

## Theme: Unconscious Fantasy



### EDITOR'S NOTE

Neha Gupta, MD

This is the first edition of the Candidate Connection this year and the new theme for this APsA's Candidates' Council newsletter is 'Unconscious Fantasy'.

It begins with the President's Note by Himanshu Agrawal. This is followed by Judy Kantrowitz's evocative piece about getting in touch with her unconscious wish to not have a sibling and how her awareness and working through that fantasy helps her get unstuck with her patient. Then we have Elinor Kotchen's article about her challenges in using her unconscious fantasies to imagine and understand what is going on with her patients. The newsletter includes candidates' council steering committee reports. They provide a sneak peek into the various candidate led committees at APsA and their respective roles and functions. If you are a candidate reading this newsletter, please let this be an invitation to you to come and join us at APsA as we need more thinking minds and shining spirits.

*This newsletter exemplifies how as analysts we can use our unconscious fantasies to help our patients better.*



Now a little about the theme—according to the dictionary, the word fantasy means the act of imagining things that are impossible or improbable. When we put the word fantasy next to the unconscious, our imagination knows no bounds and tends to come alive in the deep recesses of our unconscious mind. Freud pioneered the idea that fantasy life thrives on the pleasure principle and primary process thinking. It is also the life source for play and creativity. In our clinical roles, using our imagination to tap into our and our patients' unconscious wishes and fears allows us to be fully present with people we are trying to understand and help than possible otherwise. Personal awareness of our

unconscious fantasies via personal analysis, dream work, consultation can also help us be in touch with our wishes which are forcefully demanding gratification as well as our powerful destructive desires and tendencies. This newsletter exemplifies how as analysts we can use our unconscious fantasies to help our patients better. I hope you enjoy the newsletter. ❖

### INSIDE THIS ISSUE:

Editor's Note	1
President's Note	2
Unconscious Fantasy	3
Committee Reports	5



## PRESIDENT'S NOTE

*Himanshu Agrawal, MD, DFAPA*

Is it fantasy or phantasy? Is it a fantasy that the candidates' council seems to be helping move the needle of evolution at APsA? Is it a phantasy that a small group of determined individuals are steadily making an impact on thousands of lives in the USA, with ripple effects that extend across the Atlantic and Pacific?

Over the last 2 years, The Candidates' Council has achieved the following (just to name a few):

- Resurrected the Committee on Psychoanalysis and the Community (Christine Rio Bistis-Nadala, MD)
- Created the Committee on Diversity, Equity, Inclusivity, Belonging, Awareness, Advocacy, Action, and Accountability (Elisa Cheng, MD, Chair)
- Created a Task Force to improve transparency of graduation criteria across APsA institutes (Hannah Geller, LCSW, JD), thanks to which the APsA [website](#) now has a cross-sectional repository of graduation criteria for all APsA institutes
- Continued the work of the existing committees and this important newsletter
- Created further inroads with our colleagues at IPSO and IPA
- Made the process of electing officers and choosing seminar speakers more democratic
- Successfully advocated for increased inclusion of Candidates' Council in the workings of APsA outside of the Candidates' Council (it helps that we have several like-minded leaders across APsA)
- Recruited allies and bolstered our own ego strengths to assert that we deserve respectful treatment as colleagues—yes, we are students, however, so is everyone else on the members listserv!



## IT'S THAT TIME OF YEAR AGAIN

APsA generated emails (dues invoices, statements, etc.) come from Membersuite, our AMS, and are sent from this address:  
**[messages@app.production.membersuite.com](mailto:messages@app.production.membersuite.com)**

Please update your ADDRESS BOOK or "ACCEPT LIST" and do NOT mark this address as SPAM. APsA email tends to land in the Promotions, Social or Spam folders (especially for Gmail users), please check these folders from time to time.

APsA 2025 dues invoices will be sent out in November via email, please update your accept list today. 2025 dues payments are required by January 31st. Thank you!  
<https://apsa.org/membership-dues/>



Am I daydreaming when I share my belief that the work we have done will be amplified and improved-upon by generations to come?

