

2020 American Psychoanalytic  
Association Task Force on Advocacy,  
Public Information, Branding and  
Messaging: Report

## Executive Summary

### Background

The American Psychoanalytic Association assembled a Task Force on Advocacy, Public Information, Branding, and Messaging (APIBM) in July 2020 to examine (1) how APsaA communicates about psychoanalytic treatments to the public, policy makers, and the mental health community, (2) how to best advocate for psychoanalysis, and (3) how APsaA and psychoanalysis brands itself currently and can more effectively do so in the future.

### Process

The Task Force members were a heterogenous group that varied in terms of member region, local institutional immersion, APsaA involvement / familiarity, and training discipline / credentials. The group met monthly via Zoom from July to December 2020 and were in regular communication between meetings.

### Findings

The psychoanalytic brand has suffered considerable damage for at least 30 years. The public and many in the mental health community view psychoanalysis as outmoded and scientifically discredited. Similarly, APsaA has been seen as an organization that is insular, exclusive, adversarial, misogynistic, homophobic, transphobic, white, and inaccessible. Both psychoanalysis and APsaA need to be rebranded.

### Recommendations

1. Promote how psychoanalytic thinking integrates with other types of treatments (i.e., CBT medication), is evidence-based, and is particularly suited for combatting the multiple societal and public health crises we currently face.
2. Employ a 3-pronged rebranding effort that could be pursued in sequence or simultaneously, as resources allow with (1) current and prospective APsaA members, (2) other mental health professionals and the academic community, and (3) the public (policy makers and prospective patients).
3. Consider actions including (1) equalizing (but not homogenizing) the status of members, (2) partnering with not-for-profit organizations and other mental health organizations working on bias, denialism, and projection, (3) pursue anti-defamation work when psychoanalysis is misrepresented, (4) educating members about how to talk about psychoanalysis to colleagues and the public, (5) lobbying for increased coverage of psychoanalytic treatments by insurance companies, (6) fundraising to support these efforts, and (7) measuring the results.
4. Hire a public relations firm or in-house branding czar to coordinate the rebranding.
5. Expand the definition of psychoanalysis from a 3-5 day per week treatment based on free association to a more inclusive definition involving (1) a body of knowledge, (2) a way of thinking about and understanding mind and behavior, (3) a range of therapies (plural) informed by psychoanalytic knowledge and understanding including 3-5 day per week treatments.
6. Expand APsaA into an organization promoting (1) all psychoanalytically-informed treatments, (2) dissemination of psychoanalytic knowledge, (3) psychoanalytic ways of thinking and understanding.
7. Expand APsaA membership to all interested in psychoanalytic thinking.

## Introduction

### *The Problem*

The psychoanalytic brand has been in free-fall for at least 30 years due to rampant disinformation by others with an agenda to discredit psychoanalytic approaches, and due to denial within the psychoanalytic community about the extent of negative public perceptions.

The belief that psychoanalysis has been scientifically discredited and “debunked” prevails among mental health professionals and laypeople both. Students and trainees in the mental health professions turn off at the mention of the term “psychoanalytic” and prospective patients are routinely warned away from psychoanalytic therapies and steered toward other treatments. Vital psychoanalytic knowledge, hard-won over generations, is being trivialized or lost entirely.

The situation is dire. Drastic action is needed now to repair the psychoanalytic brand.

### *The Opportunity*

While APsaA has recently increased its efforts at countering the negative narrative, the organization has not provided the attention, resources, and long-term focus necessary to effectively meet the scale of the challenge. Fortunately, the organization’s renewed interest in this problem comes at a time when current events have created opportunities for psychoanalysis to assert its relevance and prove its value anew.

Terms like “denial,” “projection,” and “unconscious bias” have reentered the public lexicon in connection with politics, the COVID-19 pandemic, climate crisis, and race relations. Researchers and policymakers have begun to question CBT as the gold standard therapy. Despite psychoanalysts’ historical neglect of research, neuroscientists and a small cadre of psychoanalytic researchers have amassed substantial evidence in support of psychoanalytic concepts and therapies. There is therefore reason to believe that a concerted, timely effort to rehabilitate the psychoanalytic brand can succeed in reversing the decline—so long as its leaders can recognize and overcome the field’s longstanding insularity and collective aversions to engagement and advocacy.

