




InSight

Division 39 E-News

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From the Editor: I Can't Breathe

William A. MacGillivray, PhD, ABPP

As we head into the fourth month of the pandemic and the third month of Black Lives Matter protests, the converging theme of "I can't breathe" affects us all in terrifying and mundane ways. So this month's issue of *InSight* brings us voices from both arenas of crisis and conflict.

We have two essays on the Black Lives Matter protests against police violence and systemic racism. The first is from **Jerry Gargiulo** on the failure of basic recognition of our common humanity. The second, from **Carolina Franco** addresses in very personal ways the impact of George Floyd's and attendant publicity on her children and herself.

In addition, there are two essays on the impact of COVID-19. The first, by **Shalini Masih**, addresses the limitations and opportunities of video psychoanalytic psychotherapy; the second, by **Vicki Putz**, is a more personal exploration of the effect of the pandemic on her capacity to think and feel.

There is an essay by **Adrian Chiu**. While not directly addressing the recent political upheaval, he asks important questions about unacknowledged racism in our psychoanalytic programs and societies.

Rounding out this issue is a report on the Fund for Psychoanalysis by **Steve Axelrod and Libby Graf** and two additional Scholar Award bios.

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The Therapist's Corner Living Together/Violence and Love

Gerald J. Gargiulo, PhD

It's hard to get our bearings amidst all the changes that this virus has brought to our daily lives--we are all threatened by a reality that can cause serious sickness and/or death. And now we have the brutal murder of George Floyd, which has brought the issues of violence versus protection, equality versus prejudice, love versus hate to the fore. His murder, while the work of unchecked police power, is basically the product of a cultural mindset, which I believe we are just beginning to come to terms with. A mindset that has made us more comfortable, many times, with violence rather than love.

What does love mean in this context? Most basically what love means, I believe, is that I will another person good things: good health, good experiences, good opportunities and good hope. Of course, love has many other meanings as well; but it seems to me that willing another person well is the most basic and the most necessary foundation for a civilized society. When our Constitution speaks of all persons being created equal, it seems to me that basically this means wishing all individuals the same good options. That is the expression of love in a complex society. That is the goal of any civilized experience. That is the love, I believe, that Governor Cuomo keeps mentioning when he speaks about the ideals that New York State should embody.

Prejudice, if we think about it, is the child of ignorance and fear and many times of greed and ambition as well. All human reactions, of course. Prejudice, like our individual languages, is basically given to us by the larger society in which we live and it issues, among other things, in racism. We are given the seeds of prejudice in hundreds of little ways: from what we hear from others, from what we see in movies or on television, from what our teachers frequently fail to say, and sometimes, from the very preachers who are speaking of God's love. We are told the thoughts that are correct, the people or the group that are our friends and the others who are outside our circle--the people who are different. The possible dangers we must avoid – and on and on. We know our basic language skills by six; we have been taught the basics of prejudice by then as well.

No wonder we need mass demonstrations – once again. No wonder we have to be shocked out of our unrecognized prejudicial assumptions. Education is an ongoing experience. How else do we learn that others--be they Black/White, Latino or Asian, accomplished or not, gay or straight, Jew, Christian, Muslim or non-believer are all just our fellow humans? Prejudice defines us by differences more than who we are. Martin Luther King eloquently reminded us of that; his dream of equality has to be everyone's dream as well. If we do not give others the love that fuels a productive and happy society, we are only living half a life, enclosed in unrecognized ignorance.



A Body Other Than My Own

Wendy Carolina Franco, PhD

This essay talks about the video of the murder of George Floyd.

When the day's headlines about Covid-19's devastating impact on the Black community were replaced with images of Black youth screaming next to burning cars, I reacted with fear. I was in full support of the protests but scared for the protestors. My 13-year-old twin sons felt that watching the video of George Floyd's death was necessary for me to understand the rage in the streets. P¹ said, "If you don't see how he was killed, you are being a coward." I replied that decades of seeing Black people suffer changed nothing and only normalized seeing black bodies being abused. They chewed on that for a minute. My teenagers have plenty of complaints about me, but they respect my opinions on social and political issues.

