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“Dare I Disturb the Universe?”

Lyn Yonack, *Editor of TAP*

When, in the late 19th century, Freud took pen to paper to engage in the hermeneutics of emotional life, he wittingly and unwittingly changed the way the modern world understood what it means to be human. In some ways, he brought his scientific mind to the poet’s domain — the penumbra of psychic space. Over time, delving into and wrestling with dreams and drives, infantile sexuality, resistance, repeating, penis envy, unconscious motivations, the uncanny, and the Oedipus, he fashioned a Talmudic-like dialectic, an opus that 100 years later we still interrogate, and create ever-new meaning and ever-fresh relevance. In effecting a sea change, again and again and again, in our understanding of the human mind and the human condition, Freud helped define the modern world.

In his writing, Freud laid the foundation and structure for our impossible, sometimes possible profession. From the earliest years of psychoanalytic discourse, colleagues curious and skeptical, acquiescent and reprobate have been engaging in an energetic dialectic, a holographic relationship with the literature. In addition

Lyn Yonack, MA, MSW, FABP, is a training and supervising analyst at the Western New England Institute for Psychoanalysis and faculty member at Berkshire Psychoanalytic Institute. She lives, writes, and works in Great Barrington, Massachusetts.

to internally wrought transformations, external events conspired to reshape the discourse: the First World War, shell shock, and the Spanish flu pandemic; the Second World War and the Holocaust, which reseeded psychoanalysis in other parts of the world. Each reworking brought both resistance and embracing, a calibration of what was lost and what was gained. Again and again and again, this alive and dynamic field changes.

So too with our organization. APSaA, ever changing while resisting change, persistently contends with finger-wagging questions: Is that psychoanalysis? Who do we let in and who do we keep out? Who’s analyzable? Is that pathology or identity? Through consensus, lawsuits and bylaws, elections and resignations, and what can seem like endless discussions, we change—despite and maybe because of the resistance— even when it appears at a glacial pace.

In the spring of 2020, the world as we knew it went topsy-turvy. The reminder and fear of the novel coronavirus catapulted most of us out of our offices and into our own separate spaces. Our waiting rooms became virtual and our patients, who could, joined us from their homes, bathrooms, cars, or backyards. As many of us fumbled with a virtual setting, the world convulsed again. On May 25, in the span of 8 minutes and 46 seconds, another undeniable in-your-face

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Lyn Yonack

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Correspondence and letters to the editor should be sent to TAP editor,
 Lyn Yonack, at lyn.yonack@gmail.com.

Reimagining APsaA

Bill Glover and Kerry Sulkowicz



Bill Glover



Kerry Sulkowicz

Writing a president's column in June that won't come out until October feels like putting something in a time capsule given the pace of change in our world. It's been a whirlwind since we took office in February when our friend, Lee Jaffe stepped down. First the covid pandemic and global panic, followed by the national reckoning with racism. We're proud APsaA has rallied to meet covid and address racism. These cataclysmic events put our internal struggles in perspective and illuminate separate but related developments that are revitalizing APsaA and rendering psychoanalysis more relevant and accessible. A vision is emerging that reimagines APsaA's future.

APsaA Is Both a Professional Education and Membership Organization and a Leader of the Broader Psychoanalytic Movement

Over the years our leading role has ebbed as we aged and fought over internal matters, while the world evolved around us. Things are changing in the new APsaA, with many positive trends emerging; if we pursue these developments, APsaA becomes reimagined and will claim its leading role in all the applications of psychoanalysis while preserving excellence and advancing psychoanalytic thought and practice.

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

APsaA's Spontaneous Opening

When the pandemic hit, we quickly reached out to the public and to the wider mental health community. We provided psychoanalytically informed mental health resources to the public. Our trainings and peer consultation groups for mental health professionals suddenly switching to online platforms were made available free of charge. Ditto for the well-attended Town Halls, which we opened up beyond our organizational borders. The wider psychoanalytic community has responded, and it's been a breath of fresh air to see so many new faces joining familiar ones.

APsaA Can Be a Home for Psychoanalysis, Not Only for Psychoanalysts

The Psychotherapy Membership Task Force will have a proposal in February 2021 for full membership for psychotherapists and, very likely, for academics and researchers as well. Psychoanalytic training will have its own division with designated authority, and the new categories will have full membership rights, including voting and holding office. APsaA's support of research and advocacy raises the credibility and profile of psychoanalysis in all its applications. Many of our institutes have successful psychotherapy training programs that complement psychoanalytic training. Several of our approved centers/societies have strengthened themselves by welcoming psychotherapists as full members and APsaA can similarly benefit from broadening its membership.

Combating Racism

Expanding membership supports our goal of being more diverse and anti-racist. Our previous efforts have made inroads but lost steam as we turned our attention to other concerns. To

successfully address racism, we need to really mean it and follow through, including looking at unconscious and structural barriers to progress. We're forming an advisory group, seeking consultation, and aim to have a comprehensive, sustainable plan operating in the fall.

Sustaining Psychoanalysis

A distinction is often made between psychotherapy and psychoanalysis. We do not see this as a dichotomy, but instead view psychoanalytic thinking as underpinning many forms of treatment. Exposure to psychoanalysis motivates therapists to want more for themselves and for their patients. Some will want full analytic training; others

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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

<http://apsa.org/>

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“Dare I Disturb the Universe?”

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reality of personal, systemic, and violent racism sparked a worldwide revolt against oppression and injustice.

We have been startled into now. We seek our footing, reckon with our place, rethink our minds, settle into a new setting. W.B. Yeats wrote in his poem, “Easter, 1916” – as quoted by one of our authors: “Now and in time to be....[we] Are changed, changed utterly: A terrible beauty is born.” Questions that were once subject to ongoing debate now define the moment in which we find ourselves: Can real analysis be conducted from a distance by Zoom or over the phone? Can we find room for and take seriously, in all

U r g e n t , never-more-essential questions confront us: What does it mean to meet and how do we create a shelter *for*, not from, the storm? How do we continue to engage, not merely bear the storm, but invite it in and work with it in our practices and in our lives? My title, “Dare I Disturb the Universe?” is the central lament of an aging, modern man in the 1915 poem by



Lyn Yonack


If all real living is meeting, then we are always inviting and contending with emotional storms.

our considerations of psychic reality, material, social, and political realities? As we navigate over the telephone and the internet, reckon with discrimination, sexism, racism, exclusion, privilege and the comfort of homogeneity, and open our doors to greater inclusion and relevance, we find ourselves in uncharted territory.

In 1979, the year before he died, Wilfred Bion wrote in “Making the Best of a Bad Job”: “When two personalities meet an emotional storm is created.” According to his journal, at that time he was reading the 1923 work, *I and Thou*, by the German philosopher Martin Buber. For Buber, “all real living is meeting.” If all real living is meeting, then we are always inviting and contending with emotional storms. These days, when we meet, contact is careful, remote, virtual, two-dimensional, one postage-stamp-sized box to another. Or meeting is eruptive, suspicious, in protest, rife with violence, aggression, passionate intensity, longing — and the potential for real contact and actual change.

the American/British poet, T.S. Eliot, “The Love Song of J Alfred Prufrock.” Our universe has been disturbed. Our work necessitates that we disturb and are disturbed, and then try to make meaning and transformations from those disturbances.

As a community, as a profession, and likely as citizens, we face a moment of profound change. This storm is ripe with opportunity and imperative to look at hatred, oppression, othering, and violence in our world, in our institutions, in ourselves. This disturbance invites us to examine how we work and grapple with what it means to be psychoanalysts, and how, to whom, and by whom we offer care. In so doing, we examine, again, what is to be human. It is a fascinating, terrifying time that may well yield understanding and aliveness, a terrible beauty.

This, the first issue of *TAP* under my editorship, puts forth many ways of engaging with the disturbance, with the opportunities, with the discourse, presented by this awesome moment. 

Reimagining APsaA


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will practice psychotherapy or apply psychoanalysis in other fields. APsaA can support the full breadth of psychoanalytic thought and practice. We believe that welcoming psychotherapists, researchers, and academics to join APsaA as full members will help sustain psychoanalysis, not dilute it.

Relations with the IPA and NAPsaC

APsaA’s reimagining extends to our relations with the IPA and, through the North American Psychoanalytic Confederation (NAPsaC), the other IPA societies in North America, the independent societies in the U.S., and the Canadian Psychoanalytic Association. APsaA’s special status in the IPA as the only Regional Association has engendered resentment of “American Exceptionalism.” This special status does not serve the new APsaA and can be relinquished without compromising our autonomy so we can work as equals with our international allies. We hope the IPA will join us in opening itself to greater diversity and alliance with the legions of psychoanalytically oriented therapists, thinkers, and researchers around the world.

APsaA’s Fast Break Opportunity

On a fast break in basketball, players throw the ball ahead and the team catches up to it to finish the play. In these cataclysmic times APsaA has a chance for a fast break. Instead of the usual glacial pace of change, we have a unique opportunity to seize the moment and realize our potential. This column represents a metaphoric throwing the ball ahead; let’s see if we can catch up to it and finish the play—transforming APsaA into a more modern, diverse, exciting, and welcoming leader of the contemporary psychoanalytic movement. 

Working in a Pandemic: Impressions and Paradoxes

Jay Greenberg

When I was first invited to share my experience of working psychoanalytically in the time of Covid-19, I had two thoughts, each of which seemed equally certain to me: first, I thought that I had a great deal to say and that I could not contain myself within the limits of any reasonable presentation. And then, immediately, it occurred to me that I had nothing at all to say and my only honest response would be a blank stare or an empty page.

On reflection, it seems to me that both of these accurately describe my state of mind.

There is a great deal to say because I am flooded with impressions, impressions that come from working with my patients when both of our lives have changed so suddenly and so dramatically and when the conditions of our meeting have gone through a profound upheaval. New impressions strike me every day, earlier ones fade, many change on almost an hour to hour basis. Describing them feels like trying to put words to what I see in a kaleidoscope; I can't quite catch up with my experience.

But, equally, there is nothing to say, at least as a psychoanalyst, because what I have always thought of as my professional function – making meaning or at least being a guide to making meaning – has been significantly compromised by the very circumstances I am trying to understand. For now, at least, we have lost our bearings and we have lost our

Jay Greenberg, Ph.D., is training and supervising analyst at the William Alanson White Institute; editor of The Psychoanalytic Quarterly; and recipient of the 2015 Mary S. Sigourney Award

roadmap; to claim otherwise strikes me as little more than a conceit. Yet we must and we do keep working, and a vital aspect of our work is sharing impressions that resist formulation and that will not be theorized for a long time to come.

The first thing I noticed when I stopped meeting with patients in person is that in light of the dramatic change not only in the psychoanalytic frame but in our life circumstances, I felt a need, shared by me and my patients, to locate each other psychologically and even physically. I only do phone sessions, a choice I made on the basis of personal preference. I find the phone less technically mediated than platforms that offer visual content, and it offers the added benefit to me of providing a privacy I find conducive to reverie and to thinking generally. None of my patients have objected.

But this means patients cannot see me, which may increase their concerns about my health and safety. Many of them do believe (correctly, because of my age) that I am more vulnerable than they are; and many begin sessions by asking “How are you?” And at least at the beginning of the pandemic I felt I had to, and wanted to answer directly. I stress that I wanted to answer the question directly to make sure I don't imply that I see this simply as a necessary modification of technique—i.e., that I



Jay Greenberg

answer rather than wondering about the meaning of the question either openly or silently — mandated by the changed analytic frame. I answer because it feels (to me) reassuring to both my patient and myself that the two of us constitute a stable unit in the midst of tumultuous times.

Shared Equality and Dramatic Inequality

From the vast array of impressions that has shaped my experience of working during that pandemic I will pick one; I have been particularly struck by a paradox that has arisen, inchoate and largely unarticulated, from the flow of impressions. I will try to put this into words.

As I work and live through the pandemic, I find myself experiencing a heightened awareness of both shared experience and dramatic inequality. Both of these reflect the reality in which we are embedded; it occurs to me that we could certainly say this about our work at any time but that many of us tend not to. It is probably to our benefit that we are forced by the pandemic to address these themes directly; I am referring to aspects of reality that precede the attribution of personal meanings that shape our experience.

It is clear now, as it rarely has been, that on the one hand we are immersed in a common trauma, in ways that are unique or nearly unique to our present circumstances. I am thinking not only of the threat to our health and safety, or even to the disruptions in our daily routine. At least equally important, we are embedded in the same uncertainty. Very concretely, I have no idea of when — or how — I will get back to my office and I wonder, as I am sure we all do, about whether my practice will ever return to what it has been like for decades. What will I want it to be like, and what will my

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Working in a Pandemic

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patients want it to be like? On a larger scale, I don't know whether psychoanalysis will ever be the same.


These questions – some of which can be thought about, some of which cannot, some of which can enter the analytic conversation, some of which can't or at least don't – certainly reconfigure the analytic field. But this is where I want to leave things at the level of impressions and not conceptualizations or even meanings, because I don't have any idea what the effect is. All I know is that both analyst and analysand are changed by what has happened and by

And, of course, I am talking about an inequality that exists at the uppermost margins of privilege. We practice in a world that is dominated by the horrific politics that afflict many countries, and we continue to do our work while covid wreaks its havoc disproportionately on people of color. We analyze as the murders of George Floyd, Breonna Taylor, Rayshard Brooks, Ahmaud Arbery, and so many other Black citizens shine a glaring spotlight on the terrors that are the product of enduring racial injustice in the United States. We analyze as hundreds of thousands of Americans wait for countless hours on food lines. All this drives home to analysts, analysands, and analytic dyads that we are unspeakably

Decameron, written in the 14th century and set in the time of the plague that ravaged Florence. Reading this while sheltered in my own house in the countryside triggered, as you can imagine, a range of feelings that invade virtually every session.

The upshot — and let me reiterate I am describing impressions and not conclusions — is that feelings about the trauma we are living through together, about unequally distributed vulnerability, about shared but not quite shared privilege, about guilt about what I have and envy of what I don't have flood every moment of every session. Necessarily and fortunately, these feelings are largely unconscious and I am able to catch glimmers of them only retrospectively.

But recently, several months into the pandemic, I have noticed, perhaps because of the swirl of feelings I've been describing, that I am more shaken than I usually am by some of my countertransference experiences, even when I have some sense of what has triggered them. In retrospect (although I caution that what counts as "retrospect" changes every day), it occurs to me my reaction to patients asking "How are you?" is an example of this. Being asked by concerned patients to reassure them I am well reminds me of my own concerns, and my own concerns as well as the patient's enter into and shape the analytic field.

All this drives home how, even in the midst of shared trauma, there is an irreducible otherness that is an essential characteristic of every analytic — and human — dyad. We psychoanalysts (rightly for the most part) tend to pride ourselves on our empathy, but we disavow otherness and the feelings that are stirred by it at our peril. We will, I suspect, learn a great deal about how this illuminates the work we are doing and have always done. But we will, I am sure, learn it only *après coup*. 

...both analyst and analysand are changed by what has happened and by what is continuing to happen.

what is continuing to happen.

