



## CIPS JUNE 2020 NEWSBRIEFS

### Letter from the Editor

Dear CIPS Community,

I am delighted to be part of the CIPS community as the incoming Editor of *NewsBriefs*. As will be evident in this issue, individually and collectively we have so much to offer and indeed give so much. It is my hope that this issue will serve in part to replenish us in these unprecedented times as we share with each other our thoughts, experiences, creativity and humanity.

Let us offer our thanks to Carol Mason-Straughan, the outgoing Editor, and appreciate her work and care in keeping our community connected and informed through the issues she shepherded to publication.

This issue of *Newsbriefs* was originally conceived as a way to help us share with each other about what and how we—as societies and individuals—are doing during the early days of the unfolding of the Covid-19 pandemic. It was largely written prior to the murder of George Floyd and before the long-brewing protests against police brutality and for racial equality began. Here and there, you will see references to these more recent events but by and large contributions were submitted when the Covid-19 pandemic was foremost in our minds.

As you shall see, this issue has the usual letters from the Presidents of CIPS and NAPsaC, as well as this letter from the Editor. There is also a book review. Beyond these elements, the issue perhaps strikes new ground. We are fortunate to have letters from the Presidents of all the member societies who share with us how their society has been impacted so far by the pandemic. We also asked the Reporters to find members and candidates who would offer brief reflections related to their personal experiences in light of the pandemic. The organizing hope was that between the “bird’s eye” perspective from the societies’ presidents and a “boots on the ground” perspective provided by these individual contributions, we could convey our experiences with each other in a more fulsome way.

Nancy Goodman insightfully reviews the recent CIPS publication entitled *Trauma and the Destructive-Transformative Struggle: Clinical Perspectives* which was edited by Terrence McBride and Maureen Murphy. Members from our various societies contributed to this volume, which perhaps at this time is a “must read” for the psychoanalytic community. A general observation Nancy made in the beginning of her book review seems like an apt description of this issue of *NewsBriefs* as well. She wrote: “Without the [transformative] struggle, destructive forces of trauma can take over our ability to think

and feel leaving a permanent “dead space” in the mind. The psychoanalytic writers here show how the struggle to find the psychic truths of this dead space can give birth to something new, what I call a “living space” within the struggle.” In writing for this issue, all the contributors have helped create a “living space” for our community.

Our living space here also includes remembrances of colleagues we love and have lost due to Covid-19 and other causes. This section, entitled “In Memoriam”, is envisioned as being a permanent fixture of *NewsBriefs*.

At the end of the issue, there is also a section entitled “Resources” which offers a very small sample of resources out there – both psychoanalytic and not – that might be of interest or helpful right now.

Even in these times that are profoundly stressful and straining, many have given generously to create this issue. I deeply thank those who offered Remembrances: Hadassah Ramin, Leigh Tobias, Steven Ellman, Jane Hall, Elizabeth Reese, Maureen Murphy and Andrea Greenman. Thank you for speaking of loss and death in this time blanketed by loss, death and uncertainty. I also offer my heartfelt thanks to the presidents: Batya Monder (CIPS), Robin Deutsch (NAPsaC), Andrea Greenman (CFS), Michael Moskowitz (IPTAR), Lanning Melville (LAISPS), Maxine Nelson (NPSI), Jennifer Langham (PCC) and Bruce Weitzman (PINC). They already had a lot on their plates navigating their societies through the changes necessitated by the pandemic, yet were nonetheless delightful to work with and generous with their time. My enthusiastic thanks also to the Reporters---Mary Wall (CFS), Joe Davis (LAISPS), Dave Parnes (NPSI), Susan Mitchell (PCC) and Drew Tillotson (PINC)--who were game for their new mission and went about it with good cheer and dedication. As you shall see, our Reporters also share the various responses and adaptations occurring at their society necessitated and inspired by the pandemic. And, finally, to all of the many members and candidates who share their creativity, hearts, minds and genuine experiences with us – thank you for making this issue so very special.

Consider this edition of the *NewsBriefs* somewhat akin to an issue of *The New Yorker* – filled with so much good stuff (including poetry, art and humor) but perhaps impossible to read in one sitting. I invite you to take your time with this as it may help soothe your mind and soul in these troubled and troubling times.

With warm regards,

Leslie Wells, JD, LP, FIPA  
IPTAR





## Letter from the President

When I wrote the president's column for the last *NewsBriefs*, I and everyone else had no sense of how much our world would be upended in the months that followed. Covid-19 has reshaped all of our lives as we work remotely from home or from some place deemed safer than home. Both we and our patients have adapted to the new reality of sessions on the phone or on one of the many available internet platforms.

In the last week of May, another and different upheaval rocked our lives and overshadowed the virus. Police brutality in Minneapolis led to the cruel and needless death of George Floyd, a 46-year-old African American. The reaction that followed was swift and intense with protests springing up in over 200 cities across the US. The peaceful protests were co-opted in many locales by those who left damage and disarray in their wake. Fortunately, that was short-lived while the peaceful protests continued and grew both in the US and in many cities around the globe.

How do we emerge from, and make sense of, the cruel combination of a pandemic and civil unrest? This is where we find ourselves as *NewsBriefs* is being put to bed. The current reality subsumes everything else for the moment, yet our work with patients and with our societies will continue as we struggle to use our analytic heads to make meaning out of the mayhem that surrounds us.

We have been sobered by the rate of contagion of this coronavirus and saddened by the irresponsible leadership emanating from the White House. Losses are mounting, and some of those losses have been amongst our CIPS family.

This issue, edited by our new *NewsBriefs* Editor, Leslie Wells, is devoted to coverage of Covid-19 and its impact on our lives and our societies. We welcomed Leslie into her new position right before the outbreak of the pandemic. She mobilized immediately and has approached her new role with innovative ideas and boundless energy.

Despite the current state of events, the work of CIPS continues. We were not able to set a date for our next Biannual CIPS Clinical Conference, nevertheless planning for it continued. Michael Diamond (LAIPS) will chair the panel, entitled *#MeToo: What about Me? Men, Women and Analytic Practice*. The distinguished panel includes past president of the IPA, Claudio Eizirik, from Brazil; president-elect of the IPA, Harriet Wolfe; and Yale professor Rosemary Balsam. All three are enthusiastic about being part of this program and unanimous in wanting to wait out the pandemic and do the conference live in Los Angeles at some point in the future when it will be safe to gather again. Lisa Halotek and Susan Light, co-chairs of the Clinical Conference, are managing the behind-the-scenes plans going forward.

On May 30, 2020, CIPS sponsored a Trauma-training Videoconference. We had an

enthusiastic turnout with 55 registrants. Laura Takacs, a Seattle-based clinician whose work has focused on traumatic loss, led the training. Our own Maureen Murphy, co-author with Terrence McBride of *Trauma and the Destructive-Transformative Struggle: Clinical Perspectives*, provided a brief overview of the impact of trauma and how it requires a change in the way we work with patients.

Individual CIPS societies have mobilized during this pandemic to find new and creative ways to bring members together. This issue of *NewsBriefs* will cover what is happening in each of the six component societies.

The CIPS Board has several new Directors. Laurie Grotstein is now representing PCC and Gloria Demby and Chrissy Wallace are representing CFS. All three bring new ideas and enthusiasm to the Board. We are happy to have them.

In this time of deep concern for the future, CIPS will be focused first and foremost on how we can help one another meet the challenges that lie ahead. Covid-19 will be with us for a long time as will the need to address the inequities in our country. I send you all my best wishes for continued safety in this troubled time.

Batya R. Monder, MSW, FIPA  
President, CIPS

## Upcoming CIPS Videoconferences (Fall 2020)

Please plan to attend one or more of these very interesting videoconferences. Full details of each conference will be announced shortly.

Fred Bush, PhD, Psychoanalytic Technique: Understanding the Clinical Relevance of Concepts

Steven Demby, PhD (CFS), Complex Issues of Divorce from a Psychoanalytic Perspective

Judy Eekhoff, PhD (NPS), Trauma and Primitive Mental States

Linda Sobelman, PhD (LAISPS), Couples Therapy from a Psychoanalytic Perspective with Attention to Important Sexual Issues

## From the President of the North American Psychoanalytic Confederation (NAPsaC):

At the beginning of May when I wrote this contribution to the newsletter, we were all deeply immersed in our responses to the COVID-19 pandemic, its effects on our communities, our families, and our patients. With the murders of Ahmaud Arbery, George Floyd, and Breonna Taylor we are confronted, literally face-to-face, with the reminder of our second and on-going pandemic: cycles of racial hatred, violence, and trauma in the United States and the treatment of African-American lives as expendable. Racism is embedded in our culture and we are now not only witnessing history but active participants in writing history. As individuals and psychoanalysts, what we do and what we don't do, counts. Caron Harrang, NAPsaC Secretary, offers us the following thoughts "My own credo for the current moment is: listen, feel, think, act. Psychoanalysts do this day in and day out in our consulting rooms, but we've not seen acting in the cultural context as an ethical imperative. Perhaps this moment gives us collectively a chance to reconsider the scope of our professional responsibility (responsible = able-to-respond)."

### *Response to the Coronavirus Pandemic*

#### "Bearing the Unknown: COVID-19 and Catastrophic Change"

All NAPsaC members are invited to submit short essays (up to 500 words) on the theme of 'Bearing the Unknown: COVID-19 and Catastrophic Change' to be collated and shared with members in Fall 2020. Given the ongoing documentation of the unequal impact of the coronavirus on communities of color, your essay may certainly include your responses to our dual pandemics.

Each essay should be no more than 500 words, Times New Roman, 12 point. Please submit your contribution to Caron Harrang at [caron@caronharrang.com](mailto:caron@caronharrang.com). She will compile the essays, and Mary Kay O'Neil will edit them for readability. Authors will be contacted for permission if there are significant edits. After editing, they will be made into PDFs and distributed to the NAPsaC membership via the Board of Directors. Final submission date is August 31, 2020.

Speaking for the ExCom, we are looking forward to sharing our experiences with each other during these very challenging times. Finally, I'd like to update readers on NAPsaC events. The mission of NAPsaC is to promote cooperation amongst all the North American IPA Societies, Japan, and IPA Study Groups of Vermont, South Korea, and Taiwan. The Board's current focus is further refining of NAPsaC's organizational structure. One of our goals is to establish a structure that is unique to the needs of North American psychoanalysts. At our in-person February 2020 Board meeting, the Board approved establishment of a President-elect position, and agreed to sunset the Vice President position.

Our first President-elect is Mary Kay O'Neil (Canadian Psychoanalytic Society). She will serve for one year and assume the NAPsaC Presidency at the end of the February 2021 Board meeting. At that point, the Vice-President position will officially sunset. Beginning with the February 2020 Board meeting, all NAPsaC officer terms will become 2 years. I will provide additional updates on NAPsaC's organizational structure in the next edition of the newsletter.

### *Recent Programs*

Since my previous President's letter, we have held the NAPsaC Clinical Workshops at APsaA's winter meeting (February 2020) in New York, developed by the Program Committee (Randi Wirth, Chair). In this workshop, NAPsaC created an opportunity to observe the functioning of our analytic minds in real time with clinical material not previously reviewed by discussants or by the group. Discussants were Batya Monder, Gary Grossman, and Mary Kay O'Neil, with additional input from audience participants.

### *Upcoming Programs*

Psychoanalytic cultures differ not only across the world, but across town. NAPsaC's collaboration with other psychoanalytic organizations offers all of us the opportunity to share with other analysts the unique perspectives each analyst and analytic organization has developed. With this in mind, NAPsaC's Program Committee is continuing to develop co-sponsored workshops with other psychoanalytic organizations. The Program Committee, chaired by Randi Wirth, is developing programs with the Program Committees of the European Psychoanalytic Federation (EPF) and Federação Psicanalítica da América Latina (FEPAL) for the upcoming IPA Congress in Vancouver in 2021.

### *International and IPA News*

NAPsaC continues to work together with the IPA and the two other regional organizations, European Psychoanalytic Federation (EPF), and Federación Psicoanalítica de América Latina (FEPAL) and the Regional Association (APsaA) on issues of joint interest. While NAPsaC is still a relatively young regional organization, it is gaining recognition alongside the other Regional Organizations. NAPsaC is a partner in the online eJournal Psychoanalysis. Today, along with APsaA, EPF, FEPAL, and the IPA.

NAPsaC is growing! If you are enthused about bringing your creativity and joining with other analysts in developing NAPsaC as a vibrant regional and international organization, please contact me at [robindeutsch@earthlink.net](mailto:robindeutsch@earthlink.net). NAPsaC currently has openings on the Speaker's Bureau, to respond to events of social/cultural/political importance such as, immigration, climate, and economics. With additional human resources, we hope to develop a Communications Committee to monitor and improve content for the website and social media outlets.

Robin Deutsch, PhD, FIPA  
President, NAPsaC

# MEMBER SOCIETY LETTERS

## Contemporary Freudian Society (CFS)

The pandemic has changed everything. It sent us from our homes, from our offices, separated us from family and friends, and with cruel clarity, revealed the enormous fissures in society.

First there was the need to distance ourselves, concerned about illness. Working mightily to maintain analytic connections through new and unfamiliar modalities. And then the world caught fire. Each week since mid-March has brought new crises and conflicts. Just as it seemed that we had begun to stabilize in this new “normal,” another earthquake hit as the terrible, but all too familiar images of racist police violence and murder unfolded before our eyes.

The membership of the Contemporary Freudian Society straddles two cities with concentrations in New York and Washington, DC, where all are practicing remotely. Life in these urban centers has been challenging and difficult, all the more so in light of recent events. Loss is everywhere, with shuttered storefronts, cancelled cultural activities and the strange sense of living in an altered reality.

Psychoanalytic thought suggests that resilience is, in part, based upon the strength of our ties to internal objects. Not only our friends and family, but at a moment of crisis the “organization-in-mind” becomes a crucial source of sustenance. Membership in the IPA and in our home societies offers internal support and opportunities for participation in thoughtful discussion which helps maintain psychic capacity, vitality, and active engagement with our values. We keep the analytic frame in mind--and as such are able to keep our work on-going--regardless of whether we work in the office face to face, or from a distance. And when the world as we know it seems to have dissolved, we strive to develop tools for that--thinking together about this new reality: inner and outer voids, the dangers of violence and polarization, fears of contagion and contamination, and about the ravages of racism and our obligation to utilize psychoanalytic resources to understand and work towards a more just world. It is the act of thinking together about our work and our experience that revives and fortifies us and helps us find our footing and offer sustenance to others. It is our capacity to think psychoanalytically that gives us faith that the psychoanalytic world is itself resilient and that the tools we have to offer can help all members of society to go on being with a greater capacity to understand and make sense out of the insensible.

Andrea Greenman, PhD, FIPA  
President, The Contemporary Freudian Society

## Institute for Psychoanalytic Training and Research (IPTAR)

Dear CIPS,

On March 12, 2020, we had our last in-person Board of Directors meeting at IPTAR's office on 92<sup>nd</sup> and 3<sup>rd</sup>. We considered whether or not to have the meeting in person and in the end decided to hold the meeting while giving members the option of joining by Zoom if they did not feel comfortable attending in person. At the time I felt this might be the last chance to really be together with my friends and colleagues for a very long time, and that is the way it turned out to be. About 18 board members came to the office, and about 6 more attended via Zoom. In retrospect, it was probably a mistake to hold the meeting. We were lucky that no one there was an asymptomatic carrier and that our meeting did not become the kind of covid-19 spreading event that so many other meetings at the time inadvertently were. But of course, who knew? NYC public schools were still open, and denial was rampant. In my reconstructed narrative of this ongoing trauma, this March 12<sup>th</sup> meeting stands out as a last grasp at normality as the new, awful reality sank in.

At that meeting we decided to cancel or reschedule all public events scheduled for the rest of March and April. The Board agreed that as soon as possible and no later than March 18, 2020, all clinic sessions would have to be conducted remotely, as would all classes. At the time we said these changes would remain in place until April 30<sup>th</sup>. That date has long passed, and we have no idea when we may be able to really be together again. I don't have a better way to describe what I/we mean by really being together. Because, as I'll describe, we, many of us in the IPTAR community, have been very much together on Zoom, and it's real, not virtual, but it's not the same as it used to be, being together.

In many ways, the IPTAR community has been together more than ever. We have more meetings, with more people attending than ever before. Our regular board meetings continue via Zoom, and without needing to travel, more people attend. We have weekly weekend community meetings that often draw more participants than our usual biannual meetings. A recruitment salon drew over 120 participants, more than ever before. Several new small supervision groups have formed to discuss issues related to remote treatment and the continuing crisis. There's also a weekly candidate's meeting organized by the candidate representatives which they describe elsewhere in this newsletter.

