Note to the reader: BPSI is pleased to be able to share the voices of our members and provide a forum for them to share their (sometimes painful) experiences over their many years as part of the BPSI community. We also recognize that when difficult topics arise in the interviews, there may be a tension between the demand to protect the privacy of our members and their patients and former patients with the importance of allowing individuals to speak their truth. We have worked very carefully with Judy to weigh these considerations and have collaborated with her on a thoughtful, mutually agreeable approach to the sharing of her experiences.

BPSI Library Division/Archives
Oral History program

September 22, 2025

Oral history Interview with Judy Kantrowitz, Ph.D., TA/SA at BPSI

Interviewer: John Martin-Joy, M.D., Chair, Library Division
Format: conducted by e-mail, with mutually agreeable light edits and revisions as we went. She wrote from her home in Brookline, Massachusetts; I wrote from my office at 875 Mass. Ave. in Cambridge.
Dates: February 2024-September 2025

Summary of topics discussed:

- Judy's application to BPSI in 1968
- Her positive experience with her classmates, including Tony Kris
- Prejudice against psychologists as psychoanalytic clinicians at BPSI and APSA (pre-1980 lawsuit)
- Control cases / difficult interactions with supervisors and with the BPSI Students Committee
- Analysis with Ed Daniels, who was later found to have committed boundary violations with patients; interactions with supervisor Chuck Magraw
- Her career at BPSI: as TA, helping to start the ATP program and Ethics Education Committee; peer supervision, writing projects
- Value of helping trainees and patients feel understood
- Her clinical approach

JMJ: Judy, I've gotten to know you in a couple of BPSI settings - first when you were co-teaching a case seminar for candidates, then as a helpful supervisor of a control case of mine, and in ongoing work as a supervisor now. But I'm not sure I know much about your experiences at BPSI over time.

Applying to BPSI as a psychologist - 1968

When did you first come to BPSI, and why?

JK: I came to BPSI in 1968. At the time, psychologists were accepted only as research candidates, not to be trained as clinicians. I was definitely a clinician, not a researcher, but I had been a co- author on a paper on dream deprivation. My role had been to analyze Rorschach responses given before and after dream deprivation. The principle author, Ray Greenberg, was a BPSI analyst. My Rorschach professor, Bill Hire, had attended BPSI as an affiliate scholar. He had been urging me to get psychoanalytic training at BPSI.

I had graduated from the BU clinical psychology program in 1965 and had our first child a month later. I wanted to be a clinician and also remain available to my children (next 2 born in 1967 and 1970). I'd taken a half-time job at the Beth Israel Hospital. At the time, the staff were mostly psychoanalysts. They joined Bill Hire in encouraging me to attend BPSI.

There were prescient voices, saying the psychoanalytic world would change. I was clear that I would not sign a waiver promising not to practice psychoanalysis, which apparently many institutes required at that time when they accepted non-MDs. BPSI never asked me to sign such a form. I was in a personal analysis with a BPSI training analyst. So I already had first-hand experience about the nature of the work and its benefits.

From what I was told, until 1968, APSA had required non-MDs to have established careers as researchers. To train them, theoretically, could be a benefit to psychoanalysis as a profession since they potentially could provide data to support the value of the treatment. In 1968, APsaA had added a new category: psychologists who showed "promise" as future researcher. I fit this category because of the dream deprivation study.

So I applied.

JMJ: What were the interviews like?

JK: I had three interviews, as was typical: one with Paul Meyerson, who later became my second supervisor; another with Lydia Dawes, a grand old lady who seemed to chat with me, rather than interview me; and the third with Charles Pinderhughes, an amazing psychologist who was a BPSI researcher scholar, working in dream research.

In the interview, Charlie (as I would come to call him) did an associative anamnesis. This is procedure in which the subject is invited to associate to some stimuli- it tested one's capacity for free associating. Charlie asked me what I wanted to do before I became interested in analysis. I told him I wanted to be a writer but recognized I really wasn't talented enough and that character was really what interested me.

He asked me to tell him about some story I'd written and selected an element for my thoughts. I can't really recall what happened next. All I know is that I emerged from some fog- a regression far greater than anything that occurred in analysis!! My husband, when I told him, was outraged. But I knew I had done well because Charlie said, "thank you - I feel I really got to know you." In retrospect, I understood he was assessing my capacity for free association.

So I was admitted to BPSI in 1968. Once at BPSI, Charlie invited me to join his study group on dream deprivation, which I did. He was a wonderful, inspiring man.

