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# Margaret Morgan Lawrence: Honoring a Trailblazer

Susan C. Vaughan

On December 7, 2020, the Columbia Center for Psychoanalytic Training and Research took a step toward mitigating structural racism in psychoanalysis by announcing the establishment of the endowed Margaret Morgan Lawrence, MD Psychoanalytic Training Scholarship at Columbia University with a founding gift of \$75,000 over three years. Columbia's society, the Association for Psychoanalytic Medicine, also announced the establishment of a triennial lecture, the Margaret Morgan Lawrence MD Lecture on Psychoanalysis and Social Justice. At the announcement event over Zoom, Dionne Powell and Brenda Berger spoke, as well as Margaret Morgan Lawrence's three highly accomplished children, and our institute and society were able to recognize and acknowledge our important but regrettable history in training the first Black psychoanalyst in America.

### Her Remarkable Life

Margaret Cornelia Morgan Lawrence's story is beautifully captured in *Balm In*

*Susan C. Vaughan, MD, is director of Columbia Center for Psychoanalytic Training and Research, associate professor of psychiatry at Columbia University Irving Medical Center, Columbia University, Vagelos College of Physicians and Surgeons.*



Margaret Morgan Lawrence

*Gilead: Journey of a Healer* (Addison Wesley, 1988), which her daughter the Harvard sociologist Sara Lawrence-Lightfoot wrote after a series of many interviews with her mother. Lawrence, who died in December 2019 at the age of 105, was born into a family then living in rural Mississippi, with a father who was an Episcopal priest. But in some ways her life story really started before she was born with the death of her beloved older brother Sandy Alonzo Morgan, nicknamed Candy Man for his white skin and golden ringlets. Though he died at age 17 months, his portrait dominated the living room of each home in which the family lived. Lawrence later realized, "I want to be a doctor in order to save a child like my brother from death." Her mother was a passionate teacher but one who deeply missed her family in Harlem when she followed her husband to the deep South. She would take to bed for months at a time as the family moved, following Reverend Mor-

Continued on page 4

## INSIDE THIS ISSUE

Election Results

CrossCurrents

Michael Slevin, Anne Adelman,  
Mary Landy, Mark Moore,  
Ellen Pinsky, Harry Polkinhorn

Kimberlyn Leary on  
Psychoanalysis and  
Social Equity  
Justin Shubert

Fertile Territory for  
Psychoanalytic Study: Late Life  
Audrey Kavka

TA/SA Functions and  
Surveying the Membership  
David Cooper

- 1 Margaret Morgan Lawrence: Honoring a Trailblazer *Susan C. Vaughan*
- 3 **From the Presidents:** Looking Ahead — Loss and Renewal  
*Bill Glover and Kerry Sulkowicz*
- 3 **Election Results**
- 7 The Doctor Debate: Still Talking About Titles *Flora E. Lazar*
- 9 **CrossCurrents:** On Analytic Writing  
*Michael Slevin, Special Section Editor*  
On Writing *Ellen Pinsky*  
Not Business as Usual *Anne Adelman*  
Who Are You? *Harry Polkinhorn*  
A Crucial Question at the Right Time *Mary J. Landy*  
Writing as Forgetting *Mark Moore*
- 15 **Book Review:** In-Depth Description of Primary Approaches to  
Couple Therapy *Nathan M. Szajnberg*
- 16 Kimberlyn Leary on Psychoanalysis and Social Equity:  
An Interview with *Justin Shubert, Diversity Editor*
- 19 **Introducing the New Psychotherapy Column**  
*Ann H. Dart, Psychotherapy Editor*  
Joining the Family Business *Linda Michaels*
- 21 To Save the World, Psychoanalysis Must First Save Itself *Austin Ratner*
- 23 Can Psychoanalysis Save Us? *Kimberly Chu*
- 25 Fertile Territory for Psychoanalytic Study: Late Life *Audrey Kavka*  
**Committee on Psychoanalytic Study (COPS)** *Gail Glenn, Chair*
- 27 TA/SA Functions and Surveying the Membership *David Cooper*
- 29 **Candidate's Couch:** Distance Analytic Training in a Rural  
Community during the Pandemic *Janelle Eckhardt*
- 30 Through a Glass Darkly: Surviving Online Therapeutic Work  
with Children *Kimberly Kleinman*  
**Child and Adolescent Psychoanalysis** *Leon Hoffman, Editor*
- 31 The Training and Education Section of the DPE - Our Work: Past,  
Present and Future *Richard C. Fritsch*

Correspondence and letters to the editor should be sent to TAP editor,  
Lyn Yonack, at [lyn.yonack@gmail.com](mailto:lyn.yonack@gmail.com).

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# Looking Ahead – Loss and Renewal

Bill Glover and Kerry Sulkowicz



Bill Glover



Kerry Sulkowicz

The year 2020 was truly an annus horribilis, but 2021 has brought hope as we work to surmount overlapping crises. APsaA can be proud of doing its part. We've held regular Town Halls and our Covid-19 Advisory Team has provided resources for psychoanalysts and the broader therapy community during the pandemic. The DPE has worked closely with our institutes to help them effectively adapt to distance training. Members who have pioneered distance treatment and education have shared their expertise generously. We've increased our social engagement by offering a psychoanalytic perspective on racism and political extremism. The

*Bill Glover, PhD, is president of APsaA.  
Kerry Sulkowicz, M.D., is president-elect.*

Holmes Commission on Racial Equality has begun to examine systemic racism starting with APsaA itself. Our program team converted our annual meetings in June and February into remarkably successful virtual events that we will continue in some form even when we resume meeting in person. And we owe special thanks to our staff who have adjusted to working virtually and kept APsaA humming despite all the turmoil.

Looking ahead, APsaA will continue these activities and adapt them as needed. These are transitional times for APsaA itself, accelerated by the pandemic, as we make important decisions about our future: what kind of organization we want to be; reckoning with racial inequality; the analysis of candidates; the nature of psychoanalytic practice and education in the post-Covid world; and how APsaA relates to the mental health community and to society at large.

The response to our efforts has been heartening, as many mental health professionals and others whose work is informed by psychoanalysis have attended our events and felt welcomed, which in turn has changed their perceptions of us. An evolving APsaA does not

come without risk-- even if we believe the greater risk is in trying to stay the same--and perhaps even more, a sense of loss that is felt as we let go of certain established ways of being and doing. Psychoanalysis guides the work of mourning, even as a world comes to an end with each loss (Derrida) other worlds can come into being (Freud).

The times are challenging, including in our own field, but so are the opportunities. APsaA is poised to seize the moment with renewed energy and social engagement that bodes well for our future. We have the opportunity to reassert APsaA's leading role in American psychoanalysis while continuing our tradition of excellence in psychoanalytic education and practice. We ask you to join us on this journey together. [APSA](http://apsa.org)

## Contacting the National Office

### The American Psychoanalytic Association

309 East 49th Street  
New York, NY 10017  
Phone: 212-752-0450  
Fax: 212-593-0571

[info@apsa.org](mailto:info@apsa.org)  
<http://apsa.org/>

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## APsaA Elections

FEBRUARY 2021

### SECRETARY-ELECT

**Bonnie J. Buchele**  
(Term: June 2021-June 2023)

### DIRECTORS-AT-LARGE - ELECT

**Timothy H. Rayner**  
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### CANDIDATE

**DIRECTOR-AT-LARGE-ELECT**  
**Gerard Sobnosky**  
(Term: June 2021-June 2023)

## Margaret Morgan Lawrence

*Continued from page 1*

gan to various parishes before settling in Vicksburg, Mississippi, when Margaret was 7.

An only child, Margaret spent much of her time alone, in reverie and fantasy. Her intelligence and drive were soon recognized as she was quickly promoted, beginning Magnolia High school in Vicksburg at age 12. Summers in New York City were both a chance to see how her mother brightened when back with her family as well as to get to know Harlem where Lawrence would later work. For the end of high school, she transferred to the prestigious Wadleigh School for Girls in New York City where she won top prizes and was mentored by some of Harlem's most successful career women.

She went to Cornell University, which was a lonely place for her, as she was often the only Black student on campus. She took a job as a live-in maid (while a full-time pre-medical student) because she was not allowed to live in the all-white dorms. Upon graduation, she was stunned and saddened not to be admitted to Cornell Medical School (whose dean finally apologized to her in 2008). With the help of her Harlem mentors, she applied and was admitted to the Columbia College of Physicians and Surgeons.

While home in Vicksburg during college, she met and fell in love with a handsome, well-spoken and talkative young Morehouse man, Charles R. Lawrence II who was full of ideas about racism and pacifism. The two dreamed of creating an institution where he would work on race relations and she would care for the physical and mental wellbeing of the children. They married in her father's Vicksburg church then lived apart for two years while she finished medical school at Columbia.

When Lawrence completed medical school, she was once again disappointed

by discrimination when Babies Hospital at Columbia refused to take her as an intern because she would have to live in the nurses' dorm, which did not allow Black residents. She trained instead at Harlem Hospital and did a year of public health training during which she encountered Benjamin Spock, who became an influential mentor.

The Lawrences then moved to Nashville, where Lawrence worked at Meharry Hospital while her husband worked for the Institute on Race Relations at Fisk University. Three children followed in rapid succession before the family returned to New York, where Lawrence accepted a position at Harlem Hospital and undertook training at Columbia Psychoanalytic at the urging of Viola Bernard, an important mentor. Her analyst was Eugene Milch and her supervisor David Levy.

### Lawrence at Columbia Center for Psychoanalytic Training and Research

Once again at Columbia, Lawrence's graduation would be a time of uncertainty and disappointment. As Dionne Powell writes in "Race, African Americans, and Psychoanalysis: Collective Silence in the Therapeutic Conversation," "Lawrence faced tremendous obstacles, including being a child of the deep South raised under the strictures of Jim Crow, encountering resistance toward her analytic training due to her race, and being treated as a foreigner in her own country."

The opposition she faced at Columbia included Sándor Radó's questioning Lawrence's preparedness for graduation. Despite the candidate's meeting all requirements and having the support of



Margaret Morgan Lawrence, back row center, with her three children: from right to left, Sara, Paula, and Robert Lawrence. On Lawrence's left is Columbia's Viola Bernard and on her right, her husband Robert Lawrence, Jr.

Bernard and Spock, Radó informed Lawrence that an additional consultation with Abram Kardiner, a member of the graduation committee, was required. Ultimately, "Lawrence refused to meet with Kardiner and the request was withdrawn." Lawrence told Powell many years later, the impact of the additional requirement remained with her "as a humiliating assault on (my) self."

Powell explained in her paper and at the December 7th announcement, "Kardiner, with Lionel Ovesey...had recently finished *The Mark of Oppression*, a controversial psychoanalytically based exploration of Negro oppression and the resulting psychological damage from generations of enslavement, the development of within-race caste systems, and the ongoing necessity by whites to degrade the status of Blacks (Kardiner and Ovesey 1951). Lawrence had refused to assist in the book's creation, having suspected the racist ideological overtones in the book that her presence at Columbia directly challenged. Ultimately the book was a mix of 'two-dimensional minimization of multi-determined factors of development' that characterized a degraded 'Negro personality,' of low self-esteem, a sense of inferiority and a 'wretched internal life.'" As Powell movingly said at the

*Continued on page 5*

## Margaret Morgan Lawrence

*Continued from page 4*

event, “Dr. Lawrence’s life proves that to be a lie.”

Powell went on to speak of “the racial micro-aggressions and pejorative racial bias that continue to plague the candidate experience,” but noted, “Candidates today are more sensitively attuned to and accepting of the multiply determined self as a gendered, racial and cultural subject” and most importantly they are “ready to challenge these biases and prejudices actively in their training.”

### A Call to Action

Powell noted Lawrence’s spiritual life was always her north star and pointed out that the “lack of diversity in those we treat, train and teach fosters a continuing collective silence around racial trauma within ourselves, our society and our profession.” What psychoanalysis needs, she asserted, is a serious call to action, a move begun at Columbia with the establishment of Lawrence’s scholarship fund.

Brenda Berger, a white South African analyst at Columbia who lived in the treacherous apartheid system for the first 20 years of her life, spoke next about the importance of bringing “deeply held trauma to the experiential level so that mourning and healing can occur.” She recounted moments when she was struck silent— imploding, overwhelmed, sickened, afraid, ashamed. “I remember the degrading yelling by the white policemen, the horrible sight of them lifting up grown men by the scruffs of their necks and throwing them into police vans, heads first. The cracking of those heads against iron was a heartbreaking sound, indelibly carved into my senses at a young age.”

She said, “My many silences still haunt me. They happened because the violence of a history of slavery, brutality and oppression shocked, scared and hurt too

badly. The multiple repetitions taught me to split and disavow.” While acknowledging bystander trauma in no way compares to the trauma of the victims,

Not the silent, distant analyst, Lawrence invoked her family history, her culture, her experiences, as dimensions of her craft. She urged the audience “to

*“When therapy is successful there will be social and cultural ripples, if not waves... There is a strong, if complicated relationship between psychotherapy and social change.”*

she was heartened that the “unbearable boot on George Floyd’s neck, was NOT followed by silence. People of all colors, from all sectors of American society, rose up, a powerful Black Lives Matter movement is demanding and getting attention, admission, atonement. Some reversal seems to be happening.”

Lawrence’s older daughter, Sara Lawrence-Lightfoot, Emily Hargroves Fisher Research Professor of Education at Harvard’s Graduate School of Education, read next from her 1988 book about her mother, *Balm in Gilead*.

Dr. Margaret Cornelia Morgan Lawrence stands on a podium, ready to address her fellow psychoanalysts. Her long black hair, laced with silver, is braided into a soft crown around her head. Her brown skin is serene and unlined. She looks silently at her audience before she speaks. Her loose, rust-colored dress hangs in graceful curves and amber earrings dangle halfway to her shoulders, casting light patterns, the only sign of motion in her calm presence.... [S]he inherited eloquence and authority from her father, an Episcopal priest from Mississippi. But she would rather be doing psychotherapy with children—making up puppet shows and plays, finger painting, throwing water balloons than talking about the theories behind her work.

know the values embedded in your cultural perspective; know the inner workings of your own psyche ... before you dare to ask others for stories.” The poor, she said “do not necessarily have ‘impoverished’ emotional lives, although such is often the assumption.” Referring to the social justice dimension of her work, she pointed out therapy is not designed simply to maintain the status quo, to make impoverished people feel comfortable with their deprived state. “When therapy is successful there will be social and cultural ripples, if not waves. Individual health inspires a changed view of old, unproductive conditions. There is a strong, if complicated, relationship between psychotherapy and social change.”

Lawrence-Lightfoot also described the process of work on the book with her mother:

Her mind is poetic and playful, not literal or analytic; she rarely follows strict chronology, rarely remembers dates but never forgets history. She speaks directly from feelings, from emotional content. Her mind puts things together that others see as disparate or unconnected. She can make patterns from stray remnants of all shapes and colors. Hers is an intelligence exquisitely suited to a psychoanalyst who must help the patient integrate fragments of history, gathering loose threads from the distant past.

*Continued on page 6*

## Margaret Morgan Lawrence

Continued from page 5

Her mother said working on the book together “feels like a second analysis.” Later, “exhausted, sometimes exhilarated by discovery and memories of victory, sometimes saddened by images of defeat and humiliation,” mother and daughter sang grace together over veal stew and shrimp stir-fry, the table set with a golden tablecloth and burnt-orange napkins.

*“Poverty, in this the richest of world powers, is still our heritage. Racism, in a country dedicated to its people’s inalienable rights, speaks as clearly of man’s inhumanity to man as did slavery.”*

### Freedom Fighter

Lawrence’s son, Charles R. Lawrence, III, a constitutional law scholar whose expertise includes anti-discrimination law, equal protection and critical race theory, described his mother as, “first and foremost a freedom fighter. She was a healer, a teacher and an activist for peace and justice, and she did not see these as separate or even complementary vocations. All of her work was the work of making Black Lives Matter, which indeed, in a racist world, is inseparable from the struggle to make all lives matter.” He recounted how his mother’s book, *Young Inner-City Families: Development of Ego Strength Under Stress*, begins with a poem by the lawyer, priest and poet Pauli Murray entitled, *To the Oppressor*.

But ours is a subtle strength  
Potent with centuries of yearning  
Of being keggered and shut away  
In dark forbidden places

“My mother’s life, teaching and medical practice,” he said, “were built upon and governed by three deeply held beliefs and principles. The first was her belief in the inherent humanity and wholeness of every person she encountered. She

believed that the injuries of mental illness are caused by, and are endemic to the ideology, institutions and conditions of white supremacy and racism. The underlying pathology is not found in the individual but in the legacy of slavery in a nation that continues to be ravaged by the scourge of racism, segregation, and poverty.” His mother wrote, in a 1970

report of the Joint Commission on Mental Health of Children: “Poverty, in this the richest of world powers, is still our heritage. Racism, in a country dedicated to its people’s inalienable rights, speaks as clearly of man’s inhumanity to man as did slavery.”

