

the AMERICAN PSYCHOANALYST

FALL 2017  
Volume 51, No. 3

Quarterly Magazine of The American  
Psychoanalytic Association

## Standards, Excellence and the DPE

Alan Sugarman and Britt-Marie Schiller

Our vision for the Department of Psychoanalytic Education (DPE) approaches psychoanalysis as a scholarly discipline. Hence, educating psychoanalysts should be done in a creative, flexible and disciplined manner emphasizing critical thinking. Both classroom teaching and clinical supervision should help candidates be open to new ideas, evaluate competing ones, and apply them in a flexible fashion to the changing world in which they practice. This educational philosophy is an ego ideal approach in contrast to the traditional rules-and-procedures-oriented method we can call a superego approach.

BOPS is now sunsetted. Over the past five months, in anticipation of that occurrence, many institutes and individuals have expressed confusion and worry. Various misconceptions about the DPE and its place in APsA as well as its role via APsA approved institutes have been voiced. Some institutes worry that the facilitative approach of the DPE means standards will erode. Others worry they will be abandoned because the DPE will not issue mandates or

require site visits. To clarify these concerns and misunderstandings, we presented a power point presentation at the Open Meeting on Psychoanalytic Education in Austin in June. This presentation is now available on the APsA website: <http://www.apsa.org/DPE-Information>.

We will summarize it in this article.

The main point we wish to convey is that standards will be maintained. APsA will continue to provide *internal* approval of institutes and offer *voluntary* consultative/facilitative site visits. Institute approval will come from the Executive Council while the voluntary site visits will come from the DPE. That is, the regulatory approval process resides within our democratically elected Executive Council. Thus, the Executive Council will oversee educational standards.

The DPE is one of seven departments within APsA that report to and are regulated by the Executive Council. Our charge is to oversee psychoanalytic education in order to maintain the excellence APsA has always stood for. We will inspire, promote and support excellent and innovative psychoanalytic education and ensure education and training remain as important as always within APsA. We will provide a facilitative, consultative and observational role with all APsA approved institutes.

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**Correction**

Unfortunately, an incorrect headline appeared on the BOPS column in the last TAP, 51/2 Spring/Summer 2017. The correct headline was **Farewell from BOPS: Goodbyes and New Beginnings**. We apologize for the error.

Correspondence and letters to the editor should be sent to TAP editor, Doug Chavis, at [dougchavis@gmail.com](mailto:dougchavis@gmail.com).

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*The American Psychoanalyst* is published quarterly. Subscriptions are provided automatically to members of The American Psychoanalytic Association. For non-members, domestic and Canadian subscription rates are \$36 for individuals and \$80 for institutions. Outside the U.S. and Canada, rates are \$56 for individuals and \$100 for institutions. To subscribe to *The American Psychoanalyst*, visit <https://www.apsa.org/product/american-psychoanalyst-domestic-and-canadian-individuals>, or write TAP Subscriptions, The American Psychoanalytic Association, 309 East 49th Street, New York, New York 10017; call 212-752-0450 x18 or e-mail [info@apsa.org](mailto:info@apsa.org).

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ISSN 1052-7958

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## Deep in the Heart of Texas— A New Vision for APsaA

Harriet Wolfe

The Texan context of our Annual Meeting in June 2017 was poignant and inspiring. The setting mirrored the range of experiences attendees had—from bittersweet farewells to deeply enthusiastic endorsements of a forward-looking vision for APsaA.

Some APsaA members considered boycotting Texas because of its political stance on sanctuary cities and its proposed legislation that many members consider threats to the well-being of families, children and the freedoms promised to Dreamers. Those who attended experienced additional aspects of Texas: immense generosity, open-mindedness, respect for colleagues and neighbors, and active concern for threatened fellow citizens. Our Texan colleagues were very grateful we did not abandon them but instead showed up and explicitly explored relevant topics in our scientific meeting, including the opening session “Race and Borders: Crisis in Contemporary American Identity—A Town Hall Discussion.”

To share a bit of local culture, I’ll tell you about two cab rides in Austin. My first one was with an Ethiopian man who drove me in from the airport and had been in Austin for two years (his sole exposure to the U.S.). I asked him if he felt safe and he seemed puzzled. He said he liked Austin a lot, he found people very friendly, he recommended I try the BBQ and he told me how to find the two best places. An Eritrean man who drove me back to the airport reported his life was stable but Mexicans were rounded up as soon as Trump was inaugurated, despite the fact they accounted for over 50 percent of construction



Harriet Wolfe

workers in the city. We had driven by a building devoted to homeless people; beds were full and many were camping on the street outside the building, but it offered other resources and a safe haven.

Let’s keep in mind the Texan context, with its sociopolitical threats, diversity and cultural strengths. In APsaA we face an exciting but challenging time as an organization. How we go about our interpersonal and professional business and how we define our goals is critical.

There were two important organizational moments in Austin. The bylaw amendment, eliminating the separate structure of the Board on Professional Standards, passed. In a variety of settings members of BOPS were recognized and thanked for creating a tradition of excellence in psychoanalytic education. The new Department of Psychoanalytic Education (DPE) is already engaged in the task of taking that tradition into the future and developing adaptive approaches that ensure educational excellence in a changing culture.

The bylaw vote brought to an end a decade or so of internal conflict. I do not expect the passing of the bylaw to undo histories of hurt and injury for those who worked hard within BOPS for psychoanalysis or for those who felt excluded from BOPS and worked hard to democratize the process of engagement with psychoanalytic education. What matters now, however, is how we move forward together.

The second important organizational moment in Austin was one that set the stage for our leaving behind a focus on our internal conflicts and shifting to a constructive, successful focus on our profession and its relevance in the modern world. In the reorganization of APsaA our governance is now clearly placed in the hands of the Executive Council. Our mission is implemented through the Departments of Academic and Professional Affairs, Communications, Membership Services and Programs, Psychoanalytic Education, Psychotherapy, Public Advocacy, and Science.

The structural reorganization is sound. As long as policies and procedures are clear, it is the way in which we do business that will make the difference.

The day before the bylaw vote was finalized, the Executive Council unanimously approved a community vision statement proposed by the Membership Task Force on Values, Engagement and Community. That vision has the following guiding principles: scholarly, educational and collegial; diverse, inclusive, collaborative and curious; compassionate, open-minded and respectful; constructive, progressive and innovative; supportive, welcoming, tolerant and encouraging of many points of view.

We are a privileged group. We have the education and resources to make a true difference in the lives of those people with whom we engage. The options for engagement are multiple: clinical, scholarly, scientific, political. The vehicles for professional engagement vary: consulting room, classroom, research project, public commentary. The level of engagement varies. For example, in the political realm there is both individual and organizational action. While APsaA as an organization will continue to take stands on sociopolitical issues about which it has relevant expertise, individual members may also take considered, professional stands on political figures. Many will remain free of political involvement as a matter of principle.

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*Harriet Wolfe, M.D., is president of the American Psychoanalytic Association.*

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## The DPE

*Continued from page 1*



Alan Sugarman



Britt-Marie Schiller

### External Regulated Functions

The externalization of certain regulatory functions previously provided by BOPS has contributed to some confusion. The only functions that the DPE will not provide are certification and accreditation. Certification is now provided by the American Board of Psychoanalysis (ABP). External accreditation of institutes is provided by the Accreditation Council for Psychoanalytic Education (ACPEinc). Any graduate of an APsaA approved institute can apply for certification from the ABP. Any APsaA approved institute can apply for external accreditation by the ACPEinc. APsaA institute graduation or APsaA institute approval is sufficient to apply for certification or accreditation. The DPE will help any individual or institute work toward either of these attainments. In this way, APsaA approval will carry the credibility it always has.

The DPE will ensure that this credibility remains powerful. Such oversight does not mean an emphasis on rules, procedures or mandates. We will gather data from all APsaA approved institutes in order to know how they are functioning. Our interest is ensuring their health and development; not in looking over their shoulders to be sure they are following the rules. Limiting institutes is not our interest nor intent. Instead, we want data to help us reach out to offer assistance when it is needed.

All the functions and help provided by BOPS will continue to be provided by the DPE, just not in a rules-focused way.

The power point mentioned above delineates where each of those functions resides within the DPE. Our approach will be one that respects local analytic cultures and their decision to add or not add to the baseline IPA standards replacing BOPS standards. This includes prominent support for those institutes that continue to require a frequency of 4-5 times weekly sessions for candidates' training analyses and control cases. If the IPA approves a modification of the Eitington model, we will also provide support for those institutes that want to consider a frequency of 3-5 weekly sessions for all or part of candidates' control cases or, potentially, their training analyses. We envision the DPE as a locus of a variety of approaches, and believe the cross-fertilization that will be possible through the Training and Education Forum and other DPE sections will enhance psychoanalytic education. We do not view these decisions as involving more or less rigorous standards. Rather, different analytic cultures find different standards more useful. It is far too soon in the evolution of our discipline and science to be definitive about what standards make for a more qualified psychoanalyst. Therefore, we will offer guidelines intended to help with such decisions. But we will not impose or judge.

One of our exciting and innovative contributions to psychoanalytic training will be the Psychoanalytic Training and Education Forum. This forum, chaired by the two of us, will be composed of one elected faculty representative from each APsaA approved institute. In this way, each institute will have formal representation in the DPE. The forum will meet twice a year at the APsaA national meetings.

It will serve two functions. Part of the meeting will be devoted to institutes sharing their experiences, successes and difficulties. In this way, institutes can learn from each other and gain new ideas or help with vexing problems. We also hope a sense of shared community will arise from such mutual support. The other function will be a roundtable

discussion by institute representatives about current controversies in psychoanalytic education. Such a discussion can help us all learn what each of us is thinking about such controversies. And each institute can gain the benefit of considering various options. Equally important is the opportunity to implement our goal of having disciplined, thoughtful debate replace the usual psychoanalytic approach of acrimonious polarization leading to rigid rules. The planned topic for the first meeting in February is analytic frequency with regard to education. APsaA

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## A New Vision

*Continued from page 3*

Our profession's relevance in today's world is threatened by the cultural shift to fast communication, to quick answers and rapid social media reporting. The new level of immediacy often results in generalized feelings of threat, helplessness, outrage or dismay. Meanwhile our psychoanalytic orientation emphasizes the value of reflection and understanding.

How do we hold onto our professional identity and values and make a difference in today's world? Most basically, we must remind ourselves what we stand for and support one another in consistent maintenance of the APsaA community vision of scholarly, respectful, constructive discourse. Finally, the psychoanalytic understanding that the human violence, bigotry, hatred and love we observe in others also exists in ourselves deserves our humble, discerning attention. APsaA



# Music to the Ears: The Psychoanalytic Scholarship Forum

Psychoanalytic Scholarship  
Forum Committee

Have you seen the musical *Hamilton*? Perhaps the question deserves some skepticism: a musical? A terrific production perhaps, but music? One walked out after *My Fair Lady* humming a tune, but this rap stuff? How did we get from Pinafare to this current rap musical that has changed musical theater history?

In fact, if one tunes in, one can follow the variegation of beats from Gilbert and Sullivan couplets through Ragtime to Gershwin (listen again to the off-beats of the melody of "Fascinating Rhythm" set against its accompanying background, or to the complex syncopated piano solo in his "Concerto in F"), to *Les Misérables* and John Adams with a side bar along the way to the Beat Poets (poetry read over a jazz ensemble background) to the rhythmic poetry called "rap." Changing musical syntax accompanied the narratives of unfolding social history and mores of the times. In parallel developments, physical sciences were discerning new theoretical and technological realms of laws of nature.

What about psychoanalysis? Positioned as the prepotent medium for understanding human psychology, it is located at the intersection of all these

transformations as they inform and affect its practitioners and subjects alike. How are we to make sure our own theories and practices remain rigorous and relevant amidst the unavoidable, and frankly welcome, flux? If music is still music, and musicians are still musicians, despite the vast changes in style, instruments, presentation and technique, what about us? What musicians are and what they produce is still definable. It contains unifying characteristics that define it and distinguish its body of knowledge, experience and performance from other endeavors.

And so, with psychoanalysis and psychoanalysts. We face the exciting challenge of articulating and cohering around the essential core of psychoanalytic identity while welcoming its expanding territory of practice and application. It is in the spirit of this commitment to broadening the horizons of our thinking with the intention of integrating it into APsaA's educational efforts that we have created the Psychoanalytic Scholarship Forum (PSF) in the fabric of the recently launched Department of Education. The proximal goal is to deploy the PSF as an arena in which psychoanalysis can be brought more fully into the mix of contemporary, 21st century scientific and intellectual thinking. The ultimate goal is to enhance the education of our students, encouraging their creativity and, thereby, investing in the future development of our field.



Erik Gann

## From the Issues in Psychoanalytic Education Editor

The Psychoanalytic Scholarship Forum of APsaA's Department for Psychoanalytic Education is slated to be inaugurated at the upcoming 2018 National Meeting. It is a novel structure positioned to promote ongoing scholarly conversation among the members and funneling the ever-evolving psychoanalytic insights into the training of candidates. The hope is that creating such a space will facilitate continuous integration of intra- and interdisciplinary contributions, nurturing the shared core of psychoanalytic discourse and the preparation of candidates for the modern demands of the profession.

—Luba Kessler

How might this work? The forum will be open to all interested members as a space for ongoing debates and conversations. We hope to stimulate your thinking in new ways and to have you voice your ideas. We will invite contributions aimed at opening the discourse and promoting an ongoing exchange.

