

# BPSI BULLETIN Spring • Summer 2016



## Letter from the Editor

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At a recent program at McLean Hospital, I glanced around a packed auditorium, looking for a familiar face. Instead, I realized that I was probably one of the oldest people in the room. It shouldn't have been a surprise. I arrived at McLean in 1984, during the years of transition. The younger clinicians in the auditorium had no memory, and probably were unaware, of the theoretical conflicts and treatment wars that had roiled the community decades ago. Nor, in all likelihood, did they know what it meant to invite Judy Herman, a renowned pioneer in her field of trauma studies, to inaugurate the "Perspectives on Trauma" series at McLean. In the talk, Herman carefully unwound her work with one patient. She described her efforts to establish a new diagnostic category for individuals with a history of trauma, a category that would acknowledge the impact of external events and the importance of validation. I wondered if anyone remembered how radical her idea was when it was first introduced, 25 years ago. Controversies may become diluted over time, subject to the dimming of memory, the departure of the battle-scarred, the overlay of new conflicts and discoveries that occupy our attention.

In my office there is also an evolution of sorts, an awareness of time passing. I reflect on the many individuals who have come and gone, easily, abruptly, satisfied or frustrated. After many years of practice, I have started to weed out my clinical files, so numerous now that I am choked for space. But each time I open an old file, I am unable to limit myself to my original task: locating the final date of contact—my criterion for saving or shredding. Drawn to look through the history of a patient, sometimes decades gone, I find that the disposal becomes an excursion through my life, as well as a connection to a long-departed visitor. My notes are memories, revived in the opening of this space-making endeavor. History is retrieved as I spend time trying to remember the people who shared this intimate space, some whose faces may appear clearly to me, others less so. Each time I dispose of a record, saving small bits of identifying information that prove contact, I think about the brief or significant convergence of lives, wondering what has happened to that person, where I was in my life when our contact occurred. Imagining the possibilities.

Who can be counted on to secure the archives of the past, and how do we evaluate what is important and what can be thrown away? As analysts, we are all historians, entwining meaning with events and time, impact and affect. As this BPSI Bulletin goes to press, we reflect on the inevitability of time and experience. Our focus is on change, even as we view our history and the legacy of our psychoanalytic pioneers. We are mobilized to make the most of our space and move forward, making room for something new or something that may feel radical to us now, but likely not forever.

As always, I invite you to make a contribution to the BPSI Bulletin with your writing and commentary, and I welcome your questions and feedback. You are, after all, making our history.

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Front cover painting: *Psyche Opening the Golden Box* by John William Waterhouse (1903)  
Photo credit, page 12: Alex Kobzin



**Calling All Writers:**

*The BPSI Bulletin is seeking members who have attended interesting talks, panels, or plenaries at local professional meetings, or at national and international conferences who would report on the event for the next issue. Or, if you would like to contribute a book review, please let us hear from you.*

*The Bulletin is published two times a year, and your contributions will provide opportunities for writing, and will enrich the community with your unique voice.*

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# *BPSI Works: Dreams and Objectives*

## *Letter from the President*

On Sunday, May 22 (before the BPSI Bulletin, goes to press), as many as 600 residents of Newton and surrounding communities will tour BPSI as part of Historic Newton's Annual House Tour, which this year showcases outstanding historic preservation in select local residences and noncommercial properties. With this event, we will have the opportunity to share the beauty of our professional home with our Newton neighbors and to showcase our current exhibits of Jonathan Palmer's paintings and the photographs of Allen Palmer and Vivien Goldman. In addition, these 600 visitors, who may have little knowledge of psychoanalysis, will have questions: What do we do in our building? What are psychoanalysis and psychoanalytic psychotherapy? What do we offer to the community? Such likely questions bring to mind an important issue raised in our members' small groups this past fall—namely, how do we want to be known in the community?

During the tour, we will convey that BPSI is an “organization dedicated to the vitality of psychoanalytic education, treatment, and ideas in the contemporary world.” We celebrate that we are an open, welcoming, and inclusive organization with a lively spirit and opportunities for learning and for meaningful discussions and relationships. Our training programs in psychoanalysis and psychoanalytic psychotherapy are thriving, as are our outreach programs, including the Adult and Child Programs in Psychodynamics (PiP). Important questions remain, though, about how we want to convey the value of analysis and psychodynamic psychotherapy to professionals and the public and how we want to be known in the community. In the last issue of the BPSI Bulletin, I raised questions about the virtues or values that we want to foster as an organization. What kind of culture do we want at BPSI? More recently, while attending the Corneal Lecture this spring, in which Nancy McWilliams, drawing on Baum-Baiker, Sisti, and Kaldjian, spoke about the concept of clinical wisdom, I wondered how we could nurture elements of wisdom in our organization. Drawing on some features of clinical wisdom—openness, curiosity, a capacity for critical reflection, flexibility, a focus on understanding, an ability to embrace change—how do we act wisely as an organization? How do we relate to our larger public community?

We have made a very good beginning. We offer the community a variety of creative programs through our Program Committee, our “Off the Couch” film series, our Annual Child Care Conference, and “Explorations in Mind,” our community education program, which this year includes such well-subscribed courses as Internal Objects and Waking Dreams, Clinical Application of Four Basic Concepts, Zombies on the Couch, Carson McCullers's The Member of the Wedding, Admitting Whiteness, and On Reading Roth.

In addition to these engaging programs, I want to highlight the work of three committees that address the question of how BPSI wants to be seen and embody some core elements of practical wisdom—in their pursuit of worthwhile goals; their discussions that integrate these goals, the circumstances at hand, and our values; and their motivation to act on the resulting conclusions. These three committees, the Ethics Education Committee, the Gender and Sexuality Committee, and the Social Awareness Committee, place a value on openness, a capacity for critical reflection, and an ability to embrace change. Committee members advocate for change within BPSI—in our curricula, our organization, and the ways we interact with the community.

Over the last five years, the Ethics Education Committee, cochaired by Carol Coutu, PhD, and Judith Yanof, MD, has offered trainees and members the opportunity to participate in discussions about the culture at BPSI, with particular attention given to fostering the best environment for learning and for

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# *BPSI Works: Dreams and Objectives*

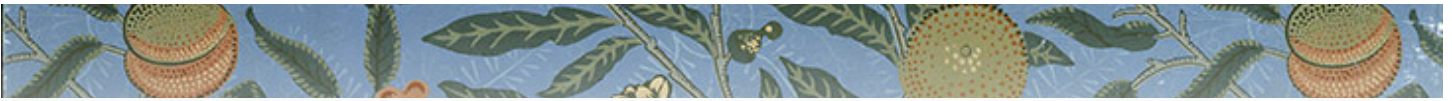
respectful collegial relationships. Through small-group discussions of vignettes, BPSI members have been able to speak about clinical, ethical, and educational issues that are important to our training and practice but, nevertheless, can be difficult to discuss.

