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PANDEMIC ISSUE

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Editorial

To Be or Not to Be

That is the question. You may not have noticed during this seemingly frenetic year that there was only one addition of the *PANY Bulletin* in 2020. It was in the spring, and even at that early date, it was labeled the “Pandemic Issue”. I can’t say exactly why I didn’t follow up, as I usually do, with a summer and fall issue. Perhaps the world felt that it was moving too fast, or too slowly, as every action I took involved all that specialized appreciation of dangers of exposing myself and others to the Covid-19 virus. Or, perhaps it was more personal and superficial a reason, such as the lack of a film to write about to get me started.

But there were other developments that also began to make me finally wonder about the value of continuing to publish the *PANY Bulletin*. There have been similar points in the past that chipped away at the purpose and efficacy of the Bulletin.

Quite a number of years ago the Institute decided, I think with good reason, to stop requiring candidates to report on one PANY scientific meeting during their candidacy. That eventually led to our no longer presenting reports of those meetings regularly. Those reports were likely the primary reason for the existence of the Bulletin in its early days.

Then, more recently, but also several years ago, a decision was made to save money by ceasing physical publication of the *PANY Bulletin*. By that time people were accustomed to receiving newspapers, journals and papers electronically. Yes, the Bulletin would no longer be in libraries, but was that really important. Those few members who did not have access to email (and I do mean *few*) could ask someone to print a copy. Again, considering the finances and the ways of the world, this, too, seemed a wise decision.

And, now we are faced with still further changes to our world. This time I am not refer-

ring to the pandemic, which should prove time limited, although we still don’t know the time limit.

I am referring to two other developments in the past couple of years. One is the development by the now merged institute and society of an excellent website, available to all. That website is now complete and looks like it, too, is going to be a big success. The other is the development of a PANY listserve by which we can communicate to each other and to the entire community with a visit to the computer.

It is those developments that have made me begin to wonder if we still need the PANY Bulletin when there are clearly other vehicles for communication, to mention the aging of the Editor.

And then I read a first draft of Doug Van der Heide’s article for the Bulletin which is published here under the title, “Pandemic Analysis”. It is written in an evocative style and raises questions we are all facing as we anticipate returning to in person psychoanalysis, along with in person everything else. It gave me some sense of the value of this particular means of bringing our community together and communicating with each other in a lively way.

For now, that question remains, like so many others, but here is your Spring issue of the 2021 *PANY Bulletin*.

H. Stein

On a positive note, **Carmela Perez** is a candidate in the upcoming IPA elections which have begun online.

Get out and vote!

Or is it
Stay in and Vote!



Are We Systematically Troubled

by David Frank

Taken from Dr. Frank's notes and comments at the PANY December 2020 faculty meeting.

Are we systemically troubled?

This subject came up at the last faculty meeting pre-election in October. I'm speaking about it now because I didn't want it to just evaporate or be left hanging. The context was overall participation by faculty, more specifically attendance at educational events and members' unwillingness to run for director.

At the faculty meeting about the election, some spoke about the high attendance levels at the Einhorn Auditorium at Lenox Hill Hospital—"overflowing"—for the then PANY meetings as one example of our decline or of the discrepancy between NYPSI and Columbia's overflowing meetings versus ours.

I am not convinced that this tells the whole story. I want to talk about this tonight and about aspects of our relationship with our own past.

First of all: I'm concerned about a tendency to measure ourselves, sometimes unfavorably, against certain past benchmarks, like the attendance at Lenox Hill or NYU Langone PANY scientific meetings that I don't think are necessarily useful or even accurate.

Putting aside that the entire nature of what constitutes a meeting has changed in the zoom and pandemic world:

Who was in that room at Lenox Hill? Mostly white men, with the exception of some pioneers—Sara, Marianne, Muriel, Barbara. We are more diverse now, ethnically, by gender, by age, and intellectually.

What went on there? Many very, very fine meetings: but it was at one of those meetings that a senior faculty member used extremely degrading language in referring to Kerry's corporate work with CEO's. I think this was emblematic of something, not just an outlier, a certain intolerance and rigidity.

We are a different place now. PANY has changed. Our demographics have changed. We have many more women candidates and facul-

ty among us. The impact of the challenges of raising children during training and as faculty members has been considerable. The entire family unit has changed with our younger male candidates and faculty assuming more child-care and home responsibilities than in the past, which affects their participation in PANY as well. Our sense of our identity can adapt to these changed demographics rather than label ourselves as systemically troubled because of some consequences of ways that we are different than in past. I felt Marv Nierenberg spoke about this thoughtfully at the October 29 meeting. The fact that the cost of housing and education and commuting stresses, greater now than in the past, are external real factors that some might use as a defense against analytic and institute immersion doesn't mean this is what is happening for most of our younger faculty. When I speak to younger faculty, some of whom have declined committee work, I see earnest analysts who are quite simply busy and over-stretched.

Second: If you think of the area under the curve versus the spike of attendance at individual PANY scientific meetings 20 years ago, I think a different interpretation could result.

The area under the curve for overall participation may be no less than in the past - it may even be greater. Participation may seem low because one particular type of meeting is not well attended now, but we probably have more total meetings. And it might be that people were more open to showing up for meetings back in the day because there were less opportunities for congregation than we have now and more pent up demand or eagerness for gatherings given relatively less program activity.

Our faculty are involved in many activities, I believe significantly more than in the days of the Lenox Hill PANY meetings. We are more spread out in the larger number of smaller

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events so that people's reluctance to do more things—teach, administer, go to meetings—in part stems from the sprawling extent of our activities that at times tire us out.

We have PCD supervision, psychotherapy program supervision, a more robust psychotherapy program, outreach, faculty development seminars, a pre-certification and pre-TA study group, a Queer study group, distance learning programs, digital editorial, an active Board of Trustees; representatives to ABP and AAPE in addition to APsaA; a licensed psychoanalyst program; increased regulatory environment requiring more structured guidelines and rules that have to be developed and that end up in manuals that have to be revised far more than in the past. Some of these programs were not even in existence, or less robust 10 years ago. Just this past week, we are looking into hiring a social media consultant. I think a case could be made that there were less demands on members in those years of overflowing graduate society scientific meetings.

Think of the variety of task forces we've formed: to develop TA developmental processes, SA tracks, gender and ethnicity competency criteria. Much of this work is done by a variety of "special ops" teams that are not so visible to large swaths of our faculty and candidates.

