



Lacrimosa

As I write this, I am immersed in the last great work of Mozart: the *Requiem*. It remained unfinished upon his death, and the students and scholars who turned the fragments of his composition into a performance-ready score sometimes took liberties, interpreting Mozart's intent or adding orchestration that seems to deviate from what we know about Mozart. Sometimes the alterations are stylistically personal, or bland. Un-Mozartean. But the hand of the 35-year-old genius remains powerfully present nonetheless. Though Mozart wrote only eight measures of the "Lacrimosa" movement, the instruments cry and the voices sing with the hushed, ominous clarity of inevitability. Though we feel the ache, there is a lilting rhythm that evokes a dance—or a lullaby. The mood will not be lightened by the familiar text—a reminder that a requiem is written for a sorrowful day, and that we share in it a lament - of weeping. We often hear that Mozart died "too young." What other works might he have composed had he lived into his 70s, as did the revered musical elder statesman Joseph Haydn? To my mind, there is never a good time. All mourners are left behind to grapple with the absence.

In the sadness that fills the space of the larger world today, we at BPSI are also pained as our community deals with losses that are personal and hard to bear. Because our country has become more desperate, more anxious, more divided, I had expected to write here about anger or fear, about activism and rising up. But the events of this year have also revealed another thread of awareness. I realize now that it is a sense of grief that pervades the atmosphere, and that anger's mission may be to deprive sadness of its air. Mourning is stifled.

All change entails loss. What is precious is different for each of us. Fresh loss has a way of returning us to previous losses and the agony that they produced. As we think about moving forward, in times of sorrow, we are drawn to the construction of mourning, the process by which we are compelled, despite the seduction of grief's shroud, to continue to live. We bear the pain through contact and connection. Finding others, we build the memorials, the circles of grief that we may share with others, even as our own pain is unique. We evolve.

Whoever is loved is mourned—we grieve when their time on this planet ceases. We continue on our paths, without our beloved friends, family, or colleagues. There is much to be pained about: The strangers who have died in violence, the divided immigrant families struggling to survive and to find life's dignity and meaning. Vulnerable children. The planet. We mourn the inexplicable deaths, the deaths that we wish had never happened. We share in the weeping, and in the songs that help guide us forward.

Lacrimosa.

Stephanie Brody, *BPSI Bulletin Editor* stephanie_brody@hms.harvard.edu

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Front cover painting: Psyche Opening the Golden Box by John William Waterhouse (1903)



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BPSI Works: Dreams and Objectives

Letter from the President

It is difficult, a few months into our academic year, to write this letter—usually an uncomplicated welcome to our new and returning trainees and an update on the activities of the fall. There is, of course, much to celebrate at BPSI: another robust Fellowship, the largest number of ATP students in many years, and a lovely first-year Candidate class.

But it has also been a period of great sadness. Over the past months, beloved Members of our community have died: inspiring teachers, mentors, colleagues—dear friends. And as you know, one of our Candidates committed suicide in July. We deal with loss everyday—in and out of our offices. We read about it, we think about it, we live with it. But nothing prepares us for this. The not knowing, the not wanting to know. The knowing, and feeling afraid and helpless. Questioning whether what we have to offer can be enough, and bearing it when it isn't.

So we have been trying to talk about it in whatever ways we can. Perhaps it needs to be a conversation that is always in the air amongst us. Since July, I have often found myself thinking about George Fishman, the colleague we lost most recently, who played no small role in shaping our psychoanalytic thinking. George had an extraordinary mind for theory, along with an unusual ability to be fully present with the deepest of pain. I think it was his always palpable sense of humility that allowed for that combination—an acceptance of the truth that we can't always "know." And that when we don't, we have to keep listening to our patients and to one another...

As always, I hope that if you would like to reach out to me directly, you will.

Julie Watts, President Watts.juliea@gmail.com 617-697-0713



Forest View with an Oak Tree (1849-50) by Eugène Delacroix

BPSI Works: Dreams and Objectives



A few days before writing this article, I participated in an intensive workshop at the Austen Riggs Center that focused on the interplay of leadership, authority, and organizational dynamics. As I reflected on my experience at the event and on my role at BPSI as Chair of the Board of Trustees, I experienced deepened appreciation for how much change BPSI has managed effectively and how well it is currently functioning. In order to continue to grow and flourish, BPSI is engaging in a process of thoughtful innovation, guided by leadership at multiple levels, a comprehensive strategicplanning review process, and active participation by the membership (surveys, think tanks, task forces, committees, small- and large-group meetings).

Along with Deb Choate and Jany Keat, I had the opportunity to co-lead one of the breakout groups at the recent Members Meeting. The group attracted 20 participants and generated many important questions. What are our aspirations for a BPSI of the future that incorporates attention to issues of race, class, culture, gender, and sexual orientation into our thinking about clinical work, education, supervision, programming, governance, and other aspects of institute life? How should BPSI's Mission Statement reflect those concerns? How do we stay attuned to the ways in which organizational dynamics help or hinder the pursuit of our mission? How do we build an organization that is ready to diversify in many ways? How do we open ourselves up to different voices?

Bion stressed the interrelatedness of individual and group/organizational perspectives (vertices of observation). In his introduction to *Experiences in Groups*, he states: "I am impressed, as a practising psycho-analyst, by the fact that the psycho-analytic approach, through the individual, and the approach ... through the group, are dealing with different facets of the same phenomena. The two methods provide the practitioner with a rudimentary binocular vision" (Bion, 1961, p. 7). Within the BPSI community, we are more accustomed to thinking about unconscious processes within the individual or within the dyad (a group of two). By expanding our field of observation to include BPSI as an organization—i.e., developing binocular vision—we can grapple more creatively with these questions.

From my perspective as Chair of APsaA's Department of Psychoanalytic Education/Section of the Psychoanalyst in the Community I am observing that psychoanalysts and psychoanalytic psychotherapists who are working in the community in various roles, have unique experiences that can enrich our thinking about the individual/group and about internal/external realities. Historically, the link between the education and training functions of institutes and the knowledge and experience of psychoanalysts in the community has not been sufficiently acknowledged or appreciated. There has been and still is understandable anxiety about losing or diluting the focus on the internal world of unconscious processes in the clinical dyad (the pure gold of psychoanalysis) and alloying it with considerations of gender, race, class, culture, sexual orientation, and the powerful influences of the multiple groups and communities to which we belong and in which we are embedded. Nevertheless, as psychoanalytic theory continues to evolve, we are becoming less prone to dichotomizing and more open to thinking about the interplay, porous boundaries, and mutual influencing at conscious and unconscious levels of the "internal" and "external" realities that constitute the dynamic field.

Increasingly, members of psychoanalytic institutes are embracing the proposition that understanding group/ organizational dynamics is essential for the effective functioning of their institutes and societies. A survey of the entire membership of the International Psychoanalytical Association indicated widespread support for that proposition, but also suggested that, with few exceptions, institutes do not have the capacity to systematically engage in organizational

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self-inquiry. Through BPSI's *Explorations in Mind* Program, Harry Spence, a Community Member of the Board of Trustees, and I have been offering courses on leadership, role effectiveness, and organizational dynamics to enable members of BPSI and the wider community to develop binocular vision and enhance their effectiveness in the groups/organizations in which they work. The courses draw on the interdisciplinary perspectives of systems psychodynamics, derived from Klein, Bion, and open systems theory.

