

the **AMERICAN**
PSYCHOANALYST

SPRING/SUMMER 2022
 Volume 56, No. 2

Magazine of the American
 Psychoanalytic Association

Boston Psychoanalytic Society's Collaboration with the Sigmund Freud Museum in Vienna

Olga Umansky

In the summer of 2021, Daniela Finzi, research director at the Sigmund Freud Museum in Vienna, contacted the Boston Psychoanalytic

→ **Survival in Exile**
Organized Escape ↩
VIENNESE PSYCHOANALYSIS 1938 AND BEYOND

Society & Institute (BPSI) Archives to request copies of Grete Bibring's dinner guestlists as well as photographs from the Edward Bibring photograph collection. These materials are being showcased at the special exhibit *Organized Escape – Survival in Exile. Viennese Psychoanalysis 1938 and Beyond* that opened in Vienna in November 2021. The exhibit focuses on the expulsion of Jewish psychoanalysts from Vienna after the Anschluss of 1938, an event Austrian new media and postconceptual artist Peter Weibel called the "Expulsion of Reason" in his installation *Die Vertreibung der Vernunft*. The installation, first realized at the 1993 Venice Biennale, investigates the expulsion of academics, researchers, artists, and intellectuals from Austria between 1933 and 1945. In the current exhibit, the Sigmund Freud Museum in Vienna puts this experience in the context of the history of psychoanalysis, modern day refugee movements, and xenophobia. Despite two

challenging years for museums as a result of Covid and a recent lockdown in Austria, the exhibit received positive press coverage. It ran through the end of April 2022. For those who couldn't make the trip to Vienna, a special online portal invites visitors to browse and view up-close historic documents and photos. You can learn more about the exhibit by visiting www.freud-museum.at/en/.

Organized Escape – Survival in Exile tells the stories of Jewish psychoanalysts who managed to escape Vienna after Germany's annexation of Austria. Thirty-eight members and as many as thirty candidates of the Vienna Psychoanalytic Society (WPV) were affected by the anti-Semitic laws imposed by the Third Reich. The materials presented document how the escape of WPV members was methodically planned by the international psychoanalytic community, specifically in England, France, and the United States. The British psychoanalyst Ernest Jones stayed in

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*Magazine of the
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ISSN 1052-7958

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My Third Act



Bill Glover

Serving as APsaA president has given me a tremendous third act in life.

My first act was during the national and personal crisis of Vietnam when I began to think for myself and became a conscientious objector and anti-war activist. I settled in Berkeley, where my second act was dedicated to family and career. I was a good liberal, but my political activity gravitated to psychoanalytic organizations. Those activities culminated in me becoming APsaA president in 2020. And what a third act it's been! Surviving the pandemic, reckoning with racism, climate change, and political upheaval. Moving treatment, education, and meetings online, overhauling our educational standards, and the list goes on.

I'm proud of how we've responded to all these challenges and opportunities. It takes a team to run APsaA, and I've been blessed with exceptional teammates. My good friend and predecessor, the late Lee Jaffe, left office early in February 2020 due to illness. Lee and I spoke frequently up until his death last June, and his courage and dedication were an inspiration to me. I've been very fortunate to have a new friend and advisor in President-Elect Kerry Sulkowicz. Kerry and I have a shared vision for APsaA, and working closely together on a weekly if not daily basis has made the job more doable, not to mention more enjoyable. Our past-president and the current IPA president, Harriet Wolfe, also from the San Francisco Center for Psychoanalysis, has been a good colleague and adviser. Bonnie Buchele, Secretary, and Julio Calderon, Treasurer, have been great to work with. Our executive director, Tom Newman, and the entire APsaA staff are invaluable. I thank the Executive Committee, the Board, and all the chairs and

committee members who've given so much of their time and expertise.

The vision Kerry and I share, called Reimagining APsaA, builds on and consolidates initiatives whose origins precede us: revising educational standards, pursuing racial equity, expanding membership, focusing our advocacy efforts, and supporting organizational democracy.

We've spoken of APsaA as turning to the social, but it is more accurate to say returning to the social. Social theory and engagement run through the history of psychoanalysis. In his 1918 address at the Budapest Congress, "Lines of Advance in Psychoanalytic Therapy," Freud spoke of psychotherapy for the people; others have repeated that call through the years.

Psychoanalysis flourished in Europe between the world wars with its centers in Red Vienna and Weimar Berlin. Freud and many analysts were social democrats; others were communists. They were politically active and donated funds and/or clinical hours to the Ambulatorium in Vienna or the Poliklinik in Berlin, clinics that served the public and were training sites for candidates. The triadic Eitingon training model developed alongside the Poliklinik.

As we know, analysts fleeing Europe from Nazi oppression often dropped or hid their leftist politics to gain professional acceptance in post-war America. But not all—Fenichel, Bernfeld, Jacobson, Fromm, White, and others kept the flame burning. The ambulatorium spirit continued in low-fee training clinics. As contemporary analysts work in the community, they invigorate our tradition of social engagement. The pandemic has accelerated changes within APsaA, and we are actively engaging issues of systemic racism, gender and sexual discrimination, climate change, and the political situation in our programs, as well as theoretical developments and clinical work in the consulting room and in the community.

This return to the social has brought me full circle in my third act and influenced my leadership goals. A major initiative of Reimagining APsaA is expanding our membership. The Task Force on Expanded Membership, led by Ralph Beaumont and Ann Dart, recommends that APsaA become a home for psychoanalysis, not just for psychoanalysts, welcoming psychoanalytic psychotherapists, researchers, and scholars to join as full members. Some fear that psychoanalysis will be diluted. Freud's remarks at the Budapest congress are often cited as a warning against blurring the boundary between psychoanalysis and psychotherapy. There he warned

... that the large-scale application of our therapy will compel us to alloy the pure gold of analysis with the copper of direct suggestion, ... But whatever form this psychotherapy for the people may take, ... its most effective and most important ingredients will assuredly remain those borrowed from strict and untendentious psychoanalysis.

The historian Eli Zaretsky, in *Political Freud* (2015), notes that, in his final years, Freud was primarily concerned with the survival of psychoanalysis as a science of the mind based in the discovery of the unconscious. In this light, Freud's metallurgical metaphor can be understood as more about preserving the study of the unconscious than branding formal psychoanalysis as the gold standard of treatment. We know today that all applications of psychoanalysis are alloys of therapeutic action. Reimagining APsaA envisions psychoanalysis as a multidisciplinary endeavor and holds that high-frequency psychoanalysis, as a specific application, is better supported in a broader coalition than as a standalone, increasingly marginalized profession.

A high point of my third act has been participating in the Holmes Commission

My Third Act

on Racial Equality in APsaA. The murder of George Floyd in the first months of my presidency inspired a long-overdue reckoning with racism in our profession. Like many of us, I began a period of self- and organizational exploration, educating myself and examining my involvement in the racism of our culture. I was anxious joining the commission, assuming I was the only one descended from enslavers. At one meeting, I spoke about my feeling of differentness in the group and a Black colleague responded that the evidence pointed to his also being a descendent of enslavers. How could I have been so oblivious? After a year of intense study and self-reflection I was still so self-absorbed

that I thought of myself as different than he when in fact we could be related, cousins even, not different “races.” The legacy of slavery in America is genetic, figuratively if not literally, with white people often disavowing their involvement—something I, despite being well-intentioned and long analyzed, was chagrined to find myself doing. What I had felt but couldn’t locate became knowable. My anxiety has lessened, and I feel more available for the hard work to be done.

You’ve heard a lot about the forward focus of Reimagining APsaA, but many of you, like me, are in or approaching our third acts. What will our legacies be? Erickson identifies the conflicts of middle and late adulthood as generativity and ego integrity vs. stagnation and despair. It’s

hard to let go and entrust our profession, our calling, to the next generation, but letting go is an essential expression of generativity—accepting loss makes way for the renewal of mourning and succession. We speak often of the intergenerational transmission of trauma, yet too much of that occurs within psychoanalysis. Nevertheless, we can also transmit knowledge, inspiration, and a healthy institution to hold and lead the psychoanalytic community.

As I pass the baton to Kerry Sulkowicz, I ask all of us to consider our legacies. What do we want to leave psychoanalysis and the association that has been our professional home?

APsaA

Bill Glover, Ph.D., is president of APsaA.

Freud Museum

continued from page 1

touch with Anna Freud, orchestrating various rescue operations. Their correspondence reveals an incredible effort to make apartments available as temporary hiding places, to collect funds and organize sponsorships, and to assist members with country-specific professional licenses and visa applications. Jones maintained contacts with embassies of different countries in London as well as with the British Home Office and the Foreign Ministry. By the spring of 1939, all Jewish psychoanalysts and candidates of WPV had left Vienna, most of them for the United States.

Two exhibit documents in particular demonstrate how meticulous and systematic Ernest Jones and Anna Freud’s plans were: first, a roster of thirty-eight WPV members; and second, another long list of ninety psychoanalysts and candidates living in Vienna and abroad in 1938, accompanied by their addresses, medical credentials, and financial assets. Several future members of the Boston

Psychoanalytic Society appear on these lists: Edward Bibring, Grete Bibring, Felix Deutsch, Helene Deutsch, Eduard Hitschmann, Beata Rank, Robert Waelder, and Jenny Waelder who came and stayed in Boston until 1943. Hanns Sachs emigrated to Boston in 1932. Erik Homburger (better known under the name he created, Erik Erikson) came to Boston in 1933, applied to the training

and how the logistics of each individual journey could work.

American psychoanalysts, many of whom had trained in Vienna in the 1920s, were instrumental in this escape plan. Right after the Anschluss, on March 13, 1938, the American Psychoanalytic Association (APsaA) established an Emergency Committee on Relief and Immigration intended to provide support to European

Right after the Anschluss, on March 13, 1938, the American Psychoanalytic Association (APsaA) established an Emergency Committee on Relief and Immigration intended to provide support to European psychoanalysts trying to emigrate to the United States.

at BPSI, but then moved to New Haven to work at Yale. This master register of psychoanalysts in danger is a testament to the scrupulous organization of a collective escape. Records of everyone’s professional status, financial state, location, and visa progress show that Ernest Jones was scrupulous about who could help whom, where medical doctors and lay analysts were likely to find employment,

psychoanalysts trying to emigrate to the United States. The Emergency Committee, chaired by New York psychoanalysts Lawrence S. Kubie and Bettina Warburg, coordinated efforts with their British colleagues Ernest Jones and Edward Glover, developing useful guidelines for obtaining US visas and procuring jobs. A separate American foundation, directed by Bertram D. Lewin, supported individual immi-

Freud Museum

grants with grants, loans, and stipends. Among the most interesting exhibit documents is *The Bulletin of Information to Be Supplied Only to Psychoanalysts Who Desire to Emigrate to the USA*, underlining the necessity of a medical license to practice psychoanalysis in the US, listing states where foreigners were allowed to take a medical examination, and advising on visas, affidavits, and CVs. The bulletin warned newcomers of the possibility of isolation and loneliness, “because psychoanalytic practice, like all other medical practice, is affected seriously at present by severe economic depression.”

Two interactive museum maps show analyst escape routes, their former addresses in Vienna, and their new destinations. The majority of WPV members settled in four American cities with leading psychoanalytic institutes: New York, Boston, Chicago, and Washington. Not everyone, though, had an easy transition. American psychoanalytic societies had their own complex histories and power dynamics. Many did not accept lay analysts, so those without medical degrees could not practice psychoanalysis. Most of the émigré analysts managed to have successful professional careers despite such challenges. Sanford Gifford noted in a 2017 article in *American Imago*, “The Influence of Analysts from Vienna and Berlin on Analysis in Boston,” that “in Boston, with its different institutional attitudes, some refugee analysts found a more fertile soil for their enterprises. Felix Deutsch’s psychosomatic research had not flourished in Vienna, for example, and Grete Bibring’s full-scale academic department of clinical psychiatry could never have developed in her native city.” All of the émigré analysts promoted and disseminated psychoanalytic ideas beyond their small circles. Many helped found new psychoanalytic societies, masterminded



Grete Bibring, Anna Freud, and Helene Deutsch at the 15th IPA congress, Paris, 1938.

institute training reforms, and advocated for more inclusive admission policies.

It is not surprising the Sigmund Freud Museum in Vienna became interested in the unique archives left to BPSI by Edward and Grete Bibring. Edward Bibring, a BPSI member from Freud’s close circle in Vienna, was the editor of the *Internationale Zeitschrift für Psychoanalyse* and a passionate photographer. Using his inverted camera, he managed to take personal photographs of his fellow psychoanalysts, often at early psychoanalytic congresses in Europe. These photographs were first discovered in our archives by BPSI librarian and photographer Vivien Goldman. Along with accompanying biographical sketches by Sanford Gifford, these images were published in *Edward Bibring Photographs the Psychoanalysts of his Time, 1932–1938* (Psychosozial-Verlag, 2005). Grete Bibring, early BPSI member, revered teacher, and the first female professor at Harvard Medical School, kept notes on her dinner parties for fifty years (1927–1977)—from her youth in Vienna, through her short stay in London after fleeing Nazi-occupied Austria, to Boston where the family settled in 1940. Grete’s notes were found in our archives forty years after her death. Many of her menus and guest lists were then published in *Grete Bibring: A Culinary Biography* (BPSI, 2015). Her notes about whom she invited and what she served indicate her continued sense of order in a life



Edward and Grete Bibring on vacation in the 1920s.


disrupted by war, emigration, change of language, and professional power struggles. Both books are featured in *Organized Escape – Survival in Exile*. These publications have sparked the interest of many historians. Some of Edward Bibring’s photographs offer the only known images of certain analysts. They are republished in various reference sources. *Psychoanalytikerinnen. Biografisches Lexikon* (www.psychoanalytikerinnen.de), the online dictionary of women psychoanalysts, for example, uses nine photographs from the Bibring collection. Archival researchers keep identifying previously unknown colleagues in the Bibring group photos, adding clarifications and new facts to the early psychoanalysts’ biographies. 

Exhibit logo courtesy the Sigmund Freud Museum. Photographs © Boston Psychoanalytic Society and Institute Archive.

Olga Umansky, MLIS, is digital solutions librarian at Goodwin Procter and former librarian/archivist at the Boston Psychoanalytic Society and Institute.



The Sigmund Freud Archives and the Library of Congress: A Psychoanalytic Tale of Two Cities

Louis Rose and Jennifer Stuart

The Archives and the Library: From Vienna to Washington

This year marks the seventieth anniversary of an important professional, scholarly, and cultural collaboration: the partnership between the Sigmund Freud Archives and the Library of Congress. The occasion is a good moment to reacquaint American psychoanalysts with the shared goals and activities of the Archives and the Library.

In 1951, a group of psychoanalysts in New York founded the Sigmund Freud Archives. The group's members were the Viennese émigrés Heinz Hartmann, Ernst Kris, and Herman Nunberg; the American analyst Bertram Lewin; and the Viennese-born Kurt R. Eissler, who served as the Archives' first executive director. They created the Sigmund Freud Archives as a non-profit organization dedicated to collecting Freud's manuscripts and correspondence and all available artifacts connected with his life and work (see www.freudarchives.org). Before the Second World War, the Viennese analysts experienced the opposition to Freud's work in Austria, and after the Anschluss with Nazi Germany in 1938, they witnessed the threat to his life. In the immediate postwar years, they committed themselves to locating and preserving materials essential to understanding the development of his thought and the history of his time.

The Sigmund Freud Archives remains the title of the organization that was founded seventy years ago. It continues to be composed of a board and executive director. The term "archives" did not—and does not—refer to a physical location with a professional staff or reading room. Instead, soon after the organization's creation, the founding members negotiated a contractual agreement with the Library of Congress in Washington, D.C., according to which the



Louis Rose



Jennifer Stuart

Library would serve as the depository for all papers, correspondence, and artifacts gathered by the Sigmund Freud Archives, while the Archives agreed to transfer ownership of its collections to the library. Seventy years later, that agreement remains in force. The Sigmund Freud Archives has donated all its discoveries and acquisitions to the Library of Congress, which has conserved, organized and catalogued those donations and made them available to researchers and readers.

