms and splits in APsaA; the creation of high and low status graduates; a public image that portrays us degrading in-person intimacies and thereby throwing us into the therapy app basket, along with techno-preneurs like Talkspace and Betterhelp that strive for massive profits by being a “disruptive technology” at the expense of vulnerable people seeking help; and, perhaps most important, lost or attenuated opportunities for pedagogic creativity because there is no urgency to solve problems not noticed. I should note that I joined with 13 other colleagues in writing a response to an earlier draft. We requested that IRRC adopt a more nuanced both-and approach. We made specific suggestions for ways of seamlessly including such an approach within the existing structure of the document. None of our substantive suggestions made it into the final draft, further illustrating the document’s expression of a one-sided stance toward the use of technology.

The question, then, I find myself worrying about is *why?*: Why are so many colleagues moving with such certainty in what the IPA Task Force and I see as the wrong direction? What is it about technology, and our relationships to and through it, that makes it hard to simultaneously appreciate the promise and the peril of distance technology, especially in psychoanalytic education? Based on my work on the IPA Task Force, in numerous workshops taught with Gillian Isaacs Russell, in various study groups,

...our devices are designed to disappear, to make it seem one really can reach out and touch someone, and to hide the fact that one cannot.

and as co-chair of the APsaA COVID-19 Advisory Team, as well as more than 30 years trying to bring together technology and psychoanalysis, I have noted eight ways technology seduces. Of course, this is not a comprehensive list. Nor does it imply that all points apply to everyone. But I hope sharing my experience here might help bring about the mid-course correction I think so necessary.

Technology’s Design: Communication technologies are tricksters by design. They are built to create an “illusion of non-mediation,” a.k.a. telepresence. From telegraph operators to the telephone to today’s video conferencing and forward into augmented and virtual reality implementations, these devices work by mimicking the neurotemporal patterning of interactions previously possible only with physical co-presence. The richer the temporally appropriate stimulus array, the more powerful the illusion. In this way, our devices are designed to disappear, to make it seem one really can reach out and touch someone, and to hide the fact that one cannot. An experience of “it feels the same so therefore it is the same” is built in. Technologists spend millions of dollars researching deficiencies and problems with telepresence to make the illusion of non-mediation more powerful.

It is as understandable as it is unfortunate that so many have become entrapped by telepresence experiences.

Introspective Awareness: Being a psychoanalyst can turbocharge the illusion of non-mediation. We’re trained to access a nuanced awareness of introspective data. When this is combined with technology’s design, it can lead to experientially powerful moments of “I feel close therefore we are close.” But as powerful as they are, those moments can block awareness of both how technologically

mediated closeness affords a radically different range of relational possibility and how unique psychological processes need to be deployed to make the illusion work.

Confirmation Bias: Being a psychoanalyst brings awareness but does not inoculate us against the profound influence of unconscious processes, be it from the dynamic unconscious or the cognitive unconscious. We all look for information to confirm what we believe and what we want to believe. For example, someone who wants to believe in technology’s promise for distance training without loss or limitation can look at a survey and say it shows people trained online are better prepared to provide teletherapy. And someone who believes in a nuanced appreciation of promise and peril can look at the same data and conclude people trained online are less prepared to provide in-person care. Confirmation bias supports polarization and our unfortunate history of talking past each other.

Rhetorical Excess: Further contributing to polarization and loss of nuance are the strident rhetorical excesses of those trying to make a point. I have heard proponents of teletherapy and teleanalysis talk with an evangelical techno-enthusiasm reminiscent of the late 1990s when AOL

disks rained down like manna from heaven and technologists promised a problem-free techno-utopia. I too have participated, perhaps more than most, trying to deploy the full power of language to first force awareness of technology's rewards and then lately its risks. The results have been unfortunate. Instead of creative dialogues like that which took place in the IPA Task Force, the dialogue often resembles an old Miller Lite commercial. But instead of shouting "tastes great" or "less filling," evangelists square off against the neo-Luddites: "functions the same," one shouts, only to be met with, "differences matter." I regret those moments when I sunk down into these depths of rhetorical excess.

Cognitive Dissonance and Procedural Knowledge: Social psychologists have long documented how attitudes follow behavior; that which we've done tends to become behavior about which we hold increasingly positive attitudes. The unambiguously positive development as more psychoanalysts acquire the procedural knowledge necessary to get things done in the technologically mediated world inevitably carries with it a change in attitude. The more we do online, the more positively inclined we become toward doing things online. Because the pandemic required us all to become overnight telehealth providers, and many of us worked to help others develop the procedural knowledge needed to make that transition, there has been a corresponding tectonic shift in attitudes. I don't think IRRC's revisions would be so unilaterally positive were it not for the way cognitive dissonance changed attitudes during the pandemic.

Psychoanalytic Insularity: Since 1953 when Lawrence Kubie stormed out of the Macy Conferences on Cybernetics, psychoanalysis has mostly ignored a vast literature on the psychological consequences and experiences of technology use. Rather than participating in an ongoing conversation with information and computer science, media studies, cybernetics, and human-

computer interface studies, we put ourselves in an intellectual silo. Recent discussions on the APsaA Members' listserv underscore this insularity. It's as though knowledge and research do not exist unless they were developed within the psychoanalytic literature. As a consequence, little attention is paid to the research documenting the problems and perils of screen relations. Avoiding available research apparently helped make possible IRRC's disregard of the costs when considering the value of distance technologies.

Present Shock: We're not immune to culture. The disorienting, onrushing information overload that the American futurist Alvin Toffler warned about in his 1970 international bestseller *Future Shock* is here, so argues Douglas Rushkoff in his 2013 book *Present Shock: When Everything Happens Now*. In a state of "present shock" our very perception of time has been altered by things like our "always on always on us" digital devices. Our cultural center has shifted from linear narratives and long-term consequence to the immediacy of experience in the present moment. Once again, there is support for the "it felt the same, therefore it is the same" feeling that undermines awareness that so much is actually different and possibly lost. Plus, there is the uncomfortable reality that we are still mid-pandemic with no real sense of how or when it will end and little appreciation for the traumas we will all need to process and integrate. Surely, at least to my mind, this particular now is not the right time to make unconstrained and uncritical distance education standard policy since we remain in the trauma with no real sense of how disruptive it will prove to be in the years ahead.

Organizational Politics and Financial Pressures: The current state of our organization provides numerous pressure points in conflict with a nuanced both-and approach. Stated generally, most baldly, and in eco-

nomics terms, APsaA has excess inventory of expertise. Teleanalysis shimmers as a solution by promising increased demand. In addition, unconstrained technology use promises a reputational shift for psychoanalysis from being a moribund 20th-century holdover to being a vibrant 21st-century practice. But, unfortunately, in many ways, that is an empty promise. Current cutting-edge scholarship is much more involved in understanding technology's risk and reward, in documenting loss. In contrast, the attitudes inscribed in the IRRC revisions actually reflect late 20th-century thinking. I fear they will only confirm the reputation we want to change. While there's much more to say, there are also specific features of APsaA's current organizational politics deserving attention. For example, making teleanalysis an option based on candidate choice alone, where candidates will not be limited to those analysts they can see in person, when possible to do so, will likely undermine the ability of some institutes, especially smaller ones, to attract candidates—and therefore their viability.