### *Expanding APsaA’s Definition of “Psychoanalysis”*

Historically, APsaA has defined “psychoanalysis” as a specific form of clinical treatment characterized by frequency of meetings, method of free association, and the optional use of a couch. We propose that this definition is narrow, out-of-date, and fosters an organizational identity as primarily guild organization – rather than the inclusive, national voice of psychoanalytic thinking and therapy.

In contrast, the Task Force recognizes the term “psychoanalysis” refers to much more than a specific form of treatment. The term “psychoanalysis” encompasses at least three meanings:

- (1) a body of knowledge,
- (2) a way of thinking about and understanding mind and behavior
- (3) a range of therapies (plural) based on psychoanalytic knowledge and understanding (Shedler, 2002; McWilliams, 2020)

We propose a new psychoanalytic brand that encompasses the multiple meanings of the term psychoanalysis. Specifically, we recommend that APsaA transform into an organization devoted to promoting (1) all psychoanalytically-informed treatments, (2) dissemination of the psychoanalytic knowledge, and (3) psychoanalytic ways of thinking and understanding.

### *The Task Force Process*

The task force group met monthly via Zoom videoconference beginning in July 2020 and were in communication via email between meetings. The group was heterogeneous in terms of member region, local institutional immersion, APsaA involvement / familiarity, and training discipline / credential. Discussions were frank.

The group discussed previous APsaA efforts to address its identity and public image and considered the impact of the “brand” of American Psychoanalysis. We considered the impact of the “brand” on multiple groups including current and prospective APsaA members, mental health professionals, academics and educators, the general public, prospective patients, and public policymakers.

The group would like to acknowledge and thank Linda Michaels, PsyD, MBA, Co-Chair of the Psychotherapy Action Network (PsiAN), for meeting with us and sharing the results of their branding research project.

### Three-Pronged Rebranding Effort

We suggest a cost-effective, practical but ambitious, three-pronged rebranding effort aimed at (1) APsaA’s own members, (2) other mental health professionals, and (3) the public. These three prongs represent a progression from readily achievable and affordable goals to more ambitious and expensive goals. For example, success with rebranding within the organization will naturally benefit the work of rebranding psychoanalysis with other mental health professionals; improving other health professionals’ perceptions of psychoanalysis, for example, will automatically improve its public standing. The three prongs could be pursued in sequence or simultaneously, as resources allow.

1. Rebranding “Psychoanalysis” and APsaA with Current and Prospective APsaA members
2. Rebranding “Psychoanalysis” and APsaA with Other Mental Health Professionals and the Academic community
3. Rebranding “Psychoanalysis” and APsaA with the Public
  - Policymakers
  - Prospective patients

## The Problem with our Current Brand

Psychoanalysis and APsaA have had formidable brand problems for decades. Outside the echo chamber of the psychoanalytic community, psychoanalytic approaches are often denigrated or simply ignored. For example, Wikipedia's entry for psychoanalysis (<https://en.m.wikipedia.org/wiki/Psychoanalysis>)<sup>1</sup> states "psychoanalysis has been known to be a controversial discipline, and its validity as a science is very contested." In the section on effectiveness, it states, "the psychoanalytic profession has been resistant to researching efficacy. Evaluations of effectiveness based on the interpretation of the therapist alone cannot be proven."

Individuals seeking information about psychoanalysis via the internet are likely to come away with an inaccurate and negative picture. The same applies to depictions of psychoanalysis in university textbooks and the media. The situation is worse in mental health guidelines such as the National Institute of Mental Health (NIMH) where psychoanalysis and psychodynamic therapies are not even mentioned at all as types of psychotherapy to consider when seeking treatment (<https://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml>). CBT organizations are listed as referral sources for finding therapists; APsaA is not. One of the associations cited on the NIMH website (Association for Behavioral and Cognitive Therapies, <https://www.findcbt.org/FAT/index.cfm?fa=WhatIsCBT>)<sup>2</sup> describes treatments that "involve dream interpretation or complex discussions of one's past childhood experiences" as "outdated," "old-fashioned," and rarely practiced.

The brand problem of psychoanalysis and APsaA shows up in related but varied ways in the groups targeted in our three-pronged rebranding effort.

The descriptions below capture perceptions of our current "brand," by APsaA members, other mental health professionals, and the public.

