Member Profile

The Michigan Psychoanalytic Institute is privileged to claim Dr. Channing Lipson as one of our pre-eminent clinicians. Dr. Lipson has been immersed in the practice and teaching of psychoanalysis in our community for over 50 years, and he is widely admired and much appreciated for his wisdom and skill in the art of analysis.

At the core of the analytic identity, Dr. Lipson has said, is "the physicianly attitude," a collection of characteristics which is not exclusive to physicians, but derives from wanting to be a caretaker and from being concerned about the people you are caring for. His own particular early role models for caretaking came not only from the those responsible for training him, but also from his earli-est life. His father, a successful businessman, "took care of everybody. He brought people from Europe, found them jobs," and joyfully cared for his family, his customers, and his whole community. Dr. Lipson has developed this atti-tude of fundamental respect and concern for his fellow man as well, and in conjunction with their mother and grandparents, he has conveyed this attitude to his chil-dren.

It was perhaps inevitable given his caretaking emphasis that Dr. Lipson would gravitate to the position of Chairman of the Candidate Progression Committee, where he served for many years, shepherding several generations of new analysts through their coursework and cases, always trusting them to find their own voices and develop their own unique gifts.

Absent from Dr. Lipson's accounting, but very much present in the example he set for all of us, is his adherence to the classic admonition, "Physician, heal thyself." Dr. Lipson has maintained a second, parallel career through-out his long years of analytic practice and teaching. As a violinist, Dr. Lipson has always found time to practice and opportunities to perform. A careful and attentive listener by day, he is a "speaker" through his music by night, and in so organizing his life, he has taken care of and enriched himself.

Dr. Lipson is semi-retired now, having phased out his analytic practice, but he continues to perform regularly and—to the delight of his former students—to transmit his knowledge through the written word. His most recent publication is a study of one's own auditory imagery: its genesis and its functions. One hopes this is but the over-ture to a lengthy series to come.

Hopefully expressions of his outlook can be sensed in the essay which follows. Dr. Charles Burch reports upon his recent meeting with Dr. Lipson and reflects upon his years-long association with this gifted teacher and clinician.
The 2007 Michigan Psychoanalytic Foundation Benefit celebrating our 20th anniversary honoring Harold Kulish featuring the sweet, sultry jazz sounds of Jesse Palter

November 10, 2007 Onyx Ballroom at Rock Showplace, Novi
Harold Kulish to be Honored at Michigan Psychoanalytic Foundation’s 20th Anniversary Gala

The Michigan Psychoanalytic Foundation is celebrating its 20th anniversary at the Rock Diamond Showcase in Novi on November 10, 2007. The honoree of the evening is Harold Kulish, founding member and first president of the Michigan Psychoanalytic Foundation.

Mr. Kulish has bottomless enthusiasm, broad intellect and charm. He is a distinguished member of Michigan’s professional community, a highly respected real estate appraiser, broker, investor and manager. He has long been an activist for mental health awareness in our community. His involvements in other community projects include Orchestra Hall, McShane Park, KADIMA and the DSO.

Mr. Kulish served as President of the Michigan Psychoanalytic Foundation for over a decade. He led its Board during the establishment of an annual fundraising drive that raises more money than any other psychoanalytic foundation in the USA. Harold has helped many similar foundations throughout the country by sharing the Michigan experience. He has always been the leading fundraiser in our annual campaign. Without these funds our clinical and educational outreach to the Detroit and Ann Arbor metropolitan areas would not have been possible.

His generosity and creative leadership extend to many other sectors of our community. He helped organize the effort to save Orchestra Hall and later was asked to join the Board of Directors of the Detroit Symphony Orchestra which now regularly plays in this world class music hall.

He has had a special interest in restoring neglected parks in the City of Detroit. He works together with the local communities and the Department of Parks and Recreation of the City of Detroit. He has already established four such parks. He has created gardens and bird feeding stations in many facilities of JARC and Kadima. These agencies serve mentally disturbed adults and developmentally challenged children and adults. Harold has received many awards for his public service work in the area of restoring and upgrading parks that serve the entire surrounding communities, especially for providing recreational opportunities for young people. He has received the Spirit of Detroit award by the Detroit City Council. He has also received awards from Oakland County and the Pistons Organization.

Harold’s projects are broadly aimed at helping the disadvantaged and in creating a more livable city that sustains our citizenry through music, recreation, and availability of mental health services.

We are very proud to honor Harold at our upcoming benefit.
About the Evening’s Festivities

The Michigan Psychoanalytic Foundation will celebrate its 20th anniversary with its annual benefit on Saturday, November 10th at the Rock Financial Showplace/Onyx Ballroom in Novi. The evening will begin at 7:00 with a cash bar and music reception, followed by a buffet dinner. Jesse Palter, winner of the 2006 Detroit Music Awards as Best Jazz Vocalist, will entertain us with “her clear, natural talent for transforming a well worn song into one all her own.”

The evening will conclude with a gala dessert buffet.

The benefit is the only major fundraising event of the Foundation. It supports the programs and operations of the Institute. The Benefit Committee has worked since last November to bring you what promises to be a memorable evening.

Please contact the Institute office for information and tickets (248-851-3380).