Coming to BPSI from PINE, which provided me with a rich learning experience but is a much smaller organization, I have learned a great deal from BPSI's talented leadership. I have come to appreciate BPSI's size, complexity, and vitality. Based on my roles and particular interests, I have cited a few initiatives, but there are many others going on at multiple levels within the organization, and that thoughtful, persistent experimentation and innovation will help move us forward.

Bion, W. R. (1961). Experiences in Groups and Other Papers. London: Tavistock.



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We are hoping for 100% participation in this year's Annual Appeal. Your generosity supports tuition scholarships, outreach initiatives for early career clinicians, our library and archives, and our thriving *Explorations in Mind* program.

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Proposals and New Policies in the Psychoanalytic Training Program

Cary Friedman, Chair, Institute Education Committee

I am honored and pleased to have the opportunity to chair the Psychoanalytic Training Program Education Committee. During the past academic year, several important initiatives were approved to strengthen our training program. The first proposal, to update the gender requirement for control cases, calls for deeper and wider analytic thinking by offering a set of questions for Candidates and Faculty to use to consider more fully the meanings of gender in their patients. The proposal also changes the binary language regarding supervised cases from "at least one male and one female" patient to "cases of more than one gender." It also calls for faculty to commit to ongoing learning about contemporary perspectives on gender and sexuality, and for such perspectives to be incorporated into all aspects of our training program.

The second proposal, to update the progression process, removes barriers to Candidates' moving through training by delinking approval to begin a third case from progression reviews—and thereby allowing Candidates to begin appropriate control cases whenever they are ready. In addition, case reports must now be completed, and a progression review must occur, within one year of Candidates' beginning their third case, while a graduation review must be held at least one year after the progression review. These changes shift the emphasis of the reviews from up-or-down decisions on progression to the establishment of thoughtful, individualized training goals to be addressed in ongoing clinical work.

The third proposal, by the task force on the Training and Supervising Analyst Developmental Pathway, replaces ongoing work in training groups with the assignment of an individual mentor as one of the steps towards becoming a Training Analyst. Like the progression review changes, this modification better facilitates learning and development for members who wish to pursue this professional course.

Each of these initiatives was developed by a task force and through subsequent committee discussions with the aim of establishing new training guidelines that foster deeper analytic thought. I plan for us to expand upon that work this year by addressing several essential training issues using similar approaches. To follow up on the commitment we made to update our training regarding gender and sexuality, and to address the need for greater understanding of the impacts of race, class, and culture on psychoanalytic process, we will be establishing a task force to recommend thoughtful ways to improve training in all of these areas. We will also establish task forces to review some of the current structural requirements of both the training analysis and supervised cases—regarding, for example, session frequency and specific hour requirements. My hope is that we will continue to make decisions that are rooted in thoughtful processes about how to keep our analytic training program engaging, relevant, and supportive of our Faculty and Candidates, while maintaining our commitments to immersion, depth, and rigor in both training and clinical work.

Finally, I note with sadness that our community continues to cope with the sudden and tragic death of one of our Candidates. As Faculty, we have been working to be as thoughtful as we can about the impacts of this tragic event, and we welcome input about how we can continue to be helpful.



E'reything (Will Be All Right) Everything (2018) by Christina Quarles

BPSI Reveals: Reception and Response



Olga Umansky, Hanns Sachs Library



Portrait of a girl reading a book by James Sant

"What is the right age to get a smartphone?"

"Can I take her phone away? It is my phone, after all!"

"What amount of screen time is OK? How do we know if their brains can handle it?"

"How can my child not use a phone in school? The homework assignments are actually on the computer!"

These were the questions addressed to the panel of child psychiatrists in the Newton-Wellesley Hospital auditorium after a screening of the award-winning documentary *Screenagers: Growing Up in the Digital Age*, a film about the daily family struggles over screen use that has been shown to baffled parents and children across the United States. When the lights came back on in the auditorium, an elementary school kid cheered the room with a surprising remark: "When did it become OK to do something just because others do it?"

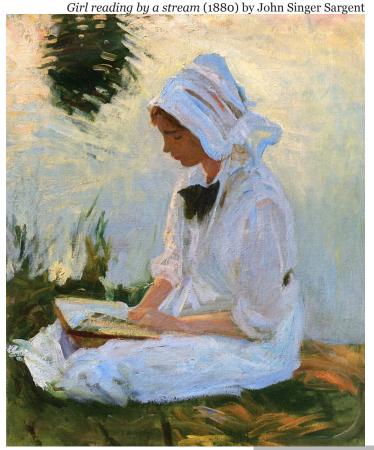
The experts did not give universal recipes, but our common frustration was clear. We are all in the same boat, children and adults. Somehow we will have to learn to navigate this new digital reality: it is not going anywhere. Though children were the focus, adult issues followed close behind. Adults—parents—are also becoming addicted to and distracted by their devices. Do we have the right to demand from children what we ourselves cannot master? When is the right age to allow phone privacy? While some panelists advised setting up strict home rules and devising "screen-time contracts," others acknowledged the inevitability of technology and the pressing need for children to learn self-control at a younger age. When it comes to phone use, families don't have to be democracies, but finding a working compromise without breaching trust will always be a challenge.

Screenagers showcases several families struggling over social media, video games, academics, and Internet addictions. In one family, that of the filmmaker, Delany Ruston, the parents are trying to negotiate with their 13-year-old daughter the purchase of her first smartphone. Ruston, a primary care physician, speaks about the teenage tendency to overshare and the pressure to be "liked" on social media. Other parents in the movie are worried about how their sons' time and interests have been swallowed up by video games. We learn about the signs of clinical Internet addiction and about a one-of-a-kind Internet rehabilitation center near Seattle.

Some of the concerns voiced in the film have recently been validated: the World Health Organization included a new mental health condition called "gaming disorder" in the 11th edition of its *International Classification of Diseases*. The latest science shows that our ability to concentrate and multitask is diminished while we stare at the screen. The dire need for off-line camps, phone-free classrooms, and a reinvigorated emphasis on physical activities has become evident. Among the brain scientists who provide commentary in the film is BPSI's Affiliate Scholar Sherry Turkle, who has written a lot on the "subjective side" of people's relationships with technology. Her latest book is *Reclaiming Conversation: The Power of Talk in a Digital Age* (Penguin Press, 2015). She is also the author of four other books about evolving relationships in digital culture: *Alone Together: Why We Expect More from Technology and Less from Each Other* (Basic Books, 2011); *The Second Self: Computers and the Human Spirit* (MIT, 1984); *Life on the Screen: Identity in the Age of the Internet* (Simon and Schuster, 1995); and *Simulation and Its Discontents* (MIT, 2009). Turkle argues that conversation, in real time, has been lost to the seduction of digital gifts. This sense that we always have a platform, are never alone or bored, and can always edit our communications, affects our competence to engage in human, face-toface connection. In turn, our capacity for empathy is compromised. She promotes a rebooting of conversation as a cure to what she calls a "crisis in empathy".

Recent shifts in school phone policies may fail to consider Turkle's concerns. The days of locked-away phones seem to be long gone. Kids are getting their first smartphones at a younger age, while peer pressure to use them has intensified. The film reveals that a majority of U.S. middle schools now allow students to carry their cell phones throughout the school day. Given this trend, an initiative launched by Ruston, "Away for the Day," is a welcome one, giving parents tools to advocate for school policy changes in their own communities. I hope to become involved in such an initiative and was relieved to meet local parents and mental health professionals who support additional policy changes.

