Coronavirus World

Dvořák wrote the Stabat Mater following the loss of his three children in short succession. There was no pandemic in 1875 when Dvořák composed the piece. The work, for chorus and orchestra, launched his career, a great success that was an ironic consequence of grief. The title comes from the first line of a thirteenth century hymn—"Stabat mater dolorosa"—the sorrowful mother stood weeping. It is a prayer of mourning for the losses that cannot be altered or avoided.

As I write, we are all working from home, observing the rise of illness and mortality, economic upheaval, and fear that is a consequence of the COVID-19 virus. The long-term impact of the global pandemic is uncertain and likely will be unprecedented. It is hard to find meaning in the silver lining stories from past plagues: Newton’s theory of gravity, Shakespeare’s King Lear, Boccaccio’s Decameron. The reminders of “upside” consequences are hard to value in light of the apprehensiveness that is enveloping our community and our daily functioning. I can imagine the Italian villa within the hilly landscape of Fiesole where Boccaccio created a story of plague distraction, but it’s hard for me to enlist an agreeable diversion when so many are suffering. Grappling with a world bent by the sweeping force of a microbe, I am reminded once again of mortality, uncertainty, and the illusion of omnipotence.

Though death is an expected consequence of life, we all prefer it to remain at the sidelines—a fact to be dealt with in the future. Not now. Today has become the future we hoped to avoid. At the beginning of this year, the word existential dominated the conversation: the existential crisis threatening our democracy, the Constitution, and the rule of law; the existential threat to the Earth itself, a consequence of climate warming—a mortal danger to the planet. The beginning of 2020 seems like ages ago, a recent past when the activists were sounding the alarm for our future. Just weeks later, real time loss is upon us, a threat that cannot be ignored.

Within the therapeutic dyad, we depend on the reliability of the present moment as we dive into layers of past and future. Though we diligently set the clock for every session, our open-ended approach, our patience and appreciation of an evolving process, bolsters a sense of “timelessness.” We join our patients in wishful thinking, as though our work may go on forever. Succumbing to indulgent thoughts, too often we regard ourselves as immune to our existential fate. These illusions provide a form of protection against the reality of life’s inevitable risks. Evolving narratives establish continuity and interact with the intimacy of the therapeutic relationship. In the uniqueness of each dyad, we create a tiny piece of eternity.

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Our patients worry about us. It has become clear that a caretaker can become a patient. Mortality is a shared fate that no fantasy can erase, especially now. The space we create across digital platforms does not foil scrutiny. Signs of health or illness are not easily concealed. When our frailty is on the table, illusion is thin skinned. We are faced with a new liminality, filled with random losses and disintegrating fantasies. Survival and mourning, always part of the psychoanalytic landscape, are infused with the terror of the here and now. What future will emerge from this new reality?

Perhaps Dvořák’s music expresses the conflict that we face during this time. The fifth movement seems joyful and buoyant. But behind the lilting waltz, there is a darker meaning. This is a dance of death. When the tempo is hurried it can feel frantic, a manic escape. At a slower pace, the music is effortful, burdened under the weight of mourning. Just shy of darkness, the chorale sings the complexity of life in the face of death. We remember Dvořák, the father, who made music of his loss. In the spring of 2020, the mother stands in grief, for the loss that is to come, but also in outrage. The soulless leadership, the sheer incompetence, the self-aggrandizement that has been accepted by too many, has resulted in mortal wounds, economic peril, and disoriented communities—pain and suffering that could have been avoided. This mother is angry. How will we hear our patients’ grief and anxiety while coping with waves of uncertainty? We will need to compose new music over the weeks and months that are yet to come. We have no choice but to bind ourselves to this new place, looking for comfort in the new unknown, emerging from this nightmare to a future we could never have imagined.
Awash in the early days of the pandemic, I was pleased to find myself musing on something fresh and vital. Preparing to teach a new seminar at BPSI is a true learning process, meandering and full of surprises, delights, and discoveries. It’s really a brief love affair of sorts, with a slow buildup, as you start reviewing papers and books long set aside. Then, the sudden fascination with the material you’re going to teach blindsides you, and you realize something you were missing has been in plain sight all along. I am astonished as neglected theories, that I had considered old news, rise to the top of my “clinical pre-conscious” and begin to affect how I hear patient material. Finally, as class begins and flows over many weeks, I settle down with the theories, better able to parse their collective prescience, their datedness, and eventually, where and how they are still useful.

This time, the seminar was Relational Psychoanalysis, a subject certainly quite wide-ranging, and perhaps more controversial, than other more traditional metapsychologies. I posed a question to my co-instructor and the class: Is Relational Theory in fact a metapsychology at all? Is it more of a technical corrective with an epistemology welded onto it as a kind of post-hoc justification? Were Renik, Hoffman, and Aron finding an effective way to get through to certain patients, first and foremost by throwing aside the outward trappings of depth psychology, before they explained it all with “irreducible subjectivity,” “the patient as interpreter of the analyst’s experience,” and the “fusion of horizons”? By the third to last class, I had arrived at the post-fascination stage. This session, entitled “Relational Revisions of Sex, Gender and Race: A View of the Social Surround From the Consulting Room,” included an article by Muriel Dimen on feminist perspectives of sexuality, and an article by BPSI’s Kim Leary on “Race in Psychoanalytic Space” from the ‘90’s. Our discussion of these pieces overflowed into our remaining classes. What a sea change, I thought, as I dwelled on how issues of race, class, gender, and privilege have become central in our colloquy, our classroom, our formal programs, and our very own Strategic Plan at BPSI.

Sure, there has been some marginal accounting for outside influences in psychodynamic theory for a long time. Countertransference, of course, has been a fertile part of the psychoanalytic process, and concepts such as role responsiveness and projective identification have allowed the analyst’s character and background a limited place in understanding one’s patients. By the time the Relationalists finally connected the dots for us, positing just how much of an influence the analyst’s desire could have on patient outcomes, we were primed for that conclusion. But I gasped, thinking: we have come to the point where aspects of how we hold ourselves around others and how we defensively maintain certain social roles (maybe even who we are politically) inevitably need to be accounted for as part of the psychoanalytic mix.

In class, our flexible and inventive candidates had no problem considering this. They took up the challenge of how and when to integrate realities that are beyond our direct control into the messy interactive realm of psychodynamic treatments.

In fact, at a recent Program Committee meeting in February, we accepted three intriguing submissions, one related to climate change, one on transgender phenomena and alternative gender choices, and another on the characterological “firmware” involved in suicide. As a committee, we realized three had to do with the entrance of the “real” and how it intrudes inexorably, indelibly into the seemingly controlled conditions of our psychoanalytic practice and thinking.

So, here we stand as the pandemic turns both the world and our clinical experience upside down. The threat of the virus reshapes how we view our bodies (who is more vulnerable? Or perhaps, more dangerous?). How do we reshape the space with our patients (virtual, close-up—yet “intimate in a different way” not simply “more intimate”). How is our sense of professionalism altered when we are as susceptible or cooped up as anybody else, or as unwittingly harmful? I recall a Greenberg description of relational principles that seems to capture our current position: “Neutrality and abstinence, keystones of classical technique, are mythic and therefore empty concepts […] countertransference is the air that our patients breathe” (pp. 362-363). I had thought that such a relativistic approach applied only to the most far flung Einsteinian cosmology of analyst-patient interactions. Now it demands to be taken into account in each Zoom session. My treatments are already altered heading into my clinical interactions as I witness the distress and anguish the pandemic is causing, and my own limited ways of responding to it.