The Gender and Sexuality Committee, cochaired by Gerald Adler, MD, and Lawrence Hartmann, MD, continues to welcome participation by BPSI members and other interested colleagues in their ongoing discussions of psychoanalysis, sex, and gender. This year, Ayelet Barkai, MD, and Diane O'Donoghue, PhD, offered a winter elective, Gender and Sexuality Development, Psychoanalysis and Queer Theory. Then in February, Dr. Barkai presented a case with Cary Friedman, MD, as a discussant in a program called "Out of the Conceptual Closet: Applying Evolving Theories of Psychosexualities to Clinical Work," which addressed how psychoanalytic perspectives on sexual orientation and gender identity have shifted and the "multiple challenges" that the "evolving theoretical and cultural landscape poses...for the clinician today."

In April, Deborah Choate, MD, chair of the Social Awareness Committee, and Jonathan Kolb, MD, a member of the committee, spoke with the Coordinating Committee about addressing issues of gender, race, class, and ethnicity and integrating them into our curricula and our organization. We had a meaningful discussion, and I anticipate that, as they facilitate organizational change, members of the Social Awareness Committee will continue to help us all be more open and curious about these important matters. If you haven't already done so, I urge you to watch the video *Black Psychoanalysts Speak* (2014), which can be viewed through the PEP Web. It is a film intended to "raise awareness of the need for greater openness and understanding" regarding ethnic and cultural issues in training and in treatment. At BPSI this year, as a beginning, Cecilia Mikalac, MD, offered the course *Admitting Whiteness: Race Discussion for White People*. And we have at present another opportunity for discussion about gender, race, class, and ethnicity, because our large Fellowship classes are increasingly diverse, and I suspect there is much we can learn from our Fellows' varied experiences. How do we want to be known in the community, here at BPSI? I think we want to be known as open to learning and thinking about diversity.

**-James D. Walton, *BPSI President***





## *Reflections upon Ending*

Stephen Sternbach, *Past Chair, Board of Trustees*

The two years during which I have served as Chair of BPSI's Board of Trustees seem brief, yet our organization has moved a great distance in that time period. I took on this role in the midst of a transition to our new home. Much of the work of the board involved making architectural decisions, sorting through intricate details of the building's renovation, and managing the costs involved. We had the task of working out the material requirements of a space that would embody our vision for the future of BPSI, including its growth.

At the same time, there was a great deal of other important work being done at an organizational level. We were implementing our strategic plan, making our bylaws clearer and more in line with future goals continuing the development of effective decision-making entities, and designing a transparent and precise budgetary structure. All of this was in the service of opening spaces in the organization that would allow for more creative and effective participation from a wider number of members, who would, we hoped, feel authorized to contribute to our work. One significant change to our membership, of course, resulted from the efforts of Bernard Edelstein, Jim Barron, and others to open BPSI's community to PINE members to create a larger and stronger organization. If the unconscious, left unexamined, is timeless, we worked carefully, and together, on many issues to address old rifts and impediments, and to change the spirit and culture of the organization to one of inclusiveness. Given the increase in applications for analytic training this year and the continuing growth of the ATP and Fellowship programs, we can take pride in what we have accomplished as we've moved forward.

Perhaps the most delightful aspect of being Board Chair has been working with the wonderful and thoughtful members and staff who come together every day to make our complex system run smoothly. I have been fortunate to overlap in my tenure with two Presidents, Bernard Edelstein and Jim Walton, who have brought depth and wisdom, along with pragmatism and plain hard work, to their roles. Bernard's leadership guided us through several very important phases of our growth, and Jim continues to ably steer BPSI toward its envisioned future. Catherine Kimble defines and sets the standard for the role of Executive Director. Through her efforts, she is helping to shape BPSI into an organization of increased stature, and one that fully utilizes its formidable talent. Carole Nathan has honed the staff into a nimble, spirited, and productive—if overworked—group. At every level, I have enjoyed listening to and engaging with all of the people whose diligence, passion, and really fine thinking contribute to who we are as an organization. And I am very enthusiastic about Joe Schwartz's leadership as the new board Chair, presiding over what I believe will be a very talented and capable board going forward.

Throughout my time as Board Chair, I have remained mindful that all of our work is in the service of our mission: to train, teach, and develop psychoanalysis. We are passionate - because our own experience, as well as our work, has made us aware of its uniqueness and its power. On an individual level, psychoanalysis offers a way to enlarge a person's experience and, arguably even more, to reshape it. Over the past several decades, the field has faced many challenges, perhaps particularly from neuropsychiatry. But a renewed and ongoing vitality has reinvigorated this approach to the vast multiplicity and fundamental aspects of human experience. BPSI is well positioned to continue at the center of this vitality and to advance the work of psychoanalysis.



# BPSI Works: Dreams and Objectives

## *Psychoanalytic Education at BPSI: Expanding the Field*

Stephen Kerzner, *Chair*

As I approach the end of my first year as Co-Chair of the Education Committee, our Institute is thriving. We will celebrate the graduations of four Clinical Analytic graduates and three Academic Analytic graduates on June 3. We have had 10 applications for admission to our Institute this spring, including several from people who have attended our ATP, Fellowship, and PiP programs. Enhanced case finding and case development have enabled our Candidates to advance more quickly toward psychoanalytic clinical immersion. We have also modified the way we evaluate Candidate progression to emphasize the educational value of the evaluative process. And the developmental pathway for Training and Supervising Analysts has encouraged many of our faculty to pursue clinical immersion and professional growth. I will describe these changes and others in more detail below.

The Students Committee, under the leadership of its Chair, Alexandra Harrison, and Co-Chair, Ellen Golding, formed a task force this past year to review its process of evaluating our Candidates. As a result of the work of this task force as well as ongoing discussion by the Students Committee, the evaluative process has been reframed to promote an educational focus. The new approach emphasizes “readiness for progression” or “readiness for graduation” rather than the “go/no go” approach. The evaluators provide constructive criticism to help the Candidate recognize areas of strength as well as those that need improvement, all towards the goal of progression.

In addition, the Students Committee has shifted progression reviews for taking a third case and for graduation to a small-group format. The small groups consist of the Candidate’s supervisors and three members of the Students Committee, including one member who is designated as the reader/chair. This member summarizes the Candidate’s academic file and case reports and chairs the meeting. The small group discusses the Candidate’s progress and makes a recommendation to the Students Committee. The reader/chair provides a written report of the discussion. The Candidate is invited to meet with the reader/chair for feedback. This format limits the number of people who are reading confidential case material and also limits the number of faculty involved in the evaluation process. Response to the first small-group progression/graduation reviews has been positive.

The Training and Supervising Analyst (TA/SA) Committee, led by Chair Steven Cooper, has created a developmental pathway for faculty interested in being appointed as Training and Supervising Analysts. Any applicant who is close to meeting the immersion requirements is encouraged to consider beginning the process. In the first phase of the pathway, prospective Training and Supervising Analysts present their analytic work, including supervision cases, to one another in facilitated TA/SA Developmental Training Groups. This is a two-year

requirement. The second phase involves meeting four times over a year with an Individual Development Committee composed of three TA/SAs, to identify strengths and areas for growth. Our hope is that over the course of the year, applicants will engage in an ongoing conversation with their committee about the experience of being an analyst and what aspects they find most challenging. Meeting with the Individual Development Committee begins once the applicant has met the criteria for the preliminary TA/SA application and feels ready to move on. It may be possible for an applicant who has met the criteria to start meeting with an Individual Development Committee before the completion of the two-year TA/SA Developmental Training Group requirement. Some of our faculty have already moved through this pathway, including one member who has been approved as a Training and Supervising Analyst.

