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Book Review Essay: “Braving the Erotic Field in the Psychoanalytic Treatment of Children and Adolescents” edited by Mary Brady

Review of *Braving the Erotic Field in the Psychoanalytic Treatment of Children and Adolescents* edited by Mary Brady, Routledge, 2022, 235 pp.

Dr. Mary Brady has indeed been very brave in bringing together a group of seasoned psychoanalysts and scholars on this very thorny and yet vital topic – one which has not received sufficient attention in our literature. While it is obvious that this text is important to the work of child and adolescent psychoanalysts, it is also important to psychoanalytic work with adults in that such work can be so enriched by our understanding of earlier developmental states and dynamics. Brady notes that talking about sexual feelings, puberty, and eroticism with children and adolescents “can feel taboo – thus all the more important to discuss frankly” (Brady, 2022, p.2). She offers us precisely that with this text – a refreshing and frank view of the erotic dimensions of clinical psychoanalysis with young patients, which she and her contributors discuss, complete with riveting and moving case examples.

In the foreword, Celenza, an accomplished scholar on the topic of the erotic dimensions of psychoanalytic treatment and in particular boundary violations, warns of the tendency to “avoid this terrain not only due to the fear of sexual boundary violations but also for fear of evoking oedipal rejections and vulnerabilities” (Celenza, 2022, p. xiv). I would argue that this fear likely extends to the fear of *even being perceived to violate boundaries* by the patient or their family, colleagues or even society at large, particularly given that there is no universal understanding of what is acceptable to parents, families, and cultural groups (or perhaps even psychoanalysts) when it comes to the erotic and sexual feelings and fantasies of children and adolescents. This topic is thorny indeed and the unique dangers associated with braving the erotic field are particular to each analytic dyad, requiring incredible technical skill and sensitivity in each case. In fact, to approach the erotic with the level of engagement and reflection contained in these essays feels like a roller coaster, sometimes at the edge of conventional clinical comfort yet at the same time all the examples seem to provide significant transformation and benefit to these young patients’ vitality and growth. Each of the authors does not stop at reflecting only on theory and case formulations, each provides deep and ethical thinking about the erotic dynamics, including personal feelings, sensations and fantasies, and ultimately the text reads as a series of deeply moving, masterful examples of cutting-edge theory and clinical skill.

Following the foreword by Celenza, Brady provides an introduction, and each of the subsequent 13 chapters begins with her very brief introduction to the author and his or her work, which I am not sure adds much value and could be better included within her original introductory remarks, in my opinion. Most of the 13 chapters provide rich clinical examples to illustrate cases with young patients of various ages. There are examples of different gender and sexual orientation pairings and some examples where other theoretical

ideas than field theory are used to conceptualize the work. Some of the children and adolescents discussed in these chapters have compulsive masturbation symptoms or have been sexually overstimulated, others are frightened about puberty, or are apprehensive about early sexual experiences. Some have erotic transferences to their adult analysts or are frightened or inhibited in their exploration of erotic feelings including fears of coming out as gay or gender fluid. What is largely left out, however, are examples of working with the erotic with children and adolescents who have been raped or sexually abused, sexually trafficked, those who have experienced precocious puberty and/or very early consensual sexual experiences, sex workers, or those who are sexual abuse perpetrators themselves. While these cases may not be as prevalent, it could be that these kinds of cases are more complicated and require different sensitivities and skills than discussed in the text. Regardless of whether or not these kinds of cases are different enough to warrant their own discussion, I found myself wondering if in more extreme trauma situations such as I imagine those to be discussed above, if safety and boundaries of a different order than illustrated in the examples in the text may be necessary first. While Brady's edited volume, as the title suggests, largely conceptualizes the erotic through the lens of field theory, sexuality can be complicated and may require different ideas including some classical techniques and interpretations designed to create distance and stability for the dyad. Kohen de Abdala provides just such a case example in the text, and it is helpful to see how these views can be grounding and containing in certain cases. Discernment then, it seems, is important for determining which cases can be addressed with which approach and perhaps flexibility on the part of the analyst is needed so that he or she does not just rely on their favorite theory as a matter of course. This point was not made explicit in the text but some mention of which theories or techniques may be more or less useful in which kinds of cases may have been helpful to the reader.