JMJ: What was it like to be a clinician-psychologist when that combination was, let's say, regarded ambivalently by APsA?

JK: Well, I will tell you. APSA was, I would say, more than ambivalent. When I applied, it was the first time that they were taking non-MD's. Prior to this time, they took some psychologists who were academics and had demonstrated research abilities. Now they would consider psychologists who "showed promise" in doing research. Because of a paper I did, they thought I showed promise.

JMJ: That sounds a little patronizing of them!

JK: Oh, yes.

Training at BPSI

JK: I had a class at BPSI that, as they say, the stars fell on: Tony Kris, Evy Schwaber, Axel Hoffer, Irene Briggin, Bud Hine, my professor at grad school Murray Cohen, Alysha Gavalya. This was unusual, because there were more women and two psychologists [in the class]. Not long after, Bill Hire [a BPSI affiliate] retired. I took over his class and taught a Rorschach class at BU for twenty years.

Everyone at BI [Beth Israel Hospital] encouraged me to go to the institute. In my usually rebellious way, I said, "I want to be a clinician." Everyone said, "Be patient."

JMJ: In other words, "APSA is changing."

JK: Yes. And they said BPSI would support me. Well, yes and no.

I would never have agreed to sign a waiver saying that I would not use the training for clinical practice. But BPSI never asked me to do that—although I know that there were other institutes that did ask that of psychologists.

I was the first psychologist to receive full training at BPSI. Phil Holzman was already here but he had had much of his training in Chicago and transferred to BPSI when he moved to Boston.

My training at BPSI at the time strictly ego psychology. It was absolutely absurd. It made no sense. Had Tony not been there saying "yes" [agreeing about the absurdity], I don't know if I could have stood the training.

JMJ: Strict ego psychology how?

JK: The analyst as blank screen. You're interpreting instinct and defenses. At Sarah Lawrence, Patrick Mullahy was a disciple of Harry Stack Sullivan. I was not an interpersonalist myself, but I'd had that experience. My class was very accepting, very supportive of me. One or two people, because I had not had experience seeing psychotic patients, had reservations about my being trained; they were not so happy about my becoming a psychoanalyst. It was absolutely true—I hadn't. Tony became a good friend, Evy became a good friend. Overall the relationships in my class were very good, even if the material we were taught was very limited.

I'm now going to tell you a story. I got permission to do projective testing [as part of a research project on clinical analysis]. I wasn't allowed to interview the patients! God knows what BPSI thought I would say to them. On the group of people who were accepted as control patients in 1975, I tested them before their analysis and after they terminated. I interviewed the analysts before and after. This is where I could show the patient-analyst match. What this showed was that the things that did not change in the patient were places where there were blind spots for the analyst.

Control cases; dealing with the BPSI Students Committee

So I did the study and I got my permission to treat my first control case. I wasn't allowed to take a control case until after I completed seminars- so I missed the experience of sharing this beginning with my classmates and was left out of fully participating in this part of the training. When I did have permission to take patients, I had no peer group with whom to share the experience—though by then, I had close friends who were analysts and found places to discreetly discuss my experiences.

I went to Malvina Stock, who had supervised me at the BI on a child case. The patient came with a presenting problem that she thought she was "being eaten from the inside by bugs." Malvina wanted me to do a classical analysis! I just couldn't—I mean, I did the best I could. The patient came back to me years later and said, "Why couldn't you be like that in the analysis?"

JMJ: How were you with her when she came back?

JK: I used myself normally. I was much closer to her affectively, I trusted myself to use what I knew.

JMJ: Practically speaking, how did you manage the fact that your supervisor wanted you to do one thing, while you thought "no!"?

JK: With a lot of anxiety and pain. I could not really do what she wanted, so it was a compromise. And Malvina was disappointed in me.

JMJ: That's awful….

JK: My second patient was a 1968 rebel--a real bomb-thrower. I liked this patient a lot. I took the patient to Paul Myerson. With Myerson I could be myself, I could do what felt right with the patient.

JMJ: So he was different.

JK: But he wasn't that helpful. He was pretty passive, but I felt *freer*. The best supervisor I had [eventually] was Bob Gardner. My classmates used him. But because I wasn't yet doing analysis, he wouldn't supervise me at the time. Eventually I did use him after I graduated. He was a wonderful supervisor. He later wrote a wonderful book called *Self-Inquiry*.