For example, the construction of an entire website. Do you know how much work that took over the past three years? Websites don't grow on trees (although they may save them). A small group of our faculty, along with Jennifer, did all that work, largely unseen. We see the results but to some extent the process to produce it was invisible versus the crowded room at Lenox Hill where we could see our colleagues via a different kind of face time. And not only building but also maintaining the website and all its functionality and content. Granted, a website is not an institute, it is a series of images and functionality—front end and back end. But it is now an essential part of

our infrastructure. Without it I believe we were sunk.

In the past, one person, Deborah, administered much of this. This would be impossible now. A lot of leadership was delegated to Deborah; I think too much.

Third: I think there is the risk of a kind of idealization of bygone days, when we laud the so called high participation then, which doesn't credit positive ways that we are different now.

A conscious or unconscious idealizing transference (or other transferences - including negative) to our past history can interfere with owning the ways we are special now and adapting to the reality of a different ecosystem in which we now reside. Some apply for training and make use of their training mostly to become better psychotherapists as opposed to analysts. In my opinion, this is not necessarily a bad thing. We are more sophisticated dynamic therapists now. Diversity needs to encompass our neutrality as an organization with regards to diversity of careers, including those who don't practice psychoanalysis after graduation or only have a few psychoanalytic patients, those who have predominately psychotherapy as opposed to analytic practices or go on to build the kind of careers that Kerry Sulkowicz built, consulting to the Board Room in large organizations—or community based work, or work in hospital settings, like Michael Garrett, who told us at the faculty meeting that he didn't do full time private practice; he worked for a medical center; and now he is giving back, feeling a sense of gratitude for what PANY gave him.

We are operating under limited vision, I think, if we glorify as the one standard the solo practice of psychoanalysis. It's not respectful to those who receive the full psychoanalytic training and then choose to go their own way with it. This does not mean, of course, that we are not in the business of educating clinical psychoanalysts in the theory and practice of psy-

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choanalysis as our primary mission, I believe it is: and that we should not blur the distinction between psychoanalysis and psychotherapy.

But it can perpetuate a kind of elitism if we adhere too tightly to a certain measure of post-graduate career development. It can be subtly erosive and can spawn depressive thinking and insufficient pride about our current faculty and our contemporary efforts as an organization to develop our own identity, different in some respects from past generations but also rooted in them.

Fourth: The comparison to NYPSI or Columbia, or WAW, or Michigan or BPSI—the idea they have more robust programs or meetings or participation: Maybe so, they are fine institutions, but each has its own significant problem areas. Columbia has governorship issues and, in my opinion, an off the rails approach to TA development, not to mention an overly systemized, structuralized approach to candidate evaluation and an approach to developing clinicians that some have described as limited and problematic. NYPSI, with a curriculum nowhere as cohesive as ours and its own historical problems and culture of dissension, austerity and rigidity; and WAW with excessive non-clinician Board control. Michigan and BPSI exist in different ecosystems as the only games in town.

So, finally, my attempt to grapple with the question: “Do we have a systemic problem?” e.g., low attendance at meetings, few people wanting to become director. Mike Singer mentioned at the recent faculty meeting—his *déjà vu* experience—that this was a perennial conversation, which implies that is not necessarily a marker of a new “systemic problem.” He mentioned his experience as director, which dovetails with mine, of the challenges of going down the list to see who among the faculty might fill the next committee chair open spot.

I recall an APsA site visit in the late 90’s or early 2000’s. “Don’t rest on your laurels” was the message; you have major rock stars, but

there are problems coming down the pike, upcoming problems in the generations that are following. Well, I think we did (rest on our laurels) to some extent, so that whatever systemic problems we have now cannot be divorced from the continuity of our history as an institute. We do have an illustrious history, but also one in which brilliant scholars like Marty Blum were ostracized. Elitism was cultivated, hierarchies were more closed and rigid. And to some extent, we are paying the price for that now. Over many years we kept our boat afloat vs building a better boat.

Beyond our own challenges at PANY, perhaps framing it as a systemic problem is better seen as existentially woven into the nature of psychoanalysis and psychoanalytic institutes. Perhaps systemic problems in psychoanalytic institutes are just part of the territory.

Kenneth Eisold’s paper, 1994, IJP, “The Intolerance of Diversity in Psychoanalytic Institutes,” reflects on the history of factionalism and schisms in psychoanalytic organizations—psychoanalysis as based upon the pair, starting with the analytic couple of the training analysis, “the primacy of the involvement of the pair,” making it easy to deny that “the enterprise of psychoanalysis is a collective or group enterprise.” Eisold discusses the influences on group dynamics when the dynamics of intergenerational transmission of pairings of analyst and analysand are so central. So much so that the analyst “can see himself in such a way as to give reality to the idea that he does not belong to a group at all.” The organization tends to become “... not an enterprise in itself.” Eisold refers to the “defensive importance of the pair” and the “anti-organizational aspects of psychoanalytic culture and tradition.”

So! My best answer is, yes, of course we have systemic difficulties, but probably no more so than ever, just different ones. We shouldn’t be so shocked about difficult election processes and the difficulty finding people interested in running to be director.

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If comparing ourselves to the past days of the giants is part of our current plight, I think it carries with it problematic assumptions, even if some of our founders were indeed exceptional people and analysts. We may be trying too hard to stay the course of that mythology. The group dynamics of loss and acceptance of loss are involved here. I believe we are having difficulties accepting the loss of a certain attachment to city on a hill of bygone days, and overly measuring ourselves *vis a vis* this past. Perhaps our current systemic problem involves a kind of tug of war between these tensions of an idealized past and adaptation to contemporary realities. The terms of this negotiation will be important to think through as we move forward and define our culture. And whatever the sources are of the designation that we are somehow more systemically troubled now; there are also consequences that can be erosive to our contemporary organizational self-esteem. It is sometimes spoken of as a "morale problem." The biggest morale problem might be the consequence of thinking that we have a morale problem. And maybe we are actually systemically healthier, but we have fewer rock stars?

Now - What are our current problems?

Some, I think, are systemic to the entire field, not specific to PANY, but could be mis-attributed as PANY-specific, e.g., less psychoanalysis is being practiced, or the challenging insurance and reimbursement climate (by the way, in part self-inflicted apropos of attorneys Seth Stein and Rachel Fernbach commenting at the December 7 meeting on billing coding and the problematic 90845 code that painted us into a corner), or the dilution of psychoanalysis to psychotherapy on the couch. I'm sure our faculty could list others.

Of problems that are PANY related:

1) Leadership, succession and governance: We do have challenges, including insufficient turnover and rejuvenation of committee chairs. A big problem is also that the work of

governance and leadership has increased during a time when people have less time for it. It's been increasingly difficult to find people willing to serve as committee chairs; Carmela and I felt a big "hallelujah" when Cora and David agreed to chair the new Curriculum Committee.