The Joint Curriculum Committee/Faculty Executive Committee, under the leadership of Jack Foehl, Chair, and Jan Seriff, Vice-Chair for Curriculum, is continuing to evaluate the entire curriculum to ensure that our Candidates receive the highest-quality education, covering both classical and contemporary thinking with a comparative lens. The JCC/FEC is also working with the Child Analysis Committee to integrate the teaching of adult and child psychoanalysis in the Institute curriculum. Last year, we admitted our first joint adult and child analytic Candidate, and we hope to admit further joint Candidates. In addition, Jan Seriff and Jane Hanenberg, Co-Chairs of the Writing Committee, are working with representatives from the JCC/FEC and the Students Committee to consider ways to teach clinical writing across the curriculum. Finally, Fran Arnold, Vice Chair for Faculty, is working with Alisa Levine, Chair of the Admissions Committee, on a proposal to revise the way Candidate advisers are assigned, in order to allow interested faculty to serve as advisers.

Our Referral Service, formerly known as the Consultation and Referral Committee, is in the process of being reorganized under the leadership of its new Chair, Laura Crain. It is expected that the Referral Service will be able to generate potential referrals to our Candidates as well as to our psychotherapy trainees. Referrals to Candidates for control analysis are already under way.

Our Training Outreach Committee, led by Chair Janet Noonan, has been successful in attracting talented mental health trainees and clinicians to our various training programs. Our Admissions Committee is hard at work reviewing applications for our analytic training programs for 2016–17.

It has been a privilege to chair BPSI's Education Committee during this past year. We have a superb and committed faculty and a talented, motivated group of Candidates. In addition, we are fortunate to have a dedicated, hardworking administrative staff that deserves our gratitude and support.



# *BPSI Works: Dreams and Objectives*

## *Listening & Learning: Psychotherapy Division*

Richard Gomberg, *Chair*

During the first trimester of the Fellowship, students take Comparative Theory, a wonderful introductory course taught by José Saporta that is followed by a clinical section later in the evening. At the end of the trimester this year, I received feedback from a number of students who were frustrated when their clinical instructors had not demonstrated the connection between various psychoanalytic theories and clinical technique. While I have often heard praise of clinical teachers who were able to connect the clinical presentations to the theories the students were learning about, this year I seemed to hear more dissatisfaction when this was not done. One of my reactions was to wonder if students did not understand what we are trying to achieve in the clinical sections. This led me to reflect on how we conceptualize the goals of our clinical seminars—and communicate those goals to students. This is not an easy problem to state clearly, but it seems worthwhile to raise the issue and discuss it.

Many Fellows come to our program with very little experience and background in psychoanalytic thinking. Because psychoanalytic theories can be challenging and foreign to them, they often hope the clinical seminars will directly teach how theories are applied and revealed in clinical process. To facilitate this connection, I ask our clinical seminar leaders to be familiar with the readings the students have been assigned in their theory class. For some clinical seminar leaders, this comes naturally. They read along, often enjoy the articles, and deepen their understanding while locating corresponding material in their students' clinical presentations. Students are thrilled to see the theory come alive.

But clinical seminars serve many other important roles in the education of our students, and a relentless focus on the demonstration of theoretical points could interfere with other important goals. Clinical seminars involve students in a different kind of learning. Often this is less structured and logical than the learning they are used to. The typical Fellowship student has usually had 20-plus years of formal classroom education, so if we are doing something different, it should be no surprise that it might require some adjustments.

I believe that when our clinical classes work well, we show our students how to begin the clinical process. We show them a way of listening that doesn't start with theory, but instead starts with the patient's words and actions. We demonstrate ways to listen and how to follow the process as well as the content. Hopefully our comments are not just derived from theory (even if they are inevitably informed by our theories), but instead remain close to the patient's material. When this works well, we can explore what is happening in the patient's mind, or between the therapist and the patient. This may demonstrate a theoretical point, but usually this is a secondary goal. In fact, hunting for theoretical points in the patient's clinical material can sometimes be antithetical to careful listening. This is true whether we think of ourselves as empathically immersing ourselves in the patient's experience, listening for derivatives of unconscious wishes, noticing defensive evasions, attending to the transference/countertransference field, or following any of the many other psychoanalytic technical orientations.



Clinical seminars also allow us to imagine various interventions. We show how a stance we might take, or a subtle change in perspective, can open up a new understanding. While derived from a theoretical orientation, the theory is not imposed on the patient. Fellows also get to hear what different people might say to the patient. Students are often struggling to find their clinical voice, to know how to phrase and communicate their thoughts. Subtle concerns regarding word choice, length and complexity of intervention, emphasis, and a myriad of other issues, many of which they may not yet be able to formulate, are included in the curiosity that becomes a question. In this way, our clinical sections are somewhat closer to experiential learning than theoretical demonstration (not that there isn't room for both aspects).

One of the more important parts of the experience, I believe, is the students' exposure, over the course of the year, to many different experienced clinicians. They see that each clinician may take a different stance toward a patient, focus on different aspects of the material, and suggest very different technical interventions. This gives the students the opportunity to try on various approaches. Fellows begin to learn more and more about their own approach. By comparing themselves with other Fellows and colleagues, they learn about what they are doing. This is often implicit learning, and it is quite different from learning structured theories.

The students also experience preparing process notes, thinking about a patient history, giving an informal presentation of the history, and then sharing their clinical work. Some students have never done this before. This in itself often leads to a deepening of the students' understanding of their own process. And of course, they also hear their classmates and sometimes an instructor present clinical work.

In many areas of science and medicine, there are clear questions and clear answers. Treatments can be standardized and manualized. Sometimes there is little ambiguity about how to understand things and how best to proceed. And this is also true for some forms of psychotherapy. But psychoanalysis involves a deep immersion in subjective experience and aims to understand how the unconscious influences our lives. Because the unconscious operates using the primary process, we are destined to live in a world of ambiguity and contradiction. Our psychoanalytic theories give us some intellectual understanding of these problems, but our clinical sections help our students become increasingly comfortable with engaging and exploring clinical ambiguity.

Psychoanalytic psychotherapy is different from other forms of psychotherapy. Ellen Blumenthal once told me that our clinical seminars show "why and how [what we do] differs from supportive and structured treatments, and then why we listen in certain ways with the goal of deepening treatment while containing affect." This is a complicated goal that involves both didactic and experiential learning. Our clinical seminars play a vital role in this task.

Feedback from the Fellows has helped me realize that I could have done a better job during orientation of helping them understand the role of the clinical seminar in their education. I hope that writing this column will help me approach this more thoughtfully in the future. If you have ideas about this that you'd like to share with me, feel free to get in touch.



# *BPSI Works: Dreams and Objectives*

## *Member Division*

Julie Watts, *Chair*

Writing about the year's projects feels a little unwieldy—a bit like the division itself. Our subcommittees cast a wide net, from programming to the website to greeters. It is our hope that each of these activities enriches us intellectually, and as members of a community.