The kick-off of this session will be in the upcoming 2018 National Meeting in New York. While the specific structures and formats are yet to be delineated, we would like to propose some initial direction, in keeping with the project of defining the common psychoanalytic ground to stand on. We offer the following considerations:

First, the work of Joseph Sandler provides a particularly relevant model for the integrative conceptual needs of the moment. His contributions in the decades of the '70s and '80s are positioned at the intersection of several important developments in psychoanalysis, such as the

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### **Psychoanalytic Scholarship Forum Committee**

*Chair: Erik Gann, M.D.*

*Members: Phyllis Cath, M.D.;*

*Luba Kessler, M.D.;*

*Richard J. Kessler, D.O.*

# Reawakening to Nature on a Changing Planet: Four Voices

Lindsay L. Clarkson, W. John Kress,  
Donald Moss and Lynne Zeavin

Psychoanalysis has created a comprehensive system of understanding human experience without reference to how humans are situated in the web of life. We have not inquired into how we conceive of our relatedness to other organisms, our natural surroundings, or what we make of our dependence on the

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*W. John Kress, Ph.D., (A Voice from the Amazon) is a research scientist and curator at the Smithsonian's National Museum of Natural History.*

*Lynne Zeavin, Ph.D., (A Voice from New York) is a psychoanalyst in New York City.*

*Lindsay L. Clarkson, M.D., (A Voice along the Potomac) is a psychoanalyst in Washington, DC.*

earth's live interacting inhabitants and geochemical processes. Psychoanalysts are unprepared to understand what it will take to address the situation of a planet being altered: affected by the demands of a burgeoning population and an unsustainable extractive attitude toward the natural resources of our common home. The challenges to humans with respect to our interaction with the natural world are not simply about climate change. Required is a broader inquiry into the psychology of our human relationship with the natural environment, addressing an external as well as an internal state of affairs. If we can more fully appreciate our linkage to the non-human aspects of the earth, then the changes to our planet will be our concerns, and we may be able to take preservative action.



Four voices take up the inquiry.

## *A Voice from Detroit*

I know almost nothing about the natural world. I'm writing this in a house surrounded by thousands of acres of forest. I can name one kind of tree in that forest—birch. Robins, sparrows, pigeons, maybe a hawk, crows, seagulls—that's it on the aviary front. There's a big pond here that may have some fish in it. I can probably recognize a trout but not a perch. Oh, yes, ducks come by, and once a heron.

I know, and feel, that all of this is very beautiful—its quiet, its permanence, its indifference.

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## Music to the Ears


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expanding influence of object relations and self-psychology, the growth of intersubjective perspectives and the challenge of infant research data. His articles on a basic psychoanalytic model, motivation and the relation between theory and technique serve as a vital foundation for further integrating updates. The review of his work may provide a useful common platform to begin the PSF project.

Second, in a recent communication to members of the Science Committee, Mark Solms offered evidence that such "common ground" has actually been demonstrated in the comparative process psychology literature. A 2000 article by Matthew D. Blagys and Mark J. Hisenroth, ("Distinctive activities of short-term psychodynamic-interpersonal

psychotherapy: A review of the comparative psychotherapy process literature," in *Clinical Psychology: Science and Practice*) reviews such literature, documenting elements of psychotherapy correlated with positive outcome regardless of what type of therapy the practitioners thought they were performing. These are: (1) unstructured, open-ended dialogue between patient and therapist; (2) identifying recurring themes in the patient's experience; (3) linking the patient's feelings and perceptions to past experiences; (4) drawing attention to feelings regarded by the patient as unacceptable; (5) pointing out ways in which the patient avoids them; (6) focusing on the here-and-now therapy relationship; (7) drawing connections between the therapy relationship and other relationships. Sound familiar? We are standing on psychoanalytic ground.

Finally, the formation of the PSF with its focus on consolidation and creative integration within the new Department of Psychoanalytic Education is testament to the progressive turn in APsA's recent organizational history. Opening opportunities for membership and training has brought an influx of new psychoanalytic ideas, perspectives, experience and expertise. Applied psychoanalytic dialogues provide mutual interdisciplinary enrichment as well as community involvement. Neuropsychanalysis has provided invaluable, albeit controversial, opportunities for revisiting and debating the psychoanalytic view of the mind as well as inspiring a new generation of young psychoanalytic researchers.

Stay tuned for the announcements in the fall. We welcome your interest, participation and ideas—a cappella! 

# Working with Late-Life Patients

## Introduction

Audrey Kavka and Michael Slevin, Co-editors

This special section of TAP is devoted to the topic of aging. It is a timely topic. The world population is experiencing a historic age demographic shift toward late life and our own APsaA membership mirrors that age demographic shift.

Unfortunately, it appears our psychoanalytic culture also mirrors the insidious and pervasive ageism of our broader culture. Ashton Applewhite in her book *This Chair Rocks* (2017), labels ageism as “the last socially sanctioned prejudice.”

Despite the respect for the wisdom of experience within the psychoanalytic culture, there is evidence that we tend as a culture to turn away from issues of aging. We hold in our collective memory outdated beliefs that legitimize neglect of late-life patients and issues.

Everyone seems to remember that Freud at the age of 49 (1904), wrote about the unsuitability of the older patient for psychoanalytic treatments. But we fail to remember that just 15 years later, Karl Abraham described older patients as some of his most successful cases. It is also ironic that Freud defined the older patient as 50 years and above and Freud, himself, went on to produce 17 volumes of written work after the age of 49.

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*Michael Slevin, M.S.W., is in private practice in Baltimore, and an emergency psychiatric evaluator of patients in crisis in the emergency department of Sinai Hospital. A former editor of TAP, he is co-editing a book, Therapists Talk about Race.*

We misread and misuse Freud’s description of the timelessness of the unconscious to explain why little attention goes to the study of mortality and death. We intend to write Professional Wills but never do.

More than 70 percent of the APsaA membership is 60 years of age or older, yet our courses on development often end at adolescence or midlife as if there is were no psychic development after midlife. Surely our own vitality speaks to late life as perhaps a challenging but rich period of ongoing psychic development.

The goal of this section is to shine light on psychoanalytic work being done by analysts in the field of late life. Each of the three articles highlights the opportunities for wider and deeper psychoanalytic engagement with late-life patients and issues.

Daniel Plotkin begins the series with a rich historical discussion of psychological thought on working in therapy with late-life patients. He elicits from Freud’s writings more complex views on the importance of death in our work than are commonly attributed to him.

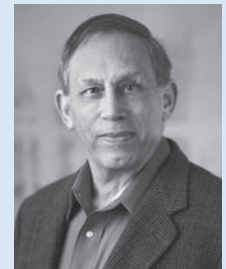
Audrey Kavka, co-editor of the series writes “Twenty-First Century Perspectives on Aging,” in which she directs our attention to key issues working with those in late-life, and presents case vignettes.

Salman Akhtar’s, “In Talking of Death,” expands the horizon of our subject, developing the thesis that without discussing thoughts and fantasies of death, no analysis is complete.

APsaA



Audrey Kavka



Michael Slevin

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June 7, 2017

### Adult

Margo L. Chapin, M.S.  
Cheryl L. Griffin, M.S.W.  
Susan Kattlove, M.D.  
Carol Bussey Levy, APRN, M.P.H.  
Leslie J. Neilson, M.D.

**Child/Adolescent**  
Louis Roussel, Ph.D.

# Twenty-first Century Perspectives on Aging

Audrey Kavka

Looking back often sets a path to moving forward, and so this article begins with an anecdote from the 1930s when Dr. Herbert Rosenfeld took a job at a mental hospital near Oxford, England while awaiting entry into the Tavistock Clinic Training Program. In his orientation to the job, he was told he was responsible for 350 patients and that “Altogether I would work no more than one and a half hours in the morning and I would then generally be free for the rest of the morning and afternoon.” (1987)

How could he be responsible for 350 patients and work for just 10 hours a week? One can only conclude that young Rosenfeld was not expected to actually talk, listen or try to understand the psychotic patients. Rosenfeld dared to begin the experiment of talking with some of his hospital patients and became a pioneer in the modern approach to treating psychotic disorders and psychoanalytic theory on the topics of psychosis, psychotic processes, narcissism and projective identification.

Opportunity for change lies in experiences that defy accepted expectations. On the road to overcoming prejudices such as sexism, racism and ageism, these personal encounters that confound established beliefs play a special part.

In my psychiatric training in the late 1970s, expectations for treating older patients psychotherapeutically were absent. Consequently, I was practically indignant when I was assigned an inpatient caseload with an average age of 74. My expectation, supported by the team, was that I was to provide necessary service with little educational value. We were all wrong. Within a week, my preconceptions gave way as the patients proved themselves to be motivated, intensely engaged, and looking for meaning in their fantasies and lives. The therapeutic responses were also a welcome surprise.

Today, a growing network of analysts work with older patients and many share their experiences of a fortuitous initiation into this work. Late-life patients are finding their way to our consulting rooms and onto our couches in a variety of ways: direct referrals as new patients, analytic and therapy patients returning to their analysts at a later life stage, and patients and analysts aging together into late life in a long treatment.

What we are seeing in our offices reflects the dramatic age demographic shift toward late life that is shaping our current world. The U.S. Department of Health and Human Services Administration on Aging reports:

The older population—persons 65 years or older—numbered 46.2 million in 2014. They represented 14.5 percent of the U.S. population, about one in every seven Americans. They are expected to grow to be 21.7 percent of the population by 2040. By 2060, there will be about 98 million older persons, more than twice their number in 2014.

Furthermore, people are living longer and healthier. According to the U.S. Department of Health and Human Services Administration on Aging statistics:

Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. In 2009, the life expectancy of people who survive to age 85 was 7 years for women and 5.9 years for men.

During the period of 2008–2010, 76 percent of people age 65 and over rated their health as good, very good or excellent. Older men and women reported similar levels of health.

A loud message rises from these statistics: It is time to shift our analytic attention from the question of whether to treat older patients to the question, what do we learn from the psychoanalytic treatment of late-life individuals? This is a time of opportunity for psychoanalysis to expand our knowledge and contribute to a growing field of multidisciplinary study, but in order to do so, we must make this shift in focus.

Due to its enormous growth, professional fields from banking institutions to world health organizations are actively studying the over 65-year-old demographic group. Psychoanalysis, which has always had a dual identity as a method of treatment and a research method, should follow suit. In this tradition, clinical engagement with the late-life patient, as well as engagement with our own aging, opens a path for making unique contributions to the growing research on aging throughout the full life cycle. Our profession has much to offer and much to gain.

For many analysts, the older patients have already arrived, and we are learning from them about late life and about ourselves.

In my experience, older patients are like analytic patients of any age:

- They arrive in the consulting room with various levels of insight and motivation, seeking relief from psychological difficulties.
- Unconscious material is accessible through free association, dreams and from the total situation of the transference.

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# Historical Psychoanalytic Views of Aging

Daniel Plotkin



Daniel Plotkin

This article provides a historical perspective on psychoanalytic views on aging and on the feasibility of psychoanalytic treatment for older patients.

It includes a focus on the writings of Sigmund Freud and Karl Abraham as a way to highlight different attitudes towards aging, and will provide a brief overview on relevant psychoanalytic and gerontology literature.

## Freud, Abraham and the Aging Patient

Sigmund Freud is famous for stating that older patients are not suitable for analysis and Karl Abraham is less well known for saying that some of his most successful cases were older. To provide some perspective on these two founding fathers of psychoanalysis, Freud's pessimistic view that individuals older than 50 years of age would lack the "elasticity" to do psychoanalytic work was expressed in 1905, when he was nearing 50. Of course, life expectancy was significantly shorter than it is now, and it is possible Freud's thoughts about his own aging and death colored these views. Author Peter Gay notes that Freud believed he would die at 51 years of age

(and when he didn't, he then thought he would die at 61 or 62). Perhaps Freud's discomfort with his own aging and thoughts about death interfered with his ability to formulate theories about these important subjects (for more on analysts' own comfort level with death, please see Salman Akhtar's article, page 12). Ironically, Freud remained vital, productive and with seemingly intact elasticity of mental processes into his 80s (despite developing painful cancer of the mouth in his late 60s).

Karl Abraham was probably the first to suggest, in 1919, that older adults (which at the time meant those over 50) can benefit from psychoanalytic treatment, and noted that "to my surprise a considerable number of them reacted very favorably to the treatment. I might add that I count some of these cures among my most successful cases." He went on to say:

If we survey a certain quantity of successful and unsuccessful treatments in patients of this group, the problem of their varying results is explained in a simple manner. The prognosis in cases even at an advanced age is favorable if the neurosis has set in its full severity only after a long period has elapsed since puberty, and if the patient has enjoyed for at least several years a sexual attitude approaching the normal and a period of social usefulness. The unfavorable cases are those who have already had a pronounced obsessional neurosis, etc., in childhood, and who have never attained a state



approaching the normal in the respects just mentioned. These, however, are also the kind of cases in which psychoanalytic therapy can fail even if the patient is young. In other words, the age at which the neurosis breaks out is of greater importance for the success of psychoanalysis than the age at which treatment is begun. We may say that the age of the neurosis is more important than the age of the patient.

Abraham's paper ends with a call for more research into suitability for psychoanalytic treatment.

## Modern Perspectives and Gerontology

Remarkably, Abraham's prescient remarks anticipated current day concerns regarding suitability, indications and precision in matching interventions to conditions. One might think it would have sparked an interest in and a considerable literature on treating older adults. But this is not the case. Although reports of good psychoanalytic work with older adults have appeared in the literature for close to a century, the idea did not get much traction. To be sure, important contributions were made over the years, notably by Smith Ely Jelliffe (1924), Carl Jung (1933), Martin Grotjahn (1955) and Hannah Segal (1958).

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## Views of Aging

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In the 1960s, the relatively new field of gerontology emerged, and social psychologists published works on adult development and offered theories of aging. William Earl Cumming and Elaine Henry offered the “disengagement theory” of aging, which stressed an inevitable withdrawal of energy and connections as people age. Followed with his “activity theory” of aging, suggesting that withdrawal is not inevitable and vitality in old age is related to staying active and socially connected. In the early 1970s, continuity theory was proposed by Robert Atchley, based on work by George Maddox. It expanded activity theory to account for the persistence of lifestyle in individuals as they age, and included aspects of individual personality and self-concept. In 1964, James Birren developed the first multidisciplinary research center devoted to aging, at the University of Southern California.

Meanwhile, Bernice Neugarten, in 1964, observed that adults become more reflective and change their orientation from outer-world to inner-world as they age, which she called “interiority.” Later, she added “by midlife, time becomes restructured in terms of time left to live instead of time since birth. It is not that 50 or 60 years have passed, but the question, how many years lie ahead? What is yet to be accomplished, and what might best be abandoned?” (1979).