Only you can decide. I am sure you will. ❖

Sincerely,

Himanshu Agrawal,  
Current President of  
APsA's Candidates' Council



APsA Candidates' Council  
Himanshu Agrawal, MD, DFAPA, *President*  
Konstantinos Taliouridis, PhD, PsyD, PsyaD(c),  
*Presidentelect*  
Iraira Butcher, PsyD, *Secretary*  
Xiaofeng Wang, LMSW, *Treasurer*

The Candidate Connection  
Newsletter of the APsA Candidates' Council  
Neha Gupta, MD, *Editor*  
Hannah Geller, LCSW, JD, *Associate Editor*

### Privacy and Self-Disclosure

By Judy L. Kantrowitz

Many years ago, not long after the termination of my training analysis, I had a patient who was relentlessly plagued by feelings of guilt. My attempts to explore and analyze his intense feelings seemed less and less fruitful over time. I took notes, re-read them, thought about him, about our work together, about me. Nothing fresh emerged. I decided to talk with a colleague, but before I initiated the call, I had a dream. I remembered nothing about the dream except this patient's presence in it.

This patient had sought treatment because of a compulsion to rescue young boys that conflicted with his interest in being with a woman. At four, he had been left to baby-sit for his two-year-old brother, who climbed up on a windowsill in the hall. The unscreened window was open. The child fell to the ground two stories below and was left permanently brain damaged. My patient remembered standing at the end of the hall and seeing his brother fall. Nothing more, except that his mother accused him of pushing his brother out. He believed that he had not done this, but he felt as guilty as if it were true.

In our work, I had been interpreting the difference between fantasy and reality. I had also been thinking about how unfair it was, if his memory were accurate, for a parent to expect a four-year-old to be solely responsible for a toddler. Now, as I imagined telling my analyst about the case, a memory arose from when I was four. I pictured myself standing outside a summer house. My mother was going off in an ambulance.

I'm not certain when in my childhood I was told, but I *knew* that my mother had had a miscarriage when I was 4. At this moment in my reflection, I was filled with intense feeling about how much I had not wanted a baby to intrude into my world. I was an only child. In my memory-images, I was feeling the part of me that was glad this baby had not lived. I was both horrified and appreciative that I had found these feelings. It seemed remarkable to me that, although I had remembered the event, I could not

recall ever before having felt a wish not to have had a sibling. In my analysis, I knew, I had bemoaned being an only child. I turned this new realization over in my mind—I hadn't wanted a sibling! Then the image of my mother in the ambulance returned. I have no idea whether this was an actual memory or a construction, but I felt an intense sense of guilt.

After reflecting on this experience and recognizing some of its reverberations in my character and life, my thoughts returned to my patient. I realized that I had been trying to ease his guilt by helping his reality testing and had avoided the intensity of his affect—because I had been trying to avoid my own aggressive fantasies, the fantasy that I had caused harm, and the concomitant feelings of guilt. My too-rational approach to *his* guilt, my attempt to convince him that he had no reason to feel guilty, were a defensive warding-off of my own guilt about aggressive wishes. After this realization, the treatment got unstuck. I never dreamed of the patient again. But there is a coda to the story.

Sometime later when I actually did recount this to my former analyst, he said, "But in your analysis, your wish to remain an only child and your guilt about your mother's miscarriage *did* come up." I had no memory of this occurring. So, it seems I had lost this insight and re-found it in the context of the work with my patient.