The education piece we do well. We have continued to expand our fine academic offerings through the Program Committee, the Members Seminar, Explorations in Mind, and BPSI North. Information about existing and potential Study Groups is now available on the website. This year we used two of our Members Council meetings as the venue for small-group discussions led by the Ethics Education Committee and it is our hope that, over time, all of our members will begin to engage in such conversations on a regular basis. And the Aging Analyst Task Force offered three evenings of discussion, during which members spoke about clinical issues and personal experiences, as well as the desire for some kind of ongoing forum, the nature of which we will be thinking about over the next couple of months.

It is harder to gauge how all that we offer adds to a sense of community. On the concrete level of connecting our members, we are pleased to be launching two new projects: ridesharing and the listserv. On Thursday nights the building buzzes with energy. And there was a prevailing feeling in last fall's small-group meetings that BPSI is a different place—welcoming and exciting. At a few of those meetings, while a number of members voiced that sentiment, others commented that “our community is so large, and we offer so much,” that it can be difficult for members to understand our structure and keep track of our programming, in order to make informed choices about how they wish to engage with BPSI. I suppose that this falls under the “embarrassment of riches” category, but it's an issue that we're working on.

An older and more difficult challenge persists alongside these many positive changes. We still hear members speak of hierarchy, opacity, and their reluctance to participate freely in discussion at our programs. The very structure that is allowing our organization to run increasingly well over time can appear complex and uninviting. We take pleasure in the content of many of our rich programs, and yet many of us remain quiet when invited to comment. For some, this is a matter of personal style, but others continue to feel that there isn't room for open debate and lively disagreement among our many disciplines, perspectives, and varied levels of training. That kind of conversation, if we can achieve it, would be the true mark of community.

## *Reflections on Beginning*

*Joseph Schwartz, Chair, Board of Trustees*

By the time you read this brief article, I will have officially assumed the position of Chair of BPSI's Board of Trustees. I want to again thank both the Board's Nominating Committee, inviting me to take on this leadership role, and the entire Board, for choosing me over "None of the Above." I am indebted to our current Board Chair, Stephen Sternbach, for his service to BPSI and for his ongoing help in orienting me to the Chair's many responsibilities. Our Managing Director, Carole Nathan, has also been very generous in educating me about the ins and outs of serving on the Board of Trustees.

BPSI has enjoyed excellent leadership in recent years, and our organization is, in almost all respects, on very solid footing. We are completing our second academic year at 141 Herrick Road. Our new building is now old news. Old news, too, is our revised organizational structure, with our various divisions actively and successfully carrying out their particular missions. More old but good news is the nearly seamless process of integrating members from PINE, many of whom have taken up important positions in our Society and in our educational programs. Several—Jim Barron, Larry St. Clair, and Michael Dvorkin—are now members of our Board of Trustees.

Still, with all this good news, challenges remain. BPSI is bursting with new ideas and new programs for our members, our students, and the wider professional and nonprofessional communities. Almost all of our programs are generated by our members and are made possible by our shared willingness to devote many hours of uncompensated time to making them a reality. For us, that is reward enough. But every program and every initiative requires the time and effort of BPSI's paid staff: Carole Nathan, Karen Smolens, Olga Umansky, Pharrel Wener, Drew Brydon, and Lauren Lukason. As I've started to familiarize myself with the day-to-day workings of BPSI, I have become aware of just how thinly stretched our support staff has been, often coming in early and staying late. We owe our staff enormous thanks for their efforts and want to be sure that BPSI is a workplace that supports and sustains them.

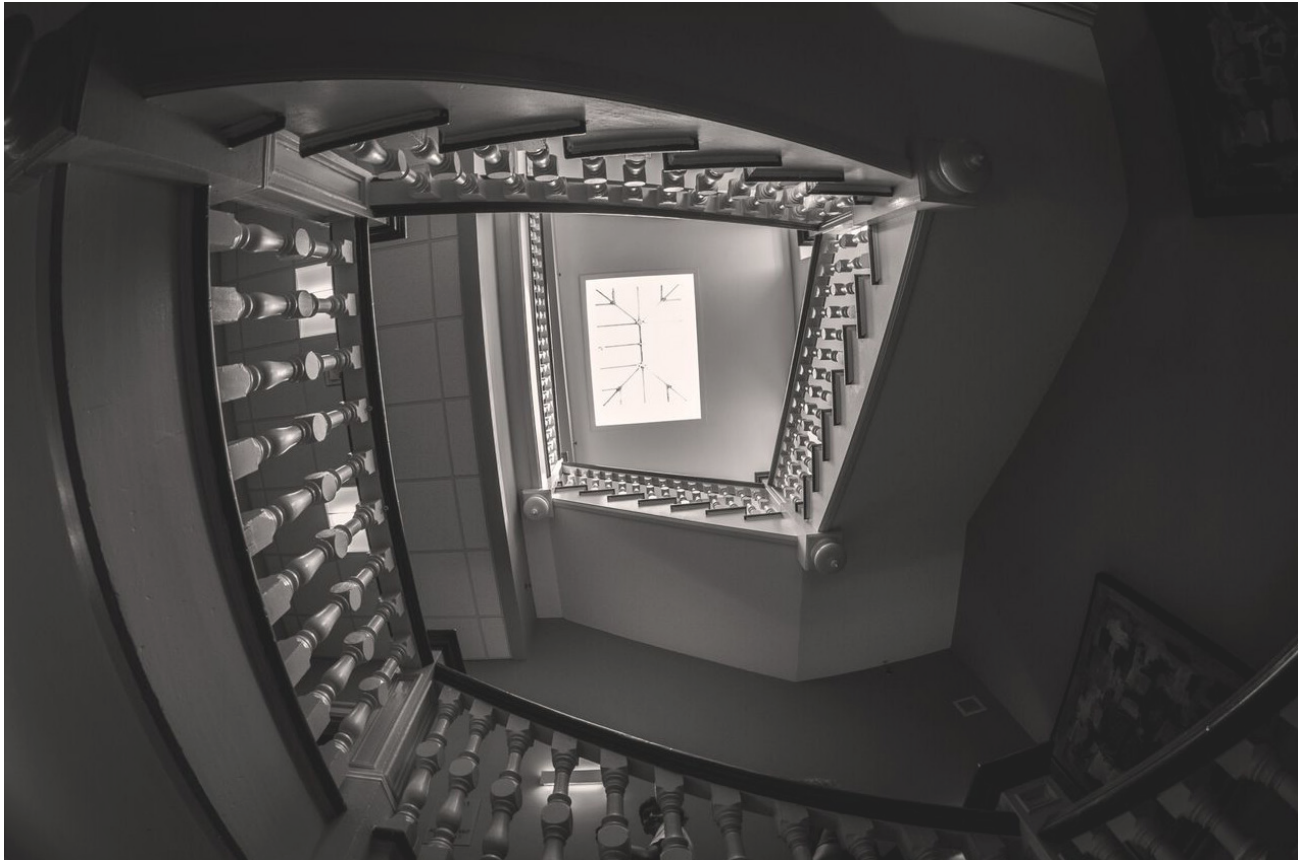
Some years ago, when Randy Paulsen was BPSI's President, a review and analysis of the workings of our organization was undertaken with the help of several outside consultants. Out of that process emerged a revised and updated organizational Mission Statement and a Strategic Plan. Many facets of that plan have been accomplished, including new bylaws, improved budgeting and financial accountability, sustained outreach to allied institutions and to the community, enhanced staffing, efforts to make BPSI a more open and welcoming environment, and, of course, the creation of the Executive Director position, which continues to be so ably filled by Catherine Kimble.

