

What is Psychoanalytic Activism?

Access Institute: Psychoanalytic Internship Training for Community Work

By RUTH SIMON, PH.D. and BART MAGEE, PH.D.

ONE INTERN THERAPIST is assigned a couple. The woman is physically disabled, with misshapen arms and hands. The man is a student. He hasn't been to school in months and doesn't work. He spends every session berating both his partner and the female therapist.

Another intern has an immigrant patient who commonly talks about suicide in a threatening and manipulative way. In this hour, he sounds more serious. He has a plan this time. He will lie down over commuter train tracks near where he lives. But, he has to take care of a few things first...like selling his guitar.

An intern in our school-based program sees a 10 year old African American boy who, while strapped in a car seat when he was 3, witnessed the murder of his father. The mother won't come in for collateral sessions.

A petite Caucasian woman is assigned a large African American man who has recently been bitten by a small white dog and is now experiencing psychotic symptoms. He came to his second session drunk.

PSYCHOPATHOLOGY. CULTURE. CLASS. ETHNICITY. TRAUMA. SUBSTANCE ABUSE.

These are the kinds of patients that the interns at Access Institute are called upon to see, just like interns at community mental health centers across the country. However, unlike many interns in these settings those at Access Institute receive rigorous, psychoanalytically-based supervision and training and the patients receive intensive, longer-term psychodynamic treatment. We know that fewer and fewer sites offer such training which is a tragedy, not only for the many young clinicians seeking internship training, but also for the many patients who, like the ones described above, can't afford private treatment, don't have insurance and desperately need quality services.

Ten years ago, in response to clinic closures and considering the needs of both prospective interns and patients, Bay Area mental health professionals joined with concerned community activists to form Access Institute for Psychological Services, an organization with the dual mission to provide low-fee, psychoanalytic treatment to local residents, and high-quality training for pre-doctoral and post-masters interns.

Access Institute, a non-profit organization, was designed to be immune to state and federal budget woes by eschewing government funding. Fifty percent of the operating budget is derived from patient fees and the other 50% from private donations. In addition, the 20 interns in the two-year internship program are supported by professionals in the psychoanalytic community, over 50 of whom donate 1,500 hours of teaching and supervision to the program every year.

Access Institute serves low-income people at its Hayes Valley Clinic (a comprehensive psychology clinic offering individual psychotherapy, couple/marital therapy, group treatment, medication consultation, and neuropsychological testing to people of all ages), at two public schools (serving children and families) and an adult day health center (providing comprehensive care to seniors). Last year, Access Institute provided over 9,500 hours of

CONTINUED ON PAGE 4

From the Editors

RUTH FALLENBAUM, PH.D.
GHISLAINE BOULANGER, PH.D.

Often clinics in which psychology graduate students train are situated in the inner city where they find themselves working with disadvantaged clients. Yet their course work often fails to address the needs of the particular populations they are expected to treat. In this issue, we take a look at two training programs in which graduate students and interns are being prepared to provide psychoanalytic psychotherapy in a way that addresses the issues that arise in working with people of diverse classes, ethnicities, sexualities, and national backgrounds. Bart Magee and Ruth Simon describe the rigorous supervision and training that interns at San Francisco's Access Clinic are offered as they engage their patients in intensive, long-term psychodynamic treatment. In an interview with Ruth Fallenbaum, Richard Ruth describes the clinic staffed by George Washington University graduate students in the heart of Washington. He emphasizes that graduate students today contend with homophobic, sexist, and hegemonic theories that do not reflect the lives that they or their patients are living. The Psychoanalytic Activist would welcome hearing from other universities and training programs in which these issues are being addressed.

In the President's Column, Nancy Hollander continues this theme by describing Section IX's commitment to progressive positions on a range of human rights, class, racial, and gendered equity struggles. She describes the work of two members who have set themselves the task of bringing psychoanalytically-informed perspectives and interventions to psychological experience in the social world.