I want to close, so I can go back to worrying, with a summary statement from the IPA Task Force report that encapsulates one version, and it happens also to be mine, of what a both-and approach looks like:

In summary: Our final recommendations have two foundations. The first is that teleanalysis is similar enough for it to be part of the minimum conditions necessary to graduate competent analysts. The second is that teleanalysis is different enough from in-person analysis to limit its use and to require additional training experiences to compensate for these differences.



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Is It Worth It?

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being late, and the drive back to my office was always spent thinking about our session. Those times of anxiety and reflection disappeared with the pandemic. Sitting in my sunroom with my analyst on my laptop allowed me to continue my analytic journey but at a safer distance. All I had to do was sit up and click off the screen. Thinking about this, I became aware of the flux of safety and distance in our relationship; I began to recognize how Zoom sessions provided a more comfortable process because they shielded me from my unacceptable anger at her and my ambivalent feelings related to our work.

Then I began to think about my analysand's apprehensions and dread about his drive to my office. He must also be experiencing vulnerability in my office as a consequence of the shift in setting. Maybe even more so because he had never been to my office before, whereas I'd had four years of that drive to and from my

analyst's office. My anxiety about my first in-person session as an analyst might have contributed to his unease. My other training case also expressed reluctance about coming into the office for the first time. My analysands starting in-office analysis has been a focus in supervision as my supervisors and I identify the metaphors each analysand brings into sessions and their connection to transference and counter-transference dynamics. Did I fail to prevent the pandemic from depriving them of beginning analysis in my office? Are they holding unacceptable conclusions and ambivalent feelings about me, the way I did in my own analysis?

As we transition back to being more fully in a world that is slowly a little safer, I begin to wonder about the safety I and my analysands experienced by remaining within our homes. The success of teletherapy with both psychotherapy and analysis has allowed my clinical work to continue. The paradox of that success became apparent in my reluctance to return to the office. The convenience

of receiving therapy in the comfort of home enabled me to continue analysis with a feeling of safety that prevented me from exploring unknown and unsettling parts of myself. And with my own analysand, my anxiety about our first analytic session in the room might have contributed to his resistance. Now I see what my analysands face: The investment of time and effort to meet in person, in a room together, was a given before the pandemic. It is now an option we need to consider. The question "Is it worth the trouble and inconvenience of dealing with traffic and parking?" begs exploration with each of my training cases and within myself. APSA

Peter Gross, LCSW, is a second-year psychoanalytic candidate with the International Institute for Psychoanalytic Training. He has been providing mental health services to children, adolescents, and adults for 39 years. He is a Partner at the Child & Family Counseling Group in Fairfax, Va.

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Himanshu Agrawal

"You have a deep-rooted need to feel special. I feel, that in the drive to feel special, you have been alienating many around you. I am concerned that if you continue to be this way, you may end up dying alone."

I made this remark to one of my control cases, 26 months into treatment. Later, they called it a "transformative statement." At the time, though, they felt like storming out of the office.

In 2014, I was introduced to Dr. Salman Akhtar.

"This is Himanshu. He is interested in pursuing analytic training."

"Hello, Himanshu. Nice to meet you. Let me ask you a question. Can you think of a good reason not to start analytic training?" I responded by listing many: money, time, confidence, limitations related to my practice. He nodded along, then responded in his signature style.

"I see, I see. So, let me ask you a question. Do you have a good reason not to start analytic training?" I smiled sheepishly as I pondered what he was encouraging me to be curious about.

After another 18 months of my personal psychoanalysis, I felt I had worked through my resistance, and applied for training at my beloved, idealized psychoanalytic institute in Minnesota.

In my personal statement, I recalled my rendezvous with this charismatic, commanding analyst, and added, "I am applying to psychoanalytic training because, simply

put, I have run out of reasons not to."

I wrote this application seven years ago, and since then I have had some time to think about what resources were needed to take this

step. Before enumerating these resources, I would like to start with a disclaimer that these resources and factors are likely different for every individual. However, the point I wish to make is that every potential candidate may have important reservations and many of these are arduous to overcome, and sometimes seem insurmountable.

Firstly, I had to receive my "terminal degree" which, in my case, was an M.B.B.S. (the equivalent of an M.D. degree) from my medical school in India. I had added six more years to my medical training, including four years in a psychiatry residency and two years as a fellow in child and adolescent psychiatry. We were all called fellows, irrespective of our gender. These additional years turned out to be both an impetus as well as an impedance to applying for psychoanalytic training. The same training that created a thirst to immerse myself in learning about the importance of childhood also left me drained when it came to taking any further steps. I gradually built up an intellectual reserve; however, it took me several years to do so.

The next resource I needed to conjure up was money. I was already in personal psychoanalysis, which was costing me a pretty penny, despite being told I had "the best insurance plan in the world." (As I read somewhere, when Americans say "world," they really mean "USA," and when they say "USA," they really mean Manhattan.) Starting analytic training meant coming up with additional money to pay for tuition, books, travel. However, the biggest financial commitment would be to bid adieu to 20 percent of my annual income for the next four years, as I committed an entire workday to didactics. In retrospect, the biggest challenge was to reconcile with the state of finances during my childhood. I grew up in New Delhi on the fringes of poverty, and my moth-

er's entire salary went to paying her sons' private school tuitions. Little Himanshu had to work through the reality that this 20 percent he would forego each year was the equivalent of 12 years of his parents' combined incomes!

The next resource I needed to recruit was the time and the ability to tolerate volumes of readings. My father, my childhood hero, openly displayed his disdain for academia and academicians. He had successfully defended against his own bibliophobia by ridiculing bibliophiles, and it took a few more years of analysis to work through my strong identification with this part of him. It took a rare scolding from my immensely patient analyst for me to see the light. "What I'm saying is do your damn readings!" One father prevailed over the other, and I realized, much to my delight, not only could I tolerate psychoanalytic literature, but I could relish it!

The final resource I needed to start psychoanalytic training, was misery. At the time I put in my application for psychoanalytic training, I was divorced and terribly lonely. In retrospect, I believe if I had been as happy in my personal life back then as I am today, I may not have put my name into the hat.

"What does it take to become a wizard?" I once asked my analyst.

"A lifetime of suffering and the help of a few good people," came the reply.

Nine individuals started in our psychoanalytic class. Four have made it through the coursework, earning them the nomenclature of "advanced candidate." All nine are extraordinary human beings in their own ways. They are all highly intelligent. They are all too familiar with hard work. They all possess extra-ordinary emotional perceptibility. Yet, over half of this group has chosen to part ways with the Institute. If one individual leaves, perhaps it has something



Himanshu Agrawal

Triumphs and Tribulations

to do with that person. If two people leave, perhaps it has something to do with that dyadic dynamic. If a whole bunch leaves, perhaps it has something to do with the system, in this case, my beloved institute in Minnesota.

