EDITOR’S NOTE

Co-written by Neha Gupta, MD (Editor) and Hannah Geller, LCSW, JD (Associate Editor)

Welcome to the second Candidate Connection for 2023. This issue includes reflections on Play by senior child and adult analyst, Kerry Kelly Novick AB, BA, FIPA, and an IPA advanced candidate, Michelle van den Engh, MD, FRCPC, as well as reports from committees of the Candidates’ Council, as always.

A defining feature of play is that it is not real. It is a way to try on and try out, without harm or consequences. As Solnit writes, “play can always be undone.” In this way, play allows people to experiment with different roles and affects that they are not comfortable owning. Arnold Modell, among others, analogizes between play and psychoanalysis, and emphasizes the importance of the frame in both instances. He cites the work of Gregory Bateson in explaining, “just as the pseudo combat of play is not real combat, so also the pseudo love and pseudo hate of therapy are not real love and hate. The ‘transfer’ is discriminated from real love and hate by signals involving the psychological frame; and indeed it is this frame which permits the transfer to reach its full intensity and to be discussed between patient and therapist…”

There is, in other words, an ‘as-if’ quality to the analytic setting that permits some patients to express intense rage as well as intense sexual desire that they might not otherwise be able to express in ordinary life.” The analytic frame, Modell argues, is like the “rules of the game,” which ensure that play remains in a liminal, not-real psychic space. Without the real constraints of sessions, including time limits, payments, and analytic neutrality, the patient would not feel safe enough to express intense affects. Paradoxically, limits facilitate a loosening of defenses and greater freedom of expression.

A sophisticated mind function, play can be difficult to access when we are feeling sensitive, vulnerable, fragile and under attack. The capacity to play requires trust and confidence in the safety of the environment. Play requires creativity of mind. Winnicott believed that the child’s creativity could be impaired by mothers who did not accept the child’s constructed view of reality. Similarly, the patient’s creativity can be too easily stolen by a therapist who knows too much.

Recently, with the changes and turmoil in our organizational matrix, it was hard to play. Our senses of safety and creativity were lost when our listerv exploded. It was as if we were under intense scrutiny and attack, causing emotional and mental collapse. It is impossible to not to be play-challenged from time to time. To begin to re-engage, an important step is to make time to be with our messy, conflicting, and intense feelings in a tender, calm and curious way and find the protective maternal presence inside and or outside. Then we can re-enter the safe and creative space conducive to play.

References

This is all because of play. These words, these very words that I am typing on my laptop. I inherited playfulness as part of my father’s legacy, and in the folly of over-assimilation with the medical culture, I almost squandered it away. Thankfully, I realized before it was too late, that any usefulness that I had for people around me occurred when I was playing. Sure—discipline, fortitude, sobriety—these are all essential ingredients for professionalism. However, these are also essential ingredients of play. The two need not be mutually exclusive.

I sincerely believe that I have been given this opportunity to represent APsA candidates (and thus the honor of writing this note) because I decided to restart playing. I hope that my father will be smiling from above, knowing that his son remained true to himself. In this edition of the Candidate Connection, you will read some papers about play that are veritable gems! The editors have worked hard to cut and shine them and bring them to you. I hope you will enjoy them.

Often, people in my spot find the need to say something like ‘this is my first Candidate Connection note as president of the candidates’ council.’ I also felt compelled to say something similar. So, I won’t.

Instead, I will say this—I hope you will join us at the 2024 National Meeting, APsA’s annual conference in NYC, February 6-11, 2024.

I hope you will come out and play.

Sincerely,

Himanshu Agrawal, MBBS
Distinguished Fellow of the American Psychiatric Association
Hilton Honors—silver member

APsA Candidates’ Council
American Psychoanalytic Association
WORDPLAY

By Kerry Kelly Novick

I’ve always loved words—from sitting with my father to do the NY times crossword puzzle when I learned to read, to learning multiple languages as an adolescent and studying comparative literature, to encompassing metapsychology as the language of psychoanalysis, to listening and writing about talking as a developmental necessity and link between people—words are the currency, the occasion, the incarnation, the bringers of meaning in the exchange of our relationships. It is not surprising that my first paycheck after college went to purchase the Oxford Dictionary of English Etymology.

