31st Annual Symposium: Desire in the Consulting Room

By James Hansell, Ph.D.
Michigan Psychoanalytic Society President

Having just passed the 100th anniversary of the publication of Freud’s “Three Essays on the Theory of Sexuality,” our upcoming annual Symposium is a fine opportunity to take stock of what we have learned over the past century about “Desire in the Consulting Room.” Freud took us a long way. By the time he wrote the “Three Essays,” Freud had come to realize that neurotic psychopathology was not just due to repressed memories, but involved rich and complex networks of repressed desire, especially sexual desire. At first, of course, desire was nearly synonymous with sexuality for Freud, but within 10 years of the publication of the “Three Essays,” he came to also understand the power and clinical importance of aggressive and narcissistic desires.

Since Freud, we have learned from the neo-classicists, the Kleinians, the self-psychologists, the Lacanians, the interpersonalists and others about many additional facets of our patients’ desires. We have also learned a great deal about the subject of the analyst’s desires. Countertransference has come to have a much broader meaning and relevance to clinical practice than Freud could have imagined. We have even learned to look at theory and theorizing as reactions to the heat of the consulting room, tools with which the analyst tries to comfort and orient her- or himself while wandering in an often confusing maze of desires. Awareness of interactive, two-person processes in treatment, such as enactments and role-responsiveness, has blossomed to the point that we now see these complex engagements of mutual desire as inevitable, and perhaps essential, to effective treatments.

Our current understanding of the complexity, diversity, and pervasiveness of desire in the consulting room has been illuminating, but also disorienting. In our contemporary practices and literatures, “cutting edge” questions about desire, and its close technical cousin, boundaries, are being hotly debated. For example, Glen Gabbard suggests that the intensity of mutual desire in analysis makes benign “boundary crossings,” as opposed to malignant boundary “violations,” ubiquitous in any “good-enough” treatment. But where exactly is the line between potentially therapeutic boundary crossings and destructive boundary violations?

This year’s symposium will explore these questions concerning the role of desire in the crucible of the patient/therapist relationship. Clinical examples will be used to illustrate how desire shapes the transference/countertransference dynamic in expressions of direct sexuality as well as more complex and indirect forms of enactment.

Please join us for what promises to be a memorable Symposium of great practical value to clinicians, scholars, and students!
Psychoanalysis and Empirical Research
By Harvey H. Falit, M.D.

Psychoanalysts are increasingly enthusiastic about learning what empirical research, done prospectively and programmatically with appropriate controls, can offer to psychoanalysis, psychoanalysts and their patients. Historically, theoretical investigations and individual case studies have stood as the backbone of developments in the theory and technique of clinical psychoanalysis. These studies undoubtedly will continue to advance psychoanalytic ideas and technique. In fact, many members of our faculty have made major contributions to that literature. Our faculty is now beginning to contribute to this new phase of empirical research in psychoanalysis, which promises to help us in a variety of ways.

An important side benefit of this research involves maintaining the legitimacy of the psychoanalytic endeavor in the academic world and in the world of health care economics. To be a part of the academic world of mental health, we need to communicate with a scientific community that relies on data to draw its conclusions about patients’ needs. The data we derive from small-scale research on the psychoanalytic situation and from case studies is useful but limited. We need larger-scale studies with adequate controls. Third-party payers of psychiatric treatment, which increasingly define community standards of psychiatric care, also require data from randomized clinical trials using controls.

The good news is that researchers are collecting this kind of data and organizing newer studies. The preliminary data clarifies the value of psychoanalysis and the psychodynamic psychotherapies. While this is no surprise to psychoanalysts, these findings must be communicated to the various segments of the academic, clinical and scientific community in a recognizable format. Evidence-based medicine, which once seemed so anti-analytic in its statistical approach to patients’ clinical needs and its disregard for psychoanalytic findings, will probably turn out to be one of our great public relation allies as analytic researchers increasingly use it and adapt it to the psychoanalytic situation and the benefits of psychoanalytic treatment. Dr. Drew Westen’s recent visit to our Society and Institute taught us that the theoretical and research base supporting many of the so-called “empirically validated treatments” (such as short-term and non-dynamically based therapies) is flawed. However, the academic community and the managed care industry have paid insufficient attention to these flaws. By elucidating these flaws we can provide a service to the scientific community, our field and, ultimately, to our patients.

We have another, perhaps more important, reason to do programmatic, empirical psychoanalytic research: we can gain greater insight into psychoanalysis and psychodynamic psychotherapy. Three areas of research stand out.

**Process and outcome research:** This can help us clarify which patients respond to psychoanalysis and which patients do not. We can clarify for ourselves the kind of response we can hope for and which ingredients go into enhancing our patients’ response. Dr. Robert Hatcher’s research into the therapeutic alliance is this kind of contribution. Dr. John Porcerelli is preparing a research protocol to begin to do outcome and process research at the Institute. At the recent meetings of the American Psychoanalytic Association, Drs. Steven Roose and Robert Glick described a protocol for a multi-center controlled study comparing psychoanalysis, CBT and supportive psychotherapy.

**Neuroscience Research:** There was much excitement at the recent meetings of the American about findings from cognitive psychology, neuroscience and the investigations into the neurophysiology of emotion and how these findings were consistent with the data from our psychoanalytic work. Some of the psychoanalysts at MPI are at the forefront of some of this research: Drs. Howard Shevrin, Linda Brakel and Richard Hertel. It is of interest that neuroscientists have a view of the brain which increasingly is compatible with the findings of psychoanalysts working in the clinical situation. The brain is an organ that is in the business of being modified by experience, and we can see molecular, structural and functional changes driven by behavior. I would argue that this is the hallmark of the brain, a place where the innate genetic endowment meets environmental influences not just incidentally, but as part of the essence of neural function. By environment I mean both our external environment, physical and social, and our inner environment, our developmental early experience, our current thoughts, feelings, level of physical activity, our exposure to therapeutic and non-therapeutic drugs and our past episodes of illness.

---Huda Akil, Ph.D., Distinguished University Professor of Neurosciences at the University of Michigan Department of Psychiatry

**Infant/Parent Research:** Studies of infant/parent interaction are interesting not only because of what they demonstrate about the mind of the infant. They also illuminate processes of human relatedness as they apply to intimate partners, such as the baby and his/her parent, or the psychoanalyst and his/her patient. This research has become increasingly sophisticated in its relevance to our daily psychoanalytic work with patients. A useful

See RESEARCH page 3
Dr. John Gilkey was approved as a Training and Supervising Analyst by the American Psychoanalytic Association’s Board on Professional Standards at the January meeting in New York.

Dr. Gilkey completed his psychiatric residency at Lafayette Clinic, where he served as chief resident and was chair of the Residents’ Academic Advisory Committee. He went on to become a ward supervisor at both Detroit Psychiatric Institute and Lafayette Clinic, and was appointed Assistant Clinical Professor of Psychiatry at Wayne State University School of Medicine.

After becoming a candidate at the Michigan Psychoanalytic Institute, he served on numerous committees at the Michigan Psychoanalytic Institute and Society. Nationally, as Chair of the Arrangements Committee of the APsaA Affiliate Council, Dr. Gilkey helped initiate the candidate mentorship program. He also coordinated and supervised the medical student rotation at Harper Hospital for Wayne State University while a candidate.

Following his graduation from MPI, Dr. Gilkey continued supervising and teaching Extension Division courses, in the Psychoanalytic Psychotherapy Program, at residency training programs, and candidates at MPI. He is board certified in psychiatry, and was selected to be listed in “Best Doctors in America.” Among various presentations, Dr. Gilkey was invited to read his paper, “The Role of Dream Analysis in Enactments,” to the Los Angeles Psychoanalytic Society. Portions of the paper had been presented earlier at both the International Psychoanalytic Studies Organization and at the APsaA winter meetings in New York.

A native of Michigan, Dr. Gilkey currently has a private practice in Birmingham, where he lives with his wife Stephanie and children Elizabeth, Sarah and Alexander.