Despite the stressful topic, the evening turned comforting. out to be As often happens. many attendees the shared pain lessened our worries. film highlights wonderful resources for parents and educators. The Screenagers website offers templates for screen-time contracts, which parents are encouraged to create and negotiate with their kids before they buy them their first phone. There is a library of thoroughly reviewed parenting apps for setting device limits and schedules, monitoring usage, and even earning points and coupons for off-line time. The filmmaker's Tech Talk Tuesdays provides useful tips and family conversation starters a variety of topics, from sexting to sleep deprivation. (As ironic as using a blog as a resource may sound this context, the ideas published there come from the Ruston family's dinner conversations, when everyone turns off their phone to talk about weekly frustrations caused by technology. My only suggestion would be to some humorous stories to the medley.)



continued on page 10



Girl reading a book (1900) by John Singer Sargent

Many parents, both on- and offscreen, admitted that they themselves had a problem with phones. Meanwhile, some teenagers in the audience found the narrative one-sided, and online reviews of *Screenagers* show that the film often leaves kids skeptical. Still, at our Newton screening the best observations came from kids. I witnessed the conversation suddenly turning around: children became our mentors and consultants. I was happy that my 13-year-old son was in the audience. On our way home, in place of our usual bickering over how long he would be allowed to play his video game, I was given a nice lecture on turning my Wi-Fi off for better concentration and how both of us should probably go back to paper books for a better night's sleep.

3.13

The following day, I put my librarian hat on, and my mind drifted to the "psychoanalysis in the digital age" section of our library. It is no secret that our readers, for the most part, value paper over electronic books. My guess is that they also prefer face-to-face conversations to skyping. And yet, psychoanalytic literature on the topics of screens, teletherapy, gaming, and sexting is gaining popularity. BPSI catalogs all books about computers within the special 3.13 category, in which 3 represents Philosophy and 13 stands

for Artificial Intelligence. I can't help noticing now that the start of the screenage years lies on the right side of the decimal. Barely used a decade ago, section 3.13 has been expanding rapidly over the past three years. In addition to Sherry Turkle's books, our members often consult Psychoanalysis Online, a three-volume Karnac publication on mental health, teletherapy, and training (2013); the impact of technology on development (2015); and the teleanalytic setting (2017), edited by Jill Savege Scharff. Our child therapists recently recommended *Love in the Age of the Internet*, edited by Linda Cundy (Routledge, 2015) and *Sexting Panic: Rethinking Criminalization, Privacy, and Consent*, by Amy Adele Hasinoff (2015). The most recent additions to the 3.13 shelf are Alessandra Lemma's *The Digital Age on the Couch: Psychoanalytic Practice and New Media* (Routledge, 2017), Andrea Marzi's *Psychoanalysis, Identity, and the Internet: Explorations into Cyberspace* (Routledge, 2016), and Catherine Steiner-Adair's *The Big Disconnect* (Karnac, 2016).

Psychoanalytic journals have started acknowledging the world of "electronic instruments that hold us hostage" as well (Gabbard, 2015). Glen Gabbard has written several important papers about professional boundaries, cyberpassion, privacy, and the "playful expansion of the self" in the era of the Internet. According to Gabbard, the paradox of cybercommunication is that it challenges our privacy but also "offers us a place to hide" (Gabbard, 2015). Siamak Movahedi and Nahaleh Moshtagh analyze a young college student's fear of losing privacy and control to "the robotic" mind in a clinical vignette titled "Your Smartphone Is Watching You" (Movahedi & Moshtagh, 2016). A heated discussion of Danielle Knafo's article "Guys and Dolls: Relational Life in the Technological Era" suggests that there is no clear consensus on how technology alters the dimensions of human relationships (Knafo, 2015). In his commentary on Knafo's paper, "The Internet and Its Discontents—or Diamonds Are a Girl's BFF," Stephen Hartmann passionately argues that the claim that "technology has invaded our intimate lives" is wildly overstated (Hartmann, 2015). Todd Essig attempts to make a balanced clinical assessment of "screen relations" in his article "The Gains and Losses of Screen Relations: A Clinical Approach to Simulation Entrapment and Simulation Avoidance in a Case of Excessive Internet Pornography Use," listing a lack of "descriptive terminology" among the obstacles to such an assessment (Essig, 2015). In his paper "The Player and the Game: Compulsion, Relation, and Potential Space in Video Games," Alexander Kriss insists that video games often act as Winnicott-defined "potential space" that "allows players to engage with complex psychological material—such as compulsions, self-and-other relations, morality, and personal growth" (Kriss, 2016).

In 2017, The *Psychoanalytic Study of the Child* devoted a section to "Development in the Digital Age," featuring papers like "The Death of Childhood," by Victor C. Strasburger; "Early Latency and the Impact of the Digital World: Exploring the Effect of Technological Games on Evolving Ego Capacities, Superego Development, and Peer Relationships," by Pamela Meersand; and "The Transitional Phenomena Functions of Smartphones for Adolescents," by Alan Sugarman. The same issue included a section on "Emerging Adulthood," a phenomenon undoubtedly born in the Internet era. In his article "100 Years of Adolescence and Its Prehistory from Cave to Computer," BPSI



Baroque library of the Jesuit College of the Old Town of Prague/Creative Commons

BPSI Reveals: Reception and Response

Member Monty Stambler concludes that the digital revolution has resulted in an elongation of adolescence and a postponement of adulthood. Dr. Stambler often recommends new child analysis titles for our library. He recently pointed out Marie Lenormand's article "Winnicott's Theory of Playing: A Reconsideration," in which the author questions the old triad of play/playing/game as invariably therapeutic (2018). Lenormand highlights the part of "Playing and Reality" where Winnicott talks about "non-therapeutic" forms of play involving repetition and dissociation. He describes a woman who "could spend hours playing cards, in a split state, and ... this game led to nothing." Are the kids who play video games for hours engaged in a similar activity? And will those who do not remember a world without smartphones, tablets, and video consoles be fundamentally different from every generation before them? Let's wait and see: we may not know for a while. I can only hope that their happiness will always find its way "from some curious adjustment to life" (Walpole, 2016).

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Spare Moment (2015) by Tschabalala Self



Tom Williams/CQ Roll Call, Pool

In the previous issue of the Bulletin, members of our community were asked to respond to the historical turning point of the Clarence Thomas Supreme Court hearings of 1991, when Anita Hill appeared before the Senate Judiciary Committee. Her testimony marked one of the first occasions of a high-visibility disclosure of sexual harassment which unleashed a debate over the truth, and the context within which power and gender differentials may influence opinion. Members of the BPSI community were asked to reflect on 2018 and, if they could, to comment on my question: "Has anything changed?" Then came the Kavanaugh hearings this summer, and a sense of déjà vu. The repeated denials and painful disclosures were riveting and divisive, just as they were 28 years ago. Though my decision to revisit the summer of 1991 might, in retrospect, look like a moment of uncanny editorial prescience, in reality the current cultural and political climate made it predictable, even inevitable, that the debate would start up again, in real time.