Tanya's comment at a recent faculty meeting that with less of a hierarchical organization, there may be less of a special quality of being "chosen" for committee chair positions. I also think there's a kind of transference that faculty experience when considering these positions, when asked to serve, as more daunting than in fact the positions are. We also have faculty in current committee chair positions who could be great future leaders and we need to be patient to allow time for those who have leadership aspirations to develop a deeper knowledge of PANY.

Art Lew, (nominating committee chair), by the way, found that in speaking to some about running for director, a number of people were too busy at an early stage of committee leadership to consider the step to director.

The background of these difficulties? I think there was a kind of lost generation or two, including mine, who have not chosen the routes of leadership. Shelly Orgel thought it might have to do with failed training analyses. My guess is that some of our faculty never entered into leadership positions because they were not encouraged to do so.

So that the shortage of people interested in becoming director is part of a wider issue of the challenges of cultivating leadership throughout the organization. I am optimistic about the future in this regard, that the cavalry is coming.

2) Related to this are other participation problems: we have a shortage of TA's and SA's and not enough interest among recent graduates in pursuing certification. We're working on it—Philadelphia group, Training Analyst Development process, and new routes for becoming a non-TA Supervising analyst. We

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need to spread the word that the certification process is a gratifying and useful learning experience, that it develops clinical skills as one reviews prior cases from different vantage points, and that the bar to achieve it is not as high as many think. It's hard to recruit teachers for some courses, in the therapy and psychoanalytic programs, especially child-program related. We have had to contend with aging and losses—Goldberger, Abrams, Orgel, Shengold, Tolk, Newman, Silverman, Fischel, Goodstein; and some departures not due to aging or death. Some feel we should make certain forms of participation compulsory vs. the spirit of volunteerism. I believe encouragement is a better ethos than command and have acted upon this since I became EC Chair in 2014.

3) I don't think we have spoken sufficiently with one another about how race, ethnicity, sexual orientation and gender - the psychology of differences - can be considered psychoanalytically, in our curriculum, and in our own relationships with one another. These tensions apply to all institutes, but I'm highlighting them as PANY- specific because of how important I think they are. Some of us, and it came up at a recent Board meeting, have spoken poignantly about their individual painful experiences with, essentially, being "othered" within our organization. Some feel that curricular changes are needed in this regard. Others feel that if this excessively alters psychoanalytic education to bring it into the effort against social hurtfulness, as laudable a venture as it might seem, it could become problematic if associated with politically reformist agendas or the consequences of being part of a virtuous crowd—and they are afraid of speaking and being shamed. There are generational issues at play here, as well. We need to figure out a way to develop these conversations. These are tough conversations, so tough that they can be avoided for all sorts of reasons; and I don't know how we are going to navigate them. This is the kind of systemic issue that concerns me.

I hope that our newly formed Diversity Initiative—not yet constituted—that reports to the Board, will help us in this regard.

4) We are less scholarly. Perhaps there has been a trade-off between fewer rock star scholars but more inclusiveness? Regardless of the reasons, we need to work to develop future scholars. To the degree that writing about cases can be a start towards scholarship, one approach recommended yesterday in AAPE is to appoint a dedicated mentor for certification process upon graduation.

5) We are free and autonomous in terms of our affiliation agreement with NYU Langone - which is a good thing in terms of having control of our governance; but we are at risk in terms of our real estate needs if the current affiliation agreement changes. And this relates to the next item.

6) Fundraising has not been robust, tribute dinners and occasional contributions notwithstanding.

7) The identity issues discussed throughout my commentary tonight apply to how we see ourselves within national organizations such as APsaA and AAPE. How do we identify ourselves when considering "time travel" between the old BOPS and a changing APsaA, as the tectonic plates of psychoanalysis shift on a national level?

I think these are really interesting challenges and the more we can give ourselves license to take ownership of our own current generational challenges without mythologizing the past, and the more we can own the special charge and pleasure in taking the care and maintenance of PANY as a very serious enterprise, the more we will be prepared to face them. And being appreciative of the work people are doing, the people who will be providing committee reports this evening, for example, is a start. So I'd like to give a Zoom pat on the back to the committee leadership at this meeting.



Pandemic Analysis

by Douglas Van der Heide

To say this last year 2020 has been difficult for us all, is a gross understatement. The pandemic, which I dare anyone to say they anticipated, has turned everyone's life upside down including our professional life.

With the spread of Covid 19, the intentional steady and deliberate timelessness of the analytic endeavor was brought to a crashing halt as analysts and patients scrambled to find safety. In a curious manner, it was worse than any imagined foreign enemy or violent attack. The enemy was nowhere and everywhere at the same time. It seemed benign, as many affected individuals appeared to exhibit symptoms on a par with the flu, and yet, as we all know after over 500,000 deaths in the United States alone, very deadly. It was impossible to assess the risk both of contagion and morbidity for ourselves and perhaps even more importantly for patients.



Covid has impacted all of us and I have been asked to offer a few of my personal impressions of the effect of this pandemic on my practice. I remember how stubborn I was as the case numbers began to rise and how resistive I was to accept this threat posed to my work as a psychoanalyst. I had fantasies of changing sheets covering the couch each hour which I imagined would prevent the next patient from falling ill. I had transient omnipotent fantasies that I was somehow immune, that if I washed my hands enough or sat back far enough in my chair, I could be safe from infection. Further reflection led to an inevitable breakdown of my denial and with this came the clear realization that I could not allow my patients to become infected or transmit this illness from one to another through any contact with me. After several nights of poor sleep, I decided the only safe and reasonable alternative, which less than one week earlier had seemed obscene, was to leave New York. I remember the day, Friday the 13th, when I beat a hasty retreat to my country house, struggled to obtain high-speed Internet and converted my practice to virtual interaction.

Along with feelings of relief at having found a haven from the scourge, I began to entertain

a number of wishful fantasies/misperceptions of Covid which I suspect were not uncommon. The first and most irrational of these was a refusal to accept the uncertainty of any time horizon for this disease. As I searched for a metaphor to help me think about this illness my mind seized heroically on the Battle of Britain or more pedantically, a bad bar fight. I thought that like in countless westerns, the important thing was to duck below the bar, wait for the mirror to be smashed, or a couple of chairs to be thrown, and then emerge in time for the clean-up.

Somewhere I knew better. Early on Dr. Fauci was predicting a "winter surge" but to contemplate a disruption lasting many months was simply unimaginable. My sticky and silly notions, neither the one that I would not have to interrupt my practice and reimagine working remotely, nor the idea that perhaps at most it would be three to four months before a return to "normality" were either correct or I suspect, uncommon. With just such a mindset, I remember writing a post to the membership asking for recommendations regarding resuming my office practice. Happily, one or two responses were sufficient to disabuse me of that notion, but I remember feeling ashamed and helpless at my inability to process the magnitude of what had befallen our profession, to say nothing of our city, our country, and the entire world.