### *Prong 1: Current and Prospective APsaA members*

- Psychoanalysis = 4-day-a-week therapy on the couch practiced by graduates of certain approved institutes
- APsaA = adversarial to many non-APsaA clinicians who identify as psychoanalytic or psychodynamic
- APsaA = an insular guild that defends dogma and institutional authority from dilution and infiltration by outsiders
- APsaA = too paralyzed by internal division to address public perceptions / indifferent to growth and even to survival of psychoanalytic knowledge, thought and treatment methods
- APsaA = neglectful of or hostile to research

### *Prong 2: Other Mental Health Professionals and Academia*

- APsaA & Psychoanalysis = indifferent or hostile to modalities other than psychoanalysis / practitioners other than psychoanalysts
- APsaA & Psychoanalysis = misogynist, homophobic, transphobic, white

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<sup>1</sup> Accessed on December 12, 2020

<sup>2</sup> Accessed on December 21, 2020

- Psychoanalysis = unscientific (not well validated / invalidated / not susceptible to validation), outdated, and ineffective; Psychoanalysts = hostile to empirical research
- Psychoanalysis = sex-obsessed
- Psychoanalysis = prohibitively expensive

### *Prong 3: The Public – Policymakers and Prospective Patients*

- APsaA = unknown to the public
- Psychoanalysis = a stereotype from Woody Allen films and New Yorker cartoons  
Psychoanalysis = sex-obsessed
- Psychoanalysis = same as any other psychotherapy (the public can't distinguish between psychoanalysis, CBT, psychiatry, etc.)
- Psychoanalysis = discredited pseudoscience
- Psychoanalysis = misogynistic, homophobic, transphobic, white
- Psychoanalysis = impossible to understand because of jargon

## The Opportunity to Rebrand Psychoanalysis and APsaA

As Bill Glover and Kerry Sulkowicz recently noted, the current cataclysmic times present APsaA with an opportunity to transform the organization into a “more modern, diverse, exciting, and welcoming leader of the contemporary psychoanalytic movement” (Glover & Sulkowicz, 2020). We are aligned with a new, more inclusive brand for both psychoanalysis and APsaA.

### *Redefining psychoanalytic treatment*

When using the term “psychoanalysis” to mean psychoanalytic *treatment*, our group mostly agreed on the following definition:

- Psychoanalytic treatments are based on exploration of psychological life in the context of a meaningful therapy relationship. They recognize that psychological experience is complex, has multiple layers of meaning, occurs at different levels of awareness, and that experience outside of awareness can be brought into awareness and potentially changed within the therapist-patient relationship.

Some members of our group felt that more succinct definitions could be more useful such as:

- Psychoanalysis = a range of talk therapies that pursue mental health benefits by increasing patients’ capacities for self-awareness in the context of the relationship between therapist and patient<sup>3</sup>
- Psychoanalysis = a range of talk therapies that help people understand their feelings and the origins of their feelings in their life history, serve people’s need to be listened to and understood, depend on an alliance between therapist and patient<sup>4</sup>

<sup>3</sup> The Psychotherapy Action Network’s (PsiAN) umbrella term for these therapies is “DIR Therapies” (Therapies of Depth, Insight, and Relationship) but “self-awareness” or “self-knowledge” might be clearer, more concise, and more specific than “depth and insight.” The term “self-awareness” vs. “depth and insight” also has advantages for the public prong of the rebrand.

<sup>4</sup> PsiAN’s research suggests that prospective patients respond positively to the idea of self-knowledge / self-understanding / self-awareness as an aim of therapy.

## REBRANDING PSYCHOANALYSIS AND APSAA BY TARGET GROUPS

### *Prong 1: Current and Prospective APsaA members*

- Psychoanalysis = the psychology of development from infancy through the lifespan
- APsaA = ally of all who identify with psychoanalytic or psychodynamic thinking and treatment
- APsaA = a group of dues-paying psychoanalytically-oriented professionals that provides benefits to its members, including
  - Professional community and affiliation
  - Patient referrals
  - Education
  - Opportunities for advocacy (via public-health applications of psychoanalysis to racism, violence, climate, medical nonadherence, etc.)
  - Advocacy on Capitol Hill for patients' access to psychoanalytic services and for policies regarding relevant social issues (long term impact of trauma) consistent with psychoanalytic knowledge and values
- APsaA = committed to growth, engagement with other mental health professionals, and social activism
- APsaA = prioritizing research and researchers