My thanks to the Editors of the Candidate Connection for their invitation to contribute to this issue and the opportunity afforded to play with the idea of Play. As I began to think about what I wanted to write, I realized that writing always starts with play. We play with the assignment, looking at it from various vantage points; we play with the possibilities of what to address; we play with our own ideas and those of others; we play with alternative word choices and imagery. Playing is already central and I’ve hardly even said anything yet!

I am a life-cycle psychoanalyst. As such, I am immersed in the epigenetic unfolding of development and attentive to the multiple possible pathways that emerge. So I thought about the many ways we think about and use ‘play’ in psychoanalysis. It turns out that play is a gateway and conduit to many of our most basic concepts and techniques.

For a start, play is associated with pleasure, the bedrock experience upon which we construct our ideas of dynamics, feelings, and motivations. Anyone who has ever watched little children at play or read the same book to them over and over can feel the power of practice and repetition for mastery and working through.

In development, play soon becomes collaborative. This makes a therapeutic alliance possible. Both people have repeated work to do to access their fullest capacities for cooperative play and exploration.

We play out a line or a sequence—this is free association and dream work. We listen attentively to our own and other’s speech and silence, as well as the expressions and communications that come through other modes, alert to wordplay, puns, slips of the tongue, mistakes, and connotations. The word games of therapeutic discourse reveal the operation of primary and secondary processes, the presence of defenses. Shared metaphors and tropes spring unfettered from the preconscious of each and both, meeting in the playground of the session.

To play a part, we have to put ourselves into another’s shoes, through empathy, sympathy, and imagination. There is also the demand on us to play a part in response to the roles we are cast in, through the patient’s transferences.

Play is pretend that allows for trial action, signal affect, and imagining alternatives. The stylized framework of therapeutic analysis contributes to conditions of safety, a necessary prerequisite for a treatment to happen.

In machines and structures, play describes how much leeway there is. This takes me to ideas of flexibility, creativity, novelty, timelessness and temporality, and deferred action.

Thus, to unravel the mysteries of psychoanalysis, perhaps we don’t need to follow the motives or the money, but rather to follow the play. And, given that the very word “play” derives from the Old High Dutch for “dance, leap for joy, rejoice,” we will have a wonderful time doing it!

Kerry Kelly Novick is a life-cycle psychoanalyst on the faculties of many training centers nationally and internationally. She is a co-founder of Allen Creek Preschool, has been active in professional organizations, and is widely published in many languages.
Play in Psychoanalytic Training: Perks, Perils and Pivot Points

By Michelle van den Engh, MD, FRCPC

Psychoanalysis is a serious matter. Ardent, we seek to transform raw shards of turmoil into meaningful growth. Through rigorous psychoanalytic training, we strive to increasingly expand our capacity to receive, hold, contain and co-metabolize painful realities with our analysands. Who has time to play?

Yet affective neuroscience shows us that we need to play. Researchers have identified PLAY-mediating neurocircuitry, including areas such as the parafascicular complex and posterior thalamic nuclei, which are thought to activate rough-and-tumble play. Neuroscientific findings moreover point toward the presence of neural PLAY systems across mammalian and possibly even some non-mammalian species, reinforcing the consideration of play as an intrinsic affective need (Panksepp, 1998). Playing provides the opportunity to learn and practice physical as well as social skills.

Through play, we can experiment and develop new ideas. It is also through play that we learn our place amongst others in our social structures—where we can win, and where we need to accept losing. Furthermore, play promotes prosocial thought. Following the 60:40 rule of reciprocity, everyone needs to be given the chance to take the lead some of the time, or they will not want to play anymore (Solms, 2021a). How does this all ‘play out’ in psychoanalytic training?

Play as an Area of Learning and Practice

For learning theorist Lev Vygotsky (1978), play creates a zone of proximal development (ZPD), in which learners—with guidance—can reach beyond what has already been mastered and try out more advanced functions, spurring on development. Animating a spirit of play in the ZPD of psychoanalytic training promotes a frame of safety within which candidates can feel free to hone new skills, explore different perspectives and take risks. We can learn and practice as we play catch with associations, aim to pin the tail on a selected fact, teeter-totter between paranoid-schizoid and depressive positions, or find ourselves zipping down a slide of projective identification, all while knowing that if we tumble, we can reach out for a hand to help us up.