Songs to Remember

Jesse Palter, at 22 years old, has developed a reputation as a live performer throughout the Detroit area, sharing the stage with, among others, Marcus Belgrave, Martha Reeves, James Carter and Paul Keller. Until the end of the year she will be appearing every Friday evening at the new MGM Grand. Her first album was released earlier this year.

Raffle

New for this year is the Foundation’s Raffle. Among the prizes to be awarded to the lucky winners are:

- Entrée Vous - Meal Assembly/Kitchen Gift Basket, including an oven mitt, kitchen towels, a timer, coffee mug, bag clip, certificate good for 6 free entrees.
- Vintner’s - wine making party with catering
- Back Home Bakery - One year of pastries
- Now and Zen - 1 1/2 hour at-home massage
- Canton Park Dental - Zoom teeth whitening
- MB Jewelry - Jewelry art piece
- 2 Tickets for the DSO
- 2 Tickets for UMS concert in Ann Arbor
- Afternoon Delight - Brunch for two
- WRCJ 90.9 FM - Day Sponsor
- Gorman’s - Stress-less Chair
- The Kulish’s - All season condo, in beautiful green mountains of Vermont.
- And more... . .

Come prepared to enter and win with all proceeds going to the Foundation.
Outgoing MPS President’s Remarks
By James Hansell, Ph.D.

It is with mixed emotions that I complete my term as President of the Michigan Psychoanalytic Society. On the one hand, I certainly look forward to a few more evenings at home, and I have great confidence in my successor, Dr. Steven Nickoloff. On the other hand, there have been many satisfactions in the job—both in terms of our accomplishments over the past two years and as a result of the many wonderful collegial relationships I have enjoyed during this time.

In addition to our commitment to offering outstanding scientific programs and symposia—superbly accomplished by my two Program chairs, Drs. Michael Singer and Sally Rosenberg—the MPS Executive Council has undertaken two major initiatives during my tenure. The first one, finalized last year, was the long overdue updating of our bylaws. This required considerable effort, but the reward was that we are now operating on a solid foundation thanks to the wisdom of our membership which overwhelmingly approved the necessary changes. Our second major initiative is still in progress. We felt that it was time to consider expansion of eligibility criteria for membership in the Society. By the time this is published, the Society will have spoken regarding the direction they would like to take in this regard. Regardless of the outcome, this is an important and timely matter that is being debated in psychoanalytic societies across the country.

My job would have been dull and difficult without the help and camaraderie of many others. Most of all, I’d like to thank my Executive Council (Drs. Chuck Burch, Michelle Morgan, Steve Nickoloff, Dan Blake, Paula Kliger, and Barry Miller); my Program and Arrangements chairs (Drs. Michael Singer, Sally Rosenberg, and Michael Shulman); and the entire office staff. Special thanks go to Ms. Monica Simmons, who provides the Society with efficient and cheerful administrative assistance, and, of course, to Ms. Kathleen Kunkel for her constant willingness to help. In addition, Dr. Kathy Moore deserves special thanks for her indispensable work on the newsletter and the website. I am indebted as well to all of the MPS committee chairs and committee members without whose volunteer efforts we could do nothing. Finally, profound thanks to my family, which has been supportive and forgiving throughout my years in this position. I look forward to continued involvement in the MPS as past President, and I thank all of our members for their support and commitment to the Society.
Congratulations, APPEP and CPPEP!

A special ceremony was held on June 13 at the Farmington Hills campus to honor those who successfully completed either the Adult Psychoanalytic Psychotherapy Program (APPEP) or the Child Psychoanalytic Psychotherapy Program (CPPEP).

The faculty and directors of the Psychoanalytic Psychotherapy Education Programs would like to congratulate the following graduates:

From the APPEP program: Nadia Elmagrabi, M.A., Lauree Emery, Ph.D., Diane Grech, M.S., Brad Klemm, L.M.S.W., Robert MacDonell, M.A., Christina Repay, M.S.W., and Halusia Witkowski, M.S.W.; and from the CPPEP program: Norma Wolford, M.S.

We would also like to thank them for their interest and passionate commitment in their ongoing effort to increase their psychoanalytic knowledge. This group of graduates has been particularly motivated and cohesive as evidenced by the decisions of most of the APPEP class to add a voluntary third year to their training. We look forward to a continued collegial relationship.

“Extension Division” Renamed “The Continuing Education Division”

The Extension Division now has a new name: “The Continuing Education Division.” The change was made to express more clearly the function of this MPI division. The programs under the umbrella of the Continuing Education Division are: The Adult Psychoanalytic Psychotherapy Program (APPEP), the new Child Development & Clinical Issues Program (CDCIP), the Ann Arbor and Farmington Hills Psychotherapy Fellowships, Seminar Series & Individualized Classes, and Study Groups.

2007 Annual APT Program: Race, Culture, and Social Class in the Therapeutic Alliance

By Gene Hudson, M.A.

Dr. Neil Altman, Clinical Professor in the Post-Doctoral Program in Psychotherapy and Psychoanalysis at New York University, will present psychoanalytic perspectives on the issues of race and culture as well as a discussion of transference and countertransference as it relates to race, culture, and social class differences between the therapist and patient. He will also be presenting clinical material to enrich his presentation.