It is perhaps a special irony that I write this ten months later, one day after receiving my first dose of the Moderna vaccine. Even as I look ahead to a time when we can all attempt to resume our practices, I am aware that several things have perhaps changed forever. As is true with any change in life, it can represent at once an advance and a retreat.

At the most basic level, one change that may likely remain is the idea of treating remotely. Without question virtual sessions have represented a significant savings in travel time and energy. I do not know what will happen vis-à-vis insurance reimbursement, but I suspect that many of my patients, especially those who see me in analysis four and five times a week and who do not reside in Manhattan,

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will prefer one or maybe more of those sessions to be virtual. More generally, no matter our efforts to “hold the line”, I also further suspect that most of us will allow some increased flexibility in the use of remote devices. During the pandemic patients have been able to access care at an increased frequency in part because of the requirement that they were directed to work from home structuring their workday as they wished while being able to receive treatment remotely over the Internet. I cannot speak for any other analyst but there has been hardly a spare hour and in almost all cases increased contact was the outcome.

On balance this can be viewed as a positive. On the negative side, I believe that both Zoom or telephone session leave something important out of the therapeutic encounter. On the surface, (pun intended) it is not completely obvious why face-to-face internet contact has felt the greater a step backwards. Initially the advantage of seeing the live image of my patients and vice versa seemed obvious and of incontestable value however, I suspect that perhaps it mostly served to reassure me that my practice had not disappeared. Yet in my initial encounters with patients, I was somehow not surprised to find that most of my patients preferred primarily aural contact, as via the telephone, to Zoom. Even when patients expressed a desire for some face-to-face contact, most of my patients chose to then turn the camera to the ceiling or floor opting to see me physically only at the beginning and end of every hour.

In trying to make sense of this, I recalled, when perhaps reading a biography of Helen Keller, that because she was denied certain sensory modalities, she found reflexively that all the ones that remained were heightened in their intensity. The same process seemed to be at work in the psychoanalytic hour by telephone. It felt that not having the superficial comfort of seeing a familiar image, forced both me and my patient to think/feel our way into the space between our disembodied words while pondering the fantasies/memories that were being represented and responded to by me. In the time that has followed I have come to appreciate this “less is more”

way of working, different than in the office. I have had to pay heightened attention to the tonal qualities of my patient's voice, to the rate of his/her breathing, to the spaces between words and the significance, both emotional and ideational, of each of these in a way that is not as readily discernable as when my patient is lying on the couch in front of me.

That this situation demanded a heightened level of alertness and focus seems obvious. I don't get to see the person's face. I don't get to watch how they react to material as they would in my office. I don't see the emergence of tears of sadness, or rage, or pleasure, or irritation, or frustration that show up on a person's face frequently not immediately embodied in the words that are uttered. I don't have the opportunity to see their bodies as, in Kabuki-like fashion, they enact their conflicts. But that is only one half of the story of loss.

The other occurs as a consequence of patients being unable to experience our physical presence in their world. Physicality means a lot more than we give credit in our daily work. I was alerted to this by an analysand, a cancer doctor, who, speaking of her imminently dying patients, stated with utter seriousness: “I owe them a good death.” Pre-Covid, that meant for this patient being at the bedside, holding the patient's hand, listening to family members and absorbing the tears and stormy fury of all involved at losing everything. While pleased post-Covid to be available for consultation on chemotherapy options worldwide as a result of telemedicine, she bemoaned suddenly, because of Covid, almost never being at the bedside, and when afforded such an opportunity, being required to be covered and “hidden” in PPE, gowns, masks and the like.

It was while working with this patient that I came to appreciate the importance she attached to the physical apperception of my body and the core sense of safety and security associated with that experience. Early on, she complained wistfully that she missed hearing my stomach rumbling and that she felt reassured by the smell of coffee that has forever been part of my professional life and office.

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Over the ensuing months, she has, while anxiously asserting the value of our tele-sessions, acknowledged how somehow things “don't feel right” even though I continue to see her five days a week.

It was this and other “virtual” analyses which helped me recognize that there was something around the physical “togetherness” of the dyad, a kind of confidence that emerges from just being at peace and in safety with another over a long period of time that is signally important for mutagenesis. It reminded me of the observations of Bertram Lewin who likened the position of the analyst who sits behind and the analysand who lies on the couch to that of a nursing mother with her child in front on her lap. If one thinks about how immediately loving and reassuring such a situation would be in a normal mother-child situation, it is easy to appreciate the sense of containment and safety provided under normal analytic conditions and which simply cannot be duplicated under virtual conditions.

In no way do I mean to imply that work done over the Internet is without substance or value. In these strange and difficult times, with the imposed economic and social restrictions mandated by quarantine, our efforts to manage stress and reassure with empathy and concern has been vital. However, I suspect that we are all in our own way responding to what is missing from the normal analytic setting. Again, I have no statistics, but I believe, on balance, there is a larger share of “supportive work” done pushing the treatment in the direction of a dynamic psychotherapy versus true psychoanalysis.

And even with, or just perhaps because, we are trying to compensate for a poorer quality of experience, I believe we can do less, change less. I see the analytic work as proceeding in stages which are affected in varying degrees by our retreat to a virtual world. There is the earliest part of any analysis focused on helping the patient understand the notion of free association while beginning to identify defenses against ideas and feelings. There is a second phase which constitutes the explo-

ration of traumatic and problematic relationships and the sorting out of unconscious fantasies via historical reconstruction and transference. These two phases seem less impacted by virtuality than the third phase which, in my experience, has been crucial. I liken it a little bit to a seesaw: there is a moment at which what was down goes up and what was up comes down; a fulcrum in which the patient not only understands his/her difficulties but has an incipient capacity to change the future, to derail the automatic way in which he/she reinvents yet another version of his/her conflict. There is the possibility of growth and change but it has yet to occur and it is at this juncture that virtual treatment performs its absolute worst.

Again, I can only offer anecdotal evidence but in thinking of the effects of this accidental social experiment there are at least four of my analytic patients who seem to be in this situation of “betwixt and between” for months. I have scratched my head looking for something to interpret, focusing on “working through” but feeling increasingly exhausted. It is currently my belief that what is missing is the effect of the dyad, the physical dyad. It is my conviction that, due to the requirement of a virtual interaction, the full satisfaction of being with a benign powerful Other, and able to internalize in ways that are beyond words something of our preconscious confidence and optimism that our patients can change their lives falls short.