A second principle of his mother’s work was her belief in the strength and wisdom of the people, families, and communities with whom she worked. “Like every good freedom-fighter, she knew that the battle against the pathology of human oppression can only be won in collaborative struggle with those who are most oppressed.”

She wrote: “Whether in the bottoms or on the hill, the legacy of poverty, racism and dehumanization still plagues us. We are still, Black and white, too little aware of the inherent and historical strengths of those with whom we labor. And the tools of our various disciplines are made dull in our own despair...We defend ourselves for our lack of success with the belief that our precious tools, such as psychiatry and psychoanalysis do not apply for the poor and minorities in our population. I call upon those engaged in

work on the hills and in the bottoms of our land to join in using their disciplines and themselves as tools to bring into relief our own resources... and the strengths and resources of the people with whom we work.”



Susan C. Vaughn

Urging a focus on ego strengths rather than pathology in Black, brown and poor communities, his mother asserted, “In their training, students and residents should be taught to utilize not only the biological and psychodynamic principles traditional to psychiatry...Our patients should not be seen as targets at which we aim our expertise, but as collaborators in the maintenance or restoration of health.” Echoing the “subtle strength” spoken of in Pauli Murray’s poem, she writes that psychoanalysts who expose themselves to a shared humanity in people less fortunate than themselves, “will discover ego strengths that have survived terrible odds...”

Charles Lawrence noted that centering on ego strength, rather than pathology, is more than an efficacious tool of medical practice. It also does the anti-racist work of challenging white supremacy’s narrative of Black pathology. It identifies the injuries of mental illness as the product of the pathological social disease of racism. It teaches Black and Brown communities that they are the chief agents of understanding and strength in the struggle for liberty against that societal sickness.

He affirmed his mother’s belief that this societal pathology of racism and caste injures all of us; in it we are prevented from recognizing the full humanity of others, from knowing that when any of us is vulnerable to sickness and deprivation all of us are made vulnerable.

Continued on page 33

# The Doctor Debate: Still Talking about Titles

Flora E. Lazar

Late last year after the presidential election, the conservative writer Joseph Epstein unleashed a fury of criticism over his *Wall Street Journal* op-ed in which he took out after Jill Biden whose crime, according to Epstein, was to use the honorific “Doctor” when she had earned her doctorate in education and, in his view, the title should properly be reserved for medical doctors.

If you agree with Epstein about the sacred meaning of an MD, you would probably be inclined to agree with the way American psychoanalysis once valued the degree in its domain. Certainly, with the multiplicity of counseling degrees — LMFT, PhD, PsyD, MD, LCSW, PCPC and their local variants — it is easy to forget that, in psychoanalysis, degrees once dictated who had access to clinical training in the system of institutes certified by the American Psychoanalytic Association. As biographies of Carl Jung and Harry Stack Sullivan have pointed out, it was not uncommon in the early 20th century for non-medical would-be analysts — no less figures than Edith Rockefeller, the daughter of John D. Rockefeller, or the eminent University of Chicago political scientist Harold Lasswell — to travel to Berlin and Zurich for psychoanalytic training. But by the late 1930s organized American psychoanalysis had so thoroughly repudiated non-medical or so-called lay analysis that an official rift developed between the American Psychoanalytic Association and its international counterpart, the International Psychoanalytical Association. A separate system of non-affiliated institutes had to be erected for non-MDs seeking advanced clinical training in psychoanalysis.

*Flora E. Lazar, PhD, LCSW, is a historian and psychoanalytic psychotherapist who has spent her professional career at the intersection of research, public policy, and clinical practice. She is editor of the Chicago Psychoanalytic Society News and lives in Chicago and Salisbury, Connecticut.*

For half a century, the MD served as the union card for psychoanalysis, this despite Freud’s full-throated defense of lay analysis. In his famous 1926 paper “The Question of Lay Analysis,” Freud expressed a belief that “the practice of psychoanalysis has far less need for medical training than for educational preparation in psychology and free human insight” and that “the majority of physicians are not equipped for the work of psychoanalysis.” Still, today, there remain institutes that have not abandoned the exclusionary practice of requiring candidates to hold an MD or a doctorate in a clinical discipline. Even though, without some special accommodation, that would exclude many esteemed scholars of our time, who, while lacking clinical degrees, are able to maintain clinical practices through special psychoanalytic training.

Over the course of the 20th century, a handful of prominent lay analysts, such as Erik Erikson, who is regarded by many as the most prominent psychologist of the 20th century, made their way into mainstream psychoanalytic institutes. A parallel system of “independent” institutes also flourished to train non-medical professionals. However, these psychoanalysts were excluded from membership in APsA. But in the name of maintaining the value of psychoanalytic training’s “currency” — the cornerstone of Epstein’s diatribe against the use of the term “doctor” by those outside the medical profession — medical doctors remained the only doctors welcome in APsA-accredited training institutes until a 1985 court case pried open the doors. More than four decades elapsed before APsA’s leadership issued a formal apology for its exclusionary practice.

With APsA and local psychoanalytic societies now examining the cost of the field’s history of exclusion, whether by race, social class, gender, sexual orientation, or degree, Epstein’s op-ed re-awakened the dysphoria I once experienced. As an academic-turned-clinician, I admit to cringing more than once in my early days of clinical

work when patients addressed me as “doctor.” My reaction was not because I did not feel worthy of the honorific after six years cloistered in libraries and archives obtaining a PhD by preparing a work that sought to advance knowledge of the history of psychoanalytic education.

Perhaps because I grew up in a family of medical doctors and I was the only one to earn a PhD, the prospect of being mistaken as a member of the MD club seemed fraudulent. After all, my hard-earned doctorate was academic not clinical. I often disguised my degree dysphoria under the guise of alliance building, asking patients in the first session how they would like to be addressed and routinely informing them that I referred to myself by my first name. How they referred to me was their choice. Occasionally, a patient would discuss why he or she had selected me as a therapist, admitting that they did not really know what to make of all the different letters after therapists’ names. If they went so far as to inquire, which some did, about the significance of varying degrees, I offered a brief explanation of the different pathways to clinical work, only occasionally getting far enough into the weeds to explain how someone with a PhD could also be designated a student intern for clinical purposes.

With pride, I identified myself as a social worker, which I told them meant I was called upon by the profession’s code of ethics to explore their suffering not just within them, but also in their social surround. Only rarely have I ever shared how this ethical obligation might incline me in a particular theoretical direction on such questions as the origins of sexual trauma. Regardless of what I say, however, a surprising number still refer to me as “doctor,” even if some softened it to Doctor Flora.



Flora E. Lazar

*Continued on page 8*


## The Doctor Debate

*Continued from page 7*

For years, I found the obstacles to communicating about my academic and clinical background unsettling verging on fraudulent. Only over time and with greater clinical confidence have I come to realize that being a “doctor,” even a “doctor of philosophy” as my PhD denotes, actually does have clinical value. But unlike what Epstein would have us believe, the value is less for me than for the patient. As Bruce Wampold, “an exponent of the common factors approach to psychotherapy efficacy research,” and others who subscribe to the “common factors” approach to psychotherapy have underscored, expectations of being helped play an important role in effective psychotherapy outcomes. Realizing

that patients who are suffering and seeking help have a need to call me “doctor,” even the wrong kind of doctor, more than I have need to be called one, has helped me settle more comfortably.

Self psychological theory might understand this insistence on calling me “doctor” against my stated wishes as a need for an idealizing self-object experience, one that provides among other experiences, safety, calm, and reassurance. Honorifics confer authority and power, sometimes a power that patients need in order to consolidate their fragile selves. Turning someone like Epstein on his head, this view would suggest that the need for therapists to accept their patients’ idealization through their use of honorifics would accrue more to the patients’ emotional benefit than to the therapist’s.

This recalls a pivotal moment in my life when I first began speculating over the value of an honorific. I had been invited on occasion to the home of a high school teacher whose husband was a member of the faculty and dean at the local university. After several anguished adolescent visits in which I sat uncomfortably silent on how to address this esteemed academic, I finally screwed up my courage to ask him how he would prefer to be addressed. His reply would probably not satisfy either Epstein or his critics and has certainly diminished my appetite for the term “doctor.” “Young lady,” he affectionately replied (in an era before it was taboo to use forms of address with behavioral rather than biological connotations), “Please call me mister. Anyone can earn a degree. It is a lot harder to be a gentleman.” 

# In Memoriam

Kenneth Z. Altshuler, M.D.  
*January 6, 2021*

Horacio Arias, M.D., P.A.  
*January 23, 2021*

Sidney Jules Blatt, Ph.D.  
*May 11, 2014\**

Alvin B. Blaustein, M.D.  
*August 27, 2020*

Peter Blos, Jr., M.D.  
*November 4, 2020*

T. Berry Brazelton, M.D.  
*March 13, 2018\**

C. Glenn Cambor, M.D.  
*October 31, 2020*

Bernard Chodorkoff, M.D., Ph.D.  
*July 28, 2015\**

M. Donald Coleman, M.D.  
*December 1, 2020*

Barbara T. Drinka, LCSW  
*October 2, 2020*

Arnold I. Goldberg, M.D.  
*September 24, 2020*

John S. Kafka, M.D.  
*October 13, 2020*

John Kelleher, M.D.  
*January 26, 2020*

Anton O. Kris, M.D.  
*March 11, 2021*

Muriel Laskin, M.D.  
*January 2, 2021*

Arthur T. Meyerson, M.D.  
*January 27, 2021*

Allan D. Nelson, M.D.  
*August 22, 2020*

Gertrude Pollitt, D.Psa.  
*December 4, 2019*

Jerrold Post, M.D.  
*November 22, 2020*

Tamara Razi, M.D.  
*September 19, 2020*

George W. Roark, M.D.  
*January 19, 2021*

Richard B. Rosenstein, M.D.  
*November 25, 2020*

Sebastiano Santostefano, Ph.D., ABPP  
*January 14, 2020*

George Satran, M.D.  
*December 27, 2020*

Howard H. Schlossman, M.D.  
*September 6, 2020*

Sanford Jay Schreiber, M.D.  
*January 12, 2021*

Lawrence Shaderowfsky, M.D.  
*February 3, 2021*

Stanley H. Shapiro, M.D.  
*December 19, 2020*

Bruce H. Sklarew, M.D.  
*October 27, 2020*

Edward H. Stein, M.D.  
*August 14, 2020*

Naemi Stilman, M.D.  
*November 21, 2020*

Samuel Weiss, M.D.  
*December 27, 2020*

*\*only notified.*



# On Analytic Writing: An Introduction

Michael Slevin, Special Section Editor



Michael Slevin

What is the value of words? Words can be concrete, and they can be symbolic. They can be pulled from the unconscious, and pull back to the unconscious.

Words resonate; they set up blockades. They can be direct – and often are not. How do words mean?

So, what is the value of analytic writing? And what kind of analytic writing is to be valued?

Each of the five authors of brief essays on analytic writing published here grapples with the uses and process of writing as a means of exploring their work with patients. Despite vibrant differences in tone and approach, I am drawn to some common themes: Form. Time. Attention.

To extrapolate first from Anne Adelman's essay, writing well is not "business as usual." Moving on to Harry Polkinhorn's contribution, to write, and to do it well, is to be terrified by one's "angel." Mary Landy tells of the "lightbulb moment" in which she found her analytic voice, while Mark Moore speaks of writing that plunges us to depths, then guides us back to safety. And Ellen Pinsky, reflecting on her experience as a middle school English teacher, shows

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*Michael Slevin, M.S.W., is a psychotherapist in private practice in Baltimore and co-editor with Beverly Stoute, M.D., of a book, The Trauma of Racism: Lessons from the Therapeutic Encounter, forthcoming under the Routledge imprint.*

the fireworks set off in the minds of her young students as they explore and discover story and form.

I suggest that the form of each is unique – a synergy between the particular analyst and the particular patient – each of whom is unique. The form is found through attention. Simone Weil comes to mind. The online *Stanford Encyclopedia of Philosophy* says,

Attention [for Weil]... suggests that knowing the reality of the world is less an individual achievement or attainment of mastery and more a gift of grace—openness to what cannot be predicted and to what often takes us by surprise.

"Attention" for Weil is intimately connected to her definition of love: "belief in the existence of other human beings as such." In her words in *Waiting for God*:


Attention is creative. But at the moment it is engaged it is a renunciation... The man accepts to be diminished by concentration on an expenditure of energy, which will not extend his own power but will only give existence to a being other than himself, who will exist independently of him.



And so, for each of these writers there is a tension between finding one's voice and finding the patient.

That fruitful tension occurs when, as Landy states, "I am ready." For Polkinhorn, it occurs "between memory and desire," past and future, in a form of "waiting" in Weil's terms. Moore speaks of it occurring when "what slips past the grip on our pen...[when] we are closest to experiencing the unconscious, and not simply 'writing about it.'" Adelman finds "rejuvenation and restoration." Pinsky suggests, in the discovery of the form each piece of writing takes, one "remembers and says good-bye."

There are many riches layered into our authors' essays. My tangential take, when my slip of mind brought in Simone Weil, at best indicates how many paths there are as we explore the uses and meanings of analytic writing.

One thing we do know: Writing well is certainly not business as usual. 

# On Writing

Ellen Pinsky

I've been a writing teacher for decades, but only for the past 9 or 10 years have I taught about psychoanalytic case writing. Before I returned to graduate school and became an analyst, I was a middle school English teacher. I learned a lot from those young students, 11- and 12-year-olds, about what works in teaching writing.

The children taught me to respect that they had thoughts and imagination, that they could take interest in and even enjoy writing. I learned not to over-direct, but rather to let them discover. My chief expectation (perhaps) was that they be active. From experience, I learned to be patient with discomfort, silliness, irreverence—to calmly wait it out. I'm sure you hear the parallel to what we analysts strive to do, as we listen in the treatment room. Writing, like speaking, is a vital way of thinking.

Maybe second in importance, I gave these children things to read: models that could engage and excite. For example, we read old English ballads—those brief, vivid, passionate, often violent story poems. The children loved them, recited them, memorized them, made skits based on them, all activities that offered a better chance they'd enjoy writing their own ballads.

In one assignment, I asked the students to choose a favorite ballad and

*Ellen Pinsky, PsyD, a psychoanalyst in Boston, is the author of Death and Fallibility in the Psychoanalytic Encounter: Mortal Gifts (Routledge, 2017)*

turn it into a brief newspaper story—a form familiar to them. The headlines they came up with alone were priceless. Next they had to do the reverse: Find a newspaper story and turn it into a ballad. Take one thing, make it into another, aware of the different form. That's a version of the task in writing about our patients.

I also learned not to tell my students how a poem was put together but rather to ask them what they noticed and, if the poem worked, *why it worked*. They'll observe it, find the form, then *tell* you how it works: the stanza is made like this, there's this many syllables in the lines, the rhyme goes like that, some words repeat, the details have zip—there's no polysyllabic descriptive jargon! And the story? The story is *great*: somebody gets murdered, there's love, hatred, vengeance, retribution; a young lady has a baby, she isn't married; a ship sinks, a hero dies, and so on.

Writing about clinical work is similar, and so is the task (you can make the connections). The ballad or newspaper headline or clinical exchange tells a story, and the writer's job is to find the form to tell that story. What do you *notice*? What happened? How did it happen? What was the action? What words, what *forms* for words (poem, newspaper story, play script) might help you think about it?

Let me offer three principles I try to hold in mind, whether as teacher or a writer myself. First, writing is hard work. It's a form of thinking, and the most effective thinking, as it penetrates to our feelings, will include discomfort. Second, the most important things about writing are

the same for all writing. The problem most of us face in writing isn't simply a matter of technique, or the particular form; it's about awareness, focus, interest—a matter of noticing, whether you're writing a poem, an essay or a clinical vignette describing analytic process.

Finally, I believe that writing is a process of mourning and entails loss. This third idea especially helps me when I'm struggling. Writing about one's clinical work too involves loss—in Freud's language, "working through." I'll return to the ballad analogy: One is telling a story. What is a story? An experience re-incarnated, in a new form. On these terms, all writing, all "true" writing, is a form of working through, grieving for the loss of the actual immediate complete experience itself. That's why it's hard. When writing about one's clinical work—telling the story of an intimacy over time with a suffering striving person—one is reconnecting as well as saying good-bye, separating oneself out as well as rejoining. It is a pleasure. By finding a form that acknowledges a beginning and an end, a relationship can be both restored and let go: One is affirming a bond and at the same freeing oneself and the patient.

In the satisfaction of writing this piece, I am remembering and saying good-bye, grieving the loss of my students and my patients while also re-finding them.