Dr. Usha Tummala-Narra of the Association for Psychoanalytic Thought will present an in-depth case for discussion by Dr. Altman and interaction with the audience.

The presentation will be held on October 27, 2007, from 9:00 a.m. until 4:00 p.m. 4.5 CEU/CME credits will be offered for those completing the program. For more information, contact Monica Simmons at the office, (248) 851-3380.

Volunteer Therapists Needed to Help Military Reservists and Families

By Paul Dube, L.M.S.W., President of APT

Would you be willing to volunteer a few hours of your professional time to assist our Michigan military personnel and their families? SOFAR Michigan (Strategic Outreach to Families of All Reservists) can use your help. SOFAR is a national organization that provides free mental health services to reservists and their families prior to the reservist’s deployment to Iraq or Afghanistan, during their deployment and upon their return.

SOFAR was conceived by Dr. Ken Reich, a psychoanalyst from the Boston area. He is president of the Psychoanalytic Couple and Family Institute of New England and co-president of SOFAR.

I would urge you to go to www.sofarusa.org to learn more about this fine organization. You will learn that families are the invisible casualties of war. They face anxiety, depression, and potential secondary trauma. As such, SOFAR is committed to building resilience and preparing the families for the return and reintegration of the soldier.

A committee has been formed to implement SOFAR in Michigan. The committee will be responsible for raising funds and for certifying/credentialing qualified psychotherapists interested in providing pro bono services to reservists and their families. In addition, all qualified therapists would participate in an in-service training (conducted by Dr. Reich) that would include such topics as how to fill out required paper work, understanding the special needs of reservists and their families, understanding how the military bureaucracy works, how to connect up with and maintain collegial relationships with military personnel and when necessary attend available presentations on trauma in both adults and children.

If you are interested in learning more about SOFAR, serving on Michigan SOFAR’s committee or would like to become a volunteer psychotherapist, please e-mail Paul Dube at padcsd@aol.com.
Board Member Karen Colby Weiner Elected President-Elect of the Michigan Psychological Association

Karen Colby Weiner, J.D., Ph.D., a member of the Michigan Psychoanalytic Foundation Board of Directors, has been elected President-Elect of the Michigan Psychological Association. In December 2006, she completed her 8th and final year as a member and vice-chair of the Michigan Board of Psychology, and has served as president of two other statewide organizations, the Women Lawyers Association of Michigan and the Michigan Society for Psychoanalytic Psychology. During her tenure in the active practice of law, Dr. Weiner served as a law clerk to Justice G. Mennen Williams of the Michigan Supreme Court, after which she was associated with the law firm of Dickinson Wright.

Thomas Kane Honored by Michigan Department of Community Health

Thomas P. Kane, D.O. was honored with a resolution by the State of Michigan, Department of Community Health, for his many contributions to the Michigan Health Professional Recovery Committee, which has oversight responsibilities for the Michigan Health Professional Recovery Program. Dr. Kane served first as Vice Chairperson (2002-2004) and then as Chairperson (2004-2006) of the Committee. He was also Chairperson of the Review Subcommittee as well as a member of the Education and Outreach, Clinical and Policy, and Data Subcommittees. The State commendation lauds Dr. Kane for giving “untiringly of his time, vigor, zeal, enthusiasm, energy, and knowledge,” to the HPRC and recognizes “his loyal, faithful, conscientious, and outstanding public service.”

LGBT Study Group

The LGBT Study Group which began last year continues to meet monthly and welcomes new members. The group is open to interested therapists of all psychotherapeutic and sexual orientations. To R.S.V.P. for the next session, please contact Dr. Don Spivak at (248) 540-7775.

Continuing Education Division
News for 2007-2008

Psychoanalytic Psychotherapy Fellowships
The Continuing Education Division of the Michigan Psychoanalytic Institute is pleased to offer two Fellowship Programs, one in Ann Arbor, and one in Farmington Hills. The Fellowship is a one-year, clinically-based program which meets for one class session per week. It is designed to introduce and further develop an understanding of psychoanalytic principles as applied to psychotherapy with adults, children, and adolescents. MPI faculty members present clinical material to illustrate a psychoanalytic approach to clinical work. Discussion of the case material is utilized to examine psychoanalytic concepts and clinical technique as applied to psychoanalytic psychotherapy. Half of the clinical material presented during the year is from work with adult patients. The other half of the year, child analysts present and discuss clinical material from the treatment of children, adolescents, and their parents. The Fellowship Program is ideally suited for mental health clinicians who are in practice, recently graduated, or in training in their respective fields (psychiatry, psychology, social work, counseling, or nursing). It is also useful as preparation for clinicians who are considering more extensive training in psychoanalytic psychotherapy or psychoanalysis in the future.

Tuition: $750.00.