This partnership extends beyond a con-

and contribute to the advancement of knowledge around the world." Its collaboration with the Sigmund Freud Archives advances that stated purpose. The partnership with the Library of Congress has been and remains the alpha and omega of the Sigmund Freud Archives.

Acquisition of the Sigmund Freud Papers

In the years since 1951, the Sigmund Freud Archives has created the world's largest single collection of Freud manuscripts, papers, correspondence, and biographical materials. The Library of Congress houses those items in four areas of the library, according to the format of the materials. The Manuscript Division holds the great majority of the documents and artifacts and has designated its collection as the "Sigmund Freud Papers." The Papers include holographs and notes, family and general correspondence, published writings, personal

The Archives has a threefold aim: to acquire and preserve writings and documents from Freud's life and work; to open those materials as soon as possible to readers and researchers; and, in the digital age, to make the Freud collections globally accessible.

tractual relationship. The Sigmund Freud Archives and the Library of Congress assist each other in accomplishing their intellectual and civic goals. The Archives has a threefold aim: to acquire and preserve writings and documents from Freud's life and work; to open those materials as soon as possible to readers and researchers; and, in the digital age, to make the Freud collections globally accessible. The Library's purpose, as stated on its website, is "to develop universal collections, which further the creativity of the American people

notebooks, and diverse documents and memorabilia connected to Freud's biography and to the history of psychoanalysis. They also contain the written transcripts of interviews that Eissler conducted from the 1950s to the 1970s. The Library's Moving Image Research Center houses the films and home movies donated by the Archives. Its Prints and Photographs Division keeps the Freud photographs. Finally, the Recorded Sound Section preserves the original audiotapes of the Eissler interviews. The online links to

all of these collections can be found at Sigmund Freud Archives website.

The Sigmund Freud Papers and the collections of films, photos, and audio-tapes have grown through voluntary donations, archival purchases, and family bequests. The materials have been acquired at various times and in various physical conditions. They have come from members of Freud's family, as well as from friends, patients, and colleagues. In 1970 Anna Freud donated many of her father's papers and letters, which now form the largest single donation within the Sigmund Freud Papers. Freud's extensive courtship correspondence, or *Brautbriefe*, with Martha Bernays (1882–1886) comprised part of that gift; the correspondence covers the period in Freud's life from medical school to private practice. Anna Freud bequeathed the remainder of her father's papers following her death in 1982. In the bequest she included not only her own correspondence with her father but also fourteen pocket notebooks that he kept from 1901 into the 1930s. During his long and productive service as executive director of the Archives, Harold Blum—who succeeded Eissler—not only arranged for but also personally accompanied the transfer of the large donation from Anna Freud's London home to Washington, D.C. Another highlight of Blum's directorship was the Archives' collaboration with the Library of Congress to mount in 1998–1999 a major exhibition timed for the 100th anniversary of the publication of *The Interpretation of Dreams*. APsA members who attended the national meeting of APsA in Washington, D.C., at that time may recall visiting that exhibition, titled *Sigmund Freud: Conflict and Culture*.

The materials assembled by the Sigmund Freud Archives and housed in the Library of Congress are the foundation of a continuously growing body of materials on Freud and psychoanalysis. Since

1951, the library has expanded its Freud collections through independent acquisitions and donations. Examples are its acquisition of Freud manuscripts from the American Psychoanalytic Association and case records from Vienna's *Allgemeines Krankenhaus*, the general hospital where Freud trained and worked. At present, Freud's writings, letters, interviews, films, photographs, and related materials in the library number approximately 50,000 items. The Library of Congress has also acquired the papers of later generations of psychoanalysts, as well as members of Freud's family, forming those acquisitions into distinct collections. Prominent among these are the Anna Freud Papers and the Ernst Kris Papers. Currently, the library holds more than a hundred collections on the growth of the psychoanalytic profession, the development of psychoanalytic theory, and the history of the psychoanalytic movement. One of the Library's historical specialists, Margaret McAleer, directly supervises both the Sigmund Freud Papers and related manuscript collections.

Opening the Sigmund Freud Papers

Under Harold Blum and his successor Anton Kris, the second aim of the Sigmund Freud Archives became increasingly crucial: to ensure that the Sigmund Freud Papers in the Manuscript Division became open to the public at the earliest possible date. Anna Freud and many other donors attached conditions to their donations, some more restrictive than others. Further, Eissler attached waiting periods to the opening of Freud's correspondence, the written transcripts of his interviews, and the recollections sent him by Freud's colleagues. As a result of the work initiated by Blum, Kris, and the trustees of the Archives, all materials in the Sigmund Freud Papers have been steadily opened to researchers and readers.

The final stages of that work were completed last year. Excepting redactions

still necessitated by patient confidentiality or the stipulations of donors, the contents of the Sigmund Freud Papers are now fully open. In January 2020—the release date specified in her bequest of papers—the Library of Congress opened Marie Bonaparte's correspondence with Freud, as well as notebooks she kept during her analysis with him, as part of its Marie Bonaparte Papers. Recently, the Sigmund Freud Archives purchased and donated to the Library a letter that Freud sent in 1913 to Paul Federn. Perhaps for the first time in writing, Freud here described his family history, which he later incorporated into his *Autobiographical Study* (1925 [1924]). The letter is now open to researchers in the digitized Freud Papers.

Digitization and Global Access

Over the past five years, digitization of the Sigmund Freud Papers has fulfilled the third aim of the Sigmund Freud Archives: to create a collection universally accessible to researchers, readers, and the public. Beginning with Harold Blum, the aim of creating digital access became central to the collaboration between the Archives and the Library. During Anton Kris's term as executive director, the Papers became available to readers and researchers worldwide. Kris arranged for the Polonsky Foundation—a cultural heritage non-profit in the U.K.—to fund the digitization of the Freud Papers. The Manuscript Division of the Library of Congress—under the guidance of James Hutson, Janice Ruth, and Margaret McAleer—undertook the professional organization and technical process of digitizing Freud's writings, correspondence, and records within the Sigmund Freud Papers, including the written transcripts of the Eissler interviews. With the active leadership of Anton Kris, the support of the Polonsky Foundation, and the assistance of Emanuel Garcia—the literary executor of the Eissler

Tale of Two Cities

Estate—the Manuscript Division completed the project in 2017 (see www.loc.gov/collections/sigmund-freud-papers/about-this-collection/).

In 2018, the goal of global availability of the Freud collections advanced still further. The Library of Congress's Moving Image Research Center placed the Freud family films online (see www.loc.gov/collections/sigmund-freud-papers/?fa=online-format:video). The Freud photos now appear under the Prints and Photographs Division on the Library of Congress website (see www.loc.gov/pictures/search/?q=Sigmund%20Freud). The Recorded Sound Section in the Library of Congress preserves the original audiotapes of Eissler's interviews with Freud's family, friends, patients, and colleagues, including cassettes and reel-to-reel recordings. Inevitably, the tapes risk physical deterioration. In 2018, Anton Kris and Louis Rose arranged with the New-Land Foundation—a non-profit based in the U.S.—to fund the digitization of the more than 500 audiotapes of the Eissler interviews. Earlier this year, George Blood LP—a leading provider of archival audio preservation—completed the digital recording process. Currently, the Recorded Sound Section of the Library of Congress is organizing, describing, and cataloging the newly digitized interviews. When it completes that task, the audio of the Eissler interviews, like the Freud manuscripts, films, and photographs, will become electronically available. Digitizing the Eissler interview tapes will achieve the long-term aim of the Sigmund Freud Archives to make the Sigmund Freud Papers and the Eissler interviews universally accessible.

Return to Vienna

The Sigmund Freud Archives recently came full circle back to its Viennese origin when it helped to arrange for

the display in Vienna of Freud's daily calendar from the year 1918. This was the first time the calendar had returned to Vienna since Freud was forced into exile from Austria in 1938. The Library of Congress's Manuscript Division and its Conservation Division approved and prepared the calendar for transport from Washington, making certain that the document arrived safely in Vienna. The occasion of the display was the opening in 2018 of the House of Austrian History, a new public museum devoted to the history of the Austrian republic from its founding in 1918 through the era of Austro-Fascism and the Anschluss to the creation of the Austrian Second Republic and its present-day membership in the European Union. The museum is housed within Austria's National Library. Freud's calendar was placed on view at the entry to the library, which functioned also as the entry to the historical exhibit celebrating the opening of the museum. In his calendar, Freud recorded the day that marked the creation of Austria's First Republic: November 12, 1918—the day after the armistice that ended the First World War. The Anschluss in March 1938 brought an end to the First Republic, forcing Freud to leave Berggasse 19, where he had lived and worked for nearly five decades.

At present, republics in Europe and the U.S. again face uncertain times. The Sigmund Freud Archives and the Library of Congress created the Sigmund Freud Papers and related psychoanalytic collections at the beginning of the reconstruction of postwar democracy. The recent journey of Freud's calendar—one artifact from a vast collection—reminds us of the meaning of that historical moment, of the significance of such cooperative projects, and of the ongoing need and obligation to draw new persons and institutions into that circle of cooperation.



Louis Rose, PhD, is executive director of the Sigmund Freud Archives; author of *Psychology, Art, and Antifascism: Ernst Kris, E. H. Gombrich, and the Politics of Caricature*, also in Chinese translation; a recipient of the Austrian Cultural Institute Prize for The Freudian Calling; and past editor of *American Imago*.

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Freud and Jeanne Lampl-de Groot

Harold P. Blum

Jeanne Lampl-de Groot (1895–1987), a psychoanalyst and psychiatrist, was born in Holland to a Jewish family. Her father was a prosperous businessman and her mother a homemaker. She obtained her M.D. in 1921, and, after reading *The Interpretation of Dreams* (Freud, 1900), she contacted Freud to learn psychoanalysis. The same age as Anna Freud, she began analysis with Freud in 1922 at age twenty-seven. Their analytic work rapidly evolved into enduring friendship. This elicited Anna Freud's possessive jealousy, not helped by Jeanne de Groot's

[Freud from Seefeld]
11 September 1921
Esteemed Fraulein Doctor,

I am always pleased to receive inquiries such as yours. I cannot take you into analysis at present since I am fully booked, but this fits in well with your intention to spend the next few months in Italy. Between January and Easter I will probably find time for you and will write to our home address to ask if you can come. An analysis of

and was under consideration by others. Freud had written several papers relevant to the initiation of analysis and the theory of technique, but perhaps indicative of her special status, his recommendations for Lampl-de Groot were not consistent with them. The capacity for self-analysis, as Freud knew, is no simple undertaking and, for most individuals, is an outcome of, rather than a precondition for, a successful analysis. Yet Freud regarded initial self-analysis as essential preparation for Lampl-de Groot's analysis with him.

Were these preliminary requirements just for Lampl-de Groot, or would Freud have made the same request of anyone seeking to become his analysand and a psychoanalyst at that time? He had already analyzed Anna Freud with similar recommendations for her analytic development. Freud's own self-analysis was pivotal in the foundation of psychoanalysis.

Lampl-de Groot was personally and professionally loyal to Freud but could also be respectfully independent. Her writings on female sexuality aroused Freud's ire, followed by his apology. Though attuned theoretically to counter-transferences, Freud was apparently far from integrating his ideas in his own analytic or extra-analytic relationships. Lampl-de Groot cautiously described the Oedipus complex of girls and relegated their castration conflicts to secondary significance. She indicated that an important reason for the difficulty in apprehending girls' pre-oedipal phase was that analytic investigation and conceptualization had been undertaken by male analysts. The awareness that the gender and age of the analyst were determinants of transference and counter-transference confirmed that transference was not simply a repetition of the past. Years later Freud referred the Wolf-Man to a female analyst, Ruth Mack Brunswick, to promote



Harold Blum

Despite and perhaps because of the very personal, even gossipy character of their correspondence, the letters are fascinating in their autobiographical and historical revelations.

1925 marriage to Hans Lampl, a former suitor of Anna and close friend of Freud's son Martin. Jealousies having subsided, Lampl-de Groot later attended Anna Freud's child analytic seminars and the two became lifelong friends. Sigmund Freud and Lampl-de Groot also corresponded frequently, with intimate exchanges about their families, friends, and colleagues.

Frequently, their correspondence included intense dialogue on psychoanalytic thought, practice, and organizations. Freud commented on his own health, Anna's health and welfare, and Jeanne's marriage and motherhood. Despite and perhaps because of the very personal, even gossipy character of their correspondence, the letters are fascinating in their autobiographical and historical revelations. Much of this lengthy correspondence is available in the Sigmund Freud Papers at the Library of Congress in Washington, D.C.

Two of the letters—of September 11, 1921, and November 20, 1938, respectively—are reproduced here because they illuminate the intimate relationship between Freud and Lampl-de Groot.

oneself by oneself is the essential part of the preparation for analysis. During this self-analysis you can read some analytic literature, listen to lectures and participate in meetings of the Psychoanalytic Society. After termination of the self-analysis it would be advisable to go to Berlin in order to have some initial contact with the treatment of patients in the Psychoanalytic polyclinic. You could also have your complete training in Berlin where all facets of a training program are in place.

With the best wishes for the realization of your intentions,
Yours sincerely,
Freud

By the time of this letter, psychoanalytic training institutes had developed in Europe, and the International Psychoanalytical Association had a training committee. The Berlin Institute's Eitingon model for personal analysis, supervised cases, and analytic courses of instruction had been adopted by some psychoanalytic institutes

Freud & Lampl-de Groot

the analysis of his castration anxiety and negative Oedipus complex. Influenced by Lampl-de Groot, Karen Horney, Ernest Jones, and others, Freud (1931) eventually came to the same conclusion in an essay on female sexuality. In accord with Freud's early concepts of narcissism, Lampl-de Groot stressed the importance of the infantile omnipotent self and object. Her ideas incorporated object relations, anticipating current formulations. She did not subscribe to Freud's propositions about female masochism, narcissism, and weak superego.

In the period after World War I, Lampl-de Groot and other gifted female analysts of Freud, while idealizing their analyst, each in her own degree and direction fostered the further growth and development of psychoanalysis. The Vienna Psychoanalytic Society was among the first to welcome female members, with their active participation in teaching, training, and research.

Fast forward sixteen years:

20 November 1938

My dear Jeanne,

Your letter from October 14 is as kind and as reasonable as all the previous ones but to my delight it is richer in good news. Among the best news I count is that you will be in a position to utilize your undoubted psychoanalytic superiority in the new-old Fatherland.

I would not understand why you of all people should think about emigrating. I hope you will always feel more comfortable in Holland and it will take a long time before the Nazis occupy that country—if it happens at all. The same elements that create the atmosphere where you are can be found here. The news from Germany, the waves of emigration that beat against these shores, the uncertainty that the near future can bring, all this makes it impossible to really feel secure and comfortable. Apart

from all this, if it were possible to be apart from it, there is much here that is very beautiful. Especially the house. You will like it when you come with Hans to make the first visit. We live with and in the midst of all our own possessions. I think there is no reason for you to renounce yours at this point. Aunt Minna is again becoming mobile. Yesterday for the first time, she was downstairs in the dining room. She took the elevator that Ernst had constructed and it is this elevator that does away with the distinction between downstairs and upstairs and that has returned the freedom to the two prisoners who cannot climb the steps.

Anna has plenty to do but of course primarily with her old cases. No new case has lost his way and wandered to my door either. In this respect London is a disappointment. In Anna's judgment the group here is impossible and although she participates in all the meetings, she has decided to consistently keep her distance instead of starting a hopeless polemic. Neither has anybody asked me what I think about Melanie Klein's famous school. Martin will probably come to see you soon. He has business with our publisher in Holland. Little Ernst has been the most successful one so far, he has become self-supporting by finding a position in a large photographic establishment. There are also hopeful developments in Mathilde's business. My damned bone splinter has not disappeared yet and thus my complaints remain unchanged.

My warm greetings to you all.