Ellen Pinsky

APSA

# Not Business as Usual

Anne Adelman

One by one, students appeared, their Zoom squares popping open like tiny jack-in-the-boxes. I scanned their faces, wondering if they sensed my trepidation.

“So, this is your first analytic writing course. Welcome. We know it’s strange to have classes via Zoom—hard enough in general, but especially for writing.” I paused, trying vainly to make eye contact with each of them. “But first,” I said, “how are you doing? What’s it been like during this time?”

There was momentary silence, and I wondered if that had been a mistake. Too much? Too soon? Intrusive?

One of the students spoke.

“Sorry we’re silent,” she said. “We didn’t expect to be asked—we thought class would be just business as usual.”

Business as usual? This course began a week after the shutdown, just after the world had abruptly shifted to life lived entirely online. I’d used Zoom before with patients away for college or travel, but I had never worked the way I was now—from morning until night, my entire practice reduced to the small screen on my laptop. It was exhausting.

I was co-teaching with an analyst I knew and liked enormously, but I had half a mind to back out of teaching and debated canceling the class altogether. Could we even teach writing via Zoom? Overwhelmed, frenetic, I feared facing the candidates in the virtual classroom—candidates I’d never met in person.

But talking with my co-teacher the day before, I was buoyed by her optimism and level-headedness.

*Anne Adelman, PhD, psychoanalyst, Washington Baltimore Center for Psychoanalysis and Contemporary Freudian Society. Co-editor, JAPA Review of Books; co-chair, New Directions in Writing. Private practice, Chevy Chase, Maryland.*

So, on Tuesday, just before 4:00, I signed in and waited for Zoom to sound the now-familiar chime. I glanced at my co-teacher but couldn’t catch her eye because, well, Zoom. Even so, I felt grounded as she smiled at the group. I did the same.

Bit by bit, students shared their experiences since the stay-at-home orders. Like me, they were weary, beleaguered, and adrift in uncharted waters. Listening, I began to rethink how to craft this writing course, offer something different: a place to exhale. We told them we were interested in exploring what we refer to as “alive clinical writing.” We encouraged them to set aside analytic jargon and diagnostic formulations. “Write to discover what you know about your patients, rather than what you think we want you to know,” we invited. Then we added, “Write in your own voices. Bring us into the consulting room with you, show us your work.”

Immediately we were beset with worried questions: “What about our end-of-year reports?” “Our supervisors want a formulation. Will we learn that?”

For their first assignment, we asked them to simply write about a patient, whether a favorite, their most difficult, one they’d known for a while, or one with whom they’d recently terminated. Alternately, they could write about someone they knew, had observed, or even invented. “Bring that person to life on the page. Share details with us—what makes this person interesting? Unique? Why are you curious about them?”

They looked dubious as they signed off. Rather than a rubric for case reporting, I was hoping they’d learn to use writing as a new pathway to clinical knowledge.

My worries subsided as they began to submit their writing, rich with imagery, sophisticated, gripping and deeply alive, simmering with warmth and compassion. They sought meaning in what was happening, for their patients and themselves, during this strange, uncertain time. They grappled with understanding the pandemic and its effects on the world beyond their analytic training. They resonated with their patients’ plights; they were bound together by a pervasive sense of urgency.

The meetings felt like an island of safety in my otherwise stormy week where I dealt with patients in shock, their lives disrupted. The candidates offered support, encouragement, and gracious appreciation for one another’s writing. They told each other, “What I love about your writing are the details.” Or “You have such a unique style, such an engaging tone.” Or “I love the humor in this piece.” They shared all kinds of writing: personal reflections, dreams, and memories. As their writing developed, so did their sense of interconnectedness; instead of remaining in isolated boxes on the screen, the group began to feel intimate. Writing became a healing balm, a haven where they used rich language and metaphor to transform their confusion, exhaustion, and fear into uniquely moving, finely honed narrative.

We accomplished something we hadn’t expected: Our Zoom writing course became a place for rejuvenation, restoration, and the growth of analytic minds.



Anne Adelman

## Who Are You?

Harry Polkinhorn

Writing is relational and, regardless of its conventional form, always highly personal. I am talking with you. You in my mind? You out there in the world? Is there a difference when it comes to expression? According to French essayist Roland Barthes, "Writing occurs . . . at the instant when one cannot locate *who is speaking* . . ." ("Textual Analysis of a Tale of Poe," in Marshall Blonsky, ed., *On Signs*, Baltimore: Johns Hopkins University Press, 1985, p. 97).

Yet writing as time-transcending and history as time-recording melt together.

Who? As you silently read these words (and perhaps imagine them being spoken), how to specify the identity of their speaker? Someone out there? A voice in your mind? A loose overlapping of the two, modulated by memory, fantasy, floating phrases? To paraphrase Winnicott, it is always a speaker/listener. Approaching the world of the analytic exchange with neither memory nor desire, nevertheless you are simultaneously bound in the nets of a verbal language you didn't create, and freed into something else through them. Dial down the past and future as you will in your quest to hear more fully, to eliminate them even temporarily only returns you to the sheer apperception of our animal nature, so how best to help the patient? I tell myself you neither created your language(s) nor its (their) writing conventions but through a second hatching have come into them in both your internal and external reali-



Harry Polkinhorn

ties, and where did all this come from? The mother tongue, some say. Original skin contact gave way to the bridge of sound, new uses of the tongue and throat, which you quickly sorted out into phonemes in your primary mastery of that complex music. Your auto-erotic babbling and cooing became the core connective tissue of relationship by means of which you survived. The smile, then "mama," evoke love. Language, although it pre-exists the individual and facilitates his or her appearance as such, is by its very nature relational; words/sounds are addressed to the necessary Other so that the mind can form and grow. For there to be a one, there must be an other, therefore others, and it is the music of speech that gives birth to emotion. Of course, most of this "music" transcends writing: juncture, rhythm, pause, stress, pitch, as well as body language.

But that is language as speech. What about the later development of writing, typically executed alone (except in unusual cases such as the "exquisite corpse" experiments of the Surrealists)? Writing and speaking blend and separate in a rhythm peculiar to the individual. In the consulting room and through the subsequent practice of written reflections, the analyst tracks this rhythm in part by following his or her own ghosts, the peculiar figures bridging the internal and external worlds, what Rilke refers to as the angel or messenger.

What is this message but who you are. Writing is not the simulacrum or passive registration of speech but its abrogation. Speech is time; writing like

photography kills history, thereby making it possible in fantasy. I want access to this fantasy to help me push deeper into the relationship with my patient. Any such moments of understanding must be tentative, contingent, glimpsed in passing no matter how vital to the analytic process. In other words, speech and writing, although based in language, function somewhat as strangers, the kind encountered on solo walks down a country road. Our strictly non-verbal encounter throws me into a state of profound ambivalence. There is a message; what is it? Relationship is fraught. Listening cannot be pure, separated from interpreting. *Traduttore, Traditore! Voilà* Hermes, god of the no-man's land in between, deliverer of ambiguous messages, interpreter, trickster. Finally, let the Bohemian-Austrian writer Rainer Maria Rilke, in "The Second Elegy," speak:

Every angel is terrifying. And yet, alas,

I invoke you, almost deadly birds of the soul,

knowing about you. Where are the days of Tobias,

when one of you, veiling his radiance, stood at the front door, slightly disguised for the journey, no longer appalling.

(a young man like the one who curiously peeked through the window).

But if the archangel now, perilous, from behind the stars

took even one step down toward us: our own heart, beating

higher and higher, would beat us to death. Who are you?

(in *Ahead of All Parting: The Selected Poetry and Prose of Rainer Maria Rilke*, trans. S. Mitchell. New York: The Modern Library, 1995, p. 339).

APSA

*Harry Polkinhorn, Ph.D., is a poet and psychoanalyst; emeritus professor of English and Comparative Literature, San Diego State University; past president, San Diego Psychoanalytic Center.*

## A Crucial Question at the Right Time

Mary J. Landy



Mary J. Landy

Beginning psychoanalytic training knocked me for a loop. You might not have seen it from the outside. I quickly picked up my supervised cases. I wrote my initial assessments and annual reviews—on time! But none of that helped me shake a sense of fear that I really did not know what I was doing and was pretty sure I was doing it wrong. Buffeted by inner critics, I scurried to try to get it “right.” But I really wasn’t sure what “right” was.

And then, halfway through my second year of training, Mia Biran, a senior faculty member at the Cincinnati Psychoanalytic Institute led a writing class for my group. She asked us to write a brief paragraph about a question she posed. The question was something like, “What is going on in the analysis?”

It was such a simple question. What did I think was going on?

In some real way, it was the first time I asked myself that question. A lightbulb turned on. I wrote to figure out what I thought. All these years later, I don’t remember exactly what I wrote, but I imagine it was something about love and the lack of it and the deep longing to find it and being really unable to deal with the loss of it and the deep withdrawal from needing someone else. And I had a glimmer of the pain that this patient and I would have to go through if we were going to work it out.

Why was that moment so pivotal in my development as an analyst? Maybe it was

*Mary J. Landy, M.D., is on the faculty of the Cincinnati Psychoanalytic Institute and lives and practices psychiatry and psychoanalysis in Indianapolis.*

something about the teacher and the question and the act of writing?

Mia conveyed an expectation that I had a good mind and, of course, could think for myself. The question was so straight forward and to the point-- nothing to hide behind. She used the language of my life—not my professional life which helped me speak from my voice. I was in the process of developing my analytic voice. And, I had been trying to do this from outside in through meeting the expectations of authority, leaving me detached from my own sensibilities.

And finally, that I found the answer in writing seems crucial; I found the privacy to find my own words. This particular question pulled for writing that was akin to journal writing. Journals offer a way to express and sometimes find your thoughts through a sense of safety and lack of judgement. You don’t have to do it right. You are just trying to see what you think.

Writing is also a construction. It creates scaffolding to explore difficult inner terrain. It helps me think my thoughts, explore my ideas. Maybe a visual would help to describe how this works. I have an image of something solid being formed from something liquid. The liquid has proto-ideas floating around in an unorganized but potentially creative ferment. These ideas hook together and take shape to make a solid form—a coherent, worded thought. Writing helps. Once an idea is formed, you have a new surface on which to build the next one, and so on. You can end up with some pretty complex ideas.

Of course, writing isn’t the only way to think, but it offers several benefits. It is deliberate and purposeful. It is useful in a classroom setting. And, you can share it with your colleagues and teachers, and they can share their perspectives, which give you other seed crystals to create your ideas. The location you start from is integral to thinking—like Mia’s good question.

But why was this moment so pivotal in my development? The teacher and the question and the writing. And I was ready.

APSA

## APF Response to Catastrophic Times

Selma Duckler

The American Psychoanalytic Foundation (APF) is proud of its 25 years of support for psychoanalytic outreach and in-reach. In that time, it has funded a wide range of projects and events that have forged bonds between psychoanalytic groups and larger communities. Now we are living in catastrophic times, marked by racial and economic inequality, pandemic, corruption, distrust of government, and the waning of belief in fundamental tenants of science.

In these times, the American Psychoanalytic Association affirms its support of Black Lives Matter and is striving to become a growing, evolving, inclusive, and reflective organization. The recent APsaA Racism Statement quotes Ibram X. Kendi: “The only way to undo racism is to constantly identify it and describe it—and then dismantle it.” The Association further pledges its commitment to this effort. The Covid-19 pandemic concurrently poses a multitude of problems for the public, patients, analysts, and the enterprises of psychoanalysis and psychotherapy.

**In these challenging times the APF Committee would like to emphasize projects that address racism or the pandemic.** We will continue to fund what we can of the varied proposals we receive. To learn more about our guidelines and submission process, please visit <https://apsa.org/apf>.

*Selma Duckler is a founder and supporter of the American Psychoanalytic Foundation and a present member of the APF Committee.*

# Writing as Forgetting

Mark Moore



Mark Moore

In writing, we forget. It is seldom our intent, yet the act of writing both frees us to forget and tricks us into believing we have captured the past in unalterable form. Plato in recounting the myth of Theuth, God of Writing, in the *Phaedrus* notes that writing: “will create forgetfulness in the learners’ souls, because they will not use their memories; they will trust to the external written characters and not remember of themselves.” I first read of this idea in Jonathan Lear’s *Freud* and it has left me unsettled ever since, in the way that all worthy ideas do.

Yet this emphasis on writing as forgetting paradoxically supports the argument that writing about psychoanalytic case material is an essential part of *thinking psychoanalytically*. The key features of habitual thinking are, of course, present in all forms of writing and many an ego function is necessarily drawn upon to organize material, to give name to experience, to sound a tone of voice and to choose the form of the tale.

However, psychoanalytic treatment requires more than reconstructing the past and boxing it into a comprehensible form as a static story. Analytic work at its fullest opens out our internal world and brings an unconscious vitality to our lived experience. In

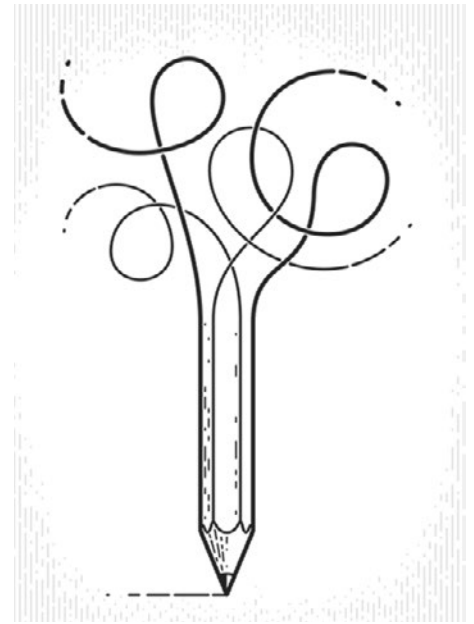
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*Mark Moore, PhD, is a faculty member at the Psychoanalytic Center of Philadelphia, where he teaches courses on writing, psychoanalysis and psychotherapy, and assessment.*

what slips past the grip on our pen—the unvoiced, the rethought, the misconstrued and the forgotten – there as writers we are closest to experiencing the unconscious, and not simply “writing about it.”

And like an analytic hour, the process of writing is contained within a frame: one of pages and structured words. This frame provides a shared space for exploration via reading with others, which in turn offers up the promise of further vitalizing unconscious experience; an experience that can be had anew and not merely recalled, one that can be savored and explored. I teach a class on writing in our institute for first year students, and most years I share the opening paragraphs from one of my own case reports. Every year, without fail, I am delighted to hear students react in ways I had not considered and yet evoke something familiar about the treatment, an impression that had until then only lingered on the fringes of awareness.

An example is how the students might respond to a specific phrase I use to describe my patient walking into the office: “the careful way he thread his path to my office,” due in part to his impaired vision. In reading it closely, some students might wonder about the inclusion of “careful” – does his physical movement reflect aspects of his defended, obsessive manner of engagement? Or his concern to pass unnoticed, disturbing nothing in his wake? Or a fear of falling, with or without hope that I might catch his fall? Or as an embodied constriction of the anger he fears he will unloose upon the world around him?



As I sit here writing now, creating possibilities of how I might be read, the last question unfurls a fresh fantasy within me (even alone I have an audience who are forever reading with me). My thoughts loop around the word “thread” and I see a rising Minotaur, a darkened path through the labyrinth; primary process now transmuting verbs to nouns with the action of “threading carefully” bound up with Ariadne’s gift of thread guiding us back to safety.

These are not specific phrases or allusions I remember coming up in the treatment; my aim in writing and teaching writing is not to engage in a replicative process but rather a creative one. In true analytic fashion, if I were to use this example in class, the content would not be the focus but rather the process, or experience, of being caught up together; held safe by Ariadne’s thread so as to allow us as reader-writers to wander, become lost and then found again. An analytic moment, not remembered as the re-remembering or reconstruction of the past, but as experience re-encountered. In writing, we forget. In reading and being read, we discover and are discovered.

APSA

# In-Depth Description of Primary Approaches to Couple Therapy

Nathan M. Szajnberg



Nathan M. Szajnberg

Clarity, harmony, truth and unflinching courtesy for the reader are the major desirable ingredients Nobelist writer Ved Mehta learned from his editor, William Shawn of the *New Yorker*. These, you will find, characterize Arthur Nielsen's remarkable book on couple therapy.

