



*American Society of Psychoanalytic Physicians*

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## Editor's Message

Looking back now, I realize we were very fortunate to have, between the DC and NY chapters, several nice events before the “unprecedented” shut down caused by the pandemic.

In DC, we launched our journal club with meetings in December and February to discuss articles on the psychodynamic dilemmas of chronic pain and the dynamics of anxiety and burnout among professional caregivers.

On November 14, 2019, I attended the annual Sigmund Freud Awards Dinner in New York City. It was a very enjoyable evening as I was reminded of how wonderful it is to interact with people, who have a genuine passion for psychoanalytic thinking.

Dr. George Makari was the award recipient and spoke about his interest in studying history as a way to help us “model where we’re going.” He told us he agreed with Faulkner, who said, in his Nobel speech, “the past is never dead, it’s not even past.” As he described some of the examples from his book, “Revolution in Mind: The Creation of Psychoanalysis,” Dr. Makari said he has understood the history of psychoanalysis as based on intellectual communities and how they organized themselves over time. He expressed his concern for the future of psychoanalysis and belief that “we really have to double our efforts to change.”

In this edition of the ASPP Bulletin, our Member Spotlight features Dr. Seymour Gers (from the New York Chapter) as we aim to increase personal connection within our membership. We also have an article by Aileen Kim. This will be one of several presentations at our first “virtual” meeting that will take place July 30, 2020 via Zoom: “Doctoring in the Time of Covid-19.”

Finally, we are proud to announce the recipients (who will be recognized at our upcoming meeting) of the following awards for residents:

Henry P. Laughlin Psychodynamic Psychiatry Award  
Devin Gibbs, MD, University of Maryland/Sheppard Pratt Psychiatry Residency  
Jeremy Safran, MD, George Washington University Psychiatry Residency

The Alice H. Kiessler ASPP Writing Award for Residents  
Mahmoud Aborabeh, MD, George Washington University Psychiatry Residency

## Message from the Executive Director

Dear Members,

I have been your Executive Director for twenty years now. It has been such a pleasure working for the Society all these years. 2020 has certainly been painful for many around the world, and I hope that you and your families are safe and well. We are all looking forward to safer times.

In light of COVID19, the Washington Chapter is offering CME through its first virtual meeting, “Doctoring in the Time of COVID.” Everyone is invited. We have included information and a flier in this Bulletin. We are hoping to use this virtual format in the future to meet member needs.

I need to say a special thank you to Aileen Kim, M.D., Jessica Brown, M.D., and Sy Gers, M.D., who have worked tirelessly the past couple years to keep this amazing organization going. A special thanks also to those who volunteered their time and homes over the years to make the ASPP the special organization that it is. There have been too many to name!

Lastly, if you have an article that you would share in a future Bulletin, please send it to me. Our next issue is planned for fall 2020.

Christine Cotter  
Executive Director  
cfcotter@yahoo.com

## Washington Chapter Webinar and Awards Meeting

Each year, the Washington Chapter honors two of the founding members of the ASPP, Alice Heyl Keissling, M.D. and Henry Laughlin, M.D. Normally these are in-person meetings held in the Washington area. This year, working jointly with the Washington School of Psychiatry, the Washington Chapter is offering a webinar focusing on “Doctoring in the Time of COVID” on July 30, 2020. The seminar includes several presentations on the topic and is available to all ASPP members.

In honor of Dr. Keissling and Dr. Laughlin, the seminar will also include a brief awards ceremony for the ASPP Washington Chapter Henry P. Laughlin Award for Psychodynamic Psychiatry and Alice H. Kiessling ASPP Writing Award for Residents award winners.

### **Alice Heyl Keissling, M.D.**

Alice Heyl Kiessling, M.D., was born in Philadelphia, Pennsylvania on May 8, 1903. She graduated from Cornell University in 1925 with an A.B. degree and George Washington University Medical School in 1929 with her M.D. Dr. Kiessling interned at Gallinger Municipal Hospital in Washington, D.C. and did her residency training at St. Elizabeths Hospital from 1930 - 1934. She was greatly influenced by two colleagues at St. Elizabeths, Dr. William Alanson White, Superintendent, 1903-1937, and Dr. Nolan D.C. Lewis, Director of the Blackburn Laboratory at St. Elizabeths. Dr. Lewis was a psychoanalyst and pioneer in art therapy, and Dr. Kiessling continued a professional dialogue with him long after his retirement from St. Elizabeths.