Sincerely,


Your Freud

By now the cultural context of psychoanalysis had changed; an atmosphere of international anxiety, instability, and traumatic disorder prevailed. Freud had been forced to flee Vienna to London, with the invaluable assistance of Ernest Jones and Marie Bona-

parte. Although Freud's writing suggested concern that the Nazi barbarians were at the gate, he nevertheless used denial regarding Lampl-de Groot's safety in Holland, as he had, earlier, about his own need to leave Vienna. In his letter, he was realistic yet concurrently denying reality, which he had theoretically described as splitting of the ego with both recognition of reality and denial of reality. Despite his reassurance, Lampl-de Groot was indeed in danger and had to plan for her safety and survival.

Freud's own denial had been punctured only when Anna Freud, taking a cyanide pill with her, was interrogated by the Gestapo. His oral cancer was advancing along with the external cancer of the Nazi barbarians. He continued to deny that his four sisters were in danger: Who would murder four elderly Jewish women? He provided funds for their necessities when he left. One of his sisters died of starvation, others in concentration camps. His sister Anna, married to Eli Bernays, with whom she emigrated to New York, was the only sister to survive.

Lampl-de Groot visited Freud in London frequently, maintaining her close friendship and alliance with Anna Freud after her father's death. Her final contribution to psychoanalysis was to join Anna in convincing the International Psychoanalytical Association, after World War II, to acknowledge the importance of child analysis and endorse the membership of child analysts.

Timidly asserting ideas on feminine narcissism, feminine superego, and masochism, Lampl-de Groot's early work was relevant to the later evolution of the psychoanalytic theory of femininity. She remains a significant figure in the history of psychoanalysis. 

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APsaA Un-Zoomed Boston | June 1–5, 2022



How do we orient ourselves to what will be our first in-person meeting in nearly three years? How do we stay grounded in the world as it is, while still allowing ourselves our excitement, our sense of personal and professional possibilities, as we collectively emerge from the mediation of flat screens and enter the sensuous realities of touch, of crowds, and of really, really seeing each other?

Maybe Yeats helps:

Surely some revelation is at hand;
 Surely the Second Coming is at hand.
 The Second Coming! Hardly are those words out
 When a vast image out of *Spiritus Mundi*
 Troubles my sight: somewhere in sands of the desert
 A shape with lion body and the head of a man,
 A gaze blank and pitiless as the sun,
 Is moving its slow thighs, while all about it
 Reel shadows of the indignant desert birds.
 The darkness drops again; but now I know
 That twenty centuries of stony sleep
 Were vexed to nightmare by a rocking cradle,
 And what rough beast, its hour come round at last,
 Slouches towards Bethlehem to be born?

Maybe.

We can read that section of “The Second Coming” and say that yes, that’s our world, that’s where we are. Now. And we might even also say that yes, that has been our world, not just now, but whenever we have actually tried to look around. We American psychoanalysts seem to be looking around more than we once did. But throughout its 125 years, psychoanalysis has resided in a world in which the rough beast is and has always been slouching toward Bethlehem.

Let’s remember that as we gather in Boston this June. And let’s remember the gift we’ve been given—the chance to work in safe and secure rooms and to hear the voices of people “vexed to nightmare by a rocking cradle” speaking to us without limit.

Our meeting will be graced with two plenary speakers, Jane Kite on Friday morning and Francisco González on Saturday afternoon.

In between, we will present six wide-ranging panels. Here they are, in order of appearance:

1. “Gender and Sexuality - How Internal Responses to Queerness become Enacted in Psychoanalysis”
2. “Mothering a Child with a Visible Facial Difference: The Face of the Mother and the Face of the Other”
3. “The Problem of the Family in Psychoanalysis”
4. “But, It’s Not Psychoanalysis: Expanding Our Definition of What Can and Can’t be Seen as Psychoanalysis”
5. “Social Media: Bodies, Boundaries and Fantasies: Clinical Implications of the Social Media Realm”
6. “Thanatos: Is Freud’s Concept Still Relevant?”

Daria Colombo will finally get her Covid-delayed chance to present her Ticho Award lecture, “Autotheory: Reading Maggie Nelson’s *The Argonauts* and Emma Lieber’s *The Writing Cure* as Case Studies in Embodied Analytic Framing.”

Anton Hart returns to chair experiential process groups on race/ethnicity and sexuality/gender.

The leadership team of the Holmes Commission on Racial Equality in American Psychoanalysis (Dorothy Holmes, Anton Hart, Beverly Stoute, and Dionne Powell) will present their initial findings from nearly 2,000 questionnaires and hundreds of in-depth interviews.

The DPE will present “Implications from Chaos, Complexity and Non-Linear Dynamic Systems Theories for the Clinical Situation.” The Science Department will address issues of separation distress and will also take up the experiences of racism among Indian Americans.

Our two-day clinical workshops return, chaired by Irene Cairo, Henry Friedman, Ann Dart, and Lynne Zeavin.

The guts of our meeting—discussion groups—are back, thirty-seven of them.

It’s exciting to put this very partial list together, to get and to provide a sense of what we will be doing in Boston this June 1–5. Finally, we will reconvene, much the wiser, it seems to me, chastened out of so many of our orthodoxies, pummeled by the world around us, a world that insists that we stop trying to bracket it away. And indeed, the brackets are dissolving.

Oh yes, and one more thing: get there on Wednesday and you can see the Boston Red Sox playing in Fenway Park.

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

You Will Never Understand Me: Meeting the German Impersonal Object

Stefanie Sedlacek

"You will never understand me because you are a cold woman from West Germany," my long-time patient snaps at me, coming out of a lengthy silence. I'm startled because I thought we had been well in touch lately. The patient had started the session by talking about a familiar and long-standing issue over which she had been procrastinating but which she had finally managed to get done. At that point in the session, I said, "It's such a relief to get an issue out of the way that had seemed indigestible for so long." As I made this statement, I also had in mind what we had been working on the week before and our success in gaining deeper understanding. However, the patient fell silent.

Last week's issue was that her five-year-old boy had to have his baseline assessment appointment to start grammar school in six months' time. In Germany, schooling outside the home is compulsory, and all children have to be tested in order to be placed according to their special needs and talents. Awaiting the date of her son's assessment, the patient had been anxious for years, which I had not been able to understand sufficiently up to this point. Even though I was familiar with the deep resistance and distrust most of my patients from the former East Germany, or German Democratic Republic (GDR), hold toward any government and administrative institution, the extent of this patient's conviction that her son would be evaluated malevolently was striking. When such paranoid ideas surfaced before, I would interpret her conviction as a transference phenomenon where she was also mistrustful of my own competence and convinced of my malevolence. This time she uttered, "They want to take my boy away from me!" Only then did I understand that the baseline assess-

ment was experienced as a threatening re-traumatization and reoccurrence of the family trauma.

The patient's maternal grandparents had divorced in 1960 when the patient's mother was only two years old. In the course of the grandparents' fierce custody battle, which involved domestic violence, the authorities intervened and the three daughters were sent to a children's home. Only several months later could the grandmother retrieve her daughters, of which the patient's mother was the youngest, after the grandfather had committed *Republikflucht* (defection from East to West Berlin) only days before the Berlin Wall was built on August 13, 1961. The grandfather never saw or was in touch with his daughters again until after my patient's birth in the 1980s. This family trauma stifled the mother's emotional development when she was a toddler, and the emotional constriction was transmitted in many ways to her daughter, my patient. This problematic constellation resulted in a very unhappy mother-daughter relationship that was often repeated with me in the transference.

Once my patient's fear of repeating the family trauma dawned on me, I was able to interpret this to her, acknowledging that the East German government institutions had indeed taken the grandmother's daughter, her mother, away from her home. In talking and working through the idea that this trauma might repeat itself, I noticed considerable change and relief in my patient. Hence, I was really alarmed in the session described above at her enraged reaction to me. I said with disbelief, "You didn't feel understood today!?" She retorted, "You were so cold and unmoved when I told you I had got this terrible work done. And I had hoped *for just once* that you would be on

my side and feel happy for me!" I realized once again, as countless times before, that I was caught in a negative maternal transference (cold, rigid, unfeeling, abandoning her children in the children's home), and had become again for her the cold West German woman. However, I came to understand this attempt to install me as the cold West German more and more as a defensive maneuver against understanding, closeness, and intimacy.

In treating patients from the former GDR, I encounter, over and over again, a strong need to draw a demarcation line between East and West Germans. I have tried for many years to understand the hidden meanings of this defensive maneuver for the analytic couple, and, possibly beyond this, for the relationships between the former East and West German societies.

Since I practice in a Berlin suburb in the northwest of the city, my patients come from all over Berlin, but also from the state of Brandenburg surrounding Berlin, which was entirely within the GDR. Due to the rather scarce possibility of receiving psychoanalytic treatment there, my practice has drawn many patients from Brandenburg and the former GDR. A colleague suggested it might be easier for patients from former East Germany to see an analyst with a Slavic rather than German name.

My experience in many treatments over the last thirty years has taught me that the inevitable projective identification of a cold and rigid object likely suggests severe superego pathologies. A striking incident



Stefanie Sedlacek

occurred in my practice after a patient missed his morning session on his birthday; he had, he explained, overslept after partying on the previous evening. When I opened the door to him the following session, he stood there in a deep bow, his hand extending the missed session fee in cash to me, as if awaiting his due punishment. His phantasy that I would expect him to grovel embarrassed me and, at the same time, rendered it difficult to accept this kind of superego transference. In witnessing this combination of submitting to and mocking authority, I learned about different ways of dealing with authority in a dictatorship.

In *Animal Triste* (1996), Monika Maron, who lived for over 35 years in the GDR, depicts the identity crises due to fundamental historical, political, and social changes after the fall of the Berlin Wall—the “symbolic representation of the difficulties of unifying the two German states.” The first-person narrator, who comes from East Berlin, describes her encounter with the wife of her lover who lives in the center of the old West Berlin:

I certainly don't know how I appeared to her but I assume that she noted my uneasiness very well and that she attributed this to my atrophied manners or an understandable culture shock ... who knows, anyhow she treated me as if I had a strawberry mark on my face and she made a very honest attempt to take the challenge on bravely (p. 202).

In a similar vein, my patients with backgrounds from the GDR often feel insecure and at odds when they first meet me. Maybe I also feel distanced by unfamiliarity and make an “honest attempt to take the challenge on bravely.” Often I seem to represent the old West Berlin, thereby eliciting idealization stemming from times long gone by. In these German encounters, the divided country—implicit or explicit—seems to be always in the room. A patient once said to me, “When

I come to my session with you, I'm always a bit nervous. It is like a visit to the West where I always want to present myself in the best possible light.”

Another typical vignette: a teacher in a senior position at a high school in a

ties away from people in real need? I was somewhat embarrassed about my “indecent offer” and tried to understand how the patient immediately pushed her wish for analysis back into me. I was taken aback; how quickly she considered her

From the East German perspective, West Germans seemed to experience no conflict in using common goods destined for the whole society for their own advancement. This contrasts with a common GDR slogan—“I don't count; it's only We that count”—as a patient recently cited to me.

rather troubled borough of Berlin lost a power struggle with her principal revolving around disciplinary measures for a high-risk student whom she wanted to have expelled from the school. The principal, however, wanted to keep the student despite his acting out, because she felt he had nowhere to go. Losing this battle filled my patient with a sense of bitterness, yet she surprisingly recovered her former sense of poise within ten sessions. Her insurance had granted her twenty-five sessions of psychotherapy—which is labeled a short time psychotherapy in Germany. Although it is possible to petition to have additional sessions covered, she believed, with typically socialist modesty, that twenty-five sessions ought to suffice for her entire life. Mulling over how she could use the remaining fifteen sessions, she came up with three concerns:

1. Her never finding any pleasure in being a mother
2. Her inability to form a meaningful and lasting relationship
3. Her belief that she suffered from an eating disorder

When I suggested psychoanalysis, the patient was offended. With her GDR background, she felt this to be an indecent offer. Would not one need to have real problems? And wouldn't it be rather egotistical to take treatment opportuni-

ties away from people in real need? I was somewhat embarrassed about my “indecent offer” and tried to understand how the patient immediately pushed her wish for analysis back into me. I was taken aback; how quickly she considered her

own needs to be selfish and how readily she wanted to expel herself from treatment in the same way she had wished to expel her student.

From the East German perspective, West Germans seemed to experience no conflict in using common goods destined for the whole society for their own advancement. This contrasts with a common GDR slogan—“I don't count; it's only We that count”—as a patient recently cited to me. As a consequence, I struggle in treatments with helping my patients assume responsibility for themselves, which is quickly ridiculed as weakness and egotism. With one patient, for example, I was weary at how her undisputed belief in her own strength prompted her to treat herself with relentless cruelty. Her life was a harrowing modern version of the biblical Book of Job. Her family called her *the General*, since she was firm as a rock for her four children. She was indeed powerful, impressively so, up until a slight stroke at the age of forty-eight shattered her self-image and sparked a severe depression. Now, she was not able to be as *tough* as she had been before. Explaining to me why this was so difficult to bear, she said, “I despise myself when I'm a sissy. German virtues and German hardness were whipped into me.” Like a mantra, these beliefs were repeated to me over and over again, as they were repeated to my patients in childhood. Yet, I rec-

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ognize these harsh beliefs as a way of turning ordinary human vulnerability upside down into something despicable, firmly installing in the psyche a process of dehumanization. Violence and humiliation were central in the upbringing of all my patients born in the 1950's and 60's, often resulting in a sadistic, persecuting superego.

Catherine Schmidt-Löw-Beer conducted in 1991 and 1996 comparative studies of Russian and Austrian adolescents. In a 2015 special issue of *The American Journal of Psychoanalysis* (75/4), she writes about the Russian group: “[W]e did not obtain a picture of the person or get a sense of the quality of the relationship. It was very

In the GDR, children were brought up to develop a socialist personality, leaving the child's individual needs aside and banning parents from an active part in their education.

important to have good friends and to drink, sing, dance, and listen to music together, but they did not talk. They were not used to talking (p. 408).” The findings imply that the “self” that developed under the pressure of an authoritarian society is frequently an “impersonal self.” This impersonal self is like a mask formed to protect the real self and still comply with demands and rules of the authoritarian society. The study's authors draw a connection with Winnicott's false self. But here, rather than an adaptation to pathological parents, “we think of the *impersonal self* as developing to fit in with the structures of a set of highly organized institutions in traditional Communist society” (p. 401). Schmidt-Löw-Beer et al concluded that

... Russian adolescents of our study felt controlled by an inner object, which prohibited their individual wishes. They had been taught to regard their own wishes as self-

ish, needing to be subordinated to the greater good. They were thus burdened by having to refer to an unconscious invisible collective construct in all their decision-making, resulting in a camouflaged pseudo-individuation—the *impersonal self*. Both the prohibiting object and the impersonal self were operating in unison as a collective social self. In this sense a transitional space was foreclosed (p. 402, emphasis added).

The concept of the impersonal self (p. 406) is in line with the description by Svetlana Alexijewitsch, 2015 winner of the Nobel Prize in Literature, who coined a term for a new type of man, *Homo Sovieticus*, in her book *Secondhand Time: The Last of the Soviets*. In the GDR, children

were brought up to develop a socialist personality, leaving the child's individual needs aside and banning parents from an active part in their education, bringing about the German counterpart of the *Homo Sovieticus*. With the idea of the collective social self, amalgamated out of the prohibiting object and the impersonal self, I now had a template for interpretation which helped to broaden my understanding of my patients and which became a helpful matrix for all kinds of related phenomena.

However, one of my patients—twenty-eight years old when the Wall came down—laughed at my interpretations that hinted at the socialist inside of her as related to how roughly she treated herself. She retorted, “That's not socialism! Neither is it fascism! It is Prussian! We are Prussians!” Germans might be tempted to skip fascism, identifying either with pre-fascist German history or with German traits lying beyond politics and

ideology and projecting the unwanted authoritarian parts of the German character into the other part of Germany.

In his keynote address at the 2016 European Psychoanalytic Federation (EPF) conference in Berlin, Michael Parsons noted: “National Socialism and the German Democratic Republic both worked systematically to destroy people's ability to see themselves as individuals. Subsumed into a collective, they must not have an inner life or sense of personal identity” (p. 2). He further explored the question of how the true self can develop into an internal authority and contrasted this with the ego's readiness for adaptation: “The true self comes into being only through a relationship with someone who values the spontaneity and individuality of the growing child” (2016, p. 12). Parsons's elaboration on what it means to become a subject leans on the concept of *subjectivation* found in French psychoanalysis: an *unconscious activity* comprising the appropriation of one's own life in which one takes *ownership* of who one is (p. 10). The aim is a state of non-alienation. Parsons thus depicts the fundamental aim of psychoanalysis, which I also understand to be the appropriation of one's own life history.