RESEARCH from 2

A synthesis of relevant observations can be found in Infant Research and Adult Treatment by Beatrice Beebe and Frank Lachmann. These developments in research will assist us in our own research efforts. At MPI, Dr. Dushyant Trivedi is leading a research group in establishing a consultation and research service through our Treatment Clinic to assist in the evaluation and treatment of individuals with treatment-resistant depression. These exciting new approaches to research offer an independent vantage point from which to evaluate and modify our work. They also enhance our clinical appreciation of process, outcome and structural change in psychoanalytic and psychodynamic treatment.
31st Annual Symposium: Desire in the Consulting Room

By Michael Singer, Ph.D.
Program Chair, Michigan Psychoanalytic Society

On Saturday, April 1, 2006, The Michigan Psychoanalytic Society will hold its 31st annual Symposium.

We are fortunate for the opportunity to host two nationally renowned scholars and clinicians who will share their thinking and expertise with us in the course of a day of learning.

Rosemary H. Balsam, M.D. (New Haven) is a Training and Supervising Analyst at the Western New England Institute for Psychoanalysis and associate clinical professor of psychiatry at Yale Medical School and Department of Student Health. She has served on the Editorial Board of the Journal of the American Psychoanalytic Association (JAPA) and is currently its Review of Books Editor. She also serves on the Editorial Boards of Psychoanalytic Quarterly and American Imago.

Dr. Balsam has taught and presented on adolescence, gender development, sibling relations, psychotherapy and supervision. Her writing awards include Book of the Year Award from the American College of Nursing for her early book, Becoming a Psychotherapist: A Clinical Primer (now in its 2nd edition), and two Annual Best Paper awards from the Journal of the American Psychoanalytic Association. In 2001 she edited Psychodynamic Psychotherapy: The Supervisory Process. Named the National Woman Psychoanalytic Scholar by the American Psychoanalytic Association for 2004-2005, Dr. Balsam's current writing concerns female development and the body in psychoanalysis. At our symposium, Dr. Balsam's paper will be “In the Consulting Room: Whose Desire? What Want?”

Jay R. Greenberg, Ph.D. (New York) is a Training and Supervising Analyst at the William Alanson White Institute and Clinical Associate Professor of Psychology at the Post-doctoral Program in Psychoanalysis, New York University. He is a former Editor of Contemporary Psychoanalysis and has served on the Editorial Board of the International Journal of Psycho-analysis.

Dr. Greenberg has published and presented nationally and internationally in the areas of analytic neutrality, self-disclosure, countertransference, object relations, psychoanalytic technique, and therapeutic action. His writings include Oedipus and Beyond: A Clinical Theory and Object Relations in Psychoanalytic Theory, co-authored with Stephen Mitchell and considered the standard text on object relations theory. In 1993, Dr. Greenberg received the Distinguished Scientific Award by the Division of Psychoanalysis of the American Psychological Association. Dr. Greenberg's symposium paper is titled “What Daimon made you do this? Thoughts on Desire in the Consulting Room.”

The discussant for Drs. Balsam and Greenberg’s papers will be Ronald M. Benson, M.D. (Ann Arbor). Dr. Benson is a Training and Supervising Analyst at the Michigan Psychoanalytic Institute, and on the clinical faculties in psychiatry at the University of Michigan and Wayne State University. He is past-President of the Michigan Psychoanalytic Society and past-President of the Michigan Psychoanalytic Institute.

One of his major areas of interest has been psychoanalytic education. He served as Fellow-on-the-Board for 10 years and then as Chair of the Committee on Institutes before becoming Chair of the Board on Professional Standards of the American Psychoanalytic Association. Dr. Benson has taught, published, and presented on wide-ranging topics including imaginary companions, treatment termination with children and adolescents, child and adolescent development, psychodynamic psychotherapy, psychoanalytic assessment, transference and countertransference, and psychoanalytic technique.

Moderator James H. Hansell, Ph.D. (Ann Arbor) is a Training and Supervising Analyst at the Michigan Psychoanalytic Institute and is on the faculties of the University of Michigan, Department of Psychology, and the Medical School Department of Psychiatry. He is the current President and former Program Chair of the Michigan Psychoanalytic Society.

Dr. Hansell has taught and published on various psychoanalytic topics including clinical technique, neutrality, the superego, and sexuality. He is co-author (with Lisa Damour) of the textbook Abnormal Psychology, and
teaches two popular undergraduate courses at the University of Michigan—"Introduction to Psychopathology" and "Gender and Sexual Identity in Recent Film and Theory." Dr. Hansell is active in the American Psychoanalytic Association as co-chair of the Committee on Psychoanalysis and Sport, and he is an editorial reviewer for several psychoanalytic journals. Dr. Hansell is in private practice in Ann Arbor.

We look forward to having you join us for what promises to be a stimulating and thought-provoking conference on a topic that touches each one of us in our clinical work.

The conference will take place at the historic Inn at St. John’s, the site of last year’s highly successful conference on revenge. Because we have to limit attendance to 250, we strongly encourage early registration. For more information please check the Events listing at www.mpi-mps.org or call the office at (248) 851-3380 (Farmington Hills) or (734) 213-3399 (Ann Arbor).

Dorothy E. Holmes, Ph.D. to be MPI’s 20th Visiting Professor of Psychoanalysis

Community-wide program of teaching and outreach

By Carol Barbour, Ph.D.

This year we are delighted to announce that MPI’s 2006 Visiting Professor of Psychoanalysis will be Dorothy E. Holmes, Ph.D. Dr. Holmes is a Training and Supervising Analyst at the Baltimore-Washington Psychoanalytic Institute. An active educator, she is also Professor and Director of the Doctor of Psychology Program at the George Washington University. Dr. Holmes will be visiting our area during the week of April 24-April 29, 2006.

During her distinguished career, Dr. Holmes has made significant scholarly contributions, particularly to our understanding of racial, gender and socioeconomic influences in psychoanalysis and psychotherapy. Her most recent publications examine the "wrecking effects of race and social class on self and success," race and counter-transference as two psychoanalytic blind spots, and racial transfers in psychoanalytic treatment. She has also written on women’s aggressive conflicts, and the psychodynamic manifestations and consequences of "glass ceilings." In the area of analytic technique her contributions include papers on the steps of effective defense analysis, on superego analysis, and on emerging indicators of ego growth and concomitant resistances.

Dr. Holmes sat on the editorial boards of the Journal of the American Psychoanalytic Association, the International Journal of Psychoanalysis, and Professional Psychology. In the American Psychoanalytic Association she has served as a Fellow of the Board on Professional Standards and Councilor-at-Large to the Executive Council. She is a Fellow of the Division of Psychoanalysis of the American Psychological Association. At the Baltimore-Washington Institute for Psychoanalysis she chaired the Education and Admissions Committees and currently chairs the Academic Associates Committee.

Her longstanding commitment to professional education is exemplified in her work as founding Director of the Clinical Psychology Internship in the Howard University Department of Psychiatry, the first American Psychological Association-accredited internship in a historically black university, and in her work on the committee establishing the Psy.D. Program at George Washington University, which she now directs.

Throughout her career Dr. Holmes has worked to help establish and maintain standards of professional excellence and credentialing in psychoanalysis and psychology. She served on national committees to develop the national professional licensing examination in psychology, and the American Board of Professional Psychology standards for board certification in psychoanalysis. She contributed as a member of the Board on Professional Standards, Committee on Institutes, and Ethics Committee of the American Psychoanalytic Association, and on committees and boards of the American Psychological Association overseeing accreditation, ethics, and graduate education and training.

Helping others reach for, overcome self-imposed obstacles to, and attain their potential is a thread running throughout Dr. Holmes’s psychoanalytic and academic work. Her work has deepened our understanding of internal conflict-based correlates to the cultural contexts in which individuals strive for adaptation and growth.

Dr. Holmes will offer a series of lectures on a variety of clinical topics as well as more informal clinical conferences. With Dr. Holmes’s ability to engage clinicians at all levels, this should be a stimulating and exciting week. Many events are open to the general public.

This year Dr. Holmes’s visit will be co-sponsored by the University of Michigan Department of Psychiatry, the University of Michigan Psychological Clinic, Wayne State University Department of Psychiatry, Michigan State University Psychiatry Department and Clinical Psychology Program, Henry Ford Hospitals Psychiatry Department, and Madonna University, as well as by the Michigan Psychoanalytic Society, the Michigan Psychoanalytic Council, and the Candidates’ Organization of the Michigan Psychoanalytic Institute.