Grounded in an in-depth review of the clinical and research literature, and drawing on his many years of experience, Nielsen's book describes the three main approaches to conceptualizing couple distress and treatment—systemic, psychodynamic, and behavioral. Then, he shows how they can be integrated into a user-friendly model that draws on the best of each. Covering both fundamentals and advanced techniques, this book—described by the current editor of *Family Process* (the lead journal in the field) as “one of the best

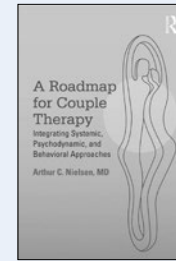
*Nathan Szajnberg, MD, is former Freud Professor (Hebrew University). His books include: Reluctant Warriors; Sheba and Solomon's Return; Jacob and Joseph; Judaism's Architects; and Lives Across Time, co-authored with Henry Massie. Szajnberg's two novellas are Jerusalem and Breathless.*

books ever written about couple therapy”—should be valuable to both beginning and advanced couple therapists, as well as to psychoanalysts simply wishing to understand more deeply the problems of intimate relationships.

Nielsen, an analyst in Chicago, has spent four decades listening to, working with, and healing couples. He has also taught a wildly successful undergraduate course at Northwestern University, “Marriage 101: Building Loving and Lasting Relationships.”

Analysts, like other individual therapists, often struggle when they try to see partners conjointly. We find it hard enough to manage two psyches in the consulting room, the patient's and our own. How much harder to grasp three psyches, particularly when two are, as Nielsen notes, “often at war with each other.” Nielsen addresses this problem throughout the book, eschewing adherence to specific schools of technique, in favor of hewing to the needs of our patients. Like a fine sailor, he senses the crosswinds and the current in order to navigate to a peaceful shore.

The book is divided into modules of technique, each building on the others depending on the needs of the couple. It begins with the basic format of “Couple Therapy 1.0,” the Model T of couple therapy, where the therapist attempts to




*A Roadmap for Couple Therapy: Integrating Systemic, Psychodynamic and Behavioral Approaches*

By Arthur C. Nielsen

Routledge, 2016

help the couple talk to each other in the here-and-now of the consulting room. This section offers immediate survival skills and fundamentals for working with more than one person simultaneously.

When Couple Therapy 1.0 proves insufficient, Nielsen adds therapeutic interventions he terms “upgrades.” The first of these focuses on the couple as system and describes maladaptive interpersonal dances, including common patterns (e.g., adversarial, pursuer-distancer, conflict avoiding, or identified patient couples) and interventions specific to each. The next section covers psychodynamic upgrades that allow us to examine dysfunctional process from the perspectives of hidden issues, divergent subjective experiences, transferences, and projective identification. We then shift to interventions that teach empathic listening, emotion regulation, problem solving, and communication skills. Nielsen concludes with a detailed chapter on how to sequence these therapeutic options. Detailed case examples throughout the book bring the concepts to life.

Buy and read this book. It will inform you about couple work, it will help you with your individual patients...and, it might even help your marriage. 

# Kimberlyn Leary On Psychoanalysis and Social Equity

An Interview with Justin Shubert, Diversity Editor



Kimberlyn Leary

Kimberlyn Leary has made significant impact on our field by addressing the intersection of psychoanalysis and sociocultural issues as a clinician, researcher, author, political

appointee, professor, and most recently as senior vice president of the Urban Institute. As far back as the 1990s, Leary wrote and thought meaningfully about race, gender, culture, and class when few psychoanalysts were engaging these topics and many dismissed them as “not analytic.” Earlier this year, she agreed to spend some time with me over Zoom to discuss psychoanalysis and the diversities.

**Justin Shubert:** This year, in response to larger events in our country and the world, psychoanalysts have been talking a lot about race and sociocultural issues. How do you feel our field has grown in our sensitivity to issues of diversity?

*Kimberlyn Leary, Ph.D., MPA, is associate professor of psychology in psychiatry, Harvard Medical School/McLean Hospital; associate professor, Department of Health Policy and Management, Harvard T.H. Chan School of Public Health; and lecturer in public policy, Harvard Kennedy School.*

*Justin Shubert, PsyD, PhD, is a psychoanalyst in Los Angeles. He is the co-founder and former co-chair of the Committee on Diversities and Sociocultural Issues at the New Center for Psychoanalysis and chair of APsA's Committee on Gender and Sexuality.*

**Kimberlyn Leary:** Psychoanalysis has consistently expanded its capacity to ask a broader set of questions about, as Anton Hart puts it, the *diversities* (not just diversity, but a broad range of diversities). Along with asking those questions, there's been some success at bringing new voices into psychoanalytic conversations, including by inviting people from outside of psychoanalysis to be in dialogue with analytic clinicians. And I think that's all been very affirmative.

In most ecosystems, the murder of George Floyd was so stark and shocking even though similar events have happened hundreds of times before. This time, Floyd's death was galvanizing and became an inflection point. One result is that psychoanalytic communities have engaged in broader dialogue without insisting that the conversation fit our psychoanalytic defaults. This has been the most promising trend I've seen. Not just rereading race, diversities, racial justice, and equity through a psychoanalytic lens but actually allowing new information to penetrate the field.

With attention to social justice, people are saying, “We want systems to change. It's not enough just to recognize disparities; we want interventions to change them.” So that's something I hear in almost every forum I'm a part of. An impatience with talk alone. Although talk is clearly necessary.

**JS:** When we see patients in our consulting rooms we are focused on affecting the individual in front of us, but as psychoanalysts we also have the ability to affect larger systems — certainly psychoanalysis but maybe even systems more far-reaching than our own. What do you see in terms of our opportunity to affect bigger social structures?

**KL:** For that opportunity to be leveraged, we have to better understand sys-

tems. Some psychoanalysts study systems theory, have a background in studying organizations, or work in a consultative capacity with companies. So there are experts among us. We can all be experts, I suppose, in our local systems, but large scale systems change is something people have to learn about if they want to change a system at scale. I've spent years talking with people and working with organizations, mayors, and other institutional leaders. Most don't know much about psychoanalysis and most are not particularly interested. You can use an idea from psychoanalysis, or even a way of thinking about challenges, but they will only listen if that idea helps them make progress on their problem.

It used to be the case, far less now, that we treated psychoanalytic ideas as pristine. A good deal of effort went into preserving them, almost in amber, before we could use them. Now people are interested in how we can hack things: You take a piece that works and you see where it opens up, in our case, a conversation. For example, I use the metaphor of the third ear all the time and people understand it. I talk about things that are implicit, and things that are unconscious, and how the past and history influence the present. At times, I've even figured out how to talk about projective identification in ways that make it semi-user friendly. That's where maybe you sacrifice some fealty to the original concept, but you engage a larger group of people in problem solving, and I think there's value to that.

**JS:** What are some ways individual psychoanalysts can get more involved in affecting larger systems?

**KL:** First, become involved in those larger systems. Sometimes we see ourselves as experts because we are experts in psychoanalysis, and so we imagine we should be invited into a system to consult. And sometimes we are. But being a part of a meaningful movement in a community—going to the local meetings, putting in the time and talking to people—that's the way to build trust.

*Continued on page 17*



Years ago, one of my Michigan instructors, Barnaby Barratt, was working at a hospital in Detroit on a non-psychiatric medical unit. He helped the medical teams understand the whole patient, not just the organ system that had failed or was being repaired. He used all his psychoanalytic acumen and even psychoanalytic language to do it. But he did it in such a way that he was attuned to the problems of the unit. The medical team came to think that psychoanalysts were especially helpful people to have around. When Barratt left, the team wanted another psychoanalyst. I think the goal has to be to meld skills and utility: "I've got skills but what do you need help with?" Maybe you need help with just getting the office organized, and while you're helping them to organize the office you're talking to people.

**JS:** To be humble rather than coming in as the "expert."

**KL:** The most important experience I had in that realm was when I was at the White House Council on Women and Girls. We wanted to do something that would be meaningful at scale, that would, in fact, affect millions of people. That's the power of the federal government. And there were a variety of options, but you could also make the wrong bet. So we spent a lot of time engaging with communities and with people who had lots of ideas about how we could beneficially affect women and girls of color. We didn't come in with our ideas alone. We spent time asking communities: "What do you see as the greatest need, and what could we do in order to make a difference?"

One of those listening sessions was with adolescent girls who were 13-17. And unlike most settings, where you have a representative token kid, and you turn to them for a representative token opinion, this listening session was made up entirely of Black and Brown girls. The audience consisted of philanthropists, city leaders, and White House officials. The event was organized for the purpose of having us just listen to the girls. We weren't even

permitted to ask them questions. It was incredible because their stories and testimony gave us a window we would not have had if we were busy with our questions, trying to get confirmations of our existing ideas. Instead, we had the opportunity to learn and that experience shaped the portfolio of the work I did in the Obama White House.

Want to get involved in systems? Find

*Want to get involved in systems? Find ways to engage people in conversations and to listen. And psychoanalysts do that pretty well. We listen pretty well. So we can use what we know.*

ways to engage people in conversation and to listen. And psychoanalysts do that pretty well. We listen pretty well. So we can use what we know.

**JS:** Our field has historically been so homogenous. How can we make psychoanalysis more accessible to both patients and prospective candidates from different backgrounds?

**KL:** It's not all economics. Often there's a somewhat biased assumption that the reason we don't have candidates of color or patients of color is because of the fees. Now that's not untrue in many instances, but it's not the only reason because there are plenty of people who have money who are from a variety of cultures and backgrounds, and they don't come to see us either. I think part of it is how we are perceived, not always unjustly.

The Michigan Psychoanalytic Institute did some things really well. One was to create liaison committees to different communities. This was the brainchild of Marvin Margolis. The purpose of the initiative wasn't necessarily to try to attract candidates and patients. Or maybe it was, but over the long term. The proximate goal was to get into conversation with people. How do you find out what's meaningful to the Arab community in Detroit? How do you understand the Black community in Ferndale? And how do you get

to know the organizations that are speaking for those communities and join in? It led to some wonderful things. For example, I took an extension division class at the Michigan Institute with a Black Studies professor from the University of Detroit and Mel Bornstein, a psychoanalyst; we all read the same texts but they looked at them in different ways, and it was a way of engaging in meaningful

cross-talk. That's one way to do it.

A number of institutes are experimenting with a third case being a community case. I've had the privilege of consulting with institutes that are thinking about taking the architecture of psychoanalytic training and tweaking it. One way is to allow the candidate's third case to be based in a community setting, but have it count fully to training hours. No one is asking you to do something extra; that's your case. It's not easy to do because you have to have a lot of organizational change behind it. Other institutes have looked for health or public initiatives that are happening in their cities, for example, like ThriveNYC, and tried to figure out where they can plug in and be helpful.

One big challenge for us is that psychoanalysis is not organized. In some ways, it's really a confederation of small business owners. Some can afford to or are willing to have sliding scale fees and some are not. And again, that's only going to solve part of the problem. Some analysts are willing to work in ways that are more open and connected to the patients' preferences. But there's no silver bullet. Instead, you have to figure out ways to be in conversation with people who are doing work to promote equity, while being really humble about our struggle. But also being clear about the value we

*Continued on page 18*

## Kimberlyn Leary

*Continued from page 17*

think we can add to a conversation. We have a whole literature of “othering” that is incredibly helpful in making sense of racial injustice. It’s just that we may not always be in the lead, and that is hard sometimes for analysts, to not be in the lead. But we have a lot to contribute if we’re willing to be in collaboration.

**JS:** Right, it seems so simple when you say it—that we need to join, listen, and offer our skills when they can be helpful. This is just what we do in our clinical work actually, but it’s harder for us to engage on a larger scale. Gathering analysts with the willingness to tolerate the anxiety of joining other systems can be challenging.

**KL:** Yes, I think it is. But there is some capacity that’s growing. And I always think that, genuinely, psychoanalysis has a case of itself changing that it ought to be proud of: the way analysis has changed at the theoretical, organizational, and clinical level with respect to LGBTQ+ populations. Though imperfect, there’s a

story of success and a story of needed ongoing work. I was Program Committee chair for three years a while back. There are successes when you look to the APsAA program, which reflects increasing diversity about who is invited to speak. The tricky thing about success is that you don’t want to say, “Oh look we’ve done it! We’ve had five Black people presenting at the winter meeting.” That’s not what I mean. But it’s giving people a sense that this unfamiliar work, of advancing equity—it turns out they’re already doing it. These uncomfortable conversations—they’re already in them.

**JS:** That’s important to be reminded of. I suppose we each have our own ideas about what success or progress will mean for our field in the future. What is your hope for psychoanalysis?

**KL:** I see some of my hope actually being realized right now. My hope is that organizational change continues to open up opportunity. I see some of that happening, whereby it is a little less complicated to learn about psychoanalysis. There are pathways to learning as a fellow, an associate, or as a candidate. I don’t

think that being a candidate should be the end-all be-all. But the way the system is constructed, training analysts need candidates, so there’s a financial incentive to focusing on candidacy.

I’ve been proud to watch young candidates of color I know around the country who are themselves. They show up as they are to psychoanalytic meetings and they speak their minds more often than in the past. I think there’s more awareness among some of the senior people that they aren’t driving the show in quite the way they were before. And that they don’t need to. I’ve been pleased to watch these young, talented people being themselves as they undertake analytic training.

**JS:** And there’s room for them to do it?

**KL:** Right, in certain places in this country, in certain institutes there is room. But I want more of that. That’s what I would like—more of that. And that depends on all of us.



Justin Shubert

APSA

## New Members | 2021 National Meeting

### New Active Members

Kristen Beesley, Ph.D.  
Deborah Wilson Bilder, Ph.D.  
Patricia Boguski, M.A., L.P.C.  
David M. Brooks, Ph.D., Psy.D.  
Kristen Callahan, M.A., M.F.T.  
Kelly Crim, L.P.C.  
Joanne della Penta, ATR-BC, LMHC  
Steven Demby, Ph.D.  
Sharon Williams Dennett, M.S.W.  
Thomas DePrima, M.D.  
Dena Domenicali-Rochelle, LCSW  
Deborah Duggan, LCSW  
Claudia Feldman, Ph.D.  
Sidonie Freeman, Psy.D.  
Lucy Freund, Ph.D.  
Ana Brenda Gonzalez Solorzano, Psy.D.  
Rachel G. Gross, M.D.  
Marcus J. Houston, M.D., M.P.H.

Sureyya Iscan, Ph.D.  
Jane Keat, Psy.D.  
Leslie Keith, Ph.D.  
Arash Khatami, M.D.  
Lucas Klein, Ph.D.  
Sandra J. Landen, Ph.D.  
Gayle Lewis, Ph.D., MSCS  
Rachel Loudon, LCSW  
Vali Maduro, Ph.D.  
Karen J. Maroda, Ph.D.  
Kristen Melnyk, M.D.  
Julia Mitrevski, M.D.  
Nahaleh Moshtagh, Ph.D.  
Debra J. Myers, M.D., Ph.D.  
Amber Nemeth, Ph.D.  
Autumn Ning, M.D.  
Kathleen O’Connor, M.S.W., LCSW  
Michelle Pfeifer, M.S.  
Noah P. Rahm, Psy.D.

Michal Ramon Lavie, M.D.  
Robin Rayford, M.A.  
Gregory Rizzolo, Ph.D.  
William H. Sandberg, Ph.D.  
Shuli Sandler, Psy.D.  
Lea Setton, Ph.D.  
J. Peter Shaft, M.S.W.  
Jonathan Shedler, Ph.D.  
Tamara Smith, LPCC  
Fernanda Sofio, M.A., Ph.D.  
Jillian Stile, Ph.D.  
Jeanne Theobald, M.D.  
Monica Valencia, Ph.D.  
Joseph Verrone, LCSW  
Gregory J. Villalba, LCSW  
Jonathan Weiss, M.D., M.A.  
Erica Weiss, M.D.

**New Academic Associate members:**  
Anne Golomb Hoffman, Ph.D.

# Introducing The New Psychotherapy Column

Ann H. Dart, Psychotherapy Editor



Ann H. Dart

As I write this, it is MLK Day. Thousands are still dying of Covid and our nation is still convulsing after the worst domestic terrorism attack since the bombing of the Oklahoma City Federal Building in 1995. I remember that April day well. I was living and practicing in Cambridge, Massachusetts, pregnant and tired after a long day when I heard the news of the bombing from my last patient. I was dumfounded then and afraid for my unborn child. What kind of country would she grow up in? Fast forward 26 years later and I was dumbfounded again as I saw the news of the Confederate flag in our Capitol. As a child of the South, I was heartbroken, ashamed, and scared. What kind of country indeed?

By now, the insurrection in Washington is old news. The pundits are pronouncing and the images of the enraged mob of white supremacists storming the Capitol, like the images of 911, are forever burned into our memory, individually and collectively as a nation. Shocking. Disturbing. Frightening. And, not surprising. Amazingly, our law enforcers and law makers on both sides of the aisle prevailed, working through the night, frightened and traumatized no doubt, to carry

*Ann H. Dart, LCSW, a psychotherapist practicing in Portland, Oregon, teaches/supervises at the Oregon Psychoanalytic Center; chairs Community Outreach; and co-chairs APsaA's COPPTP. She graduated from Tulane University School of Social Work and Boston Psychoanalytic Society and Institute's Advanced Psychotherapy Training Program.*

on and carry out their duty to uphold the Constitution. It was an extraordinary show of courage and leadership. The center held, and our democracy, though wounded, survived. But the rage, the hatred and the division will not go away magically or any time soon.

