

**NPAP Arthur R. Group Panel 2021**

[National Psychological Association for Psychoanalysis](#) Panelists: Joel Gold, Maggie Brenner, Susan Gair, Lois Wedin, Art Pomponio, Michael Spier, Jeremy Ortman, Douglas Maxwell, and Nancy McWilliams. Chairperson: Art Robbins

Alice: I was very grateful when Art contacted me and said he had some ideas about being an analyst at this time, as well as people who have been part of his countertransference groups, as well as colleagues. He wanted to share what they had come up with for surviving in the pandemic as an analyst. For myself, I want to say I am very grateful for the time I was in Art's group and I imagine that if we could raise our hands many of us would say the same about studying with him. He has been our rigging and our rudder in our boat for being an analyst. He has helped us learn the art of being an analyst and his groups have been really a defining period of time for many of us. So with all of that, after decades of many of us studying with him, I am very grateful that he's going to come and talk to us about being an analyst now and thank you to all in his group.

Art: The subject for today would be most appropriate if we change it to "Living and Working in a Period of Chaos." Just as things change in the next year, chaos may be with us for some time to come. This group of people, the panelists, met approximately five weeks ago. We left off with a number of questions that we could go deeper into, but before we go into that- once again, in keeping with a certain perspective, I would like each panelist to say briefly once they find themselves in their body and are grounded, to make a statement about who they are as a part of this panel.

Maggie: My name is Maggie. I have been in Art's group for maybe 50 or 100 years. I am very grateful to have the experience of working with someone whose thoughts are so clear and whose direction of not helping somebody but opening me up to the possibilities of being an analyst I would like to have and I would like to be.

Lois: I'm Lois, I've also been with Art for what seems like my whole life practically. One of the things I especially value is how to be whoever you are in the room. My way is to slowly come in and slowly find where I am, so I have nothing really to say yet. That hasn't happened yet, so I'm here waiting to become part of it.

Jeremy: I'm Jeremy. This sort of introduction where we're all trying to figure out the technology and find our way and sort ourselves out just a few moments ago. It sort of fits in perfectly to this theme of chaos as I'm trying to figure things out in a way that hasn't been done before. I noticed inside myself this kind of in between stepping back and just letting someone else take over. Sort of \*waves hands around in fear\* "I don't know how to do this.", and this part of me that wants to jump in and take control and tell everyone else what to do. That's where I'm at in my body right now.

Joel: Hi, Joel here. I've been in Art's group for 200 years.

Maggie: \*laughs\* beats me!

Joel: \*laughs\* Only by a little bit. An hour ago I just came back from my brother's funeral. He had been in hospice and passed away this past week. I am very glad to be here. I can't think of a better connection at this point. It was a very interesting experience. We had a very tough relationship and in his last hour on this Earth I had fury for him or with him and a deep sadness. I'm bringing that deep sadness into this group today. I think what I want to say about my relationship with Art is and will always be to deepen the trust in myself and to spend time trying to hear what my unconscious has to say and what's going on inside. I'm finding that I'm doing a whole level of work over these last few years as I build up that trust and my connection to other people, and my group with Art, and very much in the world.

Susan: I'm Susan. I'm very grateful to Maggie who brought me to Art's group many years ago. I don't remember exactly when, and it never feels like I have enough time in the group, I always want more and more. Like Joe and others were just saying, the influence that Art has had on myself and my work is at the moment too much to go into. I'm very grateful for it, and it has brought me much more in touch with myself and focused my work in a different way. In certain settings, it's not necessarily as welcome but most of the time it is. I happen to also be very anxious being here. One of those things with chaos, I feel like this year has been one of chaos mainly politically for me as well as covid. Every time I hear of something political going on, I have to manage my anxiety.

Michael: My name is Michael. I'm also kind of anxious right now. Just speaking out loud with the group and expressing feelings, I am realizing I am having more trouble feeling over this technology. It's easy to sort of be a bit numb so I'm trying to open up and I also don't want to sound stupid. I want to sound like I know what I'm talking about. Sometimes I think in this pandemic I feel like I'm treading water. I've been in Art's group for maybe 10 years and he's really helped and changed my work a lot. I can really be in my head sometimes and he's really taught me to anchor myself with patience and experience, and not just spin around and around in theory.

