

# SUMMER 2023



# PSYCHOTHERAPIST NEWSLETTER

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## PSYCHOTHERAPIST COMMITTEE

Michael Burke LCSW  
Laura Captari PhD  
Margaret Cheng Tuttle MD  
Padmavathy Desai LMHC, LPC  
Kathryn Fleming-Ives MD  
Margo Goldman MD  
Cynthia Lucas LCSW  
Linda Michaels PsyD, MBA  
Petra Pilgrim MD  
Carol Reichenenthal PhD  
James Woody PsyD

## NEWSLETTER EDITORS

Padmavathy Desai LMHC, LPC  
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## PSYCHOTHERAPIST COMMITTEE UPDATE

It is wonderful to share another issue of our newsletter with you. We would like to tell you about some recent positive developments! First, you may notice that our name has changed and is now the Psychotherapist Committee. This reflects our newfound full membership in APsA, approved in the recent election by an overwhelming majority of 81%. Since we are no longer "Associates," changing the name to "Psychotherapist Committee" delineates us as a different, albeit included entity within APsA, which is important to our sense of professional identity. In addition, we are excited to welcome Margo Goldman, MD as a Co-editor, with Padmavathy Desai, of our newsletter and look forward to future editorship and authorship.

As we navigate this pivotal transition period and increased representation of psychotherapists in APsA, our committee of 11 is operating in a participatory management style. Before we discuss some of our initiatives, we are thrilled to introduce our new committee members:



**Michael Burke, LCSW** – Michael has a full-time private practice in Manhattan working with both individuals and couples. He graduated from the two-year Adult Psychoanalytic Psychotherapy program at PANY (Psychoanalytic Association of New York).

**Laura Captari, PhD** – Laura is an early career psychologist in Boston who is fully committed to practicing, teaching and researching in-depth psychoanalytic psychotherapy. She is in the process of finishing her second year of psychoanalytic psychotherapy training at the Psychoanalytic Institute of New England (PINE) and also treats patients at the Danielson Institute in Boston (affiliated with BU)., Laura's other work at Danielson includes research about complex trauma/loss and caregiver stress/burnout and supervision of post-doctoral trainees at Danielson's psychoanalytic psychotherapy training program. Laura and her psychologist husband recently welcomed their first child, Charlie, and are thoroughly enjoying parenthood!

**Cynthia Lucas, LCSW** – Cynthia has been practicing in Los Angeles for over 25 years. She graduated from the Adult Psychoanalytic Psychotherapy Program at the New Center for Psychoanalysis in 2021. She has a full-time private practice and is committed to psychoanalytic thinking and depth work.



**Kathryn Fleming-Ives, MD** – Kathryn is a psychiatrist in Providence, RI. She completed a psychoanalytic postgraduate fellowship at the Massachusetts Institute of Psychoanalysis. She works clinically with adults and also teaches psychotherapy to psychiatry residents. She first became involved in APsA in 2013 through the Teachers' Academy.

**James Woody, PsyD** – James is a clinical psychologist with specialized training in psychoanalytic psychotherapy from The New Center for Psychoanalysis. Dr. Woody's clinical interests include psychodynamic work with adolescents, adults, and couples. In addition to clinical work, he serves as the Associate Director of Biola Counseling Center and



as special appointment faculty at Rosemead School of Psychology. Dr. Woody provides clinical supervision and training for doctoral clinical psychology students, with an emphasis on developing the student's understanding of the developmental and attachment processes that impact the clients they serve.

These five new members join Margo Goldman MD, Carol Reichenthal PhD, Linda Michaels PsyD, MBA, Margaret Cheng Tuttle MD, Padmavathy Desai LMHC, LPC, and Petra Pilgrim MD. We are sorry to see Michael Groat PhD step back from our Committee after many years of active involvement (including as Co-Chair), and thank him for his contributions to the former Psychotherapist Associates.