But on the other side of the paradox is the inequality; my circumstances and those of my patients (and of many colleagues as well) differ, often dramatically. I do find my days surprisingly exhausting, an experience that has been reported by many colleagues, but the work is interesting and I am not suffering financially. I am able to shelter in a place I love, and I have spent most of the pandemic, so far, with some of the people I love the most. Some, but far from all of my patients are as fortunate as I am. But many, who are younger than I, are isolated, cut off from social and professional opportunities that are developing and they hope will shape and define their lives. Others, older and approaching the end of their careers or even their lives, are facing the possibility that everything is coming to an end they have been anticipating but don't yet feel prepared to face.

fortunate to be able to work together as we do. This cannot be at the forefront of our awareness at any moment, but it must have a profound if often unarticulated effect on what happens in our sessions.

It is worth mentioning, in one respect at least, our circumstances are not unique; pandemics have always been far harder on the less privileged. Consider this description of an earlier plague:

Some people, pursuing what was possibly the safer alternative, callously maintained that there was no better or more efficacious remedy against a plague than to run away from it. Swayed by this argument, and sparing no thought for anyone but themselves, large numbers of men and women abandoned their city, their homes, their relatives, their estates and their belongings, and headed for the countryside....

The passage is from Boccaccio's

Listen to Me

Salman Akhtar



(For George Floyd, 1960-2020)

I can't breathe.

The air is poisonous.

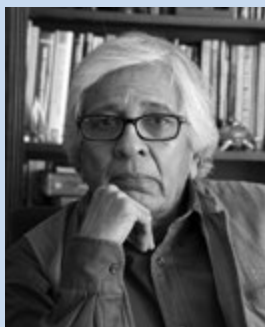
Knives fly in my throat,
cut through my lungs.

Don't just stare.

Give me a bowl of affinity,
a spoonful of mother,
if you care.

Don't turn my death into
a bloodless poem.

Use my roadside body as a flag,
Rise up. Dare.



Salman Akhtar

Salman Akhtar, M.D., is professor of psychiatry, Jefferson Medical College, and training and supervising analyst at the Psychoanalytic Center of Philadelphia. A recipient of the Sigourney Award, he is the author or editor of over 100 books.

Are You Still There?

Kerry L. Malawista

My patient, whom I'll call Emma, lies on the couch telling me about the shock of learning her mother had had a brief marriage in her twenties.

"She isn't who I thought she was." Emma says. She coughs, clearing away her emotion. "This sounds crazy but it reminds me of when I found out there was no Santa Claus. I was so shocked. I felt tricked. Betrayed. Naive."

Emma's voice trails off, her body still.

My mind wanders to how these feelings connect to her life, and to me; her words sparked all the familiar connections an analyst might make. Which of the myriad thoughts should I speak to?

Time passes. Seconds. Minutes.

Surprisingly, an image of my sister gleefully telling me, "there is no Santa

betrayal. No longer with the young woman who learned her mother had a secret or with that child who learned there is no Santa Claus.

I lean forward in my chair, trying to get a closer look. I stare intently at the top of her head, down the left line of her body, hoping to see some movement—a finger or foot tapping.

Please, move, I think anxiously.

Finally, I accept that the screen has frozen—nobody can lie that still!

Frustrated, I get ready to click on the words "Leave Meeting," when Emma startles me and says, "My mother tried



Kerry L. Malawista

Since working remotely, my internet sometimes disconnects without warning, leaving patients floating in virtual space.

Claus" pops into my head. Like Emma, I felt humiliated, naive, and betrayed.

Emma remains silent. Is she, too, lost in remembering?

It is then that I notice her utter stillness on the couch. My body clenches. My mind is hijacked by the sudden worry: Is she lost in thought or has my computer frozen? Should I ask, "Are you still there?"

Should I reboot my doxy.me?

With these questions, I am no longer in this moment of shock, sadness, and

to..." She continues, unaware that she had briefly lost my attention.

Since working remotely, my internet sometimes disconnects without warning, leaving patients floating in virtual space. The fantasy of our being together in an "analytic space" is ruptured, reminding us that we are actually miles apart.

On this day, if we had been disconnected, Emma might have re-experienced something similar to what she had just been talking about—the betrayal and humiliation of talking to no one.

Yet I have grown accustomed to this new medium. I continue to listen, make connections, provide support, attend to our relationship, to the outside world, and to the past—in other words, all the ways I worked when in my office, before

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Kerry L. Malawista, Ph.D., training and supervising analyst in Potomac, MD, and McLean, VA; co-chair of New Directions in Writing; co-author of Wearing My Tutu to Analysis; The Therapist in Mourning (Columbia University Press), and Who's Behind the Couch? (Routledge).

A Tale of Two Cities: Equality and the Inner World

Talia Hatzor

On April 10, *The Guardian* published an article titled “A Tale of Two New Yorks: Pandemic Lays Bare a City’s Shocking Inequalities,” exploring how the coronavirus pandemic has exposed the gap between the city’s two societies. The article quotes Jumaane Williams, the public advocate: “One society was able to run away to the Hamptons and work from home and have food delivered to their door; the other society was deemed ‘essential workers’ and made to go out to work without protection.” This tale of two societies is the tale of many cities, and of the country as a whole. First the pandemic, and then the brutal killings of Black people by police officers, exposed, yet again, the clear inequalities and disparities that have been endemic to our way of life.

While before, we could erect the defense mechanisms of denial and splitting, resisting knowledge and avoiding reality in the social sphere, the Covid-19 pandemic has stripped us, for better and for worse, of our blindness, at least for now. We are confronted, yet again, with the realization that we live in a society Hanna Segal described (in the audiovisual project of the Anna Freud Center), as an “anti-mind” culture, a society where one is confused about what matters, what is essential in the external and internal reality, about the importance of depth, what depth means, and what truth is.

Talia Hatzor, Ph.D. is a psychoanalyst working with babies, children, and adults, and a training analyst at the CFS. She is faculty at the Columbia Psychoanalytic Center for Training and Research, where she co-directs the Parent-Infant Psychotherapy Training Program.

Melanie Klein writes, “Security was first of all afforded us by our mother, who not only stilled the pangs of hunger, but also satisfied our emotional need and relieved our anxiety. Security attained by satisfaction of our essential requirements is therefore linked up with emotional security.” (*Love, Guilt and Reparation*). While we all feel bereft of “mother” and basic security by the pandemic, with fear of death and real loss at our doorsteps and inside some of our homes, a large section of our society has lived with this fundamental sense of not having society’s love and security for a long time, and increasingly so. Besieged by stay home orders, and by helicopters, police cars, and sirens in response to the Black Lives Matter protests, we feel our wings have been clipped, especially at the frightening moment of the curfew. Yet many, especially people of color, especially the poor and underserved have lived with clipped wings, in sociopsychological curfew and the hovering police presence for as long as they can collectively remember.

This has brought me to question, not for the first time, my own human and civil responsibilities, as a member of our society and as a psychoanalyst. Such questioning has long been part of psychoanalytic tradition. In his paper of 1919, “Lines of Advance in Psycho-Analytic Therapy,” Freud stated clearly and poetically his vision for the future of psychoanalysis: In order for psychoanalysis to be far-reaching and impact the



Talia Hatzor

misery of those who suffer most, those deprived and poor, it needs to add more clinicians to its ranks and create free clinics through which to affect a change in “the conscience of society.” This propelled the creation of free clinics in several European cities between the wars, along with the Anna Freud and Dorothy Burlingham wartime nurseries in London (Elizabeth A. Danto, *Freud’s Free Clinics – Psychoanalysis and Social Justice*).

Engaging as a psychoanalyst with the work of affecting “the conscience of society” is ongoing, but increasingly urgent with this current crisis. Allowing ourselves to experience our collective pain and guilt, not cutting ourselves off from or denying the raging pandemic or the racial brutality and social injustices may bring us to the depths of the depressive position, where we must fight falling back into our defenses of splitting and denial (Hanna Segal, “Silence is the Real Crime”). From this position comes hope for reparation and change. As Melanie Klein and others have taught us, the desire to see reality is deeply connected with the love of truth, and is at the heart of the internal process that brings about change (Rachel Blass, personal communications).

Beside my private practice with children and adults, for a long while I have worked with families and young children at an East Harlem community center, as part of being co-director of the Parent-Infant Psychotherapy training at the Columbia Center for Psychoanalytic Training and Research. There, I supervise students and see parents, mainly mothers, with babies and young children. When the pandemic broke, I continued to speak with families over the phone. In my private practice, I continue

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seeing my patients, children, their parents, and adults, in this bewildering new reality. In my tale of two cities, I grapple with many questions and experiences, realizing how we are all mourning and afraid; how we have lost our sense of security, patients and clinicians alike; how we struggle to stay connected; how our patients struggle to continue doing what they signed up for, understanding themselves deeper in ways that help them change. I have also faced again the stark awareness that pain, loss, and suffering are not the same on both sides.

I face helplessness and despair, question my role as clinician, wonder what am I doing, whether I am mainly assuaging my guilt. Am I fooling myself that my attempt to stay connected during lockdown with parents, who struggle to provide their families with basic necessities, food and diapers, really matters? Although these questions gnaw on my mind, my experience with two mothers with similar experiences, in the two different tales of the city, shows me a glimpse of hope, and a certain clarity regarding what is important.

Two Mothers

One mother has been with her young child at home, along with the father, who has been working. This mother has found, in the lockdown, an opportunity

to be with her young toddler at home, and to get to know him and herself as a mother in ways she couldn't imagine when he was in daycare. Before the lockdown, this mother was suffering from chronic guilt, projecting into her son her own damaged objects, and this son was in a permanent state of troubling separation anxiety and dysregulation. Once forced together, and with the softening of her guilt, a much deeper task became

source of much pain and self-reproach. As her sense of herself as a mother changed, allowing her to see with greater clarity how her own internal story cast a shadow that distorted him, she could see him in new ways. He began to talk, they played and laughed, their relationship becoming livelier.

As I reflect on these two mothers and my remote work with them, it crosses my mind that, first, I have been suffer-

I see that the work with the internal world, our psychoanalytic contribution to our patients... is probably most aligned with democratic humanistic values of social justice.

available to her: She was able to work on her inner world, which was distorting her perception of her son and causing havoc in their relationship. The lockdown offered her a chance to face her conflicted maternal identity, and it offered them a possibility to work through their relationship, to repair and rebuild it.

The other mother is an essential worker with a part-time job, who, as the sole provider for her family, had no choice but to work. In one of our conversations, she shared that several of her co-workers have died of Covid-19; she spoke of her fear of her own dying and leaving her children orphaned, of hiding money around the house in case she is hospitalized and they need to buy food. This mother has also found herself with her younger child, also a toddler, with special needs, discovering things about him and herself that were not available to her when we met in person and he was in a daycare. Again, the issue of guilt was critical here: her sense that she has somehow damaged him and is responsible for his disability was the

ing from a certain bias that those in harsher circumstances, those who are suffering more acutely from societal trauma and deprivation, the ones on the other side of my city and its privileges, need more concrete services, more practical solutions, more support, and benefit less from the deeper work we can provide. My "colonized mind," it seems, has carried a sense of superiority into my work with families who live in the other New York. My doubts about providing "good psychic food" to those in need of concrete food have created in me a sense of despair that, as a psychoanalyst, I do not have as much to offer them. Yet, I see that the work with the internal world, our psychoanalytic contribution to our patients is not only possible and available to everyone regardless of race, ethnicity, and socioeconomic status, but it is probably most aligned with democratic humanistic values of social justice.

As Freud said in 1918, "the poor man should have just as much right to assistance with his mind as he now has to the life-saving help of surgery." [APSA](#)

Introduction from the Diversity Editor

Justin Shubert

In early May of this year Lyn Yonack, the incoming *TAP* editor, approached me about becoming *TAP*'s diversity editor. This position, the first of its kind at *TAP*, marks our organization's important, newfound dedication to issues of diversity, and I'm very glad to be filling it.

As a gay man in psychoanalytic training, I felt alienated at times. Well-meaning instructors assigned homophobic readings without contextualization, peers made insensitive remarks that went unexamined, and senior analysts presented heteronormative models as fact. My outsider status allowed me to recognize, on such occasions, unconscious aggression toward members of my LGBTQ+ community that seemed invisible to its perpetrators. While many of us have felt like outsiders at times, all of us unconsciously participate in multiple systems of "isms."

Following George Floyd's barbaric death on May 25, our nation reached a tipping point where turning a blind eye toward racial injustice was no longer tenable. Across the country passionate protests erupted, amid a pandemic, to demand that Black voices, those so violently silenced in our country, be heard. Horrified by the video of Floyd's murder, we could better comprehend the suffocating weight of oppression and powerlessness on its victims. We vowed to identify and combat systems of oppression in our society, and within psychoanalysis.

How do we crack open a field that has been closed to so many? How do we bring more diverse voices to our

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

institutes and treat more diverse patients? Our profession's ability to exist and thrive in the upcoming years depends on how we answer these questions.

To start, we must define who we seek to include. What do we mean by "diversities"? Ostensibly, committing to diversity means embracing people from disenfranchised social groups. Most psychoanalytic theories are written by and for privileged white people. Privileged white people also teach most of our classes, supervise most of our candidates, and treat most of our patients. This results in a homogeneous perspective which can exclude, offend, or even harm people who, for example, are Muslim, Black, queer, Mormon, disabled, or poor. We must make psychoanalysis accessible to more people.

This is from the mission statement of the Diversity Section of APsA's Department of Psychoanalytic Education (DPE):

The concept of diversity is an evolving one. In psychoanalysis, the diversities may include race, ethnicity, religious belief, gender, gender identity, sexual orientation, age, physical ability, socioeconomic status, and political affinity. There are other categories of diversity such as ideological beliefs of various sorts, attractiveness status, incarceration status, psychological mindedness, and a multitude of others. The Diversities Section of the Department of Psychoanalytic Education seeks to address educational issues related to the diversities from a broad perspective that is dialogic, inclusive, and practical.

Each of us unconsciously enlists an endless number of social categories to enact power structures that deem some people superior to others. In the field of psychoanalysis, the symptoms of these power structures materialize in various forms, including curricula dismissive of the effects social forces have on the individual psyche, the discouragement of


certain candidates to train at our institutes, and homogeneous demographics of patients in our consulting rooms. Revelatory psychoanalytic



Justin Shubert

papers have been written by Black, gay, and transgender analysts in an attempt to tell us their stories, pleading to be heard and to improve our work, but they are not commonly included in our syllabi. A crucial component of committing to diversity then, more than including members from any one group in particular, involves listening to those who we have unconsciously sidelined or silenced.

As diversity editor of *TAP*, I will offer writings that open our ears to these voices within our community and help us think about actions we can take toward inclusion. To that end, in this issue, Donald Moss provides a nuanced, powerful article about the pernicious effects whiteness has on its "host." I conduct an interview with Sandra Walker, who shares her veteran's perspective on elitism in psychoanalysis and the opportunity we have right now to make meaningful change. Anton Hart, Lauren Jones, and Jordan Dunn summarize a significant study that assesses how our institutes are addressing the diversities. We plan to publish the full results of this study in our next issue. You will also find an article in the next *TAP* by Mark Blechner about the psychodynamics of racism in order to help us reckon, as a profession, with our "conscious and unconscious racism."

My hope is that these articles, and those in future issues not only expand our empathy for those who walk in different shoes, but also encourage us to take action, in our practices and at our institutes, to recognize our biases and welcome a richer array of clinicians, patients, and ideas into our field. 