Having come full circle, I am beginning to accept a relational perspective of analytic authority, a paradoxical mix of limited and unavoidable. I have come to accept the bedeviling lack of pre-knowledge we have of clinical outcomes in the pandemic era. Yet, I also have noted a refreshing sense of openness in newly negotiated treatment relationships. With growing appreciation, I observe and personally benefit from my BPSI colleagues and partners who have stepped up consistently to support one another. Perhaps these are the spring meltwater rivulets of hope in the desolation. Whether through our programming and classes, which will continue in one form or another, our volunteering efforts which we are spearheading, or through our many interactions with each other, we will hold together as an inimitable intellectual community—clinicians and scholars of many minds who come together with a shared purpose: to understand the ineffable in the human mind and human existence, and who work hard to translate that knowledge to reduce mental suffering. This gives me hope amidst the unknowable clinical and societal futures we are up against.

Dan Mollod, President
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Reference
I am writing this Education Policies Committee (EPC) report after having just watched the superb online seminar “The Basics of Going Online for Therapy and Analysis,” sponsored by the American Psychoanalytic Association’s COVID-19 Advisory Team. In this seminar, Dr. Jill Scharff covers a panoply of practical, technical, and theoretical issues for analysts to consider as we adjust to our abruptly transformed practices in virtual spaces. Her presentation highlights many of the clinical issues we wrestle with as we are now working in the context of a massive societal trauma that impacts both analyst and patient. What I found most poignant and helpful was her point that, while many analysts feel concerned about what is lost when the analyst and analysand are not in the same room, she emphasized that the frame of virtual treatment is different, not lesser.

These differences demand the analyst’s attention as to how new elements of the analytic frame become foci for transference and enactments that lead to deeper analytic work. In this new frame, I now listen daily to my patients describing their existential worries, their demanding new responsibilities, their loneliness, and their grief over lost opportunities. I also hear their familiar pre-COVID concerns, conflicts, longings, and disappointment as well as their pride over accomplishments and continuing efforts to grow and develop. This must, and can, go on, in innovative and analytically rich ways within our new virtual frames.

Through the remarkable efforts of our organizational leadership and office staff, BPSI’s Psychoanalytic Training Program has gone on. While we were all busy transforming our own offices into virtual spaces, they dedicated countless hours doing the same for 141 Herrick Road, and supporting us through the sudden transitions with which we have all been forced to reckon. I am deeply grateful for their work.

So, what has happened in our training program over the past year? We remain robust—as of this writing, we have received the largest number of applications for training in the past several years, and we look forward to welcoming our new graduates this year as graduate analysts. We have undertaken several initiatives to provide Candidates with both a richer and more cohesive training experience. Candidates will now be expected to work with a Supervising Analyst throughout their training, which will serve to facilitate case development and ongoing attention to identified areas for growth. Greater integration now exists between the child and adult program curricula, which will help Candidates in joint programs complete their coursework with less burden and redundancy. And we now have an Academic Programs Committee which will oversee our programs for Affiliate Scholars and Academic Candidates to best serve their educational needs.

We have also taken several steps to increase both transparency and inclusion in program management. We have updated our Governance Document to make clearer that the EPC is a policy making body with representation from all constituents in our training program, rather than just the Supervising and Training Analysts who held exclusive decision-making power in years past. The EPC now includes the Candidates and Affiliate Scholars Council as an official subcommittee, making candidates’ voices integral to all major policy decisions. Furthermore, we have started a Task Force on Inclusion and Diversity in Education to address our historic lack of racial, cultural, sexual, and gender diversity, and how this both influences and is influenced by our curriculum, educational values, and priorities.

The current pandemic is abruptly transforming every aspect of our lives in unimaginable and unprecedented ways. As community members, analysts, teachers, and students, we are being challenged to maintain our equilibrium and hope that we will soon return to normalcy. We are also being forced to face the inevitable impact that our changed world is having on our analytic work and learning. I am proud that we have built, and continue to improve upon, a training program with a sufficiently adaptable frame for this uniquely difficult moment in history. I thank you all for contributing so much to make this all possible.
Community Psychoanalysis
James Barron, Chair, Board of Trustees

BPSI is innovating and adapting in response to the painful and frightening realities of the pandemic. I have witnessed the extraordinary leadership of Catherine Kimble, Carole Nathan, Dan Mollod, Jack Foehl, and Julie Watts, as well as the exceptional efforts made under very stressful conditions of Karen Smolens, Drew Brydon-Cardoso, Olga Umansky, Clark Andrews, and Stephanie Cavanaugh. The experience and wisdom of the Board of Trustees and the active engagement of many other BPSI leaders and members have also been instrumental in shaping and implementing strategy and tactics in the midst of this existential crisis.

While we don’t have access to the communal learning environments in our beautiful organizational home, we now have the infrastructure in place that enables us to communicate actively and collaborate virtually as we join together in new ways to pursue our educational and clinical tasks. Our shared values in the collective pursuit of these tasks help to sustain us and strengthen our sense of purpose. In our various roles, we are reaching inward to support our BPSI community and outward to support the organizations and institutions of the larger community. Examples of these in-reach and out-reach initiatives are the BPSI virtual community meetings, the clinical drop-in support groups, and the creation of the BPSI Crisis Responders Listserv to enable BPSI clinicians to meet the psychological needs of front line responders in hospital settings. At present, more than 50 BPSI members have signed up to volunteer. It is also worth noting that, well before the current crisis, BPSI developed its first ever formal community partnership with the Center for Early Relationship Support at the Jewish Family & Children’s Service.

As I reflect on the simultaneous inward and outward foci of these initiatives, I am reminded of Bion’s recommendation that we develop binocular vision, i.e. the capacity to think holistically about the interactions of our internal and external worlds, with particular reference to the groups and social systems to which we belong. In his introduction to Experiences in Groups (1961), he commented: “I am impressed, as a practicing 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” (p. 8).

The more we engage as psychoanalysts and psychoanalytic psychotherapists with various organizations in the community at large, the greater is our awareness of mutual influence and porous boundaries: the region between internal realities such as unconscious phantasies and defenses, and external realities that include such variables as race, gender, sexual orientation, class, and culture. The term “community psychoanalysis” attempts to capture the complexities of these intersecting domains. It is a frontier concept with the potential to expand and enrich psychoanalytic theory and practice.

In BPSI and the American Psychoanalytic Association (APsaA), I have the opportunity to work with creative colleagues in that boundary region between the individual and the organizational. APsaA’s Department of Psychoanalytic Education (DPE) is developing, in collaboration with the Oregon Psychoanalytic Center (OPC), a national faculty from multiple institutes—including BPSI members Deborah Choate and Jane Keat—to teach courses via Zoom on community psychoanalysis. The first course, to be offered this spring, is open to OPC Candidates and Faculty, and also to clinicians working in a large behavioral healthcare system in the Portland area.

The course, titled Bridging Psychoanalysis and the Community, provides an introduction to community psychoanalysis, focusing on the experiences of clinicians working in the midst of this pandemic with clients who are homeless. In particular, the course aims to foster collaboration between Cascadia Behavioral Healthcare and the OPC. Viewing experiences from converging community and psychoanalytic perspectives, we hope to demonstrate the following: how the inherent task of working in the community with marginalized and vulnerable individuals during our current crisis inevitably triggers our anxieties and resistances; how psychoanalytic perspectives on trauma, grief, and loss, and their manifestations in transference/countertransference dynamics, can deepen our engagement and enhance the effectiveness of our work; and how experiences in the community can broaden and enrich the scope and applicability of psychoanalysis.

In the next phase, we hope to make this course and related courses available remotely to interested members of the BPSI community, and to provide consultation and support to OPC and other APsaA institutes that wish to integrate community psychoanalysis more fully into their training and educational programs. The Psychoanalytic Institute of Northern California and the San Francisco Center for Psychoanalysis have collaborated over the past several years to carefully construct a Community Psychoanalysis Track, co-chaired by Francesco Gonzalez, who was a disussion at BPSI’s symposium last December: Facets of Race in Psychoanalysis. Through their pioneering efforts, they have developed a workable tripartite model that other institutes can learn from, build on, and customize to meet local needs and conditions. In the course of developing that model, they built new coalitions and partnerships with community organizations and strengthened existing relationships, which have had the added benefit of helping the institutes become more diverse and inclusive.