Art Antonio: Supervisor at the time, on their own, said “You need to go to Art Robbins!” I finally did, I took his class, and I learned that I had been living in a very thin oxygen atmosphere, somewhere way up here in some place. It’s taken 25 years or so but I think my feet are more firmly on the ground these days. What I’m particularly aware of right now in this current season is I just finished the last session of a group supervisor that I’m running, and boy I couldn’t have done it without having the experience of this. I do it differently than Art does it but that’s because I’m different from Art, even though we have the same name, and that’s okay. I know he’d prefer it that way, but I feel very grateful for the 25 year journey to getting my feet on the ground. I feel like that happens and I can return and get my bearings again each week when I come back to this group. And then, during the rest of the week, I can remember what I have learned and to be with my patience and more presence. So, that’s me.

Nancy: I’m Nancy and I think I started in Art’s group in about 1974. I had to leave 3 or 4 years later when my kids got too big to take in and too small to leave at home. The length of time it took me to get to Manhattan from a small town in New Jersey was too much, but if I was more commutable I would still be in that group. It was one of the most formative professional experiences I have had. I joined it originally because I was scared of Art - people are talking about anxiety. The anxiety comes back. I had an anxiety dream last night about the group today. I think the anxiety was fueled by a sense of wanting what Art had, which was a kind of intuitive artistic metaphorical capacity that I thought I had but had been overcome by my intellect for a long time; like Art talks about. Over the course of individual supervision with him but especially the group I think I came to value what I had rather than what Art did, trying to become him. I think the main thing that has happened during Covid is that I can help people with their internal emotions, but so much of what people are suffering from now is so far beyond their control that I feel sometimes all I can do is bear witness. It is painful to watch people suffer without feeling I can do much other than be with them. That’s sort of where I’m coming from.

Douglas Maxwell: I too am a member of the 100 year club as it were. I was just reflecting on that and thinking about all of these very prominent analysts discussing how they’re part of the 200 year club with this one guy, dealing with issues that are important to our profession. Why is it that all of us have stuck with Art for this particular length of time and I don’t know that I can totally answer that but I certainly want to raise it as something in terms of our need for connection, even within the realm of our being schizoid, our need for some sort of affirmation and perhaps even mentorship that I think is really important for all of us within the profession. The times now are particularly trying and a little bit different. One of the differences I think that Nancy just picked up on that I think we could pick up more on is that we’re so used to dealing with other people’s trauma when a traumatic situation involves in essence the world, and includes us. I only remember one other time that I felt that in my career and that’s 9/11. That we are in a different position to the trauma

than we are in any other situation and I think that makes for a very anxious time for therapists as well as for patients.

Art: I can do one of two things. You people can take it from here and see where the discussion goes, I can give you a summary of some of the issues that were brought up last time. How would you like to proceed?

I'll give you four main issues that were brought up:

1- The importance of being authentic and yet we never got into what are the limits of authenticity. When does it become intrusive?

2- At the very end of the last group or panel, I recall Lois saying "This is my tribe. I'm happy to be here. I feel held." As she reported, she wasn't sure she belonged to either tribe, the Westside tribe, and there is a dialectic that we need to discuss of the relationship of tribe and nation and how it impacts us in working today. We struggle to be part of something bigger. It has certainly impacted our work.

3- And thirdly, almost everyone is saying there is trauma and anxiety and often trauma creates a kind of setting off of some early tribes, and I would say that many of our patients more so than any other time are presenting with traumas. There are different ways of working with trauma and maybe we can talk a little about that as well. So those are the main highlights of the first panel and I leave it for you to take it from there, what kinds of connections and personal associations you either have to those topics or anything else. Where do you want to take this? This is your panel.

Douglas Maxwell: So I do, I've been giving a lot of thought to what was brought up in the first panel, especially authenticity. A couple years ago I did a presentation around authoritarianism as it reflected as well on not only politically but psychoanalytically too, and in my research, I discovered that Freud very reluctantly left Austria at Nazi times. It was only after his daughter Anna was arrested and there was an intervention by Marie Bonaparte and the American ambassador to Germany. Right now we've come through a stage of not only chaos but one of inauthenticity, and we've really had to struggle with that. I wonder in our world and certainly in my own world, how much, and this is one of the questions you raised Art, how far do we go in terms of any kind of activism with our patients?

Art P: I mentioned to the panel last time that I do have a client like that, and he is a fundamentally troubled individual. He is a very fervent Trump supporter and does believe the election was stolen. I find myself cringing, and this has been going on for a long time. He brings it up often in session because he believes I am this liberal intellectual type that

would love to be tortured by his provocations. He's right, so I also know full well that he was raised by really awful parents who were really cruel. We don't need to get into the case but for me, the starting place for that kind of response would be to recall the history of trauma that was there for decades before Donald Trump was anywhere on the political horizon. To me the only way to deal with this kind of provocation is just to understand it as an expression of that trauma and of his history. I don't want to presume that I have all of the political answers, but I can see he uses this provocatively. I'm not saying he has no right to believe what he wants to believe but I feel it, I feel the rage, the dislocation, dysregulation, the splits and all the rest of it. We just use the political discussion to try to examine what's really more relevant to him.