My motivation for using that #MeToo milestone as a prompt for the Free Association column was to scratch the surface, and then to keep scratching it. I knew it was likely that a discussion of the #MeToo movement would intersect with the experiences (personal and professional) of psychoanalysts, the history of psychoanalysis, and the complex iterations of truth that exist in our field: psychic reality, transference, distortion, fantasy, countertransference, enactment. I knew it wouldn't be easy to raise the issue of ethical misconduct in our profession, but an unwillingness to connect the dots between #MeToo and psychoanalysis would be a risky form of denial. Our history is not so secret.

In "Psychoanalysis Meets #MeToo, Part II," the prompt is a fictional vignette, written by one of our members, Stephanie Schechter. Stephanie's vignettes have been used in numerous contexts, within BPSI and at APsaA meetings, to stimulate discussion, to grapple with dilemmas, and to confront what I like to call our ethical liminality. The vignette in this issue of the Bulletin is meant to reveal our uncertainties and our challenges, to engage in the inconsistencies and the contradictions—the fault lines—in our policies, ideas, and expectations. In this fictional narrative, the setting is BPSI, and the players include a Training Analyst, a Candidate, the Ethics Committee, and the BPSI community. As in the previous issue, I have invited members of the community to join in the discussion.

Responses have been varied and universally thoughtful, whether my invitation to write was accepted or declined. Reactions have been strong—the vignette is provocative and has elicited anxiety. Writing for the Bulletin is a form of public sharing, and layers of misgiving and worry have emerged during this process. Psychoanalytic institutes are close communities with inherent overlaps structured into our training, administrative authority, and clinical roles. And even a fictional vignette resonates with cross identifications and institutional responsibility. We wonder how to put voice to our opinions, or whether there will be fallout from self-expression. Confidentiality remains an important gate and privacy a respected privilege.

But how might we traverse the uncomfortable open space that is required for having the necessary discussions about our personal, institutional, and theoretical vulnerabilities? The movement from uncertainty to resolution—that passage through the liminal space—is only possible if we can bear all sides of the dilemma. If we cannot trust that our psychoanalytic container can hold the ambiguity and affective distress that is part of the process, we may need to look carefully at the container we have constructed. It is like any therapeutic relationship that hits a rough patch. All is revealed in these painful moments: strengths, frailties, and how we manage opportunity. But it is hoped that what is written here will stimulate discussions about our vulnerabilities, and our

competencies, and will challenge us to find the freedom to take on what is most difficult in the service of our professional well-being.

The Editor



Tom Williams/CQ Roll Call, Pool

#UsToo: The Vignette

Dr. Angus, the Chair of the BPSI Ethics Committee, receives an email from a firstyear analytic Candidate, Dr. Borden, saying that she needs to file an ethics complaint against a member of the BPSI community and is aware that this will need to be a formal, signed complaint.

When Dr. Angus receives the written statement, she is shocked to find that the



David Butow/Redus for TIME

complaint is about Dr. Borden's Training Analyst, Dr. Pollard, who has been accused of "sexually inappropriate behavior." In the complaint, Dr. Borden states that she had been in psychoanalysis with Dr. Pollard for seven months, since the beginning of her training. She says that she chose Dr. Pollard because he was highly recommended and she appreciated his approachable demeanor. She states that she was surprised early in the treatment that he would sometimes comment on her attire or a new haircut. Though she thought the comments seemed "un-analytic," she reminded herself that she had chosen him partly because of his reputation for warmth, intelligence, and accessibility. Initially, she states, she enjoyed that he noticed what she wore and how she looked—she felt "flattered." Dr. Borden quotes Dr. Pollard as saying: "You have a beautiful smile," "You really light up a room," and even "I bet you attract a lot of male attention at bars." Each time, she felt a combination of excitement and disturbance. She says that there were other, similar comments that she does not remember exactly.

Dr. Borden writes that she became seriously concerned during a session in which she described a sexual encounter with a man she'd been dating. As she got up to leave the session, Dr. Pollard smiled at her and stated, "I might need to get a cold shower." Feeling shocked and disturbed, she thought about addressing it with him at their next session, but became anxious and was afraid to confront him.

"The last straw" occurred several weeks ago when Dr. Pollard suggested that they might meet outside the office sometime, at a bar or a coffee shop. Dr. Borden says that the comment was a "total non sequitur" and completely shocked her. Following that session, she "snapped to her senses" and canceled all future appointments with him. She arranged to meet with the BPSI Ombudsman and then decided to lodge a formal complaint with the Ethics Committee.

Dr. Angus enlists another member of the Ethics Committee, Mr. Knox, and together they interview Dr. Borden. Dr. Borden's memories of the "inappropriate comments" are completely consistent with her written report, and they find her to be quite believable. They inform her that a subgroup of the

Ethics Committee will be meeting with Dr. Pollard and that he will have the right and the prerogative to discuss confidential material about her treatment with the subgroup, in order to address the complaint. They tell her that she may withdraw the complaint if these terms are not agreeable. Dr. Borden says that she understands and agrees to the terms.

Dr. Angus and Mr. Knox set up a time to meet with Dr. Pollard. Though he is entitled to have an attorney present, he waives this right, saying that he hopes it will not be necessary to hire a lawyer. He tells them that he is horrified that an ethics complaint has been made against him. He explains that he was surprised when Dr. Borden precipitously canceled their appointments several weeks ago. Dr. Borden, he explains, has a history of sexual exploitation by men, and after many years of psychotherapy with a female therapist, she chose to see a male analyst specifically to "work through issues with men." Diagnostically, Dr. Pollard believes that Dr. Borden has features of a borderline personality disorder. He has noticed her tendency to conflate fantasy and reality. She has a great deal of rage and aggression toward male authority figures and in analysis has revealed powerful fantasies of revenge and retribution.

Dr. Pollard says that Dr. Borden's account represents a gross distortion of his comments. He explains that the only times they discussed Dr. Borden's physical appearance was in the context of material she brought into the sessions, and in that context, as a feature of her psychic reality. He denies ever having complimented her on her appearance or having made the comment about a cold shower. But Dr. Pollard had wondered whether Dr. Borden had fantasies of exciting him through her descriptions of her sexual encounters with men. He explains that because the analysis was in an early phase, he did not feel he could address this question with her. He flatly denies having invited her to meet outside the office and says that the allegation is "either pure and utter fantasy or a flat-out lie." He notes that, like many other patients, Dr. Borden expressed fantasies of seeing him outside the office and that in the analysis he encouraged her to explore the fantasy.

Dr. Angus and Mr. Knox bring their full, detailed report back to the seven-member Ethics Committee. Some members think there is not enough evidence to issue any sanction against Dr. Pollard. They note that he has been a member of the community for 15 years and is deeply respected as an analyst, supervisor, and teacher. No complaints have ever been made against him. They express concern that any sanctions by the Ethics Committee must be made public and would immeasurably damage Dr. Pollard's reputation.

Others find Dr. Borden's account abundantly credible. One member of the committee notes that Dr. Pollard is recently divorced and that it seems plausible that his behavior may be related to his own anger and aggression toward women. Others believe that it would be highly unlikely for an analytic Candidate to lie or distort events to such a degree, and they regard the absence of previous complaints as irrelevant. They argue that if other women have had similar experiences with Dr. Pollard, they might not be empowered to make a report until other allegations become public.

Dr. Angus suggests the possibility of nonpunitive interventions for Dr. Pollard, such as ongoing supervision to address the issues Dr. Borden has raised. The committee remains sharply divided; half believe this is unnecessary, and the other half consider it to be an insufficient response.