Of course, the primary organizational task at present for all of us at BPSI is to continue to respond to the extraordinary existential threat posed by the pandemic so that we can stay safe, pursue our educational mission, and support each other and the larger community. At the same time, we now have a rare opportunity to think together creatively about the future of psychoanalysis, psychoanalytic psychotherapy, and the possible innovations at the frontier of BPSI’s training and educational programs.

References

1. Neil Altman, the Chair of DPE’s Section of the Psychoanalyst in the Community’s Task Force on Institute Education on Community Psychoanalysis, is taking a leading role in this project. In addition to his role as Visiting Professor at Ambekdar University of Delhi, India, and Faculty and Supervisor at the William Alanson White Institute, Altman is also the author of The Analyst in the Inner City: Race, Class, and Culture through a Psychoanalytic Lens (1995).
This sudden worldwide pandemic causes restrictions that nobody ever imagined would inflict our lives with its regular routines and opportunities. So many things we naturally take for granted are suddenly not accessible. We are forced to live in a contained space defined by our own creation. The usual human presence in the room with face-to-face contact, the essential source of inspiration and associations in our therapeutic work, is now replaced with technology. However, this virtual reality with new media for human connections can paradoxically, once we get used to it, also inspire new ways to see, listen, understand, and relate.

Elsa Ronningstam

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Donna Fromberg

I was resisting working online for a few days. Colleagues were all going online, I wanted to see people one last time to talk about it first. Then in my office that last day of seeing people, I felt scared, like I was almost doing something taboo and dangerous. I backpedaled and went online. How to adapt to something that’s unwanted, surreal, and nearly incomprehensible? I still don’t know. How to settle in, settle myself and center myself to work? Besides all the regular things, there is, as always, intrapsychic work to do. Finding my voice; noting what scared and worried me; considering the meaning of the shared frightening reality with my patients while thinking of the intrapsychic meaning for each of us, as always, is the key.

Michele Baker

Saturday, March 28, after just a few weeks:

“To crave and to have are as like as a thing and its shadow. For when does a berry break upon the tongue as sweetly as when one longs to taste it, and when is the taste refracted into so many hues and savors of ripeness and earth, and when do our senses know any thing so utterly as when we lack it?” — Marilynne Robinson (1980). Housekeeping.

Today was pleasant—even more than pleasant—it was lovely. I spent the morning watching my 18-year-old son, home from college, work on his car in the driveway; then met my college friend this afternoon on Revere Beach, and walked back and forth with our dogs. (Dogs—absolutely the winners of the pandemic). This is the strip of land where my parents courted in the early 1960s—lolling on blankets, talking to friends, eating (nonkosher) fried clams, extending their hours together before heading home (separately) to Winthrop and Dorchester.

Having been brought up to function as though I was an old woman, I suppose I’m well prepared for the current situation. I was the kind of kid who had three friends and 300 books. My younger twin brothers were born when I was two, so every weekend I hung out with my Eastern European immigrant grandparents in their triple decker in Winthrop... my Grandma Betty and I would take a walk to the library, picking out books to read while my Grandpa Morry got day-old blueberry pies from the local bakery. The three of us would read and play board games and watch Mutual of Omaha’s Wild Kingdom and Lawrence Welk. My grandmother taught me how to bake and knit and crochet. My grandfather, who was deaf, had a workshop downstairs—so when my toys would break, he would fix them.

These elderly Jews brought me up to be on guard—“The only thing they can’t take from you is your education”—with stories of his childhood in the Polish orphanage, and her watching the 1918 Influenza...
They often suffer from other plagues. Under the influence of the plague as a dominant metaphor, even when it is not dominant for our patients. I'm reminded of the challenges for the analyst to continue reflecting on the patient's attempt to work with their work even when the material elements of the setting (both for psychoanalysis and human living) plague. They hold the setting of analysis and the continuity of their analysis despite radical threat. To paraphrase/play with come to their session already ready for work, continuing I'm impressed by how much my patients during this period of psychoanalytic insight.

America as a place that could embrace the tragic components of ordinary human unhappiness. I don't think that he imagined time appreciating that human health is characterized by its genocidal and slavery-dominated past, would have a hard time appreciating that American culture: “They don’t realize that we are bringing them the plague.” He meant I think that America, with its conscious focus on democracy and freedom, while disavowing its genocidal and slavery-dominated past, would have a hard time appreciating that human health is characterized by ordinary human unhappiness. I don’t think that he imagined America as a place that could embrace the tragic components of psychoanalytic insight.

I'm impressed by how much my patients during this period come to their session already ready for work, continuing their analysis despite radical threat. To paraphrase/play with Freud’s remark, our patients are bringing psychoanalysis to the plague. They hold the setting of analysis and the continuity of their work even when the material elements of the setting (both for psychoanalysis and human living) require us to recalibrate.

I’m reminded of the challenges for the analyst to continue reflecting on the patient’s attempt to work with what threatens us both materially and psychically. Our minds can collapse into more concrete thinking under the influence of the plague as a dominant metaphor, even when it is not dominant for our patients. They often suffer from other plagues.

Bringing psychoanalysis to the plague:

I've been thinking now and then of Freud's oft-quoted remark on his visit to America in 1909 (including his five lectures at Clark University in Massachusetts) to introduce psychoanalysis to American culture: “They don’t realize that we are bringing them the plague.” He meant I think that America, with its conscious focus on democracy and freedom, while disavowing its genocidal and slavery-dominated past, would have a hard time appreciating that human health is characterized by ordinary human unhappiness. I don’t think that he imagined America as a place that could embrace the tragic components of psychoanalytic insight.

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Pandemic unfold from her seat in the family’s general store, (where she spent her childhood after recovering from polio). So, even now, when everything is tinted with sadness, and anxiety, it doesn’t feel unexpected or even entirely unfamiliar. When you grow up with your best friend being an 80-year-old with two different size legs and feet, courtesy of the polio, you don’t count on things going along swimmingly.

Still, I miss the micro-lifts of everyday life. I am an unabashed extrovert and I am used to filling the interstitial spaces of my life with social interaction. I’m sad about the lost sushi dinners, but I’m really aching for human contact. At least there’s the work: I’ve been agreeing with my patients these days that video sessions are not nearly as good as live appointments, but so much better than nothing at all.

Being 50 years old (OK, 51) is not the worst age for this quarantine. I’ve had my fill of experiences; I have an internal storage bin of memories. Of course, I’d rather be living the life I was living up until March 13 (when high school closed) than remembering the former glories. But I’m on the way toward older age, and I’ve been contemplating the end of this gradual deceleration. This virus is simultaneously transmogrifying and amplifying. It destroys, but also exposes the realities that were there, beneath the surface, true all along.

Since being back home, as I imagine it has been for many others, the past four weeks have been a surreal time in which such minimal geographic movement has been associated with so much internal activation and oscillation: sadness and loss, fear (while repeatedly checking newsfeeds and being glued to CNN), anger (mainly at our nation’s leadership), peacefulness and relaxation (family walks; reading my analyst/tester/colleague Jim Kleiger’s first novel, the highly recommended The 11th Inkblot; introducing Jack to old TV friends Lt. Columbo, Herman Munster, Beaver Cleaver, among others), opportunities for creativity and expression (time to work on research, writing, and editorial projects; preparing two new releases on our tiny record label for later this year; Jack giving me my first drum lessons!) and more-than-twinges of guilt for such indulgences while so many are suffering.