An Interview with Sandra Walker

Justin Shubert

Sandra Walker has worked at the intersection of race and psychoanalysis for nearly two decades, having spent much of her career seeing patients from disenfranchised groups in community mental health settings. In this interview, Walker, a member of the Seattle Psychoanalytic Society and Institute, shares her perspective on our field in terms of diversity—where we've been, and where we might be able to go, if we maintain pragmatism and hope. She talks honestly about a culture of elitism in psychoanalysis and offers practical suggestions to help our field become more open to members from various sociocultural backgrounds. More importantly, she speaks to the value of opening our minds and our practices to the richness that diversity can provide.

Justin Shubert: What drew you to this work?

Sandra Walker: I recognized that within the body of knowledge and the realm of the psychoanalytic perspective, there was a richness that could help me and others understand a lot of the underpinnings of racism, and a lot of the other “isms” we deal with when we're othering. What are the psychological factors that perpetuate the system of racism that we have in place in this country and our country was founded on? I've come to realize that we know, but we disavow it. It's split off, and it's not something we focus on.

Justin Shubert, PsyD, PhD, is TAP Diversity editor.

Sandra Walker, M.D., is a faculty member at the Seattle Psychoanalytic Society and Institute and a courtesy clinical associate professor at the University of Washington. She is an APsA Board member and chairs the Foundation Committee.

JS: When you say “we know,” what do you mean?

SW: We understand a lot about the dynamics of othering, splitting, and dissociation. All of that paranoid schizoid stuff that Klein was very good at. And the factors that lead to the development of the self. The damaging of the ego and the pernicious effects of trauma. But we don't commonly apply this understanding to areas like race. Outside the Association, other places have gotten there a lot faster—I think [the American Psychological Association's] Division 39, the psychologists, the social workers are ahead of us.

We understand a lot about the dynamic of othering, splitting, and dissociation... but we don't commonly apply this understanding to areas like race. I'm sad the training has been so unwelcoming of diversity in a lot of ways.

JS: Why do you think that is?

SW: I think it has to do with the internal politics of APsA. For many years it was very slow to emerge from being a white male organization, with not many women, a misogynistic, paternalistic view of the profession, and an idealization that borders on a kind of shocking defensiveness: the purity of the analytic identity at the expense of whatever other identity an analyst may have. That's a kind of purity that is not rational in my opinion. And it does have a kind of elitist overtone that a lot of people who would have otherwise gone into the field were not particularly drawn to.

JS: Right, it seems there can be almost a dismissal of difference. Maybe there's



Sandra Walker

something about the elitist tone in our field that's been inextricably linked with whiteness and class privilege and heterosexuality.

SW: Yes, for example I understand most of the members of the organization are in the Northeast, but for 100 years the winter meeting was at the Waldorf! This is an organization of elderly people, and if you look at Eriksonian stages, for example, we're looking at people who are trying to preserve and pass on what's been meaningful in their

lives. The rest of the world changed, and we did not so much. I'm sad the training has been so unwelcoming of diversity in a lot of ways.

JS: Early in your career you wrote in “Psychoanalytic Quarterly” (2006) that psychoanalysis has often denied the effect social trauma/experience has on the individual psyche. Do you feel, in the years since then, that our field has started to pay more attention to the ways societal trauma affects individual development?

SW: I think so. There is more in the literature, there's more opportunity, but our lack of openness has meant our field has not explored these systems that continue to tear our country apart. Although

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An Interview with Sandra Walker

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we are looking more at the impact of historical, moral, and physical trauma on people of color, we haven't done much to look at the impact on the people who perpetrate that trauma. The aggressiveness, the need to oppress, the hunger for power, aspects of narcissism that go awry at the social level, become a social contaminant. That's as much of a virus as Covid-19. And we need to pay attention to it. We can try to understand how people in society have such total splits in the ego, and they're not aware how much of the social narrative of oppression they carry with them. I say "we," because I'm guilty of it too. It's a work in progress for everybody.

JS: How then do we help our field progress? How do we help educate more sensitive analysts and encourage established analysts to learn more about the narratives they carry with them? How do we welcome people of color, or queer people, for example, who are either turned off by psychoanalysis or don't even know what it is?

SW: I think we've started to do that. The first Town Hall Zoom meeting in the spring was a big step toward acknowledgement and where we need to go. Hopefully that's a beginning. In terms of welcoming new candidates into our institutes, trying to encourage, in ways more than just lip service—being open to hearing new perspectives from our young people.

JS: We've had this exciting awakening across different groups, but our nation is now faced with what to actually do about it. Do you have suggestions for practical things our institutes or APsA can do?

SW: I think we can look at admissions, where we are getting new people in our training, and deliberately look for more

diversity in our recruitment. Our institute may admit its most diverse class ever in the fall, which is due in large part to our Diversity Committee's outreach in the community. There may be one or two other Black people in the class. To have more than one would be a first in 70 years.

I'm the only Black person who's ever graduated from our institute. It's on the whole a white place, although we've had people from a number of other countries. People are uncomfortable with "others" who they think are not like them. "Those people," as it turns out, are a whole lot more like me than many people in our institute.

JS: There are many ways elitism, or "purity" as you called it, has been maintained by some groups in our field over others: psychiatrists over psychologists, drive theory over self psychology, cisgender over transgender.

SW: Yes, the many ways in which psychoanalysis as a field has developed "othering" to a fine art! So how do we get past that?

JS: Right, how do we?

SW: Fostering and mentoring diverse people who are new to our field is crucial. Early in my career I was interested in writing about these challenges of identity. Initially I got a lot of encouragement, but then no help in terms of developing these ideas. So I became more involved with other organizations like APA (American Psychiatric Association) and BPA (Black Psychiatrists of America), because there were other Black psychiatrists and analysts, and I developed a network of mentors and colleagues who became important to me.

A number of challenges come together in working through diversity, so there is no formula. You have to have the will to do it. And if you have the will to do it, it's funny how a lot of times you find the way.

JS: Perhaps you're saying that if we're ready to have a more diverse organization, then the ways to do it will come.

SW: Yes, we'll find a way. I think we should pay a little more attention to the culture of psychoanalysis, historically. Psychoanalysis is a culture, and we need to understand that and reflect on that a little.

JS: How would you describe our culture?

SW: I think it's a culture that is insular and very much focused on the individual in a kind of encapsulated way. We have a candidate here who is a Sikh, a culture rooted in other before self. Psychoanalytic culture is pretty opposite in that way. Our culture privileges hierarchy. So, trying to understand where some of that came from, to look at the history of splits and schisms within psychoanalysis—what is all of that about? Why is it that Karen Horney or Heinz Kohut were so demonized by others in the field? What is that all about?

JS: Do you have any advice for people who have just started to work on issues of diversity in psychoanalysis?

SW: To go with curiosity and humility and be prepared to be surprised in terms of what you see in strength, resilience, survival under pressure, and what you have to recognize, acknowledge, and metabolize in terms of the horrible burden of trauma that a lot of people bear out there in the world, but always with an eye toward finding the strength. Working with diverse patients has been a rich experience for me, and I'd hope other people would be more open to having that experience.

I'd like to end on a positive note. I've found the last few weeks and months to be personally exhausting, but I feel very hopeful the conversations that are happening now will lead to meaningful change. It's different than it has been, there seem to be more people who are buying in to thinking about where we are, and I hope there is a will to struggle through it to some place that's better, within our institutes, and something that will allow us to offer more to the world around us.

 APSA

Eyes Wide Shut: Dominating the Other/Ravaging the Self—Parasitic Whiteness at Work

Donald B. Moss

"I will focus on Whiteness as a condition one first acquires and then one *has*—a malignant, parasitic-like, condition to which "white" people have a particular susceptibility. The condition is foundational, generating characteristic ways of being in one's body, in one's mind, and in one's world. Parasitic Whiteness renders its hosts' appetites voracious, insatiable, and perverse. These deformed appetites particularly target non-white peoples. Once established, these appetites are nearly impossible to eliminate. Effective treatment consists of a combination of psychic and social-historical interventions. Such interventions can reasonably aim only to reshape Whiteness's infiltrated appetites—to reduce their intensities, to redistribute their aims, and to occasionally turn those aims toward the work of reparation. When remembered and represented, the ravages wreaked by the chronic condition can function either as warning ('never again') or as temptation ('great again'). Memorialization alone, therefore, is no guarantee against regression. There is not yet a permanent cure." (An excerpt from my article "On Having Whiteness" forthcoming in *JAPA*).

Of course, Whiteness confers what is commonly called "privilege" on white people, and privilege indeed it is—no



Donald B. Moss

demographic measure can serve to contest that. Fueled by Whiteness's insatiable appetites, affected white people have found biblical sanction as they seek to achieve dominion over other peoples. The resulting affliction engenders a Midas-like state—all non-white humans treated as currency, as a kind of gold—to be taken, possessed, owned, commemorated, dominated, and finally passed on, one generation to the next, forever and ever, into perpetuity.

The appetite for dominion has spawned an entire cultural apparatus that serves as its rationale and justification. This cultural apparatus, the Western canon, is at least as old as the ironically named "Enlightenment" and both envision and incarnate a Ptolemy-like mechanism to describe life on Earth. Whiteness occupies the center of this apparatus, while the rest of the non-white world revolves around it, as though on a massive lazy susan, providing that center with what it takes as an endless feast of serviceable items.

From the beginning, all the people who have ever been positioned on this lazy susan have been in constant and steady revolt against their placement there. That resistance seems now, as it may often have seemed before, to be rising to an irresistible and irreversible pitch. Here, offering himself as witness to this reasonable and always justified

resistance, is Freud in 1927: "It goes without saying that a civilization which leaves so large a number of its participants unsatisfied and drives them into revolt neither has nor deserves the prospect of a lasting existence." ("Future of an Illusion")

Nonetheless, it also goes without saying that in the face of that continuous resistance, and in the face of their own deeply uncertain future, the insatiable and malignant appetites of affected white people persist.

How to think of this affliction—how to think of what happens to people when infiltrated by appetites of this sort—what deformations result, what reductions, what losses, what limitations, what blindnesses when all peoples except those designated one's own, are violently forced to constitute a servant class, a servant category?

Whiteness promises and delivers "privilege" but fails to disclose the deforming afflictions it also delivers. These afflictions are grounded in truncated and defiled relations to a huge swath of our fellow humans, our surrounding "objects." In order for the lazy susan to keep operating, in order that it be constantly filled with objects placed there to serve, its putative masters must repudiate identificatory access to all of those objects, must replace the magic and enchantment of identification with the objectifications and manipulations of disidentification. They must, in effect, replace the possibility of love, incorporation, and development with the certainty of indifference, repudiation, and stasis. The objects placed on the lazy susan have necessarily been taken out of their native contexts—taken. They are placed there in postures of mandatory submission—whether to the bullwhip or to the gun, whether to written or to unwritten law. Whiteness generates a state of mind that aims to turn these human "objects," sources of appetitive satisfaction, into mere objects. Hoping to find support for this unsupportable

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Donald B. Moss, M.D., is the chair of the National Program Committee. His new book, co-edited with Lynne Zeavin, Hating, Abhorring and Wishing to Destroy—Psychoanalytic Essays on the Contemporary Moment, is forthcoming in the New Library of Psychoanalysis (Routledge).

A Preview of How Psychoanalytic Training Institutes Are Addressing the Diversities

Anton Hart, Jordan Dunn, and Lauren Jones

Many voices, from within and outside of psychoanalysis, are calling for an awakening, an acknowledgment of and an engagement with issues of race, racism, and other matters of diversity and discrimination. Psychoanalysis has begun to answer the call and recognize its complicity in maintaining the status quo of white supremacy within aspects of its theorizing, organizational structures, and clinical applications. The Department of Psychoanalytic Education (DPE) Diversities Section has dedicated itself to examining how the diversities are addressed, as well as how they might be considered and engaged, in the process of training the next generations of psychoanalysts. Our goal is to assess how institutes incorporate the diversities into psychoanalytic training,

both in curriculum and organizational development.

Contribute to APsaA's Psychoanalytic Curricula on Diversities Survey

As members of the psychoanalytic community, it is important to commit ourselves to the pursuit of equity, inclusion, and belonging by organizing and disseminating our resources, especially in light of recent social and public health crises. In this spirit, we urge all institutes to contribute to this ongoing project within APsaA by completing the Psychoanalytic Curricula on Diversities Survey and submitting related materials for others to share.

What follows is an abbreviated, preliminary report of in-progress findings

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Anton Hart, PhD, FABP, FIPA, training and supervising analyst and faculty at the William Alanson White Institute, is chair of the Diversities Section of APsaA's DPE, and co-chair of the Holmes Commission on Racial Equality in the American Psychoanalytic Association.

Jordan Dunn, MA, is a doctoral candidate in clinical psychology at The New School and psychology intern at Mount Sinai-St. Luke's Hospital. He is the outgoing APsaA DPE Diversities Section research assistant, and a student organizer in the sanctuary movement.

Lauren Jones is a senior psychology major at Vassar College in Poughkeepsie, New York. She currently works as the research assistant for the Diversities Section of the American Psychoanalytic Association's Department of Psychoanalytic Education.

Whiteness

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illusion, affected people are drawn to believe these living beings are, in fact, gutted of real life, and as such naturally suited to serve.

Deprived of the possibilities of identification with a large part of the universe of living things and living people, people afflicted with Whiteness are proportionately diminished. They are then able to identify only with their familiars, a kind of unwitting inbreeding that treats variety and difference as invasion rather than as fertility.

The shadow of the object falls upon the ego, says Freud. So, then, turn that object into a diminished thing, there to serve and service you, and the diminishing shadow of that diminished thing will fall upon your ego. Deprive the object-to-be-internalized of its vitality

and you will indirectly and eventually be depriving yourself of that same lost vitality. Structure the object as a thing to be dominated and you will necessarily be dominated by the internalized shadow of that very thing. Dominate and target your object, and your impulse will necessarily boomerang, you yourself targeted and dominated by the now internalized object. Given the workings of this dominated/dominating internalized object, a profound melancholia necessarily haunts and infiltrates the deadening project of Whiteness. Hatred intended toward the targeted object takes up permanent and hidden residence in the hating subject. Perhaps this presence makes a gratuitous and never-remarked-upon contribution to what Freud, (who himself conflated "civilization" with "white" and "Christian") called our "common human unhappiness."

Whiteness leaves its afflicted hosts eviscerated. They are then blindly driven to deny this evisceration by collecting trophies. These trophies, excitedly displayed as the products of dominion, are meant as evidence of a fictive vitality. Whiteness, in effect, plants this evidence by way of a false equation: domination=vitality and goodness. Within the framework of this false equation, trophies of domination work in the same way that fetishes do, filling the gap created by an unspeakable absence. The real equation, the non-false one, is more like domination=loss. Whiteness's hosts cannot bear this loss, a loss that "dare not speak its name." In effect, then, Whiteness creates a closeted people who, in order to remain in the closet, inflict loss on others in the hope that the others' losses (of dignity, of life, of possibility) will cover over their own.

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Variations on a Moment in Time

Michael Slevin, Special Section Editor

When Lyn Yonack decided to devote the Fall 2020 issue of *The American Psychoanalyst (TAP)* to Covid-19, she asked if I would commission and shepherd a special section of writings with a psychoanalytic spin on personal lives — intimate, professional or public — and the virus. I agreed. Seven authors signed on: Four of these writings, by Ellen Pinsky, Forrest Hamer, Hasani Baharanyi, and Maranda Sze, will appear in this issue. The essays by Lisa Roth, Matthew von Unwerth, and Tareq Yaqub will be published in the next TAP. Some are senior

Michael Slevin, M.S.W., is a psychotherapist in private practice in Baltimore and co-editor with Beverly Stoute, M.D., of two forthcoming books on psychoanalysis and race under the Routledge imprint.

members of APsA, others just starting; some are people of color; others are white, one, a resident of Hong Kong, is a Chinese (CAPA) candidate. They are as varied as their circumstances.