After the first years of treating my patients with a personal or family background in the GDR, I was often crestfallen since there seemed no way of loosening their harsh rigidity and their “pathology of normality.” As they ranted about others they viewed as the incarnation of all that was evil—with, it seemed, little desire to understand or think about what was happening—they would explain it to me: “You just don't know the codes.” At those times, the patient I described at the beginning of this paper seemed to be right: sometimes I did not understand her.

In *Belief and Imagination: Explorations in Psychoanalysis* (1998), Ron Britton posits: “Quite often we are confronted with *exaggerated realism* as a defense against the inner world; this is developed out of a clinging to the outer world and construct-

ing a fitting *pseudo psychic* life" (p. 154). Such exaggerated realism as a defense could characterize many of my patients from the former GDR. They suffer from a pathology of normality giving little to no leeway for people, including themselves, to be other than *normal*—whatever that might have been.

Parsons closed his talk with the following words: "Becoming the authors of our own authority means trusting enough to continue leaving our certainties behind. Where this may take us is somewhere that we cannot envisage from where we are now. We have to risk living it" (2016, p. 15). To take on this risk often seems dangerous to my patients from the former East Germany since it means the internal undoing of the socialist command *Vom Ich zum Wir*—"From I to We." No wonder, whenever the transference situation between us became entrenched, there was a shift to insisting on the societal differences between East and West.

To what degree is the German estrangement that burdens our dealings with each other, even today, due to the years of having been divided? How much owes to the projections and projective identifications that the two sides have located in each other respectively? Freud wrote the following in 1930 in *Civilization and its Discontents*:

It is always possible to bind together a considerable number of people in love, so long as there are other people left over to receive the manifestations of their aggressiveness. ... I gave this phenomenon the name of 'the narcissism of minor differences', a name which does not do much to explain it. We can now see that it is a convenient and relatively harmless satisfaction of the inclination to aggression, by means of which cohesion between the members of the community is made easier (SE21, p. 113).

When the question of German identity is at stake, it seems to me that we are deal-

ing with a much more severe phenomenon than a *relatively harmless satisfaction of the inclination to aggression*. Rather, in the German encounter in the consulting room, when East and West meet in the analytic couple, a cultural border has to be overcome, confronting both protagonists with warded-off unwanted parts projected and forced into the other. My claim is that the struggle consists of deciding who in the analytic pair is the good and who is the evil (German) one.

In a 2016 article in *The International Journal of Psychoanalysis* (97/1), the Swiss psychoanalyst Bernard Reith described—in an intriguing metaphor drawing on Freud's statement that "the ego is not master in its own house"—what psychoanalysis does:

Opening analytic space is like opening one's home to turbulent guests, internal objects bringing unpleasant news from unconscious phantasy—news not only about trauma but also about drive, not only about what life has done to us but also what it makes us do. We would prefer to silence the visitors or, better still, find ways to lock the door (2016, p. 156).

The notions of the *Homo Sovieticus* and the socialist citizen opened up new realms of rethinking and understanding for me. To whom was I opening my door? Even as I was looking from the safe house of a West German, perhaps I was looking as if my patients "had a strawberry mark on [their] face" and I was "making a very honest attempt to take the challenge on bravely." Quintessentially I have come to think that I encounter, when treating my patients with a background in the GDR, a prohibiting non-empathic object. But I know a prohibiting non-empathic object from my own childhood in West Germany, and the German society at large, only allowing for an impersonal self that is opposed to an independent inner world surfacing all too quickly in everyday challenges. To me, this

expresses the authoritarian German legacy in its entirety of the 19th and 20th centuries. I suggest that it is this rigid German object that has been shoved back and forth between my patients and me. Getting to the depth of these attempts at projective identification and finding this object in oneself—that is when the treatments in the area of the *German me* are the most successful. As one patient once told me, "I am so appalled at my mother's coldness. But to be honest, I feel this cold and non-reachability inside myself." And sometime later in the course of that treatment she added, "I'm always accusing you of being so cold. But I think it is me who is cold and who doesn't allow for being touched by you and your untiring attempts to reach me."

In *Being a Character: Psychoanalysis and Self Experience* (1992), Christopher Bollas calls the objects that we choose evocative, opening the self "like a key fitting a lock" (p. 37). He describes such encounters as the "intelligent breeze of the other who moves through us, ... shaping within us the ghost of that spirit when it is long gone" (p. 63). When all goes well, this is how it works with patients even as they seem to have diminished capacity at the onset. They choose us and we choose them; our treatment changes them and stays with them as they change. My patients with a GDR background become evocative objects for me, making me feel German, making me realize what it meant to have grown up in West Germany. They open a door for me to a deeper engagement with and understanding of my Germanness. I continue to work on finding the key and opening the German door over and over again. APSA

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The Community Psychoanalysis Track and Consortium: An Overview

Rachael Peltz and Francisco J. González



Rachael Peltz



Francisco J. González

In 2019, the Board of Directors of the Psychoanalytic Institute of Northern California (PINC) unanimously passed a motion to offer the Community Psychoanalysis Track (CPT) to its candidates as part of their training to become certified psychoanalysts. PINC requires three supervised psychoanalyses for progression (one case in addition to the two required by the IPA); the CPT would now allow candidates to complete a community project under a group supervision model we will shortly describe to count as the third case. We see this as a groundbreaking step in which the formal definition and scope of psychoanalysis is fundamentally transformed; it marks a sea change in what can be formally considered the domain of psychoanalysis, whom it serves, and what is deemed acceptable to be taught in a psychoanalytic Institute. It opens a horizon of recognition for the multiplicity of ways one can be a legitimate psychoanalyst and broadens the domain of psychoanalysis to include the forms it takes outside of institutes.

We are experiencing an extended moment of turmoil in the world and therefore within institutional psychoanalysis: almost universally, institutes and organizations have been confronted with a host of concurrent social traumas, from the pandemic with its lockdowns and remote work to economic instability and political upheavals, coupled

with greater consciousness about racial inequality and the ravages of the climate crisis. These floods of distress and anxiety have impacted analytic work globally, the structures and frames of practice and training, and the psychic problems and material content of analyses, classrooms, and supervisions. We too are distressed by the relentlessness of these upheavals, but we also recognize here a window of opportunity. What feels different to us, in this moment, is a renewed and fervent interest in community psychoanalysis as a legitimate and even, dare we say, critical dimension of psychoanalytic training.

The notion of community psychoanalysis is hardly new. There have been many instances of innovative psychoanalytically oriented programs off the couch as well as a rich body of new and old theory in assorted corners of the psychoanalytic world. Indeed, community psychoanalysis has been a vibrant part of the discipline from early in its development, taking various forms and going by many names, but not formally recognized as a legitimate kind of training in contemporary psychoanalysis. By and large, institutionalized psychoanalysis promulgates a privatized form of practice, emphasizing the conventional set-up of the dyad in the consulting room. This has effectively resulted in a rigidification of what psychoanalysis is and concretized psychoanalytic theorizing around the analytic couple. Conventional psychoanalytic training structures depend on this privatized model: the candidate must have a fairly robust private practice from which to generate patients and sufficient income to pay for individual supervision. The concretization of this set-up as the exclusive and obvious form of training is a symptom, we feel, of a larger split in psychoanalytic thinking and practice,

one which tends to divorce psychoanalysis from thinking about groups and community concerns, that is to say, from the sociopolitical dimensions of psychic life.

It was not always like this. A less known, but increasingly recovered, tradition begins with Freud's (1919) Budapest speech issuing the call for a psychoanalysis "of the people," and extends through the early efforts of the many analysts who saw themselves as part of a movement and as, in the words of Elizabeth Danto in her 2005 book *Freud's Free Clinics*, "brokers of social change" (p. 4). This tradition was carried forward in the pioneering work of a host of community-oriented analysts like Stuart Twemlow, Bruce Sklarew, Sally Wilkinson, Neil Altman, Vamik Volkan, James Barron, Kimberlyn Leary, Lynne Layton, Ghislaine Boulanger and many others, along with the vibrant traditions of social work and community mental health. And we happily recognize the current exciting proliferation of programs—far too many to name—of community-based interventions organized by psychoanalytic institutes and organizations. Emblematic of this wave of engagement, the International Psychoanalytic Association (IPA), under the leadership of Virginia Unger and Harriet Wolfe, has promoted the development of psychoanalytic community initiatives around the world, fostering them through awards and international forums. (We are proud of the fact that the CPT was a runner-up recipient for an IPA in the Community Award in 2018.) Like other paradigmatic responses to historical moments, the one we are championing was preceded by years of dedicated effort, both within institutional psychoanalysis and within community mental health, and is nourished in an environment of creative change. We build on this legacy

and offer something new. Specifically, the innovation we offer is to bring community-based practice *directly into the psychoanalytic institute as a part of training.*

The CPT, then, aims to revive elements of a lost or repressed tradition in psychoanalysis in two ways: (1) by bringing the theory and practice of community psychoanalysis more directly and systematically into the formal training of psychoanalytic candidates; and (2) by advocating for a more active and collaborative relationship between psychoanalytic institutes and the vibrant world of community mental health. Both elements are essential for the evolution that is now possible and necessary. Such a move, we believe, will not only make psychoanalysis more relevant and accessible in addressing the urgent issues that press upon us today as individuals and collectives. As importantly, it will deepen and broaden our understanding of what psychoanalysis is, has been, and can become. We see this as a move toward one of the true horizons of our discipline, an exciting frontier that will call on us to formulate more profoundly what we mean by such ideas as framing, containment, authority, the field, intersubjectivity, objects of analysis, and—key to our model—collaboration.

While we have been referring to the CPT—that is, the track as training component—the intervention also includes the Community Psychoanalysis Consortium (CPC). From the beginning, the development of this initiative was a work of collaboration between formally trained analysts from the institute and experienced, psychoanalytically oriented clinicians actively working in community organizations. The training track emerged from and was designed by this intensive collaboration; it did not spring from within the psychoanalytic institute acting alone. The foundational quality of collaboration between institute and community is an intrinsic part of our model; we do not see how it could be otherwise. Community practitioners actively shape

its form, structure, and values. Like the CPT, the CPC developed from this collaborative group, and it comprises a network of representatives from community organizations affiliated with the CPT. The CPC meets quarterly and serves as a think tank and support network for taking up the many problems inherent in the community sector. It also provides a seedbed for CPT projects, acts as a source for community faculty in the track, and has begun sponsoring annual conferences focused on community work. The CPC is a critical part of this endeavor, providing a bridge and portal between institutional psychoanalysis and the world of commu-

clinicians working in community organizations. The community in question for CPT projects is, then, the community of practitioners at the community agency. Through collaboration with the agency, these projects have included the intention to carve out space for reflection and solidarity, in the thicket of the complex contingencies which beset the social service sector. A reflecting group helps expand the capacities of the individual clinician and the agency as a whole. At least as important, however, is the creation of reflective space for *candidates* to consider how a psychoanalytic sensibility finds a home through community. This model

If psychoanalysis is to remain true to its ethic of growth, change, and development, it will need to give up its too-often defensive rigidity about what constitutes “real” psychoanalysis.

nity analytic practice outside the institute. It is deeply invested in psychoanalytic ways of thinking and intimately linked to, but independent of, the training track.

We now turn to a more detailed description of the training track itself. The CPT Steering Committee oversees all track functions and reports to the PINC board. In order to provide a foundation in community psychoanalysis for all candidates at PINC, the CPT offers a required first-year course, Introduction to Community Psychoanalysis. All candidates take this course, regardless of whether they choose to take part in the CPT. This curriculum requirement gives all candidates a broader sense of the diverse ways to practice psychoanalysis, while also integrating the CPT into the fabric of institutional life. After completing this course, interested candidates can apply to the CPT, with the approval of their personal advisors. Once accepted to the track, they are assigned to an established project in a community agency, typically working in pairs with another candidate. Rather than providing direct clinical service, candidates facilitate reflective groups for

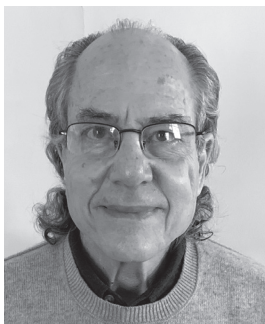
also makes it easier to teach candidates ways of applying the skills they have been learning as individual analysts.

To date we have had projects in an agency providing mental health services to refugee and asylum seekers; in the justice system working with social work staff; and in a community mental health agency working with peer counselors. Candidates spend three hours per week at the community agency for the duration of the academic year, and typically work in pairs. The experience involves three segments: co-conducting the group itself, meeting between the candidate co-facilitators to debrief, and meeting with a community liaison. The liaison, a senior member of the community mental health agency, helps teach candidates about the work being done at the agency through open, unstructured dialogue. The liaison does not supervise the group the candidates conduct. Instead, supervision for the project is the purview of the Core Seminar, which meets weekly for the duration of the project and operates on a group model.

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Mentoring Candidates in the Community

James W. Barron



James W. Barron

Candidates frequently experience a disconnect between their psychoanalytic training and their community-based work and find it challenging to integrate that work into their emerging identities as psychoanalysts. Over the past three years, the Section of the Psychoanalyst in the Community of the APsA Department of Psychoanalytic Education has invited candidates with a demonstrated interest in psychoanalytic/psychodynamic perspectives in community settings and organizations to apply for the Candidate in the Community Mentoring Award. The award provides an honorarium of \$750 and pairs the candidate with a senior analyst with expertise in the candidate's area of community interest. Last year candidates from seven APsA institutes received the award. In their own words, five of the award recipients and three mentors share their personal experiences of the mentoring relationship.

Sheri-Ann Cowie, Ph.D., Candidate, William Alanson White Institute

When I asked for a mentor, I was looking for an “old-school” analyst and consultant, someone who would hold the basics and early methods of psychoanalysis and group relations such as attending to the unconscious, using free association, thinking systemically, and relying on one's experience to explore human and organizational relations. What occurred when I showed up for my first meeting with my mentor, Dr. Paula Christian-Kliger, was informative. I was suddenly a young pupil who was awed by her work, smitten by her presence, art, and plants in her office, and clothed in her warmth and generosity. Though we were

meeting virtually, many of my senses were engaged. I was on my way to making my mentor into a revered other who was going to teach me and train me to be a better consultant and analyst in the community of legal, educational, and religious organizations for which I was consulting. I planned to tell her about an organizational dilemma I was facing and then sit back and take notes. As I was slipping down the dependency pupil road, I found myself surprised when my mentor treated me as an equal partner rather than a student in need of remediation. She wanted my observations, associations, perceptions, and experience of being with my consulting and coaching

clients. Importantly, I was aware of her ability to listen to me, tell me what she heard, and, at times, draw what she heard me saying behind my statements.

Dr. Kliger's interest in me and my mind stimulated my confidence and openness to share my associations and more about my personal history. I found myself thinking about one of my first university mentors, Dr. Philip DeVita, who, in his role as a cultural anthropologist, asked constantly of himself, me, and others: “How can we learn to better understand ourselves from the perceptions of others?” Dr. Kliger perceived me as her equal, capable of theorizing analytically about what lay beneath the splits and conflict in organizations or in coaching clients who wanted to develop leadership skills. In her presence, I saw myself as someone whose recollections and experience were sufficient to generate hypotheses that could be applied and tested in the communities seeking change. I became less nervous about not knowing or about saying something irrelevant—everything was relevant. We arrived at a term, “bridge facilitator,”

to describe how we see each other. The bridge facilitator uses experiences and associations in the moment to play and work intersubjectively. This language led us to a rich discussion of Dr. Kliger's concept of the “collateral self-study parallel process” and Ogden's and Benjamin's work about the “third.”