The most profound emotional impact for our family has been that we have not been able to see our daughter for the past month. Sophia is nonverbal and has severe autism, an intellectual disability, and seizure disorder, and attends a residential school. Sophia is unable to understand what is happening. We continue to sing Wiggles (an Australian preschool band, for those not in the know) songs to her during our nightly phone calls and weekly Skype call. One of her few verbal utterances is “go home...go home.” It is heartbreaking when she voices this, and we are unable to communicate why she can’t, for the time being. But we are heartened by the fact that she has such incredibly skilled, dedicated, and loving teachers, and otherwise sounds as happy as can be.
**BPSI Reveals: Reception and Response**

Professionally, like everyone else, I am offering treatment by phone and video. I am finding working in this way, session after session, to be exhausting and requiring a much narrower focus, which not only strains my eyes but, so far, has been inhibiting a certain freedom for thinking and reverie. At the end of the day and week, I question my stamina for another Zoom call, even with family and friends. My child and adult patients, though, seem to be appreciating the opportunity to stay connected, and I am amazed at their ability to continue to do meaningful work under such unusual and trying conditions. And I feel so privileged that I can maintain my practice and a flow of income, while playing a role in helping people through such a vulnerable time. The main part of my practice that has required suspension involves psychological testing. There is no remote version of the Rorschach currently available (though I am part of a research and development group that is working on it). I am pained for the kids and their families—already struggling prior to the pandemic—who are relying on my evaluations to determine urgent school- and treatment-related recommendations. Along these lines, I am particularly pained for parents of children on IEPs (Individual Educational Plans; i.e., special education) who are now responsible for their children’s daily education and structure.

That it is still impossible to know when life will return to normal—enough to see Sophia again, reschedule those evaluations, and return to so many other vital personal and professional activities is one of the hardest things to tolerate. I wish all of my BPSI colleagues, their families, and patients good health and as much peace of mind as possible during this unprecedented and trying time.

**Jonathan Kolb**

I have lots of feelings, fears, and anger. My work with my patients continues. In my practice, though many situations were different, and the reactions of my patients were disparate, mostly I felt it was the same work and the same relationship as before. But there is in me a background of fear and resignation and a little boredom at not being able to get out into the world, and rage at the President who is falling apart (but not losing his hold on his acolytes in the cult of Trump).

It wasn’t easy to get all my patients out of my office. One even refused to remain in touch, either by phone or electronic means. But it’s not the first time I have been boycotted by this patient. I am hoping that, as in the past, when the interruption ends, it will be possible to return to the work we have relied on.

I also feel fortunate to be able to work, while most working people can’t. And I feel the discrepancies in wealth and power and access to medical care (and freedom from prejudice) that I/we enjoy are part of the terrible failure we, as a nation, have long tolerated and need to rectify.

**Kim Boyd**

My observation is drawn from work with the children in my practice, whom I’ve been seeing on Zoom since mid-March. COVID-19 has caused a seismic shift in the world we knew just weeks ago, in which young ones clamored for snow days, holidays, and unending time on social media. Almost to a child, my patients now talk wistfully of missing school and the time spent with friends in actual, rather than virtual, reality. Though not surprising, it is a wonderful confirmation for parents who provide regularity and structure for their kids, for educators who nourish children’s minds, and for all of us who might have worried that technology would spoil children’s hunger for social interaction. It seems that the virtual is no substitute for this essential element. However, at the same time, of course, we are indebted to our technology, which has enabled continued work, even with our younger patients. This new medium has spawned a level of creativity in both my patients and myself, and it has been exciting.

**Deborah Greenman**

Hope: Week of April 20th:

The week of April 20th was the sixth week of lockdown for the people I see in psychotherapy and psychoanalysis. Their responses to the pandemic have varied widely. Most of these people—depending on their life situations—have been experiencing a good deal of distress, though one or two have actually appreciated having more time at home with partners and children. But almost without exception—with and without my practice—the week of April 20th was the week that the lockdown became intolerable. For some, it was one too many weeks of confinement with children in a makeshift workspace; for some it was political—dependence on a leader whose interest was not in public health but in poll numbers; for some it was the disappointment that the date of the supposed “peak” had come and gone and still the number of cases climbed. But the most compelling explanation I heard was that the first month or so there was a sense of challenge—the challenge of figuring out how to adapt to this new experience; how to get food and toilet paper; how to obtain a mask; how to find a private space—sometimes a parked car—to have a psychotherapy session.

*continued on page 16*
Ben Herbstman

The wartime metaphors in the era of coronavirus—hospital front lines, physician deployment, ventilator rationing—stand in stark contrast with the silence in the streets and the signs of spring emerging from the ground. It seems that we are all in the midst of trying to find the coronavirus depressive position: struggling to keep both the death and despair happening in our communities and hospitals in mind while also allowing ourselves to hold the beauty of small and sometimes large moments of joy that this quieter, slower time has brought. It is easy to flip to one side or the other. There are moments when the despair and fear can be overwhelming. And, equally, there are moments of connection, quiet, and love where it can be difficult to remember that we are in the midst of a global pandemic. Holding both sides seems not only crucial to finding a way to function, survive, and sometimes perhaps even thrive, but essential for us to eventually safely emerge from our homes into some semblance of a new normal. How to hold both sides of this depressive position often does not seem particularly clear, but it does seem like a particularly fitting question for psychoanalysts to try to answer.

References

In a 2006 interview with *Time* magazine, Elie Wiesel said, “Like Camus, even when it seems hopeless, I invent reasons to hope.” (Chu, 2006, para 11). This is the challenge for week seven. We can perhaps help to invent a state of mind in which listening and understanding allow hope and a sense of possibility. “Once the faintest stirring of hope became possible,” wrote Camus, “the dominion of the plague was ended.” (p. 272)
In writing a novel, one invents characters who are, as in a dream, varying aspects of oneself. The challenge is to bring these characters—these different pieces of self—together in a coherent story. In this way, writing is an attempt at self-understanding and self-healing. Inevitably, our difficulties in understanding ourselves seep into the stories we tell. The failure to realize a character fully, depends not only on one’s facility with language and capacity for imagination but on one’s capacity for empathy and sympathy. One also needs to have sufficient understanding of the character’s psychic conflicts and the manner in which she will attempt to resolve them. In addition, in storytelling, there is always a choice, as in any psychoanalytic dialogue, of what to tell and what to leave out in the service of clarity and forward movement.

Our stories, no matter how fanciful, are based on lived experience. When asked about the relationship between fiction and real life, one writer replied, “Fiction is to reality as dreams are to waking.” To write fiction, we must dream; but also wake from the dream, and through secondary revision, create a narrative that we, as well as others, can follow.

What is true for writing fiction is also true for writing about clinical material. We picture our patients’ lives through what they tell us about themselves, filtering that information through our own experiences, wishes, defenses, and learning. That is the wonder and the limitation of clinical case reporting.

Publishing case material, done by many of us to help further knowledge in our field, seems to me fraught with difficulties. Kantrowitz (2006), among others, has explored this topic and found division between analysts as to the procedures and ethics involved in case reporting. Certainly, it is an invasion of privacy and breach of trust to publish information about patients without their permission. If, however, one asks for permission, the analyst has then introduced an iatrogenic complication into treatment. The patient now has to contend with the analyst’s personal ambitions—something she did not sign up to do. Disguising the patients (changing their age, origins, religion, marital status, etc.) has its own difficulties. How much can we stretch the truth without distorting our understanding of the actual psychoanalytic process? When does a case report become a form of fiction? Aren’t “composites” just that?

Writing case reports are an essential part of candidate education. Nevertheless, it remains a challenge to best convey a portrait of a patient that is not overly altered for our own conscious or unconscious purposes (to graduate, to be well thought of, etc.). Even the best report, like a dream, is an invention to be met with a willing suspension of disbelief. Such a happy suspension is often not my experience in reading our literature. Instead, the descriptions of patients’ difficulties and their resolution seem to stretch my credulity. These accounts have no real sharp edges, no splinters felt under one’s skin. Life’s left unfinished and still dangerous. These reports become highly varnished pieces of immovable furniture sitting stubbornly in one’s mind, blocking the way to further understanding.