This September will mark the fifth anniversary of the passage of the American Psychological Association's member-initiated referendum banning psychologists from working in detention facilities that are in violation of International Law. By a twenty point margin, APA members voted that psychologists should not work in such facilities, thus obligating the APA to implement that position as policy. Has anything changed since September 2008? Division 39 President, Frank Summers, provides some disheartening answers to this question.

ruthfallenbaum@comcast.net
ghislaine242@gmail.net

President's Column

By **NANCY HOLLANDER, PH.D.**



One very important form of activism is to join Section IX and if you are already a member, to renew your membership!! ... Our effectiveness depends on your active support and engagement with our work.

For your convenience there is a membership form on the back of the newsletter.

The Psychoanalytic ACTIVIST

Editors: *Ghislaine Boulanger, Ph.D.*
Ruth Fallbaum, Ph.D.

President of Section IX:
Nancy Caro Hollander, Ph.D.

Past President: *Alice Lowe Shaw, Ph.D.*

Treasurer: *Barbara Eisold, Ph.D.*

Secretary: *Donna Bassin, Ph.D.*

Representative to Division 39 Board:
Liz Goren, Ph.D.

THIS IS THE SECTION'S first newsletter for 2013, and I'd like to begin by wishing you all a very good new year. As will be clear from this issue's thematic focus and my report, Section IX and its members continue to be engaged in issues and challenges that bring psychoanalytically-informed perspectives and interventions to psychological experience in the social world.

In this regard, many of our members were active during the recent national election in a variety of ways that reflected our commitment to progressive positions on a range of human rights and class, racial and gendered equity struggles.

Within the APA itself, there have been repeated attempts to expand representation of minority constituents in the association and to include issues reflective of and important to our increasingly diverse society. The latest effort toward this end was an attempt to secure an amendment to the association's bylaws that would seat the four ethnic minority psychological associations (EMPAs) on the Council of Representatives. The proposed amendment was defeated in December 2012, falling just short of the two-thirds majority vote needed to pass. Section IX has supported expanded ethnic minority representation at all levels of governance, and to this end, individual board members are nominating three members of the Multicultural Committee, Kris Yi, Leilani Crane, Usha Tummala-Narra, for the Member-at-Large positions on the Division 39 Board. We hope that at least at the Division level, we can increase the diversity of the membership of the Board and thus its ability to address the interests and needs of our increasingly heterogeneous society.

In my last President's Column, I reported on the petition circulated by the Section IX Board to collect signatures from Section IX members in support of the demands of the Coalition for an Ethical Psychology that APA correct its noncompliance and failure to execute the 2008 membership referendum that, with specified exceptions, prohibits psychologists from working in detention settings that violate international conventions against torture. The Coalition's position was publicly criticized in a letter authored by Jeffrey Youngren on behalf of the Board of Section 42 (Psychologists in Independent Practice), copies of which were sent to the APA board and all APA Divisions. Youngren's letter, as well as the Coalition's gracious, principled and informative response are both available for

your perusal on the website of Coalition for an Ethical Psychology. The latter is well worth reading as a reminder of the history and substance of the Section IX-supported struggle to encourage accountability and reform within the APA regarding psychological ethics in national security settings. Frank Summers reports further on this matter in his article beginning on page 5.

REPORTS FROM OUR MEMBERS

Several Section IX Board members have been engaged in programs that reflect the Section's commitment to socially-responsible principles; I would like to briefly describe their creative work. Jane Hassinger is Chair of Section IX's Women's Committee, which we renamed the Gender and Sexualities Committee in order to place women's issues within the wider lens of gender and sexualities. She has been involved in a community project in the Democratic Republic of Congo that is a collaboration with Dr. Denis Mukwege at Panzi Hospital in Bukavu, DRC. Panzi is the main site providing health and mental health care for survivors of rape in the Congo. Rape is a central tactic in the unofficial war over the control of territory and precious natural resources in Southeastern DRC. The numbers of assaults have been staggering and continue to rise. Dr. Mukwege asked Hassinger's team for assistance with the design and training for mental health and community-reentry services for survivors. See the link below to a recent blog-post from Nicholas Kristof on Mukwege, his work, and the recent assassination attempt on his life (<http://blogs.nytimes.com/2012/10/25/an-attack-on-one-of-my-heroes-dr-denis-mukwege/>).