JMJ: It sounds like there was some value in being given some freedom.

JK: Absolutely.

<u>Third case; supervisor Chuck Magraw</u>

My third case… What occurred is unconscionable, and as you will also understand, I still have strong feelings about it. But I do want to relate the story of what happened, for such experiences are what stimulated us to start the Ethics Education Committee.

Tony [Kris] said, "Go to Chuck Magraw as your supervisor"—so I did, and I had a lovely patient with a history of a mother who had died early. At the first vacation, the patient couldn't tolerate it and leaves.

I have trouble finding another control. I know classmates' supervisors are helping them find patients. But Chuck is not helping me. So after six months—no patient—somebody from the admissions committee calls me up. "There's a woman who's been accepted as a control case but she has been sent to a man and only wants to be treated by a woman. Will you see her?" I say, "sure."

I tell Chuck—there's dead silence. I tell Paul [Judy's husband], "Chuck's not happy with me. I'm not happy with him." I call Chuck and I say, "I don't have to take this patient. But I need more help. I think I should change supervisors." Silence.

About a week later, I got a call from Suzanne van Amoregen. I meet her. She says, "Do you know why you're here?" I say, "No, but I assume it has to do with this thing that happened about the control patient." She says, "You know, we're not a very flexible bunch."

I should say, the head of the Students Committee, Jack Schwartz, was vehemently opposed to psychologists being accepted at BPSI. Suzanne says, "Do you understand what they're reacting to?"

I say, "Maybe he's reacting to my taking that patient, and maybe he is reacting to my not wanting to work with him."

She says, “You’re little naïve about power. They think you were trying to steal someone’s patient.”
I say, “She [the patient] wasn’t going to go to this male candidate.”
Suzanne says, “That’s what I mean. You’re naïve.”—which I clearly was. She says, “I understand you’ve been a candidate much too long.”
“I understand—I mean, it’s now been eleven years!”
She says, “I understand, and I will take this back to the committee.”

A few weeks later I end up at a brunch where Chuck is. He spends the whole time talking about people who do ethical violations. Then I get a call from Jack Schwartz, the head of the Students Committee. He says, “How could you have trouble with Chuck? Nobody has trouble with Chuck!”
I said, “I thought Suzanne understood.”
He said, “Yes, but we weren’t satisfied. You have to go back into analysis.” OK.
“Can I go back to my analyst?”
“No. He didn’t fix this the first time.”

Analysis with Ed Daniels

Sam Kaplan was a TA and a friend of Evy Schwaber’s. Evy asks if she could tell him the story, and he calls me. He said, “We’ll take care of this. You’ll go into analysis with Ed Daniels.”

Ed was known to be the friend of candidates and was vehemently anti-authority. So I go and see Ed Daniels. He gives me an avuncular kiss on my cheek and says, “You’ll come twice a week for six months.” I didn’t think anything of the kiss at the time.

In retrospect I realize that I said not a word about sex during the treatment with him. I must have understood something preconsciously. When I spoke about my interactions with the Students Committee, Ed would say, “What are you carrying on about? Let it go.”

I was trying to be such a good girl—I worked on everything *except* sex. So I graduated—and he writes this positive letter to the institute. Tony [Kris], who was on the Students Committee at this time, saw the letter and said, “You could put this on your tombstone.”

JMJ: Tony was so good to you, and so good with *you.*

JK: He saved my sanity and my candidacy, honestly.

JMJ: What year are we at now?

JK: This is now 1980. Not long after that, it turns out that Ed Daniels is being investigated for multiple boundary violations.

When I told the Students Committee that I was seeing Ed Daniels, they were distressed. Tony told them, “Don’t worry, she can take care of herself.”

JMJ (sighs): So they were investigating him while you were in treatment?

JK: Yeah.

JMJ: Oh, my.

JK: I told you, this is going to be an exposé. But on some level, I must have known.

JMJ: Oh my God, they really put you at risk.

JK: Yeah. They really did.

JMJ: I'm afraid to ask what you were feeling when you found out.

JK: I thought, Oh my God, I must really be hysterical!

JMJ: You thought that you were supposed to know?

JK: The whole thing, when I think about it, is so infuriating.

JMJ: Yeah.

JK: So of course 1980 was the lawsuit of the psychologists vs. APSA [opening up psychoanalytic training to non-MD's]. And they won! It's a good thing that I went to a very progressive elementary school!