Please join us at the Michigan Psychoanalytic Center on Saturday, April 29 from 2:00-4:00 pm. Dr. Holmes will present to the Michigan Psychoanalytic Society on "The Inevitability and Utility of Hating and Being Hated in Racialized Transference and Countertransference Reactions." An abstract is available at www.mpi-mps.org.


Current Status of The Accreditation Council for Psychoanalytic Education
By Ronald M. Benson, M.D.

In January, 2005, I was appointed to the Board of Trustees of the Accreditation Council for Psychoanalytic Education (ACPEinc.). When some of our members learned of my appointment, the most frequent comment was, “What’s the ACPE?” I thought it might be useful to describe the organization.

The Accreditation Council for Psychoanalytic Education was incorporated in 2001. It was spun off from the Consortium, an organization composed of four major United States psychoanalytic membership organizations: The American Academy of Psychoanalysis and Dynamic Psychotherapy, The American Psychoanalytic Association, Division 39 (Psychoanalysis) of the American Psychological Association, and the National Membership Committee on Psychoanalysis in clinical Social Work. Together, these organizations represent the majority of psychoanalysts in the U.S.A. Marvin Margolis, M.D., Ph.D. was among the initial representatives to the Consortium for APsaA and I was one of the APsaA representatives while I was Chair of the Board on Professional Standards.

As early as 1994, the intention to develop an accrediting board for psychoanalytic training programs was agreed upon by the Consortium organizations. The process of developing a set of standards that were acceptable to all parties took several years. Extensive discussions at Consortium meetings and frequent checking with the parent organizations resulted in a compromise set of standards that allowed for some variability in requirements for any particular training program, provided that such standards amplify and are not in conflict with the core standards of ACPEinc. These carefully-negotiated standards were adopted by ACPEinc. when it was spun off as an independent corporation.

The initial Board of Trustees of the ACPEinc. consisted of the four incorporators, one representative of each of the four Consortium organizations. They, in turn, elected a board of 14. There were three nominees from each of the four organizations and two public members. Future members of the Board of Trustees will be elected by the Board itself. The original members from APsaA were nominated by the President and Chairman of the Board on Professional Standards. They were Gerald Margolis, M.D., Alvin Robbins, M.D., and Allen Rosenblatt, M.D. Terms of office were of varying lengths so that the entire Board would not change at one time. At the conclusion of Dr. Gerald Margolis’ first term, he declined to continue his service. I was elected for a full three-year term to replace him.

The officers of ACPEinc. are: Nathan Stockhammer, Ph.D., President, Sheila Hafter Gray, M.D., Secretary, and Crayton Rowe, M.S.W., Treasurer.

By-laws for the new organization were adopted in 2003. A detailed business plan was also adopted. This was a pre-condition for financial support of the fledgling accreditation board by Consortium organizations. It is anticipated that the ACPEinc. will eventually be self-supporting from the fees paid by training programs that seek its accreditation. The first several accreditation applicants will not be required to pay a fee in order to establish the reputation of the new accreditation credential.

The ACPEinc. sees its mission as twofold. It aims to protect the public by evaluating and accrediting psychoanalytic training programs in the United States and to promote excellence in psychoanalytic education. By this dual mission, it hopes to ensure that practitioners of psychoanalysis are educated to appropriate standards by the institutes in which they are trained. The ACPEinc therefore mandates that psychoanalytic training programs require their students to participate in the three components that are nationally and internationally recognized as essential to psychoanalytic education: a comprehensive course of didactic study; a personal psychoanalysis of a frequency, intensity, and duration adequate to provide a deep psychoanalytic experience; and substantial experience treating patients with the supervision and support of senior faculty.

To date, the ACPEinc. has developed an application procedure, a self-study protocol, and is close to developing a site visit protocol. It is currently engaged in assessing its first applicant institution.

The ACPEinc. standards are similar to those of APsaA, but differ in important ways. The principle differences are in the number and duration of supervised cases and the minimum frequency for training analyses and supervised analyses. The relationship between the accreditation by the Board on Professional Standards of APsaA and the accreditation by ACPEinc. remains to be considered. Perhaps, the accreditation by BOPS might serve as data for accreditation by ACPEinc. The accrediting process by BOPS is much more a consultative and ongoing matter that is the usual relationship between the organization to be accredited and its accrediting agency. How this might dovetail with the ACPEinc. process will need to be negotiated.

It is hoped that the accreditation by ACPEinc. will become widely accepted and create a national core standard for all psychoanalytic training in the U.S.A. However, licensure laws in New York state and other places, already seem to accept a much lower standard both for prerequisite training before psychoanalytic training and for the training itself than these ACPE requirements. This is a matter of concern for all of the Consortium organizations and all who advocate for high standards of psychoanalytic training. These apparent trends place the ACPE in a challenging uphill battle as a champion of high quality training standards for psychoanalytic training.

Further information about the ACPEinc. can be obtained at its web site (ACPEinc.org) which is in formation.
We continue to collect recordings, interviews and materials that chronicle the richness and depth of the history of our local organization as well as our contributions to psychoanalysis in the United States. If any members have material that would add to this project, such as photographs, documents, films or other items of interest, please contact Dr. Marc Rosen at (248) 353-7310 or psymarc@aol.com.

Early Admission Program
By Marvin Margolis, M.D., Ph.D.

Many wish to undertake psychoanalytic training, but are not prepared to begin full training. This may be the case when one is primarily occupied as a graduate student in psychology or social work or in residency training in psychiatry. There are also some who have just completed such training programs, but do not yet have sufficient psychotherapy experience.

The Early Admission Program allows such individuals to be accepted as candidates but to begin a prematriculation program. This consists of a single seminar on Saturday mornings, supervision of psychotherapy cases by psychoanalysts, and a personal analysis, provided at reduced fees if necessary.

In a year or two, the early admission candidate can progress to full matriculation. Thus, this program allows mental health professionals/students to begin psychoanalytic training earlier in their career. It is user-friendly, affordable, and compatible with being a student in a basic mental health training program.

The program admitted five new candidates for the 2005-2006 academic year. Applications for admission to the program can be made at any time. For more detailed information, please contact Marvin Margolis, M.D., Ph.D., Chair, Prematriculation Program, Michigan Psychoanalytic Institute, (248) 626-6466.

Report on the 2006 MPI Open House
By Lena Ehrlich, Psy.D.
Chair, Liaison Committee to Training Programs

The Annual MPI Open House took place on Saturday, December 3 at our Farmington Hills office. Harvey Falit, M.D. and Miriam Medow, M.D. introduced our training and educational programs. Joshua Ehrlich, Ph.D. (Adult), Carol Austad, M.D. (Child), Lynn Kuttnauer, Ph.D. (Candidate), Al Garmo, M.D. (Early Admissions), Norma Wolford, M.S. (Child Psychotherapy) and Suzanne Rodgers, M.S.W. (Adult Psychotherapy) each shared their unique and rich perspectives as graduates or current students. Aisha Abbasi, M.D. graciously and warmly moderated the event. Twenty members of our faculty and candidates generously offered to welcome our guests, represent one of our programs and answer questions during lunch. Committed Open House planners, Aisha Abbasi, M.D., David Dietrich, Ph.D., Lena Ehrlich, Psy.D., Steve

Dr. Abbasi speaks with Open House Guests
Feldman, M.D. and Miriam Medow, M.D. once again organized and promoted this event. 35 guests attended this year’s Open House, which had an optimistic and forward-looking atmosphere. Many younger people attended. The breakdown by education/discipline was: 9 physicians, 9 doctoral-level students/Ph.D.s, 3 M.S.W.s and 14 masters-level students. Many guests expressed interest in our follow-up events. 11 people signed up to attend a follow-up event for psychoanalysis; 14 people were interested in the psychotherapy follow-up. The Extension Division Committee will arrange the psychotherapy program follow-up, and the Liaison Committee will arrange a follow-up for those interested in psychoanalytic training.

Our Annual Open House provided our guests with the opportunity to receive information about our rich and varied educational opportunities, and also a chance to witness what is best in our Institute: the depth and quality of our commitment to our teaching and to our clinical work.

Patient and Colleague Assistance Committee
By Kathryn Frerichs, Ph.D.