The difficulty in writing about patients has led me to an alternative approach. I turn to the study of characters in fiction to elucidate aspects of psychic function. What can we understand of sibling relationships when we study the interaction of Tennessee Williams’ Stella with her sister Blanché? (Jacobs, 2006). What might we learn about paternal ambivalence by studying the response of Stanley Kowalsky to his wife’s pregnancy? (Jacobs, 2019a) How do the psychic consequences of early maternal loss manifest in the choices made by my fictional character, Hannah Avery? (Jacobs, 2019b). Perhaps, like Barchilon and Kovel (1966), we should depend on fiction to describe psychic structures and analytic situations. They cite Freud who hinted at the same when he said: “[the creative writer] has from time immemorial been the precursor of science, and so too of scientific psychology [...] the creative writer cannot evade the psychiatrist nor can the psychiatrist the creative writer” (p. 776). In other words, maybe it can be permissible to be less “scientific,” and compare ourselves and our patients to characters in plays or novels instead of relying on the DSM descriptions and our usual diagnostic terminology.

We could describe certain analytic interactions in terms of “a Tom Sawyer talking with raft-mate Jim” or “a Nora Helmer dealing with Torvald,” each trying to reach one another from differing subjectivities and trying to co-create a psychic space in which both can survive. Or might we describe a patient as “an Anna Karenina”—feeling angry, lost, and abandoned—before her suicide? (Can you envision insurance companies dealing with such literary terminology?)

To talk of our patients or the analytic hours in these “fictional” terms would mean extending our professional reading beyond the psychoanalytic literature. It would mean immersing ourselves in stories and having playwrights and novelists teach us about ourselves. Wouldn’t that be fun?

References
Audio: Jacobs, D. (2019, September 23) Meet the Author: The Distance From Home [Audio file]. BPSI Archives. https://www.dropbox.com/s/7y6o2jiwgeaik/JacobsDan_TheDistanceFromHome_MTA20190923.mp3?dl=0
For me, it began with reading and responding to posts on the American Psychoanalytic Association Members’ Listserv. Analytic colleagues were reacting to the candidacy and, later, the presidency of Donald Trump. They had a variety of opinions, sometimes stated with nuance, but often not. Others objected to this dialogue, feeling it was improper and irresponsible for analysts to be speaking out when doing so, it seemed to them, was predicated on the mistaken assumption that psychoanalysis had anything plausibly unique or authoritative to say. In addition, they worried it might risk alienating patients and undermining the field’s credibility vis-à-vis our own more narrowly defined domain (a credibility, fairly pointed out, that has already been under siege.)

The question of the validity of such writing persists to this day, even if the divergence of opinions regarding the current President has all but disappeared in the analytic community. While the prior question of the legitimacy and appropriateness of such writing remains controversial, I will set that aside for now and address the issue of “how” to undertake this task. Whether this is a legitimate thing to do will be addressed in September, on the cusp of the election, with an Explorations in Mind class on Zoom, open to all.

Why do it? Why Write about the Mental Fitness of Trump?
Put simply, for some of us there is no other acceptable choice. While the American Psychiatric Association (and its sister institutions for psychology and social work) prohibits speaking about a “patient” without an in-person examination and the “patient’s authorization,” a number of us have argued that there is no patient when speaking of a public figure (unless, of course, that person happens to be your patient), and hence those duties are not owed. Further, despite the threat of ethical violation spelled out in the Goldwater Rule, we who have chosen to write, believe that duties of conscience override the importance of protecting “the guards” from the potential of bad publicity. It struck us that silence was complicity and, if it isn’t our role to point out dangerous qualities in the mental make-up of a powerful figure, whose is it?

What Lexicon Should Be Used?
A unique challenge for the analytic practitioner writing for a lay audience, say, in an op-ed for the Boston Globe, is the need to strike a balance between sounding professionally competent without obfuscating. It has been observed that, particularly in analytic literature, the harder it is for the reader to comprehend an article, the smarter the author is assumed to be! On the other hand, one doesn’t want to sound condescending or underestimate the intelligence of the reading public. Editors are sensitive to matters of language and tone: it’s what they do for a living.

So, we have to use language that is accessible without being pedestrian; we have to be illuminating and insightful without being couched in jargon or showing too much satisfaction in our own sectarian brilliance. For example, rather than writing, “Trump has a narcissistic core defended by externalization verging on psychotic distortion,” one could say, “Trump is thin-skinned and protects himself from confronting evidence of his failures by blaming others and distorting the factual basis for valid criticisms.” Yes, many more words when you’re not using our coded lingo, but much more accessible and less of a turn-off for the average reader. I also had the advantage of writing with a behaviorist and a forensic psychiatrist—they took exception if I ventured into intrapsychic territory! We focused on the issue of fitness to serve as president, basing our observations on the abundance of publicly available evidence Trump presents in his videotaped speeches and real time reactions. We chose to avoid diagnostic speculation, though other colleagues have not refrained.

Does the Public Need Mental Health Professionals to State “the Obvious?”
This is surely arguable and takes us back to the first question: is such writing necessary and valid? Here I would make two points: (1) what is “obvious” to many mental health professionals effectively eluded the understanding and/or acceptance of nearly half of the voting public in 2016; and, (2) when unchecked power is concentrated in the hands of a willfully ignorant, impulsive, and vengeful man devoid of empathy, it’s worth the risk to restate the obvious, lest anyone who is at all open to the discernment of mental health experts remain in doubt.

And, candidly, here’s a third reason: what will we tell our grandchildren regarding our actions at this perilous moment if we remain silent?

How Do You Get Your Piece Published?
On the one hand, this is the hardest part mechanically: we are used to the routine of writing for learned journals, not the lay press. And these days, unsolicited submissions to surviving mainstream print publications vastly outnumber the space available.

But, on the other hand, the universe of publications, especially online publications, has multiplied exponentially in the past decade. Even mainstream newspapers like the New York Times “publishes” many more op-eds and letters online than in their print editions. And there are many other online and print outlets: Psychology Today, Politico, The Hill, STAT News, to name a few, not to mention the Boston Psychoanalytic Association Members’ Listserv!

But people know you’re interested and available, you may get invited to write something or appear on a radio or television program. And, don’t forget, you can always trial your ideas on the American Psychoanalytic Association Members’ Listserv!

Reference
Harris, B., Dr, & Zucker, S., Dr. (2014, October 1). Caravaggio, Narcissus at the Source. YouTube. https://www.youtube.com/watch?v=IrTaNuUQXxU

Anna Brünn (Ornstein), age 12. 

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Hungarian “Golden Years,” between 1848-1914, the Jews

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The village in northern Hungary, where I was born and lived the first fifteen years of my life, was an agricultural community; among its

approximately 3,300 peasants lived forty Jewish families who constituted the middle class. They were totally

socially and culturally separated from their neighbors. In one district that included several communities, all

of us had one doctor, one pharmacist, one baker, one tailor, one shoemaker, and several shopkeepers.

There was no high school in this village, nor was there a library or hospital. Those of us who were ambitious

enough to enter high school either had to hire a tutor or have parents willing to prepare us for the end-of-year

acceptance exam in a nearby city. By the time I was of age, it would have made no sense to try to get into a

college preparatory school with an expectation of attending university upon

graduation: severe anti-Semitism caused all universities to close their doors to

Jewish girls and boys. My two brothers, older than me by five and three years

respectively, attended college

preparatory schools in a town 40 km

from where we lived. My brothers had a great deal of influence on my

intellectual and emotional

development. Eventually, I attended a

Jewish college preparatory school for

one year, highly motivated, but with no

expectation that university would be

available to me.

Anti-Semitism was not new to Hungary. Persecution of Jews began

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Hungarian Jews endured massacres and expulsions. But there were

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economic conditions, and the Jews were welcomed back. During

these Hungarian “Golden Years,” between 1848-1914, the Jews

established financial institutions and made noteworthy contributions to

art, literature, medicine, and law. During these fruitful periods of

collaboration, the Jews were lulled into believing there was

permanence in their new won status.