### *Prong 2: Other Mental Health Professionals and Academia*

- APsaA = open to all psychotherapists, researchers, scholars, and community advocates who wish to learn and apply psychoanalytic concepts and methods
- APsaA & Psychoanalysis = an ally to feminists and the LGBTQ community; APsaA's membership = increasingly diverse
- Psychoanalysis = well-supported by scientific research; Psychoanalysts = newly interested in research evidence
- Psychoanalysis = concepts and methods that psychotherapists may find advantageous in their own practices
  - Better long-term results
  - Can be integrated with CBT and meds
  - Appealing to patients because it takes empathic account of their history, childhood, memory, experience, and helps them to understand themselves, not just change behavior
  - Affordable - many psychoanalytic therapies compare in frequency and duration to other therapies (e.g. CBT) that are now promoted as more affordable (Morrison, Bradley, & Westen, 2003; Shedler & Gnaulati, 2020).<sup>5</sup>
- Psychoanalysis = a field especially suited to combatting public health crises of othering and denialism; Psychoanalysts = newly interested in active social engagement with the wider world

*Prong 3: The Public – Policymakers and Prospective Patients*

- APsaA = a major advocacy body representing psychotherapy
- Psychoanalysis = a psychology of lifespan development from infancy on, and concerned with children's welfare, especially regarding the long-term impact of early experience, e.g., trauma
- Psychoanalysis = helps people know themselves more fully, and make lasting changes in their lives
- Psychoanalysis = scientific
- Psychoanalysis = a critical antidote to the public health crises of othering and denial (evident, e.g., in climate inaction and COVID safety nonadherence)
- Psychoanalysis has corrected course on past theory mistakes on femininity and homosexuality and is committed to increasing diversity
- Psychoanalysis addresses everyday issues that concern the general public in jargon-free language



## Rebranding Actions

The task force did not attempt to reach consensus regarding specific operational decisions or actions for implementing the rebranding recommendations. The following ideas emerged through brainstorming.

### *Prong 1: Current and Prospective APsaA members*

- Make structural changes to open APsaA, equalize status of all members, and then publicize the changes among APsaA members and prospective members
- Member-centric, inclusive, transparent communications to members
  - Worded to emphasize services to members: “APsaA is here for you”
- Brand the rebranding effort in positive terms: a call-to-arms, not a death knell
  - Involve members in the project to revitalize psychoanalysis; generate excitement about psychoanalysis as a force for social good and recruit new members to the revitalization campaign; model the messaging on activist organizations (e.g., civil rights and environmentalist)
- Changes to APsaA website
  - New focus on members: Use the website to invite prospective members in an inclusive way to grow the community with enthusiasm for the future of the field
    - patients find therapists primarily through primary care physicians or insurers, not through APsaA; the website should turn its focus to its users, who are likely to be current and prospective members
    - New statement of purpose that reflects new inclusiveness and is prominent, fixed, and clear (comparable to American Psychological Association’s and not in a marquee), using words with positive emotional associations: “APsaA—Helping psychotherapists change people’s lives through the psychology of self-knowledge and relationships”
  - New focus on the public: Use the website to inform the public about the range of psychoanalytic treatments and their benefits.
- Recognize that the field is divided and ambivalent about opening and address concerns of psychoanalysts who fear opening APsaA will “dilute” or damage psychoanalysis
  - 4-day-a-week, traditional psychoanalysis will not disappear; on the contrary, expanding APsaA membership presents an opportunity for traditional analysts to spread their values and knowledge within the organization
  - Preventing “dilution” through institutional control of treatment modalities has not advanced the cause of psychoanalysis, it has damaged the psychoanalytic brand; Scientific and scholarly organizations resolve controversies through evidence and argument; Scientific credibility is important to Prongs 2 and 3 of the rebrand
  - Leaders should listen to all voices and seek consensus but be willing to proceed without unanimity and not become paralyzed as has happened so often in the past.