Another Section IX member and co-editor of this newsletter, Ghislaine Boulanger, has been actively engaged in New Orleans since Hurricane Katrina in a project aimed at documenting the experiences of local clinicians during the years of the storm's most intense psychological toll and placing these needs and experiences in a psychoanalytic framework. The program has given support to local mental health providers as they worked through the traumatic impact of Katrina that they, as well as the populations they serve, suffered. The website (<http://therapistspostdisaster.com/>) carries a description of the project and advice to clinicians in other communities struck by disaster. Two papers describing this project will be published in the

CONTINUED ON PAGE 6

WHAT IS PSYCHOANALYTIC ACTIVISM?

An Interview with Richard Ruth

RICHARD RUTH, Associate Professor of Clinical Psychology in the Psy.D. program at George Washington University, sat down with co-editor Ruth Fallenbaum who asked him his thoughts about training the next generation of psychoanalytic activists.

RF: Richard, tell me how you would describe psychoanalytic activism?

RR: Let me answer with a vignette of the May 1968 protests in France. A group of analysts felt bad that they were not more involved in what was happening, so they showed up at a march with a banner that read, "The Psychoanalysts Are With You." Someone took a photo. In my opinion, there's no fun in that. We need to be in the thick of things.

So began my interview with Richard Ruth. The George Washington University Psy.D. Program in which he teaches operates the largest community mental health clinic in Washington D.C. In addition to his private practice in clinical psychology and psychoanalysis in Wheaton, Maryland, Ruth is a steering committee member, faculty, and supervisor with the Child and Adolescent Psychotherapy Program at the Washington School of Psychiatry, a member of the Board of Division 39, and a long-time member of Section IX. He was trained as a psychologist in Argentina, moved to Washington D.C., worked in community mental health and, in the late 1980s, "reconnected with the psychoanalytic community."

RF: How do you see yourself as a psychoanalytic activist?

RR: There is a memoir by Gillian Slovo*, the daughter of two leaders in the A.N.C. Her mother was murdered during the struggle. Later her father became a minister in the post-apartheid South Africa. She was deeply wounded by how her parents were forced to raise her. Many progressive movements leave damaged people in their wake. Some analysts work with those people, or use their money to donate to causes. Alternatively, you can be there for people who find the political work they are doing makes extraordinary demands on them.

Another very realistic issue speaks to me: You and I are both old. There has to be another generation of people able to do this work. There was no golden age of psychoanalysis. It

was homophobic, sexist, and hegemonic. We mostly don't want to return to that. The question is, what kind of training are we providing? In our program at George Washington students train in the middle of downtown Washington, D.C. Our clinic is the largest community clinic in D.C.

RF: How does your academic curriculum address your mission of training students to treat the underserved?

RR: In every course we integrate what we are trying to do through case examples. For instance, when teaching about the WAIS, I might ask, "What do you do if the child's first language is not English?"

RF: Well, what do you do in that situation?

RR: Technically, first I'd find out what the child's first language is and when he uses it. Then I'd add to the battery receptive language batteries and the Peabody test in the child's language if it is available. I like it when psychoanalysts have a technical comfort with these tests, which are not hard to learn and come in several languages. We had a case a few years ago of a child who was bilingual in Spanish and English, referred by a non-bilingual therapist. Our student was monolingual but sensitive to these issues. She said, "I'm not the best person to do the evaluation." The supervisor went to the clinic supervisor, who suggested the student go ahead and do the evaluation, with an attitude of 'we'll see.'

Well, the student was not comfortable with that decision and came to me. I was worried, too. I suggested we have a second student, bilingual, use the Peabody test and determine which language was dominant. It turned out the boy was English-primary, but his emotional life was primarily encoded in Spanish. The second student administered a Rorschach in Spanish. In the Spanish testing, this child showed psychotic features which did not appear in the English protocol. So the therapist needed to hold that information in mind. For the administrators, for me, and for the students that was an 'aha' experience.