Dr. Angus, who has known Dr. Pollard for 10 years, has trouble believing he is capable of such behavior. Yet she also agrees with Mr. Knox and other members that Dr. Borden's account does seem quite credible. She is aware of her responsibility to help the committee come to a decision about whether to sanction Dr. Pollard and, if so, how. But the committee is more divided now than at any time in the past. Meanwhile, several committee members report that rumors of a complaint of sexual misconduct against Dr. Pollard have already begun to circulate through the community.

Stephanie Schechter

I was surprised by how much emotion the "#UsToo" vignette evoked in me. As I read it, after having been horrified by the description Dr. Borden gave of her experience in analysis with Dr. Pollard, I felt outraged by what seemed like glib pathologizing in his response. And I felt betrayed by those members of the Ethics Committee who did not seem to take her complaints seriously because Dr. Pollard was a respected member of the community and they were concerned about his reputation.

Then I remembered how incredulous I was when people I had known and respected in the BPSI community resigned because of boundary violations, and how sad. In one case, I first imagined that the boundary violation had something to do with financial entanglements, rather than sexual ones, because something financial would be easier for me to believe of him. As I thought about it, I realized that loyalty plays a part in these reactions. Apart from the questions of misogyny and power mongering, I think there was something similar in the so-called Kavanaugh bump. People rallied to a sense of "How could they be so mean to our guy," which occasionally led to the dismissive "He was just a kid."

I asked myself about people I have known who were publicly accused of sexual misconduct. In one case, that of an analyst whose actions were described in the newspaper in lurid detail, I reacted with a sense of disgust and shame, as though I were implicated by having been a family friend for most of my life. With a member of another community to which I belong, I found myself believing my friend, who insisted that he had not done what he was accused of, and I imagined that his colleagues who rejected him were throwing him under the bus for their own reasons. I didn't have the data to really know what had happened, but I was loyal.

I wonder about the feeling of loyalty—whether it led me to believe Dr. Borden, like me a woman who is not within the power structure of the Institute. Or whether it led those Ethics Committee members to dismiss the accusation. Loyalty is not a concept one often hears about in psychoanalytic discourse, but I think it's a combination of identification, affiliation, and attachment. It has a powerful effect on how we understand stories that are told to us—actually our reality testing. I read this vignette, aware that it was fictional, aware that I did not have all the facts, with a feeling of conviction that Dr. Borden's analyst had done something he never should have done.

Patricia Potter

BPSI Explores: Dialogue and Discovery



David Butow/Redux for TIME

Baseline: On an initial reading of this vignette, I just assumed that both parties were white. What difference does it make, my assuming that, and what difference might various racial permutations of analysand and analyst make in consideration of the case at hand? What does that particular assumption say about me, and what does it say about psychoanalysis? How might it factor into thinking about accusations of sexual misconduct? And what would it mean if the genders were reversed?

The recent spectacle of the Kavanaugh confirmation hearings and his appointment to the US Supreme Court, though not entirely surprising, is still raw for me. Dr. Blasey Ford's accusations of assault seemed compelling and real, and Kavanaugh's performance that of a guilty man lying, desperately trying to defend himself, to the point of abandoning any semblance of judicial demeanor, and maybe even convincing himself that what he was saying was true. The fix, conscious or not, on the part of the senators, of a white, rich, privileged man being maybe believed, maybe not, but promoted by his peers to further power regardless, and the devaluing and demeaning of the female accuser, seemed to me horrifically obvious. This piece of our history deeply influences (prejudices?) my thinking about this vignette and similar issues in the recent past at BPSI. I think, too, of the differences between the confrontations of Anita Hill and Clarence Thomas, two individuals of color, and those of Brett Kavanaugh and Christine Blasey Ford, both white. I wonder about shuffling the protagonists and how that could lead to some very different outcomes.

The power differential in analysis is great. There will always be fantasies on both sides. Compliments may have their place, but probably not a great idea early on. Would a Candidate make up such things? Would the admissions committee have been blind to "borderline" tendencies, and can't that formulation be a scoundrel's way out anyway? Accusations of "pure and utter fantasy or a flat-out lie" smack of gaslighting and protesting too much. But maybe not.

What sorts of denial do we bring to bear, what disavowal and distortion, in considering issues of possible sexual misconduct? How does our organization deal with hierarchy? What biases get

exercised where there are issues of power and position? What are our actual gender and racial biases, and how do they get acted out? To accept that people we know and like and work with may be capable of behavior that does not square with our personal experience of them, and to acknowledge how incompletely we can actually know one another, is extremely hard; it is beyond painful to realize that we ourselves could be capable of abusive or inappropriate behavior, that we can so incompletely know ourselves. Both sides need to be heard and judgment made, a singularly difficult task in a field that ostensibly rests on being nonjudgmental. We can only try to be honest about our own biases.

Deborah Choate

I am composing this piece with a sense of fear. The current political climate has made free speech feel not quite so free, both in America and within APsaA, and writing a response, writing anything, leaves one open to the vitriol that seems to have become part of the air we breathe. Perhaps not surprisingly, the aspect of this vignette that spoke to me is about the negative potential of speech. These vignettes are written primarily to be prompts for discussion, and one benefit of that format is that one is

free to change one's mind throughout the discussion and long after. They are written so that there is no right answer, but rather a genuine dilemma, the themes of which should lodge in our minds and resurface when we find ourselves in similar situations in our own practices and lives.

Having co-led many discussions about such ethical dilemmas, I have noticed that one of the ways the conversations deepen is through modifying the vignette: What if it were this, then what would you think? Or what if the patient did this or the analyst did that, would that change things? In that vein, before I comment on this vignette, I would like to rewrite it a little. If we leave it as it is, we have a situation in which the Candidate patient accuses her analyst of truly inappropriate



Jim Bourg/Reuters

behavior and the analyst denies it, in turn accusing the patient of having extreme psychopathology, either psychosis or sociopathy. The ethical conflict in this eludes me. But tone it down a bit and we

have the kind of situation that happens all the time and potential consequences with which we are all familiar. The analyst says something, imagining that his words will be heard in a certain light, and the patient hears his words in a different light, perhaps distorting them, perhaps reading beneath the surface of the words. Both parties feel misunderstood. Ideally, the dyad can make use of the missed connection and each party can learn something, move on, grow. These experiences don't prompt a call to the Ethics Committee, but they might still lead to one of the key concerns raised in the vignette: trial by public opinion.

Imagine that Candidate A has a difficult interaction with her analyst, Dr. X. She feels overwhelmed by her feelings and tries to sort them out by talking to her classmates. Later, one of these classmates, Candidate B, is asked by Candidate C what he thinks about Dr. X as a supervisor. Candidate B might mention concerns based on what he has heard from Candidate A, concerns that Candidate B has no way of untangling from transference. Then maybe Dr. X is scheduled to give the academic lecture, and Candidate C casually mentions to Candidate D what he has heard about Dr. X, not knowing that Dr. X is Candidate D's analyst. The ethical dilemma here is to balance free speech and the need to take care of one another. We want, need, to be able to speak freely, but we also live in a community, and our relationships with one another are complicated, tangled, and, perhaps most important, often secret. We may need to speak freely, but we also need to speak thoughtfully, lest we inadvertently hurt a colleague.