*Prong 2: Other Mental Health Professionals and Academia*

- Support publication of academic articles in non-psychoanalytic journals in support of psychoanalytic validity and efficacy. Recognize that most researchers who have the ability to do this work are not APsaA members.
  - Do everything within the power of the organization to facilitate publications of a Jonathan Shedler-like review of studies on efficacy of psychoanalytic therapy no less than every five-to-ten years in a top-tier non-psychoanalytic journal like *American Psychologist* or *American Journal of Psychiatry*
  - Offer awards and grants for publishing original research on psychoanalytic topics in non-psychoanalytic journals
  - Keep annual statistics on number of published articles, track progress
  - Publicize academic publications and progress—progress is news
    - Use social media to publicize contemporary psychoanalytic publications and position statements; Educate members about how to do this; APsaA's P.R. staff can and should do this more aggressively
- Overtures to child therapists to join APsaA with marketing materials that emphasize the importance of psychoanalytic ideas to child psychology and the importance of child psychology to psychoanalysts' thinking about adult psychology
- Continue partnering with not-for-profits and other mental health organizations, through, for example, the Mental Health Liaison Group in Washington, D.C., public health officials, etc. to apply psychoanalytic insight to public health crises
  - Reach new constituencies in need of psychoanalytic advice, for example:
    - Anti-racist organizations (who face the psychological problem of unconscious bias)
    - Anti-violence organizations (who face the psychological problem of unprocessed rage)
    - Public health organizations / government agencies (who face the psychological problem of medical nonadherence)
    - Environmentalists (who face the psychological problem of climate denialism)
  - Use new partnerships with other healthcare professionals to spread collegial awareness of value of psychoanalysis
  - Publicize these collaborations and their results
    - to demonstrate the validity of psychoanalysis
    - to attract humanitarians to psychoanalysis as a field working for social good
- Anti-defamation work: Challenge misrepresentations of psychoanalysis by other mental health professionals in letters, responses, debates
  - Use the civil rights model—don't allow prejudice against psychoanalysis to go unchallenged
  - Point out advantages of psychoanalysis over other mental health interventions like CBT and meds
  - Politely but firmly; Encourage those doing anti-defamation work to analyze their internal resistances to the aggression inherent in challenging critics

- Emphasize scientific evidence in support of psychoanalysis; Distribute to APsaA members a quick-reference list of up-to-date studies and articles that support psychoanalytic principles and efficacy (for an example, see Appendix 1)
- Outreach to LGBTQ community
  - Build on the 2019 apology to the LGBTQ community and further educate those communities about changes in psychoanalytic approaches to gender and sexuality
- Outreach to feminist community
- Outreach to communities of color, and religious organizations sometimes representing those groups
- Continue outreach to lower, middle, and high schools and educators often the center of many communities for children and families
- Offer incentives / awards to those who do anti-defamation work
- Task PR firm or specialist to help members
  - More succinctly and effectively lay out the case and evidence for psychoanalysis and psychodynamic therapy (i.e., Why Psychoanalysis?)
  - Prepare lecture materials / talking points for psychoanalysts who lecture on psychoanalysis to other healthcare professionals
  - Offer incentives / grants to those who teach psychoanalysis to non-psychoanalysts
- Expand current efforts to educate APsaA members about how to talk about psychoanalysis to other professionals (and how not to)
  - Avoid technical jargon, focus on comprehensible aspects of psychoanalysis that are unique to it: self-knowledge, denial, childhood, relationships, long term results
  - Be aware of the anxiety and defensiveness that generally affect psychoanalysts when they interact with skeptics and critics of psychoanalysis
  - Highlight that many academic disciplines currently use psychoanalytic concepts and have for a long time outside APsaA
  - Acknowledge validity of skepticism and criticism
  - Stay positive about psychoanalysis and about the outcome of the interaction with skeptics and critics
    - Analyze internal resistances to advocacy of psychoanalysis
    - Try not to project inner criticism; avoid “othering” and assuming intractable hostility in skeptics and critics
    - Present psychoanalysis as a helpful tool that other professionals could themselves apply
  - Follow up on PsiAN’s market research and conduct research on which rhetoric is effective (and which is ineffective) in creating favorable views of psychoanalysis among other professionals
- Host colloquia that bring together psychoanalysts and non-psychoanalysts
- Revise APsaA website to emphasize the scientific credentials of psychoanalysis, and to brand psychoanalysis with positive words
  - Yes: self-knowledge, long-term efficacy, lasting results, self-esteem, therapeutic alliance, childhood, relationships, awareness, science, feelings and memories, etc.
  - No: terms that shroud psychoanalysis in mystery, complexity, jargon, exclusion, elitism, anti-scientism