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# *BPSI Works: Dreams and Objectives*

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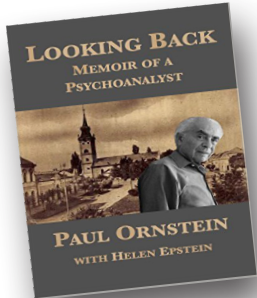


However, one important recommendation from our organizational consultants was that we revisit our Strategic Plan every five years or so to see what has and has not been accomplished and to make any necessary revisions, so that, as we go forward, the plan can effectively guide important organizational initiatives and decisions. That time has now come. The small group meetings that our President, Jim Walton, initiated leading up to our November 2015 Members Meeting provided many ideas that will help inform the updated Strategic Plan. You will be hearing more about this process in the months to come, and those of us in positions of leadership at BPSI will count on all of you to provide suggestions, ask questions, and let us know what is and isn't working well for you at BPSI.

Finally, as you know, we are embarking on a major fundraising campaign, Building BPSI's Future, which is being chaired by Jan Seriff. Tony Kris has agreed to serve as Honorary Chair of this effort. We are guardians of a legacy and a way of understanding the human condition that have often been under siege, and never more so than today. We trained at BPSI and maintain our affiliation because psychoanalysis matters to us and we believe in its unique and deep value to our patients. Continuing to enhance the financial underpinnings of our organization is one important way that each of us contributes to nurturing BPSI and all that it continues to represent. Stay tuned for further developments as we launch our campaign in the coming months.

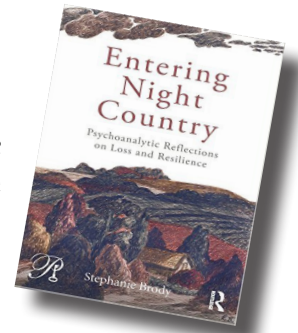
## Library News

Dan Jacobs, Chair

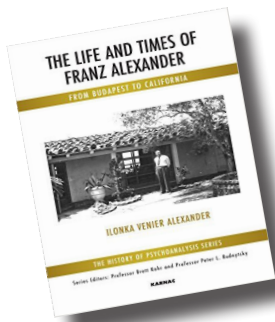


The Library Committee has undertaken several new projects, one being a series of filmed interviews of noted authors. The first to be interviewed was Dr. Paul Ornstein, whose autobiography *Looking Back: Memoir of a Psychoanalyst*, written with Helen Epstein (Plunkett Lake Press, 2015), is available in our library. In the interview, as in his book, Dr. Ornstein, a survivor of the Holocaust, recounts his remarkable life, its difficulties and its successes.

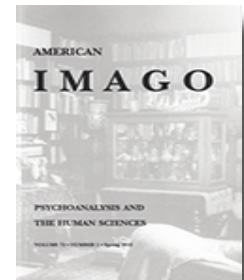
The second author to be interviewed was Dr. Stephanie Brody, whose *Entering Night Country: Psychoanalytic Reflections on Loss and Resilience* (Routledge, 2016) is a remarkable meditation on death and the challenge of living with loss.



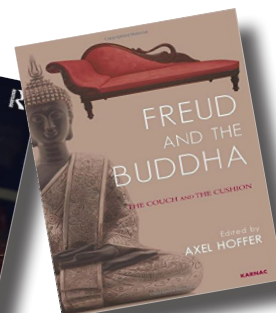
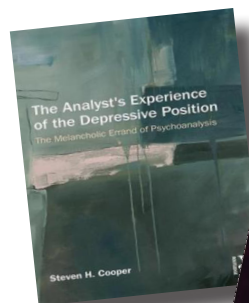
The third author to be interviewed, this summer, by Shari Thurer, is not a BPSI author but a visitor to our Society. Ilonka Venier Alexander, the author of *The Life and Times of Franz Alexander: From Budapest to California* (Karnac, 2015), will tell us how she wrote the biography of her grandfather, working with historical materials including those from the BPSI Archives. These videos are posted on the BPSI website as they become available.



In a second initiative, Olga Umansky, Anna Wolff, and Rita Teusch are working with Louis Rose, editor of *American Imago*, on an issue devoted to the work of Sanford Gifford.



And the third initiative is our “Meet the Author” gatherings. Look for announcements of upcoming events, which will include evenings with Dr. Axel Hoffer, Dr. Paul Lynch, and Dr. Steven Cooper as each discusses his new book.



## ***Free Association***

### **“Teaching Experience”**

Mary McCarthy

**I stepped from Plank to Plank  
A slow and cautious way  
The Stars about my Head I felt  
About my Feet the Sea**

**I knew not but the next  
Would be my final inch—  
This gave me that precarious Gait  
Some call Experience**

—Emily Dickinson

Experience is the best teacher, as the old adage goes. But what happens when experience is fleeting or difficult to come by? How do we teach psychodynamic psychotherapy to young residents? And what happens when the teacher learns from a student how to instruct? This was my experience recently when I brought material from Field Theory, an “Explorations in Mind” course that I am taking, into the yearlong Introduction to Psychodynamic Psychotherapy seminar I teach to PGY 2 psychiatry residents. My Chief Resident, knowing intimately that, once again, the “field” had shifted over the last few years, and that the residents had little exposure to psychodynamic psychotherapy, gently suggested that I shift my approach to teaching this subject. She did not know that I was in the midst of taking this course, but she herself had learned about field theory as a BPSI Fellow. I think she must have sensed that field theory’s concept of the analyst/therapist identifying the “characters” in the patient’s process would enliven our class.