JMJ: How did that help?

JK: Because I learned not to trust authority. That's why Tony and I were such pals! I mean, it was an age of conformity. That's why we were such good friends.

Several years later, Chuck Magraw was reported to a BPSI committee for boundary violations with a patient. [As a result] Chuck was no longer approved for TA functions.

JMJ: Oh my God.

JK: So he had a little bit of reaction formation there. Reaction formation has its meaning. Chuck, the supervisor who accused me of an ethical violation—trying to steal a patient—himself was having a boundary violation with his own patient! When I found out, I thought, "Yeah, right." BPSI in the 1960s and 1970s had a lot to explain.

JMJ: This must have been especially difficult as a woman.

JK: There was that. Jim Mann, dean at BPSI at the time, called in every candidate to meet with him. He would sit with them in silence and then say, "Scared?" I was told about this, so I was

prepared. He did this with me. He said, "Scared?" I said, "No. Should I be?" By this time I'm getting mad. At this he just smiled. Then he asked me whether I had difficulty as a woman at BPSI. I said, "As a woman! You think *that's* my problem?" Jim Mann was known for being very anti-psychologist.

Tony and Evie remained good friends *forever*. All three of us were really rebels in different ways. Evvie was into self psychology. Tony was just being himself. Tony, too, had his trouble with the Students Committee. But we all made real contributions to the field.

The whole thing makes me sad—that we should have had so many boundary crossings and violations at BPSI. You can be grateful that we're living in a different time.

JMJ: Thanks so much for sharing this.

JK: This morning I said to Dan [Jacobs], "Do you think I should name names?" He said "yes."

JMJ: Well, I'm really sorry for how it was. I know it's been painful process to remember and to consider with me and BPSI how best to tell about it.

JK: What I went through in my training was tough going. But I do want an accurate historical record of what happened. For the most part, we at BPSI behave differently today. I have tried to be active in creating that difference.

Later roles at BPSI; research and writing

JMJ: Can you tell me how the ATP at BPSI (Advanced Training Program in Psychoanalytic Psychotherapy) came to be?

JK: I graduated in 1980. Morrie Adler, Mort Newman, Jim Dalsimer, and I started the Advanced Psychotherapy Program. We were the first among American psychoanalytic institutes in the United States to have a formal training in psychoanalytic psychotherapy. Our program not only helped the development of many fine clinicians to increase their clinical understanding and skills but over time became a segway to full psychoanalytic training. Many of our finest training and supervising analysts came from this program.

Over time many psychoanalytic institutes have developed similar programs. I think there is agreement that these programs have helped to spread psychoanalytic thinking in a very productive and positive way.

JMJ: What other roles did you take on at BPSI?

JK: In the mid-late 1980's I was "tapped" to become a Training Analyst. "Tapping" was the only way one became a Training Analyst at that time. What this meant was that the training analysts conferred and decided who they would like to become one of them. You couldn't initiate an

application, as we do now. Each applicant had three interviews - and it felt like you weren't supposed to tell anyone you had been asked.

My interviews were with Ralph Engle, who was very supportive, saying this had been far too long in coming; Howard Corwin, who was neutral and pleasant; and Arnie Modell, who was brilliant and known to be critical. I was terrified, but I presented an hour and he said, "You are gifted." So then I knew it would all be fine. One if the first things I did as a TA was to say we should stop this system of "tapping" and make it clear people could and should apply.
In all sorts of ways I have tried to help to make BPSI a more welcoming and friendly place.

I love doing supervision and quickly had a number of supervisees—people who have become our leaders, like Bernard Edelstein and Ellen Golding, who also became my good friends.
Over the years I have taught the Dreams course and courses in supervision, but mainly clinical case conferences where candidates present their cases. I have served in every committee—and remained on the students committee for more than 10 years.

JMJ: As you mentioned, partly out of your own painful experience, you helped develop the Ethics Education Committee.

Yes, I did. Earlier I mentioned that Ed Daniels had been called up on ethical violations. Sadly, we had a series of boundary violations over the years. This culminated in a number of us believing we needed to do something more active to address this issue and, hopefully, to help create a culture where these violations would stop occurring. So a group of us got together and considered how to do something. We formed the Ethics Education Committee in 2010. Jim Walton was our first chair. We began and have continued to meet monthly to discuss ethical dilemmas, plan programs for faculty, candidates, and national meetings. Stephanie Schechter has written fictional vignettes about ethical dilemmas that we use to explore these issues. We have sought to get representatives from all parts of the Institute: fellows, ATP, candidates, faculty, TA/SAs.