*Prong 3: The Public – Policymakers and Prospective Patients*

- Partner with not-for-profits and public health officials to enable psychoanalytic activism (as above)
  - Identify important organizations that share psychoanalytic values and whose work could benefit from psychoanalytic expertise
    - Continue leadership role in the Mental Health Liaison Group made up of 80+ national mental health associations; Explore new opportunities for collaboration
  - Outreach that demonstrates relevance of psychoanalysis to the work of these not-for-profits
  - Publicize that social engagement
  - Revisit funding from restrictive fund for public advocacy and lobbying efforts
- Increase annual budget for marketing
  - Support new expenses with new fundraising
  - Hire professional marketing firm
  - Hire additional fulltime P.R. staff
  - Consider shifting current emphasis from lobbying to public visibility and branding
- Anti-defamation work: Monitor the media and the internet for misrepresentations of psychoanalysis and challenge the misrepresentations through letters and editorials
  - Monitor, edit, and maintain the “Sigmund Freud” and “psychoanalysis” Wikipedia pages, which are susceptible to defamatory representations of psychoanalysis; many people will first encounter psychoanalysis through Wikipedia; Committee on Public Information’s “Wikipedia Project” would also add Wikipedia pages reflecting current psychoanalytic thinking
  - Measure number of misrepresentations and number of successful challenges, keep statistics, track progress
- Train APsaA members to
  - speak and write for the public without jargon
  - use readily-accessible psychoanalytic concepts such as defenses (e.g. denial and projection) to help the public better understand confusing and irrational behavior (Ratner & Gandhi, 2020)
- Strategic lobbying efforts based on priorities of the Board of Directors representing membership
  - Evaluate previous lobbying efforts and outcomes: Utilize existing relationships on Capitol Hill to attempt to address long-term impact of trauma on individuals, families, and children from community violence and natural disaster and impact policy addressing these issues (following on work by Mark Smaller and Peggy Tighe)
    - Publicize lobbying efforts and how this benefits APsaA
  - Consider new lobbying goals that would benefit the brand, such as utilization and reimbursement for psychotherapy

- Lobby for CPT code for psychoanalysis to be reimbursed by Medicare, which individual insurance companies typically follow
- Increase media coverage of psychoanalysis
  - Task PR firm / APsaA PR staff with getting more coverage. Recognize psychoanalysts are not experts in marketing or public relations; utilize professionals with proven track records
  - Publicize scientific articles supporting of psychoanalysis
  - Offer new incentives / awards to APsaA members who publish articles about psychoanalysis in mainstream media
    - Partner with American Psychoanalytic Foundation for support
    - Expand current initiatives like CPI's annual award for Excellence in Journalism: <https://apsa.org/content/award-excellence-journalism>
  - Publicize psychoanalytic public health work
  - Publicize collaborations with non-psychoanalysts (whether joint publications or colloquia) as new developments
  - Measure number of articles published annually, track progress

## How Will This Rebranding Effort Differ from Previous Attempts?

This rebrand must differ from previous efforts by seeking measurable results, by tying subsequent funding to results, and by anticipating the internal emotional resistances that beset psychoanalytic advocacy:

- The current rebranding must establish measurable benchmarks for success:
  - Marketing expenditures and growth of financial resources earmarked for marketing
  - Increased number of academic articles published in support of psychoanalysis annually and year-to-year growth in the number
  - Increased number of mainstream media articles covering psychoanalysis and growth
  - Decreased number of defamatory academic articles and media articles and (one hopes) year-to-year contraction in this number
  - Increased number of published anti-defamatory letters and articles
  - Surveys on perceptions of APsaA and psychoanalysis in targeted constituencies / markets should show year-to-year improvement
- The current rebranding effort ought to involve fundraising to underwrite increased marketing expenses in future stages of the rebranding process
  - Why fundraising and rebranding are inextricably tied
    - Judicious spending is critical to effective rebranding
    - Rebranding is necessary to accomplish fundraising
  - Why fundraising has not been sustained in the past (old Committee on Foundations; the current American Psychoanalytic Foundation Committee)
    - Ethics of seeking contributions from former patients; limited means to let “friends of psychoanalysis” know about giving opportunities