There is a general feeling that our community has drawn closer, that members are more open in publicly discussing our inner and outer lives, as we often see into each other's homes. Some candidates have expressed an appreciation of this openness that comes with a sense that the usual hierarchies are loosening. In all of our meetings there has been an overall feeling of containing connection and warmth. This being said, it is still the case that less than half of the community has participated in these meetings. So about the experience of those we don't see, nothing can be said.

This new way of doing things has led to questioning many of the old ways and much wondering about if we will return to the old ways. What constitutes the frame? Is it only in our minds or also in spaces we occupy? There is general agreement that therapy and analysis is continuing as well as before. Some patients seem to be doing better with remote treatment. Some of us are talking about giving up our offices. Others express a

deep longing to return to our old places, to be in the same room together. These discussions will continue.

What has become increasingly and undeniably apparent in our discussions is the bubble of privilege in which most of us live our lives. As we go about continuing our work, with little or no loss of income, many in our country homes, we see our nation collapsing around us: communities of color, the poor, and the working classes upon whom we depend bearing the brunt of this terrible pandemic. The undeniable violence of American racism now stares at us clearly again with yet another brutal police murder of another black man, George Floyd. And as we look at each other, our institute, our psychoanalytic profession, we see we are much too white, and have been for much too long much too unconcerned about the lives of others who are oppressed.

Kind regards,

Michael Moskowitz, PhD, FIPA  
President, IPTAR

## Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS)

This year is the 50th anniversary of LAISPS. In many ways it feels as though we have come full circle. LAISPS was founded through a legal battle for the right to train non-medical mental health professionals in psychoanalysis. As fortunes would have it, we find ourselves back in a similar situation today.

Since early 2019, California psychoanalytic institutes have been increasingly put into an educational limbo and financial struggle as a result of inconsistent decisions by the California BPPE (Board of Private Post-Secondary Education), which is required to provide oversight to protect consumers. LAISPS has for years legitimately granted degrees and certificates for training, but has now been denied its right to operate for more than a year now. We have spent considerable time and money to address this situation legally and legislatively, both on our own and in concert with the 8 other psychoanalytic institutes in California.

Unfortunately, COVID-19 has entered the fray and interrupted the legislative processes we have been counting on for help to rectify the inconsistencies and lack of clarity in the law directing the BPPE's processes regarding psychoanalytic institutes. We continue to pursue all legal avenues to regain our right to operate as we always have.

Half a century ago, our founding fathers and mothers initially created study groups as an essential part of transmitting psychoanalytic passion, process and knowledge. Now, as then, we continue their fight for psychoanalytic education...only now, via Zoom!

With warm regards to all our CIPS brothers and sisters,

Lanning M. Melville, PsyD, FIPA  
LAISPS President

## Northwestern Psychoanalytic Society and Institute (NPSI)

“It is catastrophic in the restricted sense of an event producing a subversion of the order or system of things; it is catastrophic in the sense that it is accompanied by feelings of disaster in the participants; it is catastrophic in the sense that it is sudden and violent in an almost physical way.”

- Bion (1965), *Transformations*

“We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

- Martin Luther King, Jr. (1963), “Letter from a Birmingham Jail”

As I began my President’s report for the CIPS *NewsBriefs*, it occurred to me that we are experiencing several epic phenomena simultaneously: the COVID-19 pandemic, resulting in over 100,000 deaths and the epidemic of systemic racism and police brutality which has resulted in the tragic deaths of too many black people with the ensuing demonstrations which have erupted into riots and more police brutality. I quote Bion and King above as they are speaking in different ways to the urgency of the present moment and, although the purview of our work of psychoanalysts is primarily in our consulting rooms, we can’t help but be aware of and impacted by what occurs in external reality.

The word “pandemic” originated in the mid-17th century: from the Greek *pan* ‘all’ + *dēmos* ‘people’. Interestingly, the word “epidemic” also originated in the 17<sup>th</sup> century: from French *épidémique*, from *épidémie*, via late Latin from Greek *epidēmia* ‘prevalence of disease’, from *epidēmios* ‘prevalent’, from *epi* ‘upon’ + *dēmos* ‘the people’. We are all in this together, whether on a cellular or a societal level.

Although a clear statement of non-discrimination is included as part of the application for psychoanalytic training at NPSI, we have not focused as a community on the need for explicit attitudes and policies on diversity as a way to address what British psychoanalyst Fakhry Davids has termed *internal racism*: how racial difference is processed in the mind. Davids argues that the mind relates to racism not as an abstract category, but on the basis of a perceived difference between self and socially stereotyped other, which is enshrined in a specific internal object relationship. Ubiquitous, and thus invisible, this relationship exists within a defensive organization, or normal pathological organization, which Davids sees as a universal feature of the human mind. As a result of current events rocking our worlds outside the consulting room, it is my hope that this can change and that discrimination and its sequelae can be addressed more explicitly in our training and continuing education programs.

Although it has been less than four months since COVID-19 became a pandemic it feels as if all of us have been living under virtual lockdown for a much longer period of time. As we collectively attempt to endure and make sense of this new reality, there’s a growing realization that we have traded off the emotional closeness that occurs through direct physical proximity for the necessity of health and safety for ourselves and for our patients. Among other things, this time will be remembered as one in which the realities on both sides of the couch overlapped, in much the same way that the dictatorship in Argentina was written about by Janine Puget, and the way the impact of 9/11 was memorably described by CFS members Nancy Goodman, Paula Ellman et al.

Washington was the first state to identify deaths from the novel coronavirus, and many of us responded quickly to transition our practices to working remotely, by telephone or Zoom, beginning the first week of March. For NPSI, this meant that all of our classes, study groups and meetings were transitioned to Zoom even before Gov. Jay Inslee established his first stay-at-home orders for all but essential businesses on March 23.

Psychoanalytic training is an intense and arduous enterprise in the best of times and was made even more so under the backdrop of the pandemic. While our candidate group was vocal in their responses to the loss of direct contact with their training analysts, supervisors and cohort, they were appreciative for the clear communication about this transition to remote training. Used to staying at the institute on Fridays after classes ended, the group has continued the tradition of a weekly happy hour, albeit now taking place virtually. The NPSI Progression Committee deliberated over how the training requirements might be changed to adjust for remote analysis and supervision and decided to count control case hours and supervision that were being conducted remotely. This message was communicated to all faculty and candidates as an expression of the degree to which the entire NPSI community has been impacted.

I recall attending the Presidents' Meeting at the IPA congress in London in 2019, where the possibilities and challenges of remote training were discussed. It occurs to me that institutes worldwide are now beta testing the pros and cons of remote training, which will hopefully serve as a resource for the IPA Psychoanalytic Education Committee (PEC) as they consider changes in the IPA Procedural Code.

In response to the myriad questions and concerns our community was experiencing surrounding COVID-19, the NPSI Board of Directors set up a series of Zoom meetings to assist full members, candidates, and community members in being able to think together about issues related to practice management. The meetings have been facilitated by Caron Harrang and Carolyn Steinberg and, in addition to maintaining a sense of community, they have been felt to be both informative and supportive for those who have participated.

In addition, on April 11, 2020, NPSI co-sponsored the training on "Supporting Healthcare Providers in the Time of COVID-19: A Short-term Therapy Model" with the Northwest Alliance for Psychoanalytic Study, a membership organization for psychoanalytically informed psychotherapists based in Seattle. This training was used as a model for the similarly titled training sponsored by CIPS on May 30, 2020.

From our unique perspective as psychoanalysts, simultaneously witnessing and participating in a world undergoing catastrophic change, it has somehow felt easier to confront "not knowing" by being part of a group. Beyond the profoundly tragic loss of lives and livelihoods for millions of people there also seems to be an emerging idea of the present moment being a transition period for all of us collectively and, as such, a harbinger of possibilities leading to growth and transformation.

Maxine Nelson, LICSW, FIPA  
President, NPSI

## The Psychoanalytic Center of California (PCC)

The Psychoanalytic Center of California (PCC) in Los Angeles transitioned to virtual operations in a matter of days after learning about the severity of the pandemic. Most clinicians in our Society began working remotely. My impression is that our members tried to take the unexpected, catastrophic change in stride and adjust to a clinical “new normal” with as much steadiness and grace as possible. One adolescent patient described the change in terms of having a destination in mind, charting the route via Google Maps, and enjoying the drive until a glitch disabled the App. “I feel like I am now parked at the side of the road waiting for the internet connection to be restored so that I can resume my journey. Trouble is, my destination is now a mystery. I just do not know what to do!” I think that is the most profound impact of the current situation on us all: we now have to tolerate and try to cope with a new level of loss and uncertainty extending into the future. And although we know this to be foundational to our mental health, allowing flexibility and creativity to somehow transform our view of the current reality, seeing positives where we can, is a monumental challenge.

In this time of quarantine and digital communication, PCC has lost James Gooch, one of its founding fathers. During recent Zoom gatherings, members and candidates alike have expressed their pain at not being able to meet in person to share memories and appreciative stories of this esteemed analyst and mourn his passing together in the usual way. Here in this Society we have never been more aware of the comforting aspects of presence which no digital connection can provide. We are all waiting for the time when the dimensionality of sight, hearing, and touch can reunite us.

Jennifer Langham, Ph.D., FIPA  
President, The Psychoanalytic Center of California

## Psychoanalytic Institute of Northern California (PINC)

The Psychoanalytic Institute of Northern California (PINC) is surviving the pandemic. Several weeks before California announced a statewide quarantine, PINC migrated its psychoanalytic training program to ZOOM. Candidates, administration, and our Curriculum Committee worked swiftly to get everyone online within a week. Our administration and the various Training Committees have been monitoring the success of ZOOM classes. Most agree that we transitioned successfully; however, candidates and instructors miss the in-person contact.

COVID-19 forced the cancellation of most of our Spring programs. On the eve of the quarantine, we were about to launch the year’s pinnacle event, our International Visiting Scholar. This year, we were planning to have Jonathan Sklar, a training analyst and fellow of the British Psychoanalytic Society. At PINC, our visiting scholars travel to San Francisco for a week and conduct classes for our analysts, faculty, and candidates. The week culminates in a large meeting format lecture. We have postponed Jonathan’s visit for a year. We will still have to see whether it is safe to travel and meet in large groups. We have a backup plan for doing the events via ZOOM if necessary.

In addition to our visiting scholar, we have had to cancel or postpone six other events, including a paper given by our most recent graduate. Several of our events have successfully migrated to ZOOM, including an ongoing monthly reading and discussion group. In response to the isolation created by the pandemic, our Extra Curricular Education Committee and our Visiting Scholar Committee worked with staff to make our library of previously videotaped lectures available to our members free of charge. On April 16, 2020, PINC also conducted its first Open House via ZOOM for clinicians considering psychoanalytic training. It was well attended.

Despite the difficulties of the pandemic, PINC continues to be a vibrant academic community. In addition to our recent graduate analyst, we expect that six members will finish dissertations and complete our PsyD Program in Psychoanalysis. In addition, many of our members have been writing and publishing. We are very proud of our scholars and look forward to celebrating their accomplishments when it is once again safe to gather.

Bruce Weitzman, PsyD, FIPA  
President, PINC

## Personal Reflections from Members and Candidates

### Collected by the Society's Reporter

As mentioned above in the "Letter from the Editor," above, for this issue the Reporters were asked to gather brief reflections from members and candidates related to how the Covid-19 pandemic has impacted them so far. The usual request for recent publications, presentations and awards was put on pause until the next issue of *NewsBriefs*. We look forward to learning about each other's accomplishments at that time!

### Contemporary Freudian Society (CFS)

#### **Stay Safe Everyone**

I clean the house  
cook my food  
cannot grouse  
in a good mood.

Read a lot  
writing too  
keeps me busy  
so much to do.  
Play with my dog  
until he's tired  
he seems to know  
exercise is required.  
Love my Netflix  
watch 'til late  
Fauda's my favorite  
really great.

Cover my face  
like the lone ranger  
washing my hands  
to avert danger.

Stay safe everyone  
someday we'll be done  
with covid 19  
and go back to FUN.

Jane S. Hall, LCSW, FIPA

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### *"Pandemic Transformations"*

The pandemic is challenging and affects everyone in varying ways. I was deployed from my professional identity to suddenly being identified as an "essential worker." Then I got sick. I stayed home and watched as the world we knew changed overnight. I was petrified to leave the safety of my home. The virus is everywhere. Would I get sick again? How can I possibly protect myself? However, I got better. I accepted the changes and looked for the possibilities. Without constantly running around the city, sheltering in place forced me to relax, reflect and eventually embrace. Less time on the subways provided more space for hobbies and interests. The gyms closed. I picked up my hula hoop for my aerobic activity. Less time on the subway lended more time to a surprising but growing virtual practice. Additionally, there is more time to write about practice and theory. Finally, "virtuality" encouraged alternative opportunities to visit family and people I haven't seen in a while. COVID 19 changed my life. The challenge is to sustain those changes, if they are serving me well, long after sheltering in place ends.

Shawneladee C. Cole, PhD

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### *"Seeing the Forest through the Trees."*

A native American Elder was asked, What shall we do if we get lost  
Stand still. The trees before you and the bushes beside you are not lost.  
Wherever you are is a place called here,  
and you must treat it as a powerful stranger  
both asking to know and be known.  
Listen. The forest whispers,  
"I have made this place, you can leave and return once again saying, here."  
No two trees are the same to Raven,  
no two branches the same to Wren.  
If what a tree or a branch does is lost on you,  
you are truly lost.  
Stand still. Listen.  
The forest knows where you are.  
[End Fragment]

“Too many of us panic in the dark. We don't understand that it's a holy dark and that the idea is to surrender to it and journey through to real light.”

Offered by Lizbeth Moses, PhD, FIPA

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*“Life on a Balance Beam”*

The global pandemic and the resulting quarantine have forced upon millions of people, including myself, a variety of paradoxical emotions, such as confinement, anxiety, volatile moods, and even a newfound sense of awareness and appreciation. Going through the quarantine often feels like a constant struggle to maintain my footing on a balance beam. This has forced me to find an equilibrium as a clinician to contain my patients' anxieties while grappling with my own sense of helplessness, fear, and grief. The pandemic has brought out the best and the worst in me. It continues to challenge my pre-conceived notions of working, interacting, understanding, and living my life on all levels.

Virtual meetings have strangely worn me down more than my time-consuming commute. This combination of physical and emotional exhaustion was quite perplexing at first, to say the least, until I read about exhaustion being caused in part by the cognitive dissonance in the constant presence of others' absences, i.e., virtual “meetings.” It is grounding to realize that all of us are in this together. It is a period of lamentation of past “norms” and “privileges.” The present is adrift and altered and the future is daunting and unsettling. I wait for the day when we can all come together to embrace and appreciate the consonance of each other's physical presence.

Erika Shin, MA

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“I am calmed and comforted by the weekly Zoom Meditation hour that I have with colleagues. The meditation instructor is a gift during this unprecedented time. I greatly appreciate the weekly exchanges with colleagues on Zoom seminars. It's wonderful to meet people that under other circumstances I might not have been able to meet by virtue of geography. I am also comforted by the Friday night services and beautiful music that are offered by my synagogue in South Orange, NJ.”

Susan Siegeltuch, LCSW, FIPA

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*“Claustrophobia and COVID-19”*

The shelter in place restriction is a social distancing measure designed to preserve human life, and yet some people who are protected by this public health practice, march in protest, against it. Unmasked participants at these anti-stay-at-home rallies are gaining the attention of television cameras as they proudly undermine the protection they need and in so doing defeat their own sanity. Similar to an autoimmune reaction, the protective measure is misinterpreted as a threat and then attacked. Where does the impulse to attack a needed (good) object come from? According to Henri Rey (1988), the perception of one's body and its movement structures the experience of psychic space. When movement is confined, this is inherent in the shelter in place restriction. Thus, the

sense of psychic space narrows, creating a fantasy of being trapped. When psychic space is well formed in the mind, it functions like the “marsupial space” in the pouch of a kangaroo, offering an emotional place between confinement (claustrophobia) and a boundary-less experience (agoraphobia). Good maternal care builds this marsupial space. Unfortunately, the presence of misinformation, contradictory statements, and racist comments surrounding the response to COVID-19 has not provided our country with a sense of good maternal care necessary to make sense of the anxieties that are linked to primitive states of mind evoked by this natural disaster. Consequently, those who already exist inside the border between claustrophobia and agoraphobia feel the walls collapsing in on them. They are desperately seeking refuge in a delusional world where they can move freely again because the pandemic is not a “real” threat. Psychoanalysis can provide maternal functions that build and re-build psychic space while simultaneously helping one to perceive, rather than misperceive, the facts of life.