In 1931, Dr. Alice Kiessling and her husband bought a small farm in Falls Church, Virginia. In addition to her private practice in Falls Church from 1931-1995, Dr. Kiessling was Director of the Outpatient Psychiatry Clinic and Clinical Instructor in Psychiatry at George Washington University (1930-1936). She was on the medical staffs of several area hospitals including Sibley, Doctor's, Garfield, Arlington, Fairfax and Shepherd Pratt. She was a member of the Washington, D.C. and Virginia Medical Societies and President of the Fairfax County Medical Society in 1946. Dr. Kiessling was a Founding Fellow, American College of Psychiatrists; Diplomate, National Board of Medical Examiners; Charter Fellow, American College of Psychoanalysts; Fellow, American Psychiatric Association; and President, Eastern Psychoanalytic Society (1968), presently, the American Society of Psychoanalytic Physicians.

Dr. Kiessling died on March 14, 1995 at the age of 91. She is fondly remembered by family and friends as a loving wife and mother, an energetic community leader, successful psychiatrist and pioneer in psychodynamic psychotherapy.

### **Henry Laughlin, M.D.**

Henry P. Laughlin, M.D. was born in 1916 and began his illustrious career as a psychoanalyst upon graduation from Temple University School of Medicine in 1941. He joined the Navy as physician in 1941. After leaving the service, he embarked on a distinguished career as an analyst, physician, author and educator.

Dr. Laughlin founded the American Society of Physician Analysts in 1962 which was a forerunner to the American Society of Psychoanalytic Physicians. Dr. founded the American College of Psychiatry in 1963 at which he had a fellowship founded in his name in 1976. He was instrumental in the founding of the American College of Psychoanalysts in 1969. In 1999, he and his wife, Page, a noted

philanthropist, founded The Dr. Henry P. and M. Page Laughlin Program for Scholarly Studies at Mount St. Mary's College in Frederick, Maryland. The program provides financial award to a Mount St. Mary's student of the junior class who has demonstrated outstanding scholarship and exemplary qualities of academic leadership. Dr. Laughlin is the namesake and endower of Temple University School of Medicine's Alumnus of the Year Award.

Dr. Laughlin published numerous articles on psychoanalysis and authored several books including *The Neuroses*, *The Ego and its Defenses*, *Neuroses in Clinical Practice*, and *Mental Mechanisms*. Dr. Laughlin died in 2015.



## The American Society of Psychoanalytic Physicians



The ASPP Washington DC Chapter and the Washington School of Psychiatry are proud to present:

### Doctoring in the Time of COVID

Please join us for this timely presentation on treating patients during this time of social distancing and widespread health concerns. The seminar includes the following presentations:

**Physician Leadership and *Realangst* in the time of COVID19**

Aileen Kim, M.D.

**Telepsychiatry During the Cornoavirus Pandemic: Some Pros, Cons and the Future**

Gerald P. Perman, M.D. and Mahmoud Aborabeh, M.D.

**Mental Health Professionals and COVID19**

Vladan Novakovic, M.D.

**Moderator:** Jessica Brown, M.D.

The seminar will also include a brief awards ceremony, honoring the ASPP Washington Chapter Henry P. Laughlin Award for Psychodynamic Psychiatry and Alice H. Kiessling ASPP Writing Award for Residents.

**CME:** 2 credits

**When:** Thursday, July 30, 2020, 7:00 pm via webinar (webinar details to be provided)

**Objectives:**

1. Define telepsychiatry according to the American Psychiatric Association.
2. Identify some of the parameters required to conduct telepsychiatry treatment.
3. Describe some of the advantages of conducting psychiatric treatment over the internet.
4. Describe some of the disadvantages of conducting psychiatric treatment over the internet.
5. Discuss how the coronavirus pandemic is likely to affect the practice of psychiatry in the future with respect to telepsychiatry.
6. Recognize the significant leadership demands placed on physicians during the crisis of a pandemic.
7. Discuss some of the changes in clinical roles for doctors as a result of the pandemic.