Around the same time, the end of my second year of training, I too started entertaining the idea of premature termination of my psychoanalytic training. I was feeling exhausted, overwhelmed, dog-tired. I would put my toddler to bed, kiss my wife's forehead, and then disappear into the recesses of the night to do my prep work for the next class. This was the hardest thing I had done since medical school! I was feeling unappreciated, and "un-understood." By my own subjective calculations, one out of four teachers assigned readings poorly, and one out of four teachers discussed them poorly. I am loquacious by nature, and it felt like many teachers were uninterested in my ideas and my opinions. And then there was the archaic to reckon with, for instance, the chauvinism and the homophobia, which made a noisy din amidst the awkward silences in the classroom.

It is entirely unfair to vilify my institute.

A large amount of my institutional transference had to do with my own neuroses. I noticed, for me, there were strong similarities in the middle phase of my analysis and the late-early/early-middle phase of psychoanalytic training. Amidst my regression, I was constantly angry, irritable, full of self-doubt. I was picking frequent fights at home. I hadn't even started my first control case.

I took to intellectualization and sublimation. I had been appointed the editor of the *Candidate Connection* national newsletter for the American Psychoanalytic Association (APsaA), and I now knew my theme for the next edition: the vicissitudes of candidacy. I created an anonymous survey and sent it to the listserv for all APsaA candidates. I wanted to know if

other candidates around the nation were feeling similar difficulties.

Out of 297 members on that email list, 51 responded. Apparently, there were many others who felt the way I did. I was not alone! The other useful message I received was from advanced candidates and recent graduates: "Psychoanalytic training is hard. However, if you are able to find a way to get through the rigors, it is worth it." This information provided the exact shot in the arm I needed—along with a very nurturing analyst, and an extraordinary person who calls me her husband.

My wife, Sarah, would have gained the most had I quit my analytic training. She would have her husband back, smile and all. But she egged me on. When I interviewed her for the next edition of *Candidate Connection*, entitled "Unsung Heroes," I asked her what made her push me to continue. She replied she knew she would respect me more if I persisted, but more importantly, she knew I would regret it if I quit, which in turn could affect not just our marriage but also my relationship with myself.

"What is the overarching purpose of psychoanalysis?" I once asked my analyst.

"Success in love, and success in work," came the reply.

My analysis had borne fruit. Through internal transformation, I found this most healthy person. I had succeeded in love! Now, it was time to double down and succeed in work, the work of psychoanalytic training and developing a psychoanalytic identity. I took to my training analysis with a renewed fervor and started to recognize, and work through, the deidealization of my institutional transference. I began to see my teachers and the leaders at the Institute as people worth

admiring instead of idealizing. This allowed space for fallibility and imperfections, so I could see them and myself as human.

It would be unfair to let my institute off the hook entirely.

When I complained about the poor quality of some of the didactics, the reply was, "Well, you're never going to find a solution to that problem. There simply aren't enough teachers." I had a potential solution: Why not have fewer classes rather than expose us to bad teachers? Years later, I realize my proposed solution was overly

"What is the overarching purpose of psychoanalysis?"

I once asked my analyst. "Success in love, and success in work," came the reply.

simplistic and ineffective. For starters, it would have meant we wouldn't be able to graduate!

Unfortunately, this solution started acting itself out organically. First one, then another, then half the class started missing lectures. In my annual review, the faculty member gave me very little positive feedback, and chided me for my attendance. I expressed surprise: "I believe I have been keeping good attendance, in accordance with the number of allowed absences per the policy." The Progression Committee replied, "We want you to have an immersive experience. When I was a candidate we simply attended as many classes as we could—which was all of them. We found that the other stuff just kind of arranged itself around this." *The other stuff* referred to my commitment to my academic institution, the place of my employment, and my patients who had crises during my classes. Or my wife and my 3-year-old son, who craved a long weekend with his father, and a mother back in India, who wished to see her son.

I remember visiting my homeland during the last term of my didactics. My best friend's father had just died. I remember staying up all night (India time), attend-

ing my classes remotely solely because of that command to immerse myself. I would be participating by expanding on my thoughts about such-and-such concept while the widow sobbed all night in the next room. I remember thinking to myself, "What's wrong with this picture?" but couldn't quite put my finger on it then. Looking back, I do believe such faculty members might be mistaking *immersion* with *submersion*—drowning, asphyxiation. Today, when I think of such teachers (whether at psychoanalytic institutes or in medical schools across the nation), I am overcome with a sense of sadness for them. In my opinion, former students have been taught wrong and are passing on the intergenerational trauma meted out to them by their own teachers, their gods. I believe in doing so, they might be *identifying with the aggressor*.

As someone who has been invited to several seats at the national table, whose ideas have been listened to, I say to psychoanalytic institutes across this amazing country:

"You have a deep-rooted need to feel special. I feel that, in the drive to feel special, you have been alienating many around you. I am concerned that if you continue to be this way, you may end up dying alone."

Having said that, I am thrilled at the head-spinning pace at which APsaA has evolved in the last decade: the inclusion of several groups that were once considered the Other, APsaA's apology for its stance on homophobia, an evolved perspective on distance analysis and training, to name a few. I look forward to seeing where it is headed. As an adopted son of my institute, as the first long-distance candidate accepted by it, as someone who fell in love with psychoanalysis and then himself because of my institute, I say to anyone struggling with psychoanalytic training: Remember this about our wonderful, neurotic clan. We are a group of well meaning, partly damaged, intelligent, clumsy, wise, foolish individuals who are trying their best with what they've got, to pass on to you a specialized, sacred craft, against the grain of societal norms

and business models. Please consider *not* doing what I have done in the past—sitting in a corner with my arms crossed whining "Where is all my tuition going?!"

Instead, consider imbibing Heinz Kohut, getting *really* empathic, leaning in, going with the flow, and if possible, pitching in. It will probably be a messy, undulating whitewater-raft ride, and sometimes it might feel like your paddle has fallen into the creek. However, today, I join the ranks of those who declare *it has been worth it*. It's not over yet, but thanks to my psychoanalytic training so far, my marriage, my child rearing, and my clinical, teaching, and administrative practices have all turned out better than this kid from New Delhi could have ever imagined. APsaA

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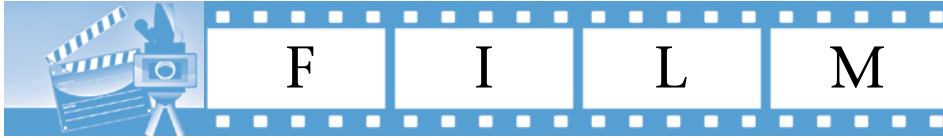
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Scenes from a Film Group

Mary T. Brady

Films, like patients, present analysts with narratives, characters, and dialogues to be emotionally, sensorially, and intellectually associated to. Unlike patients, no lives are at stake, so when a group gathers to discuss a film, red wine and chocolate can be served.