On May 25, George Floyd was murdered with a knee on his neck in Minneapolis. Some of what you will read directly or indirectly reflects that killing and responses to it. The overlap of an uprising against and reckoning with white privilege, psychological and societal, with the radical changes of uncertain kind and duration required for survival under the tutelage of the coronavirus has created powerful crosscurrents in which the personal and the public interact. Despite some of our past failures, it is a moment and task for which psychoanalysts and psychoanalytically-oriented psychotherapists are well suited. These vignettes rise to the challenge.



Michael Slevin

APsA

Life During the Coronavirus

Ellen Pinsky

How to find the words? How, amid the pandemic of 2020, to give meaning to the sci-fi movie we're all stuck in? One of the comforts and pleasures for me during the quarantine is reading. My selections range from crime novels by Anne Cleaves (whose grumpy, inelegant protagonist, the detective Vera Stanhope, amuses while inspiring hope) to the prose of our founder Sigmund Freud.

I like to play a game that goes like this: I can select for comfort during the weeks of isolation three brief passages by Freud. Only three. What will I choose? The three that stick in my head today capture something about loss.

First, in the essay "On Transience" (1916), Freud recounts a summer walk in the mountains with friends, one of them

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

a poet. The poet, Freud tells us, takes no joy in the landscape, he's despondent at the fleeting nature of beauty. Freud retorts: "I did dispute the poet's pessimistic view that the transience of what is beautiful involves any loss in its worth. On the contrary," he exclaims, "an increase! Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment." Scarcity—a form of finitude; when supply is limited, worth increases.

Second, in his essay "The Exceptions" (1916), Freud's example is Gloucester, in the opening soliloquy to Shakespeare's *Richard III*. He wonders, how does Shakespeare "compel our sympathy even with a villain like [Richard]"? Freud feels his



Ellen Pinsky

way into the grandiosity behind human cruelty, writing in the aggrieved Gloucester's voice: "I have a right to be an exception, to disregard the scruples by which others let themselves be held back. I may do wrong myself since wrong has been done to me." We could make some sense of Gloucester's perceived "right," if only we could see deeply enough into his deprivation and suffering, and find in the villain "an enormous magnification of something we find in ourselves." In fact, "[O]n a small scale," writes Freud, "indeed, we are already like him . . . [W]e all demand reparation for early wounds to our narcissism, our self-love." Because the king's truths are ugly, as an exception he feels entitled to lie. Is a public figure's despicable behavior aware, or unaware? The answer, in Freud's analysis of Richard III, is both. Here Freud helps me make sense of an elected leader's delusional "right" to bully, ridicule, and destroy.

And third, in *Beyond the Pleasure Principle* (1920), Freud describes an 18-month old child's "great cultural achievement."

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Life During Coronavirus


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Freud watches his grandson, playing with a wooden spool and string: “fort-da.” A “good little boy,” the toddler lets his mother go without fuss, repeatedly tossing his toy over the side of his crib, “fort” (gone), then pulling it back, “da” (there). The boy uses his imagination to make something out of his pain. In

playing “gone,” he gives shape and meaning to the loss: a process of mourning by which he grows. In emphasizing the untiring repetition of disappearance punctuated by the toddler’s spoken “o-o-o-o” [fort], Freud captures the centrality of language to the individual’s developmental process, and in culture itself. The baby finds the words.

Three responses to the inevitability of loss. In the first, loss creates value. In the

second, the narcissist, convinced that his losses uniquely set him apart, contrives to create in himself the right to exploit, humiliate, and wound. And in the third, art, or cultural making: The child uses his imagination to make something out of loss, easing his pain.

These sentences by Freud, in their humanity and grace, give me comfort in this dark time. They also refresh my love of psychoanalysis. 

On Finding Speech

Hasani Baharanyi




Hasani Baharanyi

On March 29, 2020, my grandmother died at the age of 93 after a long illness. Originally, I intended to write about my unexpectedly muted grief during her funeral. At the service, we were required to stand six feet apart and cover our noses and mouths with masks. The spatial and physical barriers attenuated my sadness. However, an article about muted grief feels hollow now. After reading about Covid-19’s disproportionate impact on African-Americans and the ongoing deaths of unarmed African-Americans at the hands of police, I am overcome with sadness, worry, and anger. These feelings are visceral, lodged in my chest, stomach, and throat. At times, over the past few months, I’ve felt an urgent need to do something. Other times, my feelings are assuaged by fantasies of a better world. Underneath lies a terrifying thought: Our suffering does not matter

and our bodies are viewed with suspicion. It is disorienting to fear racism’s impact so many years after the victories of the civil rights movement. In the aftermath of these disheartening reports, I thought about my grandmother. What would she have said if she had lived two months longer? How did she cope with the feelings that consume me now?

At her funeral, several attendees commented on my grandmother’s smile and gentle nature. This pleasant demeanor belied internal distress: She had been taking anti-anxiety medications for decades. This revelation shouldn’t have surprised me. She had many reasons to be nervous. She was raised in the rural South at a time when racial prejudices were embedded in the law and enforced with violent zeal. Consequently, she endured daily assaults on her humanity ranging from assumed inferiority to the threat of physical harm. As a mother to African-American children in the mid-20th century, surely, she constantly feared for their safety. My grandmother’s composure ensured her and her family’s survival; she warded off racist projections with it. She felt the impact of racial inequities but did not talk about it. Yet anxiety that is suppressed in one generation finds expression in another one. I am now holding on to the powerful feelings that she felt but could not express.

Context matters, and my grandmother’s experience differs from my own. Many members of her generation risked their lives to fight racial injustice. As a result, I did not live under Jim Crow laws or attend segregated schools. In fact, diversity and inclusion were touted as virtues. Still, these messages were countered by people who made me feel undeserving or out of place. High school classmates dismissed my acceptance to an Ivy League school as an example of affirmative action. In college and medical school, I was questioned when I walked into buildings or stood waiting for the school shuttle. Witnessing racism stung just as much. I cringe when I think about how my white colleagues in residency doubted the symptoms of an ill Black colleague who needed time off. Faced with these insults, I did not react and focused on moving forward. Recent events have shown that in silence there is no progress.

My grandmother had to wear a figurative mask to survive. Fortunately, my feelings do not need to be muted and their expression has been my lifeline over the past two months. Candid conversations with colleagues provide validation and respite. Reading helps me contextualize my reaction, and activism helps me turn strong feelings into meaningful actions. Unlike her, I do not have to contend with transgenerational trauma in silence. Because of her sacrifices then, I can and must speak out now. 

Hasani Baharanyi, M.D., is a psychiatrist and psychoanalytic candidate at the Emory University Psychoanalytic Institute.

“This Country Is Going to Kill Me”

Forrest Hamer

When it became clear that the novel coronavirus was disproportionately affecting Black, Latino, and Native populations in the U.S., I began noticing what sounded like myself speaking something uncanny, and I couldn't tell at first if this was a conclusion, a concession, or an alert. But the idea that the country of my birth was going to be complicit in my death once again haunted me. I had felt vaguely haunted when I faced the fear I might not survive the virus if I became infected—I am older, have health vulnerabilities, am Black, am male; I assumed thus the haunting voice was mine. But as I learned more about the virus, and appreciated my privileged ability to protect myself from it—working remotely, having easy access to good health care,

Forrest Hamer, Ph.D., is a graduate and faculty member at the San Francisco Center for Psychoanalysis in private practice in Oakland, California. He is the author of three collections of poems.

living in an area where medical resources were less likely to be overwhelmed—I realized I might well be attending to someone else's voice. In fact, on reflection, most of the Black male patients in my practice had recently been speaking about their heightened sense of vulnerability, and several of them had someone in their families or among their friends who had died or become very sick.

But then Arnaud Arbery was hunted down and killed in Georgia, and Amy Cooper threatened to weaponize her white womanhood against Christian Cooper in New York City, and George Floyd was killed when a Minneapolis police officer locked his knee against Floyd's neck. I realized then the voice I had been hearing was many, many



Forrest Hamer

voices, among them many who had come before me and from whom I had come. And, what was making the voice immediately haunting was that it was gasping—from infection, from violence—for air.

Terrance Hayes has written over 300 sonnets to his “past and future assassin” (*American Sonnets for My Past and Future Assassin*, Penguin, 2018, includes 70 of them), and in these he explores and discovers the complexity of his relationship to an annihilative Other and to an otherness within that helps me consider what my relationship with a disembodied, many-bodied voice might be. In his sonnets, a history of violence and cumulative trauma becomes figured as a psychic presence with whom the subject is always engaged; and, the American sonnet becomes a site of potential surrender or enlivening resistance to said assassin. So too might we think of my haunting utterance within psychic space—it may prove to be a prediction, but within the realm of the collective and an individual unconscious, it may just as easily engage resistance and resilience. It might help many become better able, ironically, to breathe. APSA

Letter from Hong Kong

Maranda Sze

As a Hongkonger, I have traveled daily across the border to Shenzhen, a city in mainland China; there, I see private patients in analysis and psychotherapy. Shenzhen and Hong Kong form the Greater Bay Area, an integrated regional economic zone under what has been two quite different political and legal systems. Since late January, following the outbreak of Covid-19, separate

Maranda Yee Tak Sze, PhD, a psychoanalytic candidate with the Chicago Psychoanalytic Institute, has a private practice in Shenzhen, China.

quarantine policies in the two cities have kept me from seeing my patients in my office. Since I had moved back to Hong Kong from another city some years ago, I was already seeing some patients online. With them, continuity across borders was easy. A majority of my in-person patients from the Mainland also made the move to online



Maranda Sze

sessions. I am afraid, however, that during the interruption those who did not may be feeling abandoned.

My distance analytic training across the ocean with the Chicago Psychoanalytic Institute was not threatened by our quarantine as I already participated online. And, when Covid-19 arrived in the United States, the Institute quickly moved all their students to online learning. We and our patients had to adjust in this unsettled time.

For children, though, who had been seen only in person, online work seemed to inspire creativity. Technology becomes a toy and games and animation are shared on screen! When they stop to share their treasures at home, something

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Addressing Diversities

Continued from page 14

from the Psychoanalytic Curricula on Diversities Survey recently administered by the Diversities Section of APsaA's Department of Psychoanalytic Education. For the survey, which is ongoing, we contacted all APsaA-affiliated institutes and training centers and as many non-APsaA-affiliated institutes and psychoanalytic training centers we could find.

We offer this report in the hope it will be useful to institutes as they embark on their own journeys to address issues of discrimination that psychoanalysts have not been immune to perpetuating. We have assembled our findings, so far, in a table which describes institutes at four levels of development as they incorporate diversities issues.

Using directory listings from APsaA, IPA, and Division 39 affiliate training centers and adding as many non-affiliated institutions as we could identify, we circulated a 21-question survey to the training directors of 105 psychoanalytic institutes, training centers and societies throughout the United States and Canada. Questions focused on an institute's diversities-related curricular offerings,

programming, and professional development activities, and scholarships; we also asked what they might need from national organizations like APsaA to further develop their curricula and training to reflect the diversities. We inquired about challenges institutes face as they pursue diversities-oriented initiatives, and their perception of institutional consensus on the "right" amount of diversities-focused educational content.

Our data analysis identifies training centers' patterns in incorporating the diversities into their approaches. Three categories of data emerged: attitudes, practices, and challenges. Attitudes refers to dominant beliefs, and normative values that guide an institute's commitment to engaging with the diversities. Practices refers to actions taken by an institute, including changes to curriculum and programming, approaches to recruitment and retention, ways of sustaining leadership and contributions of non-dominant/minority faculty and



Anton Hart



Jordan Dunn



Lauren Jones

trainees. Challenges refers to common organizational obstacles to developing diversities-centered attitudes and practices.

While data collection and analysis are ongoing, we have organized our findings so far into four clusters: 1) Not yet attending to problematic aspects of the status quo; 2) Becoming aware and getting started; 3) Applying awareness and work in progress; 4) Cutting edge-progressive, imaginative thinking, perpetual refinement.

In our table, below, we present these clusters as discrete statuses. It is important to note that we do not consider this model to be linear, or these statuses to be mutually exclusive, as it is typical that any given institute manifests a hybrid of these developmental levels.

Table: Engagement with the Diversities–Institute Profiles

	Attitudes:	Practices:	Challenges:
Not Yet Attending to Problematic Aspects of the Status Quo	<ul style="list-style-type: none"> • Monocultural norms, policies, and procedures viewed as "standard procedure" • Often denies the existence of diversity issues within the organization • Tolerant of a limited number of "token" people of color and members of other social identity groups only if they possess the "proper" perspective and credentials • Belief that the empathy and attunement one learns through psychoanalytic training makes the superficial study of sociocultural identities unnecessary 	<ul style="list-style-type: none"> • Maintenance of organizational hierarchies and concentrations of power such that opportunities for diversification of power are limited • Maintenance of white supremacy through its formal policies and practices, teachings, and decision making • No courses offered in the diversities 	<ul style="list-style-type: none"> • Lack of critical self-reflection among senior decision-makers in organization • Anxiety-based inertia in the organization and the individuals that compose it • Implicit organizational values have not been made visible -- that which is believed to be "neutral" in fact privileges dominant identities • Rigid adherence to tradition, due to a scarcity of resources and concerns about the endangerment of psychoanalytic education