Play as an Area of Creativity

The neural PLAY circuits described by Panksepp (1998) include neuroanatomical regions implicated in behavioral switching and set-shifting, leading Kellman & Radwan (2022) to propose that social play may promote the development of flexible, creative adaptations to novelty. In the psychoanalytic literature, Klein and Winnicott have written extensively about play and its importance for psychic growth and creativity (Klein, 1932/1989; Winnicott, 1971/2017b). As Winnicott asserts: “It is in playing, and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” (Winnicott, 1971/2017a, p. 170). He encourages us to allow for non-purposive, formless states of being, from which creative impulses can arise. (Winnicott, 1971/ 2017a, p. 179). By the same token, we need to remember to play during our studies, to find this unencumbered, creative space. To discover new insights with our patients, with our peers and with our teachers as if playing Winnicott’s Squiggle Game, letting go of any preformed pictures and just seeing what might emerge.

Play as an Area of Interface with Reality

A spirit of play may furthermore help round the edges of piercing realities. I recall grappling during a supervision session with a rather stubborn insistence on my part to ‘look on the bright side’, while my supervisor endeavored to nudge me toward facing the underlying sorrow the patient was asking me to receive. The following scene from the musical South Pacific (Logan, 1958), set during World War II, suddenly sprung up in my mind:

Navy nurse Nellie, hopelessly optimistic to the point of being called ‘Knucklehead Nellie’, is looking out over the ocean and gushes:

“Gosh, it’s beautiful here! Just look at that yellow sun. And away off in the distance—those lovely little white clouds…”

Emile, a hardened-by-life plantation owner who relocated to the South Pacific Island to flee misfortune in his French hometown, replies solemnly:

“Those lovely little white clouds could easily be gunfire.”

Nellie’s face falls. “Oh, how awful,” she sighs.

I described the scene to my supervisor. “That’s me and you!” I quipped. We shared a chuckle. The clinical material was still painful, but through this playful interchange in supervision, it stung just a bit less, and I felt just a bit more prepared to face the necessary turmoil with my patient.

Collapses of Play

Of course, play could easily be romanticized as a fun and joyous way to connect harmoniously with others and put an illusively positive spin on reality. From a neuropsychoanalytic perspective, Solms (2021b) reminds us that the mammalian PLAY drive is related to establishing hierarchies and testing acceptable limits. Play ceases when these limits are crossed and the ‘as if’ quality is lost. In puppy play, a playful nip breaks the skin and becomes a serious wound. In larger society, wars break out. And in psychoanalytic institutes?
Imbalances of power and control, ruthless competition for rank and status, unmerciful win-lose dynamics, and boundary violations can all signal PLAY gone terribly wrong. Widening our examination of such phenomena to include considerations of the basic emotion system of PLAY, and the needs it is designed to meet, may help us—not only by expanding our understanding of these perils but also by affording the opportunity to explore how we might reorient toward the prosocial aspects of PLAY. To play successfully, we need to stay within boundaried terrains, take the needs of others into account, balance them with our own, and allow space for all players to take the lead at least some of the time.

Re-finding Play
In our psychoanalytic learning process, we need to remember to play: not to deny or escape reality, but to dip into realms that will allow us to rehearse new skills; to access creative thought that may open up new ways of dealing with our realities; to feel joy and excitement at the discovery of new ideas and insights; to engage with others and find our place. When play collapses, we need to venture in to reexamine problematic splits, power imbalances, competition, and inclusion/exclusion dynamics as reflections of play in disequilibrium, and to recognize the underlying emotional needs they are (unsuccessfully) attempting to meet. Our challenge then becomes to re-pivot toward play’s creative, prosocial and transformative potential.

Amidst the seriousness of our realities, let’s keep play alive!

Footnotes
1 In his taxonomy of basic emotion systems, Panksepp (1998) uses uppercase letters to refer to these genetically ingrained operating systems, which include SEEKING, RAGE, FEAR, LUST, PANIC/GRIEF, CARE and PLAY.

References

Michelle van den Engh, MD, FRCPC, is a psychiatrist, Clinical Associate Professor in the Department of Psychiatry at the University of British Columbia (UBC) and Affiliate Associate Professor in the Division of Medical Sciences at the University of Victoria. She maintains a private practice with a focus on psychotherapy and serves in the role of Co-Associate Director for Psychotherapy Training in the UBC Department of Psychiatry Postgraduate Education Program. She is currently an advanced candidate at the Western Canada Psychoanalytic Society and Institute.