The group of analysts Brady has convened to write these 13 chapters are accomplished theorists, authors, and seasoned analysts who largely practice in the US and Europe. It is a tour of excellent clinical thinking and case examples that demonstrate the usefulness of a number of ways analysts manage distance and closeness and boundaries and freedom as the erotic arises, as the analyst comes to think about how to use him or herself and his or her erotic vitality to the benefit of the treatment. The cases themselves are all very moving, seemingly successful analyses – truly a feast of clinical mastery and a delight to read. At the same time, I found myself wondering about the omission of and importance of learning from cases that are not going as well.

One particular and notable omission is the absence of a more diverse set of examples discussing the ways the social dimension enters the field in the form of various embodied racialized, ethnic, and religious identities. These authors and their small patients are white, it seems, and they do not describe themselves or their patients ethnically or consider the meaning of religious identity in their discussions. These dimensions of identities may be consciously or unconsciously present in the consulting room and may have some bearing on how the dyad's bodies, the erotic, and sexuality are experienced (Leary, 1995). This, as well as consideration of how braving the erotic may occur in other parts of the world and in other cultural contexts, could be an area of additional exploration in subsequent essays.

The analysts included are: Anne Alvarez, Christine Anzieu-Premmereur, Kimberly Boyd, Mary Brady, Andrea Celenza, Giuseppe Civiterese, Dianne Elise, Emil Jackson, Norma Kohen-Abdala, Christopher Lovett, Elena Molinari, Bruce Reis, Drew Tillotson and Robert Tyminski. Brady hopes we will try on various ways of thinking illustrated by each about these kinds of issues in our practices. And she has largely accomplished this goal as I found myself thinking quite a bit about how these chapters apply to my work with adult patients.

Dr. Brady, a Bionian scholar and field theorist as well as a child and adolescent analyst, brings relatable clinical examples of her own to the task of editing this text, as she provides 2 of the 13 subsequent chapters. Because she is a Bionian field theorist her sensibility is one of embracing the feelings that are in the field, with the idea that it may be impossible to know whose feelings (patient or analyst or even family members) these belong to. What this implies is an acknowledgement that erotic feelings and sexuality can be present or absent (in different ways and at different times) in the field in any analytic relationship and when working

with children and adolescents; this necessarily includes to a greater or lesser extent the family and context in which the child or adolescent (and the analyst) find themselves. She asks the question, “what feelings did a particular analytic pair dream together or allow?” And, “what fears and fantasies were they able to transform?” (Brady, 2022, p. 2). Thus, braving the erotic field, for a field theorist, is to sample the feelings and dynamics directly without having to assign to them the labels of transference, countertransference, defensive, or perverse, for example. This process does require bravery as the kinds of powerful feelings the erotic dimensions tend to evoke may be potentially difficult to navigate. While each of the contributors represents different theoretical perspectives, (not all of them are field theorists, even if many are), the text feels cohesive and compelling because of the rich and detailed clinical examples within the essays and the way in which other theories and more classical technique are considered useful in particular cases.

Brady begins in the introduction recounting Searles’ (1959) paper *Oedipal Love in the Countertransference* and how touched by his work with a paranoid schizophrenic patient she was. She notes that the goal of this text is, like with Searles’ work, “to move around with some freedom in the erotic, sensuous and loving feelings in the field” (Brady, 2022, p.2). She cites field theory, Ogden’s analytic third, and older versions of theories of working with the erotic, including Freud, who understood erotic transferences as resistance. She correctly notes that working with the erotic with adolescents and children is delicate. She then discusses how challenging the erotic is with children and adolescents, citing Atkinson and Gabbard, “erotic material in an adolescent’s transference may create in the analyst a level of concern or even fear of parental retaliation should the parents become aware of the material” (as cited by Brady, 2022, p. 31). She cites Jackson, “It can be difficult to distinguish between being safe and containing of our adolescent patients’ erotic feelings and something that is rationalized as safe and containing but which is essentially evasive and defensive on the part of the therapist” (as cited by Brady, 2022, p. 32). This is an excellent point and one that applies directly to work with adults. At the same time, she affirms and extends Freud’s ideas about children and adolescents being sexual and sensual beings with an erotic life. She notes, that during and after puberty there are a fair number of concerns and developments in the realm of sexuality that are likely to be present in the consulting room and to require attention.