For further information regarding the Fellowship Programs, please contact one of the Program Directors or the Program Administrator:
Farmington Hills Program Directors:
Sally Rosenberg, M.D. (248) 626-7735, srose51@aol.com
Jolyn Wagner, M.D. (248) 258-9085, jwwmo4@aol.com
Ann Arbor Program Directors:
Joshua Ehrlich, Ph.D. (734) 663-7839, jehrlich@comcast.net
Michael Shulman, Ph.D. (734) 623-0025, mshulmanphd@lycos.com
Program Administrator: Jean Lewis 248-851-3380, jlewis@mpi-mps.org

Child Development & Clinical Issues Program
The Child Psychoanalytic Psychotherapy Educational Program has been redesigned as a one-year program, with...

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.
two classes weekly. It was created to further the education and career development of local professionals who are interested in child/adolescent, and family well-being, and who come from a wide range of professional backgrounds. Please see page 10 for details about this exciting new program.

**Adult Psychoanalytic Psychotherapy Educational Program**
This intensive 2-year program, with three classes weekly, is designed for licensed mental health professionals, who are currently practicing psychotherapy and who wish to further their professional skills. Many mental health clinicians feel that graduate training has not fully prepared them to work confidently with patients in a psychotherapeutic setting, and they wish to enhance and deepen their understanding and capabilities as therapists. The goal of our 2-year psychotherapy program is to further develop clinicians’ understanding and skills in psychoanalytic psychotherapy. The program consists of didactic courses which examine psychoanalytic theory and the psychoanalytic understanding of development, psychopathology and clinical technique as applied to psychoanalytic psychotherapy. A special feature of this program is the series of child development courses in which participants in APPEP and the Child Development & Clinical Issues Program study together. In addition to the didactic courses, clinical case conferences are offered throughout the two years, with both short- and long-term treatments presented by members of the class. The educational experience of the APPEP is further enriched by clinical supervision required throughout both years. Criteria for enrollment include a license to practice psychotherapy in Michigan and malpractice insurance coverage. Personal analysis or psychotherapy is strongly recommended. Tuition: $1750 per year. Supervision with MPI faculty: at a negotiated fee. For further information regarding the APPEP, please contact one of the Program Directors (Richard Fish, Ph.D. (248) 350-8787, fish8815@yahoo.com; Kathryn Frerichs, Ph.D. (248) 851-0546, kathrynfrerichs@yahoo.com) or the Program Administrator, Jean Lewis 248-851-3380, jlewis@mpi-mps.org.

**Seminar Series, Individualized Courses and Study Groups**
Courses specifically designed for mental health clinicians, academics, and other members of the community are offered throughout the academic year. These classes meet weekly for 4-6 weeks in Farmington Hills or Ann Arbor. Beginning, intermediate, and advanced level courses are offered and provide the opportunity to study a variety of theoretical, clinical, and applied topics from a psychoanalytic perspective. Fee: $25 per ½ hour class session.

Two courses are planned for the fall, “Psychoanalytic Work with Couples,” taught by Glenn Good, Ph.D.; and “Some Perspectives on Psychoanalysis and Sex Therapy in Clinical Practice,” taught by Mark Ziegler, Ph.D., Joshua Ehrlich, Ph.D., & Reena Liberman, M.S.

Individualized courses and ongoing study groups can be developed for groups of six or more participants and can be held either at our Farmington Hills or Ann Arbor buildings or at another mutually agreed upon site. The background and interests of the group members will determine the content as well as the format of the class. This is an excellent opportunity to individualize a course for a professional staff in-service program. Fees are at the same rates as Seminar Series courses.

For further information, please contact the Program Director, Daniel Blake, Ph.D., (248) 398-3693, dsb726@aol.com; or the Program Administrator, Monica Simmons, (248) 851-3380, msimmons@mpi-mps.org.

**Michigan’s Health Professional Recovery Program**
by Thomas P. Kane, D.O.

Immediate Past Chairperson, Health Professional Recovery Committee

It is estimated that 10% to 15% of all health care professionals will abuse alcohol and/or drugs at some time during their career. Although the rates of substance abuse and dependence are similar to those of the general population, the prevalence is disturbing because they are the caregivers responsible for the general health and well-being of the public. To better address this problem the Michigan legislature established the Health Professional Recovery Program (HPRP) in 1993 under Article 15 of the Michigan Public Health Code. This was a result of many health professionals and their professional associations lobbying for a non-disciplinary, treatment-oriented approach to those licensed health care professionals who have the treatable diseases of substance use and/or mental health disorders.

Prior to this legislation, the only recourse available to health professional licensing boards was disciplinary action, which resulted in a permanent record and did little or nothing to address the underlying issues that brought licensees to their attention. Health care professionals with these disorders often avoided seeking treatment for fear of discovery and regulatory action. The HPRP is structured to allow licensees to address their substance use and/or mental disorders on a voluntary, confidential basis while also ensuring that the public is
Participation in the HPRP provides the opportunity to save a career from the damage of professional discipline and reporting of regulatory action to national data banks.

health professionals are required to make good faith reports of any suspected violation of the Code to the MDCH's Bureau of Health Professions. This means that as a licensed health care professional, if you become aware of another licensee's impairment (or potential for impairment), you must report that licensee to the MDCH Bureau. However, Section 333.16223 of the Code allows a report of suspected substance use or mental health disorders to be made to the HPRP in lieu of the MDCH. Exemptions to reporting include those licensees involved in a bona fide provider-patient relationship, or information obtained during an ethics or peer review function, whether for a professional association or in a health facility or agency.