- Fundraising done on a volunteer basis
- Importantly, APsaA has initiated a new, coordinated fundraising initiative called apsagiving ([apsagiving.org](http://apsagiving.org)); an option should be included for some of these gifts to be earmarked / reserved for reinvestment and refinement in rebranding
- Sources of new funding
  - Increasing and rejuvenating membership → more revenue from dues
  - Fundraising that looks beyond APsaA's membership, and beyond former patients; use APsaA's non-profit status and new commitment to social engagement to build excitement and support with a network of donors
- Fundraising is a long-term plan and must begin now
  - Hire an experienced not-for-profit fundraising professional
  - Consult local institutes and centers that have succeeded in fundraising and development efforts (e.g., Chicago, Michigan, St. Louis, San Francisco)
  - A portion of the funds raised must be earmarked / reserved for reinvestment and refinement in rebranding
- Use public health engagement to raise money
  - Form partnerships with other not-for-profits to build awareness of APsaA among philanthropic donors and to acquire useful contacts
  - Collect data on psychoanalytic social / public health interventions to show measurable results to philanthropists
  - Prepare fundraising materials that present APsaA as an agent of social change
  - Host fundraisers and galas for psychoanalysis (as those that occurred in the past organized by the American Psychoanalytic Foundation) / APsaA that advertise social / public health work. (Invite celebrities/public figures who have publicly supported psychoanalysis, e.g., Howard Stern, Kristin Scott Thomas, Laura Marling, etc. and neuroscientists like Christof Koch) Publicize these efforts
- Past breakdowns in rebranding and advocacy in part reflect unconscious, irrational conflicts within the psychoanalytic community. The current rebranding effort ought to maintain and spread awareness of the inevitable emotional difficulty of advocacy for psychoanalysis

## Conclusion

Twin crises loom inside and outside psychoanalysis: a decline in the practice of psychoanalysis and rising threats to public health like climate denialism that cannot be well-understood without psychoanalytic insight and knowledge. Both crises demand that APsaA and allies like PsiAN pursue advocacy with new vigor. Excellent work has already been done in the past, but inconsistently and mostly on a volunteer basis. The best improvement that could be made to psychoanalytic advocacy is to do more of it, more consistently, and to fund institutional bodies to perform the advocacy with accountability in the form measurable results.

Respectfully submitted,

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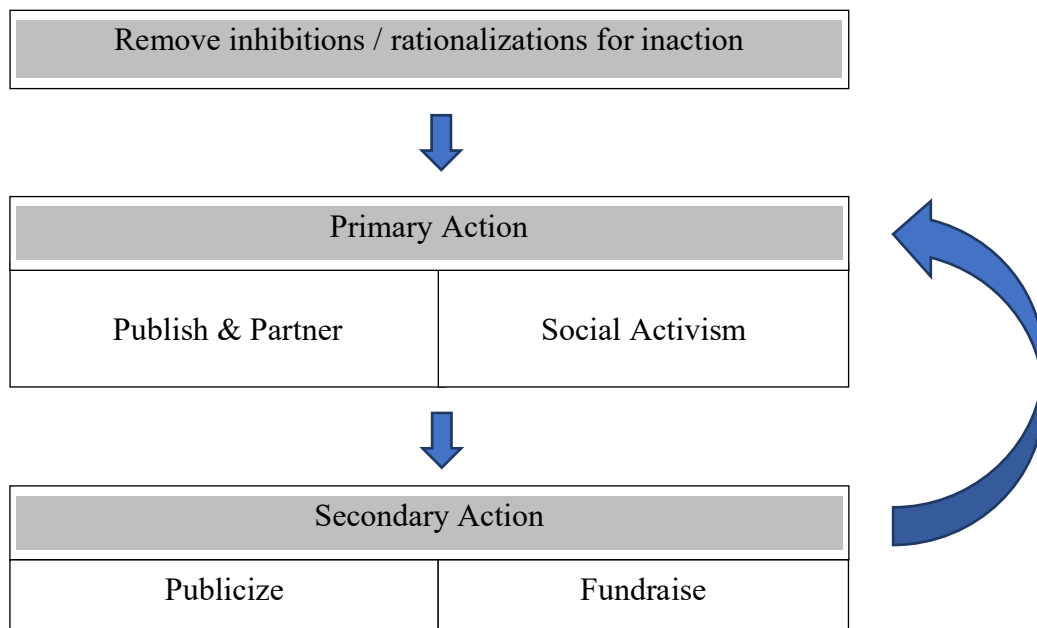
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Jonathan Shedler

Mark Smaller

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## References

Glover, B., & Sulkowicz, K. (2020). Reimagining APsaA. *The American Psychoanalyst*, 54 (3), 3-4.