The text proceeds then with each of the chapters, introduced briefly by Brady. One notable comment very far into the text within Brady’s introduction to the chapter by Jackson, occurs as she raises the issue of how older male analysts and younger female patients have particular issues to face compared to same sex pairs or older female analysts with younger male patients, referring to ideas that older men are more likely to take advantage of younger women. She notes, “culture is in us and we are in culture” (Brady, 2022, pp.161-162). This particular idea could have been developed and emphasized in the introduction as I think it may be quite important to describe the social dimensions of gender in particular of the erotic in the field. That said, the assumption that the older male and younger female pairing is the most fraught, I believe is oversimplified, even if I agree that this pairing comes with some culturally understood issues backed by statistics supporting the idea that of the possible gendered pairings, older men are more likely to engage in boundary violations with younger female patients than any other pairing. The fact remains, however, that some young people (and adults, for that matter) may not be clear about their gender identities, attractions and sexual object choices and may have strong feelings about homosexuality and gender that are in the process of developing that make same sex pairings, an older female analyst with a younger male patient or other pairings, challenging, frightening and/or tantalizing, making almost all kinds of pairings potentially intense for each dyad in a singularly unique way. Brady, as a middle-aged woman, as well as the majority of the authors (who are also female) in the text, largely enjoy some freedom to explore sexuality and gender without as much risk of being more likely to be seen as a socially understood sexual threat by the patient or parents, however, we have to remain open to the particular dynamics and the meanings for each dyad within a particular social context. To complicate matters, Brady doesn’t mention much, neither do the contributors, about how all of this may be different in teleanalysis, where the embodied experience of the erotic field is likely somewhat differently lived and which is more prominently used these days.

The 13 chapters are organized as follows: Anne Alvarez (2010) opens the volume with a previously published paper that discusses the differences between normal, perverse, disordered, addictive, and emergent

healthy sexuality from a Kleinian object relations perspective. She also notes that any of these various versions of sexuality can be used defensively to scare the other or protect the self and other. She asks an excellent question about the difference between narcissism and healthy sexual self-worth, noting that there is something important we all get from being desired and valued as potential sexual objects for others, even as this can also be understood as somewhat narcissistic. She takes up the idea that Kleinians, with their emphasis on early childhood and pregenital issues, tend to ignore sexuality, and this sets the stage for Brady's discussion of erotic insufficiency in the next chapter.

Next, Brady discusses erotic insufficiency which she describes as stemming from "the catastrophic prospect of boundary violations, particularly with minors [which] can lead to a timid avoidance of the erotic in our work" (Brady, 2022, p. 28). Brady provides a short review of the literature and history of our field's views on erotic transference/countertransference reminding us of the challenges and conflicts for the analyst as we approach the erotic, oedipal material, and the history of seeing many of our reactions as problematic resulting in a sense of difficulty in offering erotic playback or "the way the parent/analyst communicates to children of both sexes that they are admirable, physically desirable, and erotically viable" (Brady, 2022, p. 33). She approaches the case of a 12-year old boy in the midst of puberty from a field theory perspective, noting that the erotic was central in part due to the quick pubertal changes observed in this young man during the treatment which had meanings for her and their relationship. The case unfolds with a level of intensity and Brady finds what seems like a perfect balance between leaning into the material in the field, containing it, and providing erotic playback as described above. The case is a masterful example of sensitively navigating what would be challenging for many due to the intensity of the feelings evoked. I do wonder if this would have been more challenging if Brady were younger or Black, for example, and similarly if the young man had been Latino or particularly tall or large, and how the actual embodied characteristics may have been important for the dream they dreamt together and therefore the technical issues that would have been present in the case.

Elise then discusses the Brady case from the previous chapter emphasizing the importance of the embodied exchanges in the waiting room, glances, clothing, and so on, suggesting that Brady's work applies also to cases with adults. She does not emphasize clinical examples of her own nor does she address the racialized, body size, and age aspects of embodiment and gestures, but she does include a moving discussion of her more expansive definition of the erotic and its link to creativity and aliveness, further supporting and underscoring the problematics of erotic insufficiency. She reminds us of both the dangers of avoiding the erotic and of on the other side, boundary violations. Elise, also brave in her engagement of the erotic, has written, "the vitalization of the clinical situation viewed as a libidinal force field, constitutes an 'expanded meaning of erotic transference-countertransference, where both patient and analyst engage their erotic energies and where this engagement is not specific to (though it may include) erotic desire for the other.'" (Elise, 2017, p. 45). She continues by linking Brady's work to her own thinking in *Creativity and the Erotic Dimensions of the Analytic Field* (2019). She asserts that psychoanalysis is an erotic project, where the analyst "holds, contains and stimulates; each of these capacities in service of the patient's growth" (Elise, 2022, p. 51). She defines the healthy contribution of parental eroticism in normal development to the child's development as a creative and erotic force and notes that some pathology results from deficiencies in the parental erotic matrix. She continues by discussing how our field has also become somewhat prudishly avoidant of sexuality in comparison to our early roots in Freudian theory with its focus on sexuality as one of the main sources of conflict. Her highlighting Brady's use of a supervisor while attempting to hold, contain, and stimulate the erotic is important and encouraging of ethical practice. This is perhaps a technical point that could be elevated and supported throughout the text. There may be a tendency still to avoid consultation on these matters for fear of being perceived poorly, but consultation remains a cornerstone of ethical practice in these matters and should be used in these kinds of cases.