Participation in the HPRP provides the opportunity to save a career from the damage of professional discipline and reporting of regulatory action to national data banks. This means if a licensee/registrant is referred to the program, has a qualifying diagnosis, and complies with the HPRP requirements, his or her name will not be disclosed to state regulatory authorities or the public. Records of HPRP participants are destroyed five years after successful completion of the program provided there are no readmissions during that time. Participants who fail to comply with HPRP requirements are referred to the MDCH Bureau of Health Professions for possible regulatory action. Regulatory actions are public information and generally reported to national data banks. The HPRP has evolved to include monitoring of licensees who have been mandated by their respective licensing board or disciplinary subcommittee to participate in the program as a condition to either regain their license or registration to practice, or who as a condition to remain licensed or registered.

The HPRP relies on a collaborative and cooperative relationship between DCH, the private contractor, the HPRC, as well as treatment providers located throughout Michigan. The legislation authorizing the HPRP created the Health Professional Recovery Committee (HPRC), which oversees the program, develops policies, and provides consultation to other partners of the HPRP. The HPRC is composed of a member appointed by each health profession licensing board plus two public members appointed by the director of MDCH. The authorizing legislation requires MDCH to contract with a qualified private entity (Contractor) to act as a consultant to assist the committee with administration of the program. The current contractor is Health Management Systems of America (HMSA) and administers the day-to-day operations of the HPRP in accordance with the authorizing legislation and the policies and procedures established by the HPRC. The MDCH Bureau of Health Professions provides contract administration and other administrative support to the HPRC as well as education and outreach. License and renewal fees collected by the Bureau fund the HPRP contract through the Health Professions Regulatory Fund. The private contractor maintains a network of approved providers for evaluation, treatment, and monitoring of participants. Licensees are responsible for evaluation and treatment costs. The providers in the network are required by HPRP policies to have expertise and experience in evaluation, treatment and aftercare services for impaired health care professionals.

There are many potential signs of impairment. These may include changes in work habits such as missing work or frequent tardiness, failing to keep scheduled appointments, late or missing reports or assignments, inappropriate behavior with patients, unacceptable error rates, or volunteering for drug-oriented tasks. Other signs may include physical changes such as deterioration in personal hygiene and emotional or behavioral changes such as irritability, anxiety, social/professional withdrawal, and defensiveness when their drinking, use of drugs, or emotional instability is mentioned.

Licensees are referred to the program in a variety of ways. Information regarding a particular health care professional who may be impaired may come from colleagues, partners, hospital administrators, patients, family members or DCH. All reports to the HPRP by the reporting parties are held in strict confidence, with protection from civil and criminal liability as long as the information is given in good faith.
professionals who are interested in child/adolescent development and Clinical Issues students, will be linked to the developmental stage discussed in the child development class that week. It will be more clinical and practical—including case vignettes and relevant issues. Group discussion will be central to all classes. Though not required, individual supervision or case consultation will be available at a negotiated fee with faculty and other Institute members, depending upon the student's interest. The CDCIP Tuition is $1300.

We believe that bringing a psychoanalytic perspective to a wide array of professional people who work with children, adolescents and their families will be helpful both to the professionals and to the children in their care. We hope that those who work with children will consider enrolling in this program, and will help us to spread the word about the CDCIP to the wide variety of professional people that we hope to reach.

Questions about the CDCIP can be directed to either of the CDCIP Directors: Jonathan Sugar, M.D., (734) 741-0040, jasugarmd@gmail.com and Joshua Ehrlich, Ph.D., (734) 663-7839, jehrlich@comcast.net; or to CDCIP Program Administrator Jean Lewis, (248) 851-3380, jlewis@mpi-mps.org.

New Joint MPI/APT Course Series

The Michigan Psychoanalytic Institute Continuing Education Division and the Association for Psychoanalytic Thought are developing a new series of courses which will be co-administered by the two organizations. Each course will be co-taught by an MPI psychoanalyst and an APT psychotherapist. The new format provides unique teaching and learning opportunities for members of both groups. The first course in this series will be “Psychoanalytic Perspectives on Film” co-taught by Jolyn Wagner, M.D. (MPI) and Dave Lundin, M.A. (APT). The course will meet on Wednesday evenings at 8 p.m. from October 17 - November 21.

If you have any questions regarding this new series, please contact Daniel Blake, Ph.D. (dsb726@aol.com) or Suzanne Rodgers, L.M.S.W. (suzrogers06@hotmail.com).
On February 3, for the seventh consecutive year, the University School of Music was the setting for the Performance Anxiety Program, which is co-sponsored by the Michigan Psychoanalytic Institute and the University of Michigan Department of Outreach. This year’s program highlighted the interface between performance anxiety, career choice, and entrepreneurship. Each member of the interdisciplinary panel spoke about his or her own career choice and motivations for multiple career goals. Performance anxiety was also addressed as an issue for a number of people, not just musicians, who find that their professional and personal lives are impeded by internal inhibitions as well as the external conditions that affect career choice and career change.