Erik Erikson (1959, 1966) extended the concept of psychological development into adulthood and even into old age. His observations led him to theorize psychological milestones applicable to old age and consistent with activity and continuity theories: “I have characterized the psychosocial gains of adult ego development with the terms intimacy, generativity, and integrity ... their very alternative, isolation, self-absorption, and despair can be held in check only by the individual’s fitting participation in social endeavors.”

In the psychoanalytic world, a panel on aging was convened at the annual meeting of the American Psychoanalytic Association in 1963, summarized by Norman Zinberg (1964), who noted “the study of aging until now has been left to fields other than psychoanalysis, but the increased index of psychoanalytic interest is exemplified by the existence of the Boston Society for Gerontologic Psychiatry with a membership predominantly of analysts.” Rich commentaries were offered by Martin Berezin, Douglas Bond, Sidney Levin, Kurt Eissler, and Stanley Cath, and Muriel Gardiner (who talked about Freud’s famous patient, the Wolf Man, then 76 years old, and whom she had been in contact with for 35 years).



In 1979, at the first Congress of the International Psychoanalytic Association to be held in the United States, Pearl King presented a paper on psychoanalysis of patients in the second half of life. During the discussion, she emphasized points reminiscent of Abraham, that older adults “were a neglected, although a rapidly growing group of potential patients, and it was not fair to exclude them from the possibility of obtaining psychoanalytic help, purely on the criterion of age.” In 1980 the Committee on Psychoanalytic Practice of the American Psychoanalytic Association noted that one of the population groups underserved by psychoanalysis was adults over the age of 50, and recommended that efforts be made to include them.

Psychoanalysts Calvin Colarusso and Robert Nemiroff, in 1981, focused on the theme of adult development and

presented a model of normal adult functioning and a psychodynamic theory of development during the second half of life. They followed it up with “The Race Against Time: Psychotherapy and Psychoanalysis in the Second Half of Life” in 1985, presenting additional theoretical concepts and clinical material from 11 different therapists. They summarized, “based on current and past research, it is our conclusion that psychodynamically oriented psychotherapy and psychoanalysis are valid clinical techniques for selected patients in the second half of life, regardless of age.”

Another panel was held in December 1982, at the annual meeting of the American Psychoanalytic Association, reported on by Stanley Cath and Nancy Miller, this time chaired by Cath, with contributions from Martin Berezin, Miller, Pearl King, Ann-Marie Sandler, Earl Simburg, and acknowledging the contributions of George Pollock. Cath and Miller (1986) noted:

Evidence is accumulating from all over the world suggesting that chronological age, contrary to Freud’s impression, is not a valid predictor of analyzability; that throughout evanescence and senescence, new assimilation, leading to modifications of psychic structure, and new enthusiasm and vitality, forged in the psychoanalytic crucible, remain possible. Aging is not a monolithic experience for all persons, and in late life, as in youth, it is just as important that potential cases for analysis be thoughtfully and appropriately selected.

Over the next decade, further momentum was generated. Martin Berezin, in reviewing a new book by Wayne Myers (1984) on psychodynamic treatment for older adults, proclaimed: “Dynamic therapy for older people is an idea whose

*Continued on page 11*



time has finally arrived. I mean simply that in view of the recent explosion of interest in geriatric psychiatry, this information, which was known only to a few of us in the past, is now known to a very large and receptive audience. Psychoanalysis and dynamic therapy for old people has finally emerged from the closet." Calvin Settlage (1996) reported his work with a woman in her 90s, a poet, and noted "the myth of the unsuitability of middle aged and elderly individuals for psychoanalytic treatment has been dispelled."

### Psychoanalysis and Ageism

But things seem to have stalled a bit, or at least taken a turn away from older patients themselves. There are still relatively few reports in the literature on psychoanalytic work with older patients, and over the last decade or so reports have focused more on the perspective of the analyst than on the older patient (as detailed by Audrey Kavka, page 8). The hesitation has been, at least in part, due to a bias against older adults. Psychoanalysts are not alone, of course, in holding biased attitudes about aging, although there is a certain irony in it, given that psychoanalytic organizations tend to comprise older individuals, and psychoanalysis has been called an old man's game.

The term describing prejudice against older adults, "ageism," was coined by Robert Butler (1969), the psychoanalytic-friendly geriatric psychiatrist who was a founding father of geriatrics in this country, and the founding director of the National Institute of Aging (1975). We live in a youth-oriented society, and

it hasn't changed much over the last few decades. While there have been substantial changes in other prejudices, involving race, gender, sexual identity/preference, and even though we still have a way to go on all of them, there has been relatively little change with regard to ageism. Indeed, we embrace "anti-aging" efforts more than we do acceptance of aging or celebration of old age (there is even a medical organization called the American Academy for Anti-Aging Medicine), and anti-aging rhetoric has become a part of the current zeitgeist (Jason Flatt 2013). When I was doing some online research about Robert Butler and ageism for this article, I was bemused to find a "sponsored link" pop up on my computer screen on how to get a flat belly.

Indeed, it is unlikely that any of us (myself included) can escape the ageism that is so much a part of American society. Importantly, older adults themselves also hold age-biased beliefs, called self-stereotypes (Becca Levy 2003, 2009). They continue to believe they are too old to "learn new tricks" or to benefit from psychotherapy. Such beliefs turn into self-fulfilling prophecies and undoubtedly contribute to the well-documented finding that mental health services in general are vastly underutilized by older adults.

My own experiences illustrate some of these points. In the 1980s, when I was an analytic candidate and had conducted a successful analysis of a young man. I applied to have my second case be an elderly female patient I was treating with psychodynamic psychotherapy. My initial application was rejected, clearly along the lines of age bias, by a review panel composed of older adults.

Fortunately, when I appealed, the panel, to their credit, changed their minds, and the resultant psychoanalysis was a very successful one.

More recently, just a few years ago, I observed that the new diagnostic manual, the *Psychodynamic Diagnostic Manual (PDM)*, lacked almost any discussion of older adults. When I brought the issue to the authors, and ended up speaking directly with Nancy McWilliams (who was open, interested and not at all defensive about it), it became clear it was the result of some denial on the part of the largely older group of analysts who had put together the *PDM*. I am pleased to report the recently published second edition of *PDM (PDM-2)* will include a special section on older adults, for which I am a section editor, with Franco del Corno.

*While there have been substantial changes in other prejudices, there has been relatively little change with regard to ageism.*

Returning to Freud and Abraham, perhaps we can view their stated positions as representing our own ambivalence about aging. While Abraham spoke for our open-minded and scientific selves, Freud succumbed to the biases that have only become more prevalent as our population ages. Given Freud's remarkable critical thinking abilities in general, I suspect his seemingly dismissive attitude toward older adults was not representative of his attitude in totality. Although he didn't write on aging, per se, his writings on death may reveal some of his attitudes about aging. Freud's "official" position on death is often seen as reductionist and incomplete, but there is evidence to suggest he had complicated and ambivalent views on death and aging. In her 2013 book *Freud, Psychoanalysis and Death*, Liran Razinsky notes, "Freud actually had two significant points of view on death.

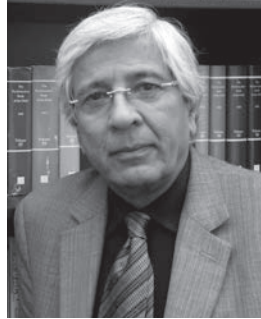
*Continued on page 13*

# Talking of Death

Salman Akhtar

Most psychoanalysts think only orphaned adults, terminally-ill patients, those recently bereaved by the loss of a loved one, and elderly analysands talk of their own death during their analyses. This is not true. References to one's mortality appear in all analyses.

When a patient in termination phase talks about death, the allusion is not only metaphorical. The patient is saying to the analyst: "Look, I am leaving treatment for good and we have not talked about an extremely important topic yet. Can we please do it now?" Or, when such a patient laments that he shall never see "this office" again, the analyst might consider it as a displaced fragment of the patient's mourning over separation from him or the analyst might take it as a cue that the patient is prepared to talk about the day when he will not be able to see "this whole world" ever again. Listening to the terminating patient's talk of death in a skeptical fashion yields interventions about separation and mourning.



Salman Akhtar

Lest such a recommendation appear "un-analytic," I hasten to add that the topic of death is not to be introduced by the analyst. It is to be unmasked since its derivatives are invariably present in the patient's material. Approached this way, the exploration of the patient's feelings about his impending (remember: it is always impending) death becomes a legitimate activity for the clinical dyad to undertake. Any extraordinary affect (e.g., excessive fear, undue longing), attitude (e.g., denial of death via counterphobic flirtations with danger), or fantasy (e.g., death as a lover) involving death would then be brought up for associative elaboration, introspection, and gaining a deeper understanding of its origins and purposes. In other words, the indirect and disguised appearance of death in

of aloneness. Dynamic exploration then becomes possible. When matters begin to get out of hand, however, the analyst has to depart from neutrality and undertake responsible and protective action.

While management of overtly suicidal patients has received considerable attention, the subtler ways in which patients attempt to hasten their exit from this world have mostly remained unaddressed. This, however, does not mean there are no technical dilemmas in this realm. Indeed, there are. For instance, how actively should an analyst intervene with a patient who does little exercise, is overweight and smokes cigarettes? And, should the analyst ask, during the course of an eight-year analysis, if the analysand has ever had a physical examination? What are the pros and cons of such interventions? Does the analyst's expressed interest in such matters constitute a countertransference enactment or does it simply show a concern for the patient as well as for the analytic process itself? Doesn't ignoring the patient's subtle self-destructive behaviors permit a pocket of masochism to remain unanalyzed? Clearly, more thought is needed here.

*...the topic of death is not to be introduced by the analyst.*

*It is to be unmasked since its derivatives are inevitably present in the patient's material.*

Listening to the same material in an accepting fashion permits an exploration of the patient's feelings and fantasies about death.

Once the patient's concern with mortality has been discerned, the next step is to help him get in deeper contact with feelings and fantasies surrounding it.

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patients' associations would be translated upwards into the language of consciousness and mutual understanding.

This, of course, is not needed when patients talk overtly of killing themselves. The analyst listening to a patient talk about suicide must maintain an attitude of equanimity, non-judgmental seriousness and patience. This strengthens the boundary between thought and action. It is important to remember the patient needs to extrude the forces that threaten his existence from within. With the dreaded agenda out in the open, there is a diminution of shame and sense

## Required Exploration

As the exploration of the patient's feelings and attitudes about his or her death proceeds, three special aspects come to attention: (1) fantasies and actual decisions about the disposal of his or her body, (2) anticipation of parting from cherished possessions and the planning required for their dispersal, and (3) participation in one's posthumous survival in the form of the legacy left behind. Each of these realms requires exploration. Helping patients talk about their funeral and burial or cremation often yields rich information about their internal object relations with both their ancestors and the coming generations. One patient felt he should be buried because it made him feel similar to his parents who had been buried and

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because he desired his children to visit his grave after he was gone. Elaborations of these themes led to rich information about his internal life both within the transference and as it existed outside the analytic treatment.

The same is true of exploring the patient's feelings about the material possessions and money he or she is to leave behind. Discussion of this gives access to separation experiences that might not have entered the therapeutic dialogue so far. It also brings to the surface the complex sentiments and fantasies implicit in the dispersal of one's property. While such real and imaginary scenarios are beneficially explored with all patients, the fact that they are richer in middle-aged and elderly patients can hardly be denied. In their treatment, the omission of inquiry regarding such matters (including if they have written a will) betrays a collusive avoidance of omnipotent defenses on the analyst's part.

Finally, there is the matter of the "post-self." The term, coined by the renowned thanatologist, Edwin Shneidman, asserts that all individuals entertain notions about what their participation in the world will be like when they're absent from it. The fact is, an individual can—while living—exert control on how he survives in others' minds. In fact, there is a broad range of intensity with which people handle such endeavors. The main point is neither to idealize the laborious assembly of credentials for a glorious obituary nor to devalue the desire to leave a little trace behind after one's death. The point is to help the patient explore that the realm of post-self does exist and one can, consciously or unconsciously, affect it.

The problem is that a culturally transmitted blind-spot pertaining to death often precludes psychoanalysts from noticing patients are talking and/or are expressing a wish to talk about their death. Analysts are more comfortable in hearing about imaginary death wishes

directed at them than in patients' interest in their own actual deaths (especially when such discourse is not clinically noisy and dangerous in reality). When they do listen to the patients' talk of their death, analysts readily pathologize such interest and trace its origins to guilt and masochism. What escapes them is the ubiquitous human desire to understand death and the need for help in shedding the illusion of immortality. I therefore urge that we cultivate the conceptual freedom to think an analysis is deficient if it reaches termination without a whisper about what awaits the patient as the final chapter of his or her life.

To arrive at such a stance, analysts would need to (1) shift their view of death as being apart from life to its being a part of life; (2) recognize man must make peace with the inevitable fact of mortality in order to live fully and truthfully; (3) understand fear and denial of death are mostly pathological and a calm acceptance of death is mostly healthy; and (4) work through the feelings about their own death. It is only when analysts make an earnest effort to move in this existential direction that they can help patients grasp the sham-nature of their death anxiety. In the absence of such an attitude in analysts, patients finish the treatment with a tightly protected corner of their minds where infantile omnipotence prevails in the guise of the denial of mortality.

APSA

*Some portions of this article have been taken from the author's book, Matters of Life and Death: Psychoanalytic Perspectives (London: Karnac Books, 2011).*

## Views of Aging

*Continued from page 11*

The one, much more prominent, is evident throughout his work, and does not regard death as a psychic motive or death anxiety as a factor in mental life. The second point of view, less dominant and often hidden, regards death as central, and often reflects a personal belief held by Freud, rather than his 'professional' views." Thus, it is not surprising to read Freud's *Our Attitude Toward Death* (1915), in which he can't resist chastising America:

This attitude of ours towards death has a powerful effect on our lives. Life is impoverished, it loses in interest, when the highest stake in the game of living, life itself, may not be risked. It becomes as shallow and empty as, let us say, an American flirtation, in which it is understood from the first that nothing is to happen, as contrasted with a Continental love affair in which both partners must constantly bear its serious consequences in mind.