Civitarese, an Italian field theorist, provides the next chapter, as he discusses the new semantics of transference love and describes what he sees as the difference between eroticized and erotic transference. His contribution is mostly theoretical but deeply engaging and supremely useful in his masterful attention to clinical technique. He explains how field theory, which neither assigns the erotic feelings to patient nor

analyst but to the field in which they are located, allows for a genuine affective bond to arise. He notes this after discussing asymmetry and the frame, which is crucial. He goes on to state that there is little essential difference in analysis with adolescents and adults and further, he asserts, that discriminating between perverse and non-perverse forms of erotic transference is not useful as it reflects an attitude of “diffidence towards the patient that can easily become ideological and hinder mutual recognition” (Civitarese, 2022, p. 60). He uses the metaphor of the theater and critiques Freud’s earliest ideas of transference love with a feminist deconstructive approach. He goes on to note that “patient and analyst depend on each other’s recognition and necessarily outside any relationship of asymmetry or domination” (Civitarese, 2022, p. 66). It is both asymmetrical and structured for the benefit of the patient but must also be lived as real and loving and with two people who have equal dignity to be effective – brave indeed.

Molinari, also a field theorist, follows Civitarese, as she describes the need for a kind of binocular vision in the erotic field with children. One must attend to the child and also the imaginative experience of the erotic life of the child patient’s parents, she claims. This particular view is central to her being able to address the intergenerational meaning of her child patient’s primary symptom, compulsive masturbation. She conceptualizes the masturbation as a retreat into pleasure and a manifestation of the lack of ability of the family to address the parents’ unfelt unnamed pain, which has been projected into the child. She, like Civitarese, also discusses the treatment as a play and meets with the parents as part of the work. In this case a brilliant linking of pain and pleasure, using a metaphor of an artist who painted hands, and the need for hands to be taking care of her small patient, linked to the past generational and current pains, is illustrative and creative and helps her patient and the patient’s family to transform and heal.

Anzieu-Premmereur’s contribution demonstrates her adeptness and comfort with working with very young children as she reminds us how often they express deep concerns and anxieties through bodily symptoms in the next chapter. She discusses a narcissistic and erotic transference with her combined relational and structural theory approach. She still sees infantile sexuality as the core organizer of the intra-psychic life of the child and adult, organizing the fantasies and imaginings. In this chapter she presents a case of “Elsa” in dyadic therapy at 2 and then in child analysis at 4 who presented with encopresis, then later a sleep disturbance and then compulsive masturbation including a poignant and intense request of the analyst to take her to the bathroom so that she could masturbate. This example would be challenging for most analysts, but the ease with which Anzieu-Premmereur demonstrates her technique in working with infantile sexual fantasies (and behavior) in helping her young patient to transform is moving and inspiring.

Boyd and Lovett next discuss a case of a child who was adopted and who has not had the benefit of stable caretaking in early life. They describe the value of pondering and lingering over the experience of him as he experiences fragmentation and manic activity. This they suggest functions to first develop the notion that he exists, after which a dreaming of the sensuous and erotic, can serve as an integrating function. Mason, the child they describe, is in treatment from age 7 to 13, during which themes of gender identity and sexuality are expressed through creative production – he writes and performs incredibly detailed musicals. The action is fast-paced and nuanced in the sessions, and much is communicated in the derivative of the musicals. As field theorists, the capacity of the analysts to dream the erotic in relation to the patient’s experience is underscored in this case as an effective method for metabolizing the interactions between the patient and analyst. They describe the early sense of Mason’s sadistic enjoyment of something overstimulating and uncomfortable that later transforms into loving and erotic feelings. What this case also highlights are the generational issues associated with notions of queerness, gayness, and fluidity which are experienced differently by youth often and which may not be as familiar to analysts who are from older generations or who lack experience working with queer patients.