As I step into this new role as TAP's psychotherapy editor, I wonder what I can possibly write that holds any meaning in light of these events. The only thing that bubbles up to the surface is this: Truth matters. Leadership matters. Words matter. Using your power for good matters. It's what we do as analytic clinicians: We lead with our better angels (hopefully)

and grapple honestly with our demons as they surface. We face hard truths about ourselves, our relationships, our work, our organizations, and our communities. We help make meaning by making space for dialog, reflection, dreaming, and for thinking and feeling. And, yes, when necessary, for intervention and action. The personal is political and the political is personal.

Right now, APsaA, like the nation, is at an inflexion point. Do we open the doors wider to the world or stay isolated and insular as we watch our numbers dwindle, our inspired programming go unnoticed, and the next generation of clinicians miss out on the richness that analytic thinking and training can offer?

Luckily, we have visionary leaders who are encouraging an internal reckoning and a reimagining of the organization as a more inclusive and open place. As a psy-

chotherapy member of the Task Force on Expanded Membership, I can say it is hard work. I witness the struggle as analysts, psychotherapists, and academics ponder and debate the questions and challenges posed. It is good work. This past year, like with our clinical work, external events have impinged upon this organizational work. APsaA pivoted and responded with flexibility and a generosity of spirit—witness the open and inclusive town halls and the Covid peer groups where we not only offered support to our suffering colleagues, but we got support too. Imagine. A more inclusive and open home for analytic clinicians of all stripes,

*The Psychotherapy Department...offers programming for psychotherapists, analysts, and others, as well as support for the 36 psychotherapy programs across the country.*

scholars, and researchers. It seems to me there is more that unites us than divides us internally. Externally, we have much to offer the world with our insights on human nature and groups, both large and small, honed from years of study and close listening to our patients as they discover their own truths and knit together the frayed edges of their characters and narratives.

In this new column, I will shine a light on various activities and members of the Psychotherapy Department. I plan to include psychotherapy writers and researchers who are thinking interesting thoughts and doing interesting things. The Psychotherapy Department has been an active, if little known group, working steadily for the past 11 years within APsaA. Through its two standing committees, it offers programming for

*Continued on page 20*

## Psychotherapy Column

Continued from page 19

psychotherapists, analysts, and others, as well as support for the 36 psychotherapy programs across the country. One of our most important goals is to offer a home within APsaA for psychoanalytic psychotherapists to gather for collegial interaction at the meetings and in-between online.


The programming work of the Psychotherapy Department is done through its two standing committees. The Psychotherapist Associate Committee (PA), which represents 300+ analytically trained or inclined therapists. The PA Committee offers a discussion group at the meetings of interest to all who conduct psychoanalytic psychotherapy. The topic at the February meetings was "From Persecution to Psychic Birth: Countertransference & Transference from an Object Relations Perspective." Another program offered by the PA Committee is "The Business of Practice" workshop series. This year's topic was "Navigating Boredom." The Department also sponsors a recurring discussion group, "Psycho-

analysis & Psychodynamic Psychotherapy: A Comparison," as well as a two-day clinical workshop, "Psychoanalytic Psychotherapy." These programs have been well attended by psychotherapists, candidates, fellows, students, and analysts for many years and are built upon a spirit of inclusion and welcome to all.

The other standing committee of the Psychotherapy Department is the Committee on Psychoanalytic Psychotherapy Training Programs (COPPTP). Its mission is to track trends in psychotherapy education and offer relevant programming to training directors and faculty at the winter meetings. Last year's topic was "Considering Diversity with Faculty and Students." This year's topic was "Engaging the Remote: Teaching in a Time of Covid."

The Psychotherapy Department was founded in 2010 by Dick Fox. A visionary leader, Fox chose Carol Reichenenthal, a psychoanalytic psychotherapist, as his co-chair. They welcomed and encouraged psychotherapists to join as associates. This was a first in the history of APsaA. We all stand on the shoulders of those who came before us. Fox and Reichenenthal did much for psychotherapists at

APsaA, as did many other dedicated analytic therapists and analysts, too many to name here. Before the department was formed, Alan Pollack, long a champion of psychotherapists, offered a two-day clinical workshop for psychotherapists at the meetings. It was the only program available to therapists for many years. He and Sally Rosenberg, also hosted a forum (later the COPPTP) at the meetings for psychotherapy training directors and faculty where they could gather and share ideas and solutions to take home to their burgeoning programs. In fact, over the last two decades, APsaA psychotherapy programs have trained hundreds of psychoanalytic psychotherapists. These students and graduates are some of the most diverse and energetic among our ranks. They, along with the candidates, are the future.

In coming issues of *TAP*, I will profile our psychotherapists. In this issue, Linda Michaels, from Chicago, describes her experience in "Joining the Family Business." Please join me in delighting in her story and in the stories to come. 

## Joining the Family Business

Linda Michaels

You might say APsaA runs in my blood. My dad, Alvin Michaels, a psychiatrist from Michigan, attended his first APsaA meeting in 1963, before I was born. While my dad started early, I came relatively late to APsaA, and to my career in psychology. With all the

*Linda Michaels, PsyD, MBA, is a psychologist in private practice in Chicago. She serves as co-chair of the Psychotherapy Action Network (PsiAN), an associate editor of "Psychoanalytic Inquiry," and a fellow of the Lauder Institute Global MBA program.*

ambivalence of a child of a psychiatrist and an artist, I found myself drifting into a career in the business world after college. I stayed for over 15 years, with an MBA along the way, and helped companies grow and develop through marketing, innovation, and branding. While traveling the world and working abroad was exciting, I grew disillusioned with the work and longed for something with more meaning and depth. Working with my therapist, I came to terms with myself sufficiently to join the family business, so to speak, and

become a psychologist. This return to my roots brought me to APsaA. Participating in the meetings and the work with my father have been a deeply moving and gratifying experience for us both.

I connected with APsaA in new ways after putting my business skills to good use and co-founding the Psychotherapy Action Network (PsiAN). At PsiAN, a grassroots advocacy organization, open



Linda Michaels

Continued on page 21

## Family Business

Continued from page 20

to all disciplines and theoretical orientations, our mission is to advocate for therapies of depth, insight, and relationship with the general public, policymakers and legislators, and our own professions. From initial meetings with the psychotherapy associates leadership to having the honor of Bill Glover attending the last PsiAN conference, I've developed many close ties with APsA. I now serve on the PA Committee, the Covid Advisory Team, the Expanded Membership Task Force, and the Committee on Public Information (CPI).

I was honored that CPI invited me to present at its February 2021 panel on "Re-branding Psychoanalysis," where I shared the results of PsiAN's original market research with the general public, and recommendations for how we can elevate and enhance our therapies in the mind of the public. This market research involved a substantial qualitative and quantitative research effort, leveraging the tools and strategies I helped many companies in corporate America use in my previous career. They turn to these tools when they want to understand public sentiment or increase appeal of new products or services; however, I use them now in the name of increasing awareness and understanding of the therapies we have to offer and dismantling the stereotypes that discredit us.

From my personal journey, I know the power of reconciling differences and healing splits. I see much of this work ahead for APsA, our profession, and our society as a whole. I am proud to work with APsA to protect and advance psychoanalysis for the next generation.



# To Save the World, Psychoanalysis Must First Save Itself

Austin Ratner

Having lived through years of emotional wildfire under a president whom the foreign minister of Luxembourg labelled a "political pyromaniac," our country faces not only a viral epidemic but an epidemic of dangerous, unchecked emotion. That American citizens marked the presidential transition with violence for the first time since the Civil War by ransacking the U.S. Capitol is only the latest symptom of our country's troubled mental state. Psychoanalysts steeped in rational introspection and emotional self-regulation, are needed now more than ever.

The good news is that recent crises have created, if nothing else, an opportunity for the field of psychoanalysis to reintroduce itself to the world. The defensive political pathology on display demands psychoanalytic explanations and solutions. The spate of news articles about denial published in the last few years, meanwhile, reflects the public's appetite for psychoanalytic help understanding the irrationality in our midst. The current leadership of the American Psychoanalytic Association has risen to the occasion with proposed organizational changes and new communications designed to expand the public presence of psychoanalysis.

If psychoanalysis is to succeed, however, and join the fight against the collective delusions that endanger our planet and our republic, it will also have to confront an old danger that lurks within: the field's longstanding aversion to public

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*Austin Ratner, M.D., is author of *The Psychoanalyst's Aversion to Proof* (IPBooks 2019) and sits on APsA's Committee on Public Information. He has written widely on psychoanalysis in publications as diverse as USA Today and The Lancet.*

engagement and discourse. As I wrote in my 2019 book *The Psychoanalyst's Aversion to Proof*, crises have not always mobilized psychoanalysis to better public advocacy.

On the contrary, World War I and II arguably exacerbated Sigmund Freud's sense of helplessness before the impregnable irrationality of his fellow Europeans. It's critical that this time around, psychoanalysis does not make the same mistakes.

What exactly do I mean by psychoanalysts' aversion to proof and public engagement? My book's thesis is that beginning with Freud, psychoanalysts have generally resisted presenting their ideas to the public due to their own emotional inhibitions and aversions. Freud often complained that psychoanalytic ideas were, by their nature, provocative of disbelief because of repression. He called this phenomenon "intellectual resistance" to psychoanalysis. Anyone who has tried to explain or defend psychoanalysis in public has likely encountered an instance of this sort of irrational skepticism and emotional resistance. Freud underestimated, however, the extent of emotion and irrationality that affects the presenter of psychoanalytic ideas—emotion that arises in no small part because of the unfairness and irrationality of the critics.

Moreover, the unpalatable facts of emotional life burden the keepers of psychoanalytic knowledge with shame. Consider a simple thought experiment: Imagine you're standing in front of a



Austin Ratner

Continued on page 22

## Save the World

*Continued from page 21*

group of critics of psychoanalysis and it's your job to persuade them of the significance of infantile sexuality. Do you feel comfortable with this task? Or is it easier to say, as Freud often did, *You can't argue with defenses, so why bother? If they want my wisdom, they'll come to me, and if they don't, why waste my time?* It's an understandable position, just as it was understandable that Galileo, when threatened by Pope Urban VIII, recanted his Copernicanism.

Reticence, however, played no role in the eventual acceptance of Copernican ideas. Progress came instead from spirited advocacy by disciples like Galileo, prior to his inquisition, and like Giordano Bruno, who struck a mighty blow for heliocentricity but also demonstrated the risks of speaking truth to power; he was burned at the stake for his Copernican views in 1600. Likewise, Charles Darwin's reluctance to publish didn't help establish the theory of evolution. Publishing *On the Origin of Species* did, and its eventual acceptance depended on public defenders like Thomas Huxley, who became known as "Darwin's Bulldog." For reasons that are understandable—but not entirely rational—Freudians have been even more shy than the Copernicans and Darwinists once were. And psychoanalysts have paid a price for this reticence over the last half-century as their influence in the mental health field has waned. The country has, in turn, paid for the marginalization of psychoanalysis with deficient mental healthcare.

### Proof Aversion

If the field can recognize its own "proof aversion" or "advocacy aversion" as an emotional obstacle to growth and success, an obstacle that's been unconsciously overlooked, it's my hope that psychoanalysis can unshackle itself from reticence and paralysis, restore its influence, and make an impact on the mental health cri-

ses now afflicting our society. Just as understanding defenses eventually frees patients from their grip, a better understanding of psychoanalysts' emotional resistances to the work of public validation and promotion—i.e., to the task of proof—can free psychoanalysis to answer and conquer its critics and to reach out to new constituencies with more confidence and optimism. I've been thrilled that leaders in the field of psychoanalysis like Mark Solms, Arnie Richards, Kerry Sulko-wicz, and others have shared in my excitement about the concept of proof aversion and its potential applications.

Having now presented the idea of proof aversion to various groups of psychoanalysts, I've had some opportunities to observe proof aversion in action—in others and in myself. In February 2020, for example, when coronavirus was still theoretical in New York City, I spoke about my book to the psychotherapy faculty at Mt. Sinai Medical School. The Upper East Side neighborhood surrounding the Icahn Institute for Data Science and Genomic Technology, where the psychotherapy group meets, is so familiar to me, I could hardly get lost. I'd had a long and fruitful psychoanalysis just a few blocks away. So, I should have known exactly which way to turn when I reached the corner of 96th Street and Madison. Yet I turned downtown instead of uptown, in the exact opposite direction of the talk I was to give. I had given many talks and was not aware of particularly strong qualms about the presentation. My feet, though, had other ideas and did not bother consulting me before setting their escape plan in motion. It was, in all likelihood, a small example of the sort of defensive aversion I describe in my book. I noticed my error, turned around, and made it up to the fourth-floor conference room, which soon filled up with psychotherapists. I gave my talk as best I could, and attendees' comments indicated that many left the room energized by the idea

of proof aversion and its promise of more effective advocacy and research. The generally positive reception to my ideas belied my unconscious fears of rejection which had perhaps led me to turn downtown instead of uptown.

That said, my talk inspired other observable dynamics. Calling attention to a defense for the first time can after all be a tricky business. To identify a thought as a defense is to question the validity of the manifest content of the thought. Since the defensive thought arose in the first place to ward off the patient's anxiety, questioning the validity of the thought is bound to trigger the underlying anxiety, and the eruption of anxiety can, in turn, create resistance to the interpretation and to treatment, and can reinforce the commitment to the defense to make the anxiety go away. (Petraglia J et al. (2017) "Ten Principles to Guide Psychodynamic Technique with Defense Mechanisms: An Examination of Theory, Research, and Clinical Implications.") My book's aim is to analyze a group of defenses that have affected not patients, but analysts. These defensive patterns paralyze psychoanalysis but also, by their very nature, provide psychoanalysts with emotional relief from certain professional anxieties. Questioning these defenses is bound to cause some eruption of that anxiety and to provoke resistance.

Sometimes in presenting my ideas on proof aversion, I've encountered incredulity of the kind Freud so dreaded. Some readers and audience members have asserted that proof aversion is not a new or helpful idea but rather the latest edition of tiresome, old criticisms of psychoanalysis. Others have dismissed the idea as "too speculative," even though the proportion of empirical versus deductive content in my work far exceeds that in many theory-heavy psychoanalytic communications. As it happened, no one at Mt. Sinai raised these particular objections.

*Continued on page 34*

# Can Psychoanalysis Save Us?

Kimberly Chu



Kimberly Chu

As a society, America is not new to racial tragedy. Individually and collectively, we have a long history of victimization, with many groups over the years taking turns in the role of oppressor and oppressed, some occupying the bottom of the pecking order, some never allowed a step up from those lowest rungs. The 2020 killings of African Americans, George Floyd, Breonna Taylor, and Ahmaud Arbery, and others who have been killed since subsequent protests erupted, demonstrate that something is horribly, undeniably wrong. How are we to comprehend the workings within us that have bred fear, hatred, and complacency that so easily override our ability to see relatives within our human family as full human beings, deserving of our respect and protection? Our persistent, collective failures to equally uphold and defend the human rights of all of us belie our good intentions. Our stand for a just society falls flat if not accompanied by personal commitment and action to improve our individual and collective shortcomings, starting within ourselves and manifesting in the way we help our patients and work for change. Can psychoanalysis save us? I believe it may be one of the few things that truly can.

In her plenary address at the APsA meeting in 2016, "Come Hither, American Psychoanalysis: Our Complex Multicultural America Needs What We Have to

*Kimberly Chu, LCSW, is a child, adolescent, and adult psychoanalyst on the faculty of PANY, where she is co-chair of the Child and Adolescent Psychoanalytic Training Program and has served as chair of the Task Force on Race and Ethnicity.*

Offer," Dorothy Holmes challenged us to place a long-needed psychoanalytic focus on "the persistent societal practice of racism." Her point, that racism is not simply an external factor of reality, but is also determinative in symptom formation, was rooted in personal experience as much as in clinical knowledge and increasing support in the literature. Current research and writing across clinical and academic fields highlight societal pathology and the complexities of understanding individual and group trauma, challenging us to identify and comprehend the ways macro- and microaggressions contribute to symptom formation. They remind us that our multi-determined conflicts are always created within our relational world.

*Can psychoanalysis influence a society enough to challenge thought, self-perception, and perception of the other, even for those who do not enter formal analysis?*

The relational world necessarily includes what society deems as reality, what society assigns, as well as the individual's internalizations of race, gender, class, and the many other ways we identify and construct our social worlds. (For fuller discussions of such phenomena, see, for example: Robert Carter (2007), "Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress" in *The Counseling Psychologist*; Lillian Comas-Diaz and Frederick Jacobsen (2001), "Ethnocultural allodynia" in *Journal of Psychotherapy Practice Research*; Kimberlyn Leary (2000), "Racial enactments in dynamic treatment" in *Psychoanalytic Dialogues*; Lynne Layton (2006), "Racial identities, racial enactments, and normative unconscious processes" in *The Psychoanalytic Quarterly*.)