Likewise, in "On Transience" (1915), he writes, "limitation in the possibility of an enjoyment raises the value of the enjoyment," which is in keeping with the previously mentioned observations of Neugarten as well as more recent observational research by Laura Carstensen. Carstensen's socioemotional selectivity theory of aging posits that older adults have a more positive emotional attitude than do younger adults, as a result of awareness of the finiteness of life.

In closing, I want to thank the American Psychoanalytic Association for asking me to chair an ongoing Discussion Group focused on older adults at the 2018 National Meeting in February in New York. I invite all those attending the meeting to join our Discussion Group and contribute to this worthwhile endeavor.

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## Perspectives on Aging

*Continued from page 8*

- Enhanced engagement in life and love regardless of external limitations is characteristic of a therapeutic outcome.

### Transference in Older Patients

Transference is not restricted to youth or middle age. (In the vignettes that follow, I have changed names and details to disguise identities.) I fondly recall Mrs. Takama, a Japanese-American widow whose obsessive worries about her family members brought her to treatment at age 86 following years of failed antidepressant treatment. Second oldest of eight children, she was the last living child and barely remembered the birth order of the other siblings. She did remember she felt least loved by her mother and often humiliated by her siblings. For her, the central trauma of her life was the loss of a younger sibling and a deep sense of personal guilt and expectation of revenge and punishment. In treatment, gradual remodeling of her inner sense of debasement and failure was revealed in a dream in which she was leading me through a Japanese fish market and making sure I received the best quality fish despite being a non-Japanese outsider. In response to the dream, she announced, "We are sisters." This transference configuration enabled her to reclaim a sense of inner goodness that survived despite attacks from her inner objects and her own retaliatory death wishes and sense of triumph over her deceased siblings.

Treating older patients reminds clinicians that chronological age is not particularly useful in defining "late life" or "older." Nonetheless, there exists a grouping of characteristics that do seem to define a relatively distinct developmental period that can be labeled "late life." As in adolescence, bodily change and consequences of those physical changes affect the inner psychological world of the individual. However, in

contrast to the adolescent capacity for freedom and growth, changes of late life will largely be experienced as loss or decline. These life phase changes are numerous and broad, affecting health status, physical/mental capacities and competencies, work status, financial status, family roles and social/professional roles; they pose a challenge to narcissistic equilibrium. Late life is also a time of accumulating losses of loved ones, including life partner, family and peers.



Early conflicts are often revived as profound issues of grief, transience and mortality press upon awareness. For Mrs. Takama, being the sole survivor was both a triumph and source of unremitting guilt and anxiety. Psychoanalytic appreciation of the timeless nature of the unconscious opens up the possibility of working with the lifelong inner disturbances that are aroused in the context of directly experiencing:

- Encroachment on independence and autonomy
- Intrusion of end-of-life inevitability
- Fantasies of death and of dying
- Challenges to omnipotent desires
- Mourning for aspirations never to be reached

### Countertransference with the Aged Patient

Given these distinctive qualities, it is reasonable to ask, Is the analyst's experience any different treating a late-life patient than his or her experience with other patients? Frieda Plotkin in "Treatment of the Older Adult: Impact on the

Psychoanalyst," (*JAPA* 2000) studied this question and reached some surprising conclusions. The analysts in the study reported feeling deeply impacted by their patients. The patients seemed "special," intensely engaged and more appreciative of the analytic opportunity relative to the experience with younger patients. Rather than untreatable, the analysts described the work as especially gratifying in terms of treatment outcome. But these gratifying aspects also posed countertransference challenges. Plotkin described the analysts being more protective and nurturing in their treatments. She found at times, it was the analyst who used reality as a resistance to analyzing. And she described significant difficulties on the part of the analyst with respect to termination. She discerned that termination with a late-life patient arouses analyst contact with their own vulnerabilities and challenges ahead, including loss of loved ones, retirement, personal illness and death.

I can corroborate this finding from my own experience. Termination with a late life patient is not just an ending. With younger patients, we can defend against the pain of finality by telling ourselves that perhaps the patient will return in the future. We can defensively ease our concerns about the outcome of the treatment with the reassurance that the patient can always get more analysis later. These defenses are not available when ending the treatment of a late-life patient.

This sense of confrontation with deeply painful aspects of life with little room for defense characterizes the treatment of the older patient from the beginning. I still recall the sting of the affront, 20 years ago, from 70-year-old Mrs. Grahm in her first visit, "I do not like getting old. What are you going to do about that? Expert, ha!"

She had framed the problem in a way that instantly rendered me a failure and disappointment.

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Assaulting me with a list of painful losses, physical difficulties, and a personal vision of the future as further decline and loss, she demanded to know what I was going to do about any of it. In caustically demanding from me nothing less than relief from aging, Mrs. Graham was exposing me to the hopeless, helpless feelings overwhelming her. I could not stop the aging process, so I was destined to be the object that fails to protect her.

In my countertransference, she was becoming an object that brings out inner anxieties about omnipotent wishes and inevitable failures, failures to protect her and failures to protect my own inner objects from the facts of life and death. In the timeless nature of my unconscious, failing to protect the patient against loss, ill health and death was threatening to revive anxieties about my past, present and future experiences of being unable to protect my own inner objects.

*Extracting myself from our coincident omnipotent desires for protection from the losses and assaults of aging was always a part of the work.*

I look back on those angry, unrealistic demands for solutions to unsolvable problems as a panic-driven communication about the pain of facing mortality and omnipotent desires that cannot be fulfilled, hers and mine alike. I was able to proceed because I felt for her exquisite sensitivity to anything that could be perceived as loss or failure. It could be a small slight such as not being included in the post-church coffee klatch or the profound shame of a mentally ill adult child never able to live without her rescuing interventions. If she was sidelined from her weekly tennis game by a back spasm, she was ready to quit tennis forever. If she was walking slower than her walking group friends, she thought she ought to

withdraw from the group in order to not hold them back. She was desperate to avoid the feeling of not measuring up, but it was inescapable. Preoccupied with inflexible competitive strivings and increasing self-imposed isolation, it appeared that her frightening fantasies of dying alone, surrounded only by her tamed feral cats, might be as likely as any ending of her life.

Extracting myself from our coincident omnipotent desires for protection from the losses and assaults of aging was always part of the work. She directly reprimanded me if she felt I was distancing myself from her and her pain with anything that could be interpreted as encouragement or reassurance. Interest in her early life was also treated as an unacceptable attempt to escape from the pain of the present and future.

In the face of these controlling, rigid defenses, she continued to find faults in my work with her. Yet over time, the analytic process supported her capacity

to appreciate both of us as flawed and disappointingly human but also steady, reliable, capable and connected. The good-enough internal objects she had lived with throughout life were revived. Her identification with her father, a simple warm man who imbued her with a lifelong love of nature, brought out a new sense of nurturing capacities for plant, wildlife, and even for grandchildren. Female friendships evolved from a focus on competitive activity to a focus on support and companionship in concert with a growing awareness of an identification with her mother's demanding competitiveness. Friends, family, paid caregivers and ambivalently loved internal objects supported her to the end of her life. I had not protected her from

illness or death, but I learned she died a death she had prepared for in the home she had designed, shaded by the trees she had planted and tended, with her children and grandchildren at her side.


Concluding thoughts: In my experience, older patients do use psychoanalytic treatment to free themselves to love and live to the very end of life if we, the analysts, can tolerate the blows to our own wishes for omnipotence, perfection and immortality.

But, given the special characteristics of late life and special countertransference challenges, can we expect more analysts to take on clinical and research responsibilities related to late-life patients and issues? I hope we can and will.

The psychoanalytic literature on late life is expanding, and yet, late life is still mostly absent from formal candidate curriculums. In 2014-2015, I undertook a database study of late-life curriculums in APsA institutes. We searched for coursework on late-life development, senescence and treatment of late-life patients. The results demonstrate that three-quarters of APsA institutes have no instruction in those categories. The time is ripe for including late life in psychoanalytic training and post-graduate education and study.

In many locales, the psychoanalytic community itself is a community of over 60-year-olds. APsA membership data from September 2015 reveals that approximately 70 percent of the membership is 60 years old or older. Twenty-four percent are between 70 and 80 and 17 percent are over 80. When it comes to late-life individuals, we need only look at APsA.

Recent psychoanalytic interest in the issues of retirement, professional wills and maintenance of competence is surfacing and reflects an awareness and commitment to our own aging.

It is my hope and expectation that broader psychoanalytic engagement with older patients and late-life issues will yield valuable knowledge concerning our patients and ourselves. 

## CAMPAIGN STATEMENTS

**Bill Glover**

Bill Glover

APsA is entering a new era. Our long-standing impasse over governance has been resolved and reorganization under the 6-point plan is well under way. We can now give undivided attention to our common cause of advancing psychoanalysis. With renewed energy, we can continue our leading role in psychoanalytic education, research, professional development, and public advocacy. The excitement of our regeneration can engage members, candidates, and attract other analysts and independent institutes to join us.

I am honored to be nominated for president-elect. Leading the Association in this time of transition is a daunting responsibility, but I am motivated to run by my commitment to APsA. I'm reminded of when I served as president of the San Francisco Psychoanalytic Institute & Society and chaired the strategic planning that led to our conversion to the San Francisco Center for Psychoanalysis. It was a team effort with many members, including a succession of very able presidents, working together to achieve success. I hope to play a similar role on the team that sees APsA through its transition. Serving as president of SFCP was a transformative experience and I anticipate leading the Association would be similarly rewarding.

I see our primary task as realizing the potential of ONE APsA. We've become a bigger tent organization united by shared psychoanalytic values and principles rather than uniform procedures with centralized oversight. This doesn't mean anything goes or that institutes will be left to their own devices unsupported by APsA. Institutes will follow IPA guidelines whether they choose to function autonomously or join AAPE, the external successor to BOPS. For all APsA institutes the new Department of Psychoanalytic Education serves as an institutional

interlocutor, offering consultation, educational resources, and a forum for collegial exchange. Institutes will determine their own path but unite together with APsA providing the 'necessary other' that is just as essential to our institutions as it is to individual analysts. APsA will continue to be the place where we come together to learn from and inspire each other while working together to transmit our knowledge to society.

Realizing APsA's potential means maintaining continuity while supporting responsible innovations. Our governing body, the Executive Council, provides leadership and organizational continuity. The Department of Psychoanalytic Education is the container for continuity in training. APsA must also provide more value to its members and reach out to younger people, welcoming students and young professionals. Enhancing our programming and bringing resources to regional meetings is one means. Another is the internet, which offers us much more than list-serves. The possibilities of on-line lectures, seminars, and study groups need to be explored.


We need to continue to enhance our efforts in research and in child analysis. We can support both formal research and experiential research efforts such as the clinical Working Parties that bridge research and practice. Child analysis, infant observation, and developmental research strengthen psychoanalysis. I support child-only and integrated child-adult training.

APsA has a history of taking courageous, progressive positions on a variety of mental health and sociopolitical issues where we have expertise. I support APsA's continuing public advocacy in these difficult times without taking stands on political figures.

Collaboration with the IPA, NAPsAC, and CIPS is essential. I've been very involved in the IPA, serving on the Board and participating in various committees and clinical research activities. I am a direct member of CIPS and support the development of NAPsAC. These experiences have taught me how much analysts

from different traditions and countries have to offer each other. APsA has left behind its exclusionary past but we need to continue to improve communication and collaboration with other psychoanalytic organizations. Working together is the best way to heal old wounds, transcend the divisions of the past, and strengthen psychoanalysis for all.

APsA is one of the preeminent psychoanalytic organizations in the world. We've come through a long, divisive struggle and much work remains to be done, but the future is bright. Our shared commitment to psychoanalytic principles, along with mutual recognition and respect for our differences, enables us to continue together under the same roof.

Dedicated and experienced leadership is required to fulfill APsA's potential. The roles I've taken at local, national and international institutions throughout my career prepare me to lead APsA. At SFCP I've been chair of the Psychoanalytic Education Division in addition to president. I was recently re-elected to the Board of the IPA and serve on its Budget Committee. At APsA I have been a councilor, councilor-at-large, served on many committees, and currently serve as an elected Council guest on the Executive Committee. Politically I am a centrist with cordial relationships across the Association. In all of my leadership efforts, I've listened to all points of view and worked to bring analysts together to find, if not consensus, positive ways forward. If elected I'll work to adapt to our changing world while preserving our tradition of excellence. I ask for your vote as president-elect of APsA. 

**Bill Glover**

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



## Richard Lightbody



Richard Lightbody

Though people say that Cleveland is in the Midwest, actually it is rather close to the east, being in the foothills of the Appalachia Mountains. And it boasts a small Psychoanalytic Center. I mention these

two facts of geography and size because I believe they are legitimate qualifications at this time of choosing a next president-elect of APsA. There *are* leaders in small psychoanalytic communities: the pool of members/voters is limited but the challenges of practice, finance, and training are as complex as anywhere. I hope voters will keep that in mind as they consider their choice.

I feel well qualified for election as president-elect by dint of diverse experiences in the profession of psychoanalysis, in APsA, and in IPA. I understand our organization's strengths and its challenges. Of particular relevance now is my extended service on Executive Council and on committees of the IPA.

This past January I concluded my work as co-chair of APsA's Task Force on Governance and Structure. The culmination of that group experience was the day-long retreat for executive councilors in October 2016; this was done in collaboration with the Executive Committee. We affirmed the Executive Council in its role as our Board of Directors. Working together, participants proposed significant modifications that would strengthen Council and empower councilors, e.g., adding voting seats for candidates and putting councilors on the Executive Committee itself. These and other ideas from the retreat are in various stages of implementation; some will be appearing soon as bylaw amendment proposals. They sprang from the work of the Task Force on Governance and Structure.