But once the monarchy lost World War I, new problems emerged: the

ensuing anarchy brought a bloody communist regime to

power. Many of the leaders of this transient regime were Jews

and Admiral Horthy’s counter-revolution engulfed the Jews as

scapegoats. His regime exploited the ever-present anti-Semitism,

and Jews were restricted again. This coincided with Hitler’s rise
to power in 1933. Germany’s military and cultural alliance with

Hungary affected the Jews. Anti-Semitism became more vocal

and more powerful; there were demands to eliminate the Jews

from civil-service, the army, and other professions.

I still remember the ominous atmosphere in our home - every

step we took was controlled by fear. We spoke in hushed tones;

silences were interrupted by my father’s periodic sighs. Gone were

the days when my mother would be preparing me and the other children of the village for our Hanukkah

play. I remember when she managed to tame a dove to stay on my shoulder during the performance of

Cinderella. I was aware of my parents’ struggle to maintain a semblance of normalcy at home. How did

my parents remain functional in those long years of persecution and discrimination? What are the psychic

forces that were summoned to cope with that increasing level of dread and anxiety over many years?

My father, and other heads of Jewish families, were arrested and taken to jail on trumped up charges. Young

men were inducted into forced labor camps, and among them were my brothers, neither of whom survived

the harsh conditions and severe treatment.

By 1940, the German war machine was in steady advance. The Jews of Hungary were condemned to a slow

but sure death.

Increased restrictions on our lives did not prepare Hungary for the German occupation that occurred in

March 1944. By then the Germans had suffered severe defeats on the Eastern front. The Hungarian Jews

dlung to the hope that the war would come to an end before they, too, suffered the same fate as the Jews of

German-occupied Europe.

The very same day that German troops

occupied Hungary, Jews were no longer

permitted to use public transportation. They

were arrested wherever they happened to be. At

the time, I was living with my aunt in a distant

city, but was determined to be with my parents.

Taking a great chance, I made my way back to

my village.

The occupation was swiftly followed by the

deporation of the Jewish population from the

countryside. Strangely, our arrival in Auschwitz

in the first week of June 1944 coincided with

the landing of American troops on the beaches

Continued on page 24
People fleeing from violence in their home countries are portrayed by the president as murderers and immigrants have become the hated minority, and the ever-present anti-Semitism has been reactivated. In powerful positions, to secure their stations in society forever.

The behavior of the president over the last four years affirmed our initial fears. From the beginning, there has been a search for scapegoats. In Europe, the Jews made the perfect targets. In this country, Muslims and the progress that began around the middle of the 20th century is likely to come to a halt.

We recalled that, though there have been many obstacles, progress has been made to ensure the integration of public schools, of voting rights, and of human rights. Advances were made, but there is still much to do. As Obama stated many times, “This almost perfect union needs a great deal of repair.” Not all members of the Union have been equally protected by the Constitution, and the progress that began around the middle of the 20th century is likely to come to a halt.

The war was progressing without our awareness. Sometime in the early fall, I believe it was September, they herded us back to the train station and locked us in the cattle wagons again. Soon, we could see the electric barbed wire of Auschwitz. After some days in Auschwitz, we spent a long, cold winter in a labor camp in the Czech Republic. Our liberation did not come until May 8, 1945 - the last day of the war.

Fear gripped me, as it did many Americans, on election night 2016. Memories of my adolescence returned as I began to feel a tightness in my throat and a heaviness in my chest. I asked myself: in what way did the experiences of those years resemble what is happening in this country now?

Discussions with members of my family and friends were not reassuring. We all agreed that there would be no extermination, no concentration camps in this country. We reflected that, though there have been many obstacles, progress has been made to ensure the integration of public schools, of voting rights, and of human rights. Advances were made, but there is still much to do. As Obama stated many times, “This almost perfect union needs a great deal of repair.” Not all members of the Union have been equally protected by the Constitution, and the progress that began around the middle of the 20th century is likely to come to a halt.

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their supplies of anti-anxiety medication with them. While parents are proud of their children being knowledgeable and informed, they are also worried about their children being overwhelmed by the more and more dire environmental predictions. 1

As I thought about the young people of this generation and their anxiety about the future, I was reminded of a particular conversation I had with a young boy soon after we were collected from the ghetto. I was 17 years old and he was a few years younger. We were anticipating deportation when he asked me, “Do you think they will kill us?” Without hesitation, I said, “Yes.” I knew nothing about our future, but the whole Jewish population of the village was crowded into a few houses with inadequate sleeping arrangements and not enough food. There was no reason for us to think we had a future.

Among the young people I have had the privilege to speak with, there were two 30-year-old women I met in Victor Frankl’s Vienna. One of them, during the time of the addendum to my book, spoke of the deadly California wildfires, he was appealing to the politicians to become more active regarding climate change. I was impressed by his seriousness and determination; he was committed to be active and have an impact. Is it up to young people, to teenagers, to create the environmental conditions that will continue the existence of living things on Earth? As a Jewish child, he has other fears - the recent shooting in a Pittsburgh synagogue and the rising anti-Semitism. I was deeply disturbed that this young man, my grandson, was witness to events that are part of my historical memory. Are my grandchildren experiencing anxieties similar to the ones I had at that age?

Recently I was watching my 18-year-old grandson protesting in front of Speaker Nancy Pelosi’s office. As he spoke of the deadly California wildfires, he was appealing to the politicians to become more active regarding climate change. I was impressed by his seriousness and determination; he was committed to be active and have an impact. Is it up to young people, to teenagers, to create the environmental conditions that will continue the existence of living things on Earth? As a Jewish child, he has other fears - the recent shooting in a Pittsburgh synagogue and the rising anti-Semitism. I was deeply disturbed that this young man, my grandson, was witness to events that are part of my historical memory. Are my grandchildren experiencing anxieties similar to the ones I had at that age?

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As I listened to my grandson, another little boy’s image intruded into my memory. It was the anguished face of a 10-year-old I met when giving a school lecture on the Holocaust. He had learned for the first time that children and older people were killed upon arrival in Auschwitz. It pained me deeply to be the messenger of this cruel reality.

I would suggest that the anxiety we experienced in the past before deportation and what many are experiencing in relation to the current political situation is not simply “realistic anxiety”—it is existential anxiety, anxiety that originates in fear of annihilation. I first encountered the description of annihilation anxiety in Victor Frankl’s book, Man’s Search for Meaning. Published in 1946, one year after the end of World War II, the book sold ten million copies in the United States. What explains this extraordinary success? Death and destruction appear to have been responsible for the emerging popularity of existential philosophy. Young people in particular were urgently searching for meaning in everyday life as the brutality of war, the industrialized nature of genocide, and the extraordinary number of casualties threatened a whole generation with cynicism and nihilism.

The past affects our perception of the current situation. Having the Holocaust in one’s past may represent more than the ordinary level of distortion of the present. In writing this essay, it has been important to me to listen to how other people have been experiencing the current political climate. I found most people go about their daily business without focusing on climate change, gun control, or what is happening on the Southern border. The reality is that many of us are shielded from the immediate consequences of this political situation. For this very reason, we must become intentionally conscious of what is happening politically. While others are now enduring hardships, eventually we all will be affected by the racist, divisive, long-term effects of a chaotic and poorly functioning administration.

Freud (1917) contrasted “realistic anxiety” with “neurotic anxiety.” “Realistic anxiety,” he wrote, “strikes us as something very rational and intelligible. We may say of it that it is a reaction to the perception of an external danger—that is, of an injury which is expected and foreseen [...] it may be regarded as a manifestation of the self-preservation instinct (pp. 393-394).” Put simply, realistic anxiety ought to give one the opportunity to consider flight or, if that is not possible, respond with defenses that protect the self from overwhelming levels of anxiety that would render a person dysfunctional.

In North America the division between the people who have the means to consume energy indiscriminately and those who do not is stark. Climate Crisis, Psychoanalysis and Radical Ethics (Orange, 2017) argues for a strong connection between ethical conduct and climate change. For example, those who take frequent plane trips would have to consider the ethical implications of each flight, weighing the impact on the environment along-side personal interest. Certainly, the behavioral changes would require more than modification in air travel. In order to really learn the lessons of the pandemic, we would have to learn how to practice “radical ethics” in many areas in our lives.