I am a Dominican woman with a history of serial migration, meaning that my mother immigrated first, we reunited when I was twelve, and one year later, she was imprisoned for eight years for a drug-related crime a white person would have barely done time for, and was later deported. I grew up alone in New York City, dropped out of school. I eventually earned a Ph.D. in clinical psychology. Now I specialize in trauma, counseling mostly minoritized people.

"Look," I told the boys, "watching someone being murdered can be traumatizing to the viewer, and for young people of color, like you, it is particularly harmful to witness racially motivated violence." Such videos reduce a person's life to the day they were murdered, I argued. I suggested they focus instead on studying the origins of systemic racism, and—this part is really painful as a mother--on learning how to behave to stay safe. P and F told me they had seen many people of color die, and that their bubble of racially diverse kids had also seen all the viral videos. F said: "I don't know if it's good or bad for me to watch these videos, but this is the worst one I have ever seen."

Still trying to protect my mental health, I asked them to describe it to me. I don't know about all twins, but my boys talk at the same time and always contradict each other--it's infuriating. This time, there were zero contradictions. P noted that the police and Mr. Floyd looked so calm that he thought it was fake, then he suddenly got scared for George Floyd. F spoke of moments he thought someone was going to intervene but were stopped. They both described a slow realization that no one was going to help. The killer stayed on top of Mr. Floyd long after his body had gone limp. P concluded that if the officer had just gotten up, Mr. Floyd would have lived.

My face awash in tears, I had a knot in my throat. Avoiding the specifics had been a way of distancing myself from George Floyd's murder. I still think that watching black people die is traumatizing for Black people and desensitizes non-Black people to their suffering. But the reality is that children are watching.

After my sons brought Mr. Floyd's death to life, I looked for photos of him. A beautiful vibrant trio in a park summer outing came up. Wow, he was so tall and serious. He looked like a guy who kept his word. That little girl in his arms must have felt like God himself was carrying her. There was enough arm and chest for her to kick back and watch the world from up high. His partner was beaming, enjoying the circle they had created. It looked like a magnetic field, impenetrable and safe.

I decided to watch the video, once.

From watching the video of George Floyd's death, I learned that he was a survivor. Even in the most frightening and compromised state, Mr. Floyd had the wherewithal to control the instincts we all have. He did not fight, or attempt to run, or freeze. These responses to danger come from the most ancient parts of our brain. He mustered the focus to try to de-escalate the situation by reminding the man intent on taking his life that they are both human.

George Floyd said he was in pain, that he couldn't breathe, communicating that he is human and like all of us will die without oxygen. He tried to calm the officers' fears. He said he would comply with orders. He tried to adjust his body. He

¹ I am using only their initials to protect their privacy.

called out “Momma.” This dying man claimed his personhood by calling for his mother. He had profound attachments and a mother who loved him, and there is nothing more human than that. I don’t need to know how Mr. Floyd lived his life. The video of his murder showed his fighting spirit, his focus on surviving for his family, his humility, his dignity. He did not give up, but clearly understood what he was up against.

F knows what it’s like to not be able to breathe. He had pneumonia when he was eleven years old, and a young white doctor refused to take his complaints of difficulty breathing seriously. She said his lungs were clear and sent us home twice. I called my dentist, an old school Peruvian MD, who said, “GET OFF THE PHONE AND CALL 911.” My son was too weak to walk. He was rushed to the ICU where he remained for a whole week. They told me that he would have been dead in one day.

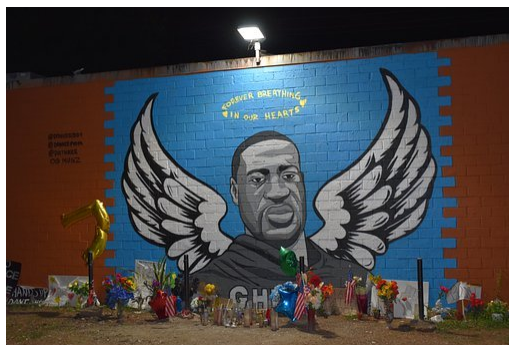
For the local protest, F made a sign that said, “I CAN’T BREATHE.” I was flooded with sadness. He was not copying the rallying cry this sentence has become, he does not know how Eric Garner died, and he was not thinking of the countless COVID-19 patients who suffocated to death, or of the air pollution our way of living creates. As much as he understands, he has no idea.