One highlight of how the bridge facilitator or collateral self-study parallel process manifested was in my describing an encounter with non-lawyers and lawyers who held different visions of the organization's mission of transforming the justice system. The organization was split between the primary task of providing holistic and excellent legal

I found myself surprised when my mentor treated me as an equal partner rather than a student in need of remediation.

representation to its clients and the ideological and sentient task of promoting justice within the organization itself through racial fairness and co-existence. Through rich banter about the intense dynamics and enactments I experienced in the organization and our shared associations, we uncovered unconscious intrapersonal, interpersonal, intersubjective, and systemic material that my mentor captured in an image that visualized the social defenses and splits in the organization. Later, I used this image with my clients to hypothesize about the rational organizational chart and the unconscious organizational structure which existed. Eventually, engaging in this process, we adjusted the image based on data the clients shared and used it to make recommendations to the executive director.

I have been fortunate to have strong mentors throughout my career, and Dr. Paula Christian-Kliger is no exception. She shared her expertise, patience, delight, and generosity, and I had a positive transference; it was as if she were one of my favorite aunties.

**Paula Christian-Kliger, Ph.D., ABPP,
Michigan Psychoanalytic Institute**

Mentoring for me, especially related to supporting change and development within a community or organization, can feel like I am channeling Margaret Mead, who taught us much about immersion and becoming a “participant observer.” Not an analyst but an anthropologist, she cultivated being “experience near” as most meaningful in gaining a wider and nuanced view of a community or culture. The psychoanalyst “in the field” is a kind of psychoanalytic anthropologist and more.

What a pleasure it has been to work closely with Dr. Sheri-Ann Cowie. She demonstrates an ever-evolving appreciation for working within what Alexandra Woods, in a 2020 paper in *Psychoanalysis, Culture & Society*, calls a complex “socio-psychoanalytically-informed” framework to study and to identify ways she might educate and encourage individual and professional development with key leadership stakeholders.

Dr. Cowie allowed me to join her intersubjectively, as mentor, in her consultative journey with an urban community-based organization, providing legal services with a social justice mission. Exploring fresh psychoanalytic material made it possible for me to visualize and feel present in her work. Recognizing the dynamics of splitting, for example, as Dr. Cowie noted, was possible because she provided several vivid examples, including those enacted with her. These heightened my understanding of the repetition and the embedded systemic issues pervading the organization, which then allowed me to offer a picture to her to play with and fine-tune her own understanding of the multidimensional organizational dynamics. Dr. Cowie then formulated her way forward.

The success of this mentoring work, in my view, arose from our collaborative joining in an immersion experience. Our prior organizational consultations informed us, but also allowed us to widen our views to clarify what really needed analysis and, in turn, intervention, what Dr. Cowie described brilliantly as “uncovering our third.”

Ultimately, I believe that unearthing this analytic third when conferring with a col-

league on an organizational consultation—what William Nixon and I have called a collateral self-study parallel process (*Psychoanalytic Inquiry*, 32/4: 393–411)—facilitates deeper and more satisfying outcomes within a complex organizational context. Mentoring Dr. Cowie has been a privilege.

**Sonja Ware, M.Div., Th.M.,
Academic Candidate, Psychoanalytic
Center of Philadelphia**

In August 2021, four Christian congregations of the Evangelical Lutheran Church in America (ELCA) voted to implement a merger process in order to join together as one. For the past six years, I have been working to help these congregations develop healthy relationships with each other, before engaging in conversations about their merging together. I am not a therapist; I don’t have an office with a couch. Rather, I am a Lutheran pastor.

In 2017, I started training at the Psychoanalytic Center of Philadelphia (PCOP) as an academic candidate in the Adult Psychoanalytic Program. My aim was to translate this training into my work context with various groups while developing a partnership between the congregation I serve as pastor and various neighboring churches.

The APsA Candidate in the Community Mentorship Award offered an important opportunity to widen my horizon beyond the institute. It could not have come at a more crucial time, as the four congregations prepared to vote amid a raging pandemic.

Dr. Laura Crain from Boston is an experienced analyst who is also familiar with the Christian Church as an institution, and with group processes. At first, we had to differentiate the purpose of our conversations from those with my supervisor, Dr. April Fallon in Philadelphia. Through my dialogue with Dr. Crain, I noted that the papers I write in the context of my supervision reflect on my work through a psychoanalytic lens, connecting what I learn in class. I became more curious about bridging what I learned through psychoanalytic training with the church, the wider realm of religion, and nonprofit organizations. Speaking from my experience

in the Lutheran Church in America, many churches will confront significant change, leaving them with a choice of either joining forces with others or closing.

Dr. Crain and I are now reflecting on ways I could effectively share insights with other church leaders, possibly through a book project in which I describe in everyday language the utility of key psychoanalytic concepts that have informed my work such as transference-countertransference, projection, holding environment, and developmental processes of separation-individuation, to name a few.

On the day of the church vote, most members of the congregations were able to hold deeply ambivalent feelings, ranging from grief and loss for what was to hope and cautious excitement about future possibilities. I believe that our work together, guided and shaped by psychodynamic insights, contributed to the congregations’ enhanced capacities to experience ambivalence and to act constructively. Sharing these insights with other religious and nonprofit leaders in a language that engages them could enable them to embark on similar processes wherever helpful. I am excited to continue my reflections with Dr. Crain.

I am deeply grateful for the opportunity the Candidate in the Community Mentorship Award has provided. When I started, I was not sure where Dr. Crain’s and my conversations would lead. What takes shape now was not in my conscious mind when Dr. Crain and I first met back in February 2021. What a powerful process—thank you!

**Laura D. Crain, M.D., Boston
Psychoanalytic Society
and Institute**

It has been a joy to work with Sonja. The changing church reminds me of the changing field of psychoanalysis. In each case, there needs to be less attachment to build-ings and trappings and more investment in bringing important ideas to the community to alleviate suffering and foster connection. Sonja brought me a sense of hope, encouragement, and grounding. As an Episcopalian from a small town with five churches, I

Mentoring Candidates

am familiar with the challenges of merging congregations and sharing real estate. I dislike times when my spiritual community struggles with feeling stuck in small cells and disconnected from the larger church. I often feel uncertain about how to be a person of faith in the psychoanalytic community, discouraged by the ambivalence toward religious practice embedded in the history of psychoanalysis. Sonja has been a breath of fresh air—an antidote to my discouragement. I am impressed by Sonja's remarkable accomplishment in leading a merger of Lutheran Churches. It is especially satisfying to know that her grasp of psychoanalytic ideas regarding group dynamics have assisted her. I am so grateful to have had this opportunity to mentor Sonja and hope to continue our dialogue in years to come.

**Robert M. Guerin, Ph.D.,
Candidate, Cleveland
Psychoanalytic Center**

Dr. Margulies and I meet once a month to discuss ethical issues in health care, professional development, and ways of integrating psychoanalytic perspectives in clinical ethics consultation and education. As an ethics consultant at a large academic medical center, I am responsible for assisting all clinicians, patients, and families with ethical issues that arise in health care, the most frequent of which involve disagreement over potentially non-beneficial treatment (futility) at the end of life. Dr. Margulies has been immensely helpful in understanding patients', clinicians', and families' fears, desires, and defenses in these highly stressful situations. My competency as an ethics consultant is extending beyond knowledge of ethical issues at the end of life, reaching into the psychodynamics that might occlude either an appreciation of the disease and its implications for prognosis (on the part of the patients/families) or a compassionate stance in the face of death (on the part of the clinician).

Dr. Margulies and I also discuss professional development. Over the last few months, Dr. Margulies has reviewed my manuscripts

prior to submission for publication, acted as a sounding board for new empirical research proposals, and strategized with me ways of negotiating new academic appointments. On the topic of academic appointments and promotion, Dr. Margulies is encouraging and supportive, while also expanding my network of support; he has, for example, provided multiple contacts across the country to assist with my research and teaching.

The changing church reminds me of the changing field of psychoanalysis. In each case, there needs to be less attachment to buildings and trappings and more investment in bringing important ideas to the community to alleviate suffering and foster connection.

Finally, I want to note how important it is to have a senior psychoanalyst and national leader simply be present month after month for a junior academic/psychoanalytic candidate. Dr. Margulies has been receptive to my questions, generous with his time, and encouraging with each idea, however ill-conceived, I have thrown his way. The recognition and support are invaluable.

Alfred Margulies, M.D., Boston Psychoanalytic Society and Institute

The request came out of the blue, an unexpected gift. Rob Guerin, trained in philosophy and now an ethics consultant at a major medical center, was hoping for conversation with a potential advisor and mentor. From the start we clicked, entering a searching conversation about psychoanalysis, medical centers, and the impossible ethical dilemmas that are the substance of his everyday work. To my surprise, the literature for hospital ethicists is remarkable in its need for understanding the basics of unconscious processes and their impact on crucial clinical decision making. This paucity on the fundamentals of psychoanalytic understandings and experience offers over-ripe opportunities to contribute—and Rob has devoted himself to this calling with great energy and heart.

Given my training, experience, and professional home in hospital settings, we

had much to talk about, always coming back to the pressing realities of acute suffering in hospitals. We reviewed urgent clinical requests, how to teach staff, how to make clinical recommendations, and how to deal with inevitable group dynamics and responses to suffering, moral hazard, and overwork. Rob and I discussed his manuscripts, leading to publications. We shared each other's work in progress and

our uncooked ideas. Most importantly, we sparked a personal rapport—and as with the best of collegial teaching—I learned a lot, too.

Tina Nguyen, M.D., Candidate, New Center for Psychoanalysis

I was honored to receive the Candidate in the Community award last year. The program has helped me further develop my professional identity both as a community psychiatrist in a busy urban psych ER and as a psychoanalyst-in-training. Knowing that there are other like-minded clinicians who apply psychoanalytic thought and curiosity to community work has been meaningful. As a candidate immersed in both these worlds, I can sometimes feel like I am living a double life, trading one hat for the other as I toggle back and forth.

I was paired with Dr. Jeffrey Taxman, a senior analyst with extensive experience in disaster psychiatry. This was the perfect match as the fast-paced, intense, and unpredictable environment of the psych ER is analogous to the chaotic aftermath of natural disasters or 9/11. He could truly relate to my desire to straddle both worlds. Dr. Taxman helped me better understand my own experience and learn to use my budding psychoanalytic knowledge within a crisis stabilization model. When I debated over the opportunity

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One APsaA Psychotherapist's Journey: Meet Zoe Crawford

Editor's Note: Recently I had the pleasure of reconnecting with a former psychotherapy student. She was living in a new city on the West Coast, setting up a hybrid remote and in-person practice, and beginning analytic training. I asked if I could interview her for the next TAP. I'm delighted she said yes!

—Ann Dart, TAP Psychotherapy Editor



Zoe Crawford

Please tell our readers a little about your professional background.

I received my M.S.W. from New York University in 2005 and immediately began working in high-acuity settings—inpatient psychiatric/addictions admissions, adolescent partial hospitalization and intensive outpatient programs, and an inpatient dual diagnosis unit. In all of those settings, there was a common denominator: I saw individuals and families suffering immensely, who, with few exceptions, hadn't had the opportunity to engage in depth-oriented psychotherapy.

What prompted your interest in pursuing training in psychoanalytic psychotherapy?

I was fortunate that my graduate program was deeply rooted in psychoanalytic theory and practice. Most of my professors were psychoanalysts who were in private practice. We were encouraged early on to think about which institute we would join after completing the program. Imagine my surprise when I finished my degree and entered the above workplace settings!

What was your psychotherapy program like?

I completed the two-year psychoanalytic psychotherapy program (PPP) at the Oregon Psychoanalytic Center. It was an incredibly rich experience with weekly classes, personal analysis—or a minimum of twice-weekly therapy—and presentation of two cases from our practices to faculty members. We also did a final case

formulation paper that demonstrated our knowledge of psychoanalytic psychotherapy theories as applied to one of our supervised cases.

What were the biggest takeaways from that education?

That most patients actually want more connection and to know themselves more deeply! And the better equipped I am to explain the unique benefits of depth-oriented therapy, the better I am able to help patients choose to engage with me in treatment that occurs multiple days per week. Another takeaway was that I wanted more of the training I had already received. I wanted to engage more deeply in the same way I wanted my patients to.

Were there any aspects of that psychotherapy program that inspired you to become a psychoanalyst and to pursue more training?

I think the best aspect for me was the sense of community I had during the Psychoanalytic Psychotherapy Program (PPP). I loved getting to know my classmates, personally and professionally, and getting to know the faculty members as well. As I'm sure many of us can understand, private practice can be isolating and finding a like-minded community was very powerful for me.

You've since moved to San Diego where you are now a second-year candidate. What's your training program like?

My time as a candidate has been similar to my time as a PPP student—which is a great thing, because I loved my PPP experi-

ence. I am engaged in a personal analysis, I take weekly classes, and I am in the process of converting current psychotherapy cases to analytic cases in my supervision. Once again, the feeling of community and shared love of learning, both from my fellow candidates and teachers, has been delightful and nourishing.

What are you most enjoying reading right now?

My most recent favorite book is the *Psychoanalytic Diagnostic Manual*. We used it during my time in the PPP in Oregon, so I was familiar with it. We are using it as a primary text in a current class. It really delves into the patient and clinician experience of certain diagnostic categories. It's helping me understand some of my own cases differently.

What advice would you give younger clinicians who want to learn more about psychoanalytic thinking and practice?

I would encourage them to look up their local institute and just reach out! Explain that you're interested in analytic ideas and concepts and ask if a current member—student/candidate and/or faculty—would be able to speak with you. My main advice is not to be shy. Most of us doing this work absolutely love to share how enriching, wonderful, and relevant practicing analytic work is.

What have you gained from your participation in APsaA as a psychotherapist? And now, as a candidate?

I have gained so much! Initially I was a psychotherapy associate and was able to present at two APsaA conferences. It was amazing to meet members from all over the country and to present my work to people I have admired from afar through reading their books. As a candidate I have

been able to become even more involved on a national level through joining a candidate committee. I personally believe that psychotherapy and candidate members, by and large, share many more similarities than differences. I actually would have welcomed being more involved as a psychotherapy member, but there were not as many opportunities at that level.

What do you hope to see in the future, in regard to psychoanalysis in America?

I hope that psychoanalysis becomes more accepted as a standard treatment, and that both prospective patients and insurance companies recognize the value of more intensive work. When patients are invited to connect with themselves, and with us, in a spirit of respect and curiosity, amazing changes can happen. I do wish the general public knew the difference between a treatment that is solely targeting symptoms and a treat-

ment that is designed to take the whole person into account in the way that psychoanalysis does.

In terms of training, in the future I hope there will be less distinction made in some institutes between psychoanalysis and psychoanalytic psychotherapy. What I have observed is that most of us are attracted to this specific area because we are thirsty for knowledge, both about ourselves and about our patients. Psychotherapy students may more readily convert into analytic candidates if they are not trained in two completely separate programs. There is so much overlap, yet often so many barriers to becoming a candidate. If we want psychoanalysis to

My main advice is not to be shy. Most of us doing this work absolutely love to share how enriching, wonderful, and relevant practicing analytic work is.

truly become a gold standard treatment, we need to train enough psychoanalysts to meet that demand. That can be more easily accomplished if clinicians of all types and educational backgrounds are welcomed into analytic training of any kind. And we need to make it easier to transition from psychotherapy student to candidate, if that's what people want to do.

APSA

Zoe Crawford, LCSW, is in private practice in San Diego. She specializes in working with people who haven't had success with previous therapy and/or brief treatment. She also reserves a portion of her practice for short-term addiction consultation and referrals.