Joel: I have a patient who has been a patient in the group for many many years, now in his 50s and a retired cop. Similarly, he has come from a terrible background having to care for a blind father who he didn't want to live with and a mother who didn't know what to do with him. I said to him when he announced he was quitting the group because he felt no one had respect for who he was. I said "Boy, is this pressing all the right buttons? You had no say, no control, no power like when you were growing up and this is pressing every button for you." He made the connection and he said "But I'm not giving up on Trump." I said "You don't have to." And we both left. Definitely old connections are getting fired up all over the place with this kind of traumatizing environment.

Nancy: I haven't had a patient who had radically different views than me in recent times but I have treated people who were cult-like involved in religion and I had supervisees who were treating Trump supporters as well as old friends who voted for Trump, and some other people from old parts of my life. Many students wanted to hide behind their own version of neutrality but that often did not feel authentic to them. What I was finding was myself telling what I tell my own friends which is to say "You probably know that I disagree with you about that. Can you work with me anyway? Are you worried that I'm going to have contempt for you as a person because you think differently than me?" I'd rather have it on the table that there are these differences rather than act like I could possibly be neutral about someone being radically different from me on the political spectrum. It's hard to be authentic because the fear is that we both won't be able to be in the room. Joe found a way to be with his guy and Art found a way to be with his. I think there is a way and I think it'll be good for us.

Lois: I don't work with anybody currently who is a Trumpian but I have extremely strong feelings about that. Like anything else that I have extremely strong feelings about, I do a number of things. I would have to find out from them how it would be to work with someone who has very different thoughts and feelings and if they could tolerate it, like Nancy was saying, and if they couldn't, if we could talk about it. In this situation, I would be looking at the reasons behind their beliefs and I would tell them some of the directions I

might plan on taking with them, and asking if they were uncomfortable about any of it would they tell me about it. I really want to work as collaboratively as possible, but I can't really hide some of my own contempt for the Trumpians and I would hope that I wouldn't bring it into the session with this person because I would start to know their vulnerability. Once I know someone's vulnerabilities, I look at them in a different way and have a whole different way of working. I would be hesitant to take someone on who didn't know my personal beliefs. If not, I feel that I may not be as effective and the work may be damaging and unethical on my part. I wouldn't want to push them away consciously but I would have to be under a lot of supervision to be checking myself through this process because I have very strong feelings. I hoped I would do right by them.

Art: Would everyone on the panel like to speak, anyone who hasn't spoken already if they would like to?

Michael: Yes, Art, one of the tools we use in your group is to role play and so for me I'm very curious about the transference piece. Are they trying to pick a fight or actually mourning something they feel is a terrible injustice?

Art: In the first presentation Michael and I role played someone who is first entertains a group and it was the usual back and forth anger and what have you but frankly, as a new patient or supervisee, where I needed to be recognized although I wouldn't admit it was that I was scared of whether or not I would be accepted and have a place. I think it's possible as Nancy points out to say who you are but also not forget that you're an analyst and look at what is underneath, and to go wherever the underneath is. We can, and I believe this very firmly, with our patients in two different places at the same time. I never believe in the art of therapy but there are things that we need to fall back on, and I have an index that I go through very quickly. I then switch back to body to body contact so I can put myself in the patient's body practically and I can feel like a Trumpian and not be worried of losing my identity. Maybe as part of my schizoid personality I can make such a flexible shift. I think, Joe, you gave an example of going underneath.

Michael: That's helpful because I think I tend to lose w of that. I think it becomes sort of dead and I will try to liven things and it's harder to just sit with stillness without a fear of, for me, losing contact with the patient and giving over to the deafness. I think when I do that I do lose some track of the unconscious process and the work suffers so one of the things I find I struggle with is to leave enough room to really do the work. At the same time we do have to balance if things are too dead.

Lois: I'm curious, I've gotten to meet people's pets, see a bit more of their homes, even meet family members especially children who pop in now and again. Not continuously, but

when talking about them and they want to introduce them. When someone is holding a pet, there is something that changes in them.