The pain of Black people only seems to bring about more pain. The Brooklyn protests we went to were completely peaceful and about 50% white, but Black and Brown protesters risk a lot more. They will be arrested and penalized more harshly than their white counterparts. Protesting also poses uneven health risks. Clueless celebrities and people who do not understand systemic racism claimed the coronavirus would be the ‘great equalizer’; instead we learned that racial privilege extends to levels of exposure to the virus and the body’s ability to fight the illness. The data on mortality shows that Black people die at three times the rate of white peers. Why do we accept so much black death?

Being the target of injustice creates a double bind, or a lose/lose situation. If you do nothing, you suffer psychologically and emotionally, and if you fight back you risk further harm. Yet, I must be hopeful. I see solidarity for Black people and a focus on action. I too come from pain. I can relate with feeling invisible, unimportant, and forgotten. But I will never know what is like to live in a body other than my own.

We naively think that our shared humanity is enough to experience empathy, but it isn’t, because of structural racism. We live in a society that assigns value to people’s lives depending on their identity. In this case, we have seen the repeated dehumanization and abuse of Black bodies, and for generations, we have labored to rationalize a world wherein skin color, gender and sexual identity, religion, place of birth and physical ability are risk factors for suffering and death. The human brain will distort reality to protect us from the idea that bad things happen to good people. As an example, victims of abuse, even in the most extreme cases, find ways to blame themselves. On a psychological level, having provoked the abuse preferable to the idea that something out of your control, like your body, can make you a target of violence. We make sense of systemic oppression by blaming the victims.

To undo lifetimes of mind-bending justifications of a racist system, we need action. Laws force people to adjust their belief systems. But we can go further and explore the barriers that keep us from seeing ourselves and our loved ones in the faces of Black victims of racist violence. Those barriers are constructs like “us and them or good and bad,” that keep us focused on our own suffering and desensitize us to the pain of others.



To Continue Dreaming in Nightmarish Times

Shalini Masih, PhD

In a bid to greet Covid-19 outburst with an outburst of creativity, a lot is being written about Psychoanalytic work in the times of this pandemic as it grips our internal and external worlds. Many of us who carry the beacon of psychoanalysis as we navigate through somewhat dimly lit but mostly dark psychic labyrinths our patients bring to us, would testify to a growing sense of uncertainty and fear of annihilation in our patients. One of my patients described the endless waiting as being akin to waiting for Godot. In my work I find myself meeting one plague with another: the plague of Love. By plague of love I mean Love or compassion that has quality of a pandemic--infectious, spreads quickly but unlike the pandemic that plagues our world, this plague of Love is uplifting rather than annihilating. This love will decide the quality of our survival of this pandemic.

Our world and our clinical work are threatened by a pandemic that is very real. It affects the patient and the analyst alike. We are during a living apocalyptic nightmare. Before this pandemic if a patient brought dreams or nightmares of annihilation it would be a nightmarish past presented in the clinical hour where it could be dreamed or processed within the analytic dyad. If these dreams featured the analyst, it hinted towards potential transference.

Psychoanalytic work in times of Covid-19, however, is a game changer. The analyst is as vulnerable as the patient, perhaps more if s/he falls in the vulnerable age group to contract Covid-19. Interpreting the patient's feelings towards the analyst's well-being as her or his transference needs to be held together with recognition of the anxiety and grief posed by this very real danger. Perhaps our patients are for the first time also able to perceive or anticipate our anxieties, especially as it leads to altering the modality of work from in person to online psychotherapy. We are concerned about their well-being as much as our own. After all, a dead analyst is not good enough to enable the patient to dream her/himself fully into existence.

So, we have a novel situation here brought about by a novel virus. We are anxious and we have created physical distance with the patient for their and our own well-being. My work with a few patients is however telling that this situation is not as novel in the lives of these patients as I thought it to be. Let us consider two cases.