References


Psychoanalyst, scholar and writer
Anna Ornstein. (Robin Lubbock/WBUR)

1 I have made frequent references to the climate crisis. Along with the crisis came the urgent need to create new sources of usable energy. The change from fossil fuel to clean sources of energy is a difficult process requiring not only financial and technical, but behavioral changes as well.

This essay was completed prior to the onset of the COVID-19 pandemic. Strangely, the pandemic could change people’s behaviors, as reductions in carbon emissions have dovetailed with pandemic initiated shut-downs. Video-conferencing, the limited use of cars, buses, and planes, and work from home options, have altered the air quality and use of fossil fuel. Many authors, David Grossman among them, have suggested that the pandemic could transform our way of life. In relation to the climate, the changes would have to be substantive and affect everyone around the globe. The northern part of the globe would have to reduce its appetite for energy in every form, while the southern part would have to develop technology that has, in some places, already changed the desert into useful land.
Parenting an Activist

Susannah Sherry and Rafael Ornstein

One of the hardest jobs in parenthood is shepherding a teenager into young adulthood, “being there to be left,” and passing him the baton of responsibility. When our son graduated high school at 17 years old, he decided to take a gap year and “fix our broken world.” The house became eerily quiet. At the time he left, he couldn’t yet vote or seek medical care without our consent. He needed rides, and of course financial backing for some of his endeavors, though he was offered a small stipend. He joined “Sunrise” (an organization that advocates political action on climate change) and moved into a vegan “movement house” outside Philadelphia with a group of young adults who were charged with working for three political candidates with a focus on the climate crisis.

Emotions ran high in their household after the 2018 election, when the time arrived to disband and say goodbye. Their candidates had won by a hair, and most importantly, the Democrats had taken a majority of the seats in the U.S. House of Representatives. To our surprise, we learned from his hasty phone calls that Sunrise was planning a sit-in at Nancy Pelosi’s office in the U.S. Capitol Building, to demand support for something we had not yet heard of: the Green New Deal, which had some appeal—although, from our perspective, it seemed unwise for them to protest the Democratic Speaker of the House.

We thought he was kidding when he announced that he had gotten arrested with other protesters at the sit-in, but it was true. A policewoman had clicked plastic handcuffs on his wrists, saying: “I hope that’s not too tight, honey.” He was told that he would be bailed out and this would only interfere with his future employment record if he wanted certain government jobs. He had read about and prized the concept of civil disobedience; but still, it seemed alarming to us that he crossed that line, and we thought his future more mature self may regret it. Yet, the decision was entirely out of our hands.

When the speech he gave in the Capitol halls “went viral”, we watched the number of viewer “hits” climb to over 14 million.

In this sudden moment of rising fame, we were by turns full of pride and excitement, and then afraid for his safety and of the anonymous haters targeting him. Huge numbers of strangers made comments—mostly positive, but some included contemptuous accusations that he was faking, psychotic, or autistic and utterly dependent.

He casually mentioned reporters calling for interviews, and soon after, there were invitations to speak in various settings, ranging from college seminars to temple meetings to the Boston Climate Strike in September. He was invited on a paid trip to New York to be filmed for a movie on young activists.

In a wonderful, exciting way, a wealth of opportunities fell into his lap and they have fueled further mastery, community ties, and led to other sources of inspiration. Huge numbers of strangers made comments—mostly positive, but some included contemptuous accusations that he was faking, psychotic, or autistic and utterly dependent.

His long-term investment in the political process had been a source of pride for us, and it had a curious life of its own—as do many interests and talents of our children. As a small boy, he loved reading picture books about presidential quirks, but we were still surprised when we discovered that he had signed up for Elizabeth Warren’s campaign. He was eleven years old and this was his only activity that did not require parental consent. He merely requested a ride to the headquarters.
In fifth grade, he saw the teachers organizing for salary increases and he got swept up in their enthusiasm and union buttons; he stayed after school, obtaining fifty fellow student signatures—although the page above the signatures was blank and no one knew what they were endorsing. He read the daily news assiduously, followed unemployment rates, local candidates’ websites, and considered the town fair a time to support issues and network with fellow organizers. We were pleased that his values reflected our own, as we had attempted to inculcate many of these values along the way. We also saw the benefits of his experiences of team collaboration and community affiliation. While we had considered the relative merits of “signing him up” for music, drama, and sports, this political interest just sprang up of its own accord.

He developed relationships with state level mentors and peers; they spent many hours meeting and knocking on doors.

As the High School Democrats’ “national chair” in his senior year, he was always “on a call,” and his cell phone seemed plastered to his ear. It was time consuming and required many hours of patiently resolving conflicts between committee members and delegating responsibilities. He felt torn about his own and his peers’ ambitions, but he matured as he took on the challenges of leadership. He also worked with kids from all regions of the country and many backgrounds, and this further expanded his worldview.

The next year, when he joined Sunrise Movement, he showed a clear preference for sporting wild hair and a bandana over wearing a shirt and tie. He felt relief leaving mainstream party politics and joining “an army of young people” demanding change. It was a relief to us that their process was nonviolent, and we enjoyed his ever-present 60s’ soundtrack, embracing Joan Baez and Bob Dylan. Other favorite songs we heard repeatedly included Tom Paxton’s (1964) “I Can’t Help but Wonder Where I’m Bound”, and Leonard Cohen’s (1974) “Chelsea Hotel No. 2,” with baleful lyrics: “I need you, I don’t need you.”

Even while experimenting with different identities, it was possible for him to hold onto a continuous thread of his values. He was on his own independent adventure, and on those terms, permitted us to visit him in Pennsylvania and led us on two days of door knocking to “get out the vote.” As he demonstrated the best techniques for engaging the constituents, we felt the surge of parental pleasure, mutually influencing each other, as well as sharing a meaningful moment. We were glad to convert our sense of helplessness about the current government into action and, with his help, to promote new leadership.

Now, in this strange and harrowing era of the quarantine, we are grateful to hear his voice in our house while on video chat, engaging constantly with many other young voices as he teaches storytelling, “public narrative,” with Sunrise Movement, and seeks out the most effective paths to a greener and more equitable society.

One of the voices we heard earlier today was from the Chelsea Collaborative, and we are following his lead and signing off to donate to this organization on the ground, helping with poverty, hunger and the terrible coronavirus pandemic. We are reminded of the well-known Graham Nash song from 1970, “Teach Your Children,” in which the generations are invited to understand and feel for each other, with these evocative lyrics:

And you, of tender years,
can’t know the fears that your elders grew by.
And so please help them with your youth,
They seek the truth before they can die.

Teach your parents well
[...] and know they love you.

References


Student climate strike outside Massachusetts State House as part of a global day of student climate strikes on March 15, 2019. NFK Images
Why A Traumatized Nation Is Having Trouble Staying Home

Benjamin Herbstman and Holly Blatman

This opinion piece was first published on April 7, 2020 in The Boston Globe.

The potential consequences of noncompliance are being outweighed by the human desire to find comfort from loneliness and feelings of helplessness by gathering in groups.

Given the current wartime reality in health care facilities battling COVID-19, it can be difficult to understand why all of us are not taking social distancing and stay-at-home measures more seriously. New York Governor Andrew Cuomo recently called group gatherings in Central Park “insensitive . . . arrogant . . . [and] self-destructive,” channeling his anger and frustration at seemingly uncaring citizens. But while anger and blame are understandable reactions to people who are not heeding the public health call, they don’t help us understand or change individual behavior — or make it more likely for people to follow the restrictions that we all need to follow in order to safeguard thousands or even millions of lives.

In our work as psychiatrists and psychoanalysts, we often observe people employing psychological defenses such as denial, avoidance, dissociation, splitting off of consciousness, and compartmentalization in order to make an unbearable reality more manageable. This can occur on an individual level and also on a society-wide level and is a common response to trauma. That is exactly what is happening here: Even though many of us are not yet physically sick with COVID-19, we are experiencing trauma as individuals and as a nation, and it is this emotional trauma that is behind many instances of noncompliance.