I have been teaching PGY 2 residents for many years, and each year I wonder how it will go. Will this residency group be open to what I have to give them? Will they be able to gel as a group as we try to understand how to begin a psychodynamic treatment? It’s been variable year to year. Recently, the pendulum has swung toward biological approaches in psychiatry and toward “evidence-based medicine.” The “characters” in the field of my course, created by myself, the residents, and the requirements of psychiatry training in 2016, reflect this shift. Some of the characters: residents’ doubts about whether learning psychodynamic concepts is really worth their time; my certainty that—of course!—these concepts are worth learning; confusion; fatigue; fear of sounding dumb; and sheer inexperience. I can sense all this when we look at patient process and a general question like “What do you think?” looms large. They don’t know what to

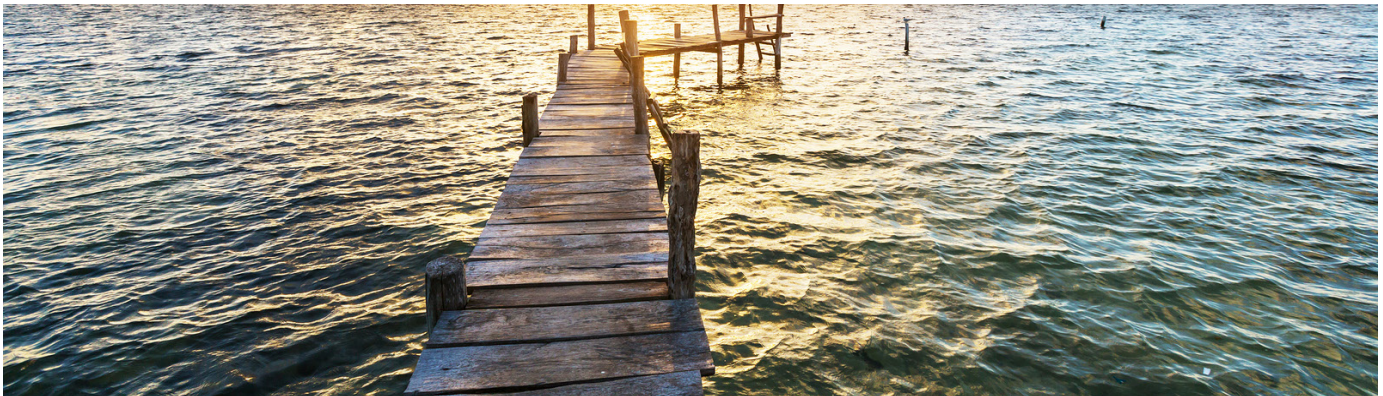


think or where to start, at least in the discussion of the case. They are not yet competent in psychodynamic terminology, theory, or technique. It is all so new.

To add to the mix, residents in this particular training program are only required to have one patient in psychodynamic treatment by the end of their PGY 2 year. Given the types of pathology that patients tend to bring to the clinic—significant medical illness that can disrupt regular appointments and/or significant character pathology that frequently does the same—it is difficult to find even one patient. Inpatient work, which dominates residents' clinical lives during the PGY 2 year, rarely affords the luxury of sitting with patients and just listening to them. This means that residents begin my course with very little experience learning this critical skill—and sometimes finish the course not much further along. It must sometimes feel like they are walking the plank.

What I have noticed is a real discomfort with the more open-ended, less directive art of psychodynamic listening. Trained to “know what to do” while treating patients on the wards and in the ER, and how to do it rapidly, the residents seem stymied when I ask them, regarding a particular patient's process or presentation, “What comes to mind?” or “What do you notice, or think?” In contrast, when I ask them, per field theory's request, to notice the characters that share the room with the therapist and the patient, something changes. The characters do not need to be human. They may be the patient's depression, her dog, her fear, a car, a medical illness, anger, or a computer problem. I am happily surprised by the residents' engagement as they can now easily pick out the characters. And when they do, the room comes alive with their reveries about how these characters may fit together or not; how they may be producing conflict in the patient's inner world.

This allows me, as the teacher, to connect psychodynamic concepts to the issues in the process in a more spontaneous way, in the “play” of our combined reveries and in the metaphors generated in the room. And the residents' concerns about whether what they think is “wrong,” or “silly,” or “dumb,” are circumvented by the playfulness that comes from identifying the various and sundry characters in the process. It seems to free them up to conjecture and, in doing that, to enter the inner life of the patient, and their own, more easily. The residents have called on their “experience” at playing, and their gait, albeit “precarious,” moves them forward and learning happens.



# *BPSI Reveals: Reception and Response*

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## *Self Disclosures and Unknown Passions*

### **Soul Food: Source and Salve of a Metaphorical Mind**

Lauren Lukason, *Education Program Assistant*

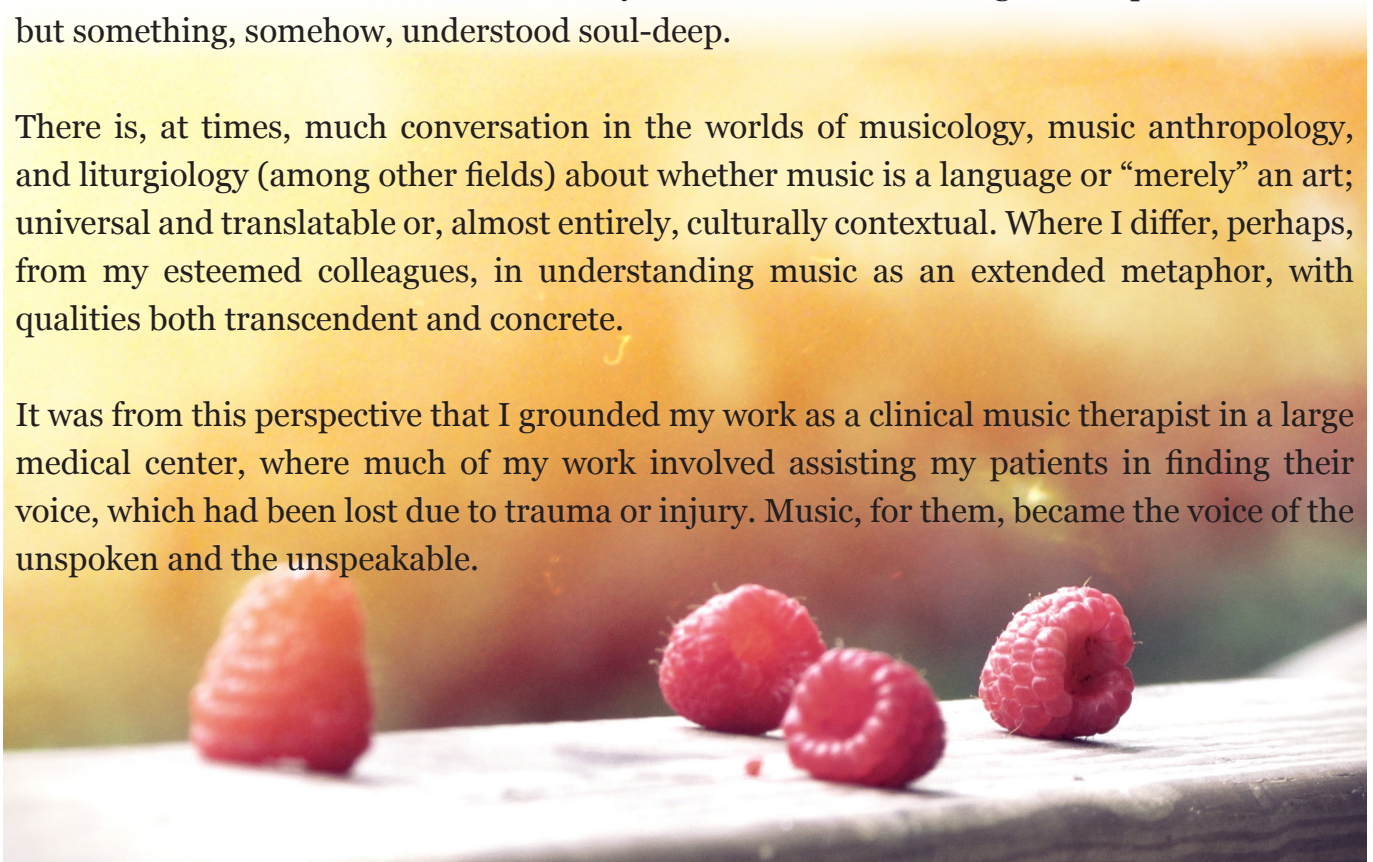
I love metaphor. I love the expansive yet pithy description that metaphor provides. I love that metaphors can stand on their own just as they can serve to open a conversation wider, enlarging the topic at hand. The that which is, and yet is not: It tickles my brain.