McWilliams, N. (2020). The Future of Psychoanalysis: Preserving Jeremy Safran's Integrative Vision. *Psychoanalytic Psychology*, 37(2), 98-107.

Morrison, K.H., Bradley, R., Westen, D. (2003) The external validity of controlled clinical trials of psychotherapy for depression and anxiety: A naturalistic study. *Psychology and Psychotherapy: Theory, Research, and Practice*, 76, 109-132.

Ratner, A., & Gandhi, N. (2020). Psychoanalysis in combatting mass non-adherence to medical advice. *Lancet*, 396 (10264), 1730.

Shedler, J. (2002). A New Language for Psychoanalytic Diagnosis. *Journal of the American Psychoanalytic Association*, 50(2), 429-456.

Shedler, J. & Gnaulati, E. (2020), March/April). The tyranny of time: How long does effective therapy really take? Psychotherapy Networker. Retrieved from <https://www.psychotherapynetworker.org/magazine/article/2436/the-tyranny-of-time>



## Appendix 1: Quick-Reference List of Recent Studies and Articles in Support of Psychoanalysis

### Scholarly articles:

On the validity of unconscious emotion, motivation, and thought processes

Custers and Aarts 2010 *Science* “The Unconscious Will: How the Pursuit of Goals Operates Outside of Conscious Awareness”

<https://science.sciencemag.org/content/329/5987/47.abstract>

Shevrin and Fritzler 1968 *Science* “Visual Evoked Response Correlates of Unconscious Mental Processes”

<https://science.sciencemag.org/content/161/3838/295>

On efficacy

Shedler 2010 *American Psychologist* “The Efficacy of Psychodynamic Psychotherapy”

<https://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf>

On the decline of CBT as the gold standard

Leichsenring and Steinert 2017 *JAMA* “Is Cognitive Behavioral Therapy the Gold Standard for Psychotherapy? The Need for Plurality in Treatment and Research”

<https://jamanetwork.com/journals/jama/article-abstract/2654783>

### Mass media articles:

On the validity of unconscious emotion, motivation, and thought processes

Berlin and Koch 2009 *Scientific American Mind* “Defense Mechanisms: Neuroscience Meets Psychoanalysis (Suppression and dissociation, two psychoanalytic defense mechanisms, are now studied by modern neuroscience)”

<https://www.scientificamerican.com/article/neuroscience-meets-psychoanalysis/>

Koch 2011 *Scientific American Mind* “Probing the Unconscious Mind: Cognitive psychology is mapping the capabilities we are unaware we possess”

<https://www.scientificamerican.com/article/probing-the-unconscious-mind/>

On efficacy

Shedler 2010 *Scientific American Mind* “Getting to Know Me: What's Behind Psychoanalysis (Psychodynamic therapy has been caricatured as navel-gazing, but studies show powerful benefits)”

<https://www.scientificamerican.com/article/getting-to-know-me/>

On the decline of CBT as the gold standard

Burkeman 2016 *The Guardian* “Therapy wars: the revenge of Freud: Cheap and effective, CBT became the dominant form of therapy, consigning Freud to psychology’s dingy basement. But new studies have cast doubt on its supremacy – and shown dramatic results for psychoanalysis. Is it time to get back on the couch?”

<https://www.theguardian.com/science/2016/jan/07/therapy-wars-revenge-of-freud-cognitive-behavioural-therapy>

Burkeman 2015 *The Guardian* “Why CBT is falling out of favour: ‘Researchers have found that CBT is roughly half as effective in treating depression as it used to be’ ”

<https://www.theguardian.com/lifeandstyle/2015/jul/03/why-cbt-is-falling-out-of-favour-oliver-burkeman>