Art: Do any of you people want to take any of the other questions somewhere? Let me finish with authenticity. As most of you know I have been hospitalized from time to time and people would feel very appreciative when I would tell them what exactly I'm there for, when I will get out and what's happening. Not in detail but roughly. It was a sense of relief. Often however, as a supervisor or leader, people ask me how I am doing. They may see my color and see I am worn out or what have you. I rarely tell them all of what's going on with me, I feel that's dumping on a person. I draw the line there and I feel that it is authentic to have a boundary, as authentic as anything else while being an analyst. So if someone asks "Tell me about you?" I put a boundary there. Boundary is a very important part of my being authentic. I don't know if I've taken the group away right now or not. Where are you all?

Jeremy: Art, I wonder if you could clarify a bit more of what you just said. Can you be more specific about when you draw the line?

Art: Yes. The underlying assumption I make is that if what I add helps with the flow of the material, maybe as a mirror, but just to tell someone about my personal life for the sake of being honest or close or whatever it is, to me, is an exploitation and misuse of the patient's time. The only time I really share is when I think it's gonna help the flow of material. That sharing I will do. I think it's gonna be relevant or interesting but not helpful to the flow I keep my mouth shut.

Joel: Art, I must say, we have shared more than a few symptoms and conditions and when you have shared with me it has been such a comfort to know somebody else has been through it and gets it. It has felt respectful in both ways, respectful of you and of me. It's been a tremendous comfort and I'm very grateful for it because I think if I were to ask how you were five years ago you would have shut me off. You're sharing with me now has been tremendously soothing and helpful.

Art: Joe, that is exactly what I'm trying to say. That helps the flow of material. Five years ago I was a little bit too tight assed and too much of holding onto some phony analytic role. I've changed a little bit. I'm still growing at 93.

Joel: Thank God for that.

Maggie: I'm thinking about the different parts of oneself that one has to use. It's very similar to being an actor where authenticity is totally important. If you're not being authentic to the character then it's hopeless but you're also aware of the parts of you that

are not the character. That seems to have some relationship to how I work with patients. There are things that I share and if I feel that there is not a flow or a back and forth I feel that I'm not doing my job. It's interesting how we are two parts of oneself at once- the person and the analyst, come and go. They come and relate to each other and then there are parts that get left out. It's the more personal stuff. I'm not sure if I'm making sense. It just feels that there is some comparison that is important to me.

Jeremy: I've stumbled with this before while doing remote sessions, with trying to make contact and trying to connect and compensate for not being in the same room. Feeling a disconnection and sometimes maybe responding in a way that's trying to give more of myself or share more of myself. Sometimes to good effect and sometimes I have found myself trying to get my own contact needs met through my work. I'm in my bedroom all day long talking to folks and it comes with its own degree of loneliness or isolation. I found clarifying about some of the things you're saying Art, trying to determine who is the flow for and who it is serving. Sometimes I think it can get off the tracks.

Lois: I think authenticity and tribalism go hand in hand. There is a problem with patients who you feel are in your tribe where you overshare like you were saying Jeremy. It's not just the people you agree with but also the people you do agree with where you can put too much of yourselves out without thinking about whether we should or shouldn't.

Douglas: I would raise the question of how the type of medium we are using has an effect. For example, I find that sometimes there is a distance that's created by the screen that at times I feel I have to make up for by being more active. I'm not sure that that's always a great thing but I think it's a part of getting used to the kind of artificial distance between patient and therapist in this world, in the world of teletherapy.

Susan: I'm usually very cautious and will usually say to someone if they ask a personal question that it's not that I won't answer it but I want to explore what it means to them first. Often by the end of this session it is discovered that the question had a deeper meaning and they don't want to know. I think it also depends on who I'm sharing it with. The point about someone being in your own tribe is very important and I will take that away and think more about that. I don't find this media off putting. I did in the beginning. I don't find it except in this setting with so many people you can't see that are on another screen, that's a little anxiety evoking for me, but I find that I've gotten very used to Zoom and FaceTime. I thought I would miss it more than I do. In some cases, I do but overall I don't find it getting in the way of connection with people.

Art: Susan, when you mentioned that you become anxious when there are people you cannot see, I have rarely been as anxious in a presentation as I have been today. I found myself feeling short and angry because so much was happening that I couldn't control so

to speak. It was just overwhelming. It's taken me a while just to get more grounded as you were speaking. This has been a difficult time to struggle with this new medium. It's the medium of having such a big crowd of people and in a panel. I've never done this before. It's quite something to get adapted to but I'd like to speak to you Douglas about the medium that we are using in Zoom. I have found that it gives people more struggle when they become bound to the image that you see in Zoom. If you are able to not be bound by it.

Lois: I tend to rely too much on how empathic I am. On the phone I feel more separate, more able to be a little mean. It allows me the freedom to wrangle more with patients.