## WHO ARE APSA'S "NEW" PSYCHOTHERAPIST MEMBERS?

We are psychoanalytic psychotherapists committed to psychoanalytic theory, education, and practice despite not having pursued or completed full psychoanalytic training. We are a diverse, multi-disciplinary group of MD's, PhD's, PsyD's, LCSW's, MEd's, PMHNP's (Psychiatric-Mental Health Nurse Practitioners) and LMHC's. Some of us have graduated from psychoanalytic psychotherapy training programs/fellowships either at APsA-affiliated local Institutes or unaffiliated programs. Others are previous APsA Fellows, recent or past participants of APsA's Teachers' Academy, graduates of other existing psychotherapy fellowships (i.e. under the auspices of a hospital, specialty training or graduate/post-graduate program), or clinicians with psychotherapy experience, psychoanalytic continuing education and/or post-training supervision. Some Psychotherapist Members are voting or non-voting members of a local Psychoanalytic Institute and may serve as faculty members or supervisors for their Psychoanalytic Institute's Psychotherapy Training Program.

Our clinical work ranges from direct practice, sometimes combined with faculty appointments, teaching, administrative, research or clinical jobs in departments of psychiatry, psychology or social work, psychoanalytically oriented hospitals and mental health treatment centers, and graduate/post-graduate programs or similar settings. In addition, there is a subgroup of psychoanalytically informed psychiatrists whose primary focus may be general hospital consultation, treatment of severe mental illness or psycho-pharmacology, who apply psychoanalytic principles in their clinical work. As you can see, we are a highly trained diverse group of clinicians with a range of professional experience, credentials and training. Many of us have been Associate Members of this organization for numerous years. We appreciate APsA's recognition of our contributions to the organization and hope to enjoy full integration in this professional home for psychoanalytic thought and practice. ■

We look forward to increased involvement in APsA as the expanded membership evolves. We are all aware that APsA has been in tremendous turmoil since February; the recent crisis greatly affects Psychotherapists, as well as Psychoanalyst members, but we have largely refrained from posting and engaging in the conflict. Instead, our Committee has held two virtual meetings and communicated frequently by e-mail and phone to support one another at this difficult time as we consider ways in which Psychotherapists can be meaningfully included in APsA as full members. We would like to share some of our concerns, efforts and hopes about our newfound membership:

1. We are concerned that some posts on the Members' List reflect ambiguity about who the expanded members are and what we do; we will use this newsletter issue (see introduction sidebar) to introduce ourselves to correct misunderstandings and/or misinformation.

2. We aim to ensure future scientific programming that includes Psychotherapists, especially since the upcoming June meeting was initially focused only on Psychoanalysts and psychoanalysis. We are pleased to say that APsA leadership and staff agreed to our request to modify the program titles and descriptions to include Psychotherapists and psychotherapy in the revised Preliminary Program. We hope to continue our previous high quality scientific sessions (Business of Practice Workshop and Psychotherapists Present Discussion Group) in February 2024, and have developed proposals for both programs. Be sure to stay tuned!

3. We have discussed with APsA leadership our desire for Psychotherapist representation on the Board and eventually on the Executive Committee. We have requested dedicated Board seats for Psychotherapists (as Candidates have had); however, leadership informed us that another bylaw change is necessary to implement that proposal. An interim plan is in the works, pending a bylaw amendment that would allow for elected Psychotherapist representation on the Board. Another potential pathway to representation, which was suggested favorably to us, is to ask the nominating committee to nominate Psychotherapists for At-Large seats on the Board. Please feel free to let us know if you are interested in running for election or would like to suggest a potential nominee. We will keep you posted about future developments.

4. We have collaborated with Michelle Rada, Director of Public Affairs, and Tom Newman, Executive Director to modify APsA's new website to include the expanded members and are happy to report that many of our suggestions have been implemented. Psychotherapist members now have full access to the APsA website. Please make sure you log in or establish an account to ensure access.

5. We have also talked with the new TAP editor, Austin Ratner MD about increasing Psychotherapists' visibility and contributions to TAP which will be more public facing and will invite authors from the arts, culture and beyond to contribute by offering a psychoanalytic perspective. Specific content requests for TAP will be included in future Psychotherapist newsletters and possibly on the APsA Listserv. At present, Austin has invited Clinical Members (including Psychotherapists) to submit articles for him to consider about treatment issues (i.e. working by videoconference, transference-countertransference, etc.), for future issues of TAP. All interested Psychotherapists can reach out to Austin at [austinratner@gmail.com](mailto:austinratner@gmail.com) for more information about potential pieces for TAP.

6. We have sought clarification from leadership and have asked to be included in discussions about the planned dues increases as well as the benefits associated with these higher dues for former APsA Associates who are now full members: Psychotherapists, researchers, and academics.