In an effort to reacquaint the readership with the Patient and Colleague Assistance Committee, we would like to describe its purpose and functions. It is a joint committee of the Institute and Society. Any patient, student, candidate or faculty member who has a concern about the ethical behavior of an analyst—such as boundary violations, questions of competency, maintaining confidentiality, proper handling of fees or other aspects of the patient-analyst relationship—may call a member of the committee to register a complaint. These types of conflicts might occur in a variety of settings including but not limited to: the clinical setting, the educational setting, or supervision. The members of the Committee include: Marvin Margolis, Chair; Kathryn Frerichs, Co-Chair; Nancy Blieden, Marcy Broder, Laura Huggler, Thomas Kane, Henry Krystal, Keke Pyross, Richard Ruzumna, Ivan Sherick, Marie Thompson, Margaret Walsh.

The Committee has been in existence for seven years. With that experience it has been able to determine how best to approach these situations. The primary mechanism used to resolve conflict is mediation and consultation. All services are confidential. To date, myriad complaints have been ameliorated or not resolved. The hope and intent is to attend to matters before they escalate and cause greater harm and possibly lead to a formal ethics complaint. You may contact any of the above members to obtain more information.

Scholarships
By Chris Howlett, M.D.

As important as treatment and outreach are to the mission of the Michigan Psychoanalytic Institute, education is its primary purpose. Psychoanalytic candidates and psychotherapy students are the future of psychoanalysis and training them is our top priority. We are pleased to have partial tuition scholarships available to allow more people to take advantage of our various programs, which include the psychoanalytic training programs, the psychoanalytic psychotherapy educational programs, and the fellowship program. Scholarships have been made possible by a generous gift from Drs. Samuel G. and Geraldine G. Reisman, as well as subsequent gifts and fundraising efforts. The Scholarship Committee is charged with awarding the available funds based on merit and need. The application deadline is July 5, 2006 for the 2006-2007 academic year and will be awarded by early September. For questions, please contact Chris Howlett, M.D., Chair of the Scholarship Committee, at (248) 642-9350. An application is available for download from the website at www.mpi-mps.org or contact the Michigan Psychoanalytic Institute at (248) 851-3380.

University Forum Benefit
Stan Coen, M.D. and Julie Jaffee Nagel, Ph.D. (organizers of the University Forum Benefit Concert) present Louis Nagel, DMA with a Certificate of Appreciation from the American Psychoanalytic Association, University Forum Subcommittee, for his outstanding contribution to psychoanalysis and appreciation of his musical artistry, following the sold-out benefit concert at Steinway Hall in New York City, January 20, 2006.

Reel Deal III and IV
By Marc Rosen, Ph.D.

The film “Crash” will be discussed on Sunday, February 19 at Oakland University as one in a series of films presented through the Association for Psychoanalytic Thought and the Academic Council’s “The Reel Deal: Plumbing the Depths of Film.” The panel of discussants will include psychoanalysts
Notes from Cape Town, Republic of South Africa

By Cassandra M. Klyman, M.D.

Cassandra M. Klyman, M.D., Chair of the Psychoanalysis in Medicine Committee, traveled to Cape Town, South Africa, to speak at the Christiaan Barnard Memorial Hospital, so named to honor the renowned heart surgeon, Christian Barnard, M.D., who performed the world’s first heart transplant.

Dr. Klyman was invited to talk to the primary pain managers in this general hospital, which also serves as the tertiary care center for neonatal cardiac cases from all over the South African continent. The audience was mostly women nurses, physical therapists and social workers. Psychiatrists here function as consultation-liaison specialists. Patients unable to be contained in the general wards are transferred to freestanding psychiatric hospitals where “biological” psychiatry is practiced with minimal follow-up outpatient psychotherapy. The few psychoanalysts belong to the Jungian Association and interface little with medical practice.

Dr. Klyman’s visit came in late October and the academic year was winding down for exams and the long holiday break. For the presentation, Dr. Klyman used the Workshop format from her “Psychoanalysis in Medicine” Committee, which has been formatted for outreach to the general medical community. Last year the Committee and/or its members (Drs. Austad, Browne, Evangeline and Curt Spindler) presented at Providence Hospital, the Alzheimer’s Association, the State Rehabilitation Agency, St. Mary’s in Livonia and, in years past, at the Annual Scientific Meeting of the Michigan State Medical Society.

Through the mnemonic of “GUT REACTION,” a medical case—followed over several office visits—is discussed. Participants are encouraged to experience their emotional reactions to difficult patients and to consider that those reactions are likely to be the patient’s feelings as well. When we feel disgust, embarrassment, guilt, impatience, hopelessness, we are not feeling it in isolation. “Whose pain is it?” captures the idea. Then, counter-transference begins to have a taste and a smell that makes the concept both real and usable, optimizing the experience for the doctor and patient. Our laminated pocket reminders are eagerly taken and feedback affirms that they are being used.

It is an aspect of significant consilience that the Psychoanalytic Neuroscience Study Group is also learning that neuro-imaging demonstrates that empathy has a neural network basis and that the patient’s and attuned listener’s brain both light up similarly. That ability to have a similar but not identical reaction leads to a secure attachment in the child/parent and patient/doctor relationship.

The time is right for increased collaboration between psychoanalytic and medical practitioners to improve the quality of patient care, and the Psychoanalysis in Medicine group anticipates many more opportunities to teach and learn.

--Ed. Note: A fascinating account of Dr. Klyman’s visit, which includes historical, political and personal impressions, can be found on our website, at www.mpi-mps.org, under the section heading “Articles and Opinions.”

GLBT Network Spring Program

The GLBT Network will sponsor a presentation and discussion on Transgender Issues in May. Presenting will be GLBT Network member Antonia Carretto, Ph.D., who has had experience and specialized training in working with transgender individuals. The discussant and exact date have not yet been determined, but will be posted on our website in early April.

Suggestions
Ideas for future issues? News we need to know? We welcome all comments and suggestions. Write to:

The Michigan Psychoanalytic Center
32841 Middlebelt, Suite 411
Farmington Hills, MI 48334
Or email us at: newsletter@mpi-mps.org
Psychoanalysis in the 21st Century

Disaster Mental Health Work in Louisiana after Katrina
By Alan Krohn, Ph.D.
Psychoanalyst, Michigan Psychoanalytic Institute
Adjunct Clinical Associate Professor of Psychiatry
University of Michigan Medical School

After receiving disaster mental health training a few years ago through a joint arrangement between the Michigan Psychoanalytic Institute and the American Red Cross, I volunteered and was deployed by the Red Cross to Louisiana to join others in providing mental health aid both to evacuees from New Orleans and to other volunteers. The experience was demanding and very rewarding. While providing something different than psychotherapy, psychoanalysts and psychoanalytic psychotherapists can use their knowledge of personality and other skills to enrich disaster mental health work.

Disaster mental health typically emphasizes helping victims establish pre-disaster functioning. Part of this involves helping victims recognize that what they feel to be extreme responses in themselves are normal reactions to abnormal situations. While mental health workers are guided not to probe into troubling or traumatic experiences, they are certainly ready and willing to listen to victims, if they have a need to talk about what happened to them. This is very helpful guidance.

I found, in addition, that analysts’ and analytic therapists’ well-tuned listening skills, along with their model of the mind, can help them make a particular kind of contribution to disaster mental health work. Mental health professionals with other orientations, of course, bring other strengths to their work with disaster victims. Our understanding of the effects of loss, especially in children and adolescents, helps us to be especially well suited to work with people who have undergone losses. Our understanding of ego functions and defenses also equips us well to strengthen defenses and coping modes that have been shaken by a disaster. We can also be alert to problematic, maladaptive responses to a disaster. A psychodynamic understanding of the self and identity aids us in conceptualizing a disaster’s assault on the self.

The Katrina disaster was traumatic, in the classic sense, because the external world and the victims’ affective responses to it had become in a variety of ways overwhelming. As well, it destabilized the narcissistic equilibrium of many evacuees, leading their sense of self to grow shaky and diffuse. Many evacuees lost virtually everything—homes, communities, jobs (and any prospect of finding new ones), contact with family members and friends. Some were then thrown into horrendous environments such as the Superdome or Convention Center or into more benign, but nevertheless, de-individualizing, shelter environments for extended periods of time. Many people in the shelters became passive, slept a lot, and drifted around with what people came to call the “New Orleans stare.” I found in working with people who had lost so much that these losses and dislocations undermined their feeling of self and identity.