Racism and the visible and invisible continuum of consequences that result are

challenge enough to a society and its members. In addition, politically and socially, we are living in a prolonged moment in American history characterized by new powerful group externalizations and defenses in the form of novel attacks on the other and resistance to knowledge, truth, and self-awareness. Our insulation and denial are fostered by indiscriminate, yet highly censored and immediate "news" feeds, biasedly filtered social media, and readily manipulated "facts" that feed our demand for information, regardless of how incorrect. Alternate facts create dangerous alternate realities. Such challenges will persist, regardless of whom we elect as leaders. We may experience a quieting of the rhetoric, but Pandora's box has been opened. In fact, since the original writing of this essay, the consequences of manipulated reality came to fruition in the violent attack on the U.S. Capitol. It was a complex conflu-

ence of events that included the manifestation of racial bias in both subtle and not-so-subtle ways. No doubt, we will be deciphering its meaning for many years to come.

We may believe psychoanalysis is capable of curing the individual who seeks change, but what of those who do not seek, who do not question? Has psychoanalysis maintained enough relevance to influence the masses? Can psychoanalysis influence a society enough to challenge thought, self-perception, and perception of the other, even for those who do not enter formal analysis? If psychoanalysts do not make themselves heard, how can we contribute to the conversation?

## We Are Not Immune

As psychoanalysis is no longer practiced as a one-person psychology, the need to examine the analyst's inner workings has

*Continued on page 24*

## Can Psychoanalysis Save Us?

*Continued from page 23*

become ever more evident and essential, whether one subscribes to a broad or narrow concept of countertransference. Racism does not fully exist within one group or one individual. By definition, racism exists in relation to another, relative to another. Dorothy Holmes, in making a plea and prognosis, saw that, in order to address the ills of racism, we cannot look only to or at its victims. Comprehending the introjection of negative racial meaning, in minority and majority, is incomplete without a corresponding understanding of the projections of the split off aspects of the self. This complex interdigitation of projection and introjection moderates our psychic lives, as well as the ways we engage each other. The dynamic remains an unconscious process, and, like other mechanisms of which the patient is unaware, it is unavailable to change unless a conscious step is taken to counter them.

As psychoanalysts, we benefit from psychological training that requires us to better know our conscious and unconscious selves. During our own analyses, we typically become accustomed to being questioned, challenged, pressed to tolerate intense and uncomfortable thoughts and affects. During our psychoanalytic development, we may anticipate that our defenses will rise and fall, harden, soften. We will stumble as we become aware of unconscious motivations and feelings. In our green state, we make use of the guidance and support of mentors, instructors, and supervisors, not to mention the ever-present training analyst. At some point, we graduate, having developed a confidence that emerges from greater psychic awareness and a fuller acceptance of the now-better-understood aspects of ourselves. With hard work and determination, we likely come to believe that our mundane and not-so-mundane reactions to others, if analyzed well-enough, remain benign in the private recesses of our minds. We may think our

own analyses immunize us from the more typical afflictions that capture the less psychologically-minded.

Are we, as psychoanalysts, more willing and able to overcome our resistances to looking inward, to search uncomfortably for the disavowed within ourselves? Are we aware of our vulnerabilities to “other” those who are unlike us and keep ourselves safely distant rather than open? Do we truly understand the privileges and benefits we enjoy as well-educated professionals, financially better off than many, skilled in an exceptionally specialized field, and as members of an exclusive society? How rigorous is our self-analysis? Are we as courageous as our patients in tolerating the distress of the unknown and searching for what is feared and loathed within us? Having attained a level of comfort and acceptance, are we willing to stir it all up in order to understand our own complacency and participation in systems that are killing us? (Do you believe that it is us?)

These questions are provocative. Psychoanalysis is designed to provoke thought, change, evolution to help people shed what hurts and paralyzes them. Psychoanalysis is a project of learning about oneself and discovering the power of the unconscious, with the goal of change. In order to discover the mechanisms of hate and fear that drive racism, we must be willing to see what can remain invisible and understand its psychic origins. We are both analyst and analysand. Suddenly learning of our disorder, we may become disoriented, lose our equilibrium, become defensive and resistant to the demands of the treatment or the realities as revealed. We may struggle with denial, yet again. Suffering from the news of our collective disorder, are we willing to seek consultation to ensure that we, as the analytic instrument, will be able to tolerate the unknown, hear the stirrings of race and racism as important psychic material needing analysis, then analyze both victim and victimizer, sometimes one in the same?

This is more likely if the analyst can acknowledge this process begins by looking within, with another level of “competence,” this time about the self. These

struggles are challenges enough for patient and analyst but are especially elusive for those without the benefit of analysis. (See further, Sander Abend (1982), “Serious illness in the analyst: Countertransference considerations” in *JAPA* and Paul Dewald (1982), “Serious illness in the analyst: Transference, countertransference, and reality responses” in *JAPA*.)

Psychoanalysis has the potential to save us, if we are able to pursue what Anton Hart termed “a radical openness” and a curiosity about those different from ourselves. (See Anton Hart (2017), “From Multicultural Competence to Radical Openness: A Psychoanalytic Engagement of Otherness,” in *TAP 51/1*, page 12.) Rather than fear the unknown, project the unwanted and disavowed, see through biased lens, we are challenged to learn about those different from ourselves with authentic acceptance and wonder, in the consulting room and elsewhere. For Dorothy Holmes, it is a “radical curiosity” that must propel us to explore race as an equally important part of the psychoanalytic endeavor in order to “liberate people from neurotic and characterological bondage” which necessarily includes ourselves. (See Dorothy Holmes’s plenary address (2016), “Come Hither, American Psychoanalysis: Our Complex Multicultural America Needs What We Have to Offer” in *JAPA*.)

We are truly in this human condition together, living within systems that we neither acknowledge nor challenge because we benefit in ways we do not want to know. In order to be truly “competent” about who we are as analysts and human beings, to be radically curious and open to learn about our patients and each other, we must be able to look inward and confront ourselves first. We also must find a way to share the values of psychoanalysis more broadly and in the public domain, lest we relinquish all meaning to the algorithms of feedback loops and those who would have us reject reality for the comfort of fantasy and denial.

APSA



# Fertile Territory for Psychoanalytic Study: Late Life

Audrey Kavka

*In this issue, COPS highlights Audrey Kavka's article on the relationship between understanding an analytic approach to the aging process and an analytic adaptation to the pandemic.*



Audrey Kavka

*Kavka is chair of the COPS Study Group on Psychoanalytic Education and Aging, which includes Robert Galatzer-Levy, David Joseph, Patricia Plopa, and Dan Plotkin.*

From the inception of our Study Group on Psychoanalytic Education and Aging in 2016, we have advocated for the inclusion of late-life curriculum in psychoanalytic training. We hope to see a future in which psychoanalytic perspectives on aging through the entire life cycle, birth (maybe even in-utero) to death, are integrated into the basic core education of psychoanalysts. It is, however, an upstream battle.

A 100-year history of neglected consideration of late-life development within psychoanalysis creates a downstream current that challenges our efforts. To make the swim a bit easier for individual psychoanalytic training centers, we have developed resources, including two overlapping yet distinctly different six- to seven-week course outlines, suggested weekly readings, and

*Audrey Kavka, M.D., is supervising analyst and faculty of the San Francisco Psychoanalytic Center, working in the broad field of aging since 1979. She wrote the Psychoanalyst Assistance Casebook and currently chairs the APsA Psychoanalytic Education and Aging Study Group.*

three extensive bibliographies. To access these resources, go to the DPE section in the APsA website.

As with salmon swimming upstream, we hope to spawn new life with these resources as aging patients bring direct contact with the analyzable psychic challenges of the facts of life, as described by Roger Money-Kyrle in his 1968 article, "Cognitive Development" in *JJP*, 49:691-69.

## An Uncanny Collision with the Covid-19 Pandemic Experience

When I sat down in May 2020 to reflect and write about practicing psychoanalysis during the Covid-19 pandemic, I had an uncanny experience. I kept referring to the Covid-19 pandemic as unimagined, unprecedented. But were those adjectives accurate in relation to the facts?

Epidemics and pandemics are certainly not unprecedented in history. I was a young physician in the Bay Area at the alarming start of the AIDS epidemic during which the diagnosis was a death sentence. I was never a citizen in a war zone, but through various forms of media, we all hear accounts of those who live in stark conditions, in disruption, isolation, and the threats of active war.

Familiar with the "facts" of deadly pandemics, I was unfamiliar with how the pandemic could enter my life. There was nevertheless an uncanny aura of the "known" feeling entirely unknown. A defensive combination of infantile omnipotence and denial produced an often correct but false sense of safety, a belief that deadly virus infections, like wars, happen only to other people in

other places. Heralded by a sense of the uncanny, conscious recognition that the Covid-19 virus pandemic intruded into my life and psyche, threatening disruption, loss, sickness, and mortality was like discovering a previously unconscious countertransference in clinical analysis. This Covid-19 pandemic brought me directly and painfully into contact with hard-to-manage feelings of surprise, unpreparedness, loss of control, uncertainty, and fear. And, I recognize that so many of the issues now demanding external and internal adaptation are already familiar from my 40 plus years of treating aged patients.

In clinical work with older patients, minor impingements and major intrusions from external reality inevitably send ripples and tsunamis into the patient's life and mind, at both conscious and unconscious levels. In his 1919 paper, "The Uncanny," Freud offers a humorous vignette about himself:

I was sitting alone in my wagon-lit compartment when a more than usually violent jolt of the train swung back the door of the adjoining washing-cabinet, and an elderly gentleman in a dressing-gown and a travelling cap came in. I assumed that in leaving the washing-cabinet, which lay between the two compartments, he had taken the wrong direction and come into my compartment by mistake. Jumping up with the intention of putting him right, I at once realized to my dismay that the intruder was nothing but my own reflection in the looking-glass on the open door. I can still recollect that I thoroughly disliked his appearance. Instead, therefore, of being frightened by our "doubles," I simply failed to recognize them as such. Is it not possible, though, that our dislike of

*Continued on page 26*

## Late Life

*Continued from page 25*

them was a vestigial trace of the archaic reaction that feels the “double” to be something uncanny?

Charming as it is, this vignette reveals Freud’s discomfort and disturbance, both superficially and deeply, with evidence of his aging. Changes of appearance are relatively minor impingements that can activate anxieties whereas life threatening illness can present a serious disrupting psychic intrusion. In late life, the impingements and intrusions of reality are numerous. From this point of view, we can see this is also true in the Covid-19 experience. In late life, changes in health, physical capacities, activity restrictions, mobility, relationships, career, finances, and feelings challenge the psyche. In the pandemic, many similar changes pose similar challenges. In both, direct or subtle threats to life are present. Such factors press for psychic adaptation to preserve the capacity for continued psychic growth and development.

In late life, the odds are no longer in your favor and unwanted changes to appearance, health, and function no longer happen to the other guy. Many of us felt relatively safe and protected at first because the virus was “over there,” far away in China. This is how the young look at the old. In later life, as with the pandemic, facts and statistics introduce the uncomfortable idea, “This could happen to me!” Denial and manic omnipotent fantasies protect us from neither age nor deadly viruses.

The pandemic and aging are certainly not the same. But what about the internal reverberations they create? How are they understood and symbolized internally? What is the role of unconscious fantasy and how do internal object relations shape and change under the influ-

ence of aging or the pandemic? What is the role of reactivation of past trauma states already survived? As analysts, we have the privilege of working with such anxieties as they’re stimulated by the pandemic and by aging as briefly illustrated in the following vignettes.

Mrs. Oak,\* an 80-year-old, retired academic was referred for therapy by her orthopedist because extreme weight loss, lethargy, and malaise were delaying a much needed hip replacement. The

waiting for an idealized external figure to release her from guilt and limbo.

Whether late-life aging or pandemic, there will be heterogeneity of the external situation that confronts the individual with the facts of life, of the internal world and psychic response. Late life and pandemics bring change, exposure to inner and outer vulnerability, loss and grief, newly experienced dependencies, narcissistic destabilization, limitations, and direct contact with mortality


*Denial and manic omnipotent fantasies protect us  
from neither age nor deadly viruses.*

referral description stimulated the analyst’s fantasies of an occult tumor slowly taking the prospective patient’s life. When Mrs. Oak arrived, she appeared reduced to skin and bones. Yet, hints of a vivacious spirit and adventurous past drew my attention beyond her withered exterior. Concerns of a dying body receded as we initiated treatment with a focus on her anger, entitlement, and guilt toward her early objects. Five years post-hip replacement, she is careful and sanguine, even in the face of the current Covid pandemic.

Ms. Michaels is decades younger than Mrs. Oaks but also burdens her body with a heavy, unconscious sense of guilt toward her early objects. She struggles to make something positive out of the current pandemic restrictions and isolation, but returns to the question, “Is this life or is this limbo?” “Limbo” brings mortality and death into the hour. But limbo is also a waiting place for the Innocents. This is a moment in her ongoing analysis in which identification with a sense of innocence keeps her

and death.

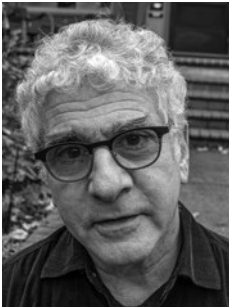
Late life and pandemics also present opportunities for maturation through containment and exploration of the disturbing, even traumatic, nature of the experience in relation to an individual’s past, present, and future. The pandemic can be more than a time of waiting for a return to normal. Late life can be much more than a time of waiting for death. They can both be times of internal growth and development.

There is much to be learned from late life about the psyche’s response to collision with the facts of life. The study group plans to keep swimming upstream to bring late life into psychoanalytic focus and enrich understanding and clinical expertise. Please check out the members website, [www.apsa.org](http://www.apsa.org), posting and feel free to share your thoughts and interest. 

***\*Real names of patients are not used in this article.***

# TA/SA Functions and Surveying the Membership

David Cooper



David Cooper

In March 2019, Lee Jaffe asked me to chair the Task Force on Controversial Educational Issues, mandated by the Board (then the Executive Council). The main controversial issue, which had plagued the organization for years (or really decades), was the appointment of supervisors (SA's) and training analysts (TA's), which used to be overseen by the Board on Professional Standards (BOPS). Executive Council wanted to know what the membership thought about appointment procedures: Should they be retained, changed, or eliminated? The arguments for the traditional system we maintained for decades centered on the intention to maintain standards and ensure excellence; the arguments against emphasized the lack of valid or reliable data for assessing the quality of analyses by those appointed, to say nothing of the history of some egregious ethical violations by some who had been appointed to these positions in the past.

My own trajectory in the organization began with having to receive a waiver of the requirement that one be a physician to be trained in an APsaA institute (this was in 1986). The waiver process was burdensome and painful, and I decided, at that time, that I would never apply to the national organization for certification, which was a requirement for appointment as a TA/SA. Fast forward 25 years, and my institute (then the Washington Psychoanalytic Institute), in keeping with Local Option

*David Cooper, Ph.D., is the Board member from the Washington Baltimore Center for Psychoanalysis and serves on the Executive Committee of the APsaA Board. He chaired the APsaA Task Force on the TA/SA Survey, which completed its work in 2020.*

that is now in place with APsaA's new Standards of Education, decided to put in place procedures for appointment of TA's, SA's and TA/SA's that do not require national certification. I applied and became a TA at the Washington (now the Washington Baltimore)

The task force, now called the Task Force on the TA/SA Survey, consisted of Holly Crisp, Ralph Fishkin, Catherine Kimble, Alan Sugarman, and me. Working with this group was one of the great pleasures of my time in APsaA. We are very different people, who managed to complement each other (and occasionally compliment each other) in our task of designing and analyzing a survey of member values. None of us being expert at survey construction or administration, we hired a consulting firm, the TDC group, which had helped the Boston Psychoanalytic Society and Institute

necessarily in charge of these activities because such administration requires a different skill set than being able to analyze effectively. That is, being an outstanding clinician does not necessarily correlate with teaching or administrative excellence; therefore, today more attention is paid to assigning functions to those with demonstrated capacity for those specific functions.

Consequently, our task force decided to be clear, in constructing our survey, that our interest was in the function of analyzing and supervising candidates, not in titles or status that might accrue to those who perform those functions. In other words, we wanted to focus on function, not on the "TA system" which, for the most part, no longer exists. (Although, as I was completing this article, it was brought to my attention that the traditional organi-

*... standards are useful and meaningful only if they have buy-in from the membership, especially absent clear-cut evidence to validate them.*

conduct a member survey a few years back. Lowell Aplebaum, then working on the APsaA staff to assist with strategic initiatives, was also a key member of our team.