7. As part of the new Psychotherapist MRRC/IRRC, several of our Committee members will be directly involved in determining membership criteria for future Psychotherapist members and Psychotherapy training programs, with the aim of retaining the "big tent" philosophy of the former Psychotherapist Associate affiliation.

8. Given the numerous unanticipated issues associated with expanded membership's approval, we have communicated with APsA leadership about convening an Expanded Membership Implementation Task Force; its purpose would be to facilitate and define APsA's transition from a credential-based organization for psychoanalysts to a membership organization that includes and welcomes psychoanalytically informed clinicians, scholars, teachers, and researchers. Dan Prezant has agreed to share our proposal with other members of APsA's leadership, and to seriously consider and communicate with us about this idea.

9. Finally we are thrilled that all future issues of our Newsletter will now be posted directly on the new APsA website under Publications, along with other APsA publications. This will allow for dissemination and availability to the entire membership of APsA.

We look forward to ongoing work with APsA's leadership as we move toward greater inclusion. By retaining our distinct professional identity as non-analysts who are committed to in-depth psychoanalytic thought and practice, we hope to continue the mission of the Psychotherapist Associates category of affiliation when founded in the 1990s: to be a professional home for psychoanalytic psychotherapists. ■

# RECKONING WITH DEATH

MARGO P. GOLDMAN, MD

While attending APsA's 2023 National Meeting last February, I attended the panel, "Entering Dark Country: The Myth of Orpheus." I was keenly interested in learning about whether/how psychoanalysts and therapists attend to the inevitability of death and how that impacts treatment - especially because my recent retirement journey (shared in the preceding newsletter, previously called Psychotherapist Associate E-Newsletter) gained momentum as I became aware of my vulnerability to my own eventual death as I aged.

Stephanie Brody PsyD began the program by citing the Myth of Orpheus, who desperately tried to deny his beloved Eurydice's death and unsuccessfully tried to rescue her from the Underworld. Dr. Brody questioned if risk-taking might be easier in the face of life being finite, and whether it's okay to invite death into the treatment room in order to wrestle with the universal issue of mortality. She described death as "the last taboo" for psychoanalytic clinicians because we often shy away from discussing it. She said, "death is a shared destiny between patient and therapist - we all die." She also queried, "has therapeutic neutrality led us astray? By ignoring our own vulnerability, we avoid truth and ask patients to collude with us in the fantasy of... immortality." She emphasized it is crucial to acknowledge our helplessness to control every life event, and lamented, "if we are analytic, we aren't human; if we are human, we are not analytic." She concluded by asking: "Can we acknowledge helplessness without giving up a therapeutic stance" and compromising treatment efficacy? She postulated that facing death might empower our work, and us by enabling our patients and us to face core existential questions.

Another panelist, Elisa Kuo-Min Cheng MD admitted she procrastinated when preparing for this program - she feared she'd have nothing to say, and wondered if the subject of death was terrifying enough to engender resistance to facing the issue. She noted everyone is unconsciously convinced of his/her immortality; because it is so difficult to face one's own vulnerability, we use denial to protect ourselves.

Dr. Cheng shared a compelling vignette about her struggle to respond to her young daughter's question, "am I going to die tonight?" As she tried to reassure her daughter about the extremely low likelihood of dying that night, Dr. Cheng felt uncertainty.

In the context of widespread death from Covid-19, "how can I be certain my daughter would not die tonight?" She acknowledged the "indelible mark" of the pandemic on our children and us all, due to fear, ambiguity and the possibility of dying from the disease. Prior sources of care and comfort (school, play dates, family gatherings, etc) became dangerous during Covid; "each of us became potential victim or killer."

Dr. Cheng asked, how we, as therapists can help patients with their fears, without ourselves reckoning with these issues? She concurred with Dr. Brody's observation that many of us collude with patients' fantasy that we will "always be there for them." But in doing so, we may deprive our patients and ourselves of a "good goodbye, in the event of a sudden termination forced by the therapists' ill-health or unanticipated death. Additionally, we may inadvertently harm patients by "putting off the inevitable by continuing to work" as we age, only to potentially abandon them if an untoward event ends the treatment. Dr. Cheng wisely asked us to ponder whether we can protect our patients from helplessness when we can't acknowledge our own powerlessness. "Can we find some way to carry on despite danger and uncertainty?" Can we "find the courage to face what is scary, but also allow our patients to comfort themselves?" She concluded by quoting film editor, Baaz Lurhmann, "A life lived in fear is a life half lived."