Giselle is a 30 years old woman in four times a week psychoanalytic psychotherapy for a year now. Several sessions after the lockdown she began to bring her anxieties towards my well-being. My attempts to address them as her concern for me, her anxiety of losing me or her latent hostility towards me made little sense. Although her anxiety settled, it nonetheless prevailed. One day before a session I had to message her to reschedule our session because my daughter was exhibiting flu like symptoms and I needed to attend to her. Perhaps my anxiety about my own daughter made me clearly state the reason for this cancellation by me. I did regret it but wondered what it might stir in the patient. In the next session Giselle shared that she could not sleep the previous night. Whenever she tried to sleep, she thought she saw a shadow near her bed. She thought her apartment was haunted by a ghost. Did this eerie feeling have anything to do with our cancelled session the same day, I wondered with her? Picking the cue Giselle shared a childhood memory of a recurrent nightmare where she saw a shadow near her bedpost and would scream loudly waking up her father. While narrating the nightmare she said, "Even my screams could not wake up my mother."

I followed her screams which unfroze in the session and was led to an emotional experience that remained hitherto un-lived. The mother was experienced as emotionally dead. The ghost was a way to awaken the mother to the daughter's needs. In our work, I, as the mother, was absent to Giselle's needs but tending to my own daughter, something she might have wished from her own mother. Giselle further revealed that as a child she withheld herself from screaming or expressing her anxieties in waking life because of a bizarre feeling: "I should not do anything to trouble my mom!"

Her parents were going through trouble in their marriage owing to father's extra marital affair. The little girl might have sensed this tension and the mother's anxieties. Her own screams froze. In presenting her past in our work she brought the similar anxiety. If she screamed or voiced her need for me, she would add to my anxiety. We were required to work with her anxiety about my anxieties that served to inhibit expression of emotional life for her. The image of me attending to my daughter's health the entire night spoke to her about the possibility of surviving anxieties.

Maggie is a 19-year-old girl in twice a week psychoanalytic therapy for past two years. When she began therapy, she would experience deep and incomprehensible despair and would cut herself, releasing psychic pain bodily. She often had suicidal thoughts. We had come a long way in our work together. When Covid 19 hit our country, we had to shift our work online. After a few online sessions, Maggie began to ask if we could decrease the frequency of our sessions from twice a week to once a week. She brought this when the session was about to end, and I did not have any space to think through her request. Without agreeing to her request, I told her that we will take it up in the next session. I sensed that perhaps due to lockdown the parents were suffering some financial loss and this request from Maggie was stemming from financial constraints. In the next session I brought it up without waiting for her to bring it at the end of the session. I shared my sense with her and also that considering that this was a rather stressful time for her and for the world at large I was willing to see her once a week and for an additional session in the week for no cost. In that moment holding our work and providing holding environment to Maggie assumed greater significance for me over money. I knew very well that I had economically enough to manage my life well. I shared that this could be a temporary arrangement till things return to normal and she can comfortably afford to pay for two sessions a week.

She began weeping inconsolably and then shared with a lot of hesitation that every time she came to her room for our session she had to tell her parents that it was time for her therapy. In response they would complain and express their grievance: Why did she need sessions? Until when will she need therapy? Why is she depressed? For how long will she remain depressed? For how long do they have to pay for her therapy? She sought therapy and left feeling humiliated for her need for an object. This opened up series of past experiences and frozen feelings accompanying them. In presenting her past she began to talk about how she grew up with a sense of duty that she must not do anything to upset the mother. She ought not be depressed because it upsets mother.

On different occasions both these women appreciated that even in such uncertain and anxiety provoking times of Covid-19 where I, their therapist, was equally exposed and vulnerable as them, there was still a continuity in sessions that was maintained. It came as a surprise to me because I miss seeing patients in flesh. Shifting sessions online was also causing me to mourn the loss of my preferred modality of relatedness. But here these two women and a few other patients were not complaining. It meant a great deal to them that the space of therapy was the only 'constant' amidst much chaos our worlds were thrown into. This outburst of pandemic had unleashed the dynamics in these internal worlds where mother's love was plagued by her anxieties unconsciously deposited into the daughter. Like the mother of the past, therapist of the present who was perceived as battling anxieties pertaining to a shared emotionally overwhelming reality, was required to contain her own anxieties. Expression of emotional life was to be withheld lest it overwhelm the therapist as well. Love between the mother and daughter was plagued by mother's own anxieties and was relived in the present relationship with the therapist. As the therapist I was to emerge as successfully holding the tension between my own anxieties and their anxieties without collapsing under the weight of either of them.