RF: Are there other ways in which you prepare the students to be psychoanalytic activists?

RR: It's a work in progress. They need and

CONTINUED ON PAGE 7

...graduate students read a lot, and much of the old theory about gayness as pathological is not true, but it's in a book. How do we make space for an understanding that what they've read is a dangerous lie? We're writing the theory as we go.

WHAT IS PSYCHOANALYTIC ACTIVISM?

Access Institute

An intern in our school-based program sees a 10 year old African American boy who, while strapped in a car seat when he was 3, witnessed the murder of his father. The mother won't come in for collateral sessions.

Siegel, Daniel J. (1999),
*The Developing Mind: How
Relationships and the Brain
Interact to Shape Who We Are*,
Guilford Press.

CONTINUED FROM PAGE 1

psychological services in both English and Spanish to more than 350 patients.

Back to the vignettes. These are real vignettes from Access Institute. But they are not unique. Interns everywhere are called on to see complex patients like these. But how do we help our interns help their patients whose struggles are so profound? Which theory will be most useful? How is theory useful at all? Is meaning-making so critical when the exigencies of real life are so extreme? How do we contain the interns' experiences so that they can contain those of their patients? How do we foster the growth of our interns' clinical capacities and help them develop their personal voices?

Keeping in mind both the needs of the community mental health population we serve and the interns we train, it is useful to recall Daniel Siegel's 1999 work on trauma. Siegel coined the term "window of tolerance", which is the neurophysiological state in which thinking can occur and the patient is neither "hyperaroused"...in a fight/flight state, or "hypoaroused"...shut down and withdrawn. We must encourage our students to monitor their patients and keep them in a state in which thinking can occur. Our task in training is similar. Students working with patients with complex trauma histories experience trauma themselves. Sometimes they come to us for supervision feeling hyperaroused...extremely anxious, and feeling they have to *do something* for their patients. At other times, they feel resigned and hopeless about what psychoanalysis has to offer. By offering our students a strong foundation in psychoanalytic theory, we help them to stay in their own window of tolerance and, therefore, to be able to think about their patients and what they need.

Unfortunately, for our students theory sometimes turns persecutory. Students talk about the "psychoanalytic superego", or "psychoanalytic police" who tell them..."that wasn't analytic", or "don't be too gratifying". This punitive version of psychoanalysis is not useful to them and especially considering their patients who are contending with internal worlds marked by trauma and persecution. We must attend to the subtle scorn we can give to "case management" and "social work". We must remember that we *can* be psychoanalytic psychotherapists even as we help our patients with the more concrete exigencies of their lives.

The teaching of psychoanalytic psychotherapy, both in the classroom and in supervision, involves providing content (theory, technique, history and context), while interns are under the pressures and anxieties of performing dif-

ficult clinical work with traumatized patients. Because we as supervisors have real concern for patients for whom we bear ultimate responsibility, it often feels efficacious and necessary to tell our students what to think about their patients, and what to do with them. Students often ask for this kind of direction and are relieved, at least momentarily, when we gratify their request. While this approach may be at times developmentally appropriate for therapists in training, it is not useful to them in the long run. Providing psychoanalytically oriented training involves teaching our students to think in new ways. Thinking for them doesn't help them learn to think. Modeling with them ways of thinking and thinking with them does.

MODELING A PROCESS

The approach we take at Access Institute recognizes that no particular theory is the "right" theory to teach even though certain clinical situations might call for particular approaches. You can call this the "pedagogical attitude" which is akin to an analytic attitude, not of evenly hovering attention, or with neutrality about our students' progress. Rather, it is an attitude that has the dual goals of the transmission of content, *and* the motivation of developing healthy internal relationships to psychoanalytic theory. We keep in mind and model a process by which we teach theory along with the process by which we develop our clinical stances. In this way they can meet the needs of their patients in flexible and appropriate ways.