*Judy L. Kantrowitz, PhD is a training and supervising analyst at the Boston Psychoanalytic Institute and formerly a Clinical Associate Professor (now called a corresponding member) at Harvard Medical School. She is the author of four books, The Patient's Impact on the Analyst: Writing about Patients: responsibilities, risks, and ramifications and Myths of Termination: what patients can teach analyst about endings and The Role of Patient-Analyst Match in the Process and Outcome of Psychoanalysis. She has served three times on the Editorial of the Journal of the American Psychoanalytic Association (JAPA) and won their paper prize for 2020. She is currently on the board of The Psychoanalytic Quarterly. She is in private practice of psychoanalysis and psychoanalytic psychotherapy in Brookline, MA. ❖*

**Are YOU  
connected  
to the  
APSA  
Community?**



**Click here to learn more & to join today:**

**[apsa.org/membership/in-training-member-information/](https://apsa.org/membership/in-training-member-information/)**

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



**Has your APSA membership lapsed?**

To rejoin\* the dynamic APSA national community, contact membership services today  
([membership@apsa.org](mailto:membership@apsa.org))

\*To vote in APSA's February 2025 election, you must join/re-join before 12/1/2024;  
for additional details visit: <https://apsa.org/membership-dues>

**Questions?** Contact Membership Services [membership@apsa.org](mailto:membership@apsa.org) | 212-752-0450

## Reverie and Unconscious Fantasy

By Elinor Kotchen

Most analysts would agree that unconscious fantasy is one of the key concepts of psychoanalysis. But because unconscious fantasies lack verbal content and are either dissociated or repressed, they remain stubbornly elusive. As analysts, our best chance of discerning those of our patients is through our own unconscious.

Freud advises the analyst “to surrender himself to his own unconscious mental activity, in a state of evenly suspended attention” in order “to catch the drift of the patient’s unconscious” (Freud, 1923, p. 239). Juan Jimenez writes that as the analyst listens to the patient, “very slowly, a creative process evolves in the analyst’s mind, as a consequence of which... the fleeting images, the emotions and hard-to-define body feelings take a shape and eventually become verbal interventions which are useful for the patient” (Jimenez, 2017, p. 601).

What these writers don’t explain is how exactly the analyst surrenders himself to his own unconscious mental activity. Or what this surrendering involves. How can we, as analysts, facilitate the creative process that Jimenez describes?

Enter Thomas Ogden. He demystifies the experience of sitting with a patient, revealing his sequence of thoughts during a session. As his mind wanders to his own mundane, narcissistic concerns, he uses these reveries to tune into a patient’s unconscious. “This psychological activity [of reverie] represents symbolic and protosymbolic (sensation-based) forms given to the unarticulated (and often not yet felt) experience of

the analysand,” he writes (Ogden, 2004, p. 184).

As analysts, or analysts-in-training, we pride ourselves on being good listeners. And yet we’re also human. As intent as we are on staying focused on what our patients have to say, we occasionally get distracted by thoughts about dinner. Rather than admonish ourselves, Ogden would advise us to reflect on how our “narcissistic self-absorption, obsessional rumination, [and] daydreaming,” can illuminate our patients’ unconscious (Ogden, 2004, p. 177).

In “The Analytic Third: Implications for Psychoanalytic Theory and Technique (2004),” Ogden describes his internal process during a session with a patient. Gazing at the envelope beside him, where he’s jotted down notes to himself over the past week, he has a series of associations that lead to feelings of suffocation, alienation, and despair. He draws on the imagery that comes up for him to speak “from (not about) [his own] unconscious experience” (Ogden, 2004, p. 181). This then frees up the patient to access previously inaccessible fantasies.

Ogden is a master of multi-tasking. Once he realizes his mind has wandered, he doesn’t hurry to catch up to what he’s just missed. He lets his thoughts wander further, noticing what emerges. Once he encounters an image or feeling that seems especially salient, he tunes back into what the patient is saying, ensuring that his experience echoes the patient’s. Or, to put it more accurately, that it hints at what is yet inchoate in the patient.

Ogden doesn’t tell us is whether he’s especially skilled at working this way or whether anyone can do it. For example, when my mind drifts to what I’m having for dinner, am I necessarily in sync with the patient’s unconscious? I believe Ogden would say yes. If I were with a different patient, I’d be thinking something else.

But just because my daydreams are significant doesn’t mean I can make use of them. Ogden’s skill is the result of his experience and confidence, both of which enhance each other. He’s had decades of practice following his associations to see where they lead. As he’s learned to trust his instincts, he’s gained the confidence to know that his reveries are always fruitful.