Are YOU connected to the APsA Community?
Click here to learn more & to join today:
apsa.org/membership/in-training-member-information/

There are many In-Training Member Benefits for Clinical & Academic candidates.

Questions? Contact Membership Services membership@apsa.org | 212-752-0450

Has your APsA membership lapsed?
To rejoin the dynamic APsA national community, contact membership services today (membership@apsa.org)
Lee Jaffe Candidates’ Council Paper Prize

Chair: April Crofut, MD

The Lee Jaffe Candidates’ Council Paper Prize is a long-standing annual writing competition for APsA candidates, designed to support the development of new psychoanalytic writers. We have had an exciting year. Our 2023 winner, Louella Dias, PhD presented her paper to a huge audience at the 2023 National Meeting in New York. Our 2023 semifinalist, Matt Shatzman, MA will present his paper titled “The Total Training Situation: Dimensions of Candidacy that Potentiate Analytic Process”, in a zoom session on November 4th. Please watch the Candidates’ Listserv for announcements!

We also wrapped up our prize selection for 2024, with a large group of submissions and a dedicated team of candidate-reviewers. Our 2024 winner is Elizabeth Hamlin, MD from the Chicago Psychoanalytic Institute for her paper titled “Mourning and Medication”, which explores the intersection of analytic and biological treatment through a case where medication precipitated a sudden experiencing of unintegrated loss. The semifinalist is Bobbie M. Davis, PhD, also from the Chicago Psychoanalytic Institute, for her paper titled “Castrated Analyst: The Analytic Process”, in a zoom session on November 4th. Please watch the Candidates’ Listserv for announcements!

Candidates Council Committee on Psychoanalysis in Community

Chair: Christine Rio Bistis Nadala, MD, PhD, MPM-HSD

The Candidates Council’s Committee on Psychoanalysis in Community was established in May. The interactions between the members are virtual. The first thing I had with Dr. Duncan was to discuss social research techniques. We also exchanged references for qualitative research that may be included in future projects.

In June, I video conferred with Dr. Alma Lucinda Jimenez, the president of the World Association for Dynamic Psychiatry in the Philippines and the current secretary general of the World Federation for Psychotherapy (WFP). We plan to establish and launch psychoanalysis fellowship programs for early mental health professionals in the Philippines. I will share this with our committee in the near future for further discussion. During this time, I also had the chance to seek guidance from a training analyst and my current institute adviser, Deana Schuplin, on how to conduct psychoanalysis and the arts project I have in mind.

In July, Dr. Gary Nadala and I traveled to Des Moines, Iowa to attend my adviser’s planned museum tour. The project was initially planned to be conducted with the Iowa study group, however, due to personal circumstances, we were only able to recruit two additional candidates from the Greater Kansas City Psychoanalytic Institute who practice in Iowa and were part of our study group. The program included a psychoanalytic article reading, a selection of an individual museum tour piece of art which captivated the participant, and a discussion of the selected piece of art in connection with the psychoanalytic article reading. This event took place at the Des Moines Iowa Art Center. I intend to bring this matter before the committee for further discussion and assessment of the feasibility of implementing such a process at other institutions if candidates are interested in replicating it.

Later this month, we’ll be having our first committee meeting. We’ll be talking about the types of programs we’ll be running, who we’ll be sponsoring, and who we’ll be partnering with. We’ll be going over the bylaws, guidelines for the programs, and what our scope of work will be.

In the months of September and October, the committee will finalize the bylaws and program guidelines, as well as the scope of our work. We’ll also set a timeline for when we’ll start, sponsor, and partner with the program. The chairperson of the committee will then present the finalized bylaws to Candidates Council, and ask for their approval for our proposed programs.

A tentative partnership program for the months of November and December will be proposed to the committee as well as to the council. This partnership will be the Tripartite Partnership on Community Mental Health Program in the Philippines. Disclaimer: Drs. Christine and Gary Nadala are sponsors, trainers, and partners of the Community Mental Health Program of Local Government Unit of the town of Concepcion Iloilo Philippines. The training of all medical personnel of this town is already planned. The training is supported by both private and public funds. The majority of the funds comes from Drs. Nadala. The training will be on a batch basis, from November 13 to December 10, 2023.