This model understands that learning is a difficult endeavor that requires regression and that learning to become a psychoanalytic psychotherapist requires the involvement of all parts of the self. It also honors the fact that the interns themselves are both full, responsible adults and professional neophytes who need our actual support as they face clinical challenges, and that bridging these two worlds brings pain and conflict. In the end we must model for our interns something akin to what we expect them to achieve on behalf of their patients: participation in a course of growth that is theoretically sound, yet is malleable enough to be responsive to individual needs.

A successful community clinic and psychoanalytic internship program does require us to develop some new ways of thinking about psychoanalytic theory and training. It's a thinking that needs to question some basic assumptions about theory, frame, power, privilege and assumptions we make about culture, not only of the patients we see, but that of psychoanalysis itself.

Bart Magee bart@accessinst.org
Ruth Simon ruth@accessinst.org

When APA Policy Is Not

By FRANK SUMMERS, PH.D., ABPP

AS MOST MEMBERS of Division 39 are aware, in the fall of 2008, an American Psychological Association (APA) referendum was passed by a 60% majority of those voting that prohibited psychologists from working in settings where “persons are held outside of, or in violation of, either International Law (e.g. The UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights.” In accordance with APA bylaws, any such referendum passed by majority vote becomes APA policy and is entered into the minutes of the next meeting of the Council of Representatives, which in this case took place in February 2009.

Both psychologists and those outside of the field aware of this vote have tended to assume that this official change in APA policy ended the bloodletting controversy around psychologists’ involvement in illegal detention centers that had been going on since 2004. For example, when I mentioned that the struggle continued, my very liberal Congresswoman, Jan Schakowsky, asked incredulously, “Didn’t you win that?” I answered with the age-old distinction between *de jure* and *de facto*.

STILL IN GUANTANAMO?

Four years after the passage of the referendum, which is, after all, official APA policy, there is incontrovertible evidence that psychologists remain at Guantanamo, Bagram Air Force Base, sites that continue to operate in violation of international law, as outlined in the referendum. First, one must consider that if psychologists had been withdrawn from these sites, that information would be public and the APA would be the first to trumpet such a move as proof of its ethical stance. But, we need not rely on the obvious. Despite the fact that much of the relevant information is classified or redacted from unclassified documents, the American Civil Liberties Union, under the Freedom of Information Act, has been able to obtain policy and legal documents that mention the presence of psychologists at these sites. Behavioral Science Consulting Teams (BSCTs), which include at least one psychologist and other behavioral health personnel, are referred to in some detail outlining their specific roles and responsibilities. For example, in a document on the disposition

of a detainee named Kahid Mujtaba dated December 2, 2011, a BSCT evaluation was used in the judgment to recommend transfer to Afghanistan on June 3, 2010.

Unimpeachable evidence of psychologists’ continued involvement comes from the Obama administration’s Medical SOP at Bagram. An undated “Secret/NoFORN” memorandum on Standard Operating Procedure (SOP) at Bagram included “Appendix 18. Annex B (Behavioral Science Consultation Team to the CJTF-101 Standard Operating Procedures (SOP).” Although the document has no date, it stands as the SOP protocol for Bagram to this day. The name of the appendix is sufficient to provide foolproof evidence of psychologists’ involvement. The Appendix Annex B states “The BSCT is comprised (sic) of two behavioral science consultants (BSCs who are licensed clinical psychologists (USAF 42P3 or USA 73B) and two behavioral science technicians....The senior psychologist serves as the Team OIC.”

The appendix describes the psychologists’ role as monitoring interrogations and staff-detainee interactions, consulting on policies for “ensuring the safety of the detainees and BTIF personnel and the assessment of ‘psychological risk factors’ as well as providing environmental consultation to assist in interrogations and detention operations.”

In the four plus years that the referendum has been APA policy, there is scant evidence of any effort by APA to implement it. The only known official response to the passage of the referendum by the APA has been to send a letter notifying the President and the Pentagon of its passage. However, psychologists remain active in detention settings while neither the APA Central Office nor the Ethics Office has made any effort to have psychologists removed from settings prohibited by its own policy. Further, members have informed these official APA organs of the evidence of psychologists’ continued involvement, and no action has been taken.