(detach and return OR contact Ms. Cotter by phone or email)

ASPP Washington Chapter Scientific Meeting July 30, 2020 \$10 per attendee (free for residents)

Name(s) \_\_\_\_\_

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Respond by July 23, 2020 to Christine Cotter, ASPP 13528 Wisteria Dr, Germantown, MD 20874  
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## **Dreams in the Time of COVID-19**

**Aileen Kim, M.D.**

It finally happened. I had my first COVID-19 dream. Earlier that day, I was feeling proud of myself for coping, what I thought was rather well, with the stresses of the pandemic. I was reflecting on the things I have to be grateful for that many people, even those who are privileged, do not: a safe home to shelter in with a harmonious family, freedom from health conditions, continued employment, job security and foreseeable access to healthcare, the opportunity to continue the meaningful work of caring for patients while avoiding exposure and infection risk (I had just decided I would start doing 100% outpatient telemedicine, which I will continue to do foreseeably and indefinitely). In tandem with my thoughts of gratitude for my abundance and safety, I was somewhat less consciously aware that I'd spent a full day containing the anxieties of patients with catastrophic fantasies regarding the pandemic. In addition to a demanding day of clinical work, I had made some difficult decisions as medical director of the practice regarding cessation of in person visits for the sake of safety, and had prepared to give my colleagues the potentially unwelcome news.

I arrived in the dark at a makeshift hospital in a hangar with bright LED floodlights fueled by generators. I knew some of the doctors there but many I did not. Nobody met me or my peers on arrival. I did not know where I was supposed to go or who I was supposed to meet with when I reported. I started walking around trying to get my bearings. There was no directory or map of the facility, and soon I found myself walking through a labyrinth of corridors with no signage that appeared to be annexes to annexes: the colors, materials and architecture styles of the walls and floors changed with each hallway I wandered through. I started to develop a palpable sense that I was not in charge of things at this facility and the people who were didn't want me to know where I was going, what was happening or why I was here.

I happened on a makeshift OR where an unsuccessful resuscitation of a patient had just taken place and noticed none of the doctors attending the code had any protective equipment. The patient had just been pronounced dead and the physicians were disbanding. A small group of masked and gowned men and women who I somehow knew were not physicians was coming down the hallway. Instinctively I knew I should not be caught by them prowling around. First I tried to hide, but they saw me. I pretended to be lost, that I was looking for a restroom and that I hadn't seen what had happened in the OR. A solo woman in scrubs was coming the other way in the hall and a lady in the group told me, "she just came from there, she can show you where it is", as the group walked on. After the group passed, she said she didn't know where it was either. I somehow knew she was exploring the field hospital on her own as well, trying to find out what was going on. For some reason we did not converse or consider banding together, we simply went our separate ways.

I kept walking through the halls. I ran into a female doctor with immaculate makeup and a designer handbag wearing a jean jacket over yoga clothes. She was leaving at the end of her shift and seemed cheerful and content. Her body language told me this place was familiar and comfortable to her, and I noticed judgments about her complacency arising in me. We exchanged eye contact but not words and she smiled before presumably departing home for the day.

I continued walking. Then I saw two of my former military superiors in their Navy summer white uniforms. They were wearing their covers indoors (not within regulations) and looked perturbed. They didn't recognize or greet me. I knew they too were trying to figure out why we were here and what was happening. Besides their heads being covered indoors, another detail that I couldn't name at the



moment unsettled me. A few moments later I realized what it was: they were not wearing their name tags (required part of every military member's uniform).

It occurred to me then that nobody in this hospital I had encountered was wearing a nametag. I climbed some flights of stairs in an unmarked stairwell and found myself in an attic used for storage. I came across an open box full of name tags of military medical officers. They all bore different colors and designs signifying the people who had worn them were from different commands. Why were they all in a box together? I knew I was not supposed to find this box of nametags. I wondered if the nametags in the box were surrendered upon arrival at this place, or if they had been taken from those they belonged to. I wondered if the people they had belonged to were here, and if not...where were they?

My own perspective is that this dream is about real angst (Freud, 1926) in the Time of Covid-19. The pandemic--- and my dream about it, highlights the loss of autonomy and authority on a large scale that physicians have been collectively grappling with since well before the current global crisis. In the current complicated and, at times deliberately obfuscated (Bogusz, 2020), world of third party payers, powerful groups headed by non-physicians have a vested interest in limiting and diminishing physicians' autonomy and authority. Hospital policies are not infrequently determined by administrators, not physicians, deciding what is "best" for physicians and patients alike (Pinsky, Smith, Fayette & Kennedy, LLP, 2020). Even when we "opt out" by not accepting third party payment or working for a hospital, we are still often left navigating systems that do not support us or our patients. Physicians find themselves in situations regularly in which they bear the burden of responsibility and liability for patients' wellbeing without the autonomy or authority to create conditions most conducive to that end, or even to protect themselves in the most basic of ways. By now many of us are familiar with the story of Dr. Ming Lin (Carlisle, 2020), a long time ER physician who was fired for speaking out against lack of PPE for physicians. The reprisal he faced for speaking out about how his hospital system's failure to protect physicians was posing a danger to patients and the community alike, has called attention of the general public to ways autonomy and authority of physicians has been eroded. I was quite shocked to learn from conversations with people outside our profession how many were unaware prior to the pandemic that erosion of physician autonomy and authority is far from a new problem.