We have seen such a society-wide trauma before in the aftermath of Sept. 11, 2001, when 7.5 percent of New York City residents were diagnosed with Post-Traumatic Stress Disorder. But Sept. 11 was a violent trauma experienced collectively by a nation in one day. Citizens not only watched the attack unfold on television but also witnessed its aftermath for months and years in the rubble of Ground Zero. All New Yorkers felt equally threatened, and gathering in groups was both harmless and, indeed, therapeutic.

By contrast, COVID-19 is a largely invisible threat that each person is experiencing differently, depending on their job, the prevalence of disease where they live, the patchwork of local response, resources available in their community, and whether the virus has impacted the health of someone they know and love. What’s more, unlike the attacks of Sept. 11, many important aspects of this trauma are occurring out of public view — from the spread of the microscopic-sized viral particles themselves to the terror of health care workers updating their wills and advance directives as they get ready for war-like hospital deployments.

In other words, we are living in alternate realities. This lack of a shared experience makes it hard for people who are not affected by the virus to comprehend the potential consequences of their actions. It also makes it difficult for those people who are directly dealing with the virus to understand why others are not heeding restrictions that will undoubtedly save lives.

Based on our clinical experience, we believe that instead of turning to anger and blame, it is more useful, as individuals and a society, to approach the situation with compassion and psychological understanding. We say this not because flouting restrictions should be accepted, but because an empathic approach — one that helps people consider their behaviors in the context of emotional trauma — will enable them to better process reality and choose to mitigate danger by following lifesaving public health advice.

For the people on the front lines of the pandemic, the social restrictions are essential and any violation is intolerable. But for people not on the front lines, the potential consequences of noncompliance are being outweighed by the human desire to find comfort from loneliness and feelings of helplessness by gathering in groups.

It is understandable that the psychological defense mechanisms of denial, avoidance, dissociation, splitting off of consciousness, and compartmentalization would be mobilized. These mechanisms are unconscious attempts to maintain calm and equilibrium in times of danger, but they diminish one’s ability to accurately assess present risk and react in a fully rational manner. They explain how even a caring and thoughtful person could attend a group outing in the park or on Boston Common despite the certainty that it will contribute to viral spread, unmanageable numbers of patients in hospitals, and increased mortality.

So, what can we all do with these insights? When you find yourself talking with someone who is about to go on an unnecessary errand, to a dinner party, or on a weekend with friends, consider these ideas: Empathize with their wish to find comfort with friends and have a life that feels normal again; ask how they weigh the risks of going out — to themselves, their family, and those most vulnerable; share what you know about the risk of viral spread, and how it relates to going out; and remind them of the critical situation in hospitals.

The life and death of patients and health care workers depends on helping everyone stick to the stay-at-home order to safeguard thousands or even millions of lives. Based on our clinical experience, we believe that instead of turning to anger and blame, it is more useful, as individuals and a society, to approach the situation with compassion and psychological understanding. We say this not because flouting restrictions should be accepted, but because an empathic approach — one that helps people consider their behaviors in the context of emotional trauma — will enable them to better process reality and choose to mitigate danger by following lifesaving public health advice.

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Honoring Jim Walton

Dr. James D. Walton was a highly respected and valued member of the BPSI community prior to his premature death in 2019. Over many years, Jim contributed tirelessly in numerous administrative and leadership positions. Jim graduated from the Psychoanalytic Training Program in 1981, became a Training and Supervising Analyst in 1995, and served as BPSI’s President from 2015-2017. He enjoyed teaching in the Fellowship, the Advanced Training Program, and the Analytic Training Programs. Jim co-founded the Ethics Education Committee and served as a trusted supervisor and consultant for numerous colleagues, supervisees, and students concerning clinical and ethical dilemmas. In his own modest and kindly manner, Jim fostered a sense of respectful dialogue and shared community at BPSI. He will be long remembered for his wisdom, generosity, and integrity.

Jim attended Princeton University and the Case Western Reserve School of Medicine, receiving his medical degree in 1972. He was a resident in Psychiatry at the Massachusetts Mental Health Center and a Fellow in Psychotherapy at the Faulkner Hospital’s Adams House. In addition to serving as a psychiatrist at the Brockton VA Medical Center, the Boston VA Medical Center, and Brigham and Women’s Hospital, he maintained a private practice in Brookline, Massachusetts. In addition, Jim was an Assistant Clinical Professor at Tufts University Medical Center and, beginning in 1995, an Instructor in Psychiatry at Harvard Medical School.

As busy as he was with his many professional responsibilities, Jim treasured the time he had with his family. He enjoyed a loving, 49-year marriage with his wife Susan and was actively involved in the lives of his three children and two beloved grandchildren. Jim was a longtime member of the Wellesley Hills Congregational Church, where he twice served as a Deacon.

To honor Jim’s many contributions, BPSI is planning several activities and awards:

**Jim Walton Culture of Appreciation Award**

In April 2019, the Board of Trustees Breakout Groups focused on the question: How do we create a “Culture of Appreciation” at BPSI? Alan Pollack proposed that BPSI create an award “to be given to a member who fosters the values of acknowledgment and appreciation” that Jim Walton embodied in all he brought to BPSI.

The Board of Trustees has formally voted to authorize a planning group to create a “Jim Walton Culture of Appreciation Award” – to nurture the values that meant so much to Jim. By creating this annual award, the many donations made in Jim’s memory by BPSI members will impact future generations and represent Jim’s guidance and aspirations for BPSI. Additional information regarding this initiative will be forthcoming.

**Installation of a Room Plaque**

In celebration of Jim’s 70th birthday in 2016, Joan Walton Moore, Jim’s sister made a generous donation to the Campaign for Psychoanalysis. Included in her donation was a request that a classroom be designated with an engraved plaque in Jim’s honor. On September, 2016 a small group of BPSI staff and members joined Jim’s family to surprise him with a drawing of his favorite seminar room, as well as the promise of an engraved plaque to be installed in the future. The space on the second floor is a more intimate room with bookcases and a small alcove. In the coming months, it will also include the plaque, engraved with words selected by Jim’s family – a permanent reminder of Jim’s dedication to teaching and training in the BPSI community.

**Scholarships**

In honor of Jim’s love of teaching and dedication to all three BPSI training programs, BPSI will award three scholarships of $1000 each for the 2020-2021 academic year. The scholarships will be awarded to one trainee from each program as part of this year’s upcoming scholarship process.

**James D. Walton Memorial Essay Prize on Ethical Issues in Psychoanalysis, Psychotherapy, and Professional Life**

Jim Walton’s ethical values were apparent in every aspect of his life: his clinical work, his professional relationships, his teaching, and his personal life. The Ethics Education Committee has proposed a James D. Walton Memorial Essay Prize to foster the development of scholarship in the area of professional ethics. Submitted essays may relate to the ethical rules of training and clinical practice, as well as ethical challenges that are encountered in professional life. In addition to a $500 award, the winning essay will be eligible for publication in American Imago. The deadline for submission is January 1, 2021. Specific information including detailed submission criteria and essay guidelines will be announced and distributed very shortly. Any questions should be directed to Karen Smolens, Senior Administrator and Director of Continuing Education.

**Tree Planting**

Judy Yanof and Les Boden generously offered to plant a tree on the BPSI grounds to honor Jim’s memory. The flowering cherry tree was planted in April, a living tribute that will be enjoyed by our community for years to come.

We are deeply grateful and thank all those who have made gifts to BPSI in Jim’s honor. These contributions have made it possible to offer the award, the scholarships, the essay prize, and to support the tree planting.

Additional or on-going gifts to honor Jim’s memory are always welcome. For information on making a gift to BPSI, please contact Carole Nathan at cnathan@bpsi.org.
Please click here to watch video

Please click here to read BPSI's Anti-Racism Pledge.