There is a common misperception that since President Obama was elected, torture is no

...psychologists remain active in detention settings while neither the APA Central Office nor the Ethics Office has made any effort to have psychologists removed from settings prohibited by its own policy.

- Whereas torture is an abhorrent practice in every way contrary to the APA’s stated mission of advancing psychology as a science, as a profession, and as a means of promoting human welfare.
- Whereas the United Nations Special Rapporteur on Mental Health and the UN Special Rapporteur on Torture have determined that treatment equivalent to torture has been taking place at the United States Naval Base at Guantánamo Bay, Cuba. [1]
- Whereas this torture took place in the context of interrogations under the direction and supervision of Behavioral Science Consultation Teams (BSCTs) that included psychologists. [2, 3]
- Whereas the Council of Europe has determined that persons held in CIA black sites are subject to interrogation techniques that are also equivalent to torture [4], and because psychologists helped develop abusive interrogation techniques used at these sites. [3, 5]
- Whereas the International Committee of the Red Cross determined in 2003 that the conditions in the U.S. detention facility in Guantánamo Bay are themselves tantamount to torture [6], and therefore by their presence psychologists are playing a role in maintaining these conditions.
- Be it resolved that psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the U.S. Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights [7].

Referendum adopted by APA members in September 2008.

CONTINUED ON PAGE 6

Section IX and its members continue to be engaged in issues and challenges that bring psychoanalytically-informed perspectives and interventions to psychological experience in the social world.

President's Column

CONTINUED FROM PAGE 2

January-February 2013 issue of *Psychoanalytic Dialogues*. "Reports from the Front" contains four first person accounts by area clinicians with an introduction by Boulanger, who describes the circumstances that led the project. Her article, "Fearful Symmetry" is her account of the psychodynamics of shared trauma. In addition, *Shared Trauma*, a 17 minute documentary made for clinicians with interviews from mental health professionals in New Orleans is available free of charge, details can be found on the website.

LOOKING AHEAD

Our annual panel at Division 39 is one creative endeavor we offer each year to share with colleagues what a socially responsible psychoanalysis looks like. Last year we organized a lively presentation by and exchange with Bryant Welch about the psychological meanings of problematic developments in our society and how to understand and respond to the regressive social forces that are reflected within our professional organization. This year our invited panel follows a different format, in which a group of psychoanalysts, each through a unique

social psychoanalytic lens, will respond to an interlocutor's questions about the psychological meanings of current social and political crises and how they impact different constituencies given issues of class, ethnicity and gender(s). The panel is scheduled for Saturday, April 27, 1-2:50 pm in the Arlington Room of the Park Plaza hotel. Later that same day, Section IX will hold a joint reception with the Multicultural Concerns Committee, Sexual and Gender Identities Committee, and Sections II (Childhood and Adolescence) and III (Women, Gender and Psychoanalysis). We hope to see you all at these two exciting events.

One very important form of activism is to join Section IX and if you are already a member, to renew your membership!! In case you need reminding, a membership renewal form was emailed to all current members on January 8. Our effectiveness depends on your active support and engagement with our work. On a final note, I want to encourage those of you among our Section members who are involved in community projects to use the Section IX list serve to share your experiences with colleagues. We find your endeavors exciting to know about and inspirational to our own work.

nancychollander@gmail.com

When APA Policy Is Not

CONTINUED FROM PAGE 5

longer American policy and consequently the need to withdraw psychologists from Guantanamo and other detention sites has been obviated. It is true that conditions in Guantanamo have improved considerably under the Obama administration, but there are reports of force-feeding, which is torture under international law. More to the point, the detainees are still kept without legal representation, many have not been charged with any malfeasance, and they are being held indefinitely with no way to defend themselves against what in many cases are nonexistent charges. All of this is illegal under international and U.S. law. As a result, any psychologist who is working in these sites, unless specifically for the benefit of the detainee or a neutral third party, is in violation of APA policy.