While reflection and writing about love, plague, containing and dreaming emotional experience, I am reminded of a recent event from my personal life. Just before the lock down was announced, my husband and I along with our one-and-a-half-year-old daughter took a short trip to the hills where we stayed in a colonial bungalow which is nearly 150 years old. On our last night in this property it rained heavily. The rain soon turned into a hailstorm. The old colonial bungalow withstood the blows of hail stones falling on its tin roof. If you have heard the sound of rain drops falling on a tin roof you know that tin magnifies the sound of water droplets making them seem larger or heavier than they are. Now, imagine hailstones in place of rain drops. It felt like we were standing next to the speakers in a Hard Rock concert and the drummer had gone rogue. As the hailstorm began my husband and I were worried about our daughter. We feared that she would wake up startled from her sleep and then find it exceedingly difficult to fall back to sleep. We were scared. Hundreds of hailstones fell above our head. Thunder roared outside. The drumming went deep inside me. I felt myself trembling in fear. I held my sleeping daughter close to my chest. My husband thought of the quietest spot in the room, the big wooden cupboard. He covered us in his embrace. I breathed deeply and slowly to calm down my trembling body. Our only thought was that the thunder and our fear should not startle our sleeping and dreaming daughter. We wanted to make sure she continued to sleep and dream.

As I write these musings today when our world has come to a standstill and all because of a ghost like entity not discernible by naked eyes but only known when it possesses its host, we find ourselves at that juncture of history when as clinicians our capacities to contain our own annihilation anxieties are challenged. As a clinician who turned into a mother not very long ago, I am very familiar with the anxieties around death and harm that may come upon a delicate growing life in the womb or freshly out in the world. As my patients seem to be grappling with anxieties of that phase of their lives, I too draw from

the mother part of my identity for that familiar anxiety which was held tenaciously with the will to survive it for the life of a growing child. As with my sleeping daughter, I find myself creating a holding environment, not plagued by own anxieties, to ensure that like my daughter my patients too may continue to dream or in other words, to do psychological work with their emotional experience.

Constancy of sessions despite the shift in the modality also highlights how time is of essence in the experience of holding. Winnicott (1956) in writing about holding paints a picture of a good-enough mother in tune with her child's needs and rhythms insulating her or him from the 'not me' aspect of Time, sustaining her child's sense of continuity of being over time. In therapy, being in tune with the client's needs and holding her over time becomes an essential prerequisite for creating a safe space for the client to dream herself fully into existence. Both, Giselle and Maggie presented difficulties with dreaming their experience fully because for them the experience of holding had become plagued by the mother's anxieties that each of them had to hold instead. While we worked our way through newer emotional experiences or older experiences laden with newer emotions, time took precedence. What to do with time? How to *kill* time? As if by chance I found myself thinking along with them and a few other patients all of whom were under lockdown like me – Why *kill* time? What would it mean to *claim* time?

According to Ogden (2004) when the relationship between the capacity for dreaming, both while asleep and awake and unconscious thoughts derived from lived emotional experience is of mutual benefit and without harm to either, growth occurs in both container and contained. This growth is reflected in an enhancement of the capacity for dreaming one's experience, that is, the capacity for doing (predominantly) unconscious psychological work as well as in the expansion of the range and depth of thoughts and feelings that one is able to derive from one's emotional experience. That both me and my patients were surprised with the shift in thinking from 'killing' time to 'claiming' it, was telling that 'Time' was now free from the anxious clutches of holding the mother's unconscious anxieties over time and now Time could begin to be thought differently. For different analytic dyad 'claiming time' began to assume different forms. We did not know what it meant to claim Time but the sense was beautifully captured in words of Michael Eigen: "Claiming time might look like the fullness of Life." (Eigen, M. personal communication, March 2020) For each patient it has begun to mean different things. As she is increasingly confessing her deep dark secrets in her personal relationships, living authentically while bearing the pain that comes from it, in a parallel world Giselle is turning to art. She is claiming time to paint her deepest insecurities each time touching a strange joy she had not known before. While Maggie is realising in sessions how she withheld herself in most of her relationships, anticipating that the other needed her care. She declares that she has now stopped pretending. She is claiming space in her personal relationships and in our work when she reaches out for a free need-based session. She is claiming time by writing poetry and risking being seen in the nudity of her emotions as she posts her poems on social media. She is discovering that many others are finding resonance of their emotional experience in her poetry. The experience of being alive is relatively continuous.