Sundar Cook, PsyD

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The Wednesday 9:00 am Meditation session is a highlight of my week, and walking in my Maryland neighborhood while chatting with my daughter who is walking in her NJ neighborhood is a daily delight. Both keep me hopeful of a better future.

Maurine K. Kelly, PhD, FIPA

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*“Children Falling through the Cracks”*

I am a school social worker in two elementary schools in Fairfax, Virginia. Both schools have mixtures of economically vulnerable and economically stable students. We closed schools overnight. There are many aspects of this experience that feel like a dream we are all stuck in. My unconscious life imagines this dream. It is as if that night that marked the end of attending school in person and the beginning of distant learning as an ongoing milieu. The abruptness of the switch from moving around and being with students to the sudden imposed distance learning created what feels like a crevice. It is as if we were rock climbing a mountain together all working to reach the top. We were tethered together for safety and strength. While many students have connected via computers and continued the journey to the top with the safety of educational staff to guide them, there are many students who have disappeared. They do not have access to computers or the internet. It feels as if these students have fallen into a crevice. They are in my thoughts daily. I try to reach them by phone, email, and snail mail. I am unable to make contact. They have disappeared and my worry and grief persists.

Katherine M. Doyle

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*“On Helping Young Children Cope with COVID – 19”*

When asked to write a paragraph on explaining to young children the threat posed by the Coronavirus and how to cope with it, I recalled a book written by Anna Freud and Dorothy Burlingham. It was published 76 years ago. The name of the book was *Infants without Families*. It described how the authors and their colleagues housed and cared for

children in spaces which had served as nurseries. Due to the bombing of London during World War II these families lost their homes. Thus the parents could not adequately care for their children.

A central point made by the book is that adults caring for children in situations of great danger must not on the one hand pretend that there is no danger. On the other hand they must not present the dangers that do exist in such a way that the children become overwhelmed by fear rendering them unable to rise to the occasion and do their parts. Fear, they advocated, should be presented as natural; as something one can, and sometimes must, - live with. They understood that by definition, children need to depend on adults. In order to be depended upon, adults need to be honest with children. No one can depend on someone who is untruthful. Further they argued, caretakers need to be informed about what matters. For example, in present circumstances: How does the virus infect us? How can we protect ourselves? If it does infect us, can doctors help us? Etc., etc., etc. Above all, children should know that they will not be abandoned and they will be cared for.

Thomas Lopez, PhD, FIPA

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### “Viral Connection”

As my husband and I approached the local footbridge, I noticed a red and blue pompom lying on the ground—it had likely fallen off a child’s winter hat. In the past I would have walked by it, but in this new pandemic mindset, this ball of spiky yarn struck me as being the very image of the Covid-19 virus. I picked up the pompom and tied it to the bridge’s railing, wondering if anyone would see this woolly virus replica the same way I did.

Since the pandemic shut down, my husband and I have been taking leisurely strolls through our neighborhood. And although this world crisis has made our lives physically smaller, at the same time, it has offered unexpected gifts: the lawn art we’d never noticed before; cherry trees in bloom; and two tree trunks carved to look like pencils. We’ve noticed children, freed from their hectic schedules, playing hopscotch, riding bikes, and drawing on the street with chalk, with no watchful parents in sight. On one of our walks, I noticed a brother and sister who looked bored on our way out, but on our return, I could see that they were busily building a fort out of sticks.

The day after discovering my pompom “virus,” we took our walk, and I saw that someone had tied a ball of fabric, another virus likeness, on the bridge next to mine. I felt elated! This stranger recognized my communication and responded in kind. In the midst of fear and uncertainty, we had both found a way to delight in our shared experience. Now I can’t wait to take our walks, and at the bridge I find more and more “viruses” tied there, a colorful festoon of others’ offerings and communication about the display I had started. I am buoyed by this kaleidoscope of playful virus shapes that continue to multiply, and it gives me hope for the future.

One day, when the shutdown is behind us, I hope to meet some of these anonymous friends so that we can talk about the pleasure of finding furry viruses multiplying on a bridge.

Kerry L. Malawista, PhD, FIPA

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## Institute for Psychoanalytic Training and Research (IPTAR)

“How has the pandemic affected my practice?”

As I was following Italian news from the region of Lombardy without the mediation of the American press, I started bracing for impact weeks before many in the United States. I remember seeing children in the playground in the week before Mayor De Blasio closed the schools here in NYC and wondering why they were not home as I had started my children’s lockdown a week prior. I remember following list-serve emails with colleagues talking about upcoming national professional conferences. In both cases I felt a cognitive dissonance: “Don’t they know that it is coming?” I was incredibly surprised about how New Yorkers around me were out of touch with international news. I feel a sense of isolationism in Americans. When you turn on the evening news in Italy, whatever is the headline, journalists ask themselves “How is France addressing this, how is the same thing happening in Germany, UK, Spain, etc?” As far as I can tell, most Americans don’t even wonder how neighbors like Canada or Mexico are doing or handling a similar situation. By that time, my mother and siblings in Lombardy had already started the lockdown, and I had already implemented a policy with my patients that if they had recently taken any flight, on their return we would have done teletherapy for at least 14 days. Then finally Governor Cuomo took the lead, and everything closed down. The rest is history.

The transition to telehealth has been smooth because I had been preparing my patients. Many things happened with my patients during the past months: a patient resized his wedding into an out-of-State, small gathering (immediate family only) with a consequent emotional tightness; a patient said goodbye to her father on a deathbed in Spain via video-chat; a patient did video-sessions with me from a private corner of an ER as he was reassigned from his surgery practice to become a frontline physician in the ICU. Things have been slightly different between counselling patients and psychoanalytic patients. A few of my analytic patients requested to have eye contact during video-sessions with consequent new dynamics as they were eager to read my facial expressions in a way they couldn’t from the couch and we are still analyzing why, without frustrating their wish.

We -- both my patient and I -- sense that tele-psychoanalysis is not providing the whole experience of an in-person session, but we agree that getting a fraction of it is better than nothing. When we talk to a lit piece of glass, we are tricking our body into believing that there is someone else in the room, but our body knows that there are no cues of flesh and body in our proximity. In this setting, things started evolving. More and more articles (for example in the NY Times and the New Yorker) were posting testimonies of a new therapeutic dimension: many talked about more intimacy in seeing and being seen at home. My way of keeping the frame was also ludicrously visible in keeping the same attire (at least the top part!). I processed patients’ comments about my jacket and tie while in the backdrop they could hear my 5-year old daughter’s voice. Albeit the white-noise machines have been more abundant and louder than in my office, now all my patients know that my little one is quite a chatterbox, if not a singer. This also opened up fantasies that we are still analyzing, without saying “this should have not happened.”

As we are all experiencing new dimensions of reality, the so-called new normal (and even “newer” in the next few months when we’ll return to business), I also started reflecting and paralleling us to how an infant meets and embraces her reality, being that a “new normal” for her, and how fears are wrapped up around her earliest sensory taste of the world. While

my children have been homeschooled in these months, I thought of homeschooling myself too: I started re-reading Loewald's thoughts about how reality meets the infant's eye. I like to explore someone's early papers to observe the dawn of their thinking (i.e., I enjoy studying Freud's pre-psychoanalytic years as he was perplexed by the physical symptoms of hysteric somatizations as a neurologist who didn't know he would later come up with psychoanalysis). So, I was curious about Loewald's early papers where he wonders about how we take reality in --- how an infant internalizes early impressions. The Infant is juggling her new reality, trying to come to terms with a "new normal" and it seems like that the whole interface with the world is tinted with fear. Paraphrasing Loewald, "fear [...] is the [...] climate in which Freud conceived his ideas of the psychological structure of the individual and the individual's relationship to reality" (1952).

During Covid-19 we have been shown to be cornered animals in fear while facing something bigger than us; whether the virus was a wimp of chance, some conspiracy's trick, or something else beyond the veil of Maya, we all felt that mother nature has not been very motherly to us. Gripped by atavistic fears we are noticing more and more how ultimately cornered animals' fear of annihilation is the root of all the spectrum of our anxieties. Kierkegaard was probably right in saying that ultimately "The Sickness unto Death" is the soil of every anxiety: an inability to come to terms with our fading away. We are cornered animals and we are mortals.

I have always been curious about how psychoanalysts privately envision the physicality of their own moment of death. Ultimately between Eros and Thanatos, it feels that the latter has received less attention in our psychoanalytic discourse. Still, in our effort to treat our secondary anxieties we have the (illusory?) wish to impact their primary root: The Sickness unto Death. And, additionally, we notice there is also an unjust variety of death options in the racial inequality of our nation. How shall we deal with death by virus and death by brutality when we don't have an equal slate? Perhaps by addressing the narcissism of our self-centeredness: we are blindly focused on our own self-preservation instincts in "privileging" ourselves over others. Privilege is a word that is better understood not as a noun but as a first-person verb, conjugating intrinsic narcissism. As a cornered animal, "I" privilege my own protective shields over others' safety. "Your mask protects me, and my mask protects you," and the same should apply to racial inequality if we could stop privileging our own over others' safety. But psychoanalytically, is this such an aspiration of narcissism reduction just a question of will power and intentional stance? Is our handling of narcissistic self-preservation instincts something we drive or something we are driven by?

Hopefully, at least in our intentions, we can aim to address it inside and outside our consulting room. In our consulting room, can we tweak a therapeutic action that is helpful for a cornered animal to be less in the crunch of her pressing fears, without denying Thanatos? And outside the consulting room can we become more invested in the much needed "political action" against unequal paths unto death?

Michele Piccolo, PhD, FIPA

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If the new coronavirus pandemic is a war, then in a sense I was prepared. I had long been operating in an old mode of survival during which we now can remember as the preceding era of peace: juggling training, full-time work, family, and a long commute. Life was hectic; training was more like another project to be completed within a timeline. I did

not have as much time and space to think and feel as I would have liked, still less for taking pleasure in what I did.

With the virus came a mandatory pause, for me, for all. Really, is it possible to do less and still be ok? My commute is over, my child is home, two of my patients are gone. Loss and grief, fear, and trepidation. And yet, there is more. As someone who was plunged into the business of life from very early on, these days at home I face a new challenge to slow down my earnest operation and re-learn to be present and play. And I have a teacher, a young child who naturally wants to play and knows more about play. Unexpectedly, a fresh flavor of playfulness infects my clinical work and helps me and my patients maintain or create a continuity of being in the midst of disruption and disaster.

I find, deprived of the live presence of the full-body at the clinic, sometimes our minds, psyches or souls speak more loudly, with more freedom, more deeply from our often war-like beginnings of being. I wonder, now more earnestly, when reduced to or condensed into only a voice on a phone, an often not-so-synchronous image on zoom, if we can learn to hold each other's presence with more reverence while trying to survive together?

Fang Duan, PhD, LMSW

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“Reflections on living and working in NYC in the time of Covid 19”

Sometime around the end of March, the frenzied exodus from NYC had ended. Therapists hadn't made the official list of *essential* workers but were allowed to work here from private offices -- an exception granted as sole employees of our businesses. Impossible for almost all of us, we'd safely worked from where we could, knowing without question our work to be essential for our patients, ourselves. Fortunate to be walking distance to my office, I'd navigate there on city streets that normally teemed with lives-in-progress, now bizarrely foreign, empty. All masked-up and hypervigilant, I moved quick-step to avoid an invisible attacker. In some mind-bending contortion of keeping my distance and reaching out, I tried to greet the few people I'd pass with a nod or hello or a wave to those who risked making eye contact. I'd given shout outs to the essential workers I'd passed who generously returned the greeting -- a precious gift that deeply moved and sustained me as I made my way. I felt so fortunate to be well and able to work at a craft aptly dubbed a “good enough vaccination” against the “contagion of fear” (1) gripping us all. This gave me some feeling of purpose, in solidarity with my colleagues, and grounded me in a sense of place and time. I kept continuity with my patients, by phone or video, and tried to contain, make some meaning of this unthinkable experience in these virtual spaces we've been forced against our wills to inhabit together. Especially in those first days of panic and uncertainty, my office felt like an exoskeletal protection, a bodily memory that shored me up in-role against this “unthought known.”(2) And now, as the work continues, I multitask in sync with my patients, trying to keep some equilibrium in this traumatic time, a new intimacy in this shared experience against a backdrop of loss and uncertainty. I toggle between resolve and resignation, hope, and despair, in touch with the fragility of existence we all keep at bay -- a necessary illusion of modern life and professional work that is timeless, seemingly endless. For surely, we are “all in this together,” as the saying goes; but life in this pandemic is not some grand equalizer. The pain, the traumatic loss, and the economic fallout for so many in our society, including our patients, and for us as psychoanalysts will never be evenly

distributed going forward. The relentless wail of EMT and police sirens have waned these last weeks but still signal warning and portend mourning that has no time to spare. As we move toward some new normal, our listservs manically buzz about HEPAs and MERVs and carbon activation, on UV lights and the best disinfectant wipes, on masks and gloves and 6- foot distances, on waiting room logistics -- the "how to's" for making a safe psychoanalytic space in the face of threats to health and safety from this invisible attacker. But of course, sorting out material from psychic realities is our enduring and primary task as Psychoanalysts and our essential work in the time of COVID19 and beyond.

With thanks to Psychoanalysts Mario Perini (1) and Christopher Bollas (2).

Joseph Cancelmo, PsyD, FIPA

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From taking the 6 train to my institute, going to my room, putting the pillow case on for my analytic patient, to her leaving her belongings like pile on the chair and throwing herself to the couch, with the glimpse of polished nails that forecasted the nature of the session, the unpredictability of ordinary life revealed much to the psychoanalytic process. Now, we have the repetitive, prepackaged quality of remote analysis, having begun almost 10 weeks ago. There is no longer a pre-session view into the patients' moods, and they turn on the Zoom calls prepared to begin immediately. No settling down, no previous flashes of their presence. We are no longer in the same room, which had anchored the frame. Some of them couldn't find the optimum location for a long time, moving from one room to another. A patient said she didn't have a couch, and didn't want to use her bed, and now sits up for the sessions. Some patients prefer to lie down on a couch like in the room. I see them during the session, but they can't see me. At the end of the session they sit up to hang up the connection.

As the weeks keep piling up, I've become an expert on which problem might present as a remark in the session: the router or the service provider, cheap versus pricy earphones, coughing, wearing or not wearing masks, constantly risking themselves or imagining a bunker in the Arizona desert, all kinds of inner anxieties which disguised themselves as problems and inconveniences of the external reality intruding upon our virtual rooms. Maintaining the frame helped me let myself oscillate between the psychic reality and the external reality. While looking out of my window, my view has become a transitional space in which I can see the dreams that my patients project. In this process, my institution has become continuously more present and has pioneered to show how the frame is maintained even as we had not yet identified its absence, even from the first week. We will need to review the whole experience we have gone through once we are back to normal, if there is going to be a normal.

Dr. Verda Tuzer, Advanced Candidate

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There seem to be too many words and not enough words to cover the depth of the feeling and upset of the current times. I cannot face the political turmoil we are in - and now with this new horrifying death, I find little to feel hopeful about. Refuge in my work is where I turn. Usually work and talking about clinical material rouses me and gives me an opportunity to raise myself from despair. But the mood of those moments were bleak even before the death of George Floyd. Where are we these days? How will we ever get out of this place? Will there be anything learned from these weeks of isolation? Will the

awful divides which have become ever more visible be genuinely recognized or will eyes be turned away again when we find ways to cope with Covid-19?

While I was driving, I listened to David Brooks on the radio; what he said was so poignant. He spoke of going through the US listening to people as they struggled to find moral ground. In the book he just wrote - *A Second Mountain* he writes of the stages he sees people needing to traverse to promote change. He spoke of the need to connect to others and the desire to serve the good, but he also said that at every point in American Society he found racial scars that undermine every aspect. This has led him to reconsider his position on reparations and he now supports it; even David Brooks can change!

This moved me - it mirrored my thoughts as the troubling death of George Floyd was central in my mind. I often feel the utter futility of the way we live and how unlikely it is that anything could change. I tend toward the pessimistic, a fact I usually disguise by throwing myself into work wherever I am - - but Brooks still felt there were possibilities. For me, psychoanalysis has been my bridge to optimism. Our work meant that change was possible - for ourselves and our patients; this work has sustained my spirit and hope.