I have a perspective on governance based on participation on Executive Council for a total of 14 years. I have watched that body shift from a disparate group which passively listened to reports to a self-aware group that has actively taken on the challenge of monitoring and guiding our national association—that *governs*.


Council has now fully embraced its function as the Board of Directors of APsA—as indeed it should. As councilors demonstrate continued willingness to accept their responsibilities, I would urge that the very name of our governing body shift to “Board of Directors,” and the name of Councilors to “Directors.”

There is an even more epic change before us: the members' vote in June removed the BOPS from our bylaws. This act had been envisioned in the Six Point Plan of 2015. In my view, the hard part is still before us. Our societies, centers, and institutes will be challenged to develop their own policies and procedures for training (so-called “Local Choice”). Members and the Council will want to help the new Department of Psychoanalytic Education [DPE] develop so it can in turn provide consultation to institutes in the short and long term. We are entering a new era as a membership organization which also attends to its training programs.

Looking outside, the IPA has taken on a new importance for APsA insofar as its standards of training are stated in the Six Point Plan to be the “baseline” of our own. I think this is a good thing, and one that can only help us continue to be part of the global community of analysts. There was a period in my practice where I was heavily involved with IPA (2004-14): I chaired the Rules and Procedures Committee over several presidencies and served as parliamentarian in Mexico City and Prague. I chaired the Sponsoring Committee to the Korean Study Group in Seoul for IPA's International New Groups Committee for

six years, and before that chaired the Liaison Committee to PINC in San Francisco for four. From these experiences, I learned how IPA develops institutes and curricula, appoints TAs, selects and then graduates candidates. IPA standards are a solid base to build upon. I would like to help our training programs match or exceed this international standard, so that our local institutes and centers will continue to offer training programs that lead to membership in IPA as well as APsA.

A final special qualification: A few years ago I served as the secretary of the North Coast Unit of the National Association of Parliamentarians. In that role, I made a study of Robert's Rules of Order Newly Revised (11th Ed.). This work has helped me understand how to run meetings in such a way that the minority is heard and the majority prevails. The experience has been invaluable to me at every level.

I hope to earn your votes. I have leadership experience, a personal style of getting things done, and a point of view that can help re-balance this Association. Because I come from a small place, I have for many years been offered opportunities for responsibility and accountability. I have found others on my own. My experiences and my character have made me ready to be president-elect of APsA—from a small institute in a city far from the coasts. 

**Richard Lightbody**  
reports no ethics findings, malpractice actions, or licensing board actions.

## Annual Meeting—June 2017

### **TICHO LECTURE**

**Adele Tutter, M.D., Ph.D.**—“The Erotics of Knowing”

### **JAPA PRIZE**

**Susan Coates, Ph.D.**, for her paper “Can Babies Remember Trauma? Symbolic Forms of Representation in Traumatized Infants” published in *JAPA* 64:4

**Rebecca Chaplan, M.D.**, for her book essay “Heather Macdonald's *H is for Hawk*” published in *JAPA* 64:1

### **HONORARY MEMBERSHIP**

**Joe Palombo, M.A.**




## Susan Flinders



Susan Flinders

The idea to run for councilor-at-large (CAL) of APsA came to me as quite a surprise. When I heard I had been nominated by someone, I thought to myself, "Me?" Then as I thought about it, I thought, "Why not?" I would hope any of us might think likewise if asked the same question. APsA has felt like one of my analytic homes since I began training (My institute is another one.). As CAL I would like to continue to keep APsA as an analytic home for our present and future members, candidates and interested colleagues and guests. I love psychoanalysis and have been participating in APsA since the beginning of my candidacy and really have not stopped. As I developed my CV for the Executive Council, I recalled with many fond memories, my

involvement on the Affiliate Council, including "Breakfast with a Distinguished Analyst," the Dutch Treat Lunch, the Affiliate Meetings, the Mentorship and Host Programs, the *Candidate Connection*, not to mention the wonderful social gatherings with IPSO members often including Salsa dancing. Then I thought of my involvement with the Committee on Gay and Lesbian issues when Gay marriage was not even a reality. Then I recalled attending the 17th Annual IPA Research Training programme in London, meeting mentors and students interested in psychoanalysis from around the world. With graduation came my involvement in the Practice Building Today Committee of which I am chair today, while I remain active in my home institute in Michigan. All of this has led me to where I am today. I have always sought to broaden the scope of psychoanalysis and am even more invested in this today than ever. I look forward to APsA's continuing growth as a leader in psychoanalysis. I feel that as APsA evolves into a restructured

organization, I see multiple tasks ahead of us. As we strive to maintain quality standards in education, we need to develop more efficient and improved ways of teaching, ever mindful of our world and the lives of our candidates and members. We should work to reduce the fear and the obstacles for psychoanalytic growth, and mentor all graduates to practice and learn psychoanalysis in a way that is free and supports their continuing vitality and their own mind opening processes, whether they choose to conduct research, write, teach or treat. APsA needs to enhance community outreach locally and nationally to increase visibility and the availability of psychoanalytic treatment, while remaining open to hear agreement, dissent and new ideas always. 

**Susan Flinders**  
reports no ethics findings, malpractice actions, or licensing board actions.

## Navah C. Kaplan



Navah C. Kaplan


I joined APsA in my first year of candidacy. I wanted to learn and build my identity as an analyst in the world, as well as my institute. The Candidates' Organization provided me the forum to make contributions. I held many positions of leadership on the Candidates' Council, culminating in becoming its president the year I graduated. For four years (two as president-elect), I attended meetings of BOPS and Council and spoke on behalf of candidates' needs. I learned APsA's history, and worked hard to understand the real differences among members regarding the direction we should pursue as an organization. Meanwhile, I had the delicate task of leading the candidates in productive participation in APsA while steering clear of its politics. I worked closely with IPSO, the candidate organization of the

IPA, to offer more identity building opportunities to American candidates. This included attending international IPA meetings to mingle with candidates from all over the world and encourage professional collaboration with APsA candidates. Above all, getting candidates to participate in APsA was my driving goal.

With the restructuring of APsA, we have an opportunity to direct our intellectual and financial resources from internal conflict to activities that will build our profession. Having graduated less than four years ago, I am in touch with the modern experience of candidacy and membership in APsA. My generation has benefited from the work and struggles of those who came before. If elected, I will work hard to support the necessary changes, proving that as a profession we are a work in progress.

There are many ways APsA can direct resources to promote our common goals. I will support initiatives aimed at educating the public on the value of psychoanalytic knowledge, both to understand and treat mental pathology, and as an academic

discipline that enhances understanding of human creativity across the broad scope of the arts and sciences. We can develop creative solutions for institutes to strengthen their membership, improve education, and share resources nationally for the benefit of all member institutes. We should support and encourage research on psychoanalytic theory, technique and outcomes. One way to increase our membership is to encourage the participation of candidates from the beginning of training. Those who participate during candidacy are most likely to stay involved and join after graduation.

APsA has contributed enormously to my professional development. I am eager to "pay it forward" and give my energies to serve the organization in ever widening capacities. I can be reached at [navahckaplan@gmail.com](mailto:navahckaplan@gmail.com) if you would like more information. 

**Navah C. Kaplan**  
reports no ethics findings, malpractice actions, or licensing board actions.

## Ira Moses



Ira Moses

If elected, there are two particular issues I would wish to address which are critical to the future of our organization. First, though APsA is tackling many exciting projects worthy of our energies, we still must be mindful of allocating sufficient energy toward keeping our constituent institutes viable. The long-term security of psychoanalysis requires the economic stability of its individual members, each institute, and our national organization *per se*. As the former director of Training and the former director of Clinical Services of the William A. White Institute, I have become familiar with the challenges that candidates and early career analysts face in transitioning into an analytic practice (with the acknowledgment that outside of a few large metropolitan areas these challenges

are exponentially more difficult). I would, therefore, advocate that we increase resources to support recruitment efforts and the needs of candidates throughout the APsA community. In order to promote recruitment, it is critical to reach out to early career therapists to educate them about the utility of analytic training and how it deepens the work with a wide range of patients, regardless of frequency. Furthermore, it is essential to correct the not uncommon perception in the media (and even among most mental health clinicians) that we simply work with the “worried well.” We must change this image by informing the public that it is not unusual for analysts to be treating patients with major trauma history, significant ego/character defects, substance abuse, or a developmental history shaped by mentally ill parents. (It would not be an overstatement to say that a large number of these cases would have never been accepted in analysis or as control cases a generation ago.)

Second, as the current EC representative and former BOPS alternate from my

institute, I have also been thinking about how best to address the intense debate within APsA about whether or not to have public commentary on current political matters. Although many of us strongly believe that we must not remain silent, we cannot overlook the potential of unintended consequences of alienating some of our own members and, most importantly, discouraging many individuals from ever seeking treatment as they might view us partisan, if not antagonistic, to their president and their passionately held beliefs.

As a councilor-at-large, I would thoughtfully address the above concerns, as well as the many other important issues facing our profession from the perspective of what is in the best interests of the organizations as a whole.

APsA

### Ira Moses

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

## Jan Van Schaik



Jan Van Schaik

I am pleased to be a nominee for councilor-at-large. I welcome the opportunity to serve our Association in this capacity as APsA moves forward following the reorganization.

Having been a BOPS fellow since 2001, I have seen firsthand, both how APsA has been able to work effectively to advance psychoanalysis, and how internecine strife has sapped our creative energy. In response to the de-vitalizing squabbles between BOPS and Council, I proposed a series of joint meetings to help break the stalemate between the two bodies. Despite significant opposition on both BOPS and Council, my tenacious efforts paid off. These joint meetings have been a catalyst for constructive change, culminating in our reorganization. I am optimistic that with the sunset of BOPS and the externalization of regulatory

functions, our profession will have a greater opportunity to flourish. I support the innovative vision of the newly formed Department of Psychoanalytic Education to help inspire our institutes to provide the best possible education for our candidates.

I possess a strong interest in being a unifier and finding common ground. I will bring this passion to my work as a councilor. I have been criticized for being an optimistic idealist. It’s a badge that I wear proudly. It has served me well. As president of the Wisconsin Psychoanalytic Institute, when we were on the verge of closing, my optimism helped forge a collaboration with the Michigan Psychoanalytic Institute. I am proud to say that we now have a bright future ahead of us as a result.

I value inclusiveness, equality and social justice. I have designed public forums on racism, homophobia and school bullying. Several years ago, as our local society president, I was instrumental in opening up our monthly scientific meetings to psychotherapists, graduate students and residents. Subsequently our attendance increased from a handful of members to several

dozen attendees per meeting, resulting in a local renaissance of psychoanalytic thought in our community.

As a councilor-at-large, I will promote efforts that embrace harmony and constructive dialogue, as we endeavor to transcend the discord that has plagued our organization. I believe it is important to lessen the stifling hierarchical nature of psychoanalytic training. I will support programs that encourage graduate students, residents and younger clinicians to pursue analytic training. I will promote distance-learning and cooperative educational ventures between institutes. Additionally, we need to do all that we can to nurture growth in small psychoanalytic communities.

I will bring my dedication and enthusiasm to Council to ensure that our profession will thrive for generations to come.

APsA

### Jan Van Schaik

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



# New Psychodynamic Psychotherapy Treatment for Youth with Anxiety Disorders

Sabina E. Preter, Theodore Shapiro and Barbara Milrod

Child and adolescent anxiety psychodynamic psychotherapy (CAPP) is a new, manualized, brief psychotherapy based on psychoanalytic principles tested in an open, pilot clinical trial by Barbara Milrod, Theodore Shapiro, Charles Gross, and others in 2013. It is a developmentally modified version of panic-focused psychodynamic psychotherapy (PFPP), which is an efficacious psychodynamic psychotherapy for anxiety disorders supported by the most robust data.

**Sabina E. Preter, M.D., Ph.D.**, clinical assistant professor of psychiatry at Weill Cornell Medical College, is an adult, child and adolescent psychiatrist and psychoanalyst. She teaches and serves as director of Child Clinical Services at the New York Psychoanalytic Institute.

**Theodore Shapiro, M.D.**, is professor at Weill Cornell Medical College where he was chair of child and adolescent psychiatry. He has authored numerous publications concerning linguistics, psychoanalysis, autism and other topics, is past editor of JAPA, and has received many professional awards.

**Barbara Milrod, M.D.**, professor of psychiatry at Weill Cornell Medical College, is on faculty at the New York Psychoanalytic Institute and Columbia Psychoanalytic Institute. She developed panic-focused psychodynamic psychotherapy and conducts efficacy studies of psychotherapies in adults and children.

CAPP is a meaning-seeking, psychodynamic treatment for children ages 8 to 16 who suffer a range of anxiety disorders, including generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, panic disorder, and co-morbid post-traumatic stress disorder. In the pilot study, only children and teens with primary generalized anxiety disorder, social anxiety disorder and separation anxiety disorder were included. These are common conditions, which share disabling anxious preoccupations, anticipatory anxiety and avoidance, and impair children's and families' lives substantially. Many anxious children go on to become anxious adults.

The treatment manual articulates a symptom-focused 24-session psychoanalytic psychotherapy, which allows clinicians to intervene by collaboratively identifying the underlying unconscious meanings of anxiety symptoms and maladaptive behaviors and to communicate the emotional meaning of these symptoms to the child, thereby demystifying symptoms and rendering them less intense. The treatment is conducted from a developmental perspective, and the book includes ample clinical examples of how to approach children and adolescents at all phases of adaptation. The goal of CAPP is to free children of the burden of symptoms, which inhibit and constrain the child in her/his life.

*Continued on page 21*

## From the Issues in Child and Adolescent Psychoanalysis Editor

In this article, the authors describe their new short-term psychodynamic treatment for anxiety in children and adolescents.

There is no question this is a timely contribution to the field, since anxiety in children is very common, including a variety of subtypes. Untreated anxiety in children has serious sequelae in adulthood. The authors provide a meaningful contribution to the psychiatry literature because most of that literature, especially the empirical literature, relies on the utilization of behavioral models for treatment, or the utilization of psychotropic medications. For psychoanalysts, the incorporation of this treatment into a manual (*Child and Adolescent Anxiety Psychodynamic Psychotherapy (CAPP): A Manual Based on Psychoanalytical Principles*) is one more addition to the growing psychodynamic empirical base, which should provide greater acceptance of psychoanalytic ideas by the general scientific field.