Tyminski next focuses on the body of an adolescent who suffered from near fatal diabetic ketoacidosis. His patient’s curiosity about the analyst’s body in the case is evocative and central to this analysis. Tyminski provides a segment of their process and describes a situation that arose where when watching a video, the young patient, found himself “rolling over the analyst’s forearm” (Tyminski, 2022, p. 145) ostensibly by accident. Tyminski interprets his patient’s curiosity and desire for contact and what unfolds is their shared

understanding that this traumatized young man wants to see and be a healthy man someday but finds his own parents too remote for such contact. Braving themes of homoeroticism is what is required to support his young patient feeling into the healthy male body he desires and hopes to have.

Reis follows in his presentation of a moving case of an adolescent boy whose father had just left and whose mother found him difficult to reach. Reis attempts to break free of theory and to allow his young patient and himself to experience fully what it is like to be with his young adolescent patient and to be with his own adolescent experiences. He interprets very little but instead allows this young man to come forward with concerns in the play including discussions about video games, experiences with friends, school and parties including eventually various experiences of flirting and the beginnings of sexual activity and feelings about his relationships. There are concerns about his young patient's body, belonging, and masculinity that are explored and ultimately, Reis' warmth and presence unobtrusively accompany this young man into manhood beautifully.

Jackson, in the next chapter, suggests that distance and closeness are challenging in work with the erotic in that often it can be like working between the poles of seduction and rejection. His young seductive teen girl patient poses the challenge that if she succeeds at arousing Jackson, a male analyst, then she has proved his lack of worth, rendering the analysis useless. If she does not succeed she is rejected and feels utterly unable to impact him. He must navigate this dilemma, tacking back and forth between these poles navigating into new waters and new ways of experiencing her value, worth and power.

Kohen de Abdala follows by helping us to understand erotic, eroticized, and perverse transferences and the necessity of grounding some of the more complicated transferences from among these in theory so that the analyst can find a perch from which to stand and think. She mentions that limit setting at times may serve an interpretive purpose and may feel protective when working with cases of sexual overstimulation. She notes, "The intense eroticization in the transference implies that the analyst must frustrate the attempt at satisfaction, ...not stimulating the development of a negative transference which in turn, when it appears, must be interpreted and differentiated.... the acting out of the repetition in the search for the eroticizing object must not be allowed. At the same time the analyst needs to be careful not to become a rejecting and persecutory object for the patient" (Kohen de Abdala, 2022, p. 190). The technical difficulties in these cases are significant requiring incredible sensitivity. Kohen de Abdala presents these challenges and addresses them with deft skill.

Tillotson follows and helps us to understand an older adolescent's sexual inhibitions, Pre-Oedipal and Oedipal conflicts, and fears against the backdrop of his mother's imminent death. This is also a case of a young gay man in the process of coming out which is refreshing as so many of the cases don't deal specifically with homosexuality. Tillotson brilliantly offers a trusting holding environment which evokes a positive and curious transference. This then gives rise to both erotic content that the two of them explore (e.g., the patient's past experiences with sex and relationships) and erotic feelings in the transference. Tillotson and his patient work through the complex erotic transference, envy, and conflicts his patient has about being a gay man, including his complicated feelings about the difficulties associated with mourning the loss of his mother while being gay and becoming more vital.

Brady completes the volume with an essay about a clinical case where the erotic is avoided like a psychic retreat, providing the patient a dead-like avoidance of passion and adult responsibility. She discusses the use of a fairy tale, *Sleeping Beauty*, to illustrate how the analyst may need to metaphorically wake up the patient with a vitalizing, piercing, metaphoric kiss. This suggests that sometimes the erotic needs to be stimulated and enlivened, which is also consistent with Elise's ideas (2019). This case is interesting in particular because of the contrast with the other cases and as it illustrates the importance of the freedom the analyst must have to dream the erotic even when it is seemingly not present.

Field theory, while not the theoretical approach of all the contributors, is clearly the thrust of the text and yet Brady, by bringing together these authors and cases, provides a complex, relevant and open view of how we might approach work with the erotic in the psychoanalytic treatment of young people. She includes other

theories and a diversity of cases for us to enjoy and consider. The text as a whole is very well-written and useful to child and adult psychoanalysts alike. It is full of aliveness in the clinical examples and hopeful for clinicians and patients as each of the analyst authors presents moving and deeply transformative work that is complex and ethical. I would be proud to be half as skilled as any of these analysts and the adolescents they have treated are clearly deeply grateful and changed by this work for the better. The concerns and shortcomings noted above are minor and primarily amount to areas for additional exploration and writing. Any analyst working with children or adolescents and those of us who work with adults or those who wish to enliven ourselves and our clinical work would benefit from reading this thoughtful text.

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