ADDRESSING THE DIVERSITIES

	Attitudes:	Practices:	Challenges:
Becoming Aware and Getting Started	<ul style="list-style-type: none"> • Awareness of monocultural norms, policies, and procedures with intent to move toward organizational equity, inclusion, and multiculturalism • Organizational uncertainty and plurality about the extent to which attention to the diversities should be a part of psychoanalytic training • Seeking practical guidance on how to incorporate the diversities into existing curriculum • Emphasis on psychoanalysis' strengths in addressing and conceptualizing the diversities, but lack of critical attention to psychoanalysis' (at times) overtly racist, exclusionary, and Eurocentric history 	<ul style="list-style-type: none"> • Diversities-focused courses are offered, but not required; elective options may be available • Working to create convening opportunities for voicing the absence of the diversities in the training that is offered • Individuals or small groups seek to identify institutional resistances to incorporating the diversities into organizational mission and curriculum • Token placements in staff positions are often forced to assimilate into organizational culture 	<ul style="list-style-type: none"> • Difficulty creating diversities courses from scratch, and needing support and existing examples of such courses in order to offer them • Increasingly diverse candidate populations do not see themselves or their patients reflected in course content, which negatively impacts retention • Generational divide of awareness and sensibilities between candidates and faculty/training analysts
Applying Awareness and Work in Progress	<ul style="list-style-type: none"> • Critical awareness of monocultural norms, policies, and procedures with a commitment to move toward organizational equity, inclusion, and multiculturalism • Ambivalence about whether sufficient curricular time is dedicated to the diversities • Consensus that curricular and other implementations of attention to the diversities are necessary, but doubts about institutional wherewithal and expertise • Interest in cross-institutional collaboration to further develop diversities training and education • Celebration of contemporary psychoanalytic thinking, but insufficient attention to psychoanalysis' role in perpetuating systems of oppression 	<ul style="list-style-type: none"> • One required course, perhaps two, dedicated to diversity issues often assigned in year three or later • Some efforts are made to infuse all courses with attention to the diversities, but they are not integrated into the main course material throughout the semester • Ongoing faculty and candidate groups focused on diversities initiatives • Workshops and seminars from invited speakers with expertise on the diversities • Scholarship and fellowship opportunities are limited by insufficiently sustainable endowment 	<ul style="list-style-type: none"> • Ambivalence about whether to dedicate scarce resources toward diversities-focused initiatives • Concerns about burnout associated with the prospect of relying too heavily on a few designated institute members
Cutting Edge—Progressive, Imaginative Thinking, Perpetual Refinement	<ul style="list-style-type: none"> • Ongoing, organization-wide commitment to fostering an environment of equity, inclusion, and multiculturalism • Movement toward consensus that diversity issues need to be integrated into all courses, in addition to offering stand-alone courses, though organizational ambivalence is likely to persist • Openness to ongoing evolution of traditional psychoanalytic theories and educational practices, in light of an ever-changing social context • Recognition of a need to create recurrent context for dialogue regarding the diversities, including room for dissent: <ul style="list-style-type: none"> • Candidates are encouraged to note omissions (e.g., during class) of particular diversities — and there is a stance of welcoming, processing, and discussing these questions • Faculty facilitates exploration of counter-narratives • Willingness to de-center established canon/foundational materials • Attentiveness to an institute's local context, such that analysts ask themselves what they need to understand to be able to serve their communities 	<ul style="list-style-type: none"> • Diversities-focused course in the first year • Three or more courses focused on the diversities, several of which are required • Curriculum-wide attention to discussion of minority identities and to making dominant identities visible (e.g., white, middle-class, male, cis-heteronormative, non-immigrant, able-bodied), as well as their impact on clinical thought • Participation in national initiatives/committees/forums on the diversities • Cross-institutional collaboration to develop and share diversities training resources • Regular meetings with all faculty focused on furthering diversities training and enriching curriculum • Meetings focused on diversity issues involving the organization as a whole • Financial resources are committed to diversity initiatives at all levels of the organization • Development of diversities courses beyond those on race, ethnicity, gender, and sexuality • Sufficient diversities-focused scholarship and fellowship opportunities 	<ul style="list-style-type: none"> • Complacency; arriving at a feeling that the work is mostly complete and the organization can focus on other things • Organizational pressure to cling to its status as "cutting edge," and a commensurate hesitancy to consider newly emergent limitations and challenges • Sustainability of projects, preventing burnout, being realistic about capacity

We note that no institute is able to address diversity issues without organizational conflict. Psychoanalytic organizations that begin to take part in dialogues about the diversities become aware that losses are inherently intertwined with gains with each new organizational awakening. If we are to examine all forms of elitism that exist within psychoanalysis, particularly those with roots in patriarchy and white supremacy, we will be able to move toward creating a more just psychoanalytic training process, one that serves and illuminates the struggles and triumphs of people of all races, genders, sexual orientations, physical ability statuses, nationalities, religions, socioeconomic statuses, and social classes.

To check if your institute has completed the survey, please contact Anton Hart, at DPediversities@apsa.org. Please do not hesitate to be in touch regarding any other questions.



Startled into Now

June 21-23, 2020



Francisco González

When I attended my first APsaA meeting 25 years ago, I swore it would be my last. The erudite speakers, almost all white men, pinned their gaze to a dusty past. Not that I found no value in what they had to say; I just could not find any form of a future that might pertain to me in their discourse. More than rejected or excluded, I felt nothing — little more than bored irritation.

By contrast, this most recent meeting was charged with a restive energy. More inquiry than disquisition: each session, a session of grappling. And turning the wheel of potential change: a palpable sense of catastrophe, the disruptions of dreaming, the potency of Black rage, the avowal of a legacy in institutionalized psychoanalysis that has been constricting and defensive.

Could this meeting constitute a turning point for American psychoanalysis? In the collective convulsion of now — beset by a plague, sheltering in place, and turned inward, even as uprisings explode and catch fire in the streets — will we recognize the power of what lies latent, latent still, in psychoanalysis? will we recover its disavowed histories? Isn't this our practice for the making of more generative, more inclusive futures?

Francisco J. González, M.D., personal/supervising analyst and community psychoanalysis supervising analyst at the Northern California Psychoanalytic Institute.



Mary Margaret McClure

When I Zoomed into the virtual APsaA Conference I was curious, not hopeful. Earbuds in, behind a screen, I

was alone again in my own world. There was fog across the canyon, and the redwoods looked beautiful but vulnerable with drought and fires threatening soon. Violence and loss had occupied me since the death of George Floyd, confronted painfully with our terrible history and precarious present. Would our Association be up to addressing any of this? Could we address ourselves?

Then, a generative connection followed, taking shape immediately. Paola Contreras, spoke of magical realism in Gabriel Garcia Marquez's *One Hundred Years of Solitude* and in psychoanalysis. She asked, "Are we losing our footing "Are we awake or asleep?...Maybe psychoanalysis must die, or almost die, for there to be healing." Throughout there was a vibrant resonance between speakers: Al Margulies, Francisco Gonzalez, Kathryn McCormick, Beverly Stoute, and more. I found myself listening carefully, and it became an exchange.

Closing the Sunday panel, Jane Kite expressed gratitude to be an analyst "in tandem with all of you." I felt it, too. I had come to a sense of ally-ship and hopeful collective ready to do the work ahead.

Mary Margaret McClure, DMH, faculty of San Francisco Center for Psychoanalysis and Psychoanalytic Institute of Northern California.



Kathryn McCormick

Ancestral voices speak with clarity, compassion and commitment, urging us to be aware beyond our blinders of disavowal and forgo the safe retreat behind our contemplative gaze. What do we do with the searing awareness that young children exemplify, and those who can't afford blinders with

no choice but to experience, endure and survive...?

What comes with our privilege, yours and mine?

White privilege... can you see it, touch it, know it in your bones what it means to have or not to have it?

We have a choice to continue on with mind-numbing distractions and disavowals of "not me," and being analysts married to distancing and othering jargon, akin to "we analyze, we don't act." What happens when we divorce ourselves from our humanity?

Beverly Stoute's profound presentation was an exquisite enlivened tapestry that anchored me in her linking of moral injury to slavery, systemic racism, Black rage, love, and the exhaustion in being a moral compass. It left me thinking, what happens when White people and those of White passing privilege get a "pass" from having to identify with the oppressor? It left me questioning why don't we have an APsaA president of color, and if not now, when?

Kathryn McCormick, MA, LMFT, CMHS, EMMHS, MPH candidate, child analyst/advanced candidate in adult training at Seattle Psychoanalytic Society and Institute; and tribal community clinician.



Warren Poland

After many years of attending, I approached a scientific meeting for the first time this spring with apprehension. I find remote meetings formalistic and dull, lacking spontaneity. Also, at a moment when the world is afire, I feared psychoanalytic concerns for unconscious processes would be edged out of the room.

I left the meeting deeply moved, amazed by the power of a session that, astonishingly, felt more immediate and engaging than any I recalled. Just as

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Bonnie J. Buchele



Bonnie J. Buchele

I am excited to be given this opportunity to run for a second term as Secretary of the American Psychoanalytic Association. APsA is undergoing a period of significant change

because psychoanalysis demands it and because we are living in times that demand it. I would like to have the chance to continue contributing to our growth as we fight our racism, individual and systemic, cope with the pandemics of COVID-19 and anxiety, provide guidance, as needed, for our local institutes and support clinical work and research during these trying times.

In my tenure thus far I have initiated changes in the substance of the Executive Committee and Council minutes to include as much useful information as possible, i.e., to increase transparency, while adhering to Robert's Rules of Order. I was a member of the Strategic Planning Task Force and am proud of the Strategic Initiatives that we produced. These eight goal areas, created with innovation based on APsA's hopes about the future, span all aspects of the organization; thus, the likelihood that they will be implemented throughout, rather than unutilized after having been endorsed in spirit, increases.

The COVID-19 Pandemic and accompanying anxiety have presented us with unanticipated organizational challenges. I have tried to contribute constructively on the Executive Committee as we have responded and as a Peer Group Organizer. We are also actively engaged in fighting racism and examining our whiteness in APsA and society. I have been especially proud to participate in

those efforts, again in Executive Committee planning, serving as a co-host for the Town Hall meetings and in the Peer Consultation Group effort. In a sadly appropriate way, the new APsA was birthed and just old enough when the pandemic hit to be prepared to help our members and the entire psychoanalytic community in unprecedented ways. I also strongly support our emphasis on improving our relationship with the International Psychoanalytic Association, the necessity of collaboration so underscored by this worldwide pandemic. Finally, I support our efforts to meaningfully welcome into APsA our psychotherapy colleagues who have comprised such a valuable part of our community without their being adequately acknowledged. We will get through these challenges as clinicians and an organization largely because we have pulled together as a community to help one another. I want to continue those efforts.

I said in my first statement that I was a relative newcomer to the scene despite my maturity in years. My age continues to mature (!) as does my knowledge about APsA; I can no longer consider myself a newcomer. Serving as a member of the Institute Requirements and Review Committee (welcoming our first new institute) and as a member of the Membership Requirements and Review Committee have provided me with opportunities to help forge new entryways into APsA for an increasingly wide variety of individuals and organizations, while I also learn about the needs of our institutes so that I am better able to respond to them as well. I also enjoyed learning about the workings of APsA as a member of the Executive Director Search Committee.

I feel that my leadership experience prior to becoming APsA Secretary is serving me well. I served one term as

Director of the Greater Kansas City Psychoanalytic Institute from 2005 until 2010. I was President of the American Group Psychotherapy Association from 2000-2002 (responding to the crises of 9/11), before that I was the Director of the Group Psychotherapy Service at the Menninger Clinic. My interest and experience in the world of group dynamics has been especially helpful in all these positions, including that of currently being APsA's Secretary. Like many of you, I also teach, write, and present. My publications are about various topics such as addressing being a woman and an analyst, psychoanalytic group treatment of trauma, treatment needs of persons traumatized by or during the immigration process, today's bridge between psychoanalysis and the group world as well as leadership.

The times are more challenging and chaotic than when I asked for your vote before, but I am proud of what APsA is doing in these times. We are creating a significant place for us in this world that needs us. My group knowledge and experience ground me as this unprecedented environment makes its demands. I want to continue building on the new and timely initiatives as APsA's Secretary. Please vote for me again. Thank you.

APsA

Bonnie J. Buchele

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

Sally Rosenberg



Sally Rosenberg

We have entered an era of change, calamity, and turbulence. Through APsaA's remarkable leadership, we have attempted to respond to two major crises with fortitude. The

COVID-19 pandemic has challenged psychoanalysis all over the world to respond to a situation that we have never had to cope with before, our isolation from our patients. APsaA has created Peer Consultation Groups, Townhalls and online meetings that have led to creating a supportive network for psychoanalysts and psychodynamic psychotherapists through these times of uncertainty.

Then the culmination of years of persistent racism in America happened. A man had the life drained from him by the brutality of a police officer as the whole world watched. When America could not turn away, a revolution was born anew, and APsaA has tried to rally. The rules of systemic racism are codified. Our only hope of improving our world and our institutes and societies depends on identifying and studying racism and no longer being complacent. We must grow together and change the way that all of us treat each other, as "others."

I have been attending APsaA meetings since I was a Resident in Psychiatry. APsaA's environment of collegial exchange, clinical mentorship, exposure to theories that are not easily available locally, all have added to the experience of my personal analysis and training at the Michigan Psychoanalytic Institute. This live think tank has fostered my development as a psychoanalyst. I have been the Michigan Society's representative to the Executive Council from 1997 - 2001 and 2009 - 2015 and a

Councilor-at-Large from 2016 to the present. I am deeply dedicated to helping APsaA thrive and to contributing to its growth and sustenance.

APsaA has been going through many growing pains. From the externalization of accreditation and certification to the enhancement of the Executive Council as an effective Board of Directors and the Department of Psychoanalytic Education as a body of study and scholarship, APsaA has matured enormously in a short time. This has evolved because the organization now facilitates the members' embrace and discussion of a diversity of theories and clinical approaches.

The Executive Council tracks membership statistics and has informed the Board of Directors that APsaA is shrinking as our aging population of Senior Members grows and the pace of growth of our new Active Members is not keeping up. One of APsaA's most important current tasks right now is to strengthen all membership categories and to encourage all interested and compatibly qualified independent institutes and societies to apply for APsaA membership. I serve on the IRRC working with applying societies to help determine whether their educational programs meet APsaA's qualifications and to assist in the application process. I believe that diverse societies and institutes will help to produce a strong APsaA. In addition, I have supported the development of a full Psychotherapy Membership category, along with research, academic and student and resident/trainee categories that will replace the Associate groups that have existed for many years. I am a member of the Psychotherapy Membership Task Force that is currently working on a membership proposal to bring to the Board of Directors.

The Department of Psychoanalytic Education is creating many exciting initiatives generating outreach to our

Societies and supporting vital research for psychoanalysis. Our Diversity and inter-cultural initiatives are important for developing a safe space for our patients and our members. I support the cutting-edge work of the Committee on Gender and Sexuality. Our hope is that the vital role that psychoanalysis has played in the history of psychology in the world will be confirmed by research supported by APsaA's Science Department. Our Academic outreach and connection between analytic institutes and University Departments will lead to more ongoing collaborative research and education about psychoanalysis, neuroscience, and psychoanalytic theory. Now more than ever we need psychoanalysis to help communities and individuals that have been traumatized by racism and prejudice and uncover the unconscious forces in our institutions, society, and in ourselves in order to mobilize change.

As Director-at-Large who serves on various committees of the Board and on APsaA's committees and Task Forces, I have learned a lot. I would like the opportunity to continue to serve our organization as the Secretary of APsaA and as a member of the Executive Committee. This will allow me to work more closely with the initiatives of the Board of Directors and to help it to achieve the goals of APsaA's Strategic Planning efforts. That will further strengthen our newly organized Association. Please join me in working for APsaA's growth and stabilization by voting for me for Secretary.

APsaA

Sally Rosenberg

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

Timothy Raynor




Timothy Raynor

The content produced by the APsA Board of Directors is intimately tied to its processes, structures and vision. I had the privilege to serve on a Strategic Planning Task force that produced eight strategic goal areas that would be the primary foci of our energy, attention and funding, so that we might be a vital, growing organization into the future. These goals were approved by the Board in February 2020. While all eight of those areas are essential, I would like to highlight the need for more diversity and youth in our membership and leadership, which we will need to actively cultivate, rather than waiting for it to happen.

Over the past several years, we have undergone dramatic changes, shifting from a bicameral seat of power to the Board of Directors having full responsibility for all of the actions of our association. The Six-Point Plan has been mostly implemented, and I have had the honor of serving as the first Lead Director (Lead Councilor) to emerge from that initiative. The myriad changes so far have brought to light further changes that need to be made to keep the spirit of progress going, and so that we may settle into and consolidate our new structure.