This volume offers an alternate way to approach anxious children—understanding the motivators that provoke so much anxiety, and helping the child develop inner resources so he/she can cope more adaptively when stresses occur in the future.

—Leon Hoffman

Clinical examples demonstrate CAPP can help children and adolescents:

- Reduce anxiety symptoms by articulating anxious fantasies in words and developing an understanding of the emotional meaning of symptoms and associated behaviors.
- Enhance children's skill of reflection and self-observation of one's own and others' motivations, ideas, and behaviors, with the expectation of continued use after treatment ends (improvement in symptom-specific reflective functioning).
- Diminish children's use of avoidance, age-inappropriate dependence and rigidity by helping them to see that underlying emotions such as guilt, shame, anger as well as wishes and desires that seem unacceptable can be tolerated and understood.
- Understand fantasies and compelling emotional significance surrounding the anxiety symptoms.
- Reduce symptoms' magical qualities and powerful impact on the child by articulating personal meanings in language.

The manual provides a detailed description of psychodynamic treatment principles and techniques for children and adolescents with anxiety and emphasizes the patient as a participant and collaborator with the therapist in the task of uncovering the meanings of anxious phenomena and maladaptive behaviors. A developmental perspective is emphasized at all times. Techniques of interviewing and interpreting geared towards youth of various ages are explained and examples are given.

The CAPP manual offers a guide to opening, middle and termination phases of psychotherapy. The opening phase serves to obtain the history of the symptoms, to establish a therapeutic alliance with the youth and his/her parents and to identify core psychological dynamisms that contribute to the child's anxieties. From the outset, the therapist pays attention to the beginning transference development, as well as countertransference

reactions, which, for example, in anxious children, can include feeling the need to quickly assuage patients' distress. The therapist addresses maladaptive behavioral patterns early but sensitively, and interprets defenses before addressing conscious or unconscious fantasies.

During the middle phase, the therapist and patient collaboratively understand the previously identified central psychological conflicts and core dynamisms as they pertain to the anxiety symptoms. As new material emerges, adjustments to the initial formulation can be made. The therapist interprets defense mechanisms and attends to the deepening transference to the therapist. The developing understanding of the meaning of the anxiety symptoms results in a progressive improvement in reflective function, which is followed by improved functioning. Multiple examples of therapeutic interactions are given in the text.

The termination phase describes how the ending of treatment presents a unique opportunity to review psychological and symptomatic changes that have occurred and also to revisit earlier symptoms, in particular in the context of the common re-arousal of symptoms in which separation conflicts are now experienced with the therapist in the transference. New venturesome behaviors that point toward adaptive and sensible autonomy seeking are encouraged, without the burden of previous maladaptive restrictions.

In separate chapters, we elucidate the historical background of child psychodynamic psychotherapy and emphasize the importance of a developmental perspective by discussing clinical vignettes of children and adolescents of various ages in psychotherapy for anxiety disorders. Attention is also given to the nature of parent involvement in the treatment, which depends on the developmental stage of the child.

A section is devoted to each anxiety disorder, detailing characteristic psychodynamic factors and conflicts, transdiagnostic treatment techniques, as well as specific diagnosis-dependent adaptations.



Taking a longer-term perspective, CAPP has potential in the following areas:

1. It is a psychoanalytically informed, meaning seeking treatment that is more easily incorporated into public health mandates due to its time-limited frame. It can thus potentially be made accessible to greater numbers of patients.
2. Clinicians of various theoretical backgrounds can be trained in this method, thus making the treatment accessible to a patient population that normally would not have access to psychoanalytically informed treatments.
3. The programmatic approach provides the basic manual backbone for further study.
4. It seems likely that time-limited symptom-focused psychoanalytic psychotherapy approaches can be extended to other diagnoses, for example to depressive disorders.

This manual, *Child and Adolescent Anxiety Psychodynamic Psychotherapy (CAPP): A Manual Based on Psychoanalytical Principles*, is intended to be useful for clinicians of all disciplines (psychiatrists, psychoanalysts, psychologists, psychotherapists of all guilds), and for clinicians from diverse theoretical backgrounds who treat children. It will appeal to the student reader, as well as to the experienced clinician seeking a roadmap to brief psychodynamic psychotherapy for anxiety in children. It will be published by Oxford University Press.

For further information on the references in this article, please contact Sabina E. Preter at [sap2030@med.cornell.edu](mailto:sap2030@med.cornell.edu).

## Four Voices

*Continued from page 6*

There is snow now, a bright sun and sharp shadows. The trees are still. No wind at all. I also know nothing about wind, what causes it, what it is, why air moves. There are streams here, icy now, with water flowing underneath. I have only a faint sense of why the top alone freezes.

I'm not sure I belong here. I have none of the local vocabulary. A tiny bit, I guess, about as extensive as that of a four-year-old. Tree, snow, fish, bird, cold, wind, ice. A four-year-old.

But I'm 72, and live in words. Words swaddle me, give me form, hold me together.

What happens here, then, when I'm alone and pretty much wordless, is that I lose interest in my word-form. This is another planet, well, actually, no. This is the planet.

Here, in this house, with only about 50 useful words, finally, inadvertently, I find myself actually on it, that is, back on the planet.

After all, I was born on it. I remember being on it. It was gritty Detroit, but there was a vacant lot nearby and I found grasshoppers to catch and keep for a day in a mason jar with holes punched in its top for air. But then, slowly, without thinking, without ceremony, without anyone giving it a name, I moved, I shuffled along, I drifted, I left. I left the planet I was born on, and that was it, that leaving. Or maybe not, maybe it wasn't me actually doing anything at all. Maybe I was moved, displaced, pushed, shown that elsewhere might be better. Maybe I was taken off the planet for my own good.

And elsewhere was better, wasn't it? All the thinking, and wit, and power, and mad insight into myself and into others who, I can now see, had also been moved, displaced and pushed, from their original position on the planet to their current one, which, at most, for all of us displaced people, can be mapped as around or about the planet, but no longer on it.



Lindsay L. Clarkson



W. John Kress



Donald Moss



Lynne Zeavin

Yes, and that "around or about the planet" was, and maybe still is, where I, and, I think, most of us analysts, located psychoanalysis—a discipline, a practice, devoted, from its origins, to "the demand on the mind for work as a consequence of its connection to the body."

But what kind of body is that, really? Isn't the body we think about really, usually, just, "almost" a body? A body known only by the demands it makes on our minds.

It's certainly not the same kind of body, the same category of body, we think of when we see a bird, or a fish, or a deer. No, the moment we see those bodies, the ones we find in nature, we place them in relation to death and to dying. The body we see in nature is a body devoted to survival. The body we think of clinically is one that, while, of course, surviving, is devoted, really, to "satisfaction," tension reduction, with "mind" its singular agent.

The human body oriented toward surviving—along with deer, birds and fish, the one really on the planet; that is, temporarily on the planet—we barely consider that body, neither ours nor our patients'.

So, what happens, to me, at least, when my vocabulary plummets and all I have to swaddle me are trees and snow and ice, my place changes—I return to the planet. And my mind changes—I return to being a creature conscious of surviving, temporarily.

On the planet now, but in the planet pretty soon. Not that big a difference, really, between "on" and "in"—there is great comfort in that.

When this happens, when I'm reminded of being on the planet rather than around and about it, my relations

to psychoanalysis, to intelligence, to words, all change. I return to my original citizenship, to my original set of identifications, with the other citizens of the planet, the ones with very minimal vocabularies, the ones, who, like me, find themselves here, and, also, like me, need a lot of help.

### *A Voice from the Amazon*

I know quite a bit about the natural world and have become increasingly alarmed about the recent accelerated rate of change of our planet and our societies. As a scientist who has worked on the ecology of tropical ecosystems for 40 years, I have watched wave after wave of habitat degradation and species extirpation overtake natural environments around the world. I have seen this in Costa Rica, Panama, Colombia, Ecuador, the Amazon, Thailand, Myanmar, and in China. In my lifetime the chemistry of the oceans has changed, the vegetation covering the land has been radically altered, the composition of greenhouse gases in the atmosphere has been transformed, and the temperatures have increased across the globe. All of this change has occurred at rates unprecedented in the recent past. And the most remarkable fact is that all of this tremendous change to the planet is due to the actions of one species: humans. Our population has exploded from a few million individuals widely dispersed across the globe ten thousand years ago to over seven billion people today mostly concentrated in cities. After 4.6 billion years of existence, the planet is now in an era appropriately titled the "Age of Humans."

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Along with the changes in the structure and make-up of the atmosphere, the land, and the water, major alterations have taken place in agricultural practices and the use of natural resources, in the movement of organisms across and between continents, in the rates of urbanization, in the spread of new infectious diseases, and in the extent of societal conflict. At the same time, new levels of social interactions have occurred within and across cultures as we are deluged with new, far-reaching technologies. The degree of interactions, both positive and negative, between the environment and human cultures is unprecedented. No longer as a scientist can I view, study or understand nature in isolation from human influence. No longer can I go to a place in the world, no matter how isolated, and find biodiversity unaffected by humans. Although the earth and its ecosystems have always been characterized by change, the current rate and scale of these changes may be unparalleled at any time over the last ten thousand years.

The results of human actions are global in scale and geological in duration. My colleagues who study the atmosphere tell me the carbon dioxide generated during the early Industrial Revolution over two hundred years ago continues to warm the planet today. CO<sub>2</sub> does not rapidly go away. The paleontologists down the hall tell me because of our extensive detrimental effects on the planet, a sixth mass extinction of life is currently underway and it is the only such global extinction caused by humans. Millions of years will be required for biodiversity to recover. The ecologists and conservationists with whom I interact tell me in the near future, because of these extensive alterations, the planet cannot return to some pre-human and natural state. Environmental change and degradation are serious and, if we do not act now, will affect our descendants far into the future.

A hundred thousand years ago, when humans began to evolve as a species, the earth was characterized by large-scale environmental fluctuations, including

repeated ice ages and extremely variable climates. Life was not easy. Humans lived in small roving groups of hunter-gatherers. Then, about ten thousand years ago, these challenging and unstable environments abruptly ended and a relatively stable climatic period ensued. It was during this period of environmental stability that *Homo sapiens* developed the complex social interactions, economic systems, cultures and technologies modern humans experience today. Unlike the chaotic period of our early evolution, this recent ten thousand years of stability have not required us to adapt to large fluctuations of environmental change. Now, once again we are entering an age of instability due to out-of-control pollution, rampant use of fossil fuels, high levels of habitat degradation and unprecedented loss of biodiversity we have caused.

So we, as a civilization, are at a crossroads: We can continue to impact our habitats to the detriment of ourselves and other species, or we can reconcile our actions according to natural ecological processes to interact sustainably with the environment and its resources. The internal psychological forces that drive us to exploit nature and treat nature as our sole dominion, also deceive us into thinking we have unlimited control of these resources, which we do not. Ultimately, we must recognize humans have a place in nature and can coexist without overexploiting the physical, chemical and biological components of the earth. As presciently stated in 1949 by Aldo Leopold, "... a land ethic changes the role of *Homo sapiens* from conqueror of the community to plain member and citizen of it."

Optimistically, we as a species may be able to learn how to control ourselves, face up to the situation we have created, and shift our behaviors just enough to reverse our destructive tendencies. However, even if we do not change our ways, we must recognize what history tells us: All species that have ever existed on the earth have become extinct. Whatever

we, as one species, do in the next one thousand or five thousand years, whether helpful or damaging to our planet, we will eventually become extinct and other species will evolve to take our place.

## *A Voice from New York*

"It is a strange and terrible moment in history. We, who ourselves are dependent upon it utterly, are laying waste to the biosphere, the thin, planet-encircling envelope of life, rushing to degrade the atmosphere above and the ocean below and the soil at the center and everything it supports." (Michael McCarthy 2015)

In the wake of Donald Trump's November victory a patient reported her daughter said she would no longer be able to consider having a child. She believes the administration's policies regarding the climate will irreparably damage the environment. My son expressed the feeling that the world now is permanently changed, the future itself uncertain. Others expressed similar anxieties.

One patient said, "We are not sure whether we will die of a nuclear winter or a flood." As psychoanalysts, we might say some of us are in identification with the earth now, feeling the lack of protections extending to it also include us. We do know something about the awful psychic predicament that results when reparation is not possible. We must listen to the reverberations of the social world in each of our patients, and we likely feel similar reverberations in ourselves. How can we as psychoanalysts take this up, address the various complicities in each of us, along with the very real fears that are mounting? We have to sort out the threats of annihilation inside from the accurate reading of an annihilating (external) other, while making sense of our annihilating internal others at the same time. And where is affirmation? The love of the earth, the possibility of repair, of care. Another patient talking about the current political moment was saying that just looking up at the sky, the vast encompassing sky, provides comfort.

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## Four Voices

*Continued from page 23*

This same patient was talking about her daughter having her feet in dirt, climbing rocks, being outside, and her hope that this foundational relationship with the earth will carry her, will be in her, throughout her life. Surely this is something I believe in—that feet in the dirt, a connection to the earth is something that can and does sustain us.

But now I suppose I have a sense of a cruel parent in charge, a parent who denies reality and the need for stewardship. With this, we see a pronounced disregard for the natural world—a person in charge of the EPA, for example, who denies the reality of climate change—and a more pervasive and insidious assault on those truths we have held to be self-evident. This seems like an important convergence: People are feeling that in turning their backs on the realities of the environmental crisis, the administration is putting future generations at risk. The continuity of the earth and of ourselves is linked. For those of us feeling at risk there is no denial of climate change, or even denial of the deleterious human impact on the natural world. And yet, for all of us, for each of us, probably there is some as yet unnamed individual connection with our dependence on the biosphere, on ecosystems, and a certain indifference and taking so much for granted. As much as I love being outside in nature, as much as I love the ocean and the mountains and the silence of snow, I think it is incumbent upon me to ask how do I participate in this lack of care, how do I deny my own relationship with the natural world, my place in nature? What are the terrors at work in recognizing my place in what is called the web of life?