But Giselle, Maggie and a few others are not the only ones trying to claim time for dreaming even though the reality is nightmarish. I too have found poetry sprouting from me even as (or especially as) I process my own anxieties as a mother of a little daughter and wife of an essential worker who has to step out of the safety of home into the world where he and through him we can contract this deadly virus. In processing these anxieties I have felt held by the parental embrace provided by this discipline of psychoanalysis that makes it possible to continue dreaming even amidst this hailstorm of the pandemic always threatening to permeate and dislodge our thinking and our lives.

I would like to end with one such poem which attempts to gather the elements shared in the palette of this paper.

'To stand still with a toddler'
Freeze!
Is it Mad-Hatter's Tea Party?
We are playing a game
Although he sees all
But Mr. Time is still
Try explaining the rules
To a toddler, Phew!
We exchange a glance
I smile
I can see she is ready to fly
She picks up a Pop-Up Book
Aren't all books like that
Open the Gates
And Pop comes the Patronus
Shedding light where it was Dark
Perhaps my daughter's
Patronus would be
But-a-fly
Travelled thus far
From Alice's Wonderland
With butter toasts for wings
To be endlessly consumed
For those limitless flings
With thoughts and feelings
Reveries and musings
We snap out together
Our gazes meet
She next picks another book
This one is called 'Hug'
She looks again
I am still Smiling
The Cheshire cat
Whispers
The most iconic thing about Smile
Is that even though
We disappear from sight
Smiles remain
She goes back to
Being read by Hug

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Virus: A Diary

Vicke Putz, PsyD

04/09/20

Someone said, not for the first time: the truth is a very long road.

Very...yesterday I thought of violet, violin...today violent (the word looks unfamiliar, strange as if incorrectly spelled...or do I mean the 'world' looks unfamiliar?)..on to a more conscious thought: insidious violence, hideous comes next. But with the alphabet there is an end.

04/11/20

I am ashamed not to have written yesterday and consider giving up the whole project. I try to go easy on myself and be clever, think of 'v' and then in-visible, as in you might consider me invisible yesterday, on the day of not-having-written. And look up invisible in a thesaurus, find veiled. But either will do: invisible or veiled, thinking of the virus, with synonyms like imperceptible, unseen, undetectable, unnoticed...along with words suggesting agency: covert and masked, hidden, covered, cloaked, disguised; or paranoia: imaginary, shadowy, ghostly.

04/13/20

I am losing days . . .

04/15/20

Virus, in the word processing program: a worm or bug. I look up worm: larva, maggot, caterpillar, young insect. And think: we are all in jeopardy.

This is a rewrite. Yesterday, full of self-pity, human sentiment, engulfed in a vacuum of my own making, unable to feel in touch with my good fortune and make something of it. A confession? or a virus of self-conceit?

Other words in the first draft: mad, madder, madness, then a fall and the uncounted, abandoned.



The Psychoanalytic “System” and Its Intersections

Adrian Chiu, PhD

It is beyond time for psychoanalytic institutions across the country to look critically at the ways the practice of psychoanalysis, its accreditation bodies, and its training model contribute to longstanding systemic issues related to race, socio-economic status, and their intersections.

I was a candidate in a psychoanalytic institute in Philadelphia. I was the only non-white person in my cohort and was not able to find an "approved analyst" of color to meet with in-person. "But you can be the first one!" I was told, while stuck in a position where my choices included white, privileged analysts who are out-of-network with all insurances and espouse views ranging from culturally competent to post-racial colorblindness. Case presentations by both candidates and faculty alike often began with age and gender and no mention of other identifying characteristics, which continues to happen regularly at local conferences and even at trainings with famous analysts in New York City. There is a part of me that is used to this and expects that "I have to be the one to speak up", that "I have to make my needs known," all the while observing a lack of accountability, minimal change, and missing allyship within the system itself.

These constant omissions suggest a deeper and more dangerous implication--that psychoanalysis remains blinded by its own whiteness and privilege. I left the institute two years into a 4-year program with the co-director's parting words of "Let me know if you want to talk more." There has been no contact since and it is clear that while others are "one of their own" by virtue of attending an introductory program, that I am not "one of them" nor are the others who have left the program for a myriad of reasons. This silence is both deafening and unsurprising; our contributions, participation, and verbal protests cease to exist in favor of the safe and comfortable in-group narrative.