Lately I’ve been more open to seeing where my daydreams take me. It’s not as easy as it seems. When I start mulling over some personal concern, I quickly turn my attention back to the patient, convinced my thoughts are superficial and self-absorbed. But my reveries are only worthwhile if I can stay with them.

During my sessions with a patient I’ll call Ms. S., I often struggle to stay engaged. She’s extremely self-sufficient, rarely relying on anyone for help. As she fills our sessions with complaints about work, she seems uninterested in anything I might offer. But recently I realized that my reveries may hint at her unconscious fantasies. A few weeks ago, she mentioned her son’s teddy bear, which made me think about my own

*Continued on page 5*



**APSA 2025 NATIONAL MEETING**

**February 4–9 | In-Person**  
Palace Hotel, San Francisco

**SAVE THE DATE** [apsameeting.org](https://apsameeting.org)

daughter's stuffed rabbit. This led me down a path of different ideas until a memory came to me of when my mother left when I was ten. My parents had had a fight during the night, and when I woke up the next morning, my mother was gone. She eventually came back, but for a few days, I didn't know if I'd ever see her again. Sitting with Ms. S., my throat tightened with a deep sadness.

I swallowed around the lump in my throat and refocused on Ms. S.'s grievances about her job. It was only later that I was able to reflect on the session and the sadness that Ms. S. can't let herself feel. She's told me that her mother gave her up when she was born and that she was then passed around between relatives and friends. But she's not sure who exactly she lived with, as she has no memories before age five. It was only

once she was reunited with her mother at five that her conscious life began.

Now when I sit in sessions with Ms. S., I'm more aware of the helplessness and loss she is fending against. I have a new appreciation of her efforts to keep me at a distance, as relying on others carries so much risk. As I continue to open myself up to the sensations and feelings that come to me when I'm with her, my challenge will be to put them into words, helping Ms. S. become more aware of that which has been unspeakable.

The nature of unconscious fantasies is that they can never be fully conscious. As Ogden points out, "Patient and analyst in every moment of their work together bump up against the fact that the immediacy of their lived experience is incommunicable" (Ogden, 2018, p. 399). And yet our reveries help us come

closer to grasping the images and feeling states that lie below the surface.

## References

Freud, S. (1923). Two Encyclopedia Articles. The Standard Edition of the Complete Psychological Works of Sigmund Freud, 18: 233-260.

Jimenez, J. P. (2017). Unconscious Fantasy (Or Phantasy) as Clinical Concept. *International Journal of Psychoanalysis*, 98: 595-610.

Ogden, T. H. (2004). The Analytic Third: Implications for Psychoanalytic Theory and Technique. *The Psychoanalytic Quarterly*, 73(1), 167-195.

Ogden, T. H. (2018). How I Talk With My Patients. *The Psychoanalytic Quarterly*, 87(3), 399-413.

*Elimor Kotchen, LCSW, is a psychotherapist who sees adults and couples in her private practice. She is also an advanced candidate at the Western New England Institute of Psychoanalysis. ❖*

## COMMITTEE REPORTS

### Online Seminar Series Committee

*Carrie Atikune, Psy.D.  
drcarriematikune@gmail.com*

Greetings, Candidates! The Online Seminar Series comes to the end of the 2023-24 year having offered enriching seminars with **Peter Shabad**, **Salman Ahktar**, **Rachel Blass** and **Daniel José Gaztambide**, as well as a new format of small group writing seminars with **Caroline de Pottel** and **Jennifer Stuart**. We have been very fortunate to work and learn with such esteemed analysts and scholars!

I will be stepping down as Chair of this committee and have so appreciated the invaluable contributions of committee members April Crofut (former Chair), Zoe Crawford and Elizabeth Hamlin. It has been a wonderful opportunity to work with candidates across the country and to build relationships with analysts whose work we may not have exposure to in our training or local institutes.