*A Voice from Detroit* speaks about the enormous comfort that eventually he will be not on the planet but “in it.” But this is a state of mind that comes only out of accepting the limits of time and mortality, a state of mind we as

psychoanalysts recognize can only come from a great deal of psychic work, work that entails facing our limits, facing death and its inevitable grief and loss. One can feel nature’s vastness and its indifference to us, and rather than experience comfort, feel instead a kind of hatred regarding one’s smallness, one’s insignificance, relatively speaking. That we all degrade back into the earth can feel like a comfort but equally can lead to fear and to a pushing away of all the related realities—our dependence on the earth and its ecosystems for what it provides us. This leads to denial of our smallness and our place in the much wider scope of the natural world. Our actual interdependence with the earth’s non-human species is a feature of our smallness and rather than acknowledge this we exert our own wishes for control. Human indifference leads to exploitation, the pillaging of forests, the excessive fishing of oceans, overreliance on the material yields of the earth without acknowledging the cost of what we have taken, and without thought for giving something back.

I live in New York City, but the other day I was driving in the Midwestern spaces of the United States. I drove past vast fields of yellow maize, endless plains of gold, and I felt a strong sensation of sadness simultaneously for the country I love and for the earth I love, a deep sense that each—for different and overlapping reasons—is in peril. Our current political moment demands our careful attention as does the state of the planet. The usual attitude that someone else is taking care of things, however fallacious that notion is, is no longer possible. We Americans must take care, we must protect truth and our own fundamental values, and this intrinsically includes safeguarding the natural world. We psychoanalysts must find a way to address this, in our practices and in public life.

### *A Voice along the Potomac*

An aspect of Charles Darwin’s genius was his willingness to resist the pressures

to extoll human exceptionalism, bolstered by the idea of uniqueness of humans in God’s eyes. In the concluding chapter of *The Origin of Species*, Darwin suggests there is a promising area for new researches in the field of psychology, “the acquirement of each mental power and capacity by gradation. Light will be thrown on the origin of man and his history.” In 1859 Darwin was aware that natural selection affected not just anatomy, but cognitive and emotional capacities in an organism. Recent studies in animal behavior reveal deep aspects of sociability and complex relatedness that occur in our primate relatives. There has been considerable scientific and social resistance to acknowledging such affinities. Freud understood the narcissistic injury that the discoveries of science could evoke, leading to all manner of denial or disinclination to explore the ramifications of the breakthrough in knowledge. He specifically mentions the decentering caused by situating humans as a species that evolved in adherence with the laws of natural selection and that remains in close relationship to the rest of the natural world. Our ability to recognize our dependence on the natural world for our existence is impaired by our wishes to be exceptional and dominant over our environment.

In psychoanalysis there have been explorations of distortions of self-experience and human relatedness due to autistic defenses including the use of aspects of the nonhuman environment as a protection from the strain and catastrophic experience of personal interaction. Much less attention has been given to the more enlivening and enriching aspects of relatedness to the non-human world that provide solace and extended otherness vital to differentiation. The living environment is located in the background of our existence and is often overlooked as an essential component to our ongoing sense of self. The ongoing quality of the natural world serves an important containing function for our

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anxieties about the meaning of our being, the relevance of our place in space and time, and the complexity of our relationship to the fact of mortality. We cannot exist without relying on nature's resources, including the complex web of life, water, air, energy. The extent of the reliance of humans on the natural world can evoke primitive and menacing terrors, or something more relaxing and coherent, in identification with ongoing processes that extend beyond a human life span. To relieve ourselves of the challenges to our narcissistic superiority, caused by the awareness of our vulnerability and stature in relationship to the natural world, we may turn our attention to the marvels of human technological prowess and control.

In *Biophilia*, the biologist Edward O. Wilson poses a thought experiment. He invites us to immerse ourselves in a beautiful manmade environment, constructed to replicate serene skies, vast mountains, rushing waterfalls emptying into a deep pool of water sited in an exquisite, harmoniously landscaped and peaceful valley. However, not one element is alive; it is a plastic creation. Wilson recognizes profoundly the nightmare this ersatz natural setting creates:

Where are we? If the ultimate act of cruelty is to promise everything and to withhold just the essentials, the locality is a department of hell....Without beauty and mystery beyond itself, the mind by definition is deprived of its bearings and will drift to simpler and cruder configurations. Artifacts are incomparably poorer than the life they are designed to mimic. They are only a mirror to our thoughts. To dwell on them exclusively is to fold inwardly over and over, losing details at each translation, shrinking with each cycle, finally merging into the lifeless façade of which they are composed.

Wilson is describing the claustrophobic state of affairs that develops internally if we cut off our emotional and knowledge ties to the natural world. A human made environment is not the same as a setting where the otherness and separateness of the natural world with its own trajectory and beauty is acknowledged. The living otherness of a natural system allows the full humanness of a person to emerge. Knowledge of our relationship to the non-human environment is essential for our sanity, as in its absence our contact with both internal and external reality is diminished. As psychoanalysts, we have paid little attention to this aspect of life. Like many other people, we have set ourselves apart, alienated ourselves from our ancient coherence, and a vital aspect of our psychic equilibrium. Just as we have been able to tune into communication beyond words, opening ourselves to emotional knowledge that is primitive and complex, we may be able to attend more closely to how each person interacts with the natural world. We will have to interrupt our tendencies to disregard aspects of the terrain that are unfamiliar and bring to bear our disciplined capacity to listen, understand and value the unconscious phantasies that structure our experiences with the natural world.

With increasing urbanization, technological surroundings, and the ubiquitous presence of virtual reality, more of the natural world is experienced as a green blur. Earth is treated as other and to be controlled rather than embraced and valued in its own right, or as a cherished expansion of ourselves, a vital respite from human strains. There is much to be gained by reawakening our ties to our earlier selves and our dependencies on the complexity of life around us. As psychoanalysts we are highly tuned to observe the details of internal landscapes, but interdisciplinary explorations with biologists, natural historians, artists and poets may enhance our ability to understand the strength of our ties to the external landscapes.

We can attend more closely to the encounter, and to the actual impact of our behavior on the workings of the planet. A passage from Thoreau's *Walden* illustrates such an awakened state of mind:

Sometimes, on Sundays, I heard the bells, the Lincoln, Acton, Bedford, or Concord bell, when the wind was favorable, a faint, sweet, and, as it were, natural melody, worth importing into the wilderness. At a sufficient distance over the wood, this sound acquires a vibratory hum, as if the pine needles in the horizon were the strings of a harp which it swept.... There it came to me in this case a melody which the air had strained, and which had conversed with every leaf and needle of the wood, that portion of the sound which the elements had taken up and modulated and echoed from vale to vale. The echo is, to some extent, an original sound and therein is the magic and the charm of it. It is not merely a repetition of what was worth repeating in the bell, but partly the voice of the wood; the same trivial words and notes sung by a wood-nymph.

Here, Thoreau is portraying the enrichment of being that encompasses the details of the natural environment. The vibratory hum of pleasure results from relaxation into embeddedness in the natural world. There is an openness between the bell and the echo and the wood-nymph, dependent on the wind, the trees and the listener. In such a state of mind, kinship with the non-human world does not pose a threat to one's integrity, instead it enhances one's sense of self. If we can extend our experience to encompass something larger than ourselves and also tolerate diminishment, then we can find a way to tend to the world for which we are responsible.

# Medical Student Education and Psychoanalysis: Perspectives from Students and Educators



## MEDICAL STUDENT PERSPECTIVE: PsychSIGN The Psychiatry Student Interest Group Network

*Pallavi Joshi and Robert Rymowicz*

Students interested in psychiatry show a strong curiosity about psychotherapy. Talks by psychodynamic speakers are perennially well attended at PsychSIGN, the American Psychiatric Association's student interest group annual meeting, where medical students from around the country gather to learn from leaders in psychiatry. The annual roundtable dinner at the PsychSIGN conference encourages students to ask invited guests about their motivation for choosing their specialty within psychiatry. The attendance at the psychotherapy table is among the highest, and the discussion one of the liveliest. The fact that students so often ask how to best approach and engage patients psychotherapeutically shows both an interest in the approach and a desire for guidance and direction that is all too commonly absent in training. An introduction to the psychodynamic approach helps medical students foster a deeper interest in the mind, opens new avenues of thinking and explores the heart of psychiatry.

This speaks to the need for opportunities for medical students interested in psychiatry to obtain a better understanding of psychotherapy. As medical

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*Pallavi Joshi, M.D., is PsychSIGN national chair.*

*Robert Rymowicz, M.D., is PsychSIGN facilitator.*

students eager to learn more about psychodynamic psychiatry, we struggled to find elective rotations open to medical students. Private practices rarely welcomed medical students, and academic centers did not have rotations focused on therapy. One of us (Robert) was fortunate to spend the final month of third year at the Austen Riggs Center—an opportunity we hope more medical students will learn about and consider. PsychSIGN has sought to provide a venue for nationally recognized experts in psychodynamic psychiatry to speak to medical students at meetings at both the regional and national level, and will continue to do so. PsychSIGN encourages psychodynamically focused psychiatrists to volunteer to speak at a regional meeting in their area through contacting a representative in their area listed at <http://www.psychsign.org/>. This will allow them not only to reach many future psychiatrists before their careers have even started but also to offer their mentorship as students progress towards residency.

## MEDICAL EDUCATOR PERSPECTIVE

*David Mintz*

Thirty years ago, psychoanalysis began its exodus (or exile) from academic psychiatry. Since then, there have

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Pallavi Joshi



Robert Rymowicz

been major shifts in the science and economics of mental health that have promoted biomedically reductionistic models of care. One consequence is that medical students are often exposed to points of view that denigrate a psychoanalytic perspective. My sense, as someone involved in the education of medical students for the last 15 years, is that while some students become turned off to psychoanalysis, a great many more are turned off by psychiatry. Those students who are initially attracted by psychiatry tend to be idealistic, patient-centered, and interested in a deeper understanding of people and human suffering, and they are often discouraged by what they experience in their clinical clerkships. In this sense, academic psychiatry needs psychoanalysis to attract the most committed and idealistic students. Exposure to psychotherapy and psychoanalysis is also necessary to give students a fuller and more accurate picture of the professional possibilities in psychiatry.

While there are many opportunities for psychoanalysts to participate in the education of medical students, extensive education about this important aspect of psychiatry is often eclipsed by pressing exigencies of teaching basic psychopharmacology and psychodiagnostics. Learning about psychoanalysis occurs outside of the formal educational structure.

Though not affiliated with any medical school, I have been involved at the national, regional and local level with PsychSIGN, a national organization of affiliated psychiatry interest groups.

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This is, I believe, a very effective way for psychoanalysts outside of academia to bring a psychoanalytic presence to the education of medical students. I have found it also to be highly rewarding. The students in PsychSIGN are those who already have an interest in psychiatry. Their hunger for perspectives that embrace the subjectivity of the patient is palpable. Commonly, they are confused about psychiatry, as their interest in the inner lives of people drew them to the field, only to find many potential role models reducing patients monodimensionally to diagnoses or neurotransmitter receptors. Their relief and gratitude is obvious at being exposed to psychiatrists who have been able to make a career out of the exploration of the inner lives of patients.

When I started working with PsychSIGN at the National Meeting, where the American Psychiatric Association supports one to two students from each local chapter, psychodynamic psychiatry was often an afterthought. Since then, it has increasingly become a focus of interest among the membership. At the National Meeting, PsychSIGN leadership has invited me to present on topics including the evidence base for psychodynamic psychotherapy and psychoanalysis, the psychodynamics of psychopharmacology, patient-centeredness and developmental issues involved in becoming a psychiatrist.

More conveniently, there are many opportunities to become involved at the regional and local level. There are regional meetings which draw a significant proportion of medical students from a number of local medical schools, and which provide opportunities to meet with larger groups of interested medical students. Volunteering with local chapters allows for more casual and intimate engagements with interested medical students, such as educational events hosted in the home of a faculty volunteer. Movie nights with a psychoanalytic focus are another enjoyable way to introduce a psychoanalytic perspective into medical education.

## MEDICAL EDUCATOR PERSPECTIVE

*Debra Katz*

What makes a difference in enhancing medical student interest in psychotherapy and psychoanalysis? As a longtime residency program director and medical educator, I have combined personal reflections with findings from the literature looking at some of these questions.

### Curiosity and Knowledge

There is often the perception that students and residents are not interested in psychotherapy or psychoanalysis. I have found that students and residents express strong interest and curiosity but often lack knowledge about psychotherapy. Their desire to know their patients in deeper ways typically motivates their choice of psychiatry as a specialty, and they are eager to hear about cases where psychotherapy has been an integral part of treatment.

It is a gratifying experience as a teacher to see medical students begin to grasp psychoanalytic concepts like transference, resistance and unconscious conflict and to sometimes link these to aspects of their own life experience. I have spoken at local and national PsychSIGN conferences on topics such as the developmental trajectory of becoming a psychiatrist, the connection between childhood experiences and adult psychopathology and the ways a dynamic understanding of patients can enhance treatment of patients in acute medical settings. Written psychotherapy case vignettes or video clips (e.g., *In Treatment*) have engaged groups in lively discussion and a greater understanding of psychotherapy.