It astonishes me that our work these days continues - fruitful, fulfilling, continuing in the face of so many obstacles. Patients' commitment to the process of therapy and analysis has been maintained. Many people have returned to treatment as a haven against the pressure of living with the anxiety and fear of the virus and its sequelae, or have begun anew. And like my colleagues, I have found work can deepen and be enriched even under these circumstances. For me, this is evidence anew of the value of the work that we do.

And yet, the discussion of racism and bias at IPTAR shakes these roots. Our Diversity initiative dates back over 15 years, and yet here we are not providing a sense of safety to our candidates of color. We have not found a way to invite a more diverse group of candidates to our doors or perhaps as important, have not found a way to become more aware, sensitive, culturally conscious ourselves. I know we here are not alone in this problem. While we may consider ways of altering admissions requirements or attracting new faculty-- that will be successful only if we search within ourselves -- our attitudes, our position of knowing what we do not know, our unconscious biases, our limited ability to celebrate others' successes, only then will real change begin.

Joan D. Hoffenberg, PhD, FIPA

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Until March 6, on the occasion of our last gathering in person at our institute for a Friday night event papers series organized by the candidates' organization, talks about COVID-19 felt innocuous. We knew there was this distant virus, something real and not real, that may or may not become our concern. That night it seemed there was only a general unease: we talked about washing our hands more often; we thought about more frequently cleaning the clinic offices where we work as candidates; and, with some humor, we debated about whether or not we should still hug our colleagues.

About a week or so later, a pandemic. The clinic shut down. Online meetings accumulated by the hour, and within one weekend, we had all called our patients to inform them that we would now work remotely. We were thrown into all kinds of work constellations: some of us now found ourselves working from home alongside our young children whom we had to help transition into online schooling. Others were working in tight spaces, navigating bedroom- and living-room-offices with partners who were also trying to find some space to continue their own work. Home became the space where we would be analysts, parents, friends, patients, students.

As co-presidents of the candidates' organization, we soon became aware that many of our friends and colleagues, from candidates early in their training to more advanced candidates, were losing their anchor, so to speak. Away from the physical spaces of the IPTAR Clinic and from our peers, we had to negotiate a new analytic reality, and quickly. Technology, once used for the occasional exceptional session, was suddenly the norm. The part-object—either the voice on the phone or the zoom analyst's bobble head—would need to *be* the object.

There are many aspects of working online, isolated from our community, that we could discuss at length, but we actually want to focus these reflections on intimacy—on the new space that we created as candidates. Perhaps feeling a stronger urge than ever to sense that we belonged to a community, and trying to navigate our personal and collective anxieties, the candidates' organization decided to organize a weekly "Coffee & Bagels" Saturday morning zoom meeting. Very quickly, incoming IPTAR Dean Eva Atsalis, Director of Supervision Joan Hoffenberg, as well as other members of our community, including our president Michael Moskowitz, decided to join.

At first, I worried that this space too might soon be lost, in the chaos of what we were all facing, as well as in the "normality" of our everyday lives as candidates, where meetings involving members and candidates are not the norm. But something beautiful happened. Week after week, our candidate-sponsored meetings grew stronger, and both members and candidates found themselves sharing personal and professional experiences from this challenging time. Small support groups where members of the IPTAR community volunteered to lead weekly small groups of candidates were organized. We learned from each other and about each other. In fact, I would venture to say that we've never gotten to know each other quite like this before.

As NYC enters reopening phases and many discuss and often long for "going back to normal," I find myself wondering why? What does "back to normal" even mean? My co-president Marissa Kantor Dennis, prefers to ask, "what is next?" And I am with her. In the face of a worldwide pandemic, and now in the face of the death of George Floyd and the need for a collective response, we ask together, and urgently: What is next for us as candidates and also what *must* come next? What are the kinds of analytic spaces that being confined at home have allowed for us candidates to shape and to re-think together? What are the ways that our resilience as analysts have allowed us to continue to do our work and, in many cases, to deepen the treatments?

How can we use this time to think critically about our responsibility to attend to the current political and social realities before us? There is no question that this experience has been and continues to be one of deep loss on multiple levels. But surprisingly, in the virtual spaces that have bridged the usually great divide between candidates and members, we

have found great possibility. We hold onto the feeling that from these spaces of loss might also come new conversations about the spaces that candidates can and should occupy at their training Institutes.

Masha Mimran, PhD, and Marissa Kantor Dennis, PhD,  
Co-presidents of IPTAR Candidates' Organization

## Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS)

### “Candidacy in Time of Plague”

The Sunday evening before the first week of my quarantine, I have a dream that I am swimming far out at sea. Some fellow swimmers begin to frantically swim east away from an ominous, looming wave.

*“It’s a History Whale!”* one of the swimmers advises me.

He whispers: *“A rare and powerful kind.”*

The next morning, I recount this dream to my analyst, not on her couch, but over the phone, from my own home, which smells of so much disinfectant. We discuss the History Whale, breaching—upon me, upon us. As we try to flatten the curve, our frame has shifted. We find ourselves in a rare kind of mutuality that breeds new disclosures. I express my concern for her—she is in a vulnerable age group. She dutifully interprets my anxiety, but mercifully discloses that she is getting her groceries delivered. She does not live alone. She is being safe. We muse about masks and gloves and whether you need to disinfect packages.

The depth of psychoanalytic work is always existential of course, but themes of mortality are heightened in my practice and my own analysis. We are all thinking in terms of life, and death, and time. In a powerful new way, my patients are aware that I live in the same world they do—with the same virus, the same government, the same fear. What they don’t know is that while I listen to them, I hear my husband pace upstairs as he works on a script. I hear my dog scratching at the door. They don’t know that my bed is two feet away from my desk in the makeshift home office I’ve assembled. They don’t know I set it up in the bedroom because the bedroom is (supposedly) the quietest place in the house—away from the dogs.

I could go on about countless moments that seem to represent the strangeness of the season: the patient that has been suicidal for years, who suddenly takes every precaution to preserve her life now that danger is externalized. Or the analysand who bulldozes past any interpretation, who now responds with silence making me think I’d landed a particularly brilliant insight—only to realize the phone had disconnected. And, of course, the patients who can now recognize the barks of my two spaniels. I’ve been taught that frames are meant to be firm but flexible, and during a pandemic there is no room for brittleness. We are all adapting.

Other frames have had to bend into new shapes as well, including my analytic classes and supervision (all now done through a screen). None of it is ideal, but my growth continues, and in a time of hysteria and chaos I’m even more grateful to be training in a tradition that enlarges one’s capacity to bear uncertainty, live with groundlessness, and resist quick prescriptions, timelines, and false reassurances.

“I don’t know” is a constant refrain with patients, loved ones, colleagues, and myself. I don’t know when I will return to my office, when I will see my analyst in the flesh, when this will end. The not knowing doesn’t bring comfort so much as contact, and right now—or maybe always—that seems to suffice. It feels fitting that I finish my second year of training studying dreams as we wade our way through these surreal waters, together: as candidates, an institute, as friends, in contact. For that, I am grateful.

Meredith Redding, MFT

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“Playing With Barry”<sup>1</sup>

understanding overcoming  
understanding understanding  
overcoming understanding  
overcoming overcoming  
over under  
ov un  
o u  
o

oh!

Joseph Bobrow, PhD

“The Weight of Love”

In the night,  
with birds singing, and full  
moon shining through the door,  
I'm lying in bed in the studio, up  
the terraced steps, above  
the LA din,  
a low  
breathing, sometimes snoring  
right next to me,  
a smell,  
a warm presence, undeniably here

I drift back  
into sleep  
and then, out of nowhere  
bomph!  
Is it the sky falling?  
No, old Lab Gus has simply  
rolled over  
and made himself  
comfortable on me

our chests are rising and falling  
breath on breath

What is the weight of love?

Joseph Bobrow, PhD

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<sup>1</sup> The first four lines are from Barry Spack’s poem, The Practice.

### Three poems offered by Joe Davis, PhD:

“My Dream” by Ogden Nash

Here is a dream.

It is my dream—

My own dream—

I dreamt it.

I dreamt that my hair was kempt,

Then I dreamt that my true love

unkempt it.

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“Why I Have a Crush on You, UPS Man” by Alice N. Parsons

you bring me all the things I order

are never in a bad mood

always have a jaunty wave as you drive away

look good in your brown shorts

we have an ideal uncomplicated relationship

you're like a cute boyfriend with great legs

who always brings the perfect present

(why, it's just what I've always wanted!)

and then is considerate enough to go away

oh, UPS Man, let's hop in your clean brown truck and elope!

ditch your job, I'll ditch mine

let's hit the road for Brownsville

and tempt each other

with all the luscious brown foods —

roast beef, dark chocolate,

brownies, Guinness, homemade pumpernickel, molasses cookies

I'll make you my mama's bourbon pecan pie

we'll give all the packages to kind looking strangers

live in a cozy wood cabin

with a brown dog or two

and a black and brown tabby

I'm serious, UPS Man. Let's do it.

Where do I sign?

\*\*

“Sonnet” by Elizabeth Bishop

I am in need of music that would flow  
Over my fretful, feeling finger-tips,  
Over my bitter-tainted, trembling lips,  
With melody, deep, clear, and liquid-slow.  
Oh, for the healing swaying, old and low,  
Of some song sung to rest the tired dead,  
A song to fall like water on my head,  
And over quivering limbs, dream flushed to glow!

There is a magic made by melody:  
A spell of rest, and quiet breath, and cool  
Heart, that sinks through fading colors deep  
To the subaqueous stillness of the sea,  
And floats forever in a moon-green pool,  
Held in the arms of rhythm and of sleep.

## Northwestern Psychoanalytic Society and Institute (NPSI)

This pandemic represents an historic moment becoming a point of reference for the rest of our lives.

I am originally from Latin America, and I had the painful but enriching experience of having to emigrate twice. I was born and raised in Buenos Aires, and due to the military dictatorship there, I emigrated to Venezuela during my adolescence. I lived in Caracas for 39 years but due to the emerging dictatorship and socio-economic destruction of my adoptive country, I was once again compelled to emigrate, this time to the United States, to the Seattle area.

In both situations a governmental threat compelled me to leave my beloved homelands behind, uproot myself, and transplant myself in a new and unknown land. I mention this because in some ways, the experience of forced migration is similar to the situation we are all living today. We are all suffering an unexpected change, uncertainty, doubt, anxiety, loneliness, and longing. We are adjusting to a familiar but somehow unknown place without being able to guess what our life will be like from now on. We are not sure of what we lost, or what we will gain. In the current situation, we didn't leave our home territory, but our territory changed and suddenly it feels like we all emigrated while remaining at home.

We are trying to adjust to the new situation and like most analysts, I continue to work remotely with all my patients. Obviously, this does not replace the experience of physical presence, but it is a good enough compromise that permits the process to continue and even engages transference and countertransference reactions.

The virus affects us all, causing the analyst-patient relationship to become less asymmetrical than usual, offering interesting challenges to our technique. This virus has invaded our territory, violated us, and penetrated the very heart of our world. As such, it constitutes a collective trauma whose shadow falls upon everyone. As a traumatic event, it exceeds our ego capacity to manage, understand, and elaborate. It exceeds our imagination and perception of external reality, and on top of that, it is invisible, which gives us a feeling of being constantly in danger and persecuted. But everyone experiences it in relation to his or her own psychic structure and previous traumatic history. In our clinical practice, it constitutes a new and on-going traumatic situation in both the patient AND in the analyst, as we are all living under the same threat.

Many who have lived under governmental oppression find "virus anxiety" to be a familiar experience. My cousin, born only a few months after me, was kidnapped by the government during the Argentinian Dirty War at the age of 19. She was snatched off the street, tortured by the Argentinian police, and thrown alive out of a plane to her death in the local river. In political oppression, one wonders: Where are the government agents that will come out of nowhere and suddenly take us? And now we wonder where is the virus lurking, that will come out of nowhere and suddenly take us?

We see different reactions depending on our psychic structure and personal history. We commonly see the reactions of denial, panic, and fear. In denial we ignore the reality of the situation and expose ourselves to the virus, which then infects us and then spreads onto others. Panic, on the other hand, is an overreaction to a dangerous situation that precipitates erratic and impulsive behavior, making a bad situation much worse. And

finally, there is fear, an emotional reaction to a dangerous situation, which compels us to take appropriate action in the face of the realistic danger.

My psychoanalytic society in Seattle, has met, from the first week, by Zoom to talk about our on-line clinical work and my society in Caracas, which has suffered the emigration of more than 60% of its members and candidates, has organized for the first time, a meeting by ZOOM gathering all our members from all over the world in the various countries to which they have emigrated. For the first time we were all together again after many years outside Venezuela.

History will evaluate these days and when it does, I hope it will be seen that we were united in a global way.

Adriana Prengler, LMHC FIPA  
Vice-President Elect, IPA

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“Fiber Optic Reverie”

*Can you hear me?*

The static is slight at first, a buzzing in the background, like a distant sound machine,  
Used for sleep, or to muffle streets, fill waiting rooms,  
White noise, zeroes and ones,  
How does one find transference when connection is spanned through  
telephone lines, a fiber optic reverie, an image of the patient, the analyst, like a day  
dream filling in the emptiness of vision,  
A lack of smell, no usual waiting room, buzzer to get in,  
Hoping to find, be found,  
Fearing a broken bridge.

News reports of infections in the hundreds, then thousands, then tens of thousands, an  
escalation eventually to a million worldwide, and climbing,

Along with heart rates, blood pressure, growing pressure and closing space,  
Imagining that each number is a person, a whole internal world, feels like too much to  
bear,

Just bear the patient’s pain, and one’s own, as a start,  
And sometimes this task, too, feels like a bear,  
Wooly and with teeth,  
Hibernation in Spring time,  
Looking for a soft underbelly,  
We hide from Corona— a punishing sun,  
Hoping that enough warmth makes its way.

HIPAA compliance and consent to tele-health and how do you send a bill electronically  
and is it safe to receive a paper check,

And other ripe grounds for obsessing, compulsively— attempted brief flights from  
an enveloping uncertainty.

And yet...

Amidst the buzzing, the tightness, the unknown—always there, now, more  
apparent—a connection is made, a window in a cave:

*Yes. And can you hear me?*

*I can... now what can we make of this dream,*

As ever, let’s see what comes to mind

Jack M. Ringel, LICSW

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When I walked through the doors of the Seattle writing center Hugo House on a Tuesday evening in early March, it was indeed a threshold moment. Not only was I a new instructor there, I had been asked a few days prior if I would be willing to offer my first workshop—*Narrative Intimacy in Creative Nonfiction*—both in person and simultaneously via Zoom teleconferencing. We were in the early days of becoming the nation’s hotspot for the COVID-19 epidemic and the hybrid nature of the evening’s format reflected a larger uncertainty as to whether institutions would remain open or closed.

I was greeted with a generous bottle of hand sanitizer, a box of gloves, and a small team of twentysomethings ready to provide a crash course in Zoom and to prop up my already ambitious plans to include audiovisual clips. Twelve students would make their way into the classroom, and another three appeared on screen from their homes. Many expressed a longing for community, and as we listened to the spoken word of Warsan Shire and Yusef Komunyakaa’s Advice to Young Poets, I felt grateful that this shared experience of deep listening would become a predominant association with a time of increasing uncertainty and suffering. By the following week, Hugo House had closed its doors and all classes would be delivered remotely.

Teaching a course on narrative intimacy in a time of social distancing is inherently paradoxical, but what I learned has everything to do with psychoanalysis. In addition to the rhythm and structure provided by our scheduled meetings, literature has the capacity to bridge gaps and offers a containing function of its own. Taking turns reading selected excerpts as well as sections of generative writing aloud, we observed a narrator’s capacity to puncture isolation, as if she were the closest of companions whispering in your ear. Some say we read for voice.

When challenging myself to hold silence—something that felt especially risky via Zoom—I noticed how my students began speaking not just to me, but also to each other, the conversation growing evermore robust. Over time, our reflections accrued cumulative meaning by virtue of not trying to know our destination ahead of time in order to see where our process might take us.

While I experience ongoing grief over proxy contact, I believe there is beauty in bearing witness to a world being lived at a distance, as well as an enhanced capacity to forge connection across space. On a recent Zoom meeting with a friend who slipped out to the bathroom leaving me for a bit with her school-aged daughter, the child stared into my eyes for a time. Next, turning her back to me, she pulled out an iPad and turned on a favorite program. I had the sense that she wanted me to *watch her* watching something, to feel less alone.