Panelists included Stacy Whitsell Ridenour, who talked of beginning her career as a piano major at the University of Michigan but whose interests led her to graduate school in New York to earn a degree in business. She spoke of following her “passion” and discovered her talent in working with people in arts management. Currently, she is Executive Director of the Kalamazoo Symphony Orchestra and has spearheaded fundraising efforts that have brought in over 4 million dollars to the Orchestra and established new concert series. Her husband, Rich Ridenour, also a UM piano graduate, talked about his career path that has included teaching at the university level and his interest in young musicians which led to the development of such programs as the Gilmore International Keyboard Festival educational program in Kalamazoo. As a performer, Rich has played with numerous symphony orchestras, recorded “Piano Pops” with the Grand Rapids Symphony, and arranged popular music. He focused on the importance of networking. Both Ridenours emphasized the importance of the teacher/student relationship and recalled that 25 years ago their piano teacher at UM, Louis Nagel, DMA, had advised them to keep their career options open to find ways to fully express their talents.

Charles Burch, Ph.D., psychoanalyst in private practice in Ann Arbor and Farmington Hills, shared his experience of first earning a music performance degree in organ from Wayne State University where he also was a singer with the Detroit Symphony Orchestra Chorus. Dr. Burch found his way to psychoanalytic training as he realized that his interest in mental health superceded his interest in performing. Dr. Burch emphasized the importance of getting to know oneself and one’s motivations as career decisions are being made, adding that one must often deal with disappointing others who may feel differently about your decisions. Sheena Law is currently a Master’s student in voice performance at the University of Michigan and Graduate Student Coordinator of the Outreach Program at the UM School of Music. She will graduate this spring after singing the lead role in the UM production of The Bartered Bride. She talked about the audition process and the process of moving beyond being a student into the professional world. She shared her recent audition experiences and how she experienced various levels of comfort and discomfort singing in front of juries.
Affect Management in the Psychoanalytic Treatment of Trauma

By Richard K. Hertel, Ph.D.

Harold Blum (2003), near the end of an extensive review of psychoanalytic trauma literature, stated the following: "Traumatic experience cannot currently be conceptualized solely in terms of unconscious conflict and compromise formation." The obvious question then is: what else is needed? Henry Krystal (1988, 2006), along with Bjorn Killingmo (1989), Salman Akhtar (2000), myself (2003), and a host of others, would offer that the whole area of affect management is essential to conceptualizing and working with the traumatic experience. Current neuroscience research supports the need for inclusion of affect management intervention in the treatment of psychological trauma (Van der Kolk, 2000, Scaer, 2001).

We all have had intense emotional experiences. Part of each experience has involved a surge of feeling. It is often that surge that gives us a sense of conviction concerning the experience and, when we can contain it, engages us to reflect upon it. A person with affect management difficulties cannot profitably use that emotional surge but, instead, must somatize, intellectualize, dissociate, or go into thoughtless action in order to dissipate it. Severe psychological trauma often involves surges of feelings so intense that the ego's affect management functions become unable to "contain" the experience.

As with so many psychological terms, affect management has many meanings to many people. I'd like to briefly define my use of this concept drawn from Krystal, Killingmo, and Akhtar. Optimal affect management involves seven functions:

1) Maintenance of clear boundaries between fantasy and reality;
2) Maintenance of clear boundaries between self and other;
3) Conscious awareness of somatic sensations and psychological states as indicators of affects: e.g., feeling energized, malaise, tiredness, even physical pain;
4) Ability to identify an affect and differentiate it from other affects: e.g., anxiety, depression, anger, sexual arousal, and affection;
5) Ability to integrate a present, affective experience with similar past experiences;
6) Ability to fantasize how one might react to the affective experience, i.e., "trial actions" as to what one might do with or about the affect being experienced;
7) Ability to select an appropriate action including mode of affect expression, for example:

A patient adopted by a mean aunt, who has always needed to be the "good girl," has just recently been getting in touch with her angry feelings. While anticipating some sniping from the aunt at an upcoming gathering she said, "OOOH! I could take a baseball bat and smash her to bits!! If she says one thing I'll punch her out! No, I can't do that. (pause) I know. I'll tell her what a miserable bitch she's been and that's why no one has anything to do with her. No, people have told her off before. She just doesn't get it. I'd just look like a fool. (pause) If she starts to snipe, I'll just say, 'You're being mean, I don't care to listen to that,' and just walk away."

All seven functions must be operative for any person to perform at a normal/neurotic level. All of the above functions can be compromised by psychological trauma. Before a patient can work with unconscious conflict related to any experience, he or she must be able to manage that experience by use of the above seven functions. When there is a history of psychic trauma, the patient is likely to need help with some or all of these.