Throughout my childhood, it was expected--by my parents and those who knew our family--that my sisters and I would engage formally in musical pursuits. We each began our formal foundation in music education with piano, progressed to singing in church choir, and added an additional instrument by the middle of elementary school. Music, one could say, was--and is--the lifeblood of our household.

I think I was in the third grade when I first made the connection, for myself, between my experience of music--singing, especially--and my affinity for the use of metaphor in spoken and written word. At that time, it was only a "sense": not something I could put into words, but something, somehow, understood soul-deep.

There is, at times, much conversation in the worlds of musicology, music anthropology, and liturgiology (among other fields) about whether music is a language or "merely" an art; universal and translatable or, almost entirely, culturally contextual. Where I differ, perhaps, from my esteemed colleagues, in understanding music as an extended metaphor, with qualities both transcendent and concrete.

It was from this perspective that I grounded my work as a clinical music therapist in a large medical center, where much of my work involved assisting my patients in finding their voice, which had been lost due to trauma or injury. Music, for them, became the voice of the unspoken and the unspeakable.





There are songs full of word that I, too, find are able to supplant and quell the running monologue in my head. The simplicity of the old English folk song, “The Riddle Song (I Gave My Love a Cherry)” and the heart-sung quality of “Bread of Heaven” (as taught to me in the Appalachian tradition) locate me on a line of women who have brought stillness to the disquieted.

At other time, the rolling swells of Harold Friedell’s setting of George Herbert’s “King of Glory, King of Peace,” the galloping Te Deum,” or the bombastically entreaty of Ralph Vaughan Been Our Refuge.” The pieces runs deep for me, and weave of their stories would here.



Furthermore, there are, so no matter how beautifully fail to express the complexity of these times that, as a Christian in the Episcopal tradition, I feel my heart beat ever stronger: *and even at the grave we make our song: Alleluia. Alleluia. Alleluia.*

And so, now, this is why I sing. My singing is more about expressing and clarifying my thoughts and emotions to myself than about ensuring communication with others. It is as much for self-expression as for self-preservation. I sing so that when I am feeble and grey, I may have food put up in the larder for my soul.



## *Collage: Community & Public Programs*

Laura Crain and Michele Baker, *Co-Chairs*

The Community & Public Programs Division is home to rich resources that engage the community in psychoanalytic thinking, and also encourage our members to think more deeply about relevant social issues.

With Benjamin Herbstman as the new Chair, “Off the Couch” continues to offer a psychoanalytic lens for interpreting contemporary issues portrayed in film. In her discussion of the movie *Spotlight* for “Off the Couch” at the Coolidge Corner theater this past fall, Mary Anderson brought alive for moviegoers Freud’s concept of disavowal to explain why priests’ abuse of children “was tolerated and obfuscated for so long, by so many.” “*Spotlight* is riven with instances of disavowal,” she offered, “it is operating in the character portrayal of Cardinal Law, in the obscene yet legal construct of ‘charitable immunity’; it is there as the Church lawyers ‘turn child abuse into a cottage industry’ ... Disavowal is even poignantly present in the families’ willingness to sign a statement of confidentiality, in a victim’s mother putting out cookies for the priest.” Her moving commentary promoted rich discussion.

“Explorations in Mind” (or “Explo”), BPSI’s community education program, co-chaired by Holly Friedman Housman and Chris Morse, promotes connections to intellectual, artistic, and social issues of interest in the community at large. One enthusiastic student of the “Explo” course on zombies commented on her experience: “I enjoyed the course a lot.... I think that zombies...culturally loaded with meaning...are a great concept.... The course explored its connections to psychoanalysis through Freud’s “Mourning and Melancholia,” as well as to postcolonial theory.... I will definitely use [it] in teaching film theory, as it is an excellent way to start a discussion about post-humanism, grotesque bodies, body-genres and phenomenology, women in horror films, construction of subjectivity through





the ‘other’.... Moreover, zombies are a major concern for political science scholars, who have been utilizing them in reading the culture’s collective subconsciousness after violent conflicts.”

The Gender and Sexuality Committee, chaired by Larry Hartmann and Gerry Adler, continues to encourage and welcome the participation and ideas of all BPSI members, and interested non-BPSI colleagues, in its ongoing discussions of the areas— still far from well explored—where psychoanalysis, sex, and gender intersect. In February, committee members Ayelet Barkai and Cary Friedman put forward a thoughtful program. One attendee commented: “I very much enjoyed the presentation and discussion. Ayelet’s paper was excellent. I liked her presentation of historical and theoretical perspectives. I think she brought her patient alive regarding how guilt and shame are still very much alive in our patients and in our culture. Cary’s discussion was also excellent. He gave a lovely review of how psychoanalytic thinking has changed over the past 30 years and how it needs to continue to progress.”

The Social Awareness Committee, chaired by Deborah Choate, is active in promoting the integration of material that deals with issues such as race, gender, ethnicity, and class into BPSI’s core curricula. The committee conducted a survey of the BPSI membership regarding the topic of how related political issues do or do not come up with patients in the office, and it used the findings to develop a discussion group at the 2015 IPA Congress.

The Annual Child Care Conference, chaired by Judy Yanof, has been in existence for 24 years and has a long and rich history of promoting a deep understanding of child development, particularly of how our culture puts children’s healthy development at risk. This year’s conference, titled “Child Development: What Really Matters?”, features Jerome Kagan, a pioneer in the field of developmental psychology, with classroom applications of his theory presented by Alexandra Harrison. The attendance fee is designed to be accessible, and the conference is an ongoing service to early child educators in the community.

# *BPSI Explores: Dialogue and Discovery*

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## *Outreach*

Catherine Mitkus, *Co-Chair*  
*Academic Affiliations & Research Division*

In 2012, as our division reflected on the wonderful success of the Program in Psychodynamics, which was bringing many psychiatric residents to our front doors, then–Board of Trustees Chair Dr. Jim Dalsimer challenged us to remember our mission. How could we address the goal of ensuring that BPSI remains an interdisciplinary training environment? What steps could we take to support outreach to the social work community?



To that end, we presented the idea of launching a program for social work travel grants, which the Board of Trustees approved, with generous funding. These grants offer psychodynamic clinicians the opportunity to attend the annual meetings of the American Psychoanalytic Association (APsaA)—and to experience a taste of BPSI with a one-year guest membership. The membership includes a subscription to the PEP Web and free participation in our “Explorations in Mind” courses.