I found it useful, as I have with some adolescent patients, to draw on what evacuees told me about themselves and their lives before the disaster essentially to remind them of who they had been and still were (including modes of coping they had and could now revive). From a psychoanalytic point of view this is an effort to restabilize and refuel narcissism. It is, in essence, Heinz Kohut’s mirroring. It involved listening carefully to what each person considered at a very core level to be important, valuable, and self-defining aspects of himself or herself. “You seem to be a person very committed to your family,” or “telling great jokes is so much a part of who you are,” or “having a really neat house and sticking to a project is very important to you,” or “from all the rental places you owned, you seem like quite the entrepreneur.” In conversations with people I would go into much more detail with them about these core personal qualities. I would say to them that sometimes when everything is ripped away from a person, it can make it hard to keep track of himself – we forget who we are. This resonated with many people I worked with. This reflecting back was supportive in a general way, but it was more: it was an external affirming of basic aspects of their identity. This is similar to Bruno Bettelheim’s observation that people in concentration camps who fared better psychologically were those who could hold on to who they were before life in the camp. In a way similar to the evacuees in shelters, people in hospitals or nursing homes fairly quickly lose a sense of who they are. A nurse once described this to me as “hospital psychosis.”

While some disaster victims find it helpful when a mental health worker is globally and generally supportive by “normalizing,” it can make some (I would say

“...psychoanalysts and psychoanalytic psychotherapists can use their knowledge of personality and other skills to enrich disaster mental health work.”
many) feel that they are being given an impersonal, one-size-fits-all, empty reassurance. Even though analysts in a disaster environment are doing nothing like psychotherapy, our model of the mind helps us to approach every evacuee (or volunteer) in an individual way and to fashion a response that is specific to that person. It is this kind of approach that led a number of people to say to me (and the few others with a psychoanalytic orientation), “you’re different, you’re listening to me.”

I’ll illustrate this with an evacuee, who walked into a shelter in La Place, Louisiana, feeling suicidal and saying my head is “ready to explode.” She had just returned from New Orleans where she had seen her house for the first time since the storm. She had heard it was probably a total loss, but actually seeing it was something else altogether. Not only was her house destroyed, but a small building next to it where she had lovingly set up a small business was damaged beyond repair. Several people in her neighborhood had died (though none she was close to), and her entire neighborhood was “trashed and gone.” She had just returned from New Orleans where she had seen her house for the first time since the storm. She had heard it was probably a total loss, but actually seeing it was something else altogether. Not only was her house destroyed, but a small building next to it where she had lovingly set up a small business was damaged beyond repair. Several people in her neighborhood had died (though none she was close to), and her entire neighborhood was “trashed and gone.”

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She described feeling that not only her world but “myself is somehow gone.” She also said she felt guilty about even complaining, it seemed unChristian, others were suffering more. She was clearly a person who relied heavily on God, but from how she talked I could tell she also prided herself for being very self-reliant and organized. Her way of speaking and holding her body also spoke of a need for control, a perfectionism, and a need to maintain a safe distance between herself and others.

This was a quick thumbnail assessment of her. Based on my understanding of her ego, her sense of self, the narcissistic assault on her identity, and her severe superego, I said supportive things about her belief in God, but suggested that maybe she was being extreme in her self criticism; that based on what she had been through it seemed fair and reasonable to lighten up on herself for acknowledging her suffering and needing to talk about it. I was here being an auxiliary ego and superego for her. She felt bad, too, that she couldn’t even think about going back to work, and I said that that would likely change down the road, but it was too much of a burden to be thinking about that now. I said she seemed to be the kind of person who has very high standards for herself and can get down on herself when she doesn’t reach goals quickly. And now the reality is nothing is going to be accomplished quickly. Drawing on my sense of her as having a more compulsive ego style, I also suggested she make a list of things that needed to be done and to do them one by one. I also reflected back that she seemed from the way she’d set up her business to be a resourceful, energetic person who sets goals and accomplishes them.

She was also concerned that she did not have her usual enthusiasm for her grandson, and I explained that right now she is in a mode of protecting herself and her family, really an emergency response, not having the emotional room even for enjoying her grandson. She certainly was looking out for his welfare, but it seemed unreasonable right now to feel she should be enjoying him. This was all directed to her perfectionism and the tendency to be overly self critical that was part of it.

She said after we talked that she felt much better, but I said I would like to see her later in the afternoon. She said she would return and would have pictures of her house developed by then. She’d like to show them to me. In the second meeting a lot of the work we did was while looking at these pictures.

With her and others I found what I learned from Henry Krystal’s work on affects very helpful. I talked with her about the challenge to just tolerate feelings, to allow herself to feel them, and to moderate them. I said that feelings, even if strong, will not hurt her. She came in saying she felt her head would explode with overwhelming feelings about her home, job, a disabled husband, pressures of living in a shelter and other challenges of now living in close quarters with her family.
People such as her who have the inclination to be in tight control find even their own feelings to be incipiently traumatic. This results in an experience that both the internal world, along with the external one, are or soon will be overwhelming.

While I talked with this woman for longer than was typical, there were many contacts where I tried, on the fly, to quickly sketch out what each person was about in order to better support strengths, to deal with personality weak spots, and most of all, to work to remind each person of who they were in the absence of external definers.

At the shelters I introduced myself to people and then stopped by daily to say hello. In some cases they wanted to talk about the trauma of the hurricane and its aftermath. The following vignettes illustrate how vital Freud's prestructural concept of abreaction is to disaster mental health work.

I talked to a man whose mouth was painfully wired closed due to an injury incurred during the hurricane. As the water rose, he ended up in his attic with his dog, as his house disintegrated under him. He finally broke through the roof, waited in vain to be rescued, and then left food and water for his dog before swimming away and being rescued. Unbelievably the dog was later found alive, and they were reunited.

A woman who had been a deputy at a New Orleans jail talked of being told before the storm that she couldn’t leave her job. She ended up for five days with prisoners on an expressway ramp with no food and little water. She saw people die trying to swim away. By her account, three days before the storm, prisons inland offered to take the prisoners from her jail, but the administrators of the jail and city officials refused the offer. She talked of being terrified and ventilated other feelings.

A woman in her late sixties talked about the three days of “hell” she lived through at the Superdome, witnessing rapes, being awakened by gun fire, and living in filth. She was sure she would die there. She had classic PTSD symptoms and a powerful desire to talk of what she had witnessed.

As important as working with evacuees was working with volunteers or groups of volunteers, the Red Cross philosophy being that a volunteer will be able to perform her function better if her own mental health issues are not interfering. As I and the other disaster mental health workers were living in staff shelters with other volunteers, we were available virtually 24 hours a day for informal mental health contacts, whether it was with someone sleeping on the cot next to us or in the breakfast area in the morning.

A young volunteer doing logistics came up to me in the shelter’s parking lot and talked about his demanding job and the flack he was getting for making reasonable requests of other volunteers. A few days later, at his request, I went along with him, when he took another volunteer to be flown out from New Orleans. The latter, a cook, had gotten into a bad situation with a shelter manager (not a shelter I was in); to compound things the man’s ten year old son was having an emergency appendectomy in Denver that day. The New Orleans airport was almost completely empty. It was an eerie, surrealistic experience for me and the logistics volunteer and was palpably raising the anxiety level of the volunteer being evacuated.

I helped a shelter manager reality test about the effects of his management style, including pointing out to him that he seemed to get tough and militaristic at times when he was, quite naturally, frightened (such as one night when there was only minimal security).

"An asset we have as analysts and analytic therapists is self analysis."

I worked over breakfast with some volunteers on how their anger at the Red Cross was becoming a preoccupation that was distracting them from their primary goal: to help the evacuees. In this connection I explained that many of us who volunteer have wishes to rescue people. When these wishes are frustrated, we can get angry, even at the evacuees. Sometimes we can get depressed and want to leave (as several people had the week before I arrived and one whom I was talking to was on the verge of doing). This was essentially interpreting a preconscious or unconscious fantasy and working with the ego reactions when the fantasy is disappointed.