Art P: I like the space I have here more than the space I have in my office in New York. I find myself more playful here actually. I am comfortable, there's a nice window, I am like Susan. I am concerned about how this will go later when it becomes possible to see clients in person again.

Douglas: What if you opted not to?

Art P: A lot of my colleagues are planning not to.

Susan- Probably several of your patients are too.

Art P: That is true. To me, Brooklyn's a long way from the upper west side.

Art: Just as there are different parent styles for raising children, there are different therapeutic styles as well. That has to do with one's character structure for what makes sense for them. It is when you're trying to change who you are or being phony, that's where there are problems. If someone is more formal or informal, this is the way we have parents. There are very good parents who have very different ways of raising their children, and the children can come out fine. There's no one way of having a style of therapist. I think you have to kind of understand still when your style is interfering with the process and getting in the way. In this age of informality, it's been a stretch for me to see the changes that are going on today. Learning a new language, certainly in the field of sexuality, and becoming frankly much more sensitive to racial issues than ever I was before in the treatment process. Many of you have spoken about what you have taken away from our groups and it has taken growth on my part to accept your pleasure in working with me but I don't want to take away from the importance that a group of this nature can afford- that is a sense of community. A place where people are drawn together and share. So sometimes, it becomes very spiritual in nature. In many respects this is a level that goes beyond Freudian theory. It is not the end point of separation and individualism. Belonging to a community is preparing on a journey in connecting with each

other. I feel that connection is most important along with what people get from me or each other.

Lois: I'd like to add a dimension to what I think we get from being in your groups. People were saying they've been with Art for 25, 50, 100 years, I heard myself say it's been what feels like my whole life. I've been sitting with this thought since then that it is about our whole lives. When we present we almost inevitably go to our families, backgrounds, early lives, and those life stories exist in the room permanently among the group. In that sense we have been with each other our whole lives.

Nancy: I think I'd like to say something to follow up with what Lois said. When I'm listening and hearing how touched Claire was, the word eulogy came to mind. I think we are all anxious about how long you're going to live Art and whether the community that you've created is going to survive your death. Or how we will be without you. I wanted to name it because I find that as I get older I look for people that keep growing as they age. I feel very grateful for having a few such people in my life but with that comes the awareness that I'm going to lose them. I just wanted to say that out loud. I worry about losing you.

Art: I am very aware that people are aware of my age and may think "How long has this man got to go?" People often come into groups and look me up and down to give me a diagnosis. They never say it but they're noticing if I look more pale or more worn. For myself and people ask me about being so close to dying, and have been very close to it with a number of hospitalizations, all I can say is that death is not on my mind. It's somewhere in the background. I want to be in the moment more than ever. I'm aware that people are aware of loss and who knows what will happen? But right now, more valuable than anything is being right here with you. This they can't take away from me. I'm not going to lose this because I'm having it right now. It's not always possible for me to be in the moment but when I am it gives me more life.

Susan: Art coaxes it not out of each one of us how we ourselves, our inner pain or life, relates to the client we work with and how that impacts the work. We get to know each other in a very deep personal way and we are able to make use of what we've been through.

Art: Contact is very important to me and one of the things I've learned is not trying to push contact but to go into deafness and experience as much as I can what deadness is so that when I do that, some awful images come up. I recall one patient who I felt dead with and I let myself feel dead. I felt I was being poisoned and I was screaming to myself. It gave me some understanding of what is underneath the deafness. You have to embrace it to go further into the unknown. Any effect I believe a patient gives you including deafness is stuff that we can work with to go deeper. I just had to say that one thing, I don't know why, since we're talking about death. I think different patients bring up different ways of working but I believe that your own unconscious connection to a patient when you find your

personal associations, you really are starting to get into that energy contact or what I would call soul to soul contact. Some people are a little queasy about the word soul but I think it has some meaning here. Anyway, I want to thank you all. I certainly want to thank the panel. You people have been so out there, taking a chance and talking before a group of people you don't know.

Art: Many things stood out in this panel. One of which being the thought that I am 92 years old and my time is limited. Nancy wondered what would happen to these groups. Would they reconstitute or how would they deal with the loss? We spoke about a lost opportunity of not going from individual to group. Joe came in after the burial of his brother, full of feelings and the pained connection that he had with him. In many respects, this is an appropriate way of ending today's meeting in that in a period of trauma, losses occur. The more unexpected they are, the harder it is to process. Of course, there are many ways of processing trauma depending on the time and character structure of both parties. That is the topic of another meeting. I think it is time to put an end to today's discussion and it has been a pleasure, once again, to be part of this organization that has meant so much to me in my lifetime.

Transcribed by Amy Barr