## TA's and SA's

The terms "TA" and "SA" have become loaded in organized psychoanalysis, as they are associated with power and prestige. In the old days, up until somewhere between a decade and two decades ago, most APsaA institutes were administratively organized according to a "TA system," whereby TA's had the complete authority for running institutes, including their educational programs. Over the past 10 to 20 years, it became increasingly obvious that such a system was antiquated. Consequently, in most contemporary institutes, educational programs are run by analysts with an interest in and a skill for educating candidates. TA's are not

zation version where TA's retain power still exists in some institutes). We set out to survey, in as thoroughgoing a manner as possible, the membership about their sense of what our educational standards should be in regard to these functions. Alan Sugarman, then head of the DPE, reminded us that standards are useful and meaningful only if they have buy-in from the membership, especially absent clear-cut evidence to validate them.

The survey, once released in the summer of 2020 (following a Covid-19-related delay), stirred reactions on the APsaA listserv, most pointedly claiming that we were biased and invested in a pre-determined outcome. I was surprised and disappointed by this reaction, as we were careful to make the survey as free of bias as possible. To this day I do not know what any of my colleagues on the task force would say is their

*Continued on page 28*

## TA/SA Functions

*Continued from page 27*

preference as to standards for TA and SA functions. Everyone seemed truly invested in the task of studying membership attitudes, not in advocating for a particular position. Our planning meetings unfolded by inviting a redesign of psychoanalytic training in one's imagination: Should a candidate be required to have an analysis? If so, why? If not, why not? If so, should there be criteria as to who performs that analysis? If so, why? If not, why not? If so, what should those criteria be, and who should decide if someone meets the criteria? And so on. While the issue of supervision has been less controversial, we asked the same questions in that arena. Our survey consultants suggested a use of "skip logic," whereby those who do not believe there should be criteria for who analyzes candidates, for example, would not be asked what those criteria should be. This precluded opportunities to answer certain questions, but it also spared the respondent from answering questions that previous responses suggested were not relevant.

### Survey Response

Going into this project, Council and the task force agreed that a robust response rate to the survey was necessary to make the findings meaningful. With repeated requests/reminders we got a 51.4% response rate. Our consultants found this to be excellent for such a survey, and we thought it to be a strong response, given our membership's previous response rates to other solicitations of their input, including past elections. We certainly cannot say that we have a representative sample from a scientific perspective. Respondents are a self-selected group. But there were enough responses for us to say comfortably that the results reflect the beliefs of a significant segment of our membership. It is our hope the results will stimulate further discussions of these issues at both local and national levels.

In response to the question of whether candidates should be required to have their own concurrent analysis, 96% of respondents believed they should. Yet approximately 30% of these respondents

thought some exceptions could be made when a candidate had an extensive prior analysis. In addition, many acknowledged that requiring analysis does introduce complications to analyses despite its overall desirability. Approximately two-thirds (68%) of respondents believe analysts of candidates should meet some specific criteria, while less than one-third (29%) believe any trained analyst "in good standing" can be the analyst for a candidate. When we looked at respondents by different groups, non-faculty graduate analysts supported the need for specific criteria by a smaller margin than the whole group (56% to 43%), but even in this group, the majority supported the

appears a majority of our membership thinks the "TA system" should be relegated to the past.

### Future Changes

Where do we go from here? The Institute Requirements and Review Committee (IRRC) is responsible for suggesting changes in educational standards to the Board. This is done in consultation with the DPE. Should we change our standards regarding who is eligible to analyze and supervise candidates? From the survey, it is not clear how many members actually know the procedures their own group is using, even fewer are aware of the different approaches being used elsewhere. Local Option is alive

*...the results reflect the beliefs of a significant segment of our membership.*


*Our hope is the results will stimulate further discussions of these issues at both local and national levels.*

idea that analysts of candidates should meet some specific criteria. As to what those criteria should be, the strongest support was for objective criteria, such as years' post-graduation and number of cases (62%).

Qualitative evaluation received less support (44%). Within this type of assessment, the strongest support was for discussions with colleagues from one's own institute (47%) or from other institutes (44%). Only 27% supported some form of certification exam by an independent entity. There was strong support for decisions about appointment and appointment criteria being left with the local groups (73% supported this example of Local Option, the current stance of APsA).

One final piece of data stood out: the absence of majority support for restricting any educational function other than analyzing candidates (including participation on education committees, membership in or chairing subcommittees of the education committees, and being director or chair of an institute) to analysts approved to analyze candidates (TA's or the equivalent). Whatever becomes of the designation of those who are authorized to analyze candidates, it

and well, as very different procedures are employed across the country, with some groups requiring certification of some sort, some having a "developmental path" focusing on seminars and collegial discussions, and some screening applicants according to mostly objective criteria.

However institutes choose analysts and supervisors for their candidates, there are important questions about whether we need to address the difference between function and status. Should we drop the designation, "training analyst," and only identify analysts approved to conduct the analysis of candidates? Might we recognize that the TA designation is essentially meaningless outside of psychoanalytic organizations? Is this an argument for keeping or ridding ourselves of the title? Separating out the status and power issues which have accrued in the past to the positions of TA and SA, the questions of who should be authorized to do what within psychoanalytic training centers can be approached from a reasoned perspective, leaving powerful transference-induced fantasies and struggles behind. I hope we will make such reasoned discussions a reality. 

# Distance Analytic Training in a Rural Community during the Pandemic

Janelle Eckhardt

Every Tuesday morning, I sit at my dining room table—my office, or, in analytic parlance, my consulting room. Mug of coffee in hand, I wait for my APsaA group facilitator host to invite me into the Zoom room for our weekly one hour talking group. It is ten o'clock for me, lunch hour for most of the other 12 members. It is in this virtual space I have come to closely connect with people I would call friends and colleagues but have never met in person. It is here that I met Sheryl Silverstein, the candidate editor of *TAP*, who asked if I'd like to write a candidate piece. I chose to reflect on distance analytic training while living in a rural community during a pandemic.

I live in Boise, Idaho, a moderately-sized city (roughly 700,000 residents) in a state that has a predominantly Republican, conservative, religious demographic (although there are pockets of more liberal thought). No more than three practicing psychoanalysts live in Idaho although a larger population of mental health clinicians adhere to a psychodynamic model. Clinicians in the region tend not to support a deeper way of understanding therapeutic work and some do not realize it exists. "Isn't that Freudian?" "Do people do that anymore?" are questions posed by clinicians and patients alike. It shouldn't surprise anyone that practicing psychoanalytically in this locale feels isolating. No institute or analytic professional organi-

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*Janelle Eckhardt, PhD, is a candidate in the adult training program and the child program at the Seattle Psychoanalytic Institute. She maintains a private practice in Boise and is clinical supervisor at the Washington University Medical School, Department of Psychiatry.*

zation exists that would bring people together to learn, share ideas, grow, and stimulate creative thinking.

My fledgling interest in psychoanalysis was born in the 1990s while living in the San Francisco-Bay Area, a community that draws visiting scholars from around the globe, and is a hub of talented, leading-edge psychoanalytic thinkers, writers, and practitioners. Surprisingly, I relocated to Idaho in 2004. Over the past several years, I have felt an evolving sense of longing and need for the professional richness I left in San Francisco. This prompted me to enter analytic training in Seattle three years ago, an opportunity made possible by the institute's openness to a distance learning platform (and a short flight from Boise to Seattle).

## Distance Training

Distance participants were the minority at my institute (before the pandemic). While training remotely has made it possible to become a psychoanalyst, there are barriers that distance learning poses to feeling fully involved in the process. Intimacy with fellow candidates develops and deepens not just by being in weekly classes together or discussing theories and clinical issues, but in learning about one another as people: our hobbies, family life, where we vacation, as well as our clinical endeavors. These opportunities to learn about one another occur during breaks in the hallway between classes, for example, on a brief walk outside to the food market down the block, or while standing in line at the coffee house next door waiting for an espresso. As clinicians living in the same mental health community (or adjacent ones), being able to refer patients to one another, or collaborate (working with a child while a colleague sees a parent, for example) can provide

the basis for enjoyable relating. A deepening friendship often grows from there.

Living in the same city or region allows for a shared familiarity and common knowledge of community and culture, an implicit understanding of what is going on. This in turn contributes to a sense of belonging. Maintaining a sense of connectivity and belonging takes a lot more effort when those points of connection are missing.

When a group of candidates sit together around a table, the shared scent of the room, the noises outside on the street, the three-dimensionality of one another's bodies in the same physical space --all create a mutuality at the somatosensory level that is otherwise taken for granted, but contributes to a sense of cohesion and togetherness. This cannot be duplicated from behind a computer screen. When most of the candidates sit together in person, those who join remotely may feel a sense of otherness, and painful longings can be triggered.

## Analytic Training During the Pandemic

On the other hand, a mutuality exists—the playing field feels even when no one can gather in person. For protection from Covid, everyone has retreated to office/home spaces where our meetings happen only in virtual "Zoom boxes." While contact is limited, we are separate together. We are together in our isolation. Perhaps others feel frustrated; their desires to belong together in a tight community remains unmet. For me, the pandemic has eliminated that feeling of exclusion. At the same time, I feel sad for my cohort



Janelle Eckhardt

*Continued on page 35*



## Through a Glass Darkly: Surviving Online Therapeutic Work with Children

Kimberly Kleinman

*For now, we see in a mirror, darkly, but then face to face. Now I know in part, but then I shall know just as I also am known.*

1 Corinthians #12

Thinking about working online with children can elucidate therapeutic action. Much has been written about the mirror function as it relates to the development of the capacity to tolerate affect and to think. Most of us working online with children feel that what we see is analogous yet somewhat different from what we generally see in the office. This leads to questions about what should be reflected back. Winnicott wrote about the analyst surviving the patient's aggression as a form of therapeutic action. How can work online help us think about the elements of becoming a useful object?

During this global pandemic, a group of child and adolescent analysts have met weekly to discuss best practices for working online. Some clinicians attended a couple of times, some regularly. Clinicians from around the USA, Canada, the UK, and Europe attended. Some clinicians were completely new to working online and clearly anxious about it. Others had worked online for various reasons. Some worked with medically compromised children who could not be seen in person, for example, some met online to provide continuity during blizzards that prevented travel. Some worked in an area that was strongly influenced by a

*Kimberly Kleinman, LCSW, FIPA., is adult/child training analyst in the Contemporary Freudian Society. She has written and presented on race, development, learning problems, gender, sexual object choice. Recent publications: From Cradle to Couch and The Plumsock Papers.*

university academic calendar, so children, college students, parents who were professors frequently left town for more than three months out of the year.

As a group, we all acknowledged the stress and loss involved with the stay-at-home order prompted in March 2020 by Covid-19. Many analysts missed their offices; others missed particular toys they had left in their offices. We talked about the dollhouse being part of the professional identity for some of our group members.

The first concern that surfaced in the group involved parents who disappeared, who had not responded to calls or emails. Other parents dismissed the idea of working online. We speculated that avoidance by the parents resulted from stress. We wondered if they would reach out when they felt more organized or that their children still needed help. We found, over time, that some parents did finally contact us.

The next concern was about privacy. Many who hadn't worked online before worried they couldn't ensure privacy for their young patients, often because siblings share rooms or the child needs a parent's help in setting up an internet connection. Sam Roth (Group Member Communication May 2020) suggested that the first phase of work with a child involves tolerating being alone with the analyst, and that switching to online work could prompt a recapitulation of that phase in treatment. Some clinicians felt that arranging for privacy was a part of a therapeutic process



Kimberly Kleinman

## From the Child and Adolescent Psychoanalysis Editor

This column on online child analysis and child therapy is our first discussion of this medium. As Kim Kleinman notes, some child analysts have had experience with online-therapy and analysis for a variety of reasons. However, the Covid-19 world pandemic forced all of us to enter fully this new world of the 21st century.

Kim and a group of colleagues have engaged in weekly meetings in which practical issues of the treatment are explored. They have discussed issues of privacy, family and sibling involvement, and anxiety about intrusion into the family's home. Most importantly, discussions among colleagues with more and those with less experience have included dealing with psychological shifts for the analyst from the office to this novel medium foisted on us by the novel Corona virus.

Finally, I very much appreciate the group's understanding of the nature of children's powerlessness and the way children can turn passive into active so the analyst feels that very same powerlessness.

—Leon Hoffman

that now included the family in a way that seemed different from in-person work.

The evocative phrase "through a glass darkly" has been used in poems, movies, books, and songs. It is actually a translation of a Bible verse in Corinthians that refers to the experience of seeing only a part of something, whereas seeing the

*Continued on page 35*

# The Training and Education Section of the DPE

## Our Work: Past, Present and Future

Richard C. Fritsch

The first task of the Training and Education Section was to find its niche and purpose within the newly created Department of Psychoanalytic Education. I, as chair of the section, decided, with the support of Alan Sugarman and Britt Marie Schiller, to focus on providing to institutes national, collective support for central functions of training. This focus offered continuity of important and useful supportive functions formerly carried out by BOPS without its controversial evaluative and regulatory functions.

My father was an engineer, and my mother was a nurse, so I was raised in a pragmatic, problem-solving family that did not seem too encumbered by ideology. I turned to this novel task of finding a mission for the Training and Education Section in a similar spirit. It occurred to me that, given the tensions around APsaA's governance changes, it was important for institutes to know the national organization could provide tangible support for their work as educators. All associations are built on the concept that associating with others has benefits that could not be gained by remaining solo. Similarly, with an active Training and Education Section, faculty and governance leaders of institutes and centers could know APsaA provided

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**Richard C. Fritsch, Ph.D., ABPP, FABP,** supervising and training analyst at the Washington Baltimore Center for Psychoanalysis, is chair of the Training and Education Section of the Department of Psychoanalytic Education and incoming chair of the IPA's Psychoanalytic Education Committee.

added value for their work as educators they might not otherwise have access to. We developed the following mission statement:

*The mission of the Education and Training Section of the Department of Psychoanalytic Education is to support the development of students in their training, faculty, and institute committees in their delivery of quality student education and postgraduates in their movement from students to educators, administrators, supervisors, scholars, and training analysts.*

*This mission will be accomplished by providing traditional and innovative programs at national and regional meetings and gathering and disseminating information using modern technology. The Education and Training Section will be a clearing house for information collected from consultation visits to institutes, from ideas generated at the Education and Training Forum, and from the in-depth attention to specific topics under study by other DPE sections and their task forces and study groups. The goal of this effort is to harness the collective wisdom of the educators, administrators, and scholars of the American Psychoanalytic Association to the task of maintaining and extending excellence in education and training within our institutes.*

This rather grand mission statement was operationalized incrementally, thanks to the concerted efforts of the charter section members who volunteered to work on the initial projects. Here is what the section has accomplished to date and what we hope to accomplish going forward.

### The Training Analyst Function

In response to a request from APsaA leadership, who were navigating differ-

ent ideas about the training analyst system and ways of changing it, our section formed a task force. Ably chaired by David

Joseph, the group comprised analysts with diverse points of view on the advantages and difficulties with the extant procedures for appointment of training analysts. While, as may be expected given the long history of controversy surrounding this topic, there were more than a few difficult moments in its work, the group found common ground in many areas and produced a valuable report for the Board that grounded the recently distributed TA survey and the forthcoming work on possibly redefining standards for appointment.

### Distance Education

A second task force led by Ralph Fishkin and Dennis Shelby critically examined the use of technologically mediated analysis in training and prepared a report for the Board that included a recommendation on extending APsaA membership to candidates in distance-training with APsaA institutes. The Board approved this recommendation. This hard-working task force evolved into the Distance Education Study Group, which has been an integral part of the DPE and has worked closely with the Covid-19 Task Force.

### Models of Training

A third task force, which I chaired, looked at models of training, particularly innovative, combined training models. This work, a continuation of a BOPS Committee on Institutes Task Force,



Richard C. Fritsch

*Continued on page 32*

## Training and Education

*Continued from page 31*

examined the viability, strengths, and challenges of different models. This work produced a paper by Robert Winer and me published in *JAPA* in 2020 that can be a resource for institutes considering changes to their model of analytic education.

### Library of Readings

The Library of Readings project, I hope, will be the signature project of these first years of the section. Robin Renders, a true lover of curricula, assumed responsibility for this effort. She has solicited reading lists from all institutes; from those 11 who have replied, she and her assistant have compiled a database of articles, sortable by topic, year, institute, and other search features. We intend to expand the number of institutes contributing to the database, organize syllabi from institutes willing to share them, and enhance search functions on the APsaA website. In this way, educators and students can access the data base to help them prepare courses within institutes and in other educational settings by drawing on papers that other analytic educators vetted and found useful. This last step awaits the unveiling of the new APsaA website at which time the database, now housed with Robin Renders, will be transferred to it. In the meantime, those who need a search can request one by emailing robinrenders@aol.com.