The above would suggest the following types of interventions:

1) First and foremost, with appropriate timing, actively assert and show respect for the boundary between you as therapist and the patient as your patient. If boundary violations exist in the history, you cannot assume that your patient assumes that a boundary exists in the present, even after many years of work.
2) Actively note the boundary between fantasy and reality again and again and again. This boundary is often unclear to those whose boundaries have been breached (Volkan & Ast, 2003). The boundaries referred to in 1 and 2 must be well established before the following will have much therapeutic effect.
3) Become conversant with your patient's action language. Actively invite an attempt to understand what made certain behaviors seem appropriate or inappropriate when they occurred, and listen for links to the trauma experience. Especially for traumatized patients, actions (including how actions are carried out) may be the only means by which a trauma can be expressed and thus may speak much louder than words (van der Kolk, 2000; Scaer, 2001). As you and your patient learn the meanings attributed to actions, you build a foundation for replacing action language with verbal language. Careful observation of any non-verbal communication may provide access to implicit memory, as well (Tutte, 2004; Westen, 1999; Olds and Cooper, 1997; Davis, 2001; Allen, 1995; Pally, 1998; Clyman, 1991) and the "unthought known" (Bollas, 1987).
4) Actively encourage a patient to fantasize reactions to his or her feelings and be ready to explore his or her reluctance to do so, as a defense.
5) As feelings come into the analysis, encourage your patient to explore other times she or he has felt that way.
6) Encourage clear descriptions of feeling states, and be ready to help your patient untangle and label specific feelings that have been vaguely and globally experienced, often intertwined with other feelings. This will help your patient develop a verbal language to replace the action language and preclude the need for somatization, intellectualization, dissociation or mindless action.
7) Sensitize your patient to the potential for any action,
somatic sensation, or psychological disposition to be an indicator of an important affect. Trauma often stirs intense body experiences which are then dissociated. Hence, dissociation from the body experience is an important “trauma site.” Helping the patient reconnect with a dissociated body experience, i.e., get back into his or her body, is an important aspect of affect management repair (Krystal, 1988; van der Kolk, 2000; Scaer, 2001; Fonagy, 2007).

The analyst must be keenly aware of and ready to intervene in two realms of psychic functioning at any given time: compromise formation (Brenner, 1982) with its attendant transference fantasies, and affect management. While primarily focused upon compromise formation, one must keep an eye out for affect management difficulties; and when focusing on affect management one must try to frame those issues in terms of extant compromise formations and fantasy.

With the above in mind I would like to suggest five ways that working with trauma is different from working with compromise formation. (I am indebted to the seven American Psychoanalytic Association’s “Trauma in the Transference” Discussion Groups from 2004 to 2007 which stimulated the following thinking.)

1) When one has simply fantasized that something terrible could be or has been done to one's self, the psychological harm usually can be undone by understanding the fantasy. When something terrible really has been done to a person, action takes on more importance and some form of action may be helpful in undoing the harm. This poses a dilemma for the analytic therapist who must disavow action. However, the use of fantasy, especially fantasy about action, can be a helpful medium for undoing the harm. (Another mitigating factor in this domain is the therapist’s action of doing no harm.)

2) Most non-traumatized patients bring to the working alliance a transference that has at its core a sense of safety and basic trust from the good-enough aspects of their good-enough caregiver(s). Someone who has been abused in childhood brings, even to the “working alliance,” a transference involving something more like a “deal with the Devil,” which usually has at its core the abusive aspects of the abusive caregiver with whom the patient had to form a severely flawed and dangerous “alliance” just for survival. This goes beyond “identification with the aggressor” as a defense (which is also present) to an historically realistic primal sense of the “other” as never sufficiently altruistically caring. This is not nearly as readily neutralized by interpretation as most neurotic negative transferences. Knowing this can help us retain empathic stance as we are assaulted almost daily by the abuser transference and fortify us to remain a new, consistent, caregiving object to be internalized.

3) Countertransference to transference neuroses involving reasonable affect management primarily entails the analyst's normal/neurotic personal reactions. Countertransference to transferences involving problematic affect management has added dimensions and complexities. For long periods of time the therapist must hold and contain raw, intense, volatile experiences, often without knowing exactly what they are. Meanwhile the analyst must be the patients’ “auxiliary ego,” neutralizing and providing words so that the experience can be contained for reflection and understanding. The analyst is also modeling the above seven functions for the patient and engaging the patient in employing them. These more raw feeling states often resonate with unworked-through states in the analyst who then may somatize, intellectualize, dissociate, or even enact them. The analyst must sort out what is coming from the patient (in Kleinian terms, being projected into the analyst) from his or her own reactions. Given the primitivity of the feelings, it is tempting to see them all as coming from the patient and not maintain sufficient management of one's own affect. Some analysts become involved in tragic enactments; many more tend to somatize, intellectualize, or dissociate, thereby depriving the patient of desperately needed affect management assistance.

4) Patients struggling with normal/neurotic compromise formations are usually amenable to considering their transference reactions to be “as if” manifestations of their own fantasy life. Traumatized patients in whom the fantasy/reality boundary has been breached experience transference reactions very concretely as actual qualities of the analyst. The analyst must “hold” some often egregiously depraved sense of him/herself for long periods of time until affect management structures are strong enough to contain the powerful feelings that will be unleashed by its interpretation. The analyst must possess a strong sense of self and develop sufficient neutrality towards fantasies of depravity so as to neither prematurely interpret nor defensively deny their presence.

5) Working with neurotic level compromise formation typically entails establishing “an analytic frame” in which internal experience may become externalized in a transference, which can then be interpreted and worked through. We optimize this by bringing only necessary, minimal structure to the analytic situation. Working with the traumatized ego involves actively establishing an external environment in which it is safe to experience affect, and fantasize about related actions. The dyadic structure of that safe environment may then be internalized and replace or repair the affect management structures damaged by trauma.