As a mid-career physician, my psychoanalytic lens has given me the opportunity to consciously adapt to the demands of being a leader, which entails being prepared to contend with systems that seek to limit my autonomy and authority inadvertently or deliberately, and thus limit my ability to impact others positively. I often experience this reality as counterintuitive to the culture of medical training. Defenses that previously served us well during our early professional development can be maladaptive when we become leaders. Pervasive patterns of striving to please through perfectionism, passivity, dedifferentiation of our own minds from those "in charge", idealization of authority figures and identification with the aggressor are often rewarded along our educational journey towards becoming physicians. In contrast, after we start practicing in the "real world" these patterns of thinking and acting can become our undoing. Such patterns can result in our abdication leadership, individually or collectively, explicitly or implicitly.

Following my dream in the time of COVID-19, I have done much reflecting on ways I use adaptive aggression (Hartmann, 1939), tolerance of conflict, and confidence as a separated and individuated person to perform well as a leader. Since the pandemic began, especially as a physician leader, I find that my psychoanalytic knowledge and experience in practice is useful. For example, because I am able to construct an internal narrative about how I am using my own ego functions and ego strengths in a challenging situation, I can integrate large and contradictory volumes of information even when experiencing significant situational anxiety. I can also recognize, tolerate and manage strong

emotional reactions from others when a hard and unwelcome decision must be made. My knowledge of attachment theory helps me to stay constant in believing my own mind while making room for the different minds of others without feeling threatened or destroyed. My awareness of my own superego ideals and values helps me maintain motivation and willingly endure difficulty when, as a leader, I must advise in favor of the inconvenient and unpleasant choice. Having a theory of mind for the person who does not welcome my message at the moment as a leader allows me to both maintain empathy and anticipate how I can communicate effectively. Plain and simple, my psychoanalytic knowledge guides the ways I claim and use my autonomy and authority as physician leader for good.

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## **Member Spotlight: An Interview with Seymour Gers, MD\***

Dr. Seymour Gers, known as Sy by his friends and colleagues, has been a long time member of ASPP and is currently president of the New York chapter. He runs a meeting every third Thursday of the month, where members take turns presenting a topic for discussion. This format started many years ago, and Sy has been committed to this tradition and hopes it will continue. He says these meetings have endured because the members are dedicated to psychodynamic thinking, and they value the “personal relationship” and connection with him and each other.

Sy’s father emigrated from a “shtetl” in eastern Europe to Argentina then to the United States. Once he was settled in New York City, he brought Sy’s mother and brother (age 7) to join him. Sy is the only member of his family born in the United States.

Sy went to medical school at what is now known as SUNY Downstate Medical Center in Brooklyn, New York. He completed his residency in Psychiatry at Queens Hospital. Throughout his career, Sy has held significant leadership positions such as head of inpatient psychiatry at Mount Sinai and director of medical education at Manhattan Psychiatric Center.

He is a compassionate and fun-loving person. He has fond memories of the time the psychiatry residents put together a skit about him. Sy believes the most important thing in his life and career has been “attachment” and “personal relationship” with others.

## **Purpose of the American Society of Psychoanalytic Physicians**

The American Society of Psychoanalytic Physicians was founded in 1985 as an organization of psychoanalysts and psychoanalytically-oriented psychiatrists and physicians. It was established to provide an open forum to further the study of psychoanalytic methods of diagnosis, treatment and prevention of emotional disorders. Simultaneously, we seek to synthesize recent advances in exploring the biological bases of behavior with sound psychoanalytic practice and therapy. We wish to promote a greater understanding of the interplay between biological, psychological and social factors involved in psychiatric illness. Unlike other organizations, we are not affiliated with any training institute and do not have categories of faculty or student, supervisor or supervisee, or analyst to inhibit professional collegiality and friendships. Our members exchange professional views in small informal study groups and share clinical insights during discussion at scientific meetings for our members. We expect that membership in our society will be personally and professionally rewarding. We invite your membership and your contributions to our Bulletin.

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