

# Psychotherapy E-Newsletter



Fall | 2022

*Dear Colleagues,*

*We hope this E-Newsletter finds you and your loved ones healthy and safe. As we move into 2023, we have the opportunity to meet again in-person at the **2023 National Meeting, January 31-February 5, in New York.** Please see below for details.*

*In other news, Jonathan Kersun, our Chairperson for the past two years will be stepping down as Chair and moving on to new ventures. We will miss Jonathan and wish him the very best in the future.*

*More news, although we won't have our regular programming at the upcoming National meeting, we are hard at work to reinstate and reinvigorate them at future meetings. Part of our initiative toward that end is that we have openings on the PA Committee and we need you! Your voice and vision will help define the role of PA's in APsAA, create programming that adds value, and builds our community. This is a great way to get involved, expand your network of like-minded colleagues from around the country, and support the work we all do. If you are interested in this exciting opportunity, please reach out to Carol Reichenthal at [carolreichenthal@verizon.net](mailto:carolreichenthal@verizon.net), Margo Goldman at [margogoldmanmd@gmail.com](mailto:margogoldmanmd@gmail.com) or Michael Groat at [mgroat@silverhillhospital.org](mailto:mgroat@silverhillhospital.org).*

*We continue to provide you with informative and engaging information on our past and upcoming activities and programming. Please don't hesitate to contact us for contributions, reflections or comments, your feedback and participation is valuable!*

*Best wishes,*

*Padma Desai, LPC, LMHC Editor, Psychotherapist Associates E-Newsletter*



Padma Desai

## What you'll find in this issue



- ***A Journey of Retirement: A Personal Account***
- ***Book Summary: Baudelaire***
- ***Psychotherapy Action Network (PsiAN) Fall 2022 Update***
- ***APsaA In-Person 2023 National Meeting January 31 - February 5, 2023 in New York***
- ***Call for E-Newsletter contributions***

### **A Journey of Retirement: A Personal Account**

At APsaA's 111th Annual Meeting, I attended the session, "The Older (over 70 year old) Analyst Who is Still Working." Chaired by Charles Fisher MD and Judy Kantowitz PhD, the presenters outlined the early phase of their research on analysts' reluctance to retire as well as the pitfalls of continuing to work as one ages. As a relatively recent retiree, I was very interested in the subject, especially because our profession allows for a range of late career options.

I was struck by a recurrent theme in the presented material - clinicians' fear of abandoning "lifer" patients who may be substituting the analytic relationship for ones outside the consulting room. Another deterrent to retirement was the loss of peer contact and intellectual stimulation derived from our work. Some younger research subjects posited they would become better therapists with age, thereby creating an incentive to delay decisions to stop seeing patients. This raised a question for me: Does one continue working primarily for oneself or one's patients? Other dilemmas came to light: What safeguards are necessary in the event of the therapist's diminished cognitive function or another infirmity if still seeing patients? What provisions should be made if the therapist does not acknowledge impaired function, has a sudden illness or dies? And are we reckoning with our own aging, vulnerability and mortality if we continue treating patients without a clear exit plan or safety net?

In the context of these professional and personal issues, I will share some of my retirement story. I retired from practice in December 2021 after a gratifying 41+ yearlong psychotherapy career in solo practice. As I approached age 70, I was aware of a strong desire to retire "on a high note" when still healthy enough to productively treat patients and confront the logistic and emotional issues associated with the transition. In mid-2018, I started "winding down" my patient load by not accepting new patients but did not yet identify an end date. My wish to stop work before I was unable to work was reinforced in the winter of 2019, by a phone call from a trusted former mentor - she was gravely ill and needed to rapidly close her practice. As I brainstormed with her about potential dispositions for some of her patients, I was struck by my own need to set a retirement timeline soon, to enable a

smooth (albeit difficult) process - for myself and my patients. In the interest of full disclosure, I will add that my office lease was to expire October 2020, and I needed to decide whether to renew and for how long. Another factor was my awareness of omnipresent concern for my patients' well-being, and my need to divest from that responsibility.

So, in late 2019, I made a life-changing decision: I would stop seeing patients at the end of 2021. I downsized my office and began telling patients of my retirement plans 12 to 18 months prior to termination. Unfortunately, when Covid-19 arrived, all treatment became virtual, so it was necessary to inform patients "on screen" rather than in person. Telling people was dreadful and dreaded - the impact of loss, separation, anticipatory grief, and treatment dispositions loomed large. I was fortunate to have an exceptional resource from the Massachusetts Psychiatric Society, a retirement interest group that met every two months to help senior psychiatrists navigate their late career, regardless of if and when they planned to stop work. We grappled with retiring during Covid, saying goodbye to our patients in person (and how), searching for suitable therapists for patients needing ongoing treatment, and formulating our post-retirement plans.