In this vein, six years ago I initiated, along with my erudite and ebullient friend and film scholar Diane Borden, an *Adolescence on Film* group here in San Francisco. In addition to the two of us, the group included ten psychoanalysts and other psychoanalytically oriented clinicians; the analysts come from both the San Francisco Center for Psychoanalysis and the Psychoanalytic Institute of Northern California. Several of the inaugural members continued through the first three years, when we grappled with the theme of adolescents on film, then the next two years of *Trauma on Film*, and now, in our sixth year, for *Siblings on Film*. We meet monthly after watching the films separately. While we consider the film our primary subject, we also read psychoanalytic papers or sometimes a poem or novel to accompany the film. For instance, when we discussed Kenneth Lonergan's *Margaret*, we read *The Waning of the Oedipus Complex* by Hans Loewald to examine guilt at the unconscious psychological murder of parents that adolescence entails. (Lonergan jokes he was raised by the New York Freudian Society, as his mother and stepfather are analysts.) When we watched Truffaut's *The 400 Blows*, we read DW Winnicott's *The Antisocial Tendency* to weigh the potential value of adolescent acting out, but only when the communication in the action is received and

understood. For André Téchiné's *Wild Reeds*, we read Nancy Kulish's *First Loves and Prime Adventures: Adolescent Expressions in Adult Analyses* to discuss the impact of first love and initial sexual experience, here, in a gay adolescent.

We consider these films works of art that illustrate—through cinematic technique, image, and narrative—psychoanalytic themes, dynamics, and concepts. The group format is ideal for film discourse in order to allow multiple perspectives. The study of film, like other creative and artistic endeavors, expands our emotional responsiveness and empathy.

Getting to know our group members over the six years through their aesthetic responsiveness to film has been a delight. Members are inevitably sensitive to different elements (e.g., music, colors, lighting) as well as to the numerous themes and subthemes of a film. One's reactions to a film are enriched by others' views that are additive or complementary or occasionally challengingly divergent. An intimacy has developed as we have shared the experience of now over forty films, returning to favorite directors and deepening our knowledge of film history. In our era of confronting the racial and economic insularity in psychoanalytic institutes, it is refreshing to immerse ourselves in an international array of films, representing a seemingly endless variety of humanity.



Mary T. Brady

Adolescence on the Screen

It was natural to start with adolescence as our focus. As an analyst, I have long been preoccupied with the treatment of ever-evocative and challenging adolescents. As in life, the adolescent is riveting on film—standing at the crossroads of identity, sexuality, and culture.

In our first year the group watched *Thirteen*, *Margaret*, *American Beauty*, *Heavenly Creatures*, *The Butcher Boy*, *Carrie*, *An Education*, and *Fish Tank*. Choosing a film to comment on feels as violent as singling out a favorite child; nevertheless, I want to draw readers' attention to Andrea Arnold's *Fish Tank*. It is less widely known than some of the other films. I love its gritty realism and the way it captures 15-year-old Mia, ever in motion—experimenting and experiencing, but almost always wordlessly. The film is set in the British housing project where Arnold witnessed teenage Kate Jarvis in a voluble fight with her boyfriend at a tube station and subsequently cast her as Mia. The film also features the amazing Michael Fassbender (who would receive my vote for the best actor of his generation) as Mia's mother's boyfriend, an opportunist whose sexual use of Mia sets near-tragic events in motion.

In the second year, we viewed *Rebel Without a Cause*, *The 400 Blows*, *The Go-Between*, *The Virgin Suicides*, *Mustang*, *L.I.E.*, *The Diary of a Teenage Girl*, and *Being 17*. The final scene of Truffaut's *The 400 Blows* is etched in my mind, as is the fairy tale quality of Sofia Coppola's *The Virgin Suicides*. The evocation of a sexual predator, Big John, in *L.I.E.* is subtly and chillingly drawn. Big John engages Howie, a teenage boy, as sadly no one else seems remotely present: Howie's mother died in an accident on the Long Island Expressway (L.I.E.) and, as Howie says, "I don't have a father, I have an asshole." Big John sees Howie more accurately than others do but with the ominous sense of a shark in the waters.

During our third year, we watched *Call Me by Your Name*, *Wild Reeds*, *Beguiled*,

Tess, Osama, The Last Picture Show, Luna, and *Skunk*. Directed by Annie Silverstein, daughter of psychoanalyst Marsha Silverstein, *Skunk* won the Premier Prix for Best Short Film at the Cannes Film Festival in 2014.

Trauma in Film

In our fourth year, we decided to turn to the theme of trauma. Trauma overwhelms the psyche, while both psychoanalysis and art allow us to grapple with it. In particular, we considered trauma from a Bionian view. Bion was heavily influenced by his experiences in the First World War, which he entered at age 19. The devastation of combat affected him for a lifetime. Additionally, his first wife died in childbirth. After he married his second wife, Bion had a remarkably fertile period, during which he developed many of his seminal ideas, such as container/contained, a theory of thinking, and attacks on linking. This period of theoretical development seems related to the safety his relationship with his wife accorded him, allowing his return to the horror of his war experience (L.J. Brown, "Bion's discovery of alpha function: Thinking under fire on the battlefield and in the consulting room," *International Journal of Psychoanalysis*, 2012). The stand-out films for our fourth year were: *The Deer Hunter*, *Hiroshima Mon Amour*, *Fanny and Alexander*, *Cría Cuervos*, *The White Ribbon*, *The Sweet Hereafter*, *Un Secret*, and *A Christmas Tale*. Widely known, *The Deer Hunter* and *Fanny and Alexander* are two of my favorite films.

Carlos Saura's 1976 masterpiece *Cría Cuervos* is less known to American audiences. It explores the interpenetration of the past and the present when time has been fractured by a traumatic loss. *Cría's* subject is eight-year-old Ana who believes she killed her dead father and is frequently visited by hallucinations of her mother. The interpenetration of reality and fantasy is brilliantly played out in the opening sequence. In a white nightdress, Ana descends a dark staircase. As the camera focuses on

her pale, expressionless face, urgently whispered adult words—"I love you; I can't breathe"—are heard from behind a closed door. A half-dressed woman runs from the room. On entering the now silent room, Ana finds her father in bed, apparently dead. Impassive, she takes a glass to the kitchen and washes it in the sink. As she opens the refrigerator, her mother comes into the shot and addresses her tenderly. Only later do we learn her mother, too, is dead.

The psychological and the political are inextricable in this film. The title refers to a Spanish proverb meaning "keep ravens and they will tear your eyes out." Ana's

intimate yet intellectually stimulating gathering would translate. However, I was surprised. The continued vitality of the group was due, in part, to the cohort being well established. In addition, there was something precious about sharing an aesthetic experience when we have been deprived of that opportunity during the pandemic. One can watch a great film with a spouse or partner, but we have missed the opportunity for larger shared cultural experiences during the pandemic. I sense we were only more eager to be together, though I look forward to our return to in-person sociability, as well as the Barolo and dark chocolate, soon.

In our era of confronting the racial and economic insularity in psychoanalytic institutes, it is refreshing to immerse ourselves in an international array of films, representing a seemingly endless variety of humanity.

father was a Fascist military officer, so the title implies a legacy of political and personal violence. Saura shot *Cría Cuervos* in the summer of 1975 as Spanish dictator Francisco Franco lay dying. The film premiered in Madrid in 1976, forty years after the beginning of the Spanish Civil War and received the Special Jury Prize at the Cannes Film Festival. Saura vividly depicts the way children's fragile psyches are frozen in time by trauma.