Clearly all this could be a result of many factors and there is much to learn from how these treatments proceed in the present format and later, when it hoped we can resume working under more optimal conditions. But I think the canary in the mine, may be a theoretical and personal reluctance to fully appreciate what being physically close to our patients means not for “a good death” as with my cancer analysand, but for a better and more satisfactory life.

The Importance of Film for Psychoanalysis

by Herbert H. Stein

Originally published as a chapter in *Pedro Almodovar: A Cinema of Desire, Compassion and Compulsion* edited by Arline Kramer Richards and Lucille Spira with Merle Molofsky

"... say whatever goes through your mind. Act as though, for instance, you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside." (Freud, 1913, p. 135)

These are Freud's famous recommended instructions to his patient at the beginning of psychoanalysis. The patient is lying on a couch, reflecting inward and describing what passes before that inward gaze. The psychoanalyst attentively listens to the patient's words, forming her own thoughts, associations and images to what is being said. But what if the analyst could directly experience that inward gaze?

When we enter a movie theater, we sit down, lean back and try to relax. As the lights are dimmed, our focus is on the screen and we expect what we see and hear there to be the central focus of our minds. We don't completely shut out the rest of our world, but if the film is good, we hope to enter a different world, the world of the film.

If we are in the proper frame of mind to watch a film, we are prepared to allow our minds to enter into this manufactured world, hoping that it will engage us and knowing that at the end, we should be able to return to our daily lives, moved and perhaps enlightened.

In both settings, the movie theater and the analytic office, we are expected to experience the emotions and thoughts that come to us in a relatively free-floating way. If the film is effective, we will enter a somewhat altered state of mind. If it is particularly effective, we are absorbed by the lives of the people on the screen. We do not forget our own lives, of course, but in the moment, our lives recede into the background, except, of course as aspects of them are mirrored or evoked on the screen.

Watching a film is like listening to someone on the couch, but with a direct view of that train window that Freud described, that inward gaze. It is as if we were seeing, hearing and experiencing the world through someone

else's mind.

For this to work, there must be a successful collaboration between the people who made the film and the people who watch the film. To accomplish that, the filmmakers must enlist our emotions. They must entice us to give up our own lives temporarily, and enter into the lives we see before us.

The psychoanalyst hopes to help patients transcend the superficial layers of personal experience in order to experience the inner workings of their minds. The filmmaker provides a template to help us enter into an alternate world, while the analyst attempts to help us find our own inner world. But the film, by creating the illusion of actual, immediate experience also creates a free flow of internal reactions, emotions and thoughts that must move quickly to respond to the stimulating events set before us. In that respect, we might say that a good film is somewhat like a good psychoanalytic hour.

The Museum of Modern Art in New York City has a permanent film exhibit at which they regularly show old films in a small theater. Many years ago, my wife and I happened into that theater when they were showing the closing scenes of *The Blue Veil* (1951) a film about a nanny being reunited with her "children." We probably saw only about fifteen minutes of the film, but when it ended, we stood in puddles of our tears. The teenage girl who served as an usher looked at my wife's eyes as we were leaving and said, "Oh, you liked it!" (Stein, 2002) Similarly, in his classic book on psychoanalysis and film, Harvey Greenberg (1975), wrote about *Casablanca* (1941), "If I know it's schmaltzy then why am I crying?" Why indeed?

How do filmmakers like Pedro Almodóvar enlist our emotions and our attentions so that our minds are both drawn into another world and freed to come into contact with emotions, thoughts, images that are usually far from our awareness? Within the answer to that question lies the importance of film for psychoanalysis.

One answer to this question is that they

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touch upon unconscious fantasies that many of us share. We often don't understand why we react as we do, and we may even try to fight it, but we are responding to a hidden image evoked silently in ourselves that has deeper and more personal meaning than the image we see on the screen.

Fantasy holds a central role in psychoanalytic thinking. Our perception of the world and our reactions to it are continually influenced by personal fantasies that go back as far as early childhood. These fantasies are particularly evocative of emotions. At any given time, they may be more or less available to consciousness. Jacob Arlow, who wrote about the constant influence of fantasy on our perception, memory, and thinking (Arlow, 1969a, 1969b), used the 1966 film, *Blow-Up* in a paper about primal scene fantasies, fantasies having to do with the child's experience of witnessing parental intercourse. (Arlow, 1980) It provides a striking example of how film can reinforce and bring to life expressions of fantasy. I became interested in film and psychoanalysis, myself, after being impressed by a similar use of images suggestive of primal scene fantasies in Bernardo Bertolucci's *The Conformist* (1970). (Stein, 1997)

Films have tapped into commonly held fantasies from the beginning. In that, they are no different from other forms of literature and art. By connecting us with a basic fantasy, a film can capture our interest and link up with our most basic emotions. I would think that the most obvious of these are Oedipal fantasies that have to do with love and more pointedly rivalry between father and son, mother and daughter. Obviously, Freud took the name for the early father/son rivalry from Sophocles' play, which Freud clearly saw as a means to tapping the emotional life of most people. If you want a relatively early example in film, what better one exists than the classic *The Adventures of Robin Hood* (1938), with a young Errol Flynn fighting the authority of the evil Prince John and his minions, Guy of Gisbourne and the Sheriff of Nottingham while idolizing the almost godlike King Richard, the loved and idealized father.

I'll cite another example from a classic film that most readers have probably seen, *High Noon* (1952). In that film, Gary Cooper's Marshal Will Kane faces the arrival on his wedding day of a gang of murderers to the town he protects. Throughout the film, we experience his struggle to be faithful to his bride and to the town. The film's theme song repeats over and over, reminding us of the central words, "Do not forsake me, oh, my darling, on this our wedding day."

Even a cursory glance opens up possibilities for complex fantasies around mostly Oedipal themes, but I want to make my point with one striking image. Throughout the film, we are reminded through glances at clocks, scenes at the train station and images of a moving train along with the dramatic music that accompanies all of this that the murderer Frank Miller is arriving on the noon train, hence the title. You don't have to be a psychoanalyst or a hyper-Freudian to connect the image of the train heading into the town to deposit Frank Miller and Will Kane contemplating his wedding night with his young, innocent bride.

Made and shown in the 1950's, *High Noon* makes no conscious reference to the anxieties this older toughened man (Gary Cooper) and his young innocent bride (Grace Kelly) face as they approach the coitus of their wedding night; but, the filmmakers give us an image that captures that anxiety in the "phallic" train plunging into the town to deposit the dangerous murderer. When we first see it, we don't make the conscious connection, but the image must work at some level. That is the power of film!