Sarah Townsend, MA, MFA, LMHC

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“Paradise Lost”

“Ay, in the very temple of Delight/Veiled  
Melancholy has her sovran shrine.”

- Keats

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Recently I worked with a man, a wealthy investment advisor, who assured me that he “had it better than most” in the wake of the COVID-19 pandemic. After all he was well off financially, having maintained significant capital reserves. His immediate family was healthy, and he had not lost anyone close to him to the ravages of the virus outbreak. Nonetheless, as we continued to talk and, as he would say “drill down further,” he began to notice his deep sadness over the loss of his usual office routine, the absence of physical intimacy with friends and the downturn of his positive relationships with customers on the cusp of financial ruin. He broke down and sobbed with the recognition of his loss of the simple pleasures of life he had taken for granted.

The current pandemic has wrought unimaginable losses of human life and economic security. Less vivid, yet perhaps more powerful tragedies occurred in daily life such as the severance of the freedom to choose and the multisensory stimuli of social contact. Even routines that were once considered “ruts” are now longed for. People miss people far longer and more deeply.

The detriments of social isolation, e.g., kinesthetic sensation with the other, subtle physical cues, tone and temperature have putrefied the sources of social nourishment. As technological demands rise (e.g., constant Zoom contact) anxiety and depression begin to prevail. We are staying at home but at the price of depleting our emotional immune system.

This dilemma creates a fertile field for the growth of splitting and paranoia. Conspiracy theories multiply. There are good people who abide by the rules, bad people who flaunt them. Uncertainty breeds both the quest for enemies (e.g., China, an invisible viral strain) and the need for concrete answers (e.g., the loss of Bion’s “K”).

The lack of good object (parental) leadership fertilizes the growth of this discord. The current American political administration infuses chaos by making uniformed pronouncements that are later proved false. Thinking is absent. Money, in the form of “opening up the economy”, is held as the ideal answer to security. Empathy is absent e.g., “80,000 (referring to the number of people who have died from COVID-19) is really a very small number.”

As therapists and analysts, we suffer from the same dilemma. We have our losses and stresses too in our daily and professional life e.g. , “Zoom fatigue”, working harder with less sensory information. Countertransference multiplies like a virus.

And now a popular slogan has erupted, “We’ll get through this alone together.” Perhaps we can only say right now, “I hope so.” Nothing will be the same for a very long time. Each of us must find our own unique, emotional, social and physical nourishments. We must be empathic with ourselves as well as with others. We must also be willing to face what we have lost. We will all be grieving for some time.

“Accept your losses or you’ll have no gains” – Kopp

David Jachim, PhD, FIPA

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In April, philosopher Simon Critchley wrote in the *New York Times*\*:

Anxiety, by contrast, has no particular object.... It is instead a state in which the particular facts of the world recede from view. Everything suddenly feels uncanny and strange. It is a feeling of being in the world as a whole, of everything and nothing in particular. I would argue that what many of us are feeling right now is this profound anxiety.

Amidst this pandemic we all are pausing to some degree and taking stock of ourselves and our surroundings. In general agreement with Critchley, here are some observations and wonderings from a psychoanalytic view:

In mid-March, reading from Bion's *Transformations* I once again came across the thought that when we cannot envision defining boundaries (such as the depth or the scope of the coronavirus) we feel that **the immeasurable is infinite** and thus we conclude that we are destined to be overwhelmed.

Aware of several familiar qualities of experience which seem inconstant at this time:

-- **time** itself seeming so fast-moving and yet at the same time to move so slowly, as if there is no time for anything to happen.

-- how feeling **frightened** may lead us to **lose ourselves**, in that whenever we are not in the embrace of whole-mindedness we lose parts of ourselves. Thus, as well, fear diverts us to old ways, as if that familiarity will offer protection.

--also, how important but perhaps difficult it is to have **compassion** for ourselves amidst the stress and panic. As we feel more fractured, we likely feel hard-edged, due to the **violence** of the fracture; at these times it is difficult to hold ourselves in the softening atmosphere which compassion offers. For to do so in this hard-edged state of mind, would only be felt as welcoming weakness.

Appreciating that in this strange (and estranging) time there seem to be few familiar markers by which to sculpt our boundaries, including our emotional skin. With a **porous self**, we may feel we leak out, losing touch with our inner selves, becoming at one somehow with the virus. This may scare us, and indeed our fear of death may be a kind of fear of losing our innards to the virus.

Similarly, the **virus as the alien 'other'** which seems to be everywhere is likely to be at this time a universal fantasy, or reality, inviting us to do what we always do when something feels as if it is more than we can manage. We utilize splitting and projection to try to rid ourselves of that awareness. But, sadly, that projection only adds to our fear of the external threats, while also making us feel diminished.

An early April musing while gardening: the crust of the sod I encounter this morning reminds me of the **protective crust of certainty** we nearly always feel in terms of 'who we are and what we know'. This crust is startlingly **jarred** when we are plunged into uncertainty, such as in our current experience. This is not a gentle experience; it is more like being swept into turbulent unknown territory, which may be the unconscious regions where our split-off doubts and terrors abide.

Today, in late March, musing upon the **creative side of denial**: we cannot face the dreads all around and still fully focus on the necessary activities of the day. We need distance from those unbearable aspects of reality in order to carry on in life.

Appreciating, then, the **shielding function of denial** when at present we usually condemn denial as dangerous. Indeed, in times of pandemic denial may be risky, as if flaunting with danger. But appreciating its wider function in overall life may offer some balance.

\*Critchley, S. "To philosophize is to learn how to die", *New York Times*, April 11, 2020.

Maxine Anderson, MD, FIPA

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I didn't and don't want to write a reflection for submission to CIPS's newsletter, on how I am navigating the COVID-19 pandemic. Writing will remind me of too much pain, too much loss, the many shadows converging along my many walls. The other reason is because all I have running through my mind are country songs to link me to feelings about my dependency and vulnerability and what I have learned in psychoanalysis and from my psychoanalyst. Still, at this moment I want to do the opposite of forgetting. I want to remember.

Making room for all my feelings puts me on sturdier ground for acknowledging what I don't know. I love my analyst. The first lyric that comes to mind is about how I miss the experience of being in the office with her, a primitive experience akin to drinking cheap whiskey. "Chasing that freedom, chasing that feeling that got gone too soon / Chasing that you and me, I only see in my rearview" (Wallen, 2018, Track 9). I don't know how to drink good whiskey, so nothing helps the painful burn of our physical separation. Sometimes I want to go back to the way it was before the pandemic.

Because I can't go back to the way it was, I need to cut through the distance to say what I'm saying now to all those I love. I feel extremely lucky and really scared. "Cause every single day, before I knew your name, I couldn't see your face, but I prayed for you" (Stell, 2019, Track 6). In my work for the Department of Corrections we had our "first" death. Anthony was at work one day and three weeks later died on May 17, 2020, from COVID-19. My stepmother, Cruz, died of cancer on April 26, 2020. She, along with my stepdad, took me and my four siblings in when I was twelve years old. Only her four children and five grandchildren attended her funeral. The rest of us watched on Facebook the next day. There are no guarantees about what's to come or what it will look like.

The mask in its many variations is my constant companion. "Misery acquaints a man with strange bedfellows" (Tempest, 2. 2., line 33-41). Condensation in the form of fog and tears keeps me from seeing myself and others clearly. When looking at my children, I am reminded I need to look up even when I feel down. "When it rains it pours / But you didn't even notice / It ain't rainin' anymore / You hold tight to your umbrella, well, darlin I'm just tryin to tell ya / That's there's always been a rainbow hanging over your head" (Musgraves, 2018, Track 13). COVID-19 cannot mask the beauty in the unconstrained nature of life and death. At this moment I have surrendered to the inevitable. This transition reveals a newness that wasn't here before because I have faith in what endures.

Connie Sais, LMHC

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## “Working with Vulnerability in the Time of Covid-19”

Mid-March of this year, in response to Covid-19, I began working from home via telehealth. It was not the first time I had participated in remote sessions, but it was the first time I had made this practice a condition of treatment. Most of my colleagues have also made this change, leaving the setting that many of us have held as ideal. I have been unseated from many of my comforting habits through this change. It has been undeniably stressful and upsetting to lose so many activities and opportunities. And I realize - with daily astonishment - that just about everyone in the world has been advised to make similar drastic changes. The scale of this moment in human history feels unprecedented: there are 7.8 billion people struggling with new individual and group demands.

At the same time that I have felt challenged by the changes Covid-19 made necessary, I have discovered many opportunities for gratitude. I know that I am privileged to be able to make these painful yet protective changes. I have also been grateful for my mind, which has helped me see that my changes are appropriate for the current reality. I am grateful that I can continue in my work, and that work is both organizing and stimulating.

Another change that I have come to value is my growing awareness that I cannot be in control of the future. My convictions about how much influence I have are decreasing, and I am finding some freedom in accepting this. I feel freer to acknowledge my not-knowing. I have no choice but to acknowledge my physical vulnerability, as well as my patients'. I feel grateful for certain moments with my patients when the clarity of our shared human vulnerability levels our view of the emotional field. I feel an increase in the opportunity to become part of a working team when I see the limits of my power.

Last night, citizens across our country protested the violence that racism nurtures. In the pain of seeing racism so repeatedly, so murderously displayed, I feel helpless. I feel the limits of my power and I realize that my insistence that “there must be something I can do!” is part of my privilege. The truth is that we cannot always protect ourselves from helpless suffering. My work now is to continue appreciating that these helpless and vulnerable experiences may be survived, and that the fact of vulnerability makes our human relationships most meaningful.

Margaret Bergmann-Ness, MA, LICSW

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## The Psychoanalytic Center of California (PCC)

### “Soft Landings: A poem in the time of Covid”

If there is no right way to breathe,  
If fast or slow or holding my breath to dive into the water  
Is all ok,  
Then am I ok?

If I cannot control my feelings, they come and go as they please, regardless of my  
opinion of them,  
And I still go on breathing,  
Then am I still ok?

If my heart breaks from sadness, and  
my stomach aches from fear, and my soul burns from rejection,  
And I still go on breathing and feeling,  
Then am I allowed to be ok?

If you see me in my worst and in my best,  
My shames and my successes,  
Through loss and love,  
And hate and joy and you say I am still ok,  
Can I believe you?  
Am I ok?

Are you my Soft Landing?

If I accept everything about me,  
Not marrying it or tattooing it on my mind,  
But hearing it, seeing it, feeling it, and then letting it go,  
can I then be a soft landing?

If I am no different from you, and I think you are ok,  
Then am I ok?  
If I bounced off of your loving words, off your fluffy acceptance that propelled me  
back to my feet, then does your soft landing become part of me?

If you feel like a wonder of the world, does that mean I am also allowed to be a wonder?  
Perhaps we are the 8 wonders of the World all in our own way!!

If the seasons of my life have led me to this moment, these feelings, this group,  
then how can I question life at all. If my choices, my feelings, my thoughts, my mistakes,  
my heartaches have led me to breathe the same air you breathe, share  
tears in the same moments you share them, how can I dare question if I am ok?

If you help me return to what I have spent a lifetime running away from;  
Fears of not being enough, not saying it right, not looking right, not acting right,  
not loving right, not knowing enough, and you help me stare it in the face and  
back it down,  
Then how can I question if I am ok.

If I can make meaning from my losses and meaning from my relationships, from  
my feelings and thoughts,  
Then I must be ok.

If I have found soft landings in a world that has many surfaces, then I must be ok!!

Stacey Nicklas, PsyD, FIPA

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## “Becoming Inured: Our Saving Grace in the Face of Sustained Danger”

As the pandemic drags on, we've been granted a rare opportunity to learn a bit more about human nature—about how much people can be expected to endure. We are being tested; our collective ability to tolerate the personal sacrifices asked of us for the sake of the common cause is beginning to wear thin. Crowds are out demonstrating against the imposition of freedom-limiting restrictions put in place to slow the virus's spread. Some consider the stay-at-home orders that leaves us sheltering in place for weeks on end sheer lunacy—a sign our government is being manipulated by scientists, adept at fanning the flames of fear to get their way. Those who support continuing restrictions—who were impressed with and relieved by our country's ability to flatten the curve—are at odds with others who've had enough and are refusing to continue to comply with restrictions that they feel make no damn sense.

While I count myself in the camp that hopes we take care not to risk unleashing another harrowing acceleration of the infection, I understand the growing frustrations of those who—like the protagonist in the movie *Network*—feel an urge to scream: “I'm mad as hell, and I'm not going to take it anymore.” This has been hard on us all, and though we may have different opinions about how the pandemic should best be managed, empathy for those who can't take it anymore should not be hard to come by since it comes at little cost and expresses a bit of how we all feel, even if—for some—it is but a bit.

A millennial patient who lives alone, who I presently see remotely, complained that he could no longer bear the imposed isolation—forced to live alone, connecting with other human beings strictly at a distance. “None of my friends have gotten infected. None of *their* friends have gotten infected. What's the deal?? At any rate, if we become infected, us young ones are going to do just fine.” This 32-year-old man, who'd originally embraced the limitations as legitimate and necessary, was now finding he could no longer bear to live a life of isolation. While still concerned about his fellow man, he was planning to carefully see friends who, themselves, had been careful about keeping away from others up to this point.

Reactions to the pandemic run the gamut—in Freud's words—from “trieb” to “schreck”, from fear to terror. Some have become so psychically infected they've been—quite literally—scared shitless. Having to endure such tension day after day, week after week is wearing. Humans can tolerate intense vigilant fearfulness for only so long before they become psychologically and emotionally inured. Collectively adapting to the ongoing threat of an infection that is on its way to becoming *endemic* (that is, with us always, like measles) requires we psychically adjust. Yes, one day herd immunity and vaccinations will save the day, but that day appears far off, leaving us to face facts: this virus wants to live and live it will. Many seem to have forgotten that sheltering in place was only meant to flatten the curve so hospitals could avoid becoming overwhelmed—it was never going to help us outrun the virus, as some—I suspect—hoped and imagined it might.

Taxing realities challenge our human capacity to adapt. This brings to mind how hard it had been for me, at the time, to imagine Israelis adapting to the unnerving, weekly suicide bombings that rocked that country for 20 years. How could *anyone* live under such conditions? To which Israelis responded with a believable shrug. Canadian psychiatrist J. T. MacCurdy studied a similar phenomenon that took place in London during the 8-month German bombing campaign that destroyed a million buildings and took 40,000 lives. Prior to the bombings, the British government anticipated and prepared

for a wave of panic that never came about. MacCurdy divided the London populace into “direct hits” (those who were killed, injured, or lost loved ones), “near misses” (those who were located too close for comfort—who felt the blast, saw the destruction, yet survived) and “remote misses”—those too far from the action to truly feel affected. Not only was this last group—the vast majority of Londoners—able to sustain their morale, they paradoxically became emboldened to the point of experiencing invigorating excitement, which lent some a sense of invulnerability. This group of Londoners went about living their lives fully aware of the danger but—somehow—assured they would be alright. Surviving gave them an uplifting sense of elation. This, I would submit, may be how many of us will end up adapting to this present challenge. But—out of the superstitious fear of hubris—of wishfully anticipating a positive future outcome—I feel obliged to perform the Jewish tradition of spitting three times, or saying pooh, pooh, pooh to ensure nothing bad happens.

The Chinese curse “may you live in interesting times” is precisely where we find ourselves presently. More recently, I’ve had patients speak about feeling an enlivening sense of excitement brought about by the present upheaval, which will undoubtedly bring about change—come what may. Some changes will be for the better, others for the worse depending on the given individual’s perspective or circumstance. The wheel of fortune is spinning. When it stops we’ll see where we land. Returning to the way things had once been is no longer possible. Surely, some things will remain the same but—like it or not—there are going to be changes. Some of us may benefit while others may pay a dear price. Stay tuned, it’s about to get unnervingly interesting.

Richard Tuch, MD, FIPA

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Artwork by Desy Safán-Gerard, PhD, FIPA via a google link:

“DREAM WITH ME”

[https://drive.google.com/file/d/1pTH6g5ltmLKj1snhM-\\_YZCN6m2nSDumS/view?usp=sharing](https://drive.google.com/file/d/1pTH6g5ltmLKj1snhM-_YZCN6m2nSDumS/view?usp=sharing)

#### INSTRUCTIONS:

1. Click on Link above
2. After it opens, click on download
3. Save downloaded file
4. Open the Downloads folder, click on DREAM WITH ME file and play video.