An asset we have as analysts and analytic therapists is self analysis. Self analysis is extremely important in an environment that is unfamiliar, unstable, and when there are constant, complex demands being made on the mental health volunteer. A few illustrations of my own work with myself: When I thought I was not being assigned to the area closest to New Orleans, oedipal feelings of being excluded from the world of exciting adult activity were stirred up in me. On another occasion I was assigned to provide a mental health presence in a shelter that had actively refused it. When I called to make contact with the shelter, an older head nurse said everything was just fine, no problems – we don’t need you. My supervisor told me to go anyway. I needed to work on my feelings of going up against the shelter nurse, who I was experiencing as a rigid maternal figure who might reject or demean me, while also...
wanting to please the supervisor whom I respected. I went to the shelter and within ten minutes witnessed and intervened in an incident of physical abuse of an undermedicated ADHD boy. I also talked to several severely traumatized adults (including the woman mentioned earlier who had been at the Superdome) and a very angry and depressed man who had lost his trailer and was unwilling to go into a temporary dwelling in what he considered to be a bad section of Houma. I also worked with myself around needing actively to approach people in the shelters and to start conversations with them, something I am prone to experience as intrusive.

Doing disaster mental health work is, in my opinion, helpful for analysts. Because of the patients we typically work with, we can lose track of the effects of ongoing severe, current environmental trauma and deprivation. Also we can lose sight of direct, immediate, powerful emotional forces as we journey through the subtleties of defenses, id derivatives and compromise formations in the relative calm and quiet of the analytic situation. Disaster work can loosen us up emotionally and help us be better analysts and therapists.

This work is also a helpful antidote to an occupational hazard of analysts: narcissistic overvaluation of our technique, our theory and ourselves. Being the object of powerful transferences in the analytic situation, along with self-idealizing compensations for what are the limitations of analysis that many of us refuse to face, some of us come to worship our work, make a fetish of technique, and narcissistically overvalue our professional selves. Working in a crisis environment, where everyone is called by his first name, degrees do not appear on nametags, and where one may be called on to clean up after the odd overflowing toilet in the middle of the night can be a helpfully grounding experience for us.

I found this experience to be very rewarding and felt in some small way we did some good. Doing this kind of work demands living very simply (in church shelters on cots), being flexible, staying aware of the social and political forces at work, tolerating some risk, and being self reflective under pressure. Caring, empathy, warmth and general clinical skill all serve a mental health worker well in a disaster environment. To those I would add a psychoanalytic outlook.

Ann Arbor, Michigan
February, 2006
In "Closer," screenwriter Patrik Marber tracks the couplings of four attractive young people. Dan, who writes obituaries for a London paper, meets Alice, a recently-arrived American stripper. After they become a couple, Dan writes a book based on her life. While having his picture taken for the book dust jacket, Dan becomes enamored of the photographer, Anna. He later impersonates Anna in an internet sexual conversation with Larry, a dermatologist, and contrives to set up Anna and Larry for a seeming chance meeting. The following romantic interconnections between the four alternate between professed love, betrayal and loss.

In the film's first scene, Dan and Alice approach each other on a crowded London street just as Alice steps into an intersection and is hit by a car. Although the position of her slack body suggests that she has been knocked unconscious, she suddenly awakes, bats her eyes at Dan and says "Hello, stranger." We are too intrigued with their ensuing romance to wonder whether a person can transform from unconscious to flirtatious in one step. Wouldn't there be an intermediate step of "where am I?" Like the first sentence of an analytic session, which sometimes contains the theme of the entire hour, this first scene is a prequel, not only to the sadomasochistic round robin to come, but also to the repertoire of underlying mechanisms of the playwright/screenwriter which, like the London traffic, leave us disoriented.

"Closer" seems less an emotionally satisfying film than an agrammatical meeting that has gone on too long. Although it focuses on romantic disappointments and betrayals, "Closer" does not see much tug at our heartstrings as play with our heads. The film subtly disorients the audience in a variety of ways which are inconspicuous as individual instances but which accrue throughout the film.

The characters' actions surprise us. In the first scenes we see Dan sharing with Alice how his mother used to cut off the crusts of his sandwiches. Speaking about his career as an obituary writer, he opines that his attempts to be a writer were stymied by his lack of talent. Surely, this endearing guy will not be a man behaving badly anytime soon. But, in the very next scene, a cold, detached Dan composes internet sex aimed at setting up both Anna and Larry for an awkward meeting.

Later in the film, Larry returns from a trip to New York happy with his conjugal lot, noting to his wife, Anna, that "this is maturity, coming home to my wife." However, minutes later, he confides, "I slept with a whore in New York," adding, "I couldn't lie to you because I love you." Given that he knew that he had sex with a whore in New York City and just had a six hour airplane ride to ponder this, we wonder why he came home feeling peaceful. Like Alice's instant transformation from victim to temptress, Marber throws a subtle curve: "could it be?" Well, maybe or maybe not.

Larry seeks out Alice in a strip club, pursuing her while she frustrates his advances. He asks why her stripper name is Jane. She responds, "because it's my name, Jane Jones." Perhaps she is insisting on this name to stonewall Larry, hiding her vulnerable self behind her stripper persona. But we later learn that her name is, indeed, Jane Jones.

Aspects of the film which, on the one hand, are carefully lined up to create meaning about human relationships are, on the other hand, contradictory, arbitrary and paradoxical. In a parallel process to his characters' couplings, Marber creates strands of meaning for the audience, then destroys the very meaning he has created, leaving the audience, like the characters, empty and apathetic.

Thomas Ogden suggests that the preconditions for our ability to attribute meaning to our experience are the capacity to reflect on our experience rather than view living as a series of events and the ability to think about something and know that our thinking about it is separate from the experience itself. To distinguish our thoughts from what we are thinking about, distinguish our feelings from that which we are responding to, we have to tolerate that what is being thought about is separate from ourselves and therefore, beyond our immediate control. Then we can achieve, as Ogden says, "...the quality that one is thinking one's thoughts and feeling one's feelings as opposed to living in a state of reflexive reactivity" (Ogden, p. 209).

In psychoanalysis, the facts of our existence are woven into a coherent whole. As we make connections between our past and present, the pleasure of this achievement balances painful realizations. It is painful to realize that because what has happened to us was beyond our control, we have to tolerate the awareness of our limitations. So, as there is pleasure in connecting the dots, there is resistance, just as in the film, dots of relationships and their attendant meaning are connected, then shorn apart. "Closer" reflects this tension between love and the destruction of love, meaning and the destruction of meaning.

Marber includes his audience in the fray by manipulating us just as the characters manipulate each other. In so doing, he avoids the criticism that Alice levels at Anna's photography exhibit: in art, the aesthetics insulate us from the pain of the human condition. Visiting the exhibit, Alice, looking at this photograph of herself crying, says that the exhibit is artificial because the aesthetics are arranged to give pleasure. "It's a lie," she says, "sad strangers photographed beautifully ...all the assholes who appreciate art think it's beautiful ...pictures make the world seem beautiful ...so the pictures are reassuring.
"Closer" is a film replete with dishonesty and lies. But in the way he arranges the joke to be on us, Marber’s film is not a lie in the way that Alice describes. Like the four characters, we are left confused and dispirited, victims of meaning first given, then taken away. In the way Marber risks our hostility to his film, he has added a provocative layer replete with an emotional integrity that eludes his characters.

REFERENCES

Child Analysis Corner

New Child Program Candidates
By Michael Colman, M.D.

The child analysis program of the Michigan Psychoanalytic Institute is delighted and very proud to announce that there are six new candidates in the program at this time. They are Meryl Berlin, Ph.D., Susan Cutler, Ph.D., Susan Flinders, Ph.D., Bernadette Kovach, Ph.D., Merton Shill, Ph.D. and Deborah Tucker, M.S.W.