I would like to put to use the leadership experience I have gained over the past few years by leading or serving on more of the committees, task forces and working groups, where most of the work is done, that will be instrumental in our continuing to evolve. We have a number of major issues to be dealt with soon, such as distance analysis, membership for psychotherapists, the TA/

SA system/function, and relations with the IPA. Each one of these issues involves factions with strong feelings that the “other side” is trying to destroy psychoanalysis, when in fact, all involved are deeply invested in the future of psychoanalytic thought and work. We need to become nimbler by moving many of our practices from our bylaws into policies and procedures, which would further give the Board of Directors the latitude it needs to attend to the priorities of our members. On numerous occasions, I have been part of testy group discussions that seemed hopelessly deadlocked, only to have some softening, and the emergence of something like consensus we could all live with. I find these processes to be deeply rewarding, and I hope to continue being a part of them as Director-at-Large. 

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

Beverly J. Stoute



Beverly J. Stoute

I am honored to be nominated for Director-at-Large, hoping to join our dedicated colleagues in governance working, guiding us into a challenging future. Known for listserv posts, TAP articles, interspersed with details about who I am, I could enumerate achievements: TA/SA, Child SA, society president, service on several faculties, committees as member, chair, local and national levels, consultant, University Forum Chair, Plenary panel, unparalleled credentials, writer, educator, recruiter, humble clinician. Enumerating triggers ambivalence because sometimes, we depend on things we have, status and credentials we have achieved, to fashion our ego ideal of who we are. For me, who I am and what I believe


about psychoanalysis exceeds credential or status.

I am a TA, yet I support questioning and revising the system. I value standards, yet I call attention to past exclusionary and hierarchical misuse. I welcome vigorous debate, healthy questioning. I find value in all points of view. I am an African American in a field I love but historically that love is unrequited. I believe in diversity, quantitative and qualitative. Who I am as a psychoanalyst rests on deeply held convictions.

We must rebrand ourselves. We must create a new psychoanalytic ego ideal. So I ask, who are we, what do we want to be? We must show the world: what we do is art, is science, is a relational transference basis for profound human transformation, not just theory; psychoanalysis saves lives.

While fighting racism, the intractable problem of the modern world, be mindful that, antiracism as policy is easier to pen than to live. Rather than slogan, antiracism is a state of conscious revolution heralded by fighting what is not so good

within us, every minute, every hour, every day with all of our being. For me, the lifelong voice in my head questions, no demands, keeps me up nights wondering, in loving thy neighbor as thyself, can we rehabilitate ourselves from projecting onto, hating thy neighbor as the Other, and utilize psychoanalysis for our collective salvation? How do we come together while facing the threat of falling apart?

Can we face the darkness yet keep the potential for goodness within? We must be unyielding, and with vigor, with dignity, and with human compassion, call each other to the higher task of progress. James Baldwin said, “I do believe that we can become better than we are.” This is what I believe. This is how I approach life. This is how I approach being a psychoanalyst. This is how I will approach governance. I humbly ask for your vote. 

Beverly J. Stoute
reports no ethics findings, malpractice actions, or licensing board actions.

M. Jane Yates



M. Jane Yates

It is my honor to run for Director-at-Large and respectfully ask for your vote in order to continue my service to APsαA. I welcome your ongoing questions, feedback and

opinions; especially from those of you who do not have a local home society.

My decade of service on Council has given me an understanding of the complex issues facing APsαA. I have served as a Council representative to the Executive Committee, the Membership Requirements and Review Committee, and as chair of the Policies and Procedures Committee.

At no time in my memory has the relevance of psychoanalytic values and understandings been more important. I am proud of the quick response that the leadership of APsαA has organized.

I support immediate strategic efforts toward inclusivity and diversity within APsαA and believe racism must take priority at this time. I stand committed to being active in the process of

understanding in what ways implicit racism exists within myself and within the institutions to which I belong. I support implementing the “Five Policy Recommendations” proposed by Dorothy Holms (TAP, 2017), accompanied by actionable steps to assure enduring change.

The identity of APsαA as a membership organization is evolving, or to be more precise, being created. I support a Bylaw change that extends membership to qualified psychoanalytic psychotherapists. While I appreciate that some may be concerned that psychoanalysis as a treatment will be compromised by such a change, I do not share this view. As a devoted psychoanalyst myself, I believe the value of psychoanalysis can be enhanced and its future assured, by the full collaboration of psychotherapists, academicians and researchers.

Although our relationships with other professional organizations have grown stronger and more collaborative, there is still ongoing work to be done. Our relationship with IPA is especially important as it affords us the opportunity to participate in a global community rather than isolate.

I support APsαA speaking out publicly regarding social and ethical issues,

especially racism, violence and other human rights violations. Events in the context of the polarized, politicized culture in which we find ourselves, provide teachable moments and we have much to offer. Relevant public communications that are informed by our psychoanalytic values and understanding have potential for changing the tone of public discourse, promoting social justice, and contributing to the well-being of humankind, while keeping psychoanalytic understandings in full public view.

If elected Director-at-Large, my pledge is to remain open-minded, listen, respectfully and thoughtfully discuss options, and vote my conscience based on what is best for APsαA.

APsαA

M. Jane Yates

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

A Note from the Nominations Advisory Committee

The Nominations Advisory Committee reconvened in an effort to consider a fourth nominee to run for the office of Director-at-Large in the February 2021 Election after receiving notification that one of the candidates nominated withdrew their nomination. Finding none at the time of this printing, the election will proceed with the three remaining candidates for the office of Director-at-Large. As stipulated in the Bylaws, Article IV, Section 2(C): “Any twenty voting members of the Association may nominate one or more eligible candidates for each office by sending a signed petition to the Secretary at least sixty days prior to the fall/winter Meeting of Members at which the elections are to take place.” The deadline for receipt in the National Office of such petition nominations is December 7, 2020. Proxy ballots will be distributed electronically from APsαA’s electronic voting firm during the second week of January 2021.

Mariela G. Shibley



Mariela G. Shibley


My interest in serving on the Board of Directors as the Candidate Director-at-Large stems from my years of involvement in organizations and committees that represent my professional values. However, the current state of human affairs demands much more of us than that.

The COVID-19 pandemic has shocked the nation and forced mental health professionals to adapt quickly and even practice in ways that many may have deemed unconventional. But as the oldest and largest professional organization for psychoanalysts in North America, APsA's swift response was remarkable – a response, in fact, that could not have been possible without the sensitive

guidance and collaboration amongst the Board of Directors and the association's members. As we continue to move forward, we also continue to navigate uncharted territory while maintaining the high educational and professional standards that have always characterized our association.

These challenging times have also forced us to confront long-standing social issues, not just within the United States, but across the world. As an immigrant, I feel compelled to acknowledge and challenge internalized biases.

If elected to the Director-at-Large position, my goal is to be the bridge between the Executive Council and candidate members, encouraging participation from those who bring with them diversity in both perspective and experience—those who represent the future of this association and psychoanalysis as a whole. I would contribute to the growth of the association by offering innovative

ideas and brainstorming solutions to the myriad challenges we are encountering, both institutionally and globally. Most importantly, I am looking forward to adding my unique cultural perspective to the great work that is already being done at APsA so as to foment a more culturally inclusive environment. 

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

Gerard Sobnosky



Gerard Sobnosky


I'm honored to be considered for Candidate Director-at-Large. The events we've been through this year have demanded flexibility and agility from APsA, which has

been responsive and resourceful in meeting those demands. We'll need to continue adapting to our rapidly changing professional and social environments as we move forward. We've now added a global pandemic and a grassroots demand to face systemic racism to our already full docket of issues. We'll need to continue drawing on the experience, knowledge, and

creativity of our members, including our candidate members.

As Treasurer of the APsA Candidates' Council, I've become more aware of issues affecting candidates and more aware of our candidates' views on issues. This will be helpful in allowing me to represent the views of our candidates as Candidate Director at-Large. I'm also Vice President Elect for North America for IPSO (IPA's candidate organization), which is furthering my global perspective on analysis, training, and collaboration. In addition, I'm on the Education Committee at my local institute, where we work to optimize training as we navigate the many issues involved. I also have experience in leadership from 20 years as an active duty Air Force officer, having retired as a lieutenant colonel in 2012.

Our candidates have important perspectives on the issues we face, along with creative ideas on how to address them. The challenge is to generate deepening dialogue on those issues so we can bring those perspectives and ideas forward and benefit from them. If elected, this will be a focus of mine, and I'd like to work closely with the Candidates Council to do so.

We're facing many challenges but we've shown we can face them and adapt as we move forward. To do so, we need effective communication and collaboration across APsA, which is where I'd like to help if elected. 

Gerard Sobnosky
reports no ethics findings, malpractice actions, or licensing board actions.

Tune in to APsaA's Virtual 2021 National Meeting

Friday, February 12 - Sunday, February 14

Saturday, February 20 - Sunday, February 21

Saturday, February 27 - Sunday, February 28

Donald B. Moss

Our virtual meeting in June was a wonderful surprise to many of us. We found a way to be together and to hear and see an extraordinary group of presenters whose shared engagement in the contemporary moment made vital an exercise that might have otherwise proved only novel.

Our February meeting will also be virtual. The meeting will not only replicate the three-day structure of the June meeting, but will also add the two following weekends, which will be devoted to Discussion Groups and other regular programming: **seven meeting days spread over three weekends.**

Friday, February 12 - Sunday, February 14

Plenary Sessions

We will have three stand-alone Plenary Sessions on the Friday-Saturday-Sunday of the first weekend. In addition, on that first Sunday Lee Jaffe will give his Presidential Plenary: *Freud Redux: Six Psychotherapeutic Actions*, with an introduction from William C. Glover.

The three plenary sessions will be thematically grouped — “On the Street/In the Office: Psychoanalysis Now.” Friday’s opening Plenary Session will take place under the auspices of the University Forum. Entitled “Racism in America IV: Are We Ready to Interrogate Whiteness?” the session will feature Carol Anderson (*White Rage*) and Jonathan Michel Metzler (*Dying of Whiteness*) chaired by Beverly J. Stoute. The second Plenary Session, “Power/Powerlessness” will feature Avgi Saketopoulou, Lara Sheehi, and Mitchell David Wilson. The third, “Neutrality as a White Lie,” will have Dorothy E. Holmes, Stephen H. Portuges,

Donald B. Moss, M.D., is the chair of the Program Committee.

and Glen Gabbard as participants and Anton H. Hart as chair.

Special Sessions

The second section of Friday’s and Saturday’s programs will consist of eight Special Sessions each day. Included will be two “One-Day Clinical Workshops,” one with Michael M. Feldman, the other with Lesley Caldwell. Nancy Kulish will present a modified version of her scheduled Plenary Address, with two discussants. In the Psychoanalysis and Neuroscience Symposium, Mark Solms will present his “Revision of the Theory of the Oedipus Complex.” Anton H. Hart and I will work together in a session entitled “On Being Downed by Race.” Harriet L. Wolfe and colleagues will present their work on “Historical and Institutional Trauma in Psychoanalysis: An International Perspective on Resistance and Reconciliation.” Stephen Seligman will chair a presentation on “Isolation, Insulation and Emotional Engagement: Explorations of Winnicott’s Transitional Space and Transitional Object.” Jeffrey Taxman will present, with colleagues, on the “Stuart Twemlow Symposium on Psychoanalysis in the Community: Community Effects of Coronavirus Pandemic in Four Countries,” and Lynne M. Zeavin, with Lindsay L. Clarkson and Sally Weintrobe, on “Entitled Dominion: A Conversation about the Intersections of Environmental and Racial Justice.”

Daria Colombo will present a modified version of her scheduled Ernst and Gertrude Ticho Memorial Lecture, organized around the theme of “Displacement/Disruption: Reconsidering Psychoanalytic “Placement” During the Pandemic. William C. Glover will deliver his Presidential Symposium. Justin Shubert has organized a session on “Understanding Gender: How psychoanalysis is grappling with societies’ new gender norms,”

while Susan Donner’s session, with colleagues, will focus on “Children as Collateral Damage in Political Wars.” Amber Nemeth will chair a Candidates Session: “Not that I’m a racist, but...”: Working in the realm of racial and ethnic dynamics with clinical material from Himanshu Agrawal discussed by Beverly J. Stoute, Michael Moskowitz, and Aisha Abbasi. Jennifer Stuart’s Special Session will focus on novel pedagogic programs and interventions at our institutes. Mary Margaret McClure will chair a session on “Psychoanalytic Activism.”

The program on the subsequent weekends are as packed with stellar sessions, with some familiar names, and some emerging ones. The complete three-day program will be listed on APsaA’s meeting website: apsameeting.org.

We hope we are on track. No one could possibly have wished for the kind of disruption we and our patients have experienced. Regardless, the disruptions are upon us. And given that, none of us can any longer reasonably lean on traditional frames, traditional formats, traditional ways of working, traditional notions of what constitutes the psychoanalytic field. We do not yet know how, in the future, we will look back on the effects of this massive disruption to our habits of being. Will we see loss or opportunity? Will we yearn for restoration or will we be excited by possibilities? For now, this moment is too unstable, too fluid to be historicized. We can only ride it out, see where it takes us.

Regardless of where we end up, though, what is clear for now is that this moment, this massive disruption, has generated an equally massive outburst of creative thought and action, both from within the psychoanalytic field and upon it.

We are not only deprived of our traditional forms; we are also freed of them. We have the chance to re-think our project, to reconceptualize, to choose what we must keep, what we must leave behind, and what we must newly construct.

We hope this — the 2021 National Meeting and all that follow — will function as experiments in how we can optimally construct our ever-expanding community, how we can best work, how we can think, what we can do, what we can hope for, and what we can become.

APSA

Committee on Psychoanalytic Study Groups (COPS)

Gail Glenn

Adjusting to the impact of Covid-19 on psychoanalysis and psychoanalysts is front and center in the minds of all psychoanalysts and psychotherapists.

COPS, formerly COPE, which creates study groups to enhance and enrich the multiple missions of psychoanalysis is working diligently on this challenge, as illustrated in the following reflective article.

Recently we approved a new study group, Ethical Dilemmas, chaired by Anita Schmukler. "This group examines material from the perspective of unconscious pressures that leave one vulnerable to ethical lapses. This is distinguished from boundary violations and other egregious actions that could cause harm..."

We also examined options for three additional study groups, explored seeking younger participants, and discussed the overlap with other conference programming. For this issue we include a report from one COPS Study Group that richly exemplifies our work.

Study Group on Psychoanalytic Writing

Mary Landy and Ellen Pinsky, Co-chairs

Introduction

Frances Lang

I was happy to receive an opportunity to share a piece of writing in *TAP* from our Study Group on Psychoanalytic Writing. Only a week earlier I had urged the author, a candidate in the writing seminar I teach at the Boston Psychoanalytic Institute, to submit his piece on the pandemic for publication.

Gail Glenn, MA, Ed, is chair of the Committee on Psychoanalytic Study Groups.



Gail Glenn

While the seminar's chief goal is to help candidates in writing case reports, I try to stir an interest in writing more broadly. For the first class meeting, I ask candidates to read the short story, "Girl" by Jamaica Kincaid. The story lists instructions given by a mother to her daughter. Candidates are asked to use it as a template for their own writing. Themes have varied over the years. This year, writing during the quarantine, the candidate offers instructions on how to be with his patients on Zoom.

Psychotherapy in a Pandemic

Theodore Murray

Look at the lens.

Or maybe it's better to look at their eyes.

Put your phone out of reach.

Ask about their health; their family's health.

Ask how they really are and assume it is worse than what it might otherwise be

But don't assume too much.

Some will prefer life this way.

Some have always lived this way.