## Psychoanalytic Institute of Northern California (PINC)

### “Antinomies”

This is a time of antinomies, when disparate and seemingly incompatible truths exist simultaneously, challenging traditional boundaries (Boulanger, 2013) and thinking. My analyst said things are at once more thin and at the same time so full. He and I spend most sessions talking about the virus, latest articles, discoveries, and troubling political developments. My patients and I meet bookended by insidious reality. They begin sessions asking how I am. I answer, “I’m well,” because this no longer feels like just etiquette. We tend to say “be safe” or “be well” to one another at the end. The asymmetry of these relationships, if not another flattened curve, is certainly stretched by our shared trauma. Two people in need, under threat; one person for whom the treatment is intended and the need for reassurance understood. Psychoanalysis makes a room (not delineated by physical walls) to be in together as we live near and yet so far apart. In her article about psychoanalysis in the time of plague, Jamieson Webster (2020) writes, “Jacques Lacan said that psychoanalysis had to be invented to deal with the strangeness of the human condition, not in order to fix it, but to expose that strangeness to itself.” It may in fact be impossible to articulate *this* strangeness, but it seems one of the moment’s challenges.

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<https://www.nybooks.com/daily/2020/04/01/psychoanalysis-in-time-of-plague>

Michael Korson, MFT

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### “Good Morning to No One”

Acting as a reparative object is one of the great sources of purpose and pleasure derived from working psychoanalytically with children. We delight and struggle to become objects to be held in mind, but also to physically be with, in the intimate space of our offices.

For the first time, Covid-19 positions us as a source of comfort, possibility, and creativity, yet also as one despondency and painful separation. The distressing reality of the pandemic is that it has left no one untouched, including ourselves as containers of experience for our youngest patients. We have become transitional objects out of their reach.

The ways in which Covid-19 will impact the child-therapist dyad are still unfolding and have yet to be fully digested. In the meantime, I leave these pieces of work with one child to speak for themselves. These were co-created with an eight-year old boy, whose family has a history of war trauma and environmental disaster.

The first is a long poem created together by each of us uttering a word at a time, culminating with the boy asking me to be the one “to say the end” and then read it back to him.

The second is a set of photographs created by each of us taking 3 minutes to create an assemblage from objects in our home. The child’s piece is entitled “Scissor-Man and PlayDoh-Man”. They are superheros to back up Batman if he becomes ineffective. PlayDoh-Man is able to turn a real enemy or weapon into a harmless toy replica that can then be dried out and pulverized to bits. Scissor-Man is cruel yet brilliant, able to convince Paper (in the Rock-Paper-Scissors game), to risk himself to ally with Scissors who could cut him up, so that they can both crush Rock together.

My own assemblage for the child is a blooming, vibrant, but vulnerable peony sheltering a one-armed James Bond toy figurine with a gun, and a clock to mark the race against time.

I hope these pieces communicate the creativity, grieving, dread, and tenacity that are so alive within children at this moment in time.

“Why is my dog so cute that she doesn’t like being with anyone except her family? Love it because that’s cow dung flamingo craziness like why am I nnnng like J. see kow help kow losing to sister because war dog save my family thank you the never ending stick fetch dog run away now please stay good morning to no one I miss everyone sick because missing the life of health because virus the crazy person orange apple hungry because starving I know what normal people feel foot kick snooze button because tired I so hungry but I can’t speak it the way of regular dog whimper because outside Shrek’s ugly house is donkey poop and never ever will be same as before because virus the pandemic when will we see the be like gun hiding please show can start we need to leave now before the world explodes in our lives will darken be alive now don’t you wait to live exist move to touch go there will tomorrow we don’t exist or live so we start shall hide and numbness pain gingerbread cupcakes the end.”



Esther Ehrensaft, PhD

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# How the Societies are Responding to the Pandemic

Our Reporters gathered information about what activities and responses occurred at their society related to the Covid-19 pandemic. Please keep in mind that this information was gathered at a particular moment in time and may not reflect additional actions taken to respond to the racial, cultural, and political movements now happening concurrent with the pandemic.

## CFS

**Reporter: Mary Wall, LCSW**

### **Mary observed:**

Along with the rapid collapse of life as we had always known it came a welcomed, if unexpected, realization for CFS: Our two-city society is really one. The shocking loss of in-person interaction in all spheres led to a rapid strengthening of the bonds that were already forged. Our online group meetings suddenly had an expanded participation from both NY and DC. Members and candidates in both cities found solace in each other and in the renewed unity that was now more accessible than ever.

### **Susan B. Roane, PhD, FIPA, elaborated on the activities of CFS:**

Here is a summary of our responsiveness on behalf of members, candidates and the larger community we serve.

- Our society has held multiple community meetings, all well attended, so that we might see each other, express our reactions to what was happening, and engage in collegial conversation about our professional life during the pandemic.
- Several ongoing weekly meetings are taking place to provide support for working with patients during this time. Kim Kleinman is running a group on best practices for remote treatment of children and adolescents.
- Process groups have formed for candidates only, led by Mike Krass, Nancy Wolf, Vivian Eskin, and Betsy Spanbock.
- Marsha Levy-Warren held a meeting on working with emerging adults during quarantine.
- Phee Rosnick, Training and Supervising Analyst Chair, has been leading meetings dedicated to discussing particular supervisory issues, as our trainees navigate the shift to digital treatment and the alteration in the frame that comes with it.
- The SPRING Project, directed by Liz Fritsch, recently launched a new initiative in Washington, DC called Pregnant2Parent groups. These groups offer pregnancy support using a five-session small group format and are being held both for first-time moms as well as for second-time moms. The COVID-19 pandemic has made the need for these types of support groups particularly urgent and the demand has been great, with four groups already running and a second series of groups being planned for mid-June.

- Gloria Demby and Shlomit Rubin are offering two groups to new mothers: one for women who are pregnant, another for mothers with newborns in which both mother and baby attend. A group for new fathers is in the works.

- A weekly meditation group was formed, generously run by Sara Weber, PhD, which has been a much-needed respite, and also that thing you always wanted to do but never found the time for. The time was now.

- Gloria Demby and Nancy Goodman are running a weekly group for those who volunteered to offer mental health support to frontline healthcare workers. They have had people zooming in from Israel, South Africa and Brazil as well as different parts of the US.

- All seminars and salons open to the public have a new context. Whereas “Deepening the Treatment” by Jane Hall always garnered interest, these times present unique challenges that make that seminar particularly timely. A seminar on Substance Abuse and Sex Addictions, always a topic of interest, also seems timely as quarantine has stressed people and exacerbated symptomatic behaviors. Future seminars specific to COVID are in the planning stages, in keeping with the developmental model that underlies the training and practice at CFS.

In sum, while we are all scattered and isolated, our community has come together in a most coherent, inclusive and supportive way. It is a relief and a great comfort to see colleagues and endure together during this time.

## IPTAR

**Reporter: Leslie Wells, JD, LP, FIPA**

IPTAR made a largely seamless and swift transition to the world of Zoom. Many of our regular activities continued – all courses and our well attended Salons, which recently included:

- “*When Will I See You Again*”: Loss and Anxiety in the Psychoanalytic Encounter (May 3, 2020) with presentations by Joseph Cancelmo, PsyD; Ellen Marakowitz, PhD, LP; Carlos Padrón, MA, MPhil, LP; moderated by Michael Moskowitz, PhD.
- “*See me, feel me, touch me, heal me*”: Listening in the Clinical Encounter (June 14, 2020) with presentations by Naama Kushnir Barash, PhD; Mary Libbey, PhD; and Bruce Reis, PhD.

As with other societies, we have also been surprised by how the quarantine has paradoxically brought us closer together as a community in a variety of ways. We see each other more often, in fact!

- Weekly Saturday morning Candidate Organization “Coffee and Bagels” with both candidates and members
- Weekly IPTAR weekend community gathering comprising a 10 minute reflection by a member of the community followed by open dialogue for another hour

- Weekly Sunday late afternoon Child and Adolescent Program (CAP) Seminars;
- Morning Embodied Zoom Meditations
- Small candidate groups with training analysts to think together about the impact of the Covid pandemic on their training experience and clinical experience
- Small weekly meetings specifically for candidates of color as well as weekly meetings available for all candidates to discuss and better understand issues related to police brutality and racial inequality
- The Diversity Committee is also in the brainstorming stages of planning how IPTAR can better respond to racial injustice and how to increase diversity in a more comprehensive way. Two community-wide meetings have been held to date with more to follow.

We also look forward to celebrating with our graduates in late June by Zoom and, at a later date, in person.

## LAISPS

**Reporter: Joe Davis, PhD**

No activities submitted. Please see the letter from the President of LAISPS above.

## NPSI

**Reporter: Dave Parnes, LICSW, FIPA**

NPSI responded to the pandemic by shifting all classes, supervision and personal analyses to phone or Zoom. As well, all committee meetings, board meetings and other organizational meetings are being held via Zoom. NPSI's classrooms are quiet and empty and the only visitor to the building is our office manager, who comes by periodically to pick up mail!

We have been facilitating discussion groups on working during the pandemic, entitled, "A Continuing Conversation on Practice Management and Covid-19." And, two study groups planned prior to the pandemic, now being held via Zoom, have taken on further meaning and applicability. Maxine Anderson, MD, FIPA, has been facilitating a course entitled "Protecting our Humanity in the Midst of Tribal Warfare." The course, which meets monthly through June is centered around her recently published book, *From Tribal Division to Welcoming Inclusion: Psychoanalytic Perspectives* (Routledge, 2019). But, per Maxine, "discussions have veered more to handling our own dreads and terrors" related to the current pandemic. And Judy Eekhoff, PhD, FIPA, has been facilitating "Clinical Perspectives on Trauma", which has been meeting since early March.

## PCC

Reporter: Susan Mitchell, PhD, FIPA

PCC held a virtual social gathering on May 9, 2020. PCC President and Training Analyst, Jennifer Langham, PhD, FIPA led a meaningful discussion where members were able to reflect on feelings and experiences during this unprecedented time. It was also a time where participants could share feelings and memories about James Gooch, MD, FIPA. Dr. Gooch was a founding member of PCC, and his generosity in teaching, supervising and support will be missed as well as the deep meaning he brought to PCC and Psychoanalysis.

## In Memoriam: We Remember and Honor the Lives of Our Generous and Beloved Colleagues

This section is new for this issue, initially inspired by the Covid-19 pandemic. On reflection, however, we realized that this should be a regular section of each *NewsBriefs* and it will be going forward. Just as we share our successes, we also need to share our losses and our hearts broken for those colleagues who have passed.

Our colleagues whom we here honor are mentioned in alphabetical order of their first names.

### Andrea Hadge (CFS)

Offered by Hadassah Ramin, LCSW, FIPA

Andrea Hadge, PhD, died of COVID-19 on April 11, 2020. Andrea was a long-time member of the Contemporary Freudian Society. She was on the task force that helped formulate the Psychotherapy Program at CFS. In 2000 she received the Plumsock award for her paper titled 'A report of an unusual case of incest between mother and daughter.' Andrea was also a member of IPTAR's Clinical Center Board and an instructor and supervisor at The Metropolitan Institute for Training in Psychoanalytic Psychotherapy.

What was less known about her is that psychoanalysis was Andrea's second career. She had studied to become an actor initially; it was after her marriage and becoming a mother that she decided to change careers.

She obtained her Masters and PhD from NYU in midlife and developed into a dedicated, sensitive and thoughtful analyst.

Andrea leaves behind two sons, their wives and four grandchildren as well as friends who will miss her dearly.

## Edward Penzer (CFS)

Offered by a family member

Edward S. Penzer died peacefully in his Manhattan home on January 14, 2020, at age 95. A lifelong New Yorker, he took great pride in having been the fourth graduate of the New York Freudian Society. Edward served during WWII in the Army Air Force (and on detached service with the Royal Air Force) in the China-Burma-India Theater. When he returned to civilian life, he obtained his bachelor's, master's, and doctoral degrees from, respectively, Queens College, CCNY, and NYU. After working as a school psychologist, he pursued psychoanalytic training and thereafter devoted himself to helping many people throughout his 50 years of private practice. He was a former editor of the APA Division 39 Newsletter and the founder of *PsychAbstracts*. He had much to be proud of, modest though he was. He will be greatly missed by his wife, children, step-children, grandchildren, and great grandchild.

## James Gooch (PCC)

Leigh Tobias, a past president of CIPS and a member of PCC, the Institute that Jim founded and remained most associated with, has written a comprehensive remembrance of Jim's professional and personal life and his lasting impact on so many of his colleagues, supervisees, and mentees. Steven Ellman, who also was one of the founders of CIPS and its first president, began his remembrance as soon as he heard of Jim's death and decided not to rework it but let his spontaneous reaction to this loss speak for itself. It is a loving statement about an esteemed friend and colleague. Both remembrances follow.

Batya R. Monder  
President, CIPS



**James Gooch, MD, PhD**  
**November 2, 1934 - April 4, 2020**

By Leigh Tobias, PhD, FIPA

I am honored to be asked to write about Dr. James Gooch. He was a founder of my Society and Institute, a valued teacher, seminal in my own development as an analyst. He was pivotal in my involvement with CIPS. From the start, he taught me about the history and importance of this organization. He was aware of the tensions in any organization, and particularly in this one, given the CIPS Societies' departure from the available US training in psychoanalysis. At the same time, Jim Gooch contributed far more to the profession of psychoanalysis than his work to develop CIPS. He was a creative and welcome force in the field from the start of his career. Much of the following material is taken from a piece given to me by his wife, another cherished mentor of mine, Dr. Shirley Gooch.

During this time of quarantine, we cannot meet together for a Memorial. This piece is longer than usual, perhaps due to the unknown amount of time we will have to wait until an honoring event can be shared in person.

In a nutshell: James Gooch was the founding President, and a Training and Supervising Analyst at Psychoanalytic Center of California (PCC). He was also a Training and Supervising Analyst at the New Center for Psychoanalysis (NCP). He was past Clinical Professor of Psychiatry at USC and retired Chief Psychoanalyst at Reiss-Davis Child Study Center/Vista del Mar. He served on the PCC Board as President and Director for several other terms. He was a founding member of what is now CIPS as well as what is now NAPsaC, and also served as a North American Board Representative on the IPA Board. He maintained a private practice in adult, adolescent, and child psychoanalysis as well as an active teaching and supervisory practice in Beverly Hills until the end of his life.

Jim Gooch was a compassionate and humble man with a zest for life, a warmth of personality, generosity of spirit, and prodigious work ethic that greatly enriched students, analysts, colleagues and numerous professional organizations. Born in Kentucky, where the Bluegrass meets the Appalachian Foothills, Jim was deeply influenced in childhood by his gentle paternal grandfather, from whom he learned an innate respect for all living things: what it takes to grow and keep something alive. Additionally, he was deeply impacted by the suffering of his paternal grandmother whose deep depression and paranoia profoundly impacted the entire family. In retrospect this was a major influence on his becoming a psychiatrist.

Jim's education started in a one-room schoolhouse across the Dix River from the two-hundred-year old family farm; and he was taught by a devoted "no nonsense" paternal Aunt. Jim was a lively, bright, curious boy who excelled at school, especially in math, and went to college at age 16 where he majored in math and physics. Perhaps this intuitive affinity for math contributed to his appreciation of Bion's interest in discovering or inventing a mathematics of psychoanalysis.

Jim had a capacity for creative imagination, seizing a moment and making the best of it. Having used the Berry Plan to defer his military duty in Korea to complete his Psychiatry residency and the first year of a Fellowship in Child Psychiatry, it came time for him to serve in the Navy. Jim sought out who made assignments for placing Psychiatrists in the Navy, and contacted Captain Christie in Washington, DC, whom he surprisingly learned was himself a senior candidate in Psychoanalysis in the Washington Baltimore Institute. Sympathetic to Jim's situation, he gave Jim an assignment for military service at the Long Beach Naval Station Dispensary.

On his first day there, Jim contacted Captain Zuska, Chief Medical Officer of the Dispensary, who had no objections to his continuing his analytic training as long as there was no work compromise. Between 1964 and 1966 Jim established a Community Mental Health Center serving 800,000, including military personnel and their dependents. Over the two years, Jim advanced to Lieutenant Commander and received a letter of commendation for innovative developments in Psychiatric Services, such as reducing waiting times to see a psychiatrist from 6 months to one week. During these years Jim was in analytic training at the Southern California Psychoanalytic Institute, in an 8-year, 4 times per week analysis with Dr. Bertram Spira. He kept practices in both Palos Verdes and Beverly Hills. In April 1970, Robert Jordan, MD, wrote him a letter of congratulation on graduation from the Institute: "Seems like only yesterday that you were working in

Palos Verdes and commuting to six different places of study. You have worked long and hard and, in my opinion, the end product has been an exceedingly capable analyst.” After an 8-week seminar with Albert Mason in the Fall of 1970, Jim contacted Wilfred Bion regarding an analysis. His 5- day-per-week analysis with Bion began in September 1971 and terminated in 1976. It changed the course of his analytic work. He also helped others with their analytic growth. Among the more unusual was his help, during the late 70’s, toward two Brazilian families who came to LA for analysis with Bion. He was able to get them visas, licenses to practice, and work for them at the Reiss-Davis Child Study Center.