Having the opportunity to talk with other senior colleagues in various stages of retirement (or continued work) helped me manage the retirement transition and also reinforced some of the questions and recommendations raised at last June's program. First, if continuing to see patients, practitioners should execute a "practice will" and appoint a custodian to help patients cope with one's unanticipated absence. In addition, some participants last June mentioned taking an annual cognitive exam to identify early signs of impairment. A trusted, more junior colleague could also be designated as a "truth-teller" to inform a "failing" therapist of functional concerns. At least one question remains: Should analytic institutes or professional organizations establish a mandatory retirement age to forestall potential patient harm? In the face of these clinical and personal binds, there are clearly numerous legitimate approaches to one's late career, including stimulating professional (clinical or non-clinical), and non-professional endeavors. However, adequate supports (ideally through one's professional organization and colleagues) are necessary.

As I reflect on my final 1 1/2 years of practice, while terminating with patients and talking with colleagues about potential referrals, I believe the process was invaluable to everyone involved. Retiring during Covid posed some unique challenges, i.e finding creative, safe ways to say goodbye in person for patients who preferred to do so. As psychoanalytic therapists, we know termination provides a unique opportunity to work through a myriad of universal, previously unresolved issues: separation, abandonment, anger, grief, envy, loss, etc - on both sides of the dyad. I retired feeling rewarded and grateful for the privilege of positively impacting people's lives, and reassured (and relieved) that my patients would survive and hopefully thrive with their new therapists. Though retirement may not be for everyone, my transition from clinical work to non-clinical chosen professional and personal endeavors, was a journey worth taking.

Margo Goldman, MD  
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### **Book Summary: Baudelaire by Joanna Richardson (1994, St. Martin's Press)**

Joanna Richardson's 1994 book, *Baudelaire*, is a meticulously researched and masterful psychobiography of Charles Baudelaire, one of the most influential French writers of the 19th century. Known mostly for his grand oeuvre, *The Flowers of Evil*, Baudelaire wrote with a style that was controversial at the time on themes of sex, death, depravity, evil, modern urbanization and the search for an ideal world. In her more than 600-pages, Richardson provides a historical and developmental narrative of how Baudelaire's relationship with his parents, especially his highly ambivalent relationship with his mother impacted his personal life and his work as a poet. Drawing from excerpts from numerous personal letters and journal entries between Baudelaire and his mother throughout his life, Richardson gives us insight into their complicated and at times, emotionally intense relationship. Born in Paris in 1821, Baudelaire's father and mother were thirty-six years apart. His father was sixty-one and his mother was twenty-five when they married. Richardson writes "age, tastes and attitudes

to life, everything appeared to divide them". Baudelaire's father came from a humble winegrowing family but was educated in a seminary that gave him the opportunity to become a tutor in philosophy to the French aristocracy. This brought him into contact with art, literature and wealth. After the French Revolution, Baudelaire's father, like other young men from the provinces, were forced to adapt to changes that the Revolution forced on them. Most notable was the lack of financial support from the aristocratic class. Fortunately for Baudelaire's father, he continued under the financial support of an aristocrat and retired into wealth at the time of his second marriage to Baudelaire's mother. His son from a previous marriage provided Baudelaire with lifelong filial connection but one that could not offset the traumas of his childhood.

While his mother was socially superior to Baudelaire's father, due to her family's forced exile to England after the Revolution, Baudelaire's mother lost her social status. After the death of her father in a military battle and later her mother, as a little girl she was forced to live in a convent and eventually become a teacher in a girl's boarding school. This may have contributed to her practical attitude in both of her marriages. Her first marriage to Baudelaire's father was an escape from what was considered at the time, a socially inferior occupation as a teacher. She had no fortune of her own and it was a social norm at the time that if a woman was not married by the age of twenty-five, she was socially ostracized and condemned to being single for the rest of her life.

Richardson writes that Baudelaire's childhood was filled with long hours with his creatively minded father who taught him about art, literature and painting. In addition to Baudelaire's innate talents, it was from his father that he inherited his sensitivity toward art, clothing style and sensuality. After his untimely death when Baudelaire was six, his mother re-married in less than a year after the death of his father. Feeling abandoned and betrayed, Richardson notes this was a loss that Baudelaire never recovered from for the rest of his life. Having only one parent now to rely on, this intensified the already complex relationship he had with his mother and became not only the source of his artistic genius but came at a price of intense personal suffering.