It's ok to say how things are for you. Really.

But don't say more than they can tolerate.

How much can they tolerate knowing?

How much do they need to know?

What happens if those two things don't overlap?

Or maybe do keep your phone nearby.

You never know what kind of news might happen.

Something might happen.

But keep your phone off – maybe you can screen the quiet alerts without losing your focus.

Keep your focus.

What is there to focus on?

Nothing is normal.

Everything is frozen

This needs to be talked about.

But we are still ourselves. We still need to be listened to.

You will want to coax the ones who feel too insignificant to speak of themselves.

You will want to shout at the ones who feel too indignant to think of others.

You will not feel like yourself, doing what you have always done.

It's ok, they aren't actually as close as they appear.

Are you too close? How do you look to them?

Maybe keep your self-view closed.

But will you look as attentive as you feel?

You should look attentive.

Will they worry you are multitasking?

Don't multitask. You will want to.

You should not look at your phone.

Has your wife texted you? Are the children doing adorable things? Are they all losing their minds?

It will be all the more difficult to feel what the patient is feeling.

Be present.

Looking into their eyes feels so much more intense than it does in the room.

Maybe pull back just a touch.

The silence will feel harder to name – pregnant? ponderous? peaceful?

Also it will be harder not to fill.

You should ask more questions to not leave them feeling alone or stared at.

You should not jump so quickly to fill the silence. It may only be your anxiety.

Make sure they don't hear your screaming toddler.

Try to ignore your screaming toddler.

Ignore the family downstairs.

Ignore the family upstairs.

Think about those you have and cherish them.

Notice the urge to share with your patients.

Share with your patients.

Only don't share too much.

This new way of talking, can it contain all that the old way could?

Can I contain all that I used to hold?

There is no way to know what might happen.

Candidates on Pause

Sheryl Silverstein

A long, long time ago I was a child, then years later psychologist, mother, and now a candidate who has spent my whole professional life working with children and their parents. Then and now, I have loved fairy tales and bedtime stories. One recent, beautifully done video, a tale I found particularly comforting and strongly urge you to watch on YouTube is called "The Great Realisation." It takes place in the future. A father tells a bedtime story to his young son about the impact of the coronavirus on the world.

Before the virus, the world was lonely, wasteful, and dirty. Our values had taken a turn for the worse. Money, technology, buildings, and politics ruled. But then the virus arrived, and we had to hide. Amidst the fears, the "people dusted off their instincts" and "smiled." Simple pastimes like dancing, singing, and baking together returned, enabling more meaningful interactions. We developed renewed respect for our environment and the earth began to breathe. Once a cure was found and we ventured back outside, we brought with us what we found rather than what we lost. The child asks why it took a virus to bring people together, and his father replies sometimes one has to be sick before they start to feel better. "Hindsight is 2020."

And now our tale:

Once upon a time in the winter of 2020, a new virus invaded the world, taking control, and threatening our lives, safety, and financial security. Our

Sheryl Silverstein, PhD, an advanced candidate in the adult and child tracks at the Western New England Institute for Psychoanalysis in New Haven, maintains a private practice, and is on the clinical faculty at Yale School of Medicine, Psychiatry Department.

normal everyday lives were upended, disrupting our predictable routines, structures, and comforts. Everything closed. We were forced to quarantine, isolate, and work from home. We were literally dangerous to each other, potential attackers and enemies in a Kleinian, paranoid-schizoid world externalized in real time with one exception: It was all real. Loss was everywhere as we were forced to hide from the omnipotent Covid-19. And to worsen matters, we lacked effective leadership to calm the panic and reassure. Left to find our own epidemiological experts and authority, we relied on social media, TV, and newspapers to guide us through potentially traumatizing times in systematic ways. In effect, we were abandoned by our parental figures and forced to fend for ourselves through the chaos and terror.

Shared Reflections

The following is a collective sharing of candidate reflections, including my own, on our psychoanalytic training and lives at this time, as impacted by the pandemic.

Almost at once, across the country, classes, supervision, control cases, and candidates' own analyses went remote, conducted from the safety of homes. In many ways, it was fortunate training and work could continue in these novel ways. But there were losses. There was a shared sense of being torn from the support and camaraderie of candidates' programs as daily or weekly treks to institutes halted. No more chatting with the administrator, searching for snacks in the kitchen, running into other candidates, analysts, friends. No more evenings, sitting around a table discussing ego psychology, object relations, Winnicott, Loewald, Bion, technique, case conferences. No more in-person

learning over a meal together. Some candidate classes felt like family, so there was grief over ending training without graduation ceremonies to celebrate completion.



Sheryl Silverstein

As one candidate remarked, "I can't hug my colleagues at the end."

For others, in distance-training all along, the experience changed less. These candidates, typically using phones not screens, were ahead of the game. With their analytic cases, they had become accustomed to focusing on breathing, pauses, silences, without facial expressions as cues.

There seems to have been mixed results among candidate cohorts in transitioning to online control analyses. Control cases that were disrupted, control cases when analysts found the physical absence of their analyst hard to bear, felt like "devastating losses." Some control cases were delayed until the pandemic was over, thus delaying candidates' training. Some candidates, whose cases transitioned to telehealth, reported feeling frustrated with the lack of embodiment in their sessions. A two-dimensional video representation made it difficult to read nonverbal reactions, body movements, and facial expressions. Poor internet connections, glitches, freezing, and audio problems complicated an already interrupted situation.

One candidate described a patient, primitively organized before the pandemic, who became psychotic when the analysis went remote, as their internal world collapsed in response to a dangerous external world. For candidates doing play therapy with children, it was not only the loss of the in-person analyst but also the medium (play) through which

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they communicated that felt particularly challenging. With cases that continued online, there was loss – of the physical presence of both and the familiar going-on-being within the comfort of analysts' offices and playrooms. When control cases were terminated, the sense of loss was magnified because there wasn't the opportunity to say goodbye in person. As one candidate said, "We both suffered the loss of not seeing each other one last time, having weathered years of work together, and arriving at an end where we can look at each other and say goodbye."

A few candidates expressed guilt that they felt good, lucky while others faced sickness and death, including health care workers on the front lines. Those living in New York City grew accustomed to the wail of ambulance sirens. Candidates working in clinics or agencies experienced more tragically virus related deaths. Some left the city to stay for extended periods of time with

relatives or in their vacation homes in other states.

Weathering the Transition

While there was anxiety around beginning online analyses, starting intensive in-depth treatment remotely and uncertainty that cases will continue online once it is safe to return to offices, the move to remote analyses wasn't all negative. A candidate expressed gratitude and humility that the analytic process and therapeutic relationships weathered the transition to online work. The depth of the analytic process was credited for that resilience.

For many, there were silver linings amid illness, fears, and uncertainty. The pace slowed. There was no commuting or traveling, which allowed for more time with families and pets. Older children came home. It was almost like an extended snow day-- an unanticipated stretch of time with less pressure to tend to the usual errands and more permission

to binge on movies and TV shows. Old fashioned pastimes like board games and puzzles returned.

As we know, there is no "happily ever after" here. Questions about returning to our classes, supervision, and offices hover on the horizon. Anxieties about whether we or our patients carry the virus, to infect each other, contaminate our couches, spread illness to other patients impinge upon the analytic process. Questions arise as to what format classes and supervision will take. However, in "The Great Realisation," transformation is the theme; perhaps so too here along with hope. We as a profession are in the throes of change, as we experience and accept, with open curiosity, online analyses as different, but valid and real. APsA created venues that seemed inclusive and responsive; zoom peer consultation groups and candidate Town Halls. These online "remote" events brought us together from all over

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New Members 2020 Virtual Annual Meeting

New Active Members

Nanette C. Auerhahn, Ph.D.
William Badenhorst, M.D.
Nancy Bakalar, M.D.
Alison Brown, Ph.D.
Adam Brownstein, M.Ed.
Susan Cebulko, Ph.D.
Ebony Dennis, Psy.D.
Robert Feuer, M.A., L.C.P.
Jane Garbose, M.A.
Pat Hedegard, LMHC
Linda Hopkins, Ph.D.
Nancy Ingraham, Psy.D.
Mihaela Cristina Ivan, M.D.
Michelle Kwintner, Ph.D., LCSW-R
Tracie E. Luther, M.D.
Jeanne P. Mosca, Ph.D.

Michele Reed, M.S.W.
Angela Retano, R.N., PMHNP-BC
Matthew Rosa, M.D.
Colleen Sandor, Ph.D.
Karen Sharer-Mohatt, Psy.D.
Riva Tait, J.D., Ph.D.
Anne Taylor, LCSW
Belinda J. Torres, Ph.D.
Yolanda Varela, Ph.D.
Janine Wanlass, Ph.D.
Qing Zhang, M.Med.

New Candidate Members

Flora Barragan, M.D.
Colman Durkee, LCSW
Karina Fajardo, M.D.
Samuele Filomena, Ph.D.

Willa France, J.D.
Alyson Gorun, M.D.
Peter Gross, LCSW
Kelsey Hanlon, M.A., LMHC
Jennifer Harrington-Knopf, M.D.
Gregory Helton, M.D.
Michael Lembaris, Psy.D.
Eric Miller, Ph.D.
Stefanie Minen, M.S., CMHC
Kelly Murphy, M.A.
Chandrakala Rai, M.D., LMFT
Michelle Sheahan, M.S.W., LCSW
Chris Young, M.S.W.

New Academic Associate Candidate Members:

Diana Antia, M.D.

Letter from Barcelona: Child Psychotherapy in the Time of Covid

Norka T. Malberg

In the ending scene of the 2007 movie, *Love in the Time of the Cholera*, based on Gabriel Garcia Marquez's 1985 novel, an aging couple sails away from judgment and intrusion to be with each other, finally, after a lifetime of forbidden love. They do so on a ship with a flag signaling *cholera onboard*. Ironic, confusing, and slightly dangerous for this young reader's imagination to sense that a sign of death can signal freedom. As an adolescent, I loved this book as well as its author who often took me into surreal worlds where primitive aspects of human existence were explored in my cultural context. Through Marquez's 1967 novel, *Cien años de soledad* (*One Hundred Years of Solitude*), I found myself escaping into Macondo, the fictional Colombian town, and imagining myself as part of the mythical and daring scenes drawn with words by the author. Like my adolescent patients today who find solace in screens, I found safe refuge in the pages of these books.

Forward 34 years and I'm in front of a computer screen, in my home in Barcelona, my former office in New Haven, Connecticut, appears as my Zoom virtual background. I left the USA on March 16, 2020, in a transatlantic plane with only 25 passengers, and, since landing in Barcelona, I have been confined to my new dwellings for nearly three months due to the covid pandemic. Perhaps, the virtual background represents a brief denial of the changes in my life, rationalized as a way of offering a familiar electronic setting to my patients.

Norka T. Malberg, PsyD, is a child and adult psychoanalyst, now practicing in Barcelona.

However, reality quickly sets in as I see into the bedroom of my 18-year-old patient, a young woman I once saw in Connecticut in three-times-per-week psychoanalysis and whom I now see once a week on the screen, from Barcelona. By coincidence, we had decided to continue our therapeutic relationship online prior to my moving to Barcelona to start this new chapter in the book of my life.

As I sit in front of the computer for the fourth time today, I feel my eyes becoming tired and my body restless. I long for the presence of two people in a room and feel the confusion between mourning processes. After all, at this time, the whole world is in mourning. For Jenny (not my patient's real name), my 18-year-old patient, and me, though, this is about us. So, I am able to use my psychoanalytic mind to process, observe, and reflect on the myriad feelings that this surreal existence in front of a screen has brought. Tapas lunches al fresco and the company of new friends are delayed by covid, as well as the illusion of control that has contained my anxiety about my move all these months.

In the midst of a global pandemic and my ever-changing personal life, I think of the patients who have become the organizing thread of my professional life through the years. I reflect on how this situation might be affecting every one of them and acknowledge the multiple



Norka T. Malberg

losses they might be facing as I process my own, some temporary, some more permanent. However, every night at 8:00 pm when we all come out to cheer the health workers in the trenches, my neighbors remind me some things are remembered and gained. A sense of community is always a good source of resilience in these situations. I am reminded of this too as I wait with anticipation for a Zoom meeting in two days where I will be able to see my colleagues from the Western New England Psychoanalytic Society.

I also recall patients I just left and imagine the impact of this crisis on them. Like Jenny, who is in her own words: "*suddenly stuck at home with the one person I have worked so hard to liberate myself from.*" I am thankful for the technology. Whereas in the past I have focused on screens as one of the culprits interfering with our capacity to play and connect interpersonally, these days it has become a lifeline, one that keeps me connected. I have days when time seems my friend and days when confusion and helplessness set in. Today, I am thankful to connect with Jenny (We are able to reflect together on the value of being able to continue our work under these circumstances. As we talk, her mother opens the door. A startled Jenny looks at me with a mixture of anger, surprise, and fear.

Mom: I am not going to do your laundry, you lazy girl!

Jenny: I am on Zoom with Norka!

Mom: (*the tone coming from the door changes*) Oh! Hi Dr. Malberg, hope things are good in Barcelona.

Norka: Yes, they are, happy to hear you are all healthy, take care.

Jenny's mom leaves and Jenny and I are left in silence.

Norka: You know, Jenny, in the past, you have helped me imagine your situation, but today we have experienced it together.

Suddenly, somehow, being away is less palpable as the closeness and trust we built

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over the four years before I left holds us in a way that can only be felt.

Jenny: You know, walking to your office always was a relief, the chance to be away for a few hours from home.

Norka: Yes... I miss our meetings in person too, but I think you are also sharing with me that these meetings on the screen are an outlet too.

Jenny: That is for sure! I will go visit you when I graduate next year ... well... if we can travel by then...

During these precious 50 minutes, I enter Jenny's world and she enters mine. Even though the pandemic means she's stuck inside, she no longer feels stuck, alone, with her mother's anger and cruelty. However, we don't inhabit the predictable space of my consulting room. I get to experience the sounds and the feeling of her bedroom and she gets to have a window into my life outside the consulting room. I have tried to create a consistent environment by using a virtual background at times and by creating a real background with carefully selected books and some familiar items from my old consulting room, but the reality of the outside remains with its current uncertainty and the primitive fears it feeds.

Like with Jenny, I had agreed with a number of my adolescent, young adult, and adult patients to continue long distance therapy until the summer 2020. However, as the Covid-19 pandemic makes transferring to new therapists difficult for many of my patients, I'm supporting many of my New Haven patients online. It's a different experience. I have worked online given my lecturing schedule for about five years now, but not with child patients on a regular basis. Arranging the frame of the session ahead of time with parents is helpful. Where in our separate houses do we sit? How do we maximize confidentiality? Do we include a parent? How long should the session be? However, nothing protects us 100

percent from what I call "the iPad roller-coaster effect" and the "house-tour syndrome." The aim of our work becomes containment as we look for new ways to play and to coregulate. In this virtual territory, many of my child patients are digital natives who can be my best teachers. In return, their agility online can strengthen their egos and sense of agency.

Offering Support at a Distance

In my experience working from a psychoanalytic framework, saying goodbye is never final. My move to Barcelona came faster than anticipated due to the pandemic, so I wrote to former patients and families to tell them I had moved, precluding the possibility of an in-person farewell or catching up anytime soon. With the covid crisis, many of these families have returned for support, especially for parenting consultation. At times, this has exacerbated my geographical confusion both psychically and physically. As a result, I often find myself in a parallel process with the experience of my patients who now spend their lives at home while seeing co-workers and teachers and classmates online and struggling to find "a new normal."