In an extensive interview about his work with Bion with Joann Culbert Koehn 1 , she asked *“In what way does your practice of analysis today reflect your analysis with Bion?”* He replied: “One of the things Bion was very sensitive to throughout the analysis was the danger of an analysand or supervisee imitating their analyst or supervisor—for him being an analyst meant discovering the psychoanalyst within you. It’s like a fingerprint. Another thing I learned from Bion, that I find very useful, is the importance of respecting and appreciating the complexity of emotional life. In this mode I can hear the different voices within the personality that may be in the room at any given moment, and, as a result can try to address the ones that seem to be the most urgently in need. In addition, I learned to respect the full cast or ensemble of all the voices. This gives a person a sense of the complexity of themselves. He would say something like, even though psychoanalysis may be the most thorough on-going instrument for understanding and observing the human psyche, it has barely scratched the surface.”

In 1977, Lionel Margolin, Reiss-Davis Medical Director, invited Jim to accept an appointment as Assistant Medical Director and Director of Education and Research. Dr. Margolin’s introduction described Dr. Gooch as “...A psychiatrist and psychoanalyst for adults and children, a member of the Faculty of the Southern California Psychoanalytic Institute, a Professor of Clinical Psychiatry at the University of Southern California (USC) and on the attending staffs of Cedars-Sinai, Del-Amo and Westwood Hospitals. We are indeed fortunate to have a man of such outstanding reputation and proven capability on our staff.”

During this time, with the generous help of Don Meltzer and Mattie Harris, Jim and Lionel put together a Tavistock-model Psychoanalytic Psychotherapy Training Program. A number of PCC faculty were part of that program, and many of the Child (Training) Analysts at PCC today started their training in that Reiss-Davis program.

Over the 20 years he spent at Reiss-Davis, Jim ran a weekly Case Seminar behind a one-way window where Fellows would watch him conduct parent and child interviews, many of which were compelling and highly evocative. The diagnostic seminars were deeply informative for students.

For about 8 years during the same time Jim also drove weekly to Camarillo State Hospital which, in those days, was “the end of the line” for seriously disturbed children and adolescents. There, in an open forum, he did similar consultation interviews with adolescents and latency-age children. These were deeply appreciated learning experiences for Psychiatry residents and staff.

After serving as Assistant Medical Director of Reiss-Davis Child Study Center from 1977-1982, his teaching and supervision continued under the title of Chief Psychoanalyst until

2004. In 2002 Jim was honored as the first recipient of the *Edna Reiss-Sophie Greenberg Chair*. In accepting this honor, Jim delivered a series of 18 lectures, which happily have been recorded and transcribed.

In January of 1981, Jim joined a courageous group of faculty members at a new psychoanalytic training program, the Department of Psychoanalysis at California Graduate Institute. This was a bold venture for an APsA (American Psychoanalytic Association) and the IPA (International Psychoanalytical Association) accredited MD because rules and legal mandates of the American and IPA prohibited training and accrediting any non-MD's in spite of Freud's reasonable arguments against restriction of training written in his "The Question of Lay Analysis."

In June 1981 Jim became Chair of the Department of Psychoanalysis at the California Graduate Institute (CGI), which he held until 1986. With characteristic foresight, in 1984 Jim submitted Articles of Incorporation with the State of California in the interest of providing a Society for the graduates of the CGI Department of Psychoanalysis. With full support by CGI, Candidates in training, and other involved Los Angeles psychoanalysts, the founders of the nascent Psychoanalytic Center of California (PCC) stood their ground as a non-profit organization in the face of threats of lawsuits and disciplinary action.

Jim Gooch was the first President of PCC, from 1984 to 1990; the PCC Institute was opened in 1987, with Richard Alexander as the first Dean, along with numerous other Faculty, among them Avedis Panajian. Jim was present to accept PCC induction as a Provisional Society of the IPA at the Rome Congress in 1989; and in 1993, at the IPA Congress in Amsterdam, PCC became a Component Society.

In 1987 Jim was a member of the newly formed Board of Independent IPA Societies in America (IPS), of which he was the West Coast Chair. This group evolved into what is now called CIPS (Confederation of Independent Psychoanalytic Societies). Jim was honored as a founding member of CIPS with an Honorary Lifetime Membership in 2013.

Jim also had an eight-year term of representing North America on the IPA Board of Representatives during the tenure of Presidents Kernberg, Widlocher, Eisirik and Hanley. (*nb this must have been a longer time than eight years*). Since 1987 Jim and his wife Shirley, also an analyst, have attended most IPA Congresses around the world. They have also attended the Bion Conferences starting in Turin in 1997. They have also been active in Bion's Readers around the World, held concomitantly with the IPA Congresses. Of note is that when Glenn Gabbard and Paul Williams were co-editors of the International Journal of Psychoanalysis, Jim was a reader for most articles submitted on Bion and some on Klein. Sometimes, he was told, only his comments were sent back to the author. Jim was also one of the founding Members of the Tustin Trust Board of Directors.

Jim had a powerful ambition for the formation of a Psychoanalytic University in Los Angeles. He taught at every Psychoanalytic Institute in Los Angeles and in the United States, in person or via Zoom. He was an enthusiastic supporter of this idea for the Los Angeles Societies. He promoted sharing space and conferences, even coming together on one campus, in support of this vision.

The father of four sons, and grandfather of eleven grandchildren, Jim Gooch was deeply interested in what it takes to develop "parental capabilities," in child rearing and in

Psychoanalysis. Jim was a talented analyst, sensitive supervisor, inspirational teacher, and reliable and generous colleague. He profoundly impacted those who knew and worked with him, living his values and aspirations and sharing them in every aspect of his life.

James Gooch was genuinely loved, valued, and respected. He will be sorely and deeply missed.

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By Steven J. Ellman, PhD, FIPA

Dear CIPS Community:

I wrote this remembrance when I first heard of Jim's death. I have decided not to rewrite my thoughts but rather offer my immediate responses.

On a Monday morning I learned of Jim Gooch's death. Although I had only 25 minutes before my first patient, I felt compelled to begin to write about Jim who was a wonderful analyst, teacher and for me, most importantly, friend and colleague. He helped begin the IPS (now CIPS) and I remember him vividly in both my wife's office and then Bert Freedman's living room (where we first met). In both places he clearly enunciated the reasons for us to form an independent group for the good of psychoanalysis. I will not go over his arguments and only note that we were all struck by his sincerity and obvious honesty and purity of spirit. Forgive me for using the term spirit, but that is how I felt about Jim, someone who was not an obvious California or NY type but a man who was from a part of the country (Kentucky) that was alien to most of us. He had a purity of being (again pardon the spiritual term) that we all felt and I loved. We (Bert Freedman and others) fell in love with Jim and strangely enough we had another foreigner in our midst--Albert Mason (a Kleinian from Britain who was then in California). Both of these men propelled our formation and I had the good fortune to be a Co-Chair with each of them (my good fortune and a sign of their tolerance to help me and CIPS develop). I wish I had previously written a longer statement about Albert, but now the only way that I can fight off my grief and my immediate desire to call Shirley is to write about Jim (Shirley is Jim's wife who is a wonderful analyst and was also a strong figure for CIPS). I wanted to immediately call Shirley and wail over the phone with a desperate attempt at resurrection. The hole in my heart is hard to describe; Jim and I were first Co-Chairs of IPS and then when CIPS decided to have a President, Jim was the first elected secretary while I was elected President. It was a Co-Presidency and Jim always provided wisdom and balance when some of us wanted to do more extreme things that would have proven ineffective and disruptive. But even though his judgement was excellent, it was strength combined with a truly gentle, no--- not just gentle, but kindly spirit that allowed him to enunciate some of our points without the aggression that surrounded some of our statements and actions.

Since Jim first encouraged me and then converted me to the importance of Bion (a great gift), I came to realize that perhaps partly through Bion he understood the true meaning

of containment. I, in writing a book, sent Jim my chapter on Winnicott, and he not only read the chapter but re-read Winnicott and told me about how these two great analysts (Bion and Winnicott) fit together. I was surprised how open he was to Winnicott's contributions. I shouldn't have been surprised since Jim was so open to other perspectives. He encouraged me to talk about how these theorists and how their clinical views fit together and together form a more complete clinical theory. I regard my chapter on Winnicott as one of my better chapters in the book I published; I realized that many of the ways that I viewed Winnicott were altered by Jim's commentary.

I hope that analysts who are now part of CIPS can have some of the experiences that I have enjoyed through meeting extraordinary figures like Jim. As much as analysis was part of his life, what I truly cherished about Jim was his capacity to think about others with true empathy and often with a type of deep love that I have rarely seen. He will always be in my heart.

### **Joann Turo (CFS)**

Offered by Jane Hall, LCSW, FIPA

Joann K. Turo died unexpectedly on Tuesday, March 24, 2020, in Westerly, RI, where she had a home.

Her friendship over the past 40 years added so much to my life and to the lives of others. She was super intelligent, had a great sense of humor, was thoughtful, and her work as a psychoanalyst was inspiring. I'm sure it was appreciated by her many patients over the years. She loved psychoanalysis.

I first met Joann at the Greenwich House Counseling Center where she was clinic director in the mid-1970s. Her calm demeanor and wisdom made her perfect for the job. We continued our friendship over the next 45 years, dining almost weekly and enjoying many movies and plays. We were neighbors on West 12<sup>th</sup> Street.

I learned so much from my friend. Her passion for politics and justice were inspiring and impressive. Calling senators and representatives, writing letters, supporting campaigns were a big part of her life. She fought for justice wherever she could.

Professionally, she contributed much to CIPS and to CFS. She served as Co-chair with Arnold Richards to arrange the celebration at the Neue Gallery on Freud's 150<sup>th</sup> Birthday Gala sponsored by the five IPA New York Societies in 2007; and single handedly ushered CFS through the red tape with the New York State Board of Regents that was required to become licensed to train people without mental health degrees. This was time consuming and difficult, yet Joann persevered calmly and got the job done. She also served on the Progression and Ethics Committees and was a training and supervising analyst. As Vice-President of CFS when I was president, she did a magnificent job ushering in our training analyst selection procedure and with Phyllis Sloate, did research on the process. The selection process is now admired by many institutes both here and abroad. Joann was more than my right hand. When we finished our stints on the CFS Board of Directors, she, Ilene Young, Ferne Traeger, and I started our 'fun club,' dining at great restaurants on each of our birthdays and going to Broadway plays. The laughter, good food, and camaraderie will be sorely missed.

Joann served CIPS by actively participating on the CIPS Board of Examiners which makes certification in psychoanalysis available to its members. She also gave several papers and participated on panels at the IPA and at ApsaA.

Joann had a wonderful artistic sensibility and talent and could have been an artist. She was planning to devote her retirement years, beginning this July, to drawing and painting as well as writing on her favorite topic: Nachtraelglichkeit.

Those who were lucky to have known Joann look forward to celebrating her life at the Grand Central Oyster Bar, one of her favorites as soon as possible.



Ferne Traeger, Jane Hall and Joann Turo

## Leon Anisfeld (IPTAR and CFS), PhD, FIPA

Offered by Elizabeth Reese

Let us remember Leon Anisfeld (1948 - 2020), a man of tremendous courage and determination.

Leon was taken from us by the coronavirus on March 20, 2020. Despite having had a chronic and often debilitating illness, Leon always put much energy and interest in life, psychoanalysis, other people, and his family. He maintained a wonderful sense of humor with the perspective of the glass half full. His continued enjoyment in ideas and socializing were always full of a special *joie de vivre*.

Leon was born in a DP camp in Germany, where his parents met. They had both lost entire families, including spouses and children, in the Holocaust. They were able to get to the United States when Leon was three. In addition to re-counting these difficult times, Leon could also regale friends with stories of his early life in the United States. Both he and his sister Ina became highly accomplished and successful people.

Leon completed two master's degrees: one in political science and the other in psychology. Then he continued his education with a doctorate in social work at Columbia University. Afterward he pursued analytic training at IPTAR. He graduated in 1986 and enjoyed his full-time private practice.

Leon went on to contribute to psychoanalysis by writing. Many of his works were courageous and thoughtful contributions. He was able to use his life experiences in a way that was rare at the time. His revolutionary membership paper, a version of which was subsequently published in the *Psychoanalytic Review* was called "On the Therapist's Disability: Opportunities for Resolution of Obstructed Mourning in the Transference." He continued to break new analytic ground, publishing with Arnold Richards, *The Replacement Child: Variations on a Theme in History and Psychoanalysis*.

Leon was highly regarded for his book- reviewing capacities; 17 of his reviews are published on PEPWeb. He was also an assistant editor on *Room: A Sketchbook for Analytic Action* from 2016 to–2020.

Leon was a member of IPTAR, CFS and CIPS. He will be remembered and missed. Our condolences to his family.

## Myra Wise, PhD, FIPA (PINC)

Offered by Maureen Murphy, PhD, PINC

It is with great sadness that I let you know that Myra Wise, a longtime member and early supporter of PINC died peacefully on January 24, 2020 in the company of her family.

In PINC's early days, we were often longer on impulse than wisdom. Fortunately, we had the benefit of generous elders whose care and generativity graced our journey and more than once saved our bacon. Radiant in this pantheon was Myra Wise.

She made her way to psychoanalysis via Radcliffe, the Wright Institute and Mt. Zion. She grew up professionally in a time when having a PhD rather than an MD kept her from becoming a psychoanalyst. In spite of that discrimination, she never permitted envy or

resentment to dampen her enthusiasm for PINC's mission—the opportunity to help others have what she was denied.

Myra was a gifted and admired clinician, teacher and a talented couple's therapist. Myra stepped in as a consultant to the staff of Boyer House during a critical period of transition for Boyer house when the organization was facing possible dissolution. Always generous, she contributed funds which made it possible to provide severance pay to Boyer house staff.

At PINC we relied on Myra when we had a job that required diplomacy and courage especially in her role as Chair of the Credentials Committee. She provided consistency, integrity and ballast to the Progressions Committee for more than a decade. But perhaps it was as an Advisor to Candidates and colleagues that she was flawless—for the best reason of all—she wanted to know who you are. When you've been the subject of her attention, you always left feeling that you are a better, smarter, nicer person than you could ever have imagined. It was for these many contributions that Myra was honored at PINC's 2005 graduation.

Myra once told me that she could never stand to be far from the sea. In thinking about what I could say that would capture the essence of someone ethereal and yet indelible, I found myself drawn to re-reading Anne Morrow Lindberg's *Gift from the Sea*. That's it—Myra was our gift from the sea----like the unconscious, timeless and ever present, as surprising as a found piece of sparkling glass, a treasure you can come back to whenever you're in need of its magic.

For many of us, like me, Myra played a meaningful part in our personal as well as professional lives and for whom her passing is a profound loss.

### **Sandra Pine, PhD, FIPA (CFS)**

Offered by Andrea Greenman, PhD, FIPA

Sandra Pine died on March 4, 2020, at the age of 87. She was a long-time member of the Contemporary Freudian Society where she was a Training and Supervising Analyst. Sandra was a gifted and multi-talented person: her talents included her work as a psychologist/psychoanalyst as well as a modern dance soloist, ceramicist, photographer, architect/designer, gardener/tree pruner, and art collector. In addition, she was a hiker, ocean swimmer, mountaineer, world traveler, and an adventurer. Sandra was a good friend to many of us and had a capacity to extend herself with great generosity and warmth. She will be remembered with fondness and appreciation. She is survived by her husband, Fred, her daughter, Rachael, her son, Daniel, her son-in-law and daughter-in-law, Scott and Jennifer, and her four grandchildren. May her memory live on as an inspiration to her family and friends.

## Book Review

*Trauma and the Destructive-Transformative Struggle: Clinical Perspectives*, eds. Terrence McBride and Maureen Murphy (Routledge, 2020).