Susan Kattlove



Dr. Angus is in a pickle.

When an allegation of sexual misconduct is made against an analyst, the damage spreads exponentially. People will be harmed no matter how Dr. Angus proceeds. Because of the multiple roles most analysts play within the community at BPSI and other psychoanalytic institutes, the allegation, true or not, will inevitably hurt students, supervisees, colleagues, and patients. Once rumors begin to spread, there is little to be done to stop them, and open communication about the facts of the allegation is not possible because of the need to protect the privacy of those involved. On many levels, the implicit trust the members place in the safety of their community will be deeply shaken.



While the he said/she said situation certainly is not specific to analytic institutes, the possible consequences are. Consider the imbalances in this story. Dr. Pollard, the analyst, was initially in a position of power; Dr. Borden, the Candidate/patient, in a position of vulnerability. But the allegations cause the tables to turn. While Dr. Borden has no restrictions on telling her story of her treatment with Dr. Pollard to others (friends, colleagues, supervisors, etc.), Dr. Pollard may discuss neither the treatment nor his side of the story with anyone, other than the Ethics Committee. He will be defenseless if the story of his alleged misconduct spreads across the community, affecting every corner of his professional life, possibly ruining his reputation.

Dr. Pollard is not the only casualty, of course. If Dr. Borden's allegations are true, her trust has been violated, and she has been harmed by her analyst. In addition, her personal and professional reputation

is vulnerable to the vicissitudes of public opinion. She runs the risk of all the traumas suffered by any person who speaks out about their story of having been sexually persecuted in some way. She has the right to tell her story to whomever she chooses; however, she does not have control over the narrative that gets promulgated across the community, or over the impact on her life.

Ellen Pinsky, in her piece "The Olympian Delusion," references the risks inherent in the analytic encounter. "The psychoanalytic situation is an audacious endeavor that purposely courts risk: for a time placing one human being as if at the center of another's emotional life. In that power-imbalanced relationship, behind closed doors, what is the patient's protection?"

The "#UsToo" vignette about Dr. Borden and her analyst is meant to help us to consider Pinsky's question about "protection" in terms of both patient and analyst, and to consider how the power imbalances can shift in the face of an allegation of misconduct. The intent is to help us think about the complex configurations of our institutes, where members play multiple overlapping roles as teachers, supervisors, administrators, referral sources, and patients and their treaters are part of the same analytic family. Since transferences, countertransferences, distortions, and multiple realities are, by definition, fundamental features of the work of analysis, the blurring of boundaries around the clinical treatment of trainees creates even higher risk. This arrangement presents a crucible of complex ethical dilemmas that are rarely discussed at psychoanalytic institutes.

When the Ethics Education Committee formed, about eight years ago, we began a process of using fictional vignettes as springboards to help members of the community explore their thinking and participate in a discourse about the ethical dilemmas that are an inherent part of analytic practice. We became especially interested in the dilemmas endemic to the particular culture of analytic institutes. In the discussion groups, participants are free to talk about the specific problems depicted in the vignettes, but also to use the fictional stories to associate to their own experiences, or as metaphors for all manner of related predicaments and puzzles that our work entails. For example, the purpose of this particular vignette is obviously not to come to a determination as to who is telling the "truth." After all, these are fictional characters, so there is no truth to be determined. Rather, the purpose is to open a discussion about how complex situations are managed within our institute: the risks, complexities, conundrums, and potential impacts on our members and the patients we care for. This story also, obviously, represents the intersection of a particular event at an analytic institute with a moment in time in the culture at large.



Calla Kessler/The Washington Post

As the EEC has conducted workshops across settings at BPSI, at other analytic institutes, and at the spring and winter APsaA meetings, we have learned that many of the ethical dilemmas that we face at BPSI are similar to those at other analytic institutes. Even the most seasoned analysts often experience profound anxiety and shame about how they navigate through ethical decision-making. Analysts and members report that a culture of silence exists around many of the complicated, sometimes insoluble dilemmas that trainees and members find themselves in at their institutes. Ironically, analytic institutes are dedicated to the notion of the "talking cure" but



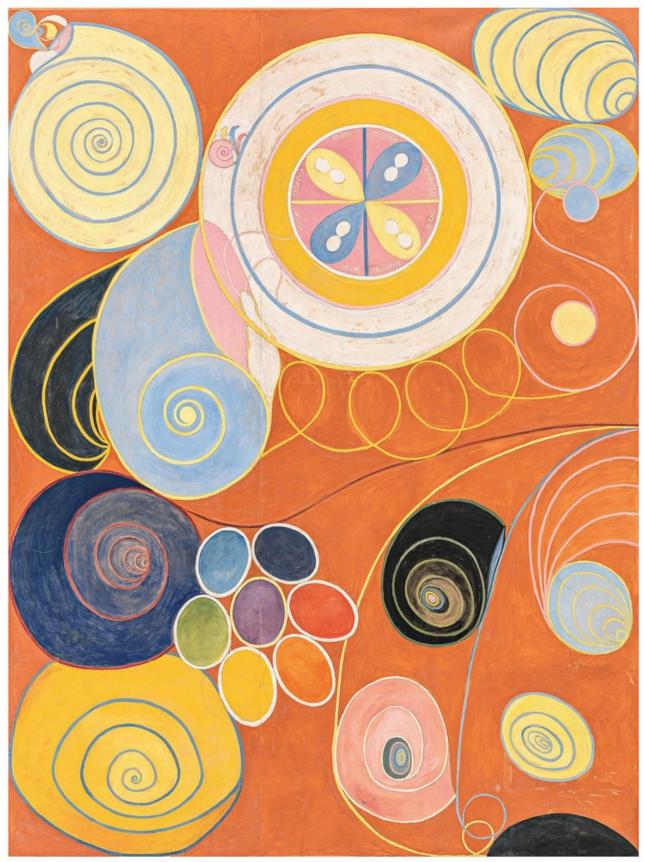
Amy Kaufman (@AmyKinLA)/Twitter

are quite simply very bad at fostering discussions about many realities that their members face. We have also learned that while analysts are trained to hold complexity and nuance in clinical settings, this tends to collapse when they are faced with uncertainty and ambiguity around ethical questions. In the discussions, analysts frequently find ways to extract certainty, often by finding fault with a character in the vignette and seemingly finding solace in the notion that the dilemma is the result of one person's "mistake." Across institutes, there is often powerful resistance among analysts to seeing the paradoxes and inherent dilemmas in the configurations of analytic institutes and analytic training. And we have learned that it is sometimes extraordinarily difficult to ask people to sit with deep uncertainty around issues of ethics, professional practice, and right-versus-wrong.

Another thing we have learned is that analysts—including trainees, institute members, TAs, and faculty—are inordinately grateful to have a chance to talk openly about these situations. Participants in the workshops frequently comment that they have never previously had such an opportunity. One of the most gratifying parts of running the discussion groups is seeing people grapple with and even argue about the dilemmas (I'll be honest—the heated arguments are especially enjoyable) and seeing some participants shift their positions as a result of thinking deeply and listening to other opinions.