In the program’s first year, the travel grant subcommittee presented the grant option to the Cambridge Health Alliance’s Department of Social Work. In year two, it expanded its outreach, to the Smith College School for Social Work. In year three, the opportunity was extended to McLean Hospital. And as the subcommittee completed the process of selecting the grant winners, it saw—in the pool of applicants who had shown interest in this unique program—an opportunity to build bridges.

Under the leadership of Dr. Karen Melikian, a new program was created, offering all applicants a six-month guest membership to BPSI, along with a mentor from the BPSI membership. These “door openings” have facilitated ongoing contact with all of the interested applicants and have illuminated clear pathways to BPSI training opportunities and programs. There has been a robust applicant response, and several social workers have moved forward, enrolling in our Fellowship and ATP programs. Additionally, three applicants have gone on to win the prestigious national Fellowship grant offered by APsaA.



The subcommittee has also been coordinating annual luncheons at the APSaA National Meeting as an opportunity for the grant recipients to meet with other BPSI social workers in a personal and friendly context; discussions have provided early-career clinicians with the opportunity to explore their interests in psychodynamic work and to consider the application and integration of psychoanalytic concepts in their work with individuals, organizations, and macro-level systems of care and intervention.

Now in its fourth year, the travel grant initiative has become one more piece of BPSI's infrastructure, providing gateways to the broader academic community and mechanisms for spreading the word about our robust organization and the application of psychodynamic and psychoanalytic principles to clinical care.



# *BPSI Explores: Dialogue and Discovery*

## *Talking Psychoanalysis in the Midnight Hour*

Benjamin Herbstman



At midnight on Friday, March 25—when most reasonable psychoanalysts are comfortably sleeping or at least attempting to—Catherine Kimble and I were burning the proverbial midnight oil to join radio talk show host Bradley Jay on *Jay Talking*, on WBZ NewsRadio 1030. We had been invited to discuss psychoanalysis, psychodynamic psychotherapy, and an assortment of other therapy-related topics. The task of explaining our work to his listeners—many of whom were likely unfamiliar with psychoanalysis and perhaps even psychotherapy—posed both an opportunity and a challenge. In a one hour program with 45 minutes of content (subtracting the commercial breaks), could we find a natural and inviting way to lay out the case for a deeper treatment, like psychoanalysis, to potentially skeptical listeners? While a little daunting, given that we were not speaking to an individual in our consulting room but, rather, to a national audience, this somehow seemed like familiar territory.

Jay introduced the program by informing his listeners that he usually discusses light topics on Friday mornings, but that he thought that a show on psychotherapy and psychoanalysis could help his listeners discover new ways to begin “feeling better.” He invited them to join the conversation, to share their experience if they had ever seen a psychotherapist and, if so, whether it was helpful.

The program covered a wide range of subjects but focused on helping listeners distinguish between psychoanalysis, psychodynamic therapy, and cognitive behavioral therapies. We discussed how a psychoanalytic treatment works, briefly explaining how we look for patterns of the past playing out in the present, in an attempt to make the unconscious conscious. We talked about why someone would decide to see an analyst and pointed out that ambivalence plays a prominent role at the beginning of any psychological treatment. We also informed Jay and his audience that psychoanalysis can actually be an affordable treatment, and mentioned several ways to find a sliding-scale psychoanalytic treatment in Boston.



The responses from the audience kept us on our toes, including one in which the caller asked, “Do you think Donald Trump might be a little off?” Though we declined to answer, the question prompted an interesting discussion about ethics and the American Psychiatric Association’s Goldwater Rule. We explained that, under this regulation, psychiatrists are prohibited from offering a professional opinion on an individual they have not examined. Another caller spoke about his experience in a Jungian therapy that focused on dream analysis. This led to a lively discussion contrasting Freud’s and Jung’s versions of psychoanalysis (including where they each drew—or didn’t, in the case of Jung and Sabina Spielrein—their professional boundaries with patients).

Throughout the show, Jay kept the conversation approachable—he joked that while he is not tempted to join the ranks of our profession, if he did he would find it difficult not to be a “tough love” therapist, using interventions like “Don’t think that!” and “That’s stupid!” (We informed him that he might not have a very busy practice...) Joking aside, however, Jay’s invitation and open reception allowed us to introduce psychoanalysis and psychodynamic psychotherapy to a wider audience. We hope that our conversation inspires some of his listeners to think about working on “feeling better” by knocking on one of our office doors, and we thank Bradley Jay and his producers at WBZ 1030 for the opportunity to share our passion for this work.







## THE ARTHUR R. KRAVITZ AWARD

### FOR COMMUNITY ACTION AND HUMANITARIAN CONTRIBUTIONS

**Gil Noam, PhD (Habi.), EdD**, Associate Professor at Harvard Medical School and McLean Hospital, and faculty member at BPSI, is the 2016 recipient of BPSI's Arthur Kravitz Award. The Arthur R. Kravitz Award for Community Action and Humanitarian Contributions was established in 2008, for our 75th anniversary, to recognize members of BPSI who have provided noteworthy psychoanalytically informed service to our broader community.

As founder and director of the PEAR Institute: Partnerships in Education & Resilience, at Harvard and McLean, Dr. Noam has applied developmental and psychodynamic principles to create an innovative and influential translational center that links research to practice and policy. The PEAR Institute partners with school districts and youth-serving organizations, especially in urban centers, with the mission of substantially increasing socio-emotional skills, resilience, and mental health to promote learning and thriving.

The goal is to overcome the industrial paradigm of schooling and personalize the experience of learning, allowing for deeper relationships, a proactive approach to the epidemic of youth mental health problems, and an understanding of the transference issues that are part of every classroom. To make the many strands of development and complex psychodynamic theories manageable for educators, Dr. Noam created a four-domain theory called the Clover Model. An asset-based assessment tool for students, teachers, and parents, the Holistic Student Assessment, helps educators to “know every child” at the beginning of the school year and to create individual and group learning and development plans for all students, not just those with special education needs.

Over the course of 16 years, the PEAR Institute, built on Dr. Noam's longitudinal resilience research, has grown from a direct-service intervention in Boston schools, after-school programs, and summer programs into an institute with international impact. Dr. Noam and his team have trained thousands of professionals in education settings. He has partnered with many local and national educational and community organizations (such as City Year and Boys & Girls Clubs of America) to extend their knowledge and skills. PEAR's board chair is Stacey Lucchino from the Boston Red Sox Foundation, and the circle of supporters is wide. At Massachusetts General Hospital and McLean, Dr. Noam is the codirector of the rotation for child and adolescent psychiatry fellows teaching residents how to consult clinically in educational settings, and he also maintains a private practice.

Dr. Noam's contributions are built on a foundation of developmental theory and research, a psychoanalytic understanding of development, and a complex integration of psychological, educational, health, and public policy perspectives. His career exemplifies how a scholar and clinician can innovate, integrate, and apply multidisciplinary knowledge in community settings to benefit and support our children.

For more details, go to [www.pearweb.com](http://www.pearweb.com) and [www.cityyear.org/sites/default/files/Locations/HQ/GilNoam.pdf](http://www.cityyear.org/sites/default/files/Locations/HQ/GilNoam.pdf).