Michael Haneke's *The White Ribbon* also cannot escape mention for its chilling depiction of intergenerational transmission of sadism in a northern German village just before World War I. One is left asking how a child can imagine something different when a surrounding culture is so steeped in perverse domination. Thankfully, the character of the teacher yields a glimpse of a kinder, more reflective quality.

In spring of our fourth year, an international epidemic affected our group, along with the rest of the world. Having happily gathered in my living room since fall of 2016, we retreated to a Zoom format. I was not at all sure how our prior

Continuing the trauma theme in our fifth year, we watched *Manchester by the Sea*, *Blue*, *All About My Mother*, *Exotica*, *Vertigo*, *Last Black Man in San Francisco*, *Of Time and the City*, and *Yi Yi*. Anyone who has not seen *Last Black Man* should run, not walk, to see it. The film stars Jimmie Fails who plays a version of himself. The story revolves around Fails and his friendship with Mont. In real life, the friendship is between Fails and the film's director Joe Talbot, played in the film by Jonathan Majors. The quality of the male friendship is subtle, sensitive, and exceptional. I can't remember a male friendship like it depicted in film. The story reveals the experience of Blackness in our gentrified city of San Francisco. Many Black people can no longer afford to live here and have seen their neighborhoods erased by gentrification. The film poses the question: How do you know who you are when you can't see yourself in the place you came from? Our group discussion of this film took on a near spiritual quality. We all live in the moral quandary of this city or in

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Who Will Teach Psychodynamics in the Future? A 10-Year Follow-Up

Anthony F. Tasso, Kevin Barrett, and Bindu Methikalam

The American Psychoanalytic Association has a 100-plus year record of accomplishment in sustaining and advancing psychoanalysts as they explore theories, practice, and research. APsaA serves as home base for psychoanalytic practitioners, providing a place to educate, commiserate, and promulgate psychoanalysis. In other words, APsaA functions as a professional home for those who identify as psychoanalytic. This is no small accomplishment and perhaps never more necessary than today, given the ever-growing inhospitable, and even antipathetic, mental health environment for psychodynamic clinicians and educators.

With the laudable foci of supporting psychoanalysis and assuring that the next generation of psychoanalytic scholars are poised to represent the future of psychoanalysis, APsaA took the initiative in 2011 to develop the Psychoanalytic and Psychodynamic Teachers' Academy—a fellowship program aimed to support educators in the mental health field who are not psychoanalysts. This program

that the field lacks empirical support; and that psychoanalytic treatments only consist of long-term, intensive modalities that are economically inaccessible for most people. Today's learning environment repeatedly paints psychoanalysis as a concept of mere historical relevance rather than one with contemporary significance. These prejudices persist, and even accelerate, as more clinical training programs all but shun psychodynamic thinking. Clinical faculty vociferously harboring disdain for psychoanalytic ideas, occasionally with ad hominin attacks against those identifying as psychoanalytic, has become increasingly common. The result is the marginalization, if not vilification, of educators who identify as psychoanalytic and imbue



Anthony F. Tasso



Kevin Barrett



Bindu Methikalam

Tasso—trained, dined, and laughed over the course of five days and nights, forging a bond anchored in our passion for psychoanalysis and associated desire to infuse social justice into our work. As such, we took to the fellowship with alacrity, immersing ourselves in the courses and the challenges we face both as educators and clinicians.

In 2011, Melissa Grady and colleagues chronicled, in an article published in *TAP*, their experiences in the inaugural APsaA Psychoanalytic and Psychodynamic Teachers' Academy fellowship class. They highlighted the ethos of the academy by focusing on its aim to create a holding environment for psychoanalytic educators. The 2020 fellows also felt held during their experience. Lara Sheehi, chair of APsaA Teachers' Academy and alum of the program, set the stage for productive and meaningful experiences during our week together and beyond. Besides our formal meeting times, Lara was available to guide us throughout the initial week and has continued to guide us through the year.

The Teachers' Academy offers a master class exclusively to fellows. The instructors—Lara Sheehi, Andrew Furman, William Gottdiener, Beth Steinberg, Cynthia Chalker, and Tom Barrett—afforded another level of support as each class delved into varying aspects of psychoanalytic theory, research, and practice.

APsaA took the initiative in 2011 to develop the Psychoanalytic and Psychodynamic Teachers' Academy—a fellowship program aimed to support educators in the mental health field who are not psychoanalysts.

helps clinical educators expose graduate and undergraduate students to sound, accurate ideas about what psychoanalysis is, and what it is not. Psychology textbooks are often peppered with caricatures of, and outright misinformation about, psychodynamic theories and treatments. The average undergraduate reader of most introductory psychology books would conclude that only Sigmund Freud had anything to say about psychoanalysis;

psychodynamic thinking into their pedagogical work.

With this backdrop, the 2020 fellowship class came together to participate in the Psychoanalytic and Psychodynamic Teachers' Academy at the New York annual meeting less than a month before the world changed due to Covid. Six fellows—Kevin Barrett, Raji Edayathumangalam, Laura Levin, Bindu Methikalam, David Songco, and Anthony



These teachers provided the space for us to weave pertinent psychoanalytic tenets into broader sociocultural themes. Whether the class was metatheory, pedagogy, or technique, social justice themes underscored much of our training. Each instructor offered lectures that broadened our understanding of psychoanalysis while enhancing our teaching skillset. The master class experience enabled us to learn nuanced information from these well-established psychoanalytic educators, researchers, and clinicians in an intimate setting of six. This, we argued, allowed us to utilize psychodynamic theories and techniques, and postulate about applying them to the social sphere. The centrality of this goal was evident throughout, as it facilitated closeness and cohesion among us, and allowed us to experience each other as secure and supportive colleagues. As psychodynamic psychotherapists who have not had formal analytic training—at least not yet—many of us arrived in New York assuming we would learn how to teach psychodynamic theory in a systematic way. However, we came away knowing that there is no one way, that theory and practice are as diverse as the group of teachers tasked with leading each master class, mirroring the uniqueness of each of us six fellows. We also came to understand the place of psychoanalysis in the humanities, the


importance of theory and technique as well as how to think about diversity, equity, and inclusion in our home institutes. Finally, we left with a sense of renewal along with a deeper appreciation and commitment to psychoanalytic thought.

APsaA's support for the teaching fellows extends well beyond the New York City conference, with

each fellow assigned a psychoanalytic mentor—Nancy Caro Hollander, Genie Dvorak, Anton Hart, Gennifer Lane Briggs, Monisha Nayar-Akhtar, or Lara Sheehi—with whom we have one-on-one meetings throughout the year to focus on our respective teaching projects and other analytic and academic endeavors. The content and process of these meetings vary from fellow to fellow, ranging from concerted attention to a fellow's proposed teaching project to discussions of social justice vis-à-vis psychoanalysis, from specific teaching techniques to the practicalities of initiating psychoanalytic training. Our mentorship experiences allow for individualized development as psychodynamic educators and clinicians. These compassionate mentors not only imparted tangible wisdom but also accentuated the holding environment created during the initial week.