Feeling unsupported by his stepfather who wanted his stepson to become a diplomat like himself, Richardson writes that Baudelaire spent his early adulthood and adult life as a Parisian "dandy" that left him financially dependent and emotionally bereft of meaningful relationships. From 1842, he collaborated with other writers on several literary pieces and began the poems for *The Flowers of Evil*. By 1844, he spent half of his inheritance and his family won a court order that appointed a lawyer to manage Baudelaire's finances and give him a small allowance for the rest of his life. Despite his literary success, Baudelaire struggled with feelings of low self-esteem, anxiety and depression. By 1862, he began to suffer nightmares and increasingly bad health that resulted in several strokes and paralysis. Tragically on August 31, 1867 at the age of forty-six, Baudelaire died in Paris. *The Flowers of Evil* provided Baudelaire an artistic medium to express the horrors of his childhood that were tragically not grieved. Richardson suggests that his poetry was a way to record his experience and provided him a degree of control and coping that was indelibly out of his reach as a child.

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## **Update from The Psychotherapy Action Network (PsiAN): Fall 2022**

### **Advocacy Updates**

Taking a big step outside the comfort of our offices and diving straight into the public conversation on mental health, PsiAN has made it into prime time. The hit HBO show, [Last Week Tonight with John Oliver](#), took on the thorny and complex issues of mental healthcare in July. From apps posing as therapy, to insurance companies' ghost networks, to lack of real parity, to a systemic focus on crisis management as opposed to healing and recovery, Oliver makes smart, insightful, cogent points - and

many a good joke. To create the show, Oliver's producers interviewed our Chair and Co-Founder, Linda Michaels, two of our Advisors, Meiram Bendat and Hannah Zeavin, and our friend at the Kennedy Forum, David Lloyd. The show did a great job representing our concerns, and with over 4,186,000 views and counting, we are thrilled to have this amplification of our perspectives.

PsiAN also led an effort, supported by APsaA, AAPCSW, CIPS, and CSWA, to push for clarity and accountability online. PsiAN wrote a [letter](#) and petition with nearly 2,500 signatures to the Federal Trade Committee and the Attorneys General of New York, Illinois and California to object to the misleading business practices of CareDash.com, an online directory of medical and mental health practitioners. CareDash receives commissions from BetterHelp, uses the names and information about therapists without their knowledge or consent for the purposes of CareDash's and BetterHelp's profits. None of this is clearly stated up front on its website. We noted our concerns not only about the damage to our trade, but also to the impact of this duplicitous practice on prospective patients.

We also provided comments to the US Preventive Services Task Force on its plan to recommend screening all adults for anxiety and depression. We noted the absence of therapies of depth, insight and relationship in the evidence proposed to support screening. We emphasized that screening instruments have both strengths and challenges in identifying levels of emotional distress associated with anxiety and depression, and that screenings can only be effective if there are adequate resources for further intervention and amelioration. Our letter is [here](#).

Finally, PsiAN published a [position paper on mental health apps and technology](#), written by a team led by Todd Essig. As "digital behavioral health tools" have grown in popularity, favored and funded by venture capitalists, we wanted to outline our perspectives and concerns with these new tools. PsiAN supports tools and technologies when they increase access to quality care of lasting benefit. However, we are concerned with profit-driven apps, websites and platforms seeking revenue by discarding the therapeutic relationship, violating standards of professional practice ethics, and putting their commercial interests ahead of the best interests of patients. In addition, current technologies too often increase the stigma around seeking effective care, flood the marketplace with misleading claims, and make it more difficult for people to get the help they need. This position paper outlines PsiAN's position on these emerging mental health tools and technologies, including a list of red flags to identify problematic versions.

## **Growth and Transformation at PsiAN**

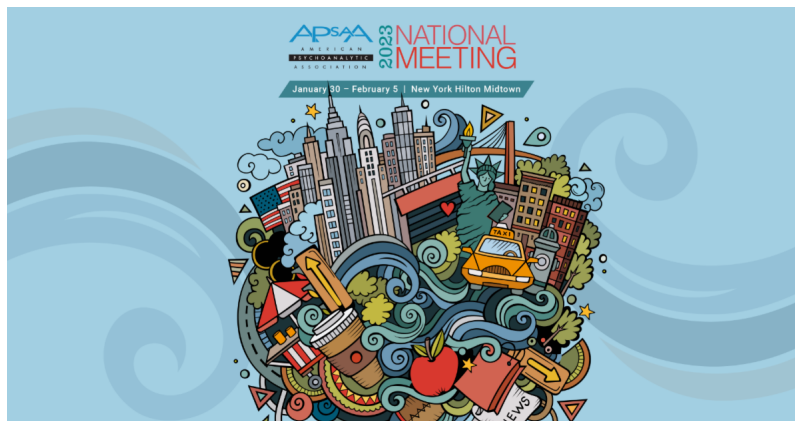
In big news for PsiAN and for our future advocacy efforts for the field, PsiAN established its first **Board of Directors**. This new Board and this big step forward are a testament to our growth and success over the last 5+ years. True to our commitment to openness and diversity, members of our Board include therapists from a variety of disciplines -- clinical social workers, counselors, psychiatrists, psychologists, psychoanalysts -- as well as researchers, writers, lawyers, and administrators. Each has already made incredible contributions to their fields, and we are honored that they're now bringing their expertise, talents, energy and creativity to PsiAN and the challenges our field faces.