Recently, on hearing about someone who appears to lack empathy, with no real sense of what other people are thinking and feeling, I found myself wondering if she goes to the movies, where we are continually thrust into experiencing the world through others. Part of the success of many films comes from their ability to pull us into the perspective of the characters on the screen.

This form of empathic identification is not unique to film. We probably come closest to it when we read a good book. There, we are back to using words as an intermediary. Film is the

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best vehicle for it, especially when we see it on the “big screen.” Unlike a stage play, film can put us directly into the perspective of the character. This is most easily seen in action sequences. In the film, *Gravity* (2013), we see the emptiness of space and almost have to experience the fright of being untethered and drifting in the vastness along with Sandra Bullock.

In fact, from early childhood we are trained to experience empathy through film. Film-makers are adept at creating images that have universal appeal. Have you ever been in a theater watching the Disney cartoon, *Bambi* (1942)? There is a certain moment when it becomes apparent that Bambi’s mother has died. First we hear one or two children crying, then it spreads as the young audience breaks out into a wave of distress. It is obvious that those small children identify with Bambi as she sees her mother shot to death, and in identifying with Bambi, they are experiencing empathy for another creature who is experiencing something that evokes fear and sadness.

I have chosen these simplest of examples, but we can move up to adult movies which pull us into a visceral experience. Horror movies provide a good example of this. Most people seeing the film *Psycho* (1960) for the first time will experience a fright when a knife-wielding figure suddenly appears accompanied by a high-pitched repetitive alarm sound. Here the sound is designed to reinforce the sense of shock along with the accompanying physiological reactions. If we don’t have time to feel the heart pounding, we will nevertheless be certain that the pulse is rapid.

Almodóvar’s films frequently bring us into the world of sudden and tragic loss and grief, much like *Bambi* does, but at an adult level. Through Almodóvar, we experience the world through a mother who has suddenly lost her teenage son, a doctor who has similarly lost the love of his life changing the nature of his work, a man blinded in an accident which also cost the life of the woman he loved, a nurse tending to a comatose patient. These films do not simply deal with normal grief. They take us to the limits of what people do to overcome

tragic loss; and, in doing that, they bring to life fantasies and emotions of reparation and revenge that analysts hear as part of the inner working of their patients’ minds.

As we examine films that evoke intense identification and empathy in many viewers, we can shine a light on the patterns of emotions and how they affect us. This allows us to both see and demonstrate these important motivational factors.

In an essay concerning Pedro Almodóvar’s film, *Talk to Her* (2002), William Fried (2017) compares the four-year continual monologue of a male nurse directed at his seemingly comatose patient with an analytic patient on the couch free associating to his analyst “... the relative absence of cueing from the other makes it possible for the speaker to project aspects of her (his) inner world onto the other” (Fried, 2017, p. 81)

Fried’s comatose “analyst” is an extreme representation of the so-called silent analyst who allows the patient to wander on his own reaching out to an unknown listener. Watching films, we are not put off by such extremes. We expect, even delight in the unusual. These curious looks at the patient/analyst relationship may reveal peculiar aspects of that dialogue.

I am thinking of such films as *The Silence of the Lambs* (1991) and *The Sixth Sense* (1999), each of which depicts an analyst at work under highly unusual conditions and reveals something about the inevitable inter-connectedness of analyst and patient.

In *The Silence of the Lambs*, we see a psychopathic psychiatrist confined to a high security prison turning an interview by a young FBI agent into a therapy session. Hannibal Lecter appears to be drawn by curiosity and a strange sense of therapeutic zeal into trying to help his interrogator, Starling, with her disturbing nightmares about the slaughter of sheep. But it goes awry at one point when his cannibalistic tendencies intervene, driving her away for the moment. What we learn if we look closely is that the film is shining a light on the link between this analyst’s desire to understand, to take in as much as he can about his patients and his more

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overt cannibalistic obsession, the desire to literally devour people. It is a reminder that the analyst has unconscious reasons for taking pleasure in understanding her patients (hopefully not so gruesome as Lecter's).

Similarly, *The Sixth Sense* (1999), a film about a disturbed boy who can “see dead people,” gives us a therapist who slowly discovers as he treats his child patient that he, himself, is dead, a ghost. The therapy gives insight to both patient and therapist, and can allow us to see that both of them must overcome resistances to learning the truth.

By drawing us into logically impossible situations, these films can provide us with insight and evidence concerning the more subtle realities of psychoanalytic therapy. We don't have to be cannibals to have unconscious motives for wanting to get into the minds of our patients and we don't have to be dead to have personal reasons for not wanting to see the truth. Films surprise us with insights into the workings of the mind and the therapeutic situation, but more importantly, they provide us with vivid demonstrations of these processes, ripe for the picking.

We see this ability of film to draw the audience into the give and take of psychoanalytically oriented therapy in more conventional depictions as well, such as *Good Will Hunting* (1998) or *The King's Speech* (2010).

An old friend and colleague told me that in reading my essays on psychoanalysis and film he assumed that I had written them with the idea of using them for teaching about psychoanalysis. I can't say that I wrote them with that in mind, but I clearly understood what he was saying.

Films, I should emphasize “good films,” offer us a unique opportunity to teach psychoanalytic concepts. The opportunity is unique in that the film can bring those ideas to life in a way that is rivaled only by going through detailed clinical reports of what patients say in analysis. With film, of course, we need not worry about confidentiality. With film, we can use material that has already been seen by a large audience and has already made an impact on them. We can show portions of the

film as we use it to bring to life the particular psychoanalytic concepts.

With a well-crafted film, otherwise abstract sounding theoretical ideas feel immediate and meaningful. It is a central purpose of those making a film to evoke emotional responses and to do that they must at some points turn to the conflicts, fantasies and identifications we all share. As psychoanalysts and students of the mind, we may readily tap this goldmine of living theory to demonstrate it to others.

In doing so, we may also enrich our own appreciation of the complex, meaningful working of the human mind. Looking at a film through a psychoanalytic lens often opens up new insights and perspectives that come as a surprise to even the seasoned clinician.

What does that mean about the people who make the films? Does it mean that they know about unconscious fantasy, that they are experts in psychoanalytic theory?

I think not. And I also think yes. I suspect that although some directors have famously been in analysis and have an interest in psychoanalysis, that that is not at all a pre-requisite. And yet, they give these wonderful demonstrations of what we work for years to understand.