***The Online Seminar Series Committee is in need of a Chair and members—I encourage any interested Candidate to reach out with any questions.***

### Committee on Psychoanalysis in the Community

*Christine Nadala, Mindy Duncan,  
Gary Nadala, Andrew Schuplin*

#### Background

Initiated in April 2023, under the leadership of Christine Nadala, with crucial support from Mindy Duncan, Andrew Schuplin, and Gary Nadala, our efforts have been marked by dedication and innovative approaches in the absence of a formal budget.

#### Major Accomplishments

Psychoanalysis and the Arts—Our seminal project, "Psychoanalysis and the Arts: A Museum Tour," culminated in a highly successful event at the Nelson Atkins Museum on May 17, 2024. This initiative exemplified our theme of transitioning from virtual engagement during the pandemic to enriched communal interactions, fostering a deeper appreciation of psychoanalytic concepts through artistic expressions.

International Training and Development—We have made significant advances in international outreach, particularly with our training programs in

the Philippines. These efforts have been aimed at integrating psychoanalytic education with medical training, under the adept coordination of Dr. Mindy Duncan.

Training Programs—We conducted extensive training sessions in Concepcion, Iloilo, Philippines, focusing on community mental health, significantly expanding the reach and impact of psychoanalytic informed mental health care.

#### Future Directions

Looking forward, we have laid the groundwork for future committees to continue our innovative approaches to psychoanalytic community engagement. Our grant proposal for the APsA 2025 National Meeting aims to replicate our museum tour at SFMOMA, which would further our mission of psychoanalytic education through artistic engagement.

We invite you to join us in celebrating our achievements and to contribute to the ongoing journey of psychoanalytic community engagement. Your involvement and innovative ideas are crucial for the future success of our initiatives.

*Continued on page 6*

## APsA Candidate DEIBA+ Committee Report

*Elisa Cheng, MD, Chair*

The DEIBA+ (Diversity, Equity, Inclusion, Belonging, Accessibility, Awareness, Advocacy, Action and Accountability!) Committee has had a strong inaugural year, launching last fall in parallel with the first multiracial, cross-institute Holmes Commission Report candidate study group. We have been meeting monthly on Zoom, as well as in-person at APsA's National Meeting last February, to work on the following projects:

Building a cross-institute network of candidates/trainees interested in/dedicated to DEIBA work. Our goal is to

identify a candidate at each institute to serve as a DEIBA liaison who can communicate/share upcoming events, projects, and resources.

Voicing candidate perspectives and concerns to the HCR Implementation Task Force to be considered in their recommendations to the APsA President and Board of Directors

Gathering data on how individual institutes have been engaging with DEIBA issues in training and candidate perspectives on initiatives.

Amplifying voices from marginalized groups, including pursuing conference presentations, and writing opportunities (e.g., ROOM).

In June, we were honored and inspired to have Dorothy Holmes and Dionne Powell join us in conversation on how we can help further the essential work of racial equality within psychoanalysis.

We are looking for new members and hope you will join us! In addition to candidates and recent graduates, we welcome all psychoanalytic psychotherapy trainees and others who are committed to making the field of psychoanalysis a more diverse, equitable, inclusive, and welcoming place for all. Please contact DEIBA+ Chair Elisa Cheng at [ElisaChengMD@gmail.com](mailto:ElisaChengMD@gmail.com) for more details. ❖

### **Never attended an APsA National Meeting? Apply for a Travel Scholarship!**

This exciting scholarship program provides **APsA In-Training Members** with funding to help offset travel expenses and enable them to attend an **IN-PERSON APsA Meeting**. There are a limited number of scholarships for the 2025 National Meeting in San Francisco, which are distributed on a first-come, first-served basis with preference going to first-time attendees. Plus, First-time attendees will receive an additional waived registration fee.

This scholarship provides an opportunity for an APsA member to attend a meeting to learn first-hand what the APsA Community has to offer. **Details and the deadline will be listed on the 2025 National Meeting Registration page once the preliminary program is posted on [apsa.org](http://apsa.org) or [apsameeting.org](http://apsameeting.org).**