There are no great answers to Dr. Angus's dilemma. She will muddle through and use her best judgment. Hopefully, she will be thoughtful, exhibit an ability to hold multiple perspectives and

BPSI Explores: Dialogue and Discovery



Group IV, The Ten Largest, No. 3 Youth (1907) by Hilma af Klint

possibilities, and seek outside guidance. She will need to pay attention to her own gut reactions and clinical acumen and also consider the consequences of her decisions for Dr. Borden, Dr. Pollard, and the BPSI community. Very likely, she will have to repair potential damage that her decisions cause in the Ethics Committee itself. Most likely, she will do the best she can—in an impossible situation.

One of the great pleasures of writing the vignettes is offering these dilemmas to the community to argue over, without the responsibility of having to solve them.

Stephanie Schechter

Stephanie Schechter's excellent vignette describes a case in which a young Candidate chose her analyst because he was highly recommended and known for his "warmth, intelligence, and accessibility"—qualities we'd wish for in any analyst. However, the personal warmth and accessibility seem to have intruded into the patient's analytic space, stirring a confusing mix of

flattery, excitement, disturbance, and fear. Dr. Borden experiences her analyst's comments as "unanalytic"-and the quotation marks may indicate that she feels uncomfortable even distinguishing between analytic and un-analytic. But she is right. As Gabbard & Lester (1995) have shown, an analyst's possibly "well-meaning" warmth and accessibility within the analysis (compliments, self-revelations) often feel seductive, confusing, and threatening; they create a mix of excitement (oh, there is finally a smart, warm man who finds me beautiful and attractive) and disturbance (but this is not how it's supposed to be—he is a forbidden [oedipal] object!), leading to a reluctance or ambivalence about confronting him (maybe I'm an exception; if I say something, he won't be nice with me anymore). If Dr. Pollard told Dr. Borden that she has a beautiful smile, etc., he may have avoided or subverted the analysis of why-if so-the patient does not feel beautiful and attractive. Also, did he wonder why he felt the need or temptation to tell her that she has a beautiful smile? In all cases, the analyst's



Judith and her Maidservant (1613-14) by Artemisia Gentileschi

neutrality and abstinence are important, and even more so if the patient has "a history of sexual exploitation" or tends (more than is the case in all analyses) "to conflate fantasy and reality." The analysand's discomfort grew particularly acute when, according to her report, the analyst made his "cold shower" and "bar or coffee shop" remarks. At this point, the Candidate "snapped to her senses"; the bubble of the natural love affair in the beginning stages of an analysis burst, and she freed herself—if only by quitting her analysis.

Dr. Pollard is horrified when he learns that an ethics complaint has been made against him. One might expect this initial reaction when he is confronted by Dr. Angus and Mr. Knox, but at some point—particularly if he considers the patient's report unfounded—we would hope for a calm and thoughtful analytic reaction. It is noticeable that Dr. Pollard shows little analytic thinking with his colleagues, and shows neither regrets or concern for his patient. He shares his surprise that the Candidate quit her analysis, but doesn't say whether he reached out to her or how he analyzed for himself and understood her departure. Did he consult a colleague? Instead of showing efforts to work this through, he blames the Candidate, characterizing her as a borderline personality with rage and aggression toward male authority figures, insinuating that on the basis of her history of sexual exploitation she enacted revenge fantasies against him. Denying her account, he accuses her of either making stuff up or flat out lying.

Gabbard & Lester (1995) describe psychopathic and borderline patients who try, successfully or otherwise, to set up their analysts to cross boundaries in order to accuse, blackmail, and destroy them. It is certainly a tremendous challenge to navigate these kinds of treatments. Still, it remains the analyst's responsibility to assess the patient's and his own capacity to deal with a dangerous potential for regression, transference-psychosis, enactments, and sometimes suicidal threats. The analyst has to consult with a colleague in time if the boundaries of the analytic process become strained, and he has the right to terminate an analytic process if he can't guarantee its safety.



Tom Williams / CQ Roll/ POOL

The vignette seems to describe an undecided she said/he said case, in which the Ethics Committee remains split in its assessment. Some believe Dr. Borden and doubt that she would jeopardize her training by distorting the events in her analysis. Others, who for many years have been friendly with Dr. Pollard, feel uncomfortable with the thought that he could have crossed the boundaries of ethical and professional behavior. Could he have? Maybe an undigested experience during his own training, with an analyst who was cold and rigid led Dr. Pollard to emphasize "warmth" and "flexibility" (counter-identification). Supported by a counterculture of "niceness", the result was an erosion of boundaries in the analytic process. The Ethics Committee's struggle between leniency and severe punishment could be two sides of the same coin, in which the members now want to settle old scores. Is there still room for employing psychoanalytic thinking? What may Dr. Pollard have missed? Is he interested in working this particular case through with an analyst at a different institute? Is he willing to work in a supervision group with colleagues at his institute to discuss non-training analyses? Is he wondering about his contribution and considering embarking on another piece of analytic work for himself? Since rumors seem to be circulating already, can BPSI offer a permanent venue for the discussion and containment of problematic and failed cases?

The experience of a broken analysis is most likely traumatic. Even if Dr. Borden misconstrued her analyst's remarks —which he then seems to have not or not sufficiently clarified and worked through—she ended up feeling violated and abused. The abuse of the patient's trust in the analysis of her transference is a violation of the psychoanalytic process. She will need a new analyst to work all of this through (including possibly feeling tainted by the rumors). If Dr. Borden has the courage to engage in a new analysis and to continue her psychoanalytic training, she may grow to have a deeper understanding of herself and her struggle during the times of ambiguities in her first analytic attempt. She will also have a deeper understanding of the frailty of human morale

in the face of powerful drives and unconscious fantasies. As the vignette is created, I trust that she can do this, since she had the strength to end her training analysis when she felt that it had gone wrong

Gabbard, G. O., & Lester, E. P. (1995). Boundaries and Boundary Violations in Psychoanalysis. Arlington, VA: American Psychiatric Publishing Inc.

Cordelia Schmidt-Hellerau

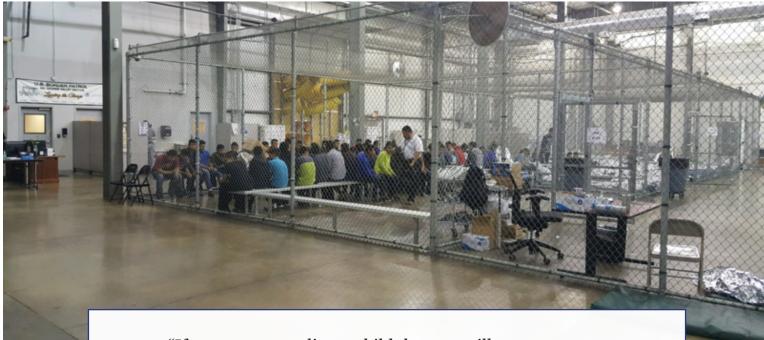


Beautiful Mourning by Christina Quarles

BPSI Explores: Dialogue and Discovery



Frances Lang and Karen Melikian



"If you are smuggling a child then we will prosecute you, and the child will be separated from you as required by law. If you don't like that, then don't smuggle children over our border."

–Jefferson Beauregard Sessions, U.S. Attorney General, May 7, 2018

In May 2018, the Trump administration began enforcing a "zero tolerance" policy whereby all those seeking asylum at the southwestern border of the United States would be referred for federal prosecution. An aspect of this deterrence strategy involved separating children from their parents, causing more than 2,300 children to be sent to detention facilities while their parents were sent to jail. Shortly after this, Dr. Gilbert Kliman, Director of the Children's Psychological Health Center, put out an appeal to members of the Association for Child Psychoanalysis and the American Psychoanalytic Association for help conducting interviews at the border that might be used for evaluations on the asylum seekers' behalf. Over 70 people responded.