### Curriculum and Progressions

Two standing committees of the section have proved to be important resources for institute educators. Robin Renders chairs the group for Curriculum Committee chairs who meet in-person at national meetings and has an ongoing Curriculum listserv. This group exchanges ideas and problem-solves issues of curriculum. It also pro-

vides presentations on innovative practices. All institute curriculum chairs are welcome to attend.

A similar group that supports Progression Group chairs was initiated by Martha Slagerman and has been chaired by Arden Rothstein since February 2020. The Progression Group examines progression policies and procedures used in different institutes and looks at how institutes deal with complex progression decisions. It has met both in-person at national meetings and twice virtually since the start of the pandemic. While there is not a formal listserv, members can send inquiries to the group about issues that arise between meetings. All institute progression chairs and/or their representatives are welcome to attend.

### COPS

The Committee on Psychoanalytic Studies (COPS) has replaced the former COPE study groups and is housed in the Training and Education Section. In a recent TAP article, Gail Glenn, chair of COPS, described the valuable contributions its study groups are making [*See "Committee on Psychoanalytic Study Groups (COPS)," TAP 55/1, page 28*]. Her devoted leadership has fostered a strong collegial bond among study group leaders, who meet regularly over Zoom to cross-fertilize ideas related to psychoanalytic education. Mary Landy has recently assumed leadership of COPS.

### Recent Graduate/Early Career Support

The section's latest initiative is a task force that focuses on recent graduates in collaboration with APsaA's Membership Committee. Sabrina Cherry and I from the DPE and Jennifer Briggs and Daniel Prezant from the Membership Committee are leading this effort along with a talented group of analysts who are interested in this important topic. The move from candidacy to recent gradu-

ate is an important developmental transition in the formation of an analytic identity and career. The project looks to support continued development of clinical skills and theoretical acumen and to help sustain graduates' commitment to an analytically oriented practice and involvement with APsaA.

We plan to provide a welcoming presence at national meetings through social activities as well as peer networking and mentoring opportunities with senior members. The task force is also looking for ways to enhance the presence of recent graduates on the program of the national meeting by advocating for roles as presenters, discussants, and panelists. The initiative was formally unveiled on February 20 with a panel titled "Early Career Psychoanalyst Education and Professional Development," which Britt-Marie Schiller, head of DPE, and I planned and co-chaired; Sabrina Cherry, Richard Tuch, and Kerry Sulkowicz presented; Sarah Lusk, a recent graduate, provided a commentary.

As I mentioned, it is essential that members both as individuals and as institute faculty and students collectively, see their national association as a resource for tangible support in their work as clinicians and educators. Often this work is done behind the scenes; this report offers members information on the efforts being made on their behalf. I am proud of the accomplishments and ongoing creative activity of our section members. It has been my privilege to work with this group of wise, dedicated, and enthusiastic analysts. I will be stepping down in June and Gail Glenn will be the new chair. We all can look forward to more creative and informative work in the future from the members of the Training and Education Section. My mother and perhaps even my father would approve.

APsaA



## Lawrence

Continued from page 6

"To truly honor Dr. Lawrence, you must train all your students in the art, science, and vocation of liberation healing. *Young Inner-City Families* should be required reading for all students, and every resident should do clinical training in a therapeutic setting modeled on those described in that book."

The final speaker, Margaret Morgan Lawrence's younger daughter, the Reverend Paula Lawrence-Wehmiller, a prominent and prolific educator and Episcopal priest, told two stories about her mother. First, she recounted a time "when our mother, Margaret, was a little girl, tough

and adventurous, and the story goes, went with her Episcopal priest father, Rev. Morgan to visit the sick and lay his healing hands on them. He is tall and handsome in his clerical clothes, striding down the Mississippi road with his brown-skin daughter, her plaits bouncing down beyond her shoulders on her back as she moves her strong, young legs to keep up with him. She is carrying in her hands a little basket with a set of miniature communion vessels. If Margaret had been born a boy, she might well have become a priest like her father. But these healing journeys with her father to offer the outward signs of God's inward and invisible grace to a world in need

nourished her dream of becoming another kind of healer – a physician."

She showed a sepia-toned photograph of her mother at age 28 in her Harlem Hospital physician's coat, leaning over a little girl in a hospital bed. "Mom's healing hands are barely touching the little girl's toes. In the midst of the uproar of life outside, there is a sanctuary for this little girl in the doctor's healing touch. As an adult, I have carried this healing image in my heart and in my mind's eye and have had the sepia-toned photograph on the walls of wherever my work as teacher, as principal, as counselor, as child advocate, and, for the last 22 years as an Episcopal priest."

Continued on page 34

## New 2021 Candidate Members

Nikol Alexander-Floyd, Ph.D.

Ali Ahsan Ali, M.D.

Sultan Al-Owidha, Ph.D.

Steven Barrie-Anthony, Ph.D.

Taryn Beard, Psy.D.

Sarah Best, LCSW

Daniel Bigman, M.D.

Earl D. Bland, Psy.D.

Joseph Campi, LMFT

Lisa Cappelletti, Psy.D.

Leena Chaugule, M.D.

Yan FionaChen, B.S.

J. Dakota Cimo, Ph.D

Annette Conradi, MCFT

Paola M. Contreras, Psy.D.

Edi Cooke, Psy.D.

Timothy Cooper, M.D.

D. Brooke Crosby, M.S.

Rachel Cuenot, M.D.

Bobbie Marie Davis, Ph.D., LCSW

Stacie Degeneffe, LCSW

Ada Del Rivero Yamuy, M.D.

Nicholas Domaney, M.D.

Velislava Donkina, Ph.D.

Andi P. Eliza-Christie, M.S., LPC

Phillip Emerson, M.S.W., LISW

Irit Feldman, Psy.D.

Sepideh Firouzi, Ph.D.

Laura A. Freshman, M.S.W., LCSW

Ryan Garcia, Ph.D.

Mia Goldman, LMFT

Stephane Goldsand, M.B.A.

Mary Mitchell Haddad, MSN/PMHNP

Kathy Harting, M.A.

Indira Horst, M.D.

Stephen Irshay, LMFT

Ramya Iyer, LCSW

Tammy Kaminer, Ph.D.

Lisa Karaitis, Psy.D.

Daniel Katz, Psy.D.

Beate Klein, Ph.D., M.F.T.

Adrian Larsen Sanchez, Psy.D.

Veronica Lemberger, L.P.C.

Xiaofeng Azalea Long, Psy.D.

Eric Mann, M.S.W., LICSW

Ashley Mason, M.S., CMHC

Cecilia C. McKay, M.S.W.

Teresa M. Mendez, M.S.W., LCSW-C, LICSW

Debbie Merav, LMHC

Allison Merrick, Ph.D.

Amanda Michael, Psy.D., CGP

Julia Morrison, M.D.

Piper Murray, M.A., L.P.C.

Prachie Narain, M.D.

Deborah Natoli, Ph.D.

Nicole Nelson, LMFT, LPCC

Aurelio Ogilvie, Ph.D.

Kai Ogimoto, Ph.D.

Hyunyoung Ellen Park, Psy.D.

Jesse Paulsen, M.D.

M. Theodora Pintzuk, LCSW

Diana Pitaru, L.P.C.

Amber Posner, M.D.

Maria-Christina Ramirez, Ph.D.

Jennifer Roth, LMHCA

Timothy Sawyier, LCPC

Elissa Schpero, LCSW

David Shen-Miller, Ph.D.

Edmund Sprunger, M.S.W.

Kendra Surmitis, Ph.D.

Natalia van Hissenhoven, LCSW

Anna Vitale, Ph.D.

Sophie Wasson, Psy.D.

Chen YoyoZhiyao, M.Ed.

Lingshu Zhou, L.P.T.

### Academic Associate Candidate Members:

Peggy Elson, Ph.D.

Lauree Emery, Ph.D., LMSW

Christine Rio Bistis Nadala, M.D., Ph.D.,

MPM-HSD

Lindsey Hogan, Ph.D.

Jose Gary Nadala, M.D.

Patricia Boyd, M.F.A.

Shelley Payne, Ph.D.

Julia Landy, LCSW

Charlotte Van Hale, M.D.

Kaila Tang, LMSW

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## Save the World

Continued from page 22

The discussion did, however, provoke observable anxiety mainly, a fear that an advocacy movement would redefine psychoanalysis in a way that favors a particular camp and would therefore leave others behind. When I urge more advocacy and proof for psychoanalytic ideas, which ideas do I mean and what kind of therapy? And what do I mean by “proof”? Do I mean randomized controlled trials? If so, will such evidence-based research invalidate vital psychoanalytic principles derived from clinical experience and case studies?

The factual answers to these questions are short and straightforward. By psychoanalytic ideas, I mean: defenses (or dissociations, as some prefer to call them today), transference, and talking therapy aimed at the modification of emotional defenses and transference through insight or through exercise of the therapist-patient relationship. These are the common

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denominators of psychoanalytic thought and therapy without which psychoanalysis becomes undifferentiated from other branches of psychology and a psychoanalytic advocacy movement becomes incoherent. By proof I mean any form of public validation; that includes case reports, randomized controlled trials, laboratory experiments, session recording, research into art and literature, or any other credible method of research, and that means public relations efforts to communicate past and new research findings and to argue for the merits of psychoanalysis at every opportunity.

But even an advocacy movement conducted under a “large tent” may not allay the deep-seated fear of proof and criticism.

It may be that as soon as one speaks of proof, the old anxiety returns that critics and their demand for proof will unfairly neglect whatever school of thought one happens to call home. In that February meeting, the therapists in the Mt. Sinai conference room represented a diversity of views. There was a classical four-day-a-week psychoanalyst, a relational practitioner, and a behaviorist. A dropout from the New York Psychoanalytic Institute made a point of contesting the universality of the Oedipus complex. All seemed at least somewhat concerned that an advocacy movement might leave them behind or unfairly invalidate their school of thought.

On the contrary, an advocacy movement aimed at bolstering the psychoanalytic field's scientific credentials, public understanding, and institutional authority could potentially benefit every and any style of psychodynamic psychotherapy. Fear of authoritarianism and dogmatism clearly contributes to the fear of a new advocacy movement, but I consider

psychoanalytic authoritarianism and dogmatism old symptoms of proof aversion. Resolving this root problem of proof aversion will create a freer and more diverse society of analysts and will not “dilute” psychoanalytic knowledge. The fear of dilution is more emotional than rational.


I hope to continue the conversation about proof aversion in a way that takes into account the legitimate professional anxieties that psychoanalysts and psychodynamic psychologists face. The theory of psychoanalysis is younger than the theories put forward by Copernicus and Darwin. We are still in the middle of an intellectual revolution. The idea of proof aversion provides much needed aid to that revolution and brightens its prospects. “We shall not be

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## Lawrence


Continued from page 34

It was a healing touch the daughter knew intimately, when at her ordination to the priesthood, 56 years after that sepia-toned photo was taken, “Mom leaned over me to vest me in my priest's stole. I felt in her healing touch that moment of sanctuary from long ago at Harlem Hospital. And with it, a blessing passed down from our priest grandfather to his physician daughter and now to his granddaughter, the priest. I hear the blessing in the words Mom wrote to me in a letter a few days later: ‘You were brought by God's grace into this needy world. Keep giving to it and to those who love you, and to those who have not yet learned how.’

With this benediction, Reverend Lawrence-Wehmiller closed the evening, which served to educate and recapture for those of us at Columbia a little recognized and highly significant woman from our past who had the passion, drive, endurance, and grace to do what it took to learn psychoanalysis in an unwelcoming era and whose life and career remind us of all the work we still have to do as a center and as a profession. 

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shipwrecked. Instead of the channel we are seeking, we may find oceans,” Freud wrote to Fliess on January 3, 1897, looking ahead to what discoveries the new year would bring. “[I]f we do not prematurely capsize, if our constitutions can stand it, we shall arrive.... When I happen to be without anxiety, I am still ready to take on all the devils.”

At the moment, there are plenty of devils in our midst, causing storms within and without. We need psychoanalysis to navigate them and steer ourselves to steadier waters. As Peter Gay said of Ernest Jones's 1938 effort to save Freud from the Nazis, “One of the most tenacious obstacles to the rescue of Freud was Freud himself.” There is a lesson there. In order to save the world, psychoanalysis must first save itself. 

## Through a Glass Darkly

*Continued from page 30*

whole is superior. Our group described seeing teens from the nose up, or children out of the view of the camera, drawing or using clay. One therapist realized after a few months that a 13-year-old girl she was treating was taller than she. We not only have limited vision, but sound quality is also poor at times. We also might have the impression some kids are facing the camera to engage with the therapist when they are actually checking email or other websites surreptitiously.

Although the decision on the part of a parent or teen to turn on the camera implies an invitation, our group also described feeling like intruders into the family's home life. We became witnesses to home decoration as well as home disorganization. We visited children in their bedrooms or sometimes in the parents' bedroom. We witnessed the behavior of siblings. Our group noted that seeing is different from being described to. One therapist heard a young patient describe his stuffed animal collection, but seeing the room and the stuffed animals online was different. Another group member noted that the collection was "lost in translation." Kerry Kelly Novick (Group Member Communication, June 2020) commented that perhaps it was found in translation. In seeing so much that is real, how much do we lose perspective concerning fantasy and play?

The next concern that surfaced related to a new sense of powerlessness – for the child patient and sometimes the analyst as well-- while sitting in front of a computer. Some children ran out of the room, some closed the camera or put the phone in a drawer or even in a dark closet. The experienced clinicians recommended practical solutions such as letting parents know they might receive a text asking them to help re-establish a connection. We all speculated that this is similar to the child running out of the office, but noted we felt more helpless about the online experience. Some members described watching helplessly as children rummaged through their parents' drawers, in one instance finding condoms. We also wondered if we were


seeing, in a new way, how powerless children feel in our office or in our presence.

Winnicott described surviving the child's aggression as an important step in establishing the child's capacity to use the object. Certainly, we survive these aggressive acts and return. Winnicott emphasized the importance of the object surviving without retaliating. He also mentions: "This thing that there is in between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control." (Winnicott, D.W. (1965). *The Maturational Processes and the Facilitating Environment*. *Int. Psycho-Anal. Lib.*, 64:1-276. London: The Hogarth Press and the Institute of Psycho-Analysis.)

One interpretation of this is that when the subject, in this case, the child, realizes he or she cannot control the parent or the analyst, it fosters a developmental step, the ability to connect or relate outside of the sense of omnipotent control. Children, in an online session, who turn off the camera, the microphone, put the phone in the drawer or iPad in the closet are certainly expressing a wish for control. Can they use this acting out therapeutically, to begin to connect to the therapist in a way that can become useful to them? Does our lack of control reassure them?

We also discovered that some of us have been using computers to play video games for quite some time, and that YouTube and Minecraft can be windows into the minds of the children we see. Some of us believe the ultimate goal is talking and setting limits on screen time. As someone who pulled for talking over playing video games, I was inspired by my colleagues who worked in different ways. I bought Minecraft so I could play it with one of my patients who for two years now has talked about nothing but the game. He was so thrilled I did this, and I felt so much freer to follow his thoughts in the session.

Our group came to agree an analytic process can be established online despite limitations. My own experience has been that having a peer group of child analysts from a wide geographical area lessens the isolation of the analyst's room, expands clinical horizons and can be fun. I also firmly

believe we help each other sidestep the siren call of seeing children in person prematurely, before it is safe to do so. 

*[Editor's Note: For more information about the author's sources, please contact her at kim@kskleinman.com]*

## Rural Community


*Continued from page 29*

and the first-year candidates (my own institute included) across the nation and across the world who have not been able to meet in person, to enjoy gatherings where students mingle, perhaps with a glass of wine, learning about one another's aspirations and who we are outside our clinical roles. It's the beginning of cohesion. It has been difficult to develop a sense of the candidates who started their training this year, even though we meet for case conference on a weekly basis.

### Transformative Aspects of the Pandemic

While my Idaho community of friends means the world to me, and quick access to outdoor life in the majestic mountains for skiing and hiking satisfies my love of nature, I now understand that living among others who speak the same language on a consistent basis is essential for my well-being.

Ironically aspects of my remote training have motivated me to do in-person training. I plan to close my practice doors, sell my house, and relocate to Seattle so I can be more involved geographically/locally as a member of an in-person analytic community.

I am not sure whether close personal examination through analysis/analytic training has clarified what truly matters or if the slowed pace and isolation of life during this pandemic has led me to this clarity, or both. I just know that not only do I want to become a psychoanalyst, but I want to flourish and thrive as one in a community with other like-minded professionals. 



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