The final speaker, Dionne Powell MD began by quoting poet, Mirza Ghalib: "The warmth of the sun instructs the dew drop in the art of vanishing; and I, too, exist till a kind glance from the skies above fall upon me." In the context of applying for a fellowship to work with cancer patients, Dr. Powell's colleagues asked, "why do you want to work with patients who will die?" Their questions surprised her, and she wondered why we collectively pretend that death is not a reality. Dr. Powell conceptualized the fear of mortality as an "unprocessed trauma" leading to therapists' resistance and consequent inability to help patients navigate this territory. She contrasted this with Native Americans' celebration of death via "homecoming ceremonies" that commemorate death as a natural part of the life cycle. Dr. Powell became aware that working with terminally ill patients provided a way to assist them with goodbyes as they faced death - (similar to the termination phase of psychoanalysis or psychotherapy).

She shared a poignant story about a patient who was dying of brain cancer whose own mother had died young without saying goodbye. Her patient was determined to provide a better experience for her daughter. Dr. Powell enabled her to make a video of photos and mementos that provided her daughter with tangible memories of their life together.

Although there was no opportunity for discussion due to time limitations, (possibly due to resistance?), these powerful presentations underscored how crucial it is for

us clinicians to avoid recapitulating the Myth of Orpheus. Especially as we age or become ill, it is imperative to accept, confront and embrace the fact of our patients' and own inevitable mortality. By acknowledging our respective vulnerabilities and including them in the treatment process, we may be able to help patients and ourselves reckon with end-of-life issues: Contemplating and planning for retirement, allowing for a "good goodbye" as well as accepting our shared humanity. In the words of Chinese philosopher, Lao Tzu, "life and death are one thread, the same line viewed from different sides." ■

## PSYCHOTHERAPY ACTION NETWORK (PSIAN) UPDATE

LINDA MICHAELS, PSYD, MBA

We've been busy at PsiAN and have some great updates to share. First, we published a book! *Advancing Psychotherapy for the Next Generation: Humanizing Mental Health Policy and Practice* brings together a global community of mental health professionals to offer an impassioned defense of relationship-based depth psychotherapy. The book features a distinguished international group of authors and a clear focus on determining a future direction for psychotherapy. We held a book launch celebration with some of the book's contributors: Nancy McWilliams, Todd Essig, Kirk J. Schneider, Usha Tummala-Narra, Allan Scholom, and Enrico Gnaulati.

We also continued to press for clarity, accuracy and the protection of potential therapy clients and therapists online. Starting in 2022, PsiAN took on the issues of app companies, including BetterHelp and CareDash, in several ways. BetterHelp was advertising heavily, and CareDash used a number of deceptive practices and functioned as an advertising vehicle for BetterHelp. PsiAN created an email template, published a position paper on apps/technology, and encouraged members to write to companies, such as NPR, that feature advertisements for BetterHelp. We also launched a petition to the FTC and Attorneys General against CareDash. Shortly after our petition, and efforts from other organizations, BetterHelp announced it would stop its advertising relationship with CareDash. Then, a few months ago, CareDash closed down and dissolved its business.

Separately, BetterHelp was cited and fined by the FTC for sharing customer data for advertising purposes, after promising to keep such data private. PsiAN issued comments to the FTC on its proposed consent order that would ban BetterHelp from sharing customer data internally and with Facebook and others for advertising purposes, especially after BetterHelp had promised to keep such data private. And it would require BetterHelp to reimburse customers \$7.8 M. (full press release here.)

PsiAN was also featured in a recent article about Talkspace, "Talkspace is a Business First, and a Mental Health Resource Second." The journalist outlines the many shortcuts and problems with Talkspace's business model, and how it leads to the "platformization" of mental healthcare, enriching only investors' pockets. The journalist also tells the story of the stands PsiAN has taken against Talkspace, and how these led to Talkspace suing us for \$40MM. We hope that everyone reads this incredible story and cautionary tale - and how PsiAN emerged stronger than ever, while Talkspace pushed out its founders, continues to lose money, and is now being sued themselves for misrepresenting their financials. Quoted extensively are PsiAN's Chair and Cofounder Linda Michaels and our Advisors Todd Essig and Hannah Zeavin.