The APA's inaction should be a surprise to no one, because the APA's stance from the moment this issue surfaced has been to protect the right of psychologists to work in Guantanamo and other detention centers even after proof of torture taking place at those settings was demonstrated. The APA initially denied psychologists' involvement

in torture without any investigation and only admitted that a "few" psychologists were involved in "enhanced interrogations" when outside agencies, journalists, and independent members brought forth incontrovertible evidence. The APA leadership opposed the referendum it now trumpets as proof of its ethical policies. Furthermore, several ethics complaints have been lodged formally against some of the known participating psychologists dating back more than six years; the Ethics Committee under the leadership of Dr. Stephen Behnke has been silent on these complaints while claiming to be willing to investigate any formal accusations.

WHAT SHOULD APA DO?

Most recently, several members of APA, with the support of the APA Central Office, have formed their own Member-Initiated Task Force (TF) to Reconcile Policies Related to Psychologists' Involvement in National Security Settings with the alleged purpose of "consolidating" APA policies on psychologist consultations in "national security settings." Formed by members who opposed the referendum, such a TF can only have the goal of obscuring the reality that we already have a member initiated

CONTINUED ON PAGE 8

Psychoanalytic Activism

CONTINUED FROM PAGE 3

want a stronger scientific base than my cohort had. The typical student is neuroscientifically literate. They need those tools to be able to talk back to insurance companies and health care systems, and to be able to read journal articles with a critical mind. Our program is big on assessment for many reasons. When the students assess a traumatized child, with a damaged but resilient brain, we want them to be able to see the resilience in the data and to be able to narrate that resilient piece for the caregivers and therapists. Also, pragmatically, for many students, being able to do assessments will provide a means for paying back their student loans.

RF: You mentioned earlier that you would not want us to retreat to a false “golden age of psychoanalysis.” Can you give us an example of how your training program has moved forward from what you described as “homophobic, sexist, hegemonic” psychoanalysis?

RR: I’ve been supervising students facilitating a transgender affirmative group. These clinicians are bisexual, gay, etc., they come in knowing a lot about life. But graduate students read a lot, and much of the old theory about gayness as pathological is not true, but it’s in a book. How do we make space for an understanding that what they’ve read is a dangerous lie? We’re writing the theory as we go.

RF: Are you able to maintain a diverse group of students in your program?

RR: The makeup of the students is not perfect due to inadequate scholarship support, which disproportionately affects some of the most talented minority and working class college graduates. But we have significant numbers of ethnic minority and international students who seem to find out about the program on the internet.

One piece that is important to me is that this is a very comfortable place to be out as a legally married gay man, so it’s great to see the population of LGB, and hopefully T, therapists growing. When I was in graduate school and came out, my most memorable encounter was with a faculty member who looked me in the eye and said, “No, no you’re not.” That won’t happen with our students. Right from their interviews they sense they are walking into an affirmative environment.

Also, not all our students are of European descent. We have many languages available in our clinic. We can have a student doing therapy in Arabic and get them supervision in Arabic.

RF: I would imagine that in trying to open up training to a diverse and heterogeneous group while you are “still writing the theory,” tensions must come up among the students around those differences. How does the faculty respond?

RR: We take a clear stand. We value diversity and competence in treating multicultural issues – and that means all the diversity within the community. For instance, we have many religious students. It is an ethical requirement to convey respect. The same holds true with students who choose careers in police work, the military, etc. People need to feel included. When that happens, learning takes place.

RF: I heard that you had an interesting experience when you attended the APA convention in New Orleans following Hurricane Katrina?

RR: One of my personal quirks is that I like talking to folks and am particularly curious about where the Latin American community is in any city I happen to be visiting. To get to the hotel for the meetings, I had to walk through a semi-deserted mall where I noticed a couple of Latino guys. I got into conversation with them and learned that after the dislocation of whole sections of the African-American community, the African-American workers were not welcomed back to do the rebuilding, partly because there wasn’t housing for them. However, migrant workers came to do the work for far less than the former impoverished residents would earn, and lived in beyond make-shift conditions. I consider this conversation of a piece with running a clinic in D.C. for the people of D.C.