Peripheral to the explicit intent of the APsaA Teachers' Academy mission, yet solidly established by our fellowship cohort, is the bond developed among us. From the first group meeting with fellows and mentors, through the five days and nights in New York City, and during the rest of the year, we have connected over our professional circumstances, desire to grow as clinicians and educators, and concern for sociocultural issues at large. Our semi-regular Friday Zoom meetings

have further stimulated our professional development and supported us personally during a time when teaching and practicing looked radically different than they had before.

For a century, the American Psychoanalytic Association has facilitated the advancement of psychoanalytic and psychodynamic theories and practice in addition to ensuring that the field remains viable in the future. The future of psychoanalysis is a mere illusion without efforts to educate and expose students not already affiliated with psychoanalytic training institutes. With an increasingly unwelcoming academic environment for those of us who identify as psychoanalytic, intensive efforts to train and support psychoanalytic educators are indispensable. This is particularly important during today's time of strife and complexity, when psychoanalysis offers an understanding of the human experience and the origins of pain and division, and functions as a pathway to healing. As such, APsaA's Teachers' Academy, now a decade old and counting, is advancing the association's overarching goal of securing the success of psychoanalysis for generations to come. 

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DPE Progression Committee: Building an Inter-Institute Network for Collegial Consultation and Enrichment

Arden Rothstein



Arden Rothstein

When this piece appears, I will have chaired five DPE Progression Committee meetings. In nearly all institutes, there is a committee composed of a group of

faculty members who follow the development of candidates throughout training and ultimately determine when to recommend graduation. My first meeting as chair of this DPE committee, held in February 2020, was also serendipitously the initial meeting for nearly all the participants, representing 21 APsaA institutes. Many were newly appointed chairs, and others were first-time representatives sent by chairs who were unable to attend. Oblivious to the pandemic that was about to dramatically reshape our lives, we anticipated assembling twice a year. Instead, a core group of 15 to 20 progression chairs has been meeting remotely far more often, providing inter-institute collegial consultation and enrichment.

The Committee's work prioritizes the educational value for candidates of progression work while securing the necessary conditions and resources for doing so. We pursue our original objectives: to share ideas about meeting the many challenges in candidate progression and eventually to develop recommendations for best practices. In addition, the persistence of the pandemic has created greater need for input from colleagues as we must rethink some fundamental aspects of progression work, while maintaining an analytic stance and optimal educational environment. Relationships

between members also provide opportunities to consult between meetings and share important documents used to make decisions about candidates' progress (e.g., criteria for advancement and graduation, supervisory report forms, and educational policy statements that appear in candidate manuals).

Contrasting Institute Settings and Approaches

Committee members have come to appreciate the considerable range and variability of institute settings and cultures in which we work. While most institutes organize the progression committee as part of the education committee, two institutes abolished their progression committees and created other structures to carry out aspects of this work. Some committees convene monthly or bi-monthly to review a small group of candidates each time. Others hold all-day meetings once or twice yearly to review everyone at once. Committee composition ranges from all institute TA/SAs to a cohort of advisors

ent needs and concerns than large institutes that contain many faculty members and robust annual classes. In some institutes, changes in APsaA since the sunsetting of the Board on Professional Standards (BOPS) have fueled conflicting perspectives about educational practices. Faculty members with different visions and expectations of their candidates' learning may work at cross-purposes rather than having a healthy dialogue.

Common Ground

Our discussions, nevertheless, underscore much common ground. Foremost is our shared concern about securing useful feedback to ground progression decisions and communicating this feedback transparently to candidates. Most progression chairs encounter persistent difficulty in receiving frank and timely evaluations from supervisors and securing their compliance with the policy of sharing full reports with candidates. Candidates vary greatly in producing effective and timely clinical process reports; this challenge

Most progression chairs encounter persistent difficulty in receiving frank and timely evaluations from supervisors and securing their compliance with the policy of sharing full reports with candidates.

specifically designated to oversee individual candidates.

Other differences involve the size of the institutes and degree of integration of the adult psychoanalytic program with other programs, such as training in psychotherapy and child analysis. Small institutes—where there are few active faculty members and classes launch every other, or every third, year—have differ-

is less pronounced in institutes with a robust clinical writing curriculum. With one exception, all institutes employ competency criteria for evaluating candidates' progress, whether in combination with, or instead of, quantitative immersion criteria. Nearly all institutes employ formal procedures for approving each new case at a specified time in candidacy (whether in the progression committee or a collo-

quium); by contrast, in a handful of institutes, candidates can begin new cases at any time, assuming their ongoing clinical work presents no concerns and clinical reports are up to date. Providing feedback to candidates is approached in a variety of ways. In some institutes, written summaries of the committee's deliberations are prepared by progression chairs or co-chairs, or by the candidate's advisor, while in others feedback is conveyed orally by advisors or supervisors who attended the review. In yet others, candidates access supervisory reports online for discussion with their supervisors.

A Case Study in Common Ground and Contrasts: Two Institutes Identify Common Challenges in Candidate Progression and Adopt Dramatically Different Responses

As a platform for the DPE Progression Committee to explore common ground and contrasting approaches, an extended dialogue took place at two of its meetings in 2020 between two Committee members from two New York City training institutes. Justin Richardson (Columbia University Center for Psychoanalytic Training and Research) and I, Arden Rothstein (Psychoanalytic Association of New York (PANY) affiliated with NYU Grossman School of Medicine), discussed the principles and concerns guiding major changes in progression in our institutes. We had both elaborated on this material in publications. Richardson and his colleagues did so in a *JAPA* paper entitled "Beyond progression: Devising a new training model for candidate assessment, advancement, and advising at Columbia" (2020). I described my institute's process in an *International Journal of Psycho-Analysis* paper entitled "Fostering the educational value of candidate evaluation" (2017). Remarkably, both groups identified nearly identical problems in their existing progression process but formulated and implemented sharply contrasting changes.

Both found:

- A lack of clarity about existing criteria for progression and graduation.
- The process by which progression committee members applied criteria could be unfairly subjective.
- Feedback to candidates was neither systematic nor routinely candid and educationally optimal.
- Supervisors often focused on the patient rather than the candidate's development and failed to convey critical comments forthrightly in writing, although they sometimes did so in progression discussions.

At Columbia, the changes implemented were responsive to negative views from candidates and some faculty members about the way progression was carried out. Candidates experienced progression advisors as double agents, both mentors and evaluators, and did not form the close bonds that were hoped for. Learning in supervision was sometimes compromised by candidates' motivation to meet numerical immersion criteria. Some candidates tried to keep patients in treatment by avoiding sensitive issues or did not openly report aspects of their work to their supervisors. By contrast, at PANY, changes were catalyzed by a new chair's view that existing criteria were vague, internally contradictory, and most importantly, did not promote an educationally valuable analytic perspective; the substance and regularity of supervisory and advisory feedback also needed much improvement.

At Columbia:

- Immersion requirements were reduced: The total of 90 months of analysis among three supervised cases, with one lasting at least 36 months, was reduced to 60 months total, with one case at least 18 months. The required frequency of analytic sessions for candidates' supervised analyses and personal analyses changed to 3–5 from 4–5 times a week.