Over the summer, PsiAN welcomed the Psychoanalytic Collaboratory, developed by Billie Pivnick and Jane Hassinger, into PsiAN. This wonderful entity will now be known as the **Community Collaboratory @ PsiAN**. The Collaboratory is a project incubator for depth-oriented mental health practitioners who want to apply a relational, psychoanalytic framework to developing community-based programs. Programs may focus on clinical, educational, community development, and social justice goals. The work of the Collaboratory, enriched by interdisciplinary and cross-cultural resources, is characterized by an approach to groups and communities in which personal and cultural histories, the unconscious, and the socio-political surround are always at play. To debut this important new partnership, we hosted a PsiAN Forum Live webinar, which you can view [here](#).

Many thanks to all of the volunteers and advocates who are working for greater appreciation, awareness and access to depth therapies!

Linda Michaels, PsyD, MBA

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## **2023 National Meeting**

**January 31 - February 5, 2023.**

For more information visit [apsameeting.org](http://apsameeting.org)

For Psychotherapy-related Programming visit:

<https://www.apsameeting.org/203nm-psychotherapist-associates-and-trainees/>

### **Are you interested in contributing to the next Newsletter?**

Are you interested in writing a summary of one of the panels, symposia, discussion groups, or workshops at an upcoming meeting? Do you have any other contributions in mind that you think might be of interest to fellow Psychotherapist Associates, such as articles about books or movies, talks or research reports?

**Please contact Padma Desai, LPC, LMHC ([padmadesaillc@gmail.com](mailto:padmadesaillc@gmail.com)) with suggestions, inquiries, or regarding contributions to the Psychotherapy E-Newsletter.**

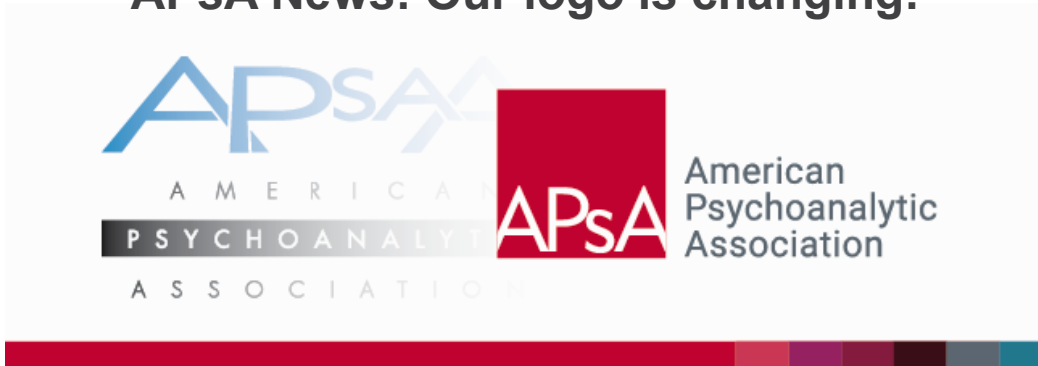
**Information:** Please click on the link for information about joining APsAA's [Psychotherapist Associates](#). Benefits include a discounted meeting fee. Or contact APsAA's Associate and Membership Services Coordinator, Bronwyn Zevallos ([membadmin@apsa.org](mailto:membadmin@apsa.org)).

You are currently on APsAA's list to receive the *Psychotherapy E-newsletter*. If you do not wish to receive future issues, please let us know by sending an email containing your name to Bronwyn Zevallos at [membadmin@apsa.org](mailto:membadmin@apsa.org) and we will remove you from our e-newsletter distribution list.

**To view back issues of the Psychotherapy E-newsletter, visit:**

<https://apsa.org/content/psychoanalytic-psychotherapy> (scroll to the bottom of the page)

## APsA News: Our logo is changing!



The official launch will be at the 2023 National Meeting but you'll begin to see the new logo being used in our promotion emails. We are excited to begin the new year with a fresh look and a new address too!

Effective November 1st, the APsA National Office moved to its new location:

**122 East 42nd St Suite 2310  
New York, NY 10168**

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212-752-0450 | [apsa.org](https://apsa.org)