In a recent collaboration, the Austen Riggs Center presented *Advancing Access: Parity and Payment for Quality Mental Healthcare*. This moderated panel discussion focused on helping therapists address insurance denials, violations of parity, and other

treatment limitations that impact providing optimal care for our patients. The landmark *Wit v UBH* class action lawsuit represented a huge win for patients, therapists, and depth therapy. However, that lawsuit is now in peril, and insurance companies continue to violate parity laws and essentially ration care, which particularly impacts the provision of depth therapy. The panelists have a range of expertise in the areas of insurance law and mental health advocacy. Panelists included Brian Hufford, JD, Meiram Bendat, JD, David Lloyd, MBA, Kate Gallagher, PhD, and Linda Michaels, PsyD, MBA. We also introduced our new Insurance and Parity Advocacy Toolkit created by PsiAN and Austen Riggs. The toolkit contains information for therapists and tools such as templates for appeal letters and medical necessity evaluations.

PsiAN issued a comment to the American Psychological Association regarding Guideline Update Panel's (GUP) proposed framework for updating the PTSD guidelines, first published in 2017. When the Guidelines were first published, we wrote a petition, *Protect PTSD Treatments that Work!* It was signed by over 57,000 clinicians and invested members of the public, bringing significant attention to the narrowly defined criteria APA was using to write its guidelines. We have focused on GUP's misapplication of Institute of Medicine (IOM) and APA's definition of evidence-based practice, exclusive use of meta-data, and the failure to include research studies from the last five years. We have also expressed deep concern about its failure to consider the high dropout rates from exposure-based therapies; although exposure-based therapies have been frequently studied, they have not been successful in reducing suffering from PTSD. In addition, we've pointed out that the timing of the updates misses many studies in the pipeline, including psychodynamic RCT research that are in process or not yet published but are yielding promising outcomes. Many thanks to Barbara Milrod, Harold Kudler, and Sheila Frankfurt for their expertise.

As part of our quarterly Forum Live series, we presented a panel discussion on *Depth Therapy and the Body*. Depth therapy at its inception was developed to treat patients whose physical symptoms had a psychological component. But in years since Freud first developed the "talking cure," physical concerns such as chronic pain, medically unexplained conditions, and mind-body disorders have increasingly been relegated to interventions that are purely medical or, if psychological, involving brief behavioral interventions. In this Forum Live, our esteemed panel discussed the role of psychological and emotional factors in common physical concerns, as well as the role of depth therapies in helping to ameliorate chronic body-based symptoms. Panelists included Frances Sommers Anderson, PhD, Jeff Axelbank, PsyD, David Clarke, MD, Gerry Pierre, Howard Schubiner, MD.

Finally, we reached a developmental milestone in the hiring of our first paid employee. We now have an Executive Director, Alice Bodley, JD. Alice is an experienced executive and attorney who has focused her career on workplace advocacy; access to high quality and affordable health care; and economic justice. Ms. Bodley came to PsiAN from the National Community Reinvestment Coalition (NCRC) where she worked first as its General Counsel and then Chief Legal Officer & COO. Prior to that, Ms. Bodley spent most of her 16 years with the American Nurses Association as General Counsel and Chief Legal Officer. Her full bio is on the PsiAN website (<https://psian.org>). We extend a hearty welcome to Alice and look forward to benefiting from her extensive experience and expertise. ■

# INTERVIEW WITH HARRIET WOLFE, MD, PRESIDENT OF THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION (IPA)

## INTERVIEWED BY PADMAVATHY DESAI, LMHC, LPC

**PD:** Dr. Wolfe, thank you for this opportunity to share your work with our readers. I would like to begin with some broad questions of what the IPA is, how has it evolved since it was founded and what is the relationship between the IPA and APsA?

**HW:** The IPA was founded in 1910 by Sigmund Freud. APsA has a special place in the IPA as a "Regional Association" and shares important interests in psychoanalysis. The IPA has traditionally been focused on psychoanalytic training and is the primary certifier of psychoanalysts in many parts of the world. It has grown into an international collective that is currently focused on clinical work, theoretical study, scholarly research, and social outreach that extends psychoanalytic interventions beyond the consulting room. The IPA was recently chosen by the UN as helpful to the establishment of their Sustainable Development Goals. The IPA Board has approved a new Prejudices, Discrimination and Racism Committee. The IPA has been active in providing financial support for those impacted in Ukraine including analysts and candidates who are working with traumatized patients or communities.