- The Progression Committee was eliminated, and advisors were replaced with non-reporting mentors requested by candidates.
- Routine Committee discussions of each candidate—considered by many to be insufficiently respectful of adult learners and their privacy—no longer take place.
- A committee led by the Chair of Training—comprised of the chairs of Curriculum, Faculty Advancement, Faculty Development, Evaluation and Referral, and Mentor Committees—addresses policy issues formerly handled by the Progression Committee.
- To increase communication between candidates and analytic supervisors, supervisory assessment forms were revised; narrative descriptions are now supplemented with ratings on a five-point scale—from *exceeds goal* to *having difficulty*—for each of Columbia's specified learning objectives at each level of training. A key criterion for graduation is average ratings from supervisors on achievement of learning objectives delineated for senior candidates.
- Candidates receive feedback by reading their supervisors' reports and discussing them in supervision. In addition, all supervisors of each candidate read each other's reports and may choose to discuss them. Training issues are generally handled by candidates' supervisors; in the rare instance when this is not possible, the Training Committee becomes involved.

At PANY:

- Quantitative criteria were replaced by two purely qualitative evaluative frameworks intended to promote analytic thinking: (1) psychoanalytic competencies and (2) "phases of analysis," immersion criteria based on delineation of features of a deepening analytic process. Both were developed by a task force over a two-year period. Removal of quantitative standards discourages "bean counting" and efforts to "keep" a

DPE Progression Committee

patient in a treatment that is not deepening analytically over a considerable period of time.

- A corresponding supervisory outline was created to prompt supervisors to provide richly informative narrative comments directly addressing these criteria. Rather than assuming there will be a regular unfolding of competencies with level of candidacy, it is believed candidates will demonstrate individual developmental trajectories.
- Supervisors are to share their annual supervisory reports in full with candidates for discussion prior to sending them to the progression advisor.
- The Progression Committee was preserved with no ambiguity about the progression advisor's role: to receive and integrate all evaluative material, most importantly, supervisory reports, instructors' reports, and candidates' clinical process reports and self-assessments. Supervisors attend annual reviews of senior candidates and one of two yearly reviews of in-class candidates; in direct discussion and with a spirit of generativity, advisors and supervisors identify goals individually tailored to each candidate's current development and consider ways to help that candidate appreciate and meet these goals.
- To ensure that feedback following each Progression Committee review is communicated to the candidate advisee, advisors meet with the candidate to address impressions of growing proficiency as well as areas in which further development is expected; when there is disagreement among supervisors, the advisor helps the candidate to understand the reasons for this.

Central to PANY's approach is recognition that evaluating candidates is a complex endeavor. It is essential to be sensitized to and remain aware of the potential shaping

influence of countertransference and other personal reactions from all involved, supervisors and advisors alike. Distortions deriving from such reactions can occur even when evaluative criteria are clearly delineated. The progression committee can serve a critical check and balance function on such reactions.

Many progression chairs participating in the DPE committee were familiar with these issues. When supervisors write reports that feature the patient's, rather than the candidate's, development or do not convey honest impressions of the challenges with which a candidate struggles, this can seriously compromise the progression committee's ability to make optimally informed decisions. The presence of committee members/advisors who do not fulfill their roles in an active, independent manner—for example, those who are less than thorough in reviewing all feedback about a candidate, or inhibited in attempting to understand divergent opinions when they exist, or

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deferential to idealized supervisors—is another common impediment in the ability of a progression committee to successfully fulfill its role. In such instances, committees may have difficulty functioning as a third that perceives trends in a candidacy that may not be evident to individual advisors or supervisors and minimizes the intrusion of personal reactions to candidates.

Sharing Recurring Issues: How to Handle Them Most Effectively and with Greatest Educational Benefit

Members of the DPE Progression Committee are invited to consult with the group

about recurring issues in candidate progression at their institutes. Such exchanges can catalyze communication outside of our group meetings among individual members. At times especially sensitive, confidential matters can be discussed fruitfully with colleagues outside of the local institute community.

We have considered the following issues:

- The conflict some small institutes confront between maintaining clearly stated educational expectations for progression and disrupting small candidate cohorts or negatively impacting applications for training. There are instances, for example, where candidates who, in the absence of doing supervised clinical work, are nevertheless allowed to progress with their classmates. There is ultimately a compromising effect when progression decisions and educational policies are waived in an effort to keep candidates happy. With such occurrences, when there is not syn-

ergy between clinical immersion and course participation, the cohort's morale is typically affected. And those candidates who have the illusion they are progressing may become disgruntled when they learn they are far from graduating. We also recognize the importance of admissions committees sensitively considering the feasibility of applicants' capacities to meet educational expectations and clinical immersion over time.

- The complexities of temporarily combining small class cohorts when candidates go on leave of absence.
- Perspectives on approving new

The mind is not a vessel to be filled, but a fire to be kindled.

-Plutarch



many candidates continue to appreciate remotely conducted supervision and classes because they afford more accessibility and save commuting time.

Several specific issues will need to be confronted in the aftermath of Covid by all institutes, and perspectives of faculty working in progression will play an important, even decisive, role in charting our way forward:

- A handful of candidates have begun cases with patients who, when the pandemic ends, will not be seen in person since they live at great distance from the candidate's office.
- Some patients, having experienced the benefits of saving time commuting to the analyst's office, will not wish to return to in-person sessions.
- When, how, and on what basis will in-person work resume, and who will make this determination? We can help candidates approach this issue analytically through exploring patients' fantasies about safety. Institute policies should not be announced as rules to be followed with each case; instead, progression committees can help identify what is best, in terms of education, for individual candidates. At the same time, supervisor-candidate pairs can weigh what is best for any candidate-analysand pair.

In conclusion, progression chairs regularly meeting together and sharing creative solutions to commonly experienced issues enhances our journey in psychoanalytic education. We have built a network that provides the benefit of counsel and knowledge of the effective practices of colleagues. APSA

Dr. Arden Rothstein, *Training/Supervising Analyst and former Student Progression chair at the Psychoanalytic Association of New York, catalyzed a major revision of candidate evaluation emphasizing its educational value. Her publications focus on psychoanalytic education, learning disabilities, and diverse clinical topics.*

supervised clinical work in the event a candidate shows signs of serious medical illness.

Helping Each Other Cope with the New Normal of Pandemic (and Post-Pandemic) Life

As all of us struggle to adapt to the extraordinary challenges of the pandemic, the DPE Progression Committee devotes a portion of each meeting to issues specific to this context. The practice of working remotely with ongoing cases, supervision, and personal analyses had already been established by the time of our second (June 2020) meeting. Members shared their institutes' perspectives on candidates beginning new supervised analyses remotely, especially first cases and new personal analyses. Despite APsA's June 2020 announcement that work done remotely would count toward graduation, several Committee members remarked that beginning candidates, who can be especially anxious, often express their anxiety through questions about what counts. We considered that such manifest candidate concerns represent a view that remote analysis is not real analysis. We wondered: Is this message being subtly conveyed by training and supervising analysts and other educators?

To allow for the complexities of working remotely, institutes that require a specific number of supervised cases to progress to the next year of classes extended the deadline for beginning a first or second case. Some institutes post-

poned their incoming 2020–21 classes for a year. Most proceeded as usual but with remote classes; many remarked that having a new class was "a bright spot" for faculty last year.