On August 7, Dr. Kliman put out an urgent call: evaluators were needed at the South Texas Family Residential Center (a detention center) in Dilley, Texas, to interview 17 women slated for deportation and write evaluations, with a deadline of August 14. These were women who had been separated from their children, then reunited with them.

When being interviewed by U.S. Immigration and Customs Enforcement (ICE), an asylum seeker is required to prove to the satisfaction of the authorities that their fear of returning to their home country is credible. To the great misfortune of these 17 women, their "credible fear" interviews had taken place while they were separated from their children. All 17 had fled their home countries out of fear of being tortured and/or killed. Yet at the time of their interviews, they were desperate with anxiety over the whereabouts and well-being of their children and could not focus on the events that caused them to flee. Thus, they received what is called a negative finding.

Our task was to evaluate the mental states of the women at the time of their credible-fear interviews and, if indicated, to add our evaluations to their attorneys' legal requests that they receive new hearings. By law, people who are suffering from a mental illness at the time of their ICE interview must be provided with appropriate accommodations. Our expectation was that these women had been traumatized and overwhelmed by the loss of their children and the government's refusal to provide them with any information.

The two of us, Dr. Kliman, and three other clinicians arrived at the Dilley detention center on August 11. Despite our submission of all the required documents, for a time it was unclear whether we would be allowed to enter. Eventually, we were told to leave our cell phones in our cars and were put through metal detectors. Once in, we entered a large, relatively comfortable room equipped with a few tables and chairs. Notably, many of the staff in the detention facility—really the "good cops," the soft face of ICE—tend to be Spanish speaking, guarding individuals more like themselves in many respects than we, the therapists.

We met with our clients in small interview rooms. Dr. Kliman was accompanied by his own translator. The rest of us depended on telephonic interpreters-all volunteers. Our reports needed to be honest and based on true clinical judgment. They become part of the legal case for the asylum seeker and are subject to cross-examination by the government's attorneys. No matter your politics, telling the truth is the best way to help the case and to establish yourself as a credible evaluator. We began our journey with this in mind, as well



Kim Kyung Hoon/Reuters

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as the directive to first do no harm. Once you are on the dusty roads of rural Texas, though, driving to prison buildings behind barbed wire in the middle of nowhere, you start to wonder how any law or human being could justify forcing families to live like this. Dilley does provide food and shelter to people who have made an arduous trip, fleeing violence and mounting hopelessness about the future. And yet, it's an open question whether the detention process, including family separation and the cruelties experienced by women in some facilities, could come to feel as full of horror and suffering as life in their own countries was.

Each of the eight women we interviewed had been traumatized before leaving her home country and further traumatized by being separated from her child or children. One woman described how, upon their arrival in Texas, her seven-year-old son had been told to board a bus. She boarded with him, assuming that they would be traveling together to whatever unknown destination they were bound for. When she was told to get off the bus, she and her terrified son clung to each other. Weeping, they were torn apart, and she was forcibly removed from the bus. She reported that she would never forget that moment. Though mother and son were now reunited at the detention facility, he was not eating. The purpose of this interview was to evaluate what the woman's mental status had been at the time of her credible-fear interview, back in June, but her son's lack of appetite and lassitude were her chief concerns.

Another woman had been separated from her daughter for four months. Upon their being reunited, she learned that her daughter had been taken to another state and, while there, had undergone a potentially risky medical procedure, about which the mother had not been consulted. A third woman was accompanied to the interview by her 17-year-old daughter so that the teenager could speak on behalf of her mother, who was so depressed



John Moore/Getty Images News

that it was difficult for her to respond fully to questions. Each mother remained realistically fearful that she might once again be separated from her children.

Over that August weekend, our interviewees, captives, came to meet us in a large room from wherever they lived in the detention facility—quarters that we never saw—and accompanied us into the smaller interview rooms to try to tell their stories. We tried to listen. They returned to prison. We wrote up our evaluations and submitted them to Dr. Kliman, who submitted them to the women's attorneys. We do not know whether the attorneys were successful in applying for new credible-fear hearings or what the results of any such hearings have been or will be. Many families remain separated. Many more remain in detention. Detention threatens to expand. The demand for psychological evaluation on behalf of detainees will, similarly, increase rather than diminish.



Gilbert Kliman, M.D. Medical Director, Children's Psychological Health Center 2105 Divisadero St. San Francisco, CA 94115 <u>www.childrenspsychological.org</u> 415-292-7119

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.

Please contact: Stephanie Brody (stephanie_brody@hms.harvard.edu)

Saturday, May 18, 2019 9:00 AM - 1:00 PM

Working with Immigrant Families with Young Children Promoting Resiliency in the Face of Trauma, Loss, and Fear

Carmen Rosa Noroña, LCSW, MS. Ed, CEIS Ivys Fernandez-Pastrana, JD Kara Hurvitz, JD, MSW

The 2019 Early Childhood Conference

Immigration is an urgent and timely topic. Our program will be aimed at early childhood educators and clinicians who work with young immigrant children and families who have been impacted by immigration trauma. Our panel of three experts will address the emotional and social impact of immigration, provide an overview of recent immigration policy changes, and discuss the traumatic nature of threat of separation or forcible separation on the development and wellbeing of young children. They will also focus on developmentally appropriate and trauma- informed tools that educators and clinicians can use to help children express their emotions in ways that increase feelings of safety, empowerment, and hope. They will also address strategies to support providers who suffer from the impact of secondary trauma and stress, frequently brought about by their work with immigrant families. *Read more and register at <u>connect.bpsi.org/2019ECC</u>*

Carmen Rosa Noroña, LCSW, MS. Ed, CEIS (Presenter)

is from Ecuador where she trained and practiced as a clinical psychologist. For more than 25 years, Carmen Rosa has provided clinical services to young children and their families in early intervention, home-based and out-patient programs. She is the child trauma clinical services and training lead at Child Witness to Violence Project and is the associate director of the Boston Site Early Trauma Treatment Network at Boston Medical Center. She is a Child-Parent Psychotherapy National Trainer, a DC: 0-5 faculty member and a co-developer of the Harris Professional Development Network Diversity-Informed Tenets for Infants, Children, and Families Initiative. Her interests include the impact of trauma on attachment; the intersection of culture, immigration, and trauma; diversity-informed reflective supervision; and the implementation of evidence- based practices in real work settings. She is a co-chair of the Culture Consortium of the National Child Traumatic Stress network, and has adapted and translated materials for Spanish-speaking families affected by trauma. Carmen Rosa is also a Board member of the MA Association of Infant Mental Health, a co-author of the <u>Family Preparedness Plan</u> for immigrant families facing detention or deportation due to their immigration status.

Ivys Fernandez-Pastrana, JD (Presenter)

is originally from Puerto Rico and is a lawyer by training. She is the Program Manager for the Pediatric Navigations Program at Boston Medical Center where she works alongside a team of Family Navigators and Community Health Advocates in the Department of Pediatrics. She has a background working in special education and with families whose children are diagnosed with autism spectrum disorders. She works with parents and families to help them navigate and access community resources as well as governmental entitlements and benefits.

Kara Hurvitz, JD, MSW (Presenter)

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