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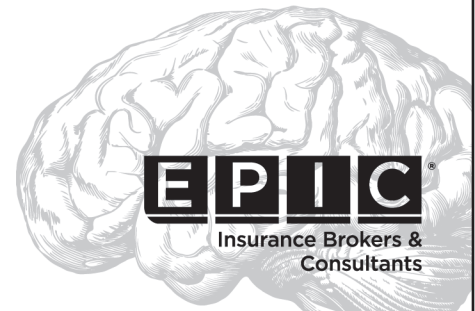
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Kate S. Fodaski, Ph.D.
Xiali Gao, M.S.
Hannah Geller, LMSW

Miriam E. Goldblum, M.D.
Jaime Grunfeld, LMHC
Elizabeth A. Hamlin, M.D.
Bin Hu, M.A.
Julia Luk Yan Hung Chu, M.C.S.
Juliette Kelley, M.S.W., LCSW
Omar A. Khan, M.D.
Linna Lau, M.A.
Yunnice Lee, M.D.
James Lefler, M.D.
Jennie Merovick, LCSW
Randi Mittleman, M.D.
Erika V. Mora, M.S.W., LICSW
Karen Mu, M.D., Ph.D.
Claudia Nelson, M.D.
Andrei Novac, M.D.
Amy Pasquale, M.S.
Evelina Pereira-Webber,
 M.A., A.T.R., LCPC
Roomana Qayyum, M.D.
Kris Rao, Psy.D.
Steven Razo, Psy.D.
Yochai A. Re'em, M.D.
Jane Reingold, M.A.
Magdalena Reyes, M.D.
Laura Robertson, L.P.C.
Jessica F. Rollin, M.D.
Kery Rowden, LCSW
Lauren Sabol, Psy.D.
Neelam Sampley, M.D.
Bradley Sears, M.A.
Li Shen, M.D.
Jeffrey Sibrack, M.D.
Hira A. Silat, M.B.B.S.
Douglas Slakey, Ph.D.
Sirel Taner-Caballero, LMHC
Timothy M. Veal, M.D.
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A Journey with Orpheus

Alan Pollack

Through Covid, Death has once again coopted for its own dark purposes our most fundamental need, the need for human connection. Consequently, our drive to defeat



Alan Pollack

death is more consciously with us than in ordinary times. I would like to share some thoughts about a classic story of one person's attempt to defeat death. In the story, Orpheus journeyed into the realm that Shakespeare would later call "the undiscovered country from whose bourn no traveler returns." But uniquely among men, Orpheus returned to life. He braved the journey driven by the need to retrieve his beloved Eurydice from death's dominion, and would have succeeded but for a single backward glance.

My own journey with Orpheus began when I first encountered the myth in adolescence. But only in my maturity did its meaning and function reveal itself. I hope that my personal journey with the myth will interest others. I believe it illuminates universal aspects of our relationship with death while revealing something about how myth and psychic defenses function.

First, in case the myth of Orpheus and Eurydice is not fresh in mind, allow me to summarize. Orpheus was the great musician of mythic Greek antiquity. No soul could remain untouched by the beauty and power of his singing. Even stones responded. Upon the death of his wife, Eurydice, his mournful song of grief moved the very gods to pity, so they granted him a boon not permitted another mortal: to travel into the realm of death and bring his beloved back to the world of the living. There was one stipulation. (*Why, why* must there *always* be one, fate-

ful stipulation?) The stipulation was that Orpheus not look at Eurydice until they reach the surface. With this, tragedy is set in motion, and the inevitable follows. Just in sight of the surface, Orpheus glances behind at Eurydice, and, with that gaze, loses her forever.

When, as a teenager, I first read this myth, I asked a question that haunted me for decades: Why such severe punishment for the simple act of looking? I later learned that psychoanalysis had a ready answer to offer: scopophilic conflict. An old-fashioned psychoanalytic term, it refers to the conflicted wish to look, conflicted because of the forbidden sexual significance of looking.

That looking can be sexual is obvious. Ordinary cultural and clinical experience confirms it. A six-year-old boy was compelled to confess to his father, over and over, that he caught a glimpse of mother naked in the bathroom. And a precocious latency-aged boy invented fiber-optic cable long before technologists did. He imagined a thin glass thread running from his window to the bedroom window of a girl he yearned for. He understood that the glass thread must be very thin to escape

detection, and thus for him to escape punishment for forbidden looking.

But even acknowledging the power of scopophilic conflict, it still seemed to me that losing Eurydice was a punishment far out of proportion to the sin of looking. And anyway, Orpheus and Eurydice were married, so wasn't pleasure and arousal in looking sanctified? Furthermore, if the myth is about Orpheus's forbidden sex-

ual desire, why should Eurydice also be punished?

I've asked such questions of a number of thoughtful analysts. All gave variations on the idea of scopophilic conflict. But I remained troubled. Then one day an answer announced itself in a sudden Aha! "*Where in the world* did I get the idea that *anyone* can return from the dead?!" With that realization, what had been hidden right in front of my eyes suddenly came into view. The reason Orpheus cannot look at Eurydice is that to look at her, to really look at her, would be to behold a corpse. To see truly is to relinquish denial. The loss of Eurydice is not a punishment imposed for the crime of looking; it is a simple fact. Death is a fact that cannot be reversed for any mortal, no matter the extremity of our grief or the beauty of our song.

With my new understanding of the myth, I now also understood something about how the myth functions. The question and protest that I interposed parenthetically above—Why must there be this fateful stipulation?—is what I felt every time I had thought of the myth. Why, oh why, must Orpheus look back

The loss of Eurydice is not a punishment imposed for the crime of looking; it is a simple fact. Death is a fact that cannot be reversed for any mortal, no matter the extremity of our grief or the beauty of our song.

just as he has almost saves his beloved? Each time I encountered the myth, in my heart I shouted out, "Orpheus! Don't look back!" If only I could get through to him, or if by protesting the unfairness of the punishment I could convince the gods to moderate their decree, then Eurydice would live. We might say that the myth induced an identification by which I became Orpheus. No longer merely an


onlooker to the drama, I was drawn inside the myth, merged with Orpheus himself. With Orpheus, or as Orpheus, I too denied death, and resisted relinquishing denial.

Thus my persistent question, about why looking is so severely punished, functioned as a defense. It drew energy from the intensely charged matters of sex, punishment, and power, all central elements of childhood's tumultuous emotional life. It used that sexual energy and fear to distract attention away from the terrible and terrifying fact of irreversible death. The question thus worked by legerdemain: it hid truth within plain sight, by diverting attention.

Still, I wonder, if I am correct that the myth is actually about the denial of death and the ultimate necessity of relinquishing denial, why punishment? That is to ask, is the theme of punishment somehow

inherent in denial as opposed to acknowledgement of death? For an answer to this question I am indebted to Tony Kris. After my Aha! moment, I asked Tony what he thought of my solution to the myth. He thought it correct and original, which of course pleased me. Then I asked him about the punishment theme. Tony had a convincing response. When we are denying the death of someone, he explained, our unconscious experience is that we *are* keeping them alive by force of will. Under dominion of the pleasure principle, we are keeping them alive, intrapsychically. As a consequence, the act of relinquishing denial is equivalent, in the unconscious, to murder. And murder requires punishment.

In a recent *TAP* article, Eli Diamond paraphrased Joseph Campbell as saying that myths "are not stories that never hap-

pened, but are, in fact, stories that always happen." My own personal journey with Orpheus—as Orpheus—illustrates one way that *always happening* works. Great stories work not by describing or telling but by inducing, enacting, drawing us inside so that story is our own lived experience. The journey of Orpheus is always happening because we all deny the reality of death. We all are Orpheus. 

This article is dedicated to the memory of Dr. Anton Kris (1934–2021).

Alan Pollack, M.D., is a psychotherapist and psychoanalyst practicing in Newton, Massachusetts. He is a member of the faculty of the Boston Psychoanalytic Society and Institute, where for twenty-four years he served as director of psychotherapy training.

In Memoriam

Deaths reported to the National Office between June 24, 2021, and March 18, 2022

Sander M. Abend, M.D. <i>September 17, 2021</i>	Marilyn R. Curran, M.D. <i>January 19, 2020</i>	Frank T. Lossy, M.D. <i>May 11, 2020</i>	Henri Parens, M.D. <i>February 19, 2022</i>	Don Spivak, M.D. <i>November 23, 2021</i>
Gerald Adler, M.D. <i>September 21, 2021</i>	Newell Fischer, M.D. <i>February 3, 2022</i>	John A. Macleod, M.D. <i>February 25, 2022</i>	Gay C. Parnell, Ph.D. <i>December 28, 2021</i>	Walter H. Troffkin, M.D. <i>February 4, 2021</i>
Raymond Isaac Band, M.D. <i>January 18, 2022</i>	Rina Freedman, LCSW <i>December 19, 2021</i>	Irwin M. Marcus, M.D. <i>October 3, 2021</i>	Fred Pine, Ph.D. <i>January 7, 2022</i>	Michael S. Trupp, M.D. <i>January 19, 2022</i>
Dale Boesky, M.D. <i>October 3, 2021</i>	Lester H. Friedman, M.D. <i>July 23, 2021</i>	Norman M. Margolis, M.D. <i>April 8, 2021</i>	Michael S. Porder, M.D. <i>October 15, 2021</i>	Denis Walsh, M.D. <i>October 2, 2021</i>
Nancy M. Brehm, Ph.D. <i>February 23, 2021</i>	Sheila Hafter Gray, M.D. <i>December 21, 2021</i>	Arnold H. Modell, M.D. <i>January 4, 2022</i>	David Alexander Powell, M.D. <i>September 10, 2021</i>	Jane Warren, Ph.D. <i>November 28, 2021</i>
Reed Brockbank, M.D. <i>May 21, 2021</i>	Richard M. Greenberg, M.D. <i>January 31, 2022</i>	James L. Morris, M.D. <i>April 11, 2021</i>	Manuel W. Roman, M.D. <i>April 7, 2017**</i>	Sharen Westin, M.D. <i>June 5, 2020</i>
Sylvia Brody, Ph.D. <i>June 2, 2021</i>	Elsie L. Haug, M.D. <i>November 22, 2020</i>	Paul W. Mosher, M.D. <i>September 14, 2021</i>	Richard Allen Ruzumna, M.D. <i>September 1, 2021</i>	Martin S. Willick, M.D. <i>October 2, 2021</i>
Barry L. Childress, M.D. <i>January 10, 2022</i>	Michael Hoit, M.D. <i>December 10, 2021</i>	Thomas M. Mould, M.D. <i>April 27, 2020</i>	Ann-Louise S. Silver, M.D. <i>September 12, 2021</i>	Jane Warren, Ph.D. <i>September 3, 2021</i>
George Chornesky, M.D. <i>January 18, 2022</i>	Leonard Horwitz, Ph.D. <i>August 1, 2021</i>	Robert L. Muellner, M.D. <i>December 20, 2021</i>	Gittelle K. Sones, Ph.D., Ed.D. <i>February 13, 2022</i>	Glorye Wool, M.D. <i>January 24, 2021</i>
Frances Cohen, M.D. <i>October 1, 2021</i>	Jerome Karasic, M.D. <i>July 19, 2016**</i>	Susan L. Orbach, Ph.D. <i>May 12, 2021</i>		

**exact date unknown / **just notified*

Medicaid and the Making of a More Accessible Psychoanalysis

Flora E. Lazar

In 2020, as it became increasingly obvious that there was no end in sight for the Covid pandemic, letters from a seldom-seen name, the Center for Medicare and Medicaid Services (CMS), began to appear with some frequency in my inbox. In the urgent ramp-up to broad teletherapy use necessitated by the raging virus, many clinicians experienced a hurried introduction to CMS and its broad influence on mental health policy. The reason we needed to pay attention to CMS's actions quickly grew clearer as clinicians migrated their practices from in-person therapy to telehealth. An agency once all but invisible in psychoanalytic circles suddenly inserted itself into our consciousness not because of an interest in Medicare or Medicaid but because the actions of CMS often presage the direction of private insurers' policies. At that early point in the pandemic, the question was whether and how long private insurers would reimburse telehealth visits at parity with office visits. Lost in any of this conversation were questions about Medicaid itself.

If, as Elizabeth Corpt persuasively argued in her 2013 paper "Peasant in the Analyst's Chair," social class is a topic infrequently addressed in the clinical psychoanalytic literature, the question of who is able to access psychoanalytic treatment financially with the assistance of insurance is a topic of even less conversation in psychoanalytic circles.

The silence around Medicaid starts early in one's psychoanalytic career. I noted this during a recruitment presentation I participated in during a psychodynamic class at a local social work school. Students were interested in the usual early-career topics, such as licensure and postgraduate training. But when the topic turned to insurance credentialing—a sometimes helpful way to build a private practice—it was obvious we had traveled into *terra incognita*. Puzzled

looks and polite incredulity marked the conversation about practitioners' decisions to accept not just private insurance but also Medicaid.

Some incredulity may stem from an unarticulated assumption that treatments of depth and frequency inevitably produce an institutional divide between what happens in a clinic or outpatient facility and in a private office. Psychoanalysis was so private that many practitioners barely participated in private insurance plans much less in such public programs as Medicaid. (Indeed, a 2020 report by the actuarial consulting firm Milliman indicated that patients were forced to go out of network more than 4.2 times as often for mental health services than for medical services.) Was publicly funded psychoanalytic treatment thus a contradiction in terms?

Avoidance of Medicaid has often struck me as a cover for feelings about the broader issue of insurance among the clinical specialties comprising APsaA. "It's complicated," a psychiatrist once said, dismissing the topic during a pre-pandemic task force meeting on APsaA's advocacy priorities. No doubt. However, psychiatrists, who account for well over half of APsaA's membership, have historically absented themselves disproportionately, it seems, from Medicaid and commercial insurance panels. The usual claim is what Norman Clemens and colleagues in a 2014 journal article called "scandalously low Medicaid payment scales." Claiming psychiatrists cannot "afford to participate in third-party payment mechanisms," the authors gloss over who can afford Medicaid reimbursement rates and who is responsible for the mental health of the indigent.

The assumption, it seems, in a self-serving mischaracterization of the migration of social work graduates from agencies to consulting rooms, is that tending to

low-income patients is social workers' work. Clinical social work

was arguably the first clinical specialty to embrace psychoanalytic ideas on a large scale. However, social work's embrace of psychoanalysis in the context of care for children and young adults in state-sponsored institutions, such as Chicago's Juvenile Psychopathic Institute and child-guidance clinics, left it outside the growth of consulting room psychiatry as it professionalized from its roots in asylum care.

Certainly, the comparatively late arrival of social workers into APsaA and psychoanalytic institute leadership has helped foster the erroneous view that social workers are predominantly concerned with improving the welfare of marginalized groups. If the University of Chicago's Crown Family School of Social Work, Policy, and Practice—one of the earliest social work schools created with the goal of advancing social justice—is any indication, the overwhelming majority of students pursue clinical work rather than careers more historically aligned with social work's social justice roots. Indeed, this evolution from social work's roots in fighting broad systemic oppression is so pronounced within the profession that scholars of the field's history have referred to these clinicians as "apostates" and "fallen angels." In the historical literature on social work, the embrace of psychoanalysis is often blamed for the field's chronic identity struggles.

Even though the social work code of ethics explicitly calls upon members of the profession to challenge social injustice, social workers have been no less silent than other clinicians on the broad issue of Medicaid. Social workers in community mental



Flora Lazar

health centers, where psychoanalysis has traditionally had less prominence in the United States, were no different from the clinical social workers in private practice, as found by Sara Bachman and colleagues in their 2017 study of social workers' roles in Medicaid reform.

Insurance aside, psychoanalysis has, over time, had a problematic and arguably misunderstood history on the question of care for the socioeconomically disadvantaged. As Elizabeth Danto's masterful account *Freud's Free Clinics* (2005) illustrates, treating the economically marginalized was a central preoccupation of the Berlin Institute. Freud, she shows, conveyed clearly his expectation that the field would concern itself with equal access to treatment for "the great multitude who are too poor themselves to repay an analyst for his laborious work." Not infrequently—and perhaps unthinkably in today's analytic world—early analysts undertook their training analysis free of charge. In return, they were expected to see their control cases free of charge. This idea did not prevail by the time the center of gravity in psychoanalysis shifted, after World War II, to the United States, and the field's educational model and theoretical literature grew. As late as the 1970s, skepticism about the efficacy of psychoanalysis for the indigent went largely unchallenged. Departures from classical therapeutic techniques were considered necessary for working with individuals of low socioeconomic status, as Neil Altman argued in his now classic work on psychoanalysis and the urban poor.