Some institutes found creative, sometimes whimsical ideas for celebrating graduation: sending a bottle of Champagne to each graduate or asking graduates to prepare a personal video.

Throughout, our Committee emphasizes the importance of helping candidates think analytically about the significance to individual patients of working remotely; this involves responding to their questions in terms of their clinical meanings rather than emphasizing administrative policies. Which aspects of psychoanalysis are crucial? It is not the frame per se that makes for an analytic process but rather a psychoanalytic perspective, even though aspects of the frame surely facilitate the development of analytic process.

Justin Richardson and his colleagues at Columbia reported, in a 2020 *JAPA* article entitled "Emergency remote training in psychoanalysis and psychotherapy: An initial assessment from Columbia," the results of their survey of candidates' early responses to remote training in questionnaires circulated several months into the pandemic. They found candidates favored remote classes and supervision but strongly preferred in-person personal analyses and clinical work. Several other progression chairs agreed that

Psychoanalytic Psychotherapy Programs in APsaA

Anna Schwartz

My interest in psychoanalytic psychotherapy began as a psychiatry resident at the New York State Psychiatric Institute/Columbia Presbyterian Medical Center. Columbia's residency program has always been, and remains, committed to teaching psychoanalytic psychotherapy, which, sadly, has become far less common in psychiatry residency and psychology graduate programs in recent years. A particularly formative experience was a rotation on the inpatient personality disorders treatment unit where my teachers and supervisors, all psychoanalytically trained, taught me a psychodynamic framework for understanding and empathizing with the inner lives of my patients; this proved invaluable for working with people with complex disorders.

After residency, I completed a fellowship in public psychiatry, worked in a community mental health clinic and then in a collaborative care setting in a general medical clinic, and completed my psychoanalytic training at Columbia. I began teaching in Columbia's Adult Psychodynamic Psychotherapy Program soon after graduation, and became the director of the program in 2008, remaining in that role until July 2021. I am currently the co-chair of the Psychotherapy Division at Columbia, which comprises the Adult and Child Psychodynamic Psychotherapy Program(s), the Transference-Focused Psychotherapy Program, the Columbia Psychology in the Schools Program, and the Parent-Infant Program.

Columbia's two-year Psychodynamic Psychotherapy Program introduces students to a psychodynamic approach to working with patients in a variety of

frames. In addition to traditional long-term psychodynamic psychotherapy, these include brief dynamic therapy, transference-focused psychotherapy, dynamic supportive therapy, and the psychodynamics of pharmacologic treatment. The course includes weekly didactic seminars and individual supervision, and students are highly encouraged to be in their own psychodynamic psychotherapy or psychoanalysis. Our students practice in diverse settings, including inpatient units, outpatient clinics, schools, research settings, and private practice. Some of our students continue on to psychoanalytic training after graduating.

I began attending the meetings of the Committee on Psychoanalytic Psychotherapy Training Programs (COPPTP) at APsaA over a decade ago, and joined the Committee soon after. I've found my involvement with COPPTP to be a wonderful way to meet colleagues from around the country and exchange ideas about psychotherapy training. Our annual committee-sponsored workshop in New York has been a rich opportunity to explore both the theoretical and practical aspects of teaching as well as learning psychodynamic psychotherapy. I'm currently the co-chair of COPPTP, with Ann Dart.

Most APsaA-affiliated institutes offer psychoanalytic psychotherapy training programs. These programs vary in length and structure, from one-year fellowships or introductory courses to three-year intensive programs, with most institutes offering a two-year program. A few offer a hybrid program, with the first one or two years of psychoanalytic and psychodynamic psychotherapy training combined in a foundational

program. Students later choose to pursue further psychoanalytic or psychotherapy training. As with analytic training, these programs typically have a tripartite structure of classroom learning, individual supervision, and personal psychotherapy. (Detailed information on the psychoanalytic psychotherapy programs offered by APsaA institutes can be found via links on the APsaA website, under *Research and Training*.)

What all of these programs share in common is they are helping to fill significant gaps in training received by mental health professionals across disciplines. Students often graduate from their programs hungry to learn more about psychoanalytic concepts and their application to clinical work. Established clinicians often want to expand their skills and hone their ability to engage patients more deeply in treatment. Psychodynamic psychotherapy programs are an invaluable resource, and we hope COPPTP can continue to support program leaders and faculty in their work.

APsaA



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Film Group

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locations nearby. One member spoke of having to move from the city when faced with the costs of raising children. My son is a friend of Jimmie Fails from their high school times here in San Francisco. It is truly remarkable that Fails and Talbott, while in their early twenties, made a film that channels these depths and insights.

Siblings on Film

Finally, we have begun our current year of Siblings on Film with the bracing *Shame*, again with the vivid Michael Fassbender. I will leave commentary on our current films for another time. *TAP* Editor Lyn Yonack has kindly invited me to serve as editor for a series of pieces from our film group. Diane Borden, film scholar and group co-leader, will contribute a piece for a subsequent issue of *TAP*, to be followed by film reviews from members of our group. 

Mary Brady, Ph.D., psychoanalyst in San Francisco, is editor of *Braving the Erotic Field in the Psychoanalytic Treatment of Children and Adolescents* upcoming from Routledge, 2022 and author of *Analytic Engagements with Adolescents, 2018* and *The Body in Adolescence, 2016*.

Child Development

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in life and more affirming interactions between parents and children. As therapists, our clinical choice with each new child and family that consults us, and at each moment in the course of therapy, is to determine at what point(s) in a complex cycle of biological vulnerability, ongoing pathogenic influences, and inner psychological processes we can most effectively intervene.

I believe this integrative perspective on therapeutic change has several advantages to alternative models, both practical and theoretical. The most important practical advantage is that an integrative approach offers therapists more ways to intervene to help troubled children and families, and these interventions often synergistically support each other. Especially, this perspective offers us more ways to help parents improve the quality of their relationships with their children, which, for many young people, may be the most lasting benefit of therapy.

In *How to Be a Better Child Therapist*, I discuss ten specific principles of therapeutic change that organize our efforts to arrest vicious cycles of pathogenic emotional development and set in motion positive cycles of increasing self-confidence and supportive family relationships. These principles are (1) Interest (2) Empathy

(3) Repair (4) Problem Solving (5) Emotion Regulation (6) Encouragement (7) Play (8) Sleep (9) Helping Others and (10) Limits and Discipline.

With regard to theory, this model offers a unifying account of how cognitive, behavioral, and psychodynamic therapies work. My proposal is that the essential mechanism of therapeutic change in child and adolescent therapy is not increased acceptance and expression of feelings, as in psychodynamic theory, and it is not changing interpersonal relationship patterns, as in relational child therapy. It is also not the development of new cognitive skills or the reinforcement of positive behaviors, as in cognitive and behavioral models.

All of these therapeutic processes may be helpful and important, but they are means to an end. Over time, successful therapy fosters in children and adolescents a more encouraging, less critical inner dialogue and, perhaps most profoundly, more positive expectations for their futures—a new sense of what is possible in their lives. 

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