As part of my efforts to feel part of my new community, I have been able to offer voluntary consultation and support to local colleagues who work in the public sector with high risk communities. Many of them are psychodynamic in their thinking but face the limitations of public funds and the pressure to find "solutions." Recently, during an online supervision of a team of 16, already overwhelmed clinicians spoke of the lack, two months into the pandemic, of an internet platform. They spoke of using their own resources to stay in touch and of the limitations of phone contact. Most of them have caseloads of 80 to 95 cases, so follow-up by phone or Zoom is daunting. Who to prioritize? How to intervene? And how to conduct intake interviews?

The nature of the consultation is different under these circumstances. During these times of covid, questions about how to work with children under the age of five emerge for example. I fear all I have to offer these days is empathy, containment, curiosity, and, yes, a good old psychodynamic formulation that supports "good enough" delivery of services, with very different goals in mind. More than ever, supporting our colleagues and developing systems of support around the mental health worker is of the utmost importance.

When I was asked to write a letter from Barcelona – what it's been like being caught in the middle of my own personal and professional transition during the time of covid--my first association was: *Love in the Time of the Cholera*. The covid pandemic has taken me back to my adolescent surrealism, where time is different, sleep is often your friend and the characters who once inhabited my consulting room on Bradley Street in New Haven now appear once or twice per week on the screen. The love that one cultivates in a therapeutic relationship is a special one, the same as the hate and all other emotional experiences shared and survived in the psychoanalytic encounter.

Since stepping off the plane in my new Spanish home, I have found peace and a desire to keep going forward while enjoying my work on the screen with young and old. Surprisingly, it has brought a sense of continuity which might have been abruptly interrupted otherwise. So, as in my favorite adolescent book where the two lovers find ways of loving and enjoying life in the time of cholera, we will also find ways—with our masks on and from far away—to play, love, and work. In my case, in Spanish, English, and increasingly more in Catalan. In the meantime, I continue to listen to dreams in patients who never dreamt before.

APSA

Volunteer Psychoanalytic Responders on the Frontline

Daniel Mollo d

In March, as covid became a real and looming threat to the healthcare infrastructure, the leadership team at the Boston Psychoanalytic Society (BPSI) heard from members who wanted to volunteer to help the broader community, beyond the steady one-on-one work they do with their caseloads. But the membership was unsure how to interface with people in acute need, and how to leverage our uniquely psychoanalytic skillset: building a therapeutic relationship, and managing anxiety and trauma through discussion and insight, rather than through medication and behavioral exercises. In the past, BPSI has been characterized as slow-moving and risk-averse, mostly because of its large size. Not in this case: Having spent a week preparing a specialized referral email listserv, we had 30 volunteer clinicians signed up within four hours of announcing our program, and 60 within days. We invited two other psychoanalytic institutes in Boston – Massachusetts Institute of Psychoanalysis and the Psychoanalytic Institute of New England East— to join our endeavor, and they immediately and enthusiastically offered their members' help.

Boston has an extensive academic hospital network that under normal circumstances is secure in its ability to handle even the most complex illnesses; yet, we began hearing from our medical colleagues that they were deeply worried about the upcoming wave of patients and the way their employees would handle so

Daniel Mollo d, M.D., is president of the Boston Psychoanalytic Society and Institute, a clinical instructor of psychiatry (part-time) at Harvard Medical School, and consulting staff, at Beth Israel Deaconess Medical Center. His private practice is in Brookline, Massachusetts.



Daniel Mollo d

much exposure to severe illness and death. Our vision became to support frontline hospital workers, nurses, doctors, respiratory therapists, as well as the maintenance employees who clean rooms— any workers in the medical establishment and their family members whose lives were affected by the demands of the pandemic.

We had substantial collective anxiety around whether our member clinicians could handle acute trauma presentations, and whether hospital administrators would partner with a psychoanalytic organization. While we had some successful outreach with psychiatry departments, many area hospitals were more “biologically oriented,” so to them, “psychotherapy” meant CBT, and psychoanalysis was something taught in undergraduate philosophy classes.

What a felicitous opportunity it turned out to be to reach out to 12 hospital systems. Department of psychiatry chairs who managed their employees' mental health needs expressed gratitude, and, in some instances, surprise that psychoanalysts have real world clinical capabilities. We were delighted to see clinical hospital administrators at our partner hospitals quickly agree to work with us. In some cases the department leaders had participated in and benefited from BPSI's education programs years earlier, including one doctor who attended our one-year fellowship training. (We've found that, despite the outlay in effort and direct costs, our outreach creates friends of psychoanalysis

who then act as positive brand ambassadors for us at their own institutions.)

Here are the nuts and bolts of how the BPSI Responders Listserv worked: Our program used an email listserv in which hospital EAP or psychiatry departments were asked, after screening out such emergent presentations as acutely suicidal patients, to post a description of employee clinical needs, which are then emailed to the pool of volunteers. Hospitals then chose the best fit from the volunteers who replied. In order to reassure hospital departments, volunteers certified licensure, malpractice coverage, and good ethical standing.

To keep the referral process as friction-free as possible, we stipulated that volunteers agree to pro bono treatment once a week for up to three months; after that, they could negotiate continued treatment. In an attempt to offer a robust treatment process, we also stipulated that all cases picked up by volunteers, no matter how briefly, be considered full doctor/patient or psychotherapist/patient relationships, that is, each volunteer “owned” the patient as they would any person whom they started with in their practice. While we knew other volunteer efforts had set up more “crisis-line” single blocks of time for the public to sign up for, we determined our members' skills would be more effectively used were an ongoing relationship to be available. Hospital EAP systems could usually handle a single encounter, but we intuited that some employees would want a short-term therapy process.

It became clear our volunteer clinicians needed support as they took on clinical work that they were less familiar with. We organized Zoom drop-in trainings specifically on treating trauma, and upped our number of Zoom drop-in peer support groups, which had already been put in place to help BPSI members deal with the upheaval caused by covid and the move from their in-person practice to working virtually.

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Psychiatry department heads felt universally supported by the responders program. Just knowing there was a robust cadre of well-trained psychotherapists available reduced the distress of department leaders and their administrative counterparts. Able to be less worried that their department resources would be overwhelmed and depleted, they asked us to remain available as they anticipated that some hospital workers who might be holding back in crisis mode would later reach out for help once there seemed more emotional space to reflect on and process their experiences. Volunteers were able to help a wide range of hospital employees, from ER doctors, to PT's, to the worried children of employees.

Insights of Community Outreach

Our outreach into the community yielded several surprising insights about psychoanalytic clinicians responding to crisis:

1. Psychoanalysts and psychoanalytic psychotherapists are enthusiastic about

providing service to the community, but they need to feel supported and part of a group. This contradicts the stereotypical image of the psychoanalytic clinician in the silo of his or her office. Psychoanalytic clinicians without specialized backgrounds in trauma or PTSD can be trained in basic approaches to engaging and working with acutely traumatized individuals. Our clinicians reported feeling helpful and invigorated by such volunteer involvement.

2. Psychoanalysts and psychodynamic therapists bring a unique contribution to establishing a psychotherapy process. Many hospital departments have EAP services that provide only a limited set of interventions, but not treatment in the deeper, more holistic approach we bring. Skilled listening, empathy, and containment were among our most valuable psychoanalytic tools in the setting of covid.

3. Unless we actively engage hospital systems, psychiatry departments typically maintain outdated conceptions of what psychoanalysts and psychodynamic

psychotherapists do. Despite what occasionally felt like an awkward first date, we have been able, through these efforts, to dispel negative stereotypes of psychoanalysis and psychoanalytic clinicians, and educate influential members of hospital systems and hospital psychiatry departments.

The covid era has ushered in, along with illness and death, a lot of psychological pain, discord, tragedy, and distress. To add insult to injury, the inequities and damage of systemic racism have become starkly and dramatically evident through the disproportionate suffering and hardship borne by people of color. I would like to think that one small antidote to the pain and divides of this era is the renewed sense of interconnectedness and generosity I see in small and ongoing ways in both the psychoanalytic and larger communities. We psychoanalysts have expertise and dedication to give, far beyond the usual safe confines of our consulting rooms.

APSA

In Memoriam

Howard L. Alt, M.D.
September 11, 2019

Lee B. Gold, M.D., Ph.D.
December 21, 2019

Dale R. Meers, D.S.W.
March 22, 2020

Joseph S. Bierman, M.D.
May 17, 2020

Alfred Goldberg, M.D.
October 24, 2019

Bertram A. Rutenber, M.D.
April 8, 2020

Stanley L. Block, M.D.
April 9, 2020

Marianne Goldberger, M.D.
April 1, 2020

Seymour B. Siegel, M.D.
May 29, 2020

Philip M. Bromberg, Ph.D.
May 18, 2020

James A. Gooch, M.D., Ph.D.
April 4, 2020

Stanley A. Steinberg, M.D.
April 8, 2020

Mariam Cohen, M.D.
June 5, 2020

Charles Goodstein, M.D.
April 30, 2020

Herbert E. Thomas, M.D.
May 15, 2020

Eve Fortson, M.D.
April 8, 2020

Rudolph E. M. Janosko, M.D.
March 8, 2020

Joann K. Turo, M.A.
March 24, 2020

Richard C. Friedman, M.D.
March 31, 2020

Edward I. Kohn, M.D.
June 12, 2020

Myrna C. Weiss, M.D.
August 1, 2020

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 APsA 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.

Are You Still There?

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Covid-19. And yes, most of the time, it goes pretty well.

Nonetheless, I cannot deny the losses accrued in the new virtual sessions. These include the multiple ways we receive information, often outside our awareness. The quiet that allows time for the mind to wander. The registering of bodily information. The subtle nuances of affect we apprehend in the physical presence of another.

In this session with Emma, I lost my state of receptivity, where ideas, associations, and memories enter. When some part of my attention was preoccupied, I could no longer wholly relax, silently gathering my thoughts and fantasies.

I miss the burst of inspiration and surprising imagery that rise to the surface when my mind wanders, when the unconscious of the analyst resonates with the unconscious of the patient.

Yet, even when both parties are in the consulting room, a state of reverie is difficult to achieve. There are always distractions, intrusions into the work, noises from outside the office and internal ones—thoughts and worries we each carry into the session. But in a virtual world, additional intrusions arise. Now, when we hear a faint clicking sound, we pause and listen more closely, anticipating the dreaded disconnection. The patient turns back and asks, "Are you still there?"

Candidates on Pause

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the country in a safe space to discuss psychoanalytic ideas. Like in the video, out of crisis and chaos comes growth and, in our tale, perhaps a different vision for psychoanalysis. Candidates are the future for this field and perhaps we can take with us our own great

Similarly, the flatness of the screen does not allow for the intuitive registration of what is happening in the patient's body. The two-dimensional quality leaves us unable to feel or touch the material in the same way. We rely more on verbal communication, missing out on all the subtle—visual and somatic—cues we innately respond to the visceral ways of knowing. The way the body tenses up when afraid or emits certain smells, pheromones when excited, or the coordination of heart rhythms when two people are in a close, synchronous interaction. These are the currents, electricity, that pass back and forth between two people, outside their awareness, in the same room.

Yet we should not lose sight of how easily language allows us to conceal our thoughts. As therapists, we go beyond words to emotions and images of unformulated experience. This is especially important with early trauma—states of being that may never have been processed in words, or experiences that arise from the first years of life, when gestures and the body constituted our chief means of communication.

As analysts, we work hard to create a safe space, one that facilitates interpersonal and unconscious communication. And while remote therapy offers the opportunity to work in these difficult times, we should not overlook what might be lost, the rich and complicated world of affect, with all of its physicality.

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Letter from Hong Kong

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new is generated for understanding and reflection. For psychoanalytic infant observation seminar leaders, it became an opportunity to creatively rethink the setting, which had been damaged by Covid-19. We had to find new ways that observers, infants, caretakers and seminar group members could keep each other in mind when they could not get together in person. Our supervisor, Nydia Lisman-Pieczanski, said, significantly, “Innovation is required to rescue the observational studies”; and, I will add, it is required to rescue clinical practice and education.

One-to-one clinical practice sometimes is not enough. Hongkongers in 2003 during the outbreak of SARS learned from experience and the free flow of information to manage fear and a health emergency. This year, having information closer to the truth than that had by those in other places, we were better positioned to quickly mobilize resources to protect ourselves and those in need. Sitting inside

my Hong Kong fortress, I knew millions of people in China were suffering from fear, and felt guilty.

So when Elise Snyder contacted Gilbert Kliman in February to adapt his 2008 mental health workbook for children, “My Sichuan Earthquake Story,” to the Covid-19 epidemic in China, I volunteered. I rallied a small team of colleagues from the China American Psychoanalytic Alliance to speedily write new content and revise old parts for the new context. We wrote in Chinese and translated to English. “My Epidemic Story” is now available online free in both languages for use by parents and their children. When Covid-19 spread to other places of the world the workbook became “My Pandemic Story.” I also wrote two small articles for pregnant women and parents that they might help themselves and their children through the pandemic. When Covid-19 became a shared experience around the world, we in the East became the ones to help, sharing, for example, what we had learned about the importance of face masks.


Though Shenzhen had ended its lockdown by April, in July I still could not go back to my office. The quarantine policies of the two cities prevented it. My colleagues in China had begun to talk about how to resume in-person work, and my in-person patients had started to ask when I would be back in the office. But I was restricted to the place I call home – Hong Kong.

Separated from my patients and Chinese colleagues, I began to feel alone and alienated, for a powerful political virus joined by Covid-19 is prevailing to further erode Hong Kong’s autonomy. Out of the need to manically defend against uncertainties and helplessness, and with the benefit of seclusion, I engineer enough new projects to fully occupy my time and mind for a whole year. Yet something else preoccupies my heart: the fear of losing freedom – freedom to access information, freedom to tell the truth and freedom from fear – freedoms we all value highly and strive to protect. For this I believe I am not alone. 

Whiteness

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This hope, forever dashed, fuels a frenzied mission of disavowal. “It isn’t, it cannot be,” a loud voice shouts, while, as in the mind of any fetishist, a quiet countervoice persists: It can be, it is.

Centuries of domination, centuries of apparent triumph, and still we can sense in Whiteness-afflicted white people the unresolvable persistence of both of those voices. That dreadful mix—malignant domination outside, malignant evisceration inside—marks the sickly pathognomonic core of parasitic Whiteness at work. 


Reflections on Annual Meeting

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vitality, outer and inner realities were both ever present, their innate unity and thus their inevitable mutual relevance directly exposed.

Current upheavals in the world were examined in a way that enriched both inner and outer understandings. While there was a rare consistency of excellence among all speakers, I mention two to illustrate the rich originality of the contributions. Kathryn McCormick presented her work with an 8-year-old child living on a tribal reservation who was struggling with gender identity. McCormick’s consistent analytic attitude toward inner and outer worlds could be a textbook model of clinical sensitivity at its

best. And Beverly Stoute explored Black rage in a depth that significantly adds to our understanding of both psychic functioning and public upheavals.

Yeats spoke of a place where passion and precision are one. This meeting was just such a place, and astonishingly so in a virtual context. 

Warren Poland, M.D., author of *Intimacy and Separateness in Psychoanalysis*, and recipient of the 2009 Sigourney Award.



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