In fact, on many fronts, Freudian theory proved poorly adapted to psychoanalysis with the indigent. The concept of analyst as blank slate proved incongruent with the multifaceted role analysts often played in the clinical settings in which many poor patients were seen. The poor were often thought to lack capacity for self-observation, to communicate what was observed, and to make use of the therapeutic alliance. What emerged was a two-tiered system where, to the degree they were addressed at all, the needs of the poor were met psy-

choanalytically outside of the organizational mainstream of the field's system of care where others were treated. This system assumed they would be treated in specific settings, not in private consulting rooms but in clinics like Chicago's Kedzie Center, and in specific ways that differed from those therapies applied to patients of other economic strata. It is consistent with the broader history of medicine where the needs of the poor were met in public settings such as "charity hospitals," rather than in private offices.

The class bifurcation of psychoanalysis in consulting room and clinic did not begin to

vey of 1,500 people, PsiAn found insurance coverage is the single most important factor in choosing which therapist to work with. If this shortage of in-network mental health services affects those with private health insurance, it affects those with Medicaid plans disproportionately.

Fortunately, the discussion of insurance coverage for intensive treatments was thrust into the open by several major legal and policy decisions that attempt to give teeth to the Mental Health Parity Act, passed in 2008 and amended in 2010. Routinely flouted by insurance companies processing claims for intensive treatments, this

The absence of conversation about Medicaid persists even as the field begins to confront its legacy of racial exclusion in clinical work and in the field's educational institutions.

collapse until the reality of the "behavioral challenge" sank in and the efficacy and economic benefits of long-term, intensive treatments came under question by insurance companies. Only then did insurance, broadly speaking, become a reluctant factor in psychoanalytic treatment. Yet, a deafening silence on Medicaid prevails. The absence of conversation about Medicaid persists even as the field begins to confront its legacy of racial exclusion in clinical work and in the field's educational institutions. The surge in demand for mental health services during the Covid pandemic has done little to alter this trend.

Like the psychiatrists studied by Norman Clemens and the social workers in Bachman's qualitative study, social workers felt that Medicaid was a topic on which psychoanalysis could remain largely silent because, as Bachman's subjects indicated, it "affected" them less. But surely silence affects the psychoanalytic community. Research recently released by the Psychotherapy Action Network (PsiAn) suggests the relative neglect of insurance issues by the field may be short-sighted. In the group's multi-modal study, including in-depth interviews and a nationwide sur-

federal legislation aimed to ensure that mental health and addiction services were covered comparably to medical care by removing frequent limitations on the scope and duration of mental health care. After a 2019 California victory in which a judge declared it illegal for insurance companies to deny benefits for intensive treatments such as psychoanalysis, psychoanalytic advocates shifted their attention to state capitals, which regulate insurance coverage and Medicaid plans. Their goal is to prevent the denial of insurance coverage for intensive mental health services such as psychoanalysis.

It remains to be seen whether these changes will benefit those patients who rely on public sources of insurance like Medicaid as much as those with private insurance. Likewise, it remains unclear whether the ability of the economically marginalized to access psychoanalytically oriented care will become any less challenging. Will Medicaid move more broadly into private offices, where the overwhelming majority of psychoanalysts and psychoanalytic therapists practice?

Psychoanalytic group practices, of which there are still very few, may be more likely

and better equipped than solo practitioners to empanel their clinicians in Medicaid and handle insurance submissions. While some solo practitioners undertake

ing—affects the most severely afflicted and underserved patients who typically are not seen in private practice settings.

Some psychoanalytic training programs

Enabling more diverse populations to access psychoanalytically informed treatment will address a sustained criticism of psychoanalysis, namely its exclusion of patients with historically marginalized identities.

the empaneling process for private insurance—which, for example, in Illinois generally takes about two months—Medicaid can take longer, as much as six months. However, in states like Illinois the reimbursement rates are far from “scandalously low.” In fact, for social workers, rates lagged private insurance by only about \$20 per session, or at least 30 percent more than the recommended—or even allowable—sliding scale fees in many group practices. Many times more than the fees charged by clinics.

Groups that empanel their clinicians find other advantages as well. One clinician confessed relief that he would not have to rely on referrals to student interns for low-income patients. The director of another group practice saw it as a useful recruiting tool, explaining that some early-career professionals want to be able to transfer patients they see in community settings to their private practices. They view Medicaid as essential to this continuity of care and an opportunity to build their licensure caseloads. Some social workers exhaled at the prospect of achieving an easier balance between their own personal needs to optimize billings and the profession’s historical roots in addressing poverty.

It remains to be seen whether greater awareness of Medicaid’s reimbursement schedule will address the declining interest in psychotherapy among early-career psychiatrists on its own or whether payment scales will have to be addressed. As Norman Clemens acknowledges, the shortage of Medicaid psychiatrists—and especially those with psychoanalytic train-


ing—recognize the need to enrich their educational offerings by developing options to engage clinicians more directly in the outside community. Important as these initiatives are in expanding the types of patients psychoanalysts can knowledgeably serve, they run the risk of all targeted programs: they are financially and institutionally vulnerable and continue to marginalize those outside the reach of more universal benefits. Making Medicaid more universally available for psychoanalysis or psychoanalytic psychotherapy in private practice settings presents a learning opportunity likely to enrich the education of a broader range of psychoanalytic clinicians than those attached to clinics and hospitals or those who pursue community psychoanalysis tracks in their training.

For the field as a whole, narrowing the gap between the clinic and the consulting room through the expansion of Medicaid utilization in private psychoanalytic practice will have other possible benefits beyond impact on training. Enabling more diverse populations to access psychoanalytically informed treatment will address a sustained criticism of psychoanalysis, namely its exclusion of patients with historically marginalized identities. As numerous recent commentators on race and psychoanalysis observe, this lack of diversity in the historic psychoanalytic patient population has produced a body of clinical theory with serious and often painful biases that threaten to make psychoanalysis an irrelevancy in a modern, diverse world.

The inescapable fact remains that Medicaid is the leading payer for mental health services in the United States, especially for

low-income individuals. The program paid for 25 percent of all mental health spending and 21 percent of total spending on substance use disorders in the United States in 2014, according to a 2018 report on mental health parity written by Elizabeth Edwards and Abbi Coursolle.

As with all basic social change, improved access to psychoanalytic services through Medicaid will likely require new systems and supports. Physicians in other medical specialties routinely expect to need administrative and insurance processing support. The need may become more pressing for solo practitioners if legal and regulatory changes that have taken place in recent court decisions and state policy succeed in expanding the number of solo practitioners accepting private insurance. Group practices routinely provide such benefits as billing support to their clinicians for Medicaid as well as private insurance.

As psychoanalysis continues its internal process of reconciliation with deeply problematic aspects of its theory, practice, and educational institutions that have impacted marginalized groups, the profession cannot and should not stop with issues of race, gender, or education, each of which has been the focus of specific apologies by the American Psychoanalytic Association. Reanimating the impulse that inspired Freud’s free clinics will require an equally thorough and ongoing re-assessment of the class system that has undergirded *who* practices psychoanalytically informed therapies of depth and *who* is allowed to benefit. It is an irony that in continuing to marginalize the poor and those who rely on public systems of support to access mental health services, psychoanalysis has marginalized itself. 

Flora Lazar, Ph.D., LCSW, is an historian and psychoanalytic psychotherapist who has worked at the intersection of research, public policy, and clinical practice. She has served on several APsA task forces related to psychoanalytic advocacy. She works in the Berkshires.

APsaA's COVID-19 Advisory Team Peer Groups Beckon Colleagues from Near and Far

Brenda Bauer



Brenda Bauer

Perhaps you've read the COVID-19 Advisory Team's helpful listserv content, or maybe even attended a Town Hall meeting sponsored by this group. Appointed without delay by Bill Glover and Kerry Sulkowicz not long after the pandemic took hold back in March 2020, the COVID-19 Advisory Team, co-chaired by Todd Essig and David Scharff, immediately went to work to discern the pressing needs of the APsaA membership at an historic time.

Todd and David worked in an advisory capacity with Bill and Kerry to determine the best ways to assist APsaA members who, like the rest of the world, were reeling from the sudden and frightening conditions that first gripped Wuhan, China, and then Western Europe. Before long, New York City and then pockets of the West Coast, Seattle, and San Francisco, as well as Colorado ski country, began reporting cases as the rest of the country seemed to vacillate between denial of, and fearful hyper-attunement to, what our country's fate would be.

Having served as board chair for the New York Disaster Counseling Coalition (NYDCC), which provided free mental health care to first responders and their families in the aftermath of the 9/11 attacks, Todd approached the COVID-19 Advisory Team with an idea he was hatching about creating peer support groups for psychoanalytic clinicians, regardless of location or organizational affiliation. He and colleague Gillian Isaacs Russell had previously collaborated on a

scholarly exploration of what technology offers psychoanalysts working on digital platforms. Todd brought Gillian onto the COVID-19 Advisory Team, and they quickly connected with Gennifer Lane Briggs, who volunteered early on to help shape outreach to clinicians struggling with various aspects of the "new normal." They saw the need was urgent and immense. Do you remember how the rapidly evolving pandemic required us to lock down and immediately provide patient care via telephone and online platforms while working from home, taking care to not fall ill and caring for family or friends who did? Many clinicians (as well as patients) became de facto homeschool teachers when schools abruptly went virtual. A bewildering array of challenges and stresses confronted clinicians everywhere.

Todd, Gillian, Gennifer, and the rest of the team publicized an inclusive invitation to clinicians through the American Psychological Association (APA) Division 39, the American Association for Psychoanalysis in Clinical Social Work (AAPCSW), and other listservs sourced for the COVID-19 Advisory Team by Daniel Prezant, who later became a team co-chair. They built a master list of mental health organizations around the country. The only requirement for clinicians to take part in these peer groups was that they work in a psychodynamically informed framework; they didn't need to be APsaA members.

One goal was to develop, curate, and share emerging Covid-era information with the APsaA membership and peer groups outside of APsaA, since many were feeling isolated without colleagues to turn to as the practice and personal landscape quickly morphed from

region to region. The thought was, as the pandemic increasingly took hold in more areas of the country, our information base would expand, thus allowing us to share information about Covid and various local responses by APsaA members. The COVID-19 Advisory Team is itself geographically diverse. Todd Essig practices in New York; co-chair David Scharff is in the Baltimore–D.C. area; Gillian Isaacs Russell practices in Boulder, Colo.; and Gennifer Lane Briggs practices in Miami. The team hailed from all over the country, the northeast, midwest, south, and western United States.

Peer Support Groups

The COVID-19 Advisory Team had been tasked to provide a "nimble response" to the raging pandemic by, in part, utilizing already-available APsaA resources. Todd quickly reached out to the membership for volunteers to serve as peer group facilitators. Our members stepped up. Armed with the necessary volunteers and aided by Tom Newman and APsaA staff, who were themselves rapidly adapting to remote work, Todd turned to the Eventbrite platform to set up an automated system to invite people to register for a peer group. Much to the delight of the entire advisory team, all 225 spots were taken within forty-eight hours of launching the site. This was a tonic for the organizers, who like everyone else, were reeling from the pandemic. They decided that, with demand so great, they would launch another invitation for peer groups. Once again, members stepped up to volunteer to be facilitators and, a few weeks later, another set of groups launched. They, too, would be fully subscribed within days. All told, thirty-five groups of approximately

COVID-19 Advisory Team

fifteen people each were ready to go, and a waiting list with dozens of other interested individuals was formed that could populate subsequent groups.

As most of us were just beginning to get our heads around what was happening in mid-March and early April 2020, many regions of the country reported rapidly rising Covid cases. By late spring, most regions of the United States were in some form of lockdown. The virus had spread along the eastern seaboard and into the mid-Atlantic, middle south, and the interior of the country. But community spirit was high, heroic even. There was a sense we were all in this together; let's applaud hospital workers at shift changes! And the approximately 500 peer group participants were settling into weekly group Zoom meetings that many described as a lifeline.

With the project launched, Todd, who also facilitated one of the groups, stepped back from an oversight role while Gillian and Gennifer took ownership. In addition to overseeing the peer group program and providing weekly consultation to group facilitators, they were also group facilitators, themselves. Gennifer expressed surprise about the degree of enthusiasm and need demonstrated by peer group attendees: "We assumed at the beginning that the peer group experience would last perhaps three to four months, and now here we are some twenty-four months later with most of the weekly groups still running. The response was simply beyond anything we could have imagined!" Gillian concurred, adding that the groups' focus and intensity shifted markedly a few months into the work, perhaps in response to the killings of Ahmaud Arbery and Breonna Taylor, and then, of course, in reaction to the George Floyd murder and the rise of the Black Lives Matters demonstrations over the summer of 2020. As Gillian noted,

"The pandemic changed course with the advent of new, obvious social inequalities and exploding tensions between law enforcement and citizens no longer able to deny differences in how people of color were treated by

Despite challenges in balancing the many trends and threads each group took up, group facilitators were ultimately heartened by the experience of ushering their professional peers through this amalgam of trauma and

One goal was to develop, curate, and share emerging Covid-era information with the APsA membership and peer groups outside of APsA, since many were feeling isolated without colleagues to turn to as the practice and personal landscape quickly morphed from region to region.

police." She said, "The peer group experiences mirrored that, changing from fear and fatigue in the opening weeks of the pandemic to shock and anger over the events that led to social upheaval brought on by the summer of protest."

Gennifer and Gillian were careful to frame and conduct the groups as peer support groups, distinct from treatment groups or process groups. Naturally, the groups "processed" individual and collective experiences of the pandemic and social upheaval; however, they worked hard to make the groups a safe, supportive place for peers who sometimes had radically different experiences and held significantly different beliefs. Holding the frame was particularly difficult when more divisive, emotionally charged, and politically tinged issues arose between the summer of 2020 and the presidential election. According to Todd Essig, "No one imagined that social justice traumas and political tensions would need to be processed within groups set up to cope with the pandemic. Somehow Gillian and Gennifer found ways to support facilitators as they navigated the many and varied group responses to social upheaval amid the pandemic. Group facilitators adapted." He says, "Their work was really remarkable."

uncertainty. And they reported feeling personally changed and moved by the experience. Gennifer and Gillian express similar sentiments about their oversight of the group facilitators, and in charting their course from the early days of the pandemic through the summer of George Floyd and Black Lives Matter. "The group facilitators have felt so gratified by their work, in helping their peers to absorb the shock, fear, and uncertainty of the opening weeks and months of the pandemic, and through the summer of 2020," Gillian said. "Their experience situated our experience and felt so essential to getting through and coping with the 'pandemic-plus' and the 2020 presidential campaign. So much was afoot, and the peer groups kept us connected and 'glued' when so many things seemed to be falling apart."

Gennifer added, "Over the summer and into this fall our groups were taking up the subject of re-entry into in-person clinical work and how to navigate this." She said, "The groups were a tremendous resource for peers to sort out what their level of comfort was with returning to in-person work. Each group has a great diversity of experience in all sorts of ways, like their respective geographic regions, local trends in everything from degree of lockdown or not, and community standards of practice, how commonly people in



their communities were wearing masks, socializing indoors, etc. So, these groups have been a wellspring of information and support, all delivered in a non-judgmental atmosphere across the many phases of the pandemic.”

Gennifer and Gillian have been particularly encouraged by the significant success in peer outreach. The majority of participants were not affiliated with APsaA or local APsaA institutes or societies, and the peer groups have changed materially the way non-affiliated clinicians view APsaA. “We have seen a sort of undoing of the past perceptions of what and who APsaA is through this outreach and immersion of so many clinicians who had heard of APsaA or perhaps attended an APsaA meeting. However, some came into the experience with great curiosity and perhaps some anxiety, since they had either heard APsaA was not a welcoming place, or maybe experienced it firsthand at a meeting or in some other way. So, to have these individuals come away with a positive experience such as this has been so wonderful,” added Gennifer. The COVID-19 peer consultation groups have been so successful that the APsaA membership department launched a new generation of peer groups to meet the need of APsaA members and other analysts for support over the winter of 2022.