In other words, conversations are best not had in bubbles or we risk creating psychoanalytic apartheid.

By a fluke I ended up using my psychological training in the 2012 election. In Virginia there are red areas and blue areas. In the blue areas it was taking up to three hours for people to vote. Shortly before the polls were scheduled to close, the state government faced a dilemma: whether or not to keep the polls open to let people in line vote. They turned to social scientists, so I wrote about statistical issues that indicated they should keep the polls open, and hit the “send” button. Who knows if it was a waste of time? But subsequent media analysis showed that the number of votes by which Obama won Virginia equaled the number of voters who were able to vote after the polls were kept open.

Richard Ruth, Ph.D. rruth@erols.com

When I was in graduate school and came out, my most memorable encounter was with a faculty member who looked me in the eye and said, “No, no you’re not.” That won’t happen with our students. Right from their interviews they sense they are walking into an affirmative environment.

REFERENCES

*<http://www.amazon.com/Every-Secret-Thing-Gillian-Slovo/dp/1844085996>

To join Section IX, and to renew your membership for 2012, please fill out this form

Your Name: _____ send it with a check for \$40
(\$20 for students and candidates)
Address: _____ made out to "Section IX, Division
Phone Number: _____ Email address: _____ 39, APA" and mail to:
Areas of interest: _____ Ruth Heleine, 2615 Amesbury Road,
Winston Salem, NC 27103

When APA Policy Is Not

CONTINUED FROM PAGE 6

and member passed official policy of APA. Decisions and policies of the Central Office are routinely defended as "official APA policy" Apparently only when policy opposes psychologists working in unconstitutional detention centers is APA policy not determinative. When the referendum was passed, the APA's response was to note that only a minority of members participated in the voting. In every APA presidential election, a minority roughly equivalent to the numbers who voted in the referendum cast a ballot, yet the APA has never questioned the legitimacy of any such election. It is only when the vote expresses the will of the membership to refuse to grant psychologists the right to participate in illegal detention centers that APA policy is not policy.

So, once again the APA has demonstrated through its actions and inactions that it has no interest in taking any steps to enforce its own policy against psychologists' involvement in detention centers. What could it do? First, the APA leadership could, I would

venture to say, even *should* send a message to the Secretary of Defense and the Pentagon reminding those in charge of the American military that psychologists are not allowed to work in detention centers and to provide the names of any psychologists currently on duty in Guantanamo, Bagram Air Force Base, or any other black sites. If there were an admission of the presence of psychologists at these sites, the Pentagon would then be informed that such a presence violates the policy of the APA. Any evidence of psychologists' involvement in these sites should become cause for a communication with the Pentagon that the military is violating APA policy, which it said it does not do. It is the APA's responsibility to make a public demand for withdrawal of psychologists from these sites, to ask for specific dates for that withdrawal, and to ask to visit the sites to be assured that psychologists are no longer there. If there is no satisfactory response to these demands, public pressure should be brought to bear through public statements, press releases, letters to the editor of major

publications, and the social media. If all else fails, the APA should consider filing a lawsuit against the Pentagon.

APPLY PRESSURE

Finally, it is incumbent on all of us to ply a similar kind of pressure against the APA. As indicated in my talk with Congresswoman Jan Schakowsky, most knowledgeable people think the issue is dead. They do not realize that 95 % of the detainees at Guantanamo have not been captured on the battlefield, most have not had any charges drawn against them, and those who have been charged, have neither the right nor the means to defend themselves. The conditions under which they are held have improved, but they are still incarcerated for years without charges, under bare minimum survival conditions. The APA, like the Pentagon, tends to do nothing unless public pressure is brought to bear. Perhaps it is time to remind the APA leadership and the membership that we do have a policy against psychologists' involvement in detention centers, and we would like to see policy become policy.

Frank Summers: Franksumphd@gmail.com