Merton Shill, JD, LLM, Ph.D. was born and raised in South Africa. After completing undergraduate studies in Latin, Greek and Philosophy and practicing as an attorney, he immigrated to the United States to pursue graduate study. He completed a master’s degree in law at the University of Michigan and a Ph.D. in Clinical and Personality Psychology, also at the University of Michigan. He was a Senior Research Associate in the Child Analytic Study Program at the Children’s Psychiatric Hospital, University of Michigan, Ann Arbor. A publication on toddler attachment patterns to mother and father resulted. Most recently Dr. Shill was Clinical Associate Professor in the Department of Family Medicine, School of Medicine, Wayne State University and is currently Adjunct Assistant Professor in Psychiatry, University of Michigan Medical School. He has three grown children who are pursuing careers in medicine, law and political science. Dr. Shill is a graduate adult analyst of the New York Freudian Society and a collegial member of the Association for Child Psychoanalysis. His most recent psychoanalytic publications deal with ADHD in children, signal anxiety and also self-disclosure in psychoanalysis and psychotherapy. His current research interests are in clinical technique, affect and drive theory and applied psychoanalysis. He is in psychoanalytic practice in Ann Arbor and Walled Lake. His hobbies are listening to and playing classical and jazz music, writing, reading, sailing, gardening and alpine skiing.

Profiles of Dr. Berlin and Ms. Tucker appear on page 18. The remaining new child candidates have been enrolled in the combined curriculum and are adding child analytic work to their individual programs of study.

In other news, the Allen Creek Preschool has just won an award from the Association for Child Psychoanalysis, the ACP Award for Excellence for 2006. Prior winners have been the Lucy Daniels Center in Carey, North Carolina; the Hanna Perkins Center in Cleveland, Ohio; and the Facella Parent-Child Center in New York City. The criteria for nomination and executive approval for this award include the program being created and run by child psychoanalysts; functioning for a number of years as a stable and permanent fixture in the community; achieving a level of excellence in one or more areas of training, service, research, outreach, public education or public policy; and achieving a level of excellence associated with the profession of Child Psychoanalysis and the ACP.

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Please contact:
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**Meet the Candidates**

**Meryl Berlin, Ph.D.** earned her Doctorate in Clinical Psychology in 1990 from the University of Michigan. She completed pre-doctoral internships at the University Center for the Child and Family and the University Hospital Adult Outpatient Psychiatry Service, both at the University of Michigan. While completing her doctoral studies, Dr. Berlin was a Fellow in the Bush Program in Child Development and Social Policy and a Center for the Education of Women Scholar. Her doctoral research studied mother-infant attachment in high-risk, premature infants, and she has worked extensively with infants and toddlers providing developmental assessment and therapeutic intervention. Dr. Berlin has co-authored papers on attachment security in premature infants, child advocacy in the courts, and psychological-mindedness in children and adolescents. She completed a clinical post-doc in family therapy at the Philadelphia Child Guidance Clinic. Subsequent to her post-doctoral studies, Dr. Berlin practiced in southeast Florida for eight years. She returned to Michigan in 1998. She has a private psychotherapy practice in Ann Arbor where she works with children, adolescents and adults.

Dr. Berlin lives in Ann Arbor with her husband, Michael Shulman, Ph.D., who is an advanced candidate at MPI. They have two daughters, Madeline (age 14) and Olivia (age 6), who began their high school and kindergarten educations as Dr. Berlin began her training at MPI. During her spare time Dr. Berlin enjoys walking, gardening and reading mysteries.

**Lisa Greenlee La Sala, MSW** is a clinical social worker who received her Bachelor of Arts degree in Political Science from Michigan State University in 1995. She changed professional direction and received a Master’s degree in Social Work from Wayne State University in 1999. For the last five years she has been building her psychodynamically-oriented private practice.

Ms. La Sala works with a variety of individuals and adolescents in Birmingham. She completed the Child and Adult Psychoanalytic Psychotherapy Educational Programs in 2002 and 2004, respectively. In addition, Ms. La Sala completed multiple extension division courses throughout the last several years.

At present, Ms. La Sala is pursuing her Ph.D. in Clinical Psychology at the University of Detroit-Mercy. For her dissertation topic, she has not yet fully decided on a specific area. She is most interested in exploring psychotherapy outcome research with the hope of contributing in such a way as to expand the support for psychoanalytic psychotherapy and psychoanalysis. She anticipates a graduation date of May 2008 and hopes to pursue full matriculation in Child and Adult Psychoanalysis at that time. Ms. La Sala is newly married. In her spare time, she and her husband enjoy being with friends, traveling and kayaking.

**Dr. Al Garmo** received his M.D. from Wayne State University in 2001. He completed his Residency in Psychiatry at Henry Ford Health System in 2005. He has a B.S. in Psychology from the University of Michigan. Dr. Garmo also has completed a one-year Psychotherapy fellowship at the Michigan Psychoanalytic Institute. Dr. Garmo currently maintains a private clinical practice in Birmingham where he works with adults in psychoanalytically-oriented psychotherapy. He also provides psycho-pharmacology treatment at his private practice and at Henry Ford Behavioral Health Outpatient Services in Troy and Clinton Township.

In his spare time, Dr. Garmo enjoys spending time with his girlfriend, Marla, his family and close friends. He also takes pleasure in reading, exercise, music, films and traveling.

**Deborah Tucker, M.S.W.** began her professional career as a special education teacher. In 1964, she received her Bachelor of Science degree in Education from the University of Michigan. In 1971, she received her Master of Arts degree from Oakland University. Ms. Tucker taught hospitalized and physically-challenged children from kindergarten through grade twelve. As a teacher consultant at Oakland Schools in Pontiac she organized and facilitated support groups for special-needs children and their siblings. In 1967, Ms. Tucker created a teaching program for hospitalized/homebound children in the Birmingham Public Schools. She became increasingly aware of the traumatic impact of
medical procedures and chronic illness on children and their families. This interest led Ms. Tucker to pursue a second career as a clinical social worker.

Ms. Tucker received her Master of Social Work degree from the University of Michigan in 1986. Her studies included an internship at Children’s Center in Detroit. Ms. Tucker has been in private psychotherapy practice since 1988. She works with children, adolescents and adults in her West Bloomfield office. Ms. Tucker has a particular interest in psychoanalytically-oriented play therapy and enjoys working closely with parents.

Ms. Tucker lives in West Bloomfield with her husband, Kenneth Tucker, M.D., who is an oncologist-hematologist at St. John’s Hospital in Warren. They enjoy playing duets and two-piano pieces together. Recently they formed a piano quartet consisting of two pianos, eight hands. Ms. Tucker and her husband have four children, two daughters-in-law, one son-in-law, and six wonderful grandchildren. The family spends one week each summer at Camp Michigan on Walloon Lake. This has been a tradition for thirty years. When time permits Ms. Tucker enjoys traveling, reading, swimming and kayaking.

Dr. Brad Briercheck is currently a second-year Psychiatry resident at the Detroit Medical Center. In addition to the strong foundation of psychopharmacology and psychotherapy that the program provides, he has chosen to further explore his interest in the specifics of psychodynamic psychotherapy. His interest in this area was piqued as a fourth-year medical school student when he was afforded the opportunity to do an elective with Dr. Mel Bornstein. This experience opened new avenues of thought, specifically illustrating the inadequacy of established psychiatric training in approaching psychodynamic issues. He was accepted as a pre-matriculation candidate to the Michigan Psychoanalytic Institute in 2005, where he is greatly enjoying his supplemental training and looking forward to integrating all his experiences into his future practice.

Dr. Briercheck lives in Plymouth with his girlfriend and their two Labrador retrievers. They enjoy time spent in northern Michigan and northern Ontario as well as skiing and mountain biking. He is an avid reader and has a special interest in comparative mythology and the juxtaposition of Western and Eastern philosophies.

Robert Zoltowski, D.O. is originally from the Detroit area. His undergraduate education was completed at Wayne State University where he majored in both biology and psychology. He graduated from Kirksville College of Osteopathic Medicine. He did a one-year internship at Garden City Hospital. He completed his residency training in psychiatry at the Detroit Psychiatric Institute, Wayne State University. After finishing his residency, he was involved in consultation-liaison services at both Botsford General Hospital and Garden City Hospital. He started his private practice in Plymouth. Most recently he has devoted himself full time to private practice as a general psychiatrist treating adults as well as adolescents. He is involved in teaching medical students, interns, and residents at Garden City Hospital, which he has done since graduating from residency training. He is also on the Ethics Committee at Garden City Hospital.

Dr. Zoltowski lives with his wife, Judy, and their teenage son, Jason, in Canton. In his free time, he enjoys spending time with family, reading and playing guitar.