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*Debra Katz, M.D., is clinical professor of psychiatry and neurology at the University of Kentucky College of Medicine, member of APsA's Committee on Medical Student Education and Trustee of the American Academy of Psychoanalysis and Dynamic Psychiatry.*



David Mintz

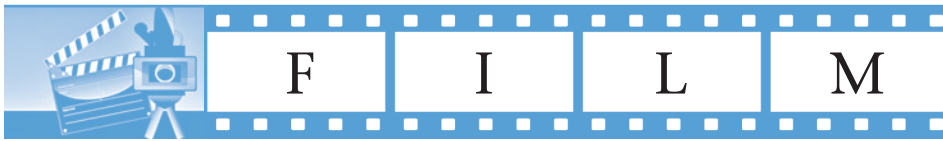


Debra Katz

Being open about my personal journey to psychiatry and psychoanalysis has been especially compelling to students. I have encouraged frank discussion of issues such as stigma, status and family reactions to psychiatry as a career choice, lifestyle and income expectations as well as deeper issues such as purpose, gratification and sense of meaning in one's work. I have been open about the ways personal treatment has affected my understanding of myself, my family relationships and my work with patients. Students have appreciated these frank discussions and commonly affirm their wish to do therapy but admit to anxieties about whether such work is possible in today's economic climate and whether psychotherapy can still be a significant part of a psychiatric practice. Being a physician who identifies as both an analyst and a psychiatrist has been especially important in these discussions.

The literature also confirms these personal experiences with students—namely, that interest in psychotherapy is alive and well. Given the economic, political and administrative factors that threaten psychoanalytic work, it is easy to assume that students have negative perceptions of psychoanalysis. Clinicians and teachers may need to reorient themselves regarding these perceived biases and be eager to share their enthusiasm about their work. Because of insecurity about knowledge and skills, educators should begin with basic concepts, avoid jargon and illustrate concepts with clinical examples.

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## Shakespeare, the Masked Man *Nothing Truer Than Truth*

Richard M. Waugaman  
Bruce H. Sklarew, Film Editor

2016 was the much celebrated 400th anniversary of the death of the great author William Shakespeare. Or was it? That year, the Folger Shakespeare Library tried to eliminate the Shakespeare authorship controversy, by taking to all 50 states first editions of Shakespeare's 1623 complete works. Since the traditional authorship theory arguably rests on a foundation of mostly tradition, authority, confirmation bias and group-think, this tour exposed the faith-based core of the "Stratfordian" authorship theory. It resembles not so much objective scholarship as the medieval tradition of showing the alleged bones of saints, or pieces of the "true cross," to increase faith. A former president of the Shakespeare Association of America once told me all Shakespeare scholars "get apoplectic" about the authorship debate. Scholars cannot be objective when they get so emotional.

This important film, *Nothing Truer Than Truth*, joins the lively debate about

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**Bruce H. Sklarew, M.D.**, an associate editor and co-founder of the award-winning *Projections: The Journal for Movies and Mind*, organizes the film programs at meetings of the American Psychoanalytic Association and has co-edited two books on psychoanalysis and film.

who wrote these works of true genius. In 1920, J. Thomas Looney notoriously proposed that it was Edward de Vere, Earl of Oxford, and director Cheryl Eagan-Donovan agrees.

The film's title translates the Earl of Oxford's family's Latin motto, "Vero Nihil Verius." Eagan-Donovan first encountered the Shakespeare authorship debate when she took a course at Harvard on historical controversies, taught by Donald Ostrowski. She optioned the movie rights to Mark Anderson's pivotal 2005 book, *Shakespeare by Another Name*, the book which underpins the narrative of this film. The film's haunting, original score for violin and cello was composed by Katy Jarzebowski.

Shakespeare scholars have tried to discredit the Oxfordian authorship theory, partly by "proving" the author did not actually visit Italy, where many of his plays take place. But, as John Shahan says in the film, Shakespeare the author seems to have had a strong emotional connection with Italy. The Earl of Oxford spent a year touring Italy, and the film offers convincing visual and verbal evidence that the author of the canon had to have been in Italy to see the wealth of local details described with precise accuracy in the plays and poems. An important inspiration for the Italian themes in the film was Richard Paul Roe's 2012 book, *Shakespeare's Guide to Italy*. It shows that Shakespeare did not make errors in



Richard M. Waugaman

his depiction of Italy. Oxford's year in Italy provides a colorful organizing narrative for the film, with many scenes shot on location.

For example, we see the rich frescos in a palace Oxford probably visited in Mantua, which are later described in detail in Shakespeare's long 1594 poem, *The Rape of Lucrece*. This one story alone should be enough to make supporters of the traditional authorship theory rethink the matter. A mural depicting the Trojan War was painted in the 1530s by Giulio Romano, the very artist mentioned in *The Winter's Tale*. Shakespeare devotes some 200 lines of his long poem to a detailed description of the painting (scholars who haven't seen the mural in question can't agree whether the lines are based on a painting; a tapestry; or are purely imaginary). Lucrece looks for solace after Tarquin rapes her by mentally reviewing this mural. Most of the painting is on the ceiling, so Lucrece is in a figurative sense "floating up to the ceiling," as many women dissociatively imagine they are doing while being raped. One stanza says that Achilles—like the anonymous author of Shakespeare's works—"was left unseen, save to the eye of mind," while standing in for "Achilles' image stood his spear." These lines are in the second work signed with the pen name *Shakespeare*, while the real author "was left unseen," as Oxfordian scholar Michael Delahoyde has observed.

The film's tour guide to Venice is Alberto Toso Fei, co-author of the 2007 book *Shakespeare in Venice*, which documents the intriguing connections between Shakespeare's plays and that city. Fei tells us that in 1576, when de Vere used Venice as his home base to explore Italy, Venice was the cultural crossroads of Europe, thanks to the Venetian Empire. It had Europe's most vibrant theatrical scene, with two new public theaters, which probably led Oxford to encourage the founding of public theaters after he returned to London. Fei plausibly speculates that the city's

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Carnival tradition, which allowed masks to be worn in public helped inspire Oxford to “mask” his true identity in his plays. Earl Showerman adds that Shylock is probably based on the Jewish money-lender in Oxford’s Venice, Gaspar Ribeiro.

One of the many exciting speculations about Oxford’s year in Italy involves his visit to Palermo, where the historical record shows he issued a whimsical challenge to anyone to joust with him, as he chivalrously vowed to defend the honor of his lady, Queen Elizabeth (Oxford was a champion jousting). Since Cervantes was probably there at the time, this story may have contributed some details to his *Don Quixote*.

A secondary theme in the film is the highly contentious thesis that Oxford’s bisexuality is consistent with the bisexuality of the Sonnets and of some of the Shakespeare plays. Sir Derek Jacobi, who appears frequently in the film, states that Shakespeare’s first 126 Sonnets are love poems from an older man to a younger man. Sir Mark Rylance comments on Oxford’s ambivalence toward women.


Roger Stritmatter’s Ph.D. in comparative literature was the first doctorate in literature awarded in the U.S. for a dissertation that provides evidence (from Oxford’s personal Geneva Bible) that he wrote Shakespeare. In the film, Stritmatter agrees Oxford was bisexual.

In the 19th century, Polonius in *Hamlet* was widely thought to be a spoof on Lord Burghley, Queen Elizabeth’s chief minister and Oxford’s father-in-law. Burghley’s direct descendant, the 18th Baron Burghley, who appears in the film, strongly supports the Oxfordian authorship theory. For example, he mentions that Oxford, his ancestor’s ward after his father died when he was 12, had access to Burghley’s library, one of the largest in England. When he was a younger boy, Oxford lived with his tutor Sir Thomas Smyth, whose library had hundreds of books.

The film abounds in material of psychoanalytic interest. Sigmund Freud was the first prominent intellectual to support the Oxfordian authorship theory. Stritmatter observes that the traditional

authorship theory insists we must not look for connections between the works and the life of their author. But Rylance gets to the heart of the matter when he says “Unwrapping the plays from a ... protective cover the Stratford [theory] has put around them to make them this cuddly little, harmless, provincial fantasy allows us to see that they are really painful plays, attacking, confused at times, raging.” Rylance adds, “People in the theater are forced ...to express themselves behind a mask of being someone else, whether you’re an actor or a writer... that obviously applies to de Vere.”

What are the film’s weaknesses? It does not include nearly enough information to persuade skeptical viewers that Oxford wrote Shakespeare. No single film can do so. Oxford’s authorship has previously been explored more broadly in Laura and Lisa Wilson’s 2012 documentary, *Last Will. and Testament*.

Those who wish to arrange local screenings, or obtain a DVD of the film, should contact the director at [eagandonovan@verizon.net](mailto:eagandonovan@verizon.net). 



## SUNY Upstate Medical University in Syracuse is Hiring

A \$330,000 grant from University Hospital has been awarded to hire two new faculty members at the neuropsychanalytic Addiction Medicine Service. Faculty will supervise and teach medical students and observe trainees treating patients.

Seeking physicians for this position due to the way in which New York State licenses addiction treatment. However SUNY Upstate Psychiatry Department would consider changing the licensing arrangement for an outstanding non-physician analyst.

**Inquiries may be sent to Brian Johnson at [johnsonb@upstate.edu](mailto:johnsonb@upstate.edu).**



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## Perspectives

*Continued from page 27*

### Teachers, Mentors, Supervisors

Students need exposure to mentors, supervisors and teachers who practice from a psychoanalytic perspective to serve as professional role models. This is especially important where there are no or few analysts in a medical school or community. Group supervision or a psychodynamic case conference has allowed more students access to analytically oriented supervisors. Students are particularly interested in hearing about psychoanalytic clinical work, watching analysts interview patients and utilizing psychoanalytic concepts to understand patients they encounter in medical settings.

### Personal Treatment

Personal treatment is a crucial experience in developing conviction about the


usefulness of psychotherapy. Speaking openly about the benefits of one's own treatment, encouraging students to pursue treatment, providing low-cost treatment and working to reduce logistic barriers (e.g., advocating for protected time, reduced fees, phone or Skype sessions) promote access to these important experiences. Efforts to encourage students to have a personal treatment experience are vital to developing and sustaining interest in psychoanalysis and facilitating entry into analytic training.

### Awards, Visiting Scholars and Distance Learning

The exodus of analysts from many medical schools and residency programs has created a need for innovative ways to connect analysts with students. Awards such as the APsaA Fellowship or the Teacher's Academy provide important experiences with mentors and bring

national recognition to individuals and programs. Video conferencing may allow distant teachers to teach courses, lead a case conference and build relationships with students. Psychoanalytic institutes may consider co-sponsoring local awards, inviting students to events, and offering speakers to local psychiatry interest groups

### Research and Evidence-Based Treatments

Medical school and residency training have increasingly moved toward evidence-based practice. There is often bias against psychodynamic psychotherapy as not having an evidence base or as being a treatment only for high functioning patients. Teachers and supervisors should develop familiarity with evidence-based practice and the literature on psychodynamic psychotherapy and psychoanalysis to be able to respond to challenges regarding the efficacy of these treatments. 

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## Training and Supervising Analyst Appointments Board on Professional Standards

**June 7, 2017**

*106th Annual Meeting, Austin, Texas*

### Training and Supervising Analysts

Bernard Feinberg, M.D.  
Saint Louis

Psychoanalytic Institute

Leslie Jordan, Ph.D.

Denver Institute for Psychoanalysis

Catherine E. McKenzie, Ph.D.

San Francisco Center  
for Psychoanalysis

David Moore, Ph.D.

Psychoanalytic Center  
of the Carolinas

Molly Romer Witten, Ph.D.

Chicago Institute for Psychoanalysis

Mark J. Wolny, M.S.W., LCSW

Denver Institute for Psychoanalysis

Jed Yalof, Psy.D.

Psychoanalytic Center of Philadelphia

### Geographic Rule

#### Supervising Analyst

Evelyne Albrecht Schwaber, M.D.

Oregon Psychoanalytic Center

### Child/Adolescent

#### Supervising Analyst

Frederick L. Meisel, M.D.

Boston Psychoanalytic Society  
and Institute

## New Candidate Members

### 106th Annual Meeting of Members

**June 9, 2017**

*Austin Hilton Hotel, Austin, Texas*

Kristen Beesley, Ph.D.

Jan Chess, Ph.D., M.F.T.

Randi Hirschberg, Psy.D.

Mudassar Iqbal, M.D.

Norman Lee, M.D.

Aaron Lewis, Psy.D.

Ellika C.B. McGuire, M.D.

Shelley Oxenhorn, M.D.

Michelle L. Tricamo, M.D.

#### New Academic Associate Members

Howard Hao, M.D.

Dean Solomon, M.D.

## New Active

### Members

### 106th Annual

### Meeting of Members

**June 9, 2017**

*Austin Hilton Hotel,  
Austin, Texas*

Yasser Ad-Dab'bagh, M.D.

Sheri P. Ashcraft, Psy.D.

Joan Bryan, LCSW

Sharon Chada, Ph.D.

Holly Crisp-Han, M.D.

Michael J. Diamond, Ph.D.

Jill Gentile, Ph.D.

Margery Kalb, Psy.D.

Sharon E. Krikorian, Ph.D.

Catherine Maihoefer, M.S., L.P.C.

Andrea Marzi, M.D., Ph.D.

Andrei G. Moroz, M.D.

Alessandra G. Ponte Barroso, LMHC

Gillian Isaacs Russell, Ph.D.

Jennifer Schimmel, M.D.

Caryn B. Schorr, M.D.

Robert Schwalbe, M.S.W., Ph.D.

Stefanie L. Speanburg, Ph.D., LCSW

Alan P. Spivak, Ph.D.

Michelle Stephens, Ph.D.

Elisabetta Superchi

# In Memoriam

Richard M. Bennett, Ph.D.

*April 24, 2017*

Richard M. Gottlieb, M.D.

*January 31, 2017*

Joseph E. Lifschutz, M.D.

*April 15, 2017*

Isidor Bernstein, M.D.

*April 4, 2017*

Leslie Gordon

Kirschner, M.D.

*April 27, 2017*

Raymond A. Raskin, M.D.

*April 8, 2017*

Jorge De La Torre, M.D.

*November 21, 2016*

L. Douglas Lenkoski, M.D.

*March 11, 2017*

Sidney Russak, M.D.

*May 31, 2017*

Jo Ann B. Fineman, M.D.

*June 2, 2017*

Jerome M. Levine, M.D.

*March 15, 2017*

Harvey Weintraub,

M.D., Ph.D.

*February 2, 2017*

George Frank, Ph.D.

*February 21, 2016*

Susan R. Levy, M.D.

*March 3, 2017*

Avery D. Weisman, M.D.

*May 23, 2017*



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