**PD:** At the recent IPA Asia-Pacific Conference in New Delhi, India in January 2023, there was representation from six Asia-Pacific psychoanalytic groups – Australia, China, India, Japan, Korea, and Taiwan. What was the goal of the conference, and will that be a continued focus as the world becomes more aware of our similarities and diversities?

**HW:** The theme of the conference was "Containing Diversity, Bridging Difference." Representation from the six Asia Pacific psychoanalytical groups reflected the IPA's mission to foster a sense of belonging to an international collective. The Conference invited attendees to explore notions of diversity and difference, uniformity and sameness, through the lens of psychoanalysis. As our world is

rapidly evolving, we have an opportunity to explore the many facets of similarity and difference. I see it as an opportunity and a challenge to have this kind of dialogue in a space like that which our conferences provide.

**PD:** The IPA website is rich with resources for members and non-members alike. What do you recommend is a good way to know what is available?

**HW:** I would say the best way is to spend time on it. Go to our website and explore the different resources. We have links to worldwide events, podcasts, reports on committee actions, blogs, webinars, and IPA position statements for the war in Ukraine and attacks on democracy around the world. We also have educational and reference resources such as IPA Society journals and libraries and the Inter-Regional Dictionary of Psychoanalysis (IRED) among others.

**PD:** The next IPA Congress is in Cartagena, Colombia in July 2023. The theme is "Mind in the Line of Fire." What would you say is the important theme of the Congress?

**HW:** The overarching purpose of the conference is to explore how psychoanalytic and societal perspectives intersect and how theory and technique have changed in the face of current realities. It is the first in-person conference since the beginning of the Covid-19 pandemic and we look forward to it being a rich experience in the beautiful city of Cartagena, Colombia with colleagues from all over the world.

**PD:** In closing, you've conducted psychotherapy and psychoanalysis for over thirty years, is there anything you would like to see continue and anything change?

HW: I would like to see psychoanalytic thinking continue to explore the two experiential realities, individual and social, and reflect on the rapid changes we are experiencing worldwide. It is an opportunity for change, to develop a deeper understanding, so that psychoanalytic thinking continues to be relevant and helps humankind adapt to the environmental, socioeconomic, political, physical, and psychological threats we face. Adriana Prengler, Vice President, and I ran for election on the platform of "IPA in the World" and it is our hope and vision that psychoanalysis will make a vital contribution to our troubled world.

PD: Dr. Wolfe, I want to thank you for the honor and privilege of your time and your important contributions to the IPA, psychoanalysis, and psychotherapy at large. For more information about the IPA, please visit [www.ipa.world](http://www.ipa.world).

*Please note: Membership in the International Psychoanalytical Association (IPA), which is a separate organization from APsA, is limited to those who have completed formal clinical psychoanalytic training that meets IPA training standards. ■*

## A NOTE FROM APSA'S PRESIDENT

DAN PREZANT, PHD

I want to personally welcome our new Psychotherapist Committee and Psychotherapist Members! As I'm sure everyone knows, APsA passed a groundbreaking bylaw change in February 2023 to include psychoanalytic therapists, researchers, and academics as full voting members of APsA. Although this bylaw passed by a great majority, some may still not know who these new members are.

We have known and been collaborating with each other for a long time. The great majority of our current psychotherapist members used to be Psychotherapist Associate Members of APsA. They are a talented and diverse group of psychoanalytic therapists who are deeply invested in analytic therapy, teaching, research, hospital consultation, and/or working pharmacologically from an analytic perspective. It is important for all of us to understand and recognize the significance of APsA's Psychotherapist Members, who are rightly proud of their identity as analytic therapists. They are licensed mental health counselors, psychiatric nurse practitioners, psychiatrists, psychologists, and social workers who want to be recognized for what they are: APsA clinical members who are devoted to working as psychoanalytic therapists.

Please visit the Psychoanalytic Psychotherapy section of the new APsA website ([www.apsa.org/about-psychoanalysis/psychoanalytic-psychotherapy](http://www.apsa.org/about-psychoanalysis/psychoanalytic-psychotherapy)) to get a better sense of who the psychoanalytic therapists are as well as their diverse interests and fields of expertise, explore opportunities to collaborate, and learn about their longstanding contributions to APsA. ■

Interested in writing for the next  
Psychotherapist Newsletter?  
We'd love to hear from you!

Please contact Margo Goldman  
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or Padmavathy Desai  
([padmadesaillc@gmail.com](mailto:padmadesaillc@gmail.com))  
for more information.



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