Barbara Kilian, M.D. earned her medical degree at the Gdansk University of Medicine in Gdask, Poland. After moving to the United States, she joined the psychiatric residency training program at Wayne State University. During her residency, she completed the two-year Adult Psychoanalytic Psychotherapy Program at MPI. Following residency, she started working as a Medical Director at the University Psychiatric Center in Livonia and began developing her private practice. She also worked at the Downriver Guidance Center providing general psychiatric care for adult patients as well as consultation to psychology interns.

Currently, Dr. Kilian has a full-time practice in adult psychoanalytic psychotherapy and general psychiatry in Southfield. She is proud of her two children: her daughter started a residency program in psychiatry at WSU and her son is a freshman in the Honors College at the University of Michigan. Dr. Kilian lives in Northville, and in her spare time enjoys reading, attending theater, listening to classical music, jogging, cross-country skiing, and traveling.
Lila Massoumi, M.D. is a fourth-year resident in psychiatry at Henry Ford Hospital in Detroit, MI. She is a graduate of the George Washington University School of Medicine, Washington, D.C., and completed her undergraduate training at Duke University, Durham, North Carolina, with a B.S. in Psychology. Lila is originally from Palm Beach, Florida. She currently resides in Howell with her husband—a resident in General Surgery at Michigan State University.

Lila’s professional interests, in addition to psychoanalysis, include advanced psychopharmacology (including the rational use of polypharmacy), and she regularly pursues additional training from the Neuroscience Education Institute (NEI Global) in California. She has a personal interest in Holistic and Integrative Medicine (e.g., the use of nutritional supplements in the treatment of psychiatric disorders) and is a member of the American Holistic Medical Association (AHMA). Lila enjoys educating (via didactic teaching, public speaking, and nonfiction writing) and regularly teaches medical students and non-medical mental health care practitioners about psychiatric medications and alternative treatments.

Consistent with her interest in holistic living, Lila’s hobbies include reading about health and nutrition, and regular participation in ballet and Pilates.

Lila will graduate from her psychiatry residency program in June 2006. Her current career plans include joining the private practice of child-adolescent psychiatrist David Averbach, MD, MSIA (Oakland Behavioral Health in Novi). Lila hopes to treat adolescent female and adult patients via psychodynamic/psychoanalytic psychotherapy and conventional psychopharmacological management, in addition to remaining receptive to holistic and integrative medicine treatment options.

Suzanne Thomas, MSW, BCD is a first-year candidate at the Michigan Psychoanalytic Institute. Suzanne is a graduate of the University of Michigan School of Social Work. She obtained her Bachelor of Arts Degree from the University of Detroit, majoring in American History, with minors in English, Education and Philosophy. Suzanne’s initial passion for social work began over thirty years ago when she was a volunteer in the Appalachian Mountains. Her early interest in community organization resurfaced in her more recent involvement in the Association for Psychoanalytic Thought. Over the past ten years, Suzanne has served on the Board as a Member at Large, Secretary, Program Chairman, President and Past President.

Suzanne’s career also includes over ten years of experience in hospitals. She worked as a Medical Social Worker, an Oncology Social Worker at Harper Hospital, Oncology Social Work Supervisor, and Psychiatric Social Worker at both Harper and Beaumont Hospitals. Suzanne joined the staff of Lakewood Clinic in the mid 1980’s.

She has been attending Extension Division classes for many years and has been active in psychoanalytic study groups and training since 1990. Currently Suzanne has a private practice in Southfield. Suzanne has particular interests in the areas of grief counseling, the psychological effects of chronic illness and women’s issues.

Suzanne enjoys her husband, Michael, her daughter, Kathryn, and her amazing black-coated retriever, Lady.

Member News


Dr. Rao received the 2006 Irma Bland Award for Excellence in Teaching Residents at the University of Michigan. The award recognizes outstanding and sustaining contributions made by a faculty member, and is presented by the American Psychiatric Association Council on Medical Education and Lifelong Learning.

Barnaby B. Barratt, Ph.D., D.H.S., has been appointed Chair of the Somatic Psychology Program at the Santa Barbara Graduate Institute. Dr. Barratt is also establishing a psychoanalytic practice in Santa Barbara.

John Porcerelli, Ph.D. and Rosemary Cogan Ph.D. (Dallas Psychoanalytic Institute) have received funding from the International Psychoanalytic Association for year three of their longitudinal study, "Psychoanalysis of Patients with Personality Pathology."

Peter Blos, Jr., M.D. was elected to the IPA Board in June as a representative from North America. (There are seven representatives from each region; six are elected by IPA members of the region, and one from each region is elected by the entire IPA membership. Dr. Blos was that one for North America.) When the Board elected a representatives from each region to serve on the Executive Committee, Dr. Blos was chosen to be the North American regional representative. He has found the Board and the Executive Committee to be a great group of people to work with. The challenges and problems which face the IPA and psychoanalysis are very interesting and challenging.
Dr. Blos will be teaching at the IPA Psychoanalytic Institute of Eastern Europe (PIEIE) at the week-long session for candidates which will be held in Riga, Latvia, in February. In March he will be giving a lecture to the Dallas Psychoanalytic Society, discussing candidate and resident case presentations, presenting at the Grand Rounds of the Department of Psychiatry at the University of Texas Southwestern Medical School. Dr. Blos and his wife will also give a talk to the Foundation of the Dallas Psychoanalytic Society and Institute.

Julie Jaffe Nagel, Ph.D. gave two presentations at the American Psychoanalytic Association winter meetings. She presented her work on performance anxiety and musicians at the Discussion Group on Sports and Performance in collaboration with James Hansell, Ph.D., Chair. She also gave a paper titled, “What can we learn about psychoanalytic listening from listening to Mozart?” in the Discussion Group, “Music and Mind,” which was dedicated to the memory of the late Stuart Feder, M.D. With Stanley Coen, M.D., she co-chaired the ApsaA University Forum fundraising concert at Steinway Hall where Louis Nagel, DMA, played a recital followed by an afterglow and tour of the historic pianos. On March 4, 2006, Dr. Nagel will give two papers at the Symposium on Mind and Music at the New Center for Psychoanalysis in Los Angeles. Dr. Nagel has been invited to join the Committee for Pianists’ Wellness for the National Conference on Keyboard Pedagogy.

John Hartman, Ph.D. has been elected President of the Tampa Bay Institute for Psychoanalytic Studies, a free-standing center combining education in psychoanalysis and psychoanalytic psychotherapy. He has taught an undergraduate class in Child Development at the University of Tampa. His talk, “Propaganda and the Rise of Nazism” has been presented to the Miami Psychoanalytic Society and the Tampa Psychoanalytic Society. He gave a lecture entitled, “Dali’s Homage to Rothko: A Psychoanalytic Study” at the Dali Museum in St. Petersburg.

Dale Boesky, M.D. will be a member of the Panel “The Place of the Oedipus Complex” at the June, 2006 meetings of The American Psychoanalytic Association in Washington, DC. He will present a paper entitled: “Comparative Psychoanalysis: What Should We Compare?” to the Columbia Psychoanalytic Institute on October 3, 2006.

Kehinde Ayeni, M.D., an advanced candidate, has written a novel, Our Mother’s Sore Expectation, about the experiences of women under dictatorships in Africa. Published by Jay Street Publisher, it will be released in March, 2005.

Dr. Michael Shulman’s book review of Fonagy and Target’s Psychoanalytic Theories: Perspectives from Developmental Psychopathology was published this past fall in The Journal of the American Psychoanalytic Association.

**Publication Notices**


CALENDAR

February 11  Ann Arbor
“Anniversary Reactions: Historical Overview and Clinical Relevance”
Jon Markey, M.D.

February 19  Rochester
Reel Deal - “Crash”

February 25  Farmington Hills
SATA - Clinical Presentation

March 11  Farmington Hills
“Particular Pleasures of Psychoanalytic Clinical Work, and Notes on a History of Their Non-Discussion”
Michael Shulman, Ph.D.

March 19  Rochester
Reel Deal - “Bad Education”

April 1  Plymouth
31st Annual Symposium

April 29 - May 6  Various Locations
Visiting Professor of Psychoanalysis

May 20  Farmington Hills
“What We Know About Change Resulting From Explicit Communication and What We Are Learning About the Influence of the Implicit”
Joseph Lichtenberg, M.D.