Other committees I've served on at APsA were the site visit committee, evaluating the institute training programs and the New Training Facilities committee, where I was the "mother" of the Berkshires Institute when it began.

<u>The patient-analyst match; clinical approach and supervision</u>

JMJ: You're very well known for your work on the patient-analyst match, a topic you've mentioned briefly. Can you summarize it for those who may not know?

JK: The research project I did evaluated patients of candidates before they began their analyses and again after they terminated, with both interviews and psychological testing. I also interviewed the candidate-analysts about their views and understanding of their patients and the nature of change.

From this study, which lasted over 10 years, I developed the concept of the patient-analyst match. I wrote a series of papers about my findings. The editor of JAPA at first rejected these papers, saying "You have a strange idea about psychoanalysis. You think it has to do with psychological conflict and something about the relationship and characters between the candidate and the analyst. You have to choose." I felt perfectly understood and strongly in disagreement. This occurred in the early or mid-1980's.

The psychoanalytic world was about to change. Ego psychology which had dominated our training was becoming viewed as too sterile. Relational theory was becoming increasingly prevalent. I wasn't choosing. To me, both were relevant. I began to write clinical papers that were accepted by JAPA, IJP, the Quarterly. I was invited to join, and did join, the editorial boards of JAPA and the Quarterly. I worked on both journals for years. I was invited to present papers nationally and internationally over the years. I mentored others. I supervised and analyzed our candidates and others from institutes around the US—did telephone analyses, long before COVID. These analysts from other states often felt too known in their own communities and wanted more privacy. They would come to Brookline to meet in person a few times during the year.

To feel known and understood, for many people, is hard to attain. But it's often not so easy. I got interested in the nature of impasses—in clinical work and in supervision. For years, Steve Goldberg and I have run two programs at APsaA: a discussion group on clinical impasses and a study group on supervisory impasses.

JMJ: Can you say a word about your clinical approach with patients? Who were your influences? Has your approach evolved over the years?

JK: I think I use multiple theories. For the most part they are not so conscious now, rather absorbed over years of clinical practice and supervision—both of my own cases and others. As I mentioned, Bob Gardner was the person who was the most helpful supervisor I ever had, and that occurred after my formal clinical training. He was attuned to nuance as well as to what the patient stirred in the analyst and how that became manifest in their work together. It's part of the patient-analyst match. I sought Bob out as a supervisor after my formal training (I would have loved to have him as a supervisor earlier but he'd gone to PINE) when I recognized a countertransference enactment which I wanted to understand and contain.

Bob was enormously helpful, explorative but never intrusive. He helped me deepen my self-understanding and provided a model for being both an analyst and supervisor.

JMJ: You've also done a lot of peer supervision.

I did peer supervision in the 1990's, and until 2008, with Bill Grossman and Austin Silber. They were each fabulous in their own ways. Bill's mind had a rigor and incisiveness that were inspiring. I learned so much. Austin had a way of conveying his heart and reaching patients' affect that helped me feel freer to use myself in spontaneous and heartfelt ways. Combined, they provided a model for me of the kind of analyst I aspired to be. I was puzzled why they were willing to work with me in this mutual way. When I finally got myself to ask, Bill said because

there were some patients with whom he found it difficult to reach his feelings, and sometimes their feelings; Austin said sometimes he found himself too caught up in patients' affect and needed help stepping back. In retrospect, they each were describing something I came to call "the match."

No matter how experienced we become, I think there are always things we don't see. So in subsequent years, I continued discussing my patients in peer supervision. For reasons of confidentiality, I chose people from different geographic locations. First, I worked with Gerry Fogel from Oregon, subsequently with Judy Chused from Washington, DC. Both were different from me in style. As I reflect on it now, it seems Gerry had echoes of Austin in his capacity to hear and respond to patients' affective experiences and Judy had a rigor that echoed Bill's. All four of these people helped me grow and deepen my work. Another influence on my clinical work was Shelley Orgel, a close friend with whom I had many informal discussions about our patients.

And there were also local peer groups—places where we couldn't talk about our work with candidates but could discuss other patients, always with special care since we live in the same community. Over time the composition of these groups changed. Dan Jacobs, Judy Yanof, and Jonathan Palmer remained a steady part of this experience. And Jonathan remains the person I turn to when wanting to talk about a patient outside of the BPSI community.