Psychoanalysts and filmmakers approach the problem from opposite directions. The psychoanalyst is confronted with a patient who has problems. She listens to her patient and attempts to understand the internal workings of the patient's mind in order to discover what is contributing to those problems. The term, “psychoanalysis” implies an analysis, a deconstruction, a search for complex patterns of mind that bring the patient to this point. The analyst takes a living, breathing human being and attempts to figure out the internal workings of the mind.

The filmmakers approach it from the opposite direction. It is their job to construct a whole person, a whole living situation, in some cases an entire world that is comprehensible, meaningful and evocative. To do that they must use those “parts” that the analyst tries to uncover. If the people they put on the

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screen are going to pass the test, they must exhibit those qualities that the analyst seeks. They must demonstrate the wishes, conflicts and fantasies that are the internal makeup of every one of us. And they must do it believably, so that we feel the emotions as we watch.

I used the ambiguous term, "pass the test." What does that mean? Passing the test doesn't necessarily mean passing the test of appearing real. For the film's characters, world and plot to pass the test it must do more than have them appear real. It must make us want them to be real. And to do that, the filmmakers must have an intuitive sense of what will engage us. They need not know the precise concepts they are invoking. They need not know the specific unconscious fantasies they evoke. They need only know that the audience will want to experience it as real, at least for that short space of time that we sit in the theater. Remember, the patient in the office doesn't understand all those concepts, but that doesn't stop the patient from embodying them.

So how is film important for psychoanalysis? We might say it brings the concepts that psychoanalysts use to understand people into living color. Film is useful in teaching, demonstrating, and even expanding our understanding. It does all of this jargon free and with immediacy.

To further understand it, I suggest you read this book. And then go to the movies.

Arlow, J.A. (1969a) Unconscious Fantasy and Disturbances of Conscious Experience. *Psychoanalytic Quarterly* 38:1-27.

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Arlow, J.A. (1980) Revenge Motive in the Primal Scene. *Journal of the American Psychoanalytic Association*, 28: 519-541.

Fried, W. (2017) *Critical Flicker Fusion*. London, Karnac 160 pp.

Freud, S. (1913) On beginning the treatment (Further recommendations on the technique of psychoanalysis 1) *SE*: 12: 121-144.

Greenberg, H. (1975) *The Movies On Your*

Mind: Film Classics On the Couch From Fellini to Frankenstein. New York: Saturday Review Press/E.P. Dutton 273 pp.

Stein, H.H. (1997) Hidden in the imagery: an unconscious scene in *The Conformist*. *International Journal of Psychoanalysis*: 78:1031-1033.

Stein, H. H. (2002) *Double Feature: Finding Our Childhood Fantasies in Film*. New York: EReads 264pp.

Films

Bambi (1942) David D. Hand (Director) Walt Disney Studios

Blow-Up (1966) Michelangelo Antonioni (Director) Bridge Films

Casablanca (1942) Michael Curtiz (Director) Warner Bros.

Good Will Hunting (1998) Gus Van Sant (Director) Miramax Films

Gravity (2013) Alfonso Cuarón (Director) Esperanto Filmoj

High Noon (1952) Fred Zinneman (Director) Paramount Pictures

Psycho (1960) Alfred Hitchcock (Director) Paramount Pictures

The Adventures of Robin Hood (1938) Michael Curtiz, William Keighley (Directors) Warner Bros.

The Blue Veil (1951) Curtis Bernhardt, Busby Berkeley (Directors)

The Conformist (1970) Bernardo Bertolucci (Director) Mars Film

The King's Speech (2010) Tom Hooper (Director) See-Saw Films

The Silence of the Lambs (1991) Jonathan Demme (Director) Orion Pictures

The Sixth Sense (1999) M. Night Shyamalan (Director) Hollywood Pictures

News and Notes of Members

Authors

Books

Newman, Stephanie (2020) *Barbarians at the PTA: A Novel*. Skyhorse.

Papers

Blum, Harold P. (2020) Leonard Shengold, M. D. *International Journal of Psychoanalysis*, 101(3):595-596.

Cummins, Leslie (2020) Hall of mirrors: supervising psychiatry residents in a Covid-19 only hospital. In C. Tosone (Ed.). *Shared Trauma, Shared Resilience During a Pandemic*.

Hashmonay, Gali (2020) On Masochism: A resident's conflict between sacrifice and self-preservation during the Covid-19 pandemic. *Journal of the American Psychoanalytic Association*. 68: 471-473.

Jacobs, Theodore J. (2020) Commentary. *Psychoanalytic Quarterly*, 89:831-847.

Powell, Dionne (2020) From the Sunken Place to the Shitty Place: The Film *Get Out*, Psychic Emancipation and Modern Race Relations From a Psychodynamic Clinical Perspective. *Psychoanalytic Quarterly*, 89(3):415-445.

Rosenstein, Diana S. (2020). A psychoanalytic approach to custody evaluations. In J. Yalof & A. Bram (Eds.), *Psychoanalytic Assessment Applications for Different Settings*. Philadelphia: Routledge.

Honors

Dr. Salomon Bankier was graduated from the PANY Child and Adolescent Psychoanalytic Training Program on February 4, 2021.

Dr. Michael Garrett's book, *Psychotherapy for Psychosis: Integrating Cognitive Behavioral and Psychodynamic Treatment* was awarded 2nd place in the national American Journal of Nursing book competition in the Psychiatric and Mental Health Nursing category.

Dr. Dionne Powell was awarded the American Psychoanalytic Association Candidates' Council Master Teacher Award.

Angela Retano was graduated from the PANY Adult Psychoanalytic Training Program on June 4, 2020.

Authors Continued

Book Reviews

Khan, Sameer (2020) reviewed *A Doer Doing: Enlivening the Self: The First Year, Clinical Enrichment, and the Wandering Mind* and *Narrative and Meaning: The Foundation of Mind, Creativity, and the Psychoanalytic Dialogue* by J. Lichtenberg, F. Lachmann, and J. Fosshage. *Journal of the American Psychoanalytic Association*, 68(2):267-281.

Speakers

Dr. Theodore J. Jacobs was one of the presenters at "Thinking about Intersubjectivity: Judy Kantrowitz, Ph.D. and Theodore Jacobs, M.D. in Conversation with Leon Balter, M.D." at the New York Psychoanalytic Institute on January 12, 2021.

Dr. Dionne Powell was the discussant for the AAPE Zoom Seminar "Race Matters in Psychoanalytic Education" on January 9, 2021.

PANY Members

Please send your information for News and Notes to herberthstein@gmail.com or by snail mail to Herbert H. Stein, M.D. 425 East 79 Street New York, NY 10075

PANY Members

If you have something to say, this may be the place to do it. Send in articles about interesting work you are doing with your psychoanalytic skills, insights and psychoanalytically inspired commentaries on a variety of subjects. Send us poetry you've written. This is your Bulletin, to read and to write.