Review by Nancy R. Goodman, PhD, FIPA

The title of this volume introduces the depth of mind the reader will find in the clinically based chapters. The sense of destructiveness that accompanies serious trauma as in feelings of complete annihilation-- "I am being destroyed" or "all is destroyed" -- is here linked with transformative struggle. This is an important link because we immediately know that contact between people, between patients and therapists makes a difference, makes for transformation even when the greatest devastation is threatening the internal psychic landscape. Without the struggle, destructive forces of trauma can take over ability to think and feel, leaving a permanent "dead space" in the mind (Goodman, 2012). The psychoanalytic writers here show how the struggle to find the psychic truths of this dead space can give birth to something new, what I call a "living space" within the struggle.

Thinking about the possibility of transformation when in the throes of trauma gives hope. As I complete my review of this book, we are in the midst of COVID-19 trauma including death, fear, and isolation and of full awareness of murderous racism. There is creative and uplifting rhetoric present in protest and in the grieving evidenced in the funerals taking place. We are all being traumatized and in need of discovering resilience in ourselves and in our work as psychoanalysts with our patients. We have heightened sensitivity to new and old psychic pain and the way it appears in our virtual offices. Right now, more than ever, we need the voices of the authors in this book who convey the possibility of making transformative contact with patients when trauma is deep and unremitting.

First and foremost, the clinical rendering of case material in this volume is superb, compelling, and so well written that we feel the analysts and patients breathing together. Psychoanalysts willing to receive severe and unremitting traumas have to be determined and courageous and then digest enough to write about it. The authors of these chapters find ways to accomplish this. Both beginning therapists and very experienced therapists will learn from the descriptions of the 'moment to moment,' 'psyche to psyche' contact being made in treatments. Within each chapter we can hear the movement of minds toward each other and the trauma, and movement away from each other during taking in of the process to turn trauma into shared symbols.

Terrence Mc Bride and Maureen Murphy have gathered together authors who are able to write about transformative experience because they have been willing to face the traumas of their patients while using their minds, countertransferences, and theoretical understandings making free association possible (Goodman, 2020). There is agreement

among the authors that trauma is unsymbolized and must become known in the space of psychoanalytic treatment. First, is the task of creating a space for two minds to interact and work, then transformation takes place in the struggle to know and process. Terrors predominate in the mind of the therapist and the patient and the therapy room itself. There is no way to do this work other than to be willing to receive the horrors. All of the authors writing in this volume are willing to offer themselves to their patients in this way. In my way of thinking it is the psychoanalyst's witnessing function (Goodman and Meyers, 2012; Goodman, 2012) which offers the invitation to the traumatized patient to enter the intense struggle capable of bringing about knowing of the conscious and unconscious mind. Death forces become accompanied by new metaphors which represent the vitality of life forces so that the traumatic events become attached to named effects and imagery and narratives of unconscious fantasies. The contours of ancient historic internal objects are more fully seen and felt as the imagery of trauma develops.

The way the psychoanalytic process takes place when working with severe trauma is revealed in the clinical richness of the chapters. Throughout, it is descriptions of case material providing the core around which the more abstract psychoanalytic conceptions about trauma, unconscious fantasy, and therapeutic action are discussed. In this volume, the psychoanalytic writers refer to a wide range of theoretical ideas including Freud, Fairbairn, Bion, Laub, Bohleber, Ogden, and Winnicott. Because the writing is so good, the reader is brought into the treatment room to receive transmissions and projections similar to the way the patient brings them into the mind of the therapist. We too know the traumatic sequelae, as we are stunned and then awed that the authors found just the right ways to convey the pain and terror that opened in their clinical process. The psychoanalytic writers refer to a wide range of Intersects between the "too muchness" of trauma and the system of unconscious fantasies that ensue. In our writing about "Finding unconscious fantasy in narrative, trauma, and body pain" (2017), Paula Ellman and I defined the bringing together of trauma and unconscious fantasy as the major task of contemporary psychoanalysis to articulate and understand the full mind—not a compartmentalized mind.

Psychoanalysts of all persuasions will learn from the clinical process that throughout is poetically and truthfully depicted. All of the clinical material presented is intense, full of the emotions of trauma, and demonstrates process, the important back and forth of the treatment encounter. I would like to describe each and every treatment because they each represent the best of clinical work. Here I briefly highlight major foci of the chapters encouraging all to enter the book and become immersed in the process of such excellent psychoanalytic work.

Part I of the book honors its title, "the legacy of early trauma" through revelations about psychic reverberations from early infancy trauma and even embryonic traumas in the womb. Everything felt in these beginnings appears in the room often through the analyst's free-floating affects and imagery and profoundly felt affect. Terrence McBride disturbs our minds with felt knowledge of a child being abused and anchors for us the

presence of the oedipal structuring psychic situation that can still exist even when such early abuse abounds. In an exquisite write up of clinical material, Pamela Dirham provides evidence of the way emersion into schizoid primitive states and developing sadomasochism defenses almost takes over during sessions. Lori O'Brien provides compelling descriptions of 'what trauma is' that are helpful depicting how being psychically overwhelmed can appear enacted in sexualizations. It is moving to read how this happens and how it not only enters the treatment but can be addressed in the treatment. Judy K. Eeckhoff illustrates how impulse returns through deep treatment with patients who experienced severe infant trauma that had left them unable to feel their own healthy impulses. Affect, countertransference, images, and new spaces can lead to discovery of infancy.

Part II, "Embodied assaults," attends to ways that trauma stories are told when the body is assaulted by disease and when early traumatic experience has come to reside in the body. Each chapter is written with courage and willingness to know the horrors lived out by patients along with the creative adaptations individuals make to survive their pain and fear. Maureen Murphy starts with a basic question about what is psychoanalysis when life threatening diseases and horrendous treatments intrude. She identifies what I consider to be a kind of sadistic countertransference that psychoanalysts can use when they are frightened. I consider claiming the patient to be unanalyzable as a purely motivated aggressive act used by analysts overwhelmed with terrors of the mind (Goodman, 2013). In her willingness to hear her patients' traumas--terrors of cancer, surgeries, difficult to endure treatments, she leaves no doubt that psychoanalytic listening is potent and keeps a human bond between therapist and patient precisely at moments filled with helplessness when the fear of maternal abandonment is most active.

Being able to produce and use metaphor when in the overwhelming terrain of trauma is remarkable. Preston Lear articulates the Icarus complex as a reaction to trauma and the terror of falling forever. His clinical examples present the living out of the Icarus complex in lively and compelling language. The day after reading this chapter I could hear the echoes of this myth in a patient in a way I never had previously. She has a way of working herself to the bone when there are deadlines and then crashes. There are many derivative unconscious fantasies in this pattern. But I was able to observe the heights she reached in her exhaustion and then the crash that followed which was far better than enduring the hope that someone would be there to catch her. The topic of trauma is inexorably linked to grief, so much has been lost. Maxine Nelson focuses on the "vicissitudes of unmetabolized mourning" by following patients who show aspects of another metaphor from the film *The Blade Runner* in which children are revenants with engineered births. One of her patients keeps himself physically alive and psychically dead in a timeless warp. With process material, the reader sees the movement toward and away from contact that helps bring about the possibility of mourning. Marilyn Rifkin brings body trauma into our minds in dramatic ways. Delving into how deepening of treatment took place with her patient is revelatory, demonstrating the constant interplay of sadomasochism and enactments that bring the past object relations trauma into the

room. Her patient had been molested by a physician and even worse, her mother knew and did nothing. The therapist must be willing to receive pieces of the excruciating traumatic scenes through enactment processes in order to make the affects and wishes and fears knowable in narrative. In my own work on enactment and symbolism, I have found this process to be true in all cases of severe psychic trauma (Goodman 2018) and in body trauma (Ellman and Goodman, 2017).

In Part III, a section on Political Catastrophes, the interconnectedness between individual psyche and group, nation, and community is explored. Traumas such as 9/11 explode upon the landscape bringing to the fore what Robert Pyles calls “the fate of nations” in which primitive ego mechanisms are aroused. With absolute clarity Susan Berger reminds us of the searing truth that intergenerational transmission of trauma is “widespread and insidious.” Reverberations of the old are felt even when the historic story has been lost. Patients’ conflicts in the here and now of their work and love life get understood as linking to the past takes place. The importance of understanding what brings about negative therapeutic reactions when working with PTSD is a worthy question asked by Helen Gediman as she contrasts therapies which terminated and therapy which opened psychoanalytic process. The question of what opens the mind to analytic process is crucial in relation to severe and unremitting traumas. Thomas Henschler reveals the terrible pain and struggle when moral injury has taken place. The writings of veterans of war and journalists are dramatic and poignant. For me, this chapter brought something new to my thinking so that now I am more able to identify the unique agony of suffering with guilt and shame for one’s failures in horrific situations that make one what one never wanted to be. It seems to me that the therapist is brought into the emotion of moral injury through the helplessness we confront when we cannot make it better—but we can listen and convey that we believe the person is worthy of being listened to.

In Part IV two crucially important issues are raised and addressed concerning technical issues and resilience. Throughout the book, authors have referred to resilience recognizing that speaking to another and being listened to makes a new bond allowing traumatized individuals to demonstrate their creativity, adaptations, and survival capacities. In my way of thinking it is the witnessing process that instills a sense of being valued and allows the “living mind” to break through. While previous sections have brought clarity to dimensions of deep clinical work, this final chapter clarifies our psychoanalytic task to struggle with theoretical compartmentalizing of trauma and unconscious dimensions of conflict, defenses, fantasies, and the making of meaning. Fred Busch articulates the concern that the psychoanalytic pendulum of concern has swung from the task of uncovering conflict to emphasis on the trauma of patients while considering conflict of little significance. He demonstrates with case vignettes the importance of attending to transference and countertransference, and the wishes and fears involved, in the face of trauma, even the micro-traumas of treatment. Alan Spivak demonstrates convincingly how unconscious fantasies from earlier stages of development have been encoded into memories of abuse. I could not agree more with

his view that recognizing multiple meanings of sexual traumas allows access to “vital transference resistances and enactments to be recognized and worked through.” Paula Ellman and I had precisely this concern when we organized our book, *Finding Unconscious Fantasy in Narrative, Trauma, and Body Pain* (2017). We noted the serious absence of consideration of unconscious fantasy, oedipal and preoedipal, in many presentations and articles. Making meaning according to Busch necessitates finding the meanings made by individuals, even about their traumas. Maxine Anderson underscores the importance of being able to make representations through reflection on the profound effects of trauma—the kind of trauma that can make one “fall into a frozen envelope.” Once distancing from the overwhelming can take place, the mind can be awakened. I place this awakening in the communications between patient and analyst; that is, in the micro-communications between conscious and unconscious agreeing to know the trauma and the fantasies able to come alive. Psychoanalysts emphasizing the power of witnessing (Laub, Goodman and Meyers, Bromberg, Poland) identify the intersubjective forces making the narrative. I see this as equally true about the way the unconscious becomes known—it takes two. Michael Diamond takes up the splits in thinking about repression and dissociation. On the one hand, the mind has become organized by what has not been permitted into consciousness because of the horror of the thought/wish. Dissociation is considered to explain the freezing of being and thinking, and dreaming and imagining, that takes place under the press of true trauma breaking through usual ego functioning. Diamond thinks it important that we recognize that the mind is active in creating dissociation—when we recognize this, the therapy of dissociation becomes linked with the complexities of unconscious mechanisms. Understanding Interconnecting motivations of mind is what can more fully help our patients.

Conclusion: Listening to stories of trauma and opening one’s heart and mind to the cruelty and pain being found in our offices with our patients is incredibly hard work. There is always the invitation to enact sadism or masochism and not really know. The chapters in this book open ways to help us remain able to hear and receive. We will always learn much about ourselves as well and will have to be willing to experience along with maintaining capacity to think. There will be moments of lifeless darkness and moments of light when contact is made and held. The cover of the book appears to depict exactly what this volume offers—knowing of destructive fire and the capacity to reach out in a gesture of hope. It helps sustain us to know that being close to destructive forces is precisely what offers transformation.

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## Resources

We thought it might be of interest to mention a few resources of varied stripes: a few are psychoanalytic but many are not.

### **ROOM: A Sketchbook for Analytic Action**

Each of the ten issues of Room are snapshots of our struggle to make sense and give expression to our experiences over the last three and a half years. Launched only a few days before the pandemic hit the United States, we knew that **Room 2.20** was the darkest, most foreboding issue we had ever released. What we didn't know was that **Room 2.20** would mark the moment in the United States before everything changed. **Room 6.20**, with over 50 submissions from all over the world, marks the moment after. We are delighted to let the CIPS community know that beginning with these two issues, **Room** will now be available to read in print.  
<http://www.analytic-room.com>

Please contribute to giving Room a future. Room is entirely dependent upon reader support.

<https://www.gofundme.com/f/analytic-room>

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An interview with Michael Eigen on youtube (in the early days of the pandemic):

<https://youtu.be/vRkaj3A4Egk>

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A new psychoanalytically-oriented Podcast, “Couched” <https://couchedpodcast.org/>

## **A Stress Relieving Resource:**

A resource for a large variety of stress-relieving resources (eg. meditation, mindfulness, yoga, self-compassion): <https://www.soundstrue.com/>

## **Historical context of pandemics, a random assortment:**

<https://www.freud-museum.at/en/news/the-spanish-flu-covid-19-and-sigmund-freud.html>

From Lapham Quarterly:

Plague in Athens (430 BC), Lucretius

<https://www.laphamsquarterly.org/roundtable/nature-plagues>

Cholera in Venice (Excerpt from Thomas Mann's Death in Venice (1912))

<https://www.laphamsquarterly.org/roundtable/death-and-depravity-venice>

<https://www.theparisreview.org/blog/2020/04/08/how-pandemics-seep-into-literature/>

## **CNN and Sesame Street team up to have a Town Hall on Racism:**

<https://www.cnn.com/2020/06/06/app-news-section/cnn-sesame-street-race-town-hall-app-june-6-2020-app/index.html>

## **To Laugh!**

### **What a gift, and how necessary for our mental well-being:**

“Zoom Therapy: A Primer for Clinicians”

By Miriam Korn, PsyD (included here with permission of the author)

1. If your August vacation plans have been canceled due to the pandemic, make your Zoom background a tropical or otherwise far flung locale for that month, so as not to deprive the patient of the vital therapeutic experience of annual abandonment, envy, and rage.
2. Angle the screen so that the patient can see deep into your navel and encourage them to do the same. Ferenczi (1932) pioneered this technique.
3. Experiment with volume. Try muting the patient if any negative transference content emerges. Mute yourself at strategic moments if you are sitting on the toilet during the session.
4. When the patient first enters the Zoom chat and is connecting to their camera and audio, pay close attention to the material that follows. This process of “being born into Zoom,” (Lacan, 1973) with its arrival of novel auditory and visual cues, is a powerful analogue to the patient’s emergence from the vaginal canal and into the world.

5. Notice the moments when the video freezes. It is usually when the patient is talking about a “stuck” point in their treatment or in their own development. To unfreeze the screen, simply make a process comment observing the patient’s difficulty moving forward and suggest what the next step in their journey might be. This will return them to their normative developmental trajectory on screen and in life (A. Freud, 1965).
6. Encourage the patient’s id to convey its primitive fantasies with you via the chat function, as you continue the dialogue with the patient’s ego and superego on the video portion of Zoom. With practice, you will be able to attend to each of these respective communications. The astute reader will note that this is what Freud (1909) meant by “evenly hovering attention.”
7. With the loss of the traditional frame of therapy, patients can no longer manifest their pathology by the breaking of said frame. Encourage patients to find creative ways of doing this, if they haven’t already. It can be helpful to remind patients that virtually no-showing or virtually not paying your fee are two potent options that will anger you just as much as if they were doing it in person.
8. If a patient begins to devalue you during the session, encourage them to switch to Gallery View so that the screen is, as it were, split. As the patient approaches a more depressive position the Zoom orientation will organically return to Speaker View (Klein, 1932; 1935).
9. Experiment with filters, costume, and screen position to more fully embody your patient’s projections onto you. This is known as “wearing the transference.”
10. If the patient complains that your internet is spotty, remind them that we are striving for a “good enough” connection rather than a perfect one (Winnicott, 1953). Help the patient mourn the idealized WiFi they wish you had, and that they didn’t have growing up.

**Two parodies about a now-integral aspect of our lives, conference calls and Zoom meetings (both are website links):**

The Company Meeting

[https://www.youtube.com/watch?v=DYu\\_bGbZiiQ](https://www.youtube.com/watch?v=DYu_bGbZiiQ)

## In Conclusion

We hope that this issue has built bridges to each other in both our hearts and minds.

Our thanks to all who have contributed to this moving issue, and to all who have read it (listened).