The financial burden of a thrice-a-week training analysis at a “reduced fee” of \$100 per session, weekly didactics at \$1500-\$3000/semester, and weekly supervision at \$100 per session to the total of at least \$20,000/year ensures, in the midst of the highest ever levels of student loan debt in the USA, that candidacy is largely reserved for those with access to generational wealth. This is, of course, a self-perpetuating system due to the requirement that one must meet with the aforementioned "approved analyst" who has gone through the same rigmarole with their own presumed access to wealth--a multi-level marketing psychoanalysis if I may, with implied promises of future analysts that look and think like you.

This time commitment involves the loss of a full weekday of clinical hours for those in private or group practice and excludes clinicians with full-time jobs. All this to watch and learn how to wax lyrical about the nuances of drive, process, erotic transference, symbolism, stance, the analytic third, (but not race/culture) while our world becomes ever more interconnected, identities more intersectional, and the generational wealth gap ever wider. It is no wonder that psychoanalysis has a diversity problem and reinforces my lived experience that psychoanalysis' reality is not my reality.

We do not need to wait for the Division 39 conference or for another murder to prompt our own reckoning. Philadelphia is 43% Black, New York City is 24% Black, Boston is 28% Black, Chicago is 29% Black, Washington, D.C. is 47% Black – what about your cohorts, faculty, caseloads, board members, divisions, and task forces? What are the systems we participate in that maintain this inequity and inequality, and what are you going to do about it?



**SOCIETY FOR PSYCHOANALYSIS AND
PSYCHOANALYTIC PSYCHOLOGY**

DIVISION 39

AMERICAN PSYCHOLOGICAL ASSOCIATION

The Division Fund for Psychoanalysis

Steven Axelrod, PhD, and Libby Graf, PhD

The **McCary Fund for Psychoanalysis** (originated by Division 39 of the American Psychological Association and administered by the American Psychological Foundation) was established in 2012 to increase public awareness of the benefits of psychoanalytic principles and treatments, and to demonstrate the applicability of psychoanalytic thought to clinical, organizational and social problems. We give grants for a wide range of projects or programs that demonstrate the value of psychoanalysis to **the general public**.

Given the urgency of the current moment, we will give special consideration to grantees who are using a psychoanalytic perspective to address issues of the twin pandemics of COVID-19 and racism.

To learn more about the fund and this year's award:

https://www.apa.org/apf/funding/division-39?_ga=2.254085903.686379059.1589912456-465259887.1589381712

and please note that the deadline has been extended to Sept. 15, 2020.

Please help us by donating to the Fund by using this link and specifying "McCary Fund" under "Donation Information"-

https://cyberstore1.apa.org/cyb/cli/casinterface1/apf/?_ga=2.225598941.651925181.1593438649-547801728.1590028276



The Marsha D. McCary FUND FOR PSYCHOANALYSIS

Scholars Award Winners

Griselda Tomaino is a Mexican-American clinical social worker who earned her master's degree from Smith College in 2019. Currently, Griselda is pursuing a diploma in adult Gestalt therapy from Universidad Nacional Autonoma de Mexico in Mexico City while remotely managing the Latinx Therapists Action Network (a US-based national network of radical therapists who identify as Latinx). Griselda was inspired by other clinicians of color to join the Division 39 community to collectively rethink and reimagine psychodynamic theories to include experiences of people of color as clients and clinicians - and to turn traditional psychodynamic theory on its head.

Lorin Leake is a Licensed Clinical Social Worker Associate currently serving as a Post-Master's Fellow at NC State University's College Counseling Center where she specializes in supporting student Veterans, survivors of trauma, and individuals with disordered eating. She graduated from Smith College School for Social Work in 2019 after completing her second-year clinical internship at the US Naval Academy. Prior to Smith, Lorin earned a bachelor's degree in English Literature from Macalester College and went on to work as a high school English teacher, a professional choral singer, and a licensed massage therapist. She is passionate about embodied experience, the power of meaning making, and bearing witness to stories. She is committed to anti-racism and dismantling systems of oppression both inside and outside the therapeutic encounter, and she seeks to support other new clinicians by advocating for resources, training, and reflective spaces that are essential for learning and growth.