Dr. Jennifer Stuart will be happy to hear from PANY faculty and candidates interested in reviewing books for *JAPA*.

PANY at the Winter Meeting

M. Nasir Ilahi, L.L.M. was a Co-Chair for the Discussion Group “Schizoid Modes in Narcissistic and Borderline States: Levels of Disturbance in the Capacity to Symbolize and Establishing a Space-Time Continuum.”

Mr. Ilahi was the Chair and Host of the Discussion Group, “Cultural Narratives in Psychoanalysis.”

Sameer Khan, M.D. was the host of the Special Session, “Novel Approaches to Psychoanalytic Education: The Psychoanalyst and the Community.”

Kerry Kelly Novick was a Discussant for the Discussion Group, “Distance Psychoanalysis and Distance Psychoanalytic Education.”

Fredric T. Perlman, Ph. D. was the Host for the Discussion Group, “The Psychoanalytic Treatment of Patients with Psychosomatic Symptoms: Trauma and Embodied Therapy.”

Dionne R. Powell, M.D. was the Master Teacher Award Recipient and Presenter at the Candidates’ Council Master Teacher Award. Her paper was “A Movement Not a Moment: Sustaining a Diverse, Racially Inclusive Approach to Psychotherapy and Psychoanalytic Education”.

Steven S. Rolfe, M.D. was a Co-Chair of the Discussion Group, “Psychodynamic Problems in Organizations and Workshop of the Committee on Organizational Consultation.”

Dr. Rolfe was a Co-Chair and Host for the Discussion Group: “*Ulysses*’ and Psychoanalysis.”

Diana S. Rosenstein, Ph. D. was the Chair of the Discussion Group: “The Inside Focus: Listening for Affect and Defense Inside the Clinical Hour.”

Harvey Schwartz, M.D. was a Co-Chair for the Committee Sponsored Workshop: “Teaching About Analytic Case Writing.”

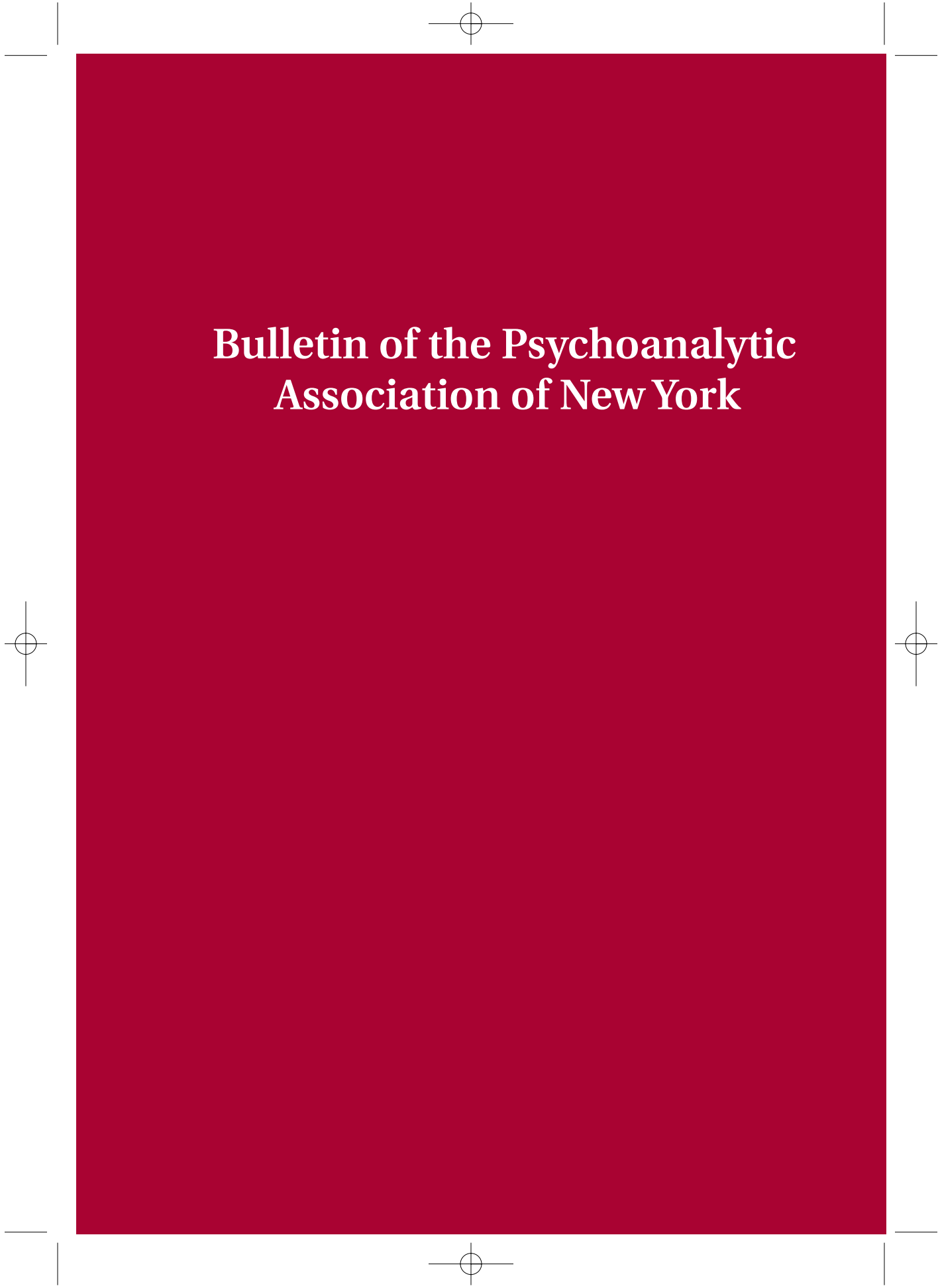
Dr. Schwartz was a Co-Chair for the Discussion Group, “Writing About Your Analytic Work in a Case Report.”

Jennifer Stuart, Ph. D. was the Chair of the Special Session: “Novel Approaches to Psychoanalytic Education: The Psychoanalyst and the Community.”

Kerry J. Sulkowicz, M.D. was a Co-Chair of the Presidential Plenary: “The Future of APsaA.”

Dr. Sulkowicz was a Discussant for the Committee Sponsored Workshop: “The Business of Practice: Navigating Boredom.”

Dr. Sulkowicz was a Co-Chair and Host of the Discussion Group, “Psychodynamic Problems in Organizations and Workshop of the Committee on Organizational Consultation.”

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**Bulletin of the Psychoanalytic
Association of New York**