I want to add that I think supervising others is another way we continue to grow. In every supervision we get a chance to hear how someone develops an analytic mind and heart. It is such a privilege to be part of helping people grow as clinicians. The uniqueness of each person—patient, supervisee, supervisor, peer supervisor, consultant—provides opportunities to continue to grow, see more, and see more deeply.

Current work: the aging analyst

JMJ: You don't seem to have slowed down! I've heard you present recently and thoughtfully on the topic of the aging analyst.

JK: I am 87 (gasp!). I remember looking at my grandmother when she was 86 and thinking: now *that* is what old means—arrgh!

As an aging analyst myself, I am curious about my cohorts' thoughts, feelings and experiences. I also feel rather passionately about the importance of having a professional will. I have known far too many people left unexpectedly when their analysts die or become incapacitated. So, I asked for psychoanalysts over age 70 who were still treating patients if they would talk with me about their current professional lives and to reflect on their satisfactions, disappointments, thoughts about their professional and personal lives. Included in this interview was my urging them to make a professional will if they had not already done so.

What I learned is contained in a paper which will be published in *Psychoanalytic Inquiry* in 2026. I asked Dan Jacobs to organize a volume in which my paper was the jumping off place for

other psychoanalytic writers to discuss their ideas about the aging analyst. We'll have to wait awhile to see this all in print.

When I presented this paper at the New York Psychoanalytic Institute, several people urged me to study what happens when an analyst dies while a patient is in treatment. I decided to take on this project. Some friends-colleagues warned me I might regret it. I decided to proceed anyway, but I do now really understand their warning. For some of our colleagues failed to be responsible in relation to their patients in important ways. A major finding—not totally surprising—was that often these patients are not prepared for losing their analysts and even more often left with no place or way to mourn.

Then while I was doing these interviews, a patient of mine died totally unexpectedly. In this instance, the family included me in their mourning. It was very heartfelt and moving. Very helpful to me, and I think to them. It was a treatment that had helped the patient attain a creative freedom which previously had been blocked. Very satisfying to my patient and to me. So my patient's family and friends felt positively toward me. Many years before, I had had another patient die while in analysis; it was in an accident. That was just heartbreaking.

I decided to explore this side of the psychoanalytic dyad as well. So I interviewed analysts who had had patients die while they were in analysis with them. While clearly families or friends of a patient who dies don't have a responsibility to involve the analyst in their mourning process, when they do—and I'm assuming the analyst maintains the patient's confidentiality—it is extremely helpful to the analyst. The loss of either member of the analytic dyad is painful and difficult, but when it is also unexpected, there is an extra pain. It is the responsibility of the psychoanalytic community to make sure that the patients of an analyst who died, especially unexpectedly, have people to help them and ideally, a place to grieve. So I wrote up these interviews and hopefully, it will get published.

And since I'm a person who doesn't like to be without a project, I do already have plans for another. Nancy Kulish (from Michigan) and I are going to study the supervisor/supervisee match using material she has collected from the Working Parties Study Group. They have collected a great deal of material from both supervisors and supervisees about their cases.

Final reflections

JMJ: Any final thoughts?

The world has changed! When people consult me about wanting to become a psychoanalyst and what graduate work to do in preparation, I tell them that social work (when the programs are geared to individual treatment) or PsyD programs are the most relevant.

We are so lucky to do work that can help others and simultaneously enrich our own lives. I feel so fortunate to have found a profession that has allowed me to get to know people in depth, to learn from them the nature and ramifications of all different kinds of conflict. It is a privilege to

be given access to people's inner worlds and to help them explore and understand their fears, inhibitions, anxieties, conflicts.

I feel privileged to have been able to work as an analyst and supervisor at BPSI. Doing this work allowed me to know and understand people in a deep and special way. And the process means you keep learning more about yourself and hopefully continue to grow.

JMJ: Judy, it's been a privilege to speak with you and to hear your thoughts and experiences. Thank you!

JK: Thank you for inviting me to be part of this project. Hope it's helpful, John. I think you are making a major contribution in compiling BPSI's history—an integration of fields for you too.

JMJ: Well, I do love history!

JK: I think it's an important contribution you're making to record the experiences of analysts who have been part of an earlier generation. Hopefully, it will help future generations of analysts be aware of what has been problematic and avoid repeating those pitfalls, but also find aspects of their predecessors which they wish emulate and expand.

(end)