One consequence of the pandemic is that overnight we all became disaster mental health responders, but often without specific training. To help bring everyone up to speed, Gillian and Gennifer shared with the peer groups information such as the work done by Jeffrey Taxman, a COVID-19 Advisory Team member from Milwaukee, discerning how community responses to disasters predictably change over time, and by Daniel Prezant, who created “Returning to In-Person Work During COVID-19” reports. Such content helped ground the peer groups in the best information we had during the course of the pandemic. Gillian noted, “The sense of danger has not fully faded and likely won’t for a while. We are seeing that it takes quite a while to catch up mentally and behaviorally even with the rollout of vaccines and many people being fully vaccinated and some returning to in-person work at the office. Until the Covid surges are not so routine, we really won’t feel a sense of safety like we did before the pandemic. We emerged from the immediate shock of the pandemic and the social and political upheaval rather changed, but there is still the sense that the danger is with us and will be for some time, and that tracks pretty clearly in the peer groups.”

Gennifer and Gillian, unfamiliar with each other prior to this

experience, acknowledge that it now feels strange when they are not in touch, for example, when the peer groups don’t meet for a few weeks over vacation. Gennifer commented, “From the beginning it has been comforting knowing that we have each other and have had a mutual sense of support, shared experience, and now a close friendship.” Gillian agreed: “It’s been so difficult and yet so gratifying at the same time. We have felt so inspired by the facilitators who immediately volunteered to run groups at such a strange and terrifying time. Their commitment and friendship while we were weathering all these challenges together and seeing the peer groups tightly bound by support and friendship, almost platoon-like in their intensity, has deeply affected us.” APsaA

***Editor’s note:** This article was written before the Omicron variant appeared in the U.S. and may not reflect the COVID-19 Advisory Team’s most recent work. To stay up to date, join the team’s listserv by sending an email to COVID-19-join@list.apsa.org.*

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Revising the Standards of Psychoanalytic Education

Britt-Marie Schiller

“The mind is not a vessel to be filled, but a fire to be kindled.” This aphorism, which derives from the Platonic philosopher Plutarch, captures the spirit of the revised Standards and Principles for Psychoanalytic Education that APsaA’s Board of Directors approved on December 12, 2021. A democratic review process that encouraged participation and critical thinking on the part of all APsaA members created a dynamic document. The process involved two commentary periods and several meetings for raising questions, expressing doubt and disagreement, and suggesting language and content changes. Rather than a static container of rules handed down to a passive membership, the resulting document is an evolving set of standards arrived at in a collaborative spirit and ultimately passed by a unanimous vote.

These current standards are not only stronger as a result of being established through a democratic process, but also as a reflection of what someone in a Members Forum on standards described as “a change from the attachment to labels to an attachment to excellence.” This captures the shift from the hierarchy of an elite status of psychoanalysts to a focus

cational functions; and professional development as a fourth pillar to the formerly triadic model of psychoanalytic education.

Democratic governance

Plutarch’s metaphor of the mind as a dynamic, living fire, reflects an active psychoanalytic organization that promotes democratic governance of its constituent institutes. Such a democratic commitment is manifest in the APsaA recommendation that major policy decisions about psychoanalytic education be decided by majority vote of an institute’s analyst and candidate members. Psychoanalytic education is a responsibility to be shared by all constituents on all levels, from the democratically elected Board of Directors to individual faculty and candidates. This responsibility entails active participation and engagement in the mission of our psychoanalytic organization, since a fire that is not continually re-kindled will eventually go out.

Shared responsibility and local option

APsaA’s democratic commitment includes the local option, the right of institutes to implement the principles of psychoan-

alytic Education Committee (PEC) of the IPA to help institutes maintain and develop quality educational practices. DPE and PEC have begun collaborating on this new model

for maintaining excellence in psychoanalytic education. The goal is to provide a forum for collegial exchange of educational ideas and practices in place of top-down assessment. Institutes will learn from each other, become familiar with one another’s educational models and programs, and reflect on their own educational practices, as they prepare for meetings with their colleagues. This horizontal model of collegial accountability and collaborative exchanges between institutes resonates with a democratic spirit of psychoanalysis.

The vital importance of the cultural and social surround

These standards make explicit APsaA’s commitment to actively counter all forms of racism and discrimination. They recognize the cultural and social surround as constitutive elements of mental life and therefore essential to psychoanalytic education. To maintain vitality and relevance to future generations of analysts, a contemporary psychoanalytic curriculum includes studies of privilege, various forms of entitlement, and the diversity of individual, cultural, and social identities. Studying and understanding group dynamics will enable psychoanalysts more effectively to address various expressions of discrimination in psychoanalytic education, in clinical work, and in community settings beyond the consultation room.



Britt-Marie Schiller

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on the functions of psychoanalytic education and the formation of analysts who are not simply followers of tradition, but also active and critical evaluators of that tradition. I want to draw attention to five ways in which the revised standards are stronger: democratic governance; shared responsibility and local option; the vital importance of the cultural and social surround; qualifications for distinct edu-

alytic education according to local cultural and practical needs, provided they are consistent with APsaA standards. We frequently hear, “What are other institutes doing?” This question has led the Department of Psychoanalytic Education (DPE) to initiate a program of psychoanalytic encounters between institutes. This nascent project takes its inspiration from a pilot program organized by the Psycho-

Qualifications for distinct educational functions

The revised standards distinguish the functions of analyzing, supervising, and teaching candidates with distinct qualifications to perform each function. The qualifications are objective and demonstrable, emphasizing education and experience, not only in conducting analytic work, but also in the skills of supervising and didactic teaching.

While it is of great importance that analysts of candidates be highly competent, the analyses of candidates are non-reporting; they are required, but not evaluated by progression committees as part of the criteria needed to fulfill graduation requirements. Because of the personal and private experience of an analysis, the revised standards state that a candidate's analysis best be kept as separate as possible from the other components of a psychoanalytic education.

It has been assumed tacitly in APsaA's prior educational standards, as well as in practice, that appointment as a training and supervising analyst qualifies one to teach didactic classes, supervise candidates, and make educational and governance decisions for institutes, despite one's being vetted only as competent training analyst, not as qualified for the other functions.

Professional development

DPE has, since its inception, advocated professional development as part of its educational philosophy based on the reasoning that it is both impossible and unwise to assume that analytic candidates can learn everything important about psychoanalysis during the formal training years. To counter such an unrealistic notion, the revised standards, following as baseline the IPA's Eitingon training model, has added a fourth pillar: professional development. Continuing education and involvement in institutional life are essential components of psychoanalytic development

throughout an analyst's career. DPE has already begun providing such programs, for example, the 2019 seminar for recent graduates, that included presentations on development of writing skills, both clinical and scholarly, and leadership skills.

The process

In 2020 APsaA conducted a survey to assess the attitudes of APsaA members towards TA and SA functions. (Sincere thanks go to the Task Force and its Chair David Cooper for managing the hard work of gathering and assessing the data of the survey.) The response was a robust 51.4 percent. The results of the survey led the Institute Requirement and Review Committee (IRRC), under the leadership of Bill Glover and Bonnie Buchele, to initiate a revision of these functions in the Standards for Psychoanalytic Education. The standards were last revised in 2018, after the sunseting of the Board on Professional Standards (BoPS).

The 2021 revision was guided by survey responses regarding the following.

- (1) Analysis of candidates:
 - 96% agreed an analysis should be required.
 - 68% believed that analysts of candidates should meet some special criteria, such as being active practitioners of psychoanalysis, having diversity training, or being willing to lower their fee.
 - 62% supported that the criteria be objective.
- (2) Supervision of candidates:
 - 90% agreed that supervisors of candidates should meet some special criteria (such as being evaluated on teaching and supervisory skills and being willing to have flexible fees) and that supervision should be integrated in candidate education.
 - 97% felt it important that supervisors have clinical experience.

- 81% felt it important that supervisors have pedagogical skills.
- 70% felt it important that supervisors be able to help candidates formulate and write up cases.

As IRRC began to draft its recommendations on the training analyst and supervising analyst functions and appointments, the committee felt strongly that the issues should be considered in a broader context. The IRRC therefore recommended a more comprehensive revision of the Standards for Psychoanalytic Education, including the establishment of a philosophy of psychoanalytic education and the recognition of individual institutes' right and responsibility to vary the educational standards to fit their culture. The Board approved preparation of a recommendation of a comprehensive revision of the standards on June 6, 2021. In order to obtain input from members early in the process, IRRC submitted the initial working draft for member comments.

The process stimulated great interest and engagement during the sixty-day period of commentary, including questions, suggestions for changes, critical comments, and several alternative proposals. A concern was voiced that local option means "anything goes" and allows individual institutes and centers to set their own standards, raising the question of the balance of authority between APsaA institutes and the APsaA Board. Articulated in the final document is a model of education that respects the integrity and competence of institutes to implement the principles of psychoanalytic education and the right to adapt procedures to their culture, environmental circumstances, and practical needs, provided these are consistent with APsaA standards.

The work of moving the revision forward took place on several fronts. A subgroup consisting of three members of IRRC and the head of DPE incorporated suggestions, organized the structure and

Revising the Standards

flow of the document, deleted obsolete parts, and articulated suggested additions to the standards. IRRC met frequently to discuss each iteration. The Steering Committee of DPE met twice to discuss the proposed standards and suggest criteria for the educational functions of serving as analyst of candidates, as supervisor of candidates, and as didactic teacher of candidates.

On September 11, a Members Forum on standards convened to discuss and critique the evolving standards. Nearly eighty members participated. They were divided into smaller groups to encourage more interactive discussions. Each group selected a reporter who recorded the group's reaction to the overall document, with special attention to the major changes proposed.

The reports from the groups were thoughtful and richly textured. Many said they were pleasantly surprised, appreciating the positive tone of the revised standards and the substantive change from TA/SA status to the functions of analyzing, supervising, and teaching candidates. The tension between organizational hierarchy and democracy was repeatedly brought up with some wishing for a stronger stance in defining democracy, recommending that all major policy decisions about psychoanalytic education be decided by majority vote of institute analyst and candidate members, while others cautioned that "someone has to run an institute," noting a lack of member training in group processes. To ameliorate this tension, the revised standards recommend that contemporary psychoanalytic curricula integrate a theoretical understanding of group dynamics.

Given the long history of prejudices and of the discounting of the effects of social inequities within psychoanalysis, many noted the importance of the explicit inclusion of the role of culture and diversities in the standards. Members of APsA's Holmes Commission on Racial Equality contributed generously to the articulation of an

organizational commitment to recognize, study, and respect cultural and individual differences, as well as psychosocial determinants of identity and diversity. The standards now include a clear focus on race and racialization and a commitment to study privilege, marginalization, injustices, and various forms of entitlement.

Based on the wide spectrum of views expressed at the Members Forum, as well as opinions from local discussions, IRRC proposed another revised version of the standards. The DPE Section on Child Analysis contributed changes and additions to the Section on Education in Child and Adolescent Psychoanalysis. After more editing, this version was circulated to the membership in early October for another thirty-day comment period.

Wanting to leave no stone unturned, DPE offered one more meeting for directors, EC chairs, and child analytic chairs of institutes to discuss and question the revised standards. Almost sixty people attended. We were fortunate to have the president, Bill Glover, and the president-elect, Kerry Sulkowicz, attend and participate. The request for information on what other institutes are doing was raised again. A plea to delineate the terms "integrated" and "combined" regarding curriculum was underscored by many: "Integrated curriculum" to be used for child, adolescent, and adult curricula, and "combined curriculum" for joint psychotherapy, psychoanalysis, and academic curricula.


Many contributed to a discussion about using "consulting analyst" in place of "supervising analyst" on the grounds that "consulting" is more collegial and might avoid possible legal responsibility. IRRC subsequently obtained legal consultation and found that legal responsibility is not lessened if there is an evaluative component to the task. Others held that "supervising analyst" is more appropriate in educational standards, since a supervisor does perform an evaluative function,

which "consulting analyst" does not convey. The standards now use "supervising analyst."

Language matters. This was again manifest in a discussion about whether candidates should be described as having a "voice" or a "vote." Many institutes do not allow candidates to vote on educational policies. Someone noted that "voice" allows for tokenism, whereas a "vote" is concrete. Adhering to its democratic commitment, APsA recommends in the standards that major decisions about psychoanalytic education be decided by majority vote of an institute's analyst and candidate members.

IRRC met again to consider comments from this meeting as well as those from members during the comment period ending on November 8. After final tweaking, the revised Standards and Principles for Psychoanalytic Education document was presented to the Board of Directors for approval.

Acknowledgement

I feel certain I speak for many in expressing gratitude to and admiration for Bill Glover, our president, who worked tirelessly to open spaces for voices expressing different views, disagreements, and suggestions for alterations big and small, and who advocated for constant and continuous conversation and collaboration in generating these revised standards. His generous spirit is indeed reflected in the aphorism above, which he contributed to inspire and guide the almost year-long process of revising the Standards and Principles for Psychoanalytic Education. 

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Mentoring Candidates


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to do my own disaster work a few months ago, Dr. Taxman provided invaluable insights into his own experience as we considered what this type of work would mean for me. Overall, this mentorship has challenged me to explore the complex dynamics and motivations of all those involved in crisis situations, including my own. I am better able to contain the intense affective states inherent in psychiatric crises, allowing space for patients to metabolize and transform them. What others deem “unanalyzable” or extra-clinical settings outside of the traditional analytic frame I see as opportunities for innovative, modified psychoanalytic technique providing access to more diverse patient populations at all socioeconomic

levels. By recognizing and supporting the value of psychoanalysis in the community, APsA and the DPE are creating conditions for psychoanalysis to remain relevant and accessible to future generations.

Timothy R. Rice, M.D.,
Candidate, Columbia University Center for Psychoanalytic Training and Research

The opportunity offered by the Candidate in the Community Mentorship Award was a keystone in my last year as a child, adolescent, and adult candidate at the Columbia Center for Psychoanalytic Training and Research. I work as an inpatient unit chief for children and adolescents with psychiatric disorders in New York City. My mentor, Dr. Frederick Meisel, had similar experience as an inpatient unit chief in Boston. In our meetings, Dr. Meisel helped foster

my psychoanalytic identity and guided me as I concluded formal training, wound down existing obligations, and explored new opportunities. I found excitement and a renewed interest in bringing an analytic approach to hospital-based work and encouraging younger trainees to meaningfully engage in their profession. Several of these trainees pursued further training at our institute, and many more I believe will bring an analytic mindset into their day-to-day work. 

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Community Track

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Candidates present process material weekly to the Core Seminar; this material focuses largely on process from the project group they facilitate, but also includes reflections from the debriefings of working with each other and from the meeting with the community liaison. The Core Seminar listens and works as a group, consisting of the CPT candidate pair, a community psychoanalysis supervising analyst (CPSA) who is assigned to each candidate, at least one community consultant, and, for the time being, one of the CPT directors. The community consultants are senior clinicians working in community mental health; while specifically not trained as an institutional analysts, they work analytically. CPSAs must be credentialed according to a set of specific criteria, which includes immersion in both conventional dyadic psychoanalysis and community mental health experience. Before supervising, they must complete a yearlong CPSA supervision seminar, and once they begin to work actively in the CPT with

a candidate, they continue training in a yearlong mentoring program with an experienced CPSA. The Core Seminar is thus a multidisciplinary group in which individuals occupy various positions by virtue of their specific roles. It is the group itself—poly-vocal, dynamic, pregnant with tensions and moments of meeting—that acts as the supervisor to the candidate couple. This can be an overwhelming experience at times, much as starting an individual analysis can be overwhelming, but the Core Seminar develops its capacity to hear itself on a collective level, as a group. This invariably resonates with the complex dynamics that emerge in the project group that the candidates conduct. And as a further aid to digesting the complexities of such group supervision, CPSAs meet individually with their assigned candidate at least quarterly during the year, and more, if needed.

Institutional psychoanalysis is undeniably at a crossroads. The clamor for change can be heard from almost every quarter of the psychoanalytic community, in institutes, national professional organizations, and the communities that

support and surround the analytic establishment. If psychoanalysis is to remain true to its ethic of growth, change, and development, it will need to give up its too-often defensive rigidity about what constitutes “real” psychoanalysis. This means it will also need to implement structural changes to its ways of training candidates. We believe the PINC model of the Community Psychoanalysis Track and Consortium offers one such powerful intervention for the future of the discipline. 

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