The above has been cast to contrast working with compromise formation versus affect management issues. In actuality, even the most healthy normal/neurotic person has some pockets of affect management limitation. Freud said that all neuroses were an attempt to solve some infantile trauma; and patients with severe affect management difficulties need much work with their compromise formations to return more completely to a sound mentally healthy condition. Even in the “purest” classical technique there occurs some of what has been described here as affect management facilitation, explicitly and implicitly. What is suggested here is a large change in emphasis from a primary focus upon interpretation of defense to a primary focus upon affect management when working in areas related to severe trauma.

Ed. Note: A complete bibliography is available from the author upon request, rkhertel@umich.edu. •
This movie has been widely touted as a “breakthrough” piece because of its frank portrayal of the love between two men, a story of “forbidden love” that has universal ramifications, and so on. But what kind of love and why? This is not a movie primarily about homosexuality, in my view. What about the recent study in The Annals of Medicine which showed that 10% of a sample of men in NYC who described themselves as “straight” had had only other men as sexual partners and never a woman. Are these men homosexuals? Cinematically the film creates wonderfully well the boozy, denim, cigarette-sucking, bronco-busting, beer-guzzling, spit-laced axis of manhood. It tells us these are real men...and that they have sex with each other--these men, yes they do. Jack Twist is a disinherited son--emotionally disinherited, alienated from the legacy of having had a loving father, lonely when he is drunk, lonely when he is with his wife, lonely when he is with Ennis. Lonely? No, hungry, always hungry. Ennis, whose parents “ran themselves off,” as he poignantly says, finds it painful just to inhabit his skin. They do have women in their lives, and even children, but the old hunger persists-- for four years after the initial encounter. Jack’s gaudy bauble of a wife can’t reach his heart; Ennis’ other which was lacking in their wives and this was the hunger that could not be denied. So: were these men homosexual? Bisexual? It depends on whether you look merely at their object choice and sexual behavior or whether you look at their motivation. I suggest that this film is about maternal deprivation which is re-created by each in his relationship with his wife, and so the insatiable longing builds. Both characters in search of that fantasied loving mother which they were both denied and finding it in someone of the same sex. Perhaps this is not accidental. Could they risk a woman again?

But back to sexuality. What kind? The research literature differentiates between three aspects of a person’s sexuality: gender identity, sexual orientation and sex role preference. Gender identity refers to the subjective sense of maleness or femaleness which the person feels and identifies as his/her core identity in terms of maleness or femaleness. Sexual/ gender orientation refers to the choice of object or person of erotic interest who is chosen as a sexual partner. Sex role preference is usually understood as referring to those socially-designated behaviors, attitudes or roles which are thought to characterize one sex or the other.

Jack and Ennis are clearly male in their gender identity and sex role preference. What about their choice of love object? Freud began early in his career to consider this in relation to bisexuality, the suggestion apparently coming from Fliess, to whom he writes on August 1, 1899: “…[B]isexuality! You are certainly right about it. I am accustomed myself to regarding every sexual act as a process in which four individuals are involved” (Masson, 1985, p. 365). Later, in The Ego and the Id, Freud (1923) says: “…one gets an impression that the simple Oedipus complex is by no means its commonest form, but rather represents a simplification…. Closer study usually discloses the more complete Oedipus
complex, which is twofold, positive and negative, and due to the bisexuality originally present in children: that is to say, a boy has not merely an ambivalent attitude towards his father and an affectionate object-choice towards his mother, but at the same time he also behaves like a girl and displays an affectionate feminine attitude towards his father and a corresponding jealousy and hostility towards his mother. At the dissolution of the Oedipus complex the four trends of which it consists will group themselves in such a way as to produce a father-identification and a mother-identification.

The “relative intensity of the two identifications in any individual will reflect the preponderance in him of one or other of the two sexual dispositions” (SE, XIX, 33-34).

The “relative tendency of the two dispositions”—bisexuality—referred to by Freud is influenced in part by deprivation, trauma and loss. The impact of these factors can determine either gender identity or sexual orientation or both. I suggest that in this film we see the distortion of oedipal solutions due primarily to maternal deprivation. The result is the “relative tendency” as Freud calls it, to choose the same sex object—the father of the negative oedipal configuration—in identification with the lost object, i.e., the mother. Here an identification replaces, stands for, an object attachment to the mother. Simultaneously, this object preference compensates for the lost maternal object, much in the way Freud suggests that the first post-oedipal object choice of the girl who has not resolved her dependency on her mother is often a man who resembles that mother. Clinically, we see this quite often in women. In this film, it is the peremptory, desperate, driven quality of the relationship which betrays the presence of maternal longings. Freud did not spell out the impact of the preoedipal experience nor the loss of a parent as a developmental interference in the resolution of the Oedipus Complex due to trauma or loss. This film suggests one such outcome, from among many: due to bisexuality, i.e., from the four individuals involved in these sexual acts, the mother and father of both the positive and negative aspects of the oedipal situation, the predominant erotic object in traumatic loss can be the negative oedipal father who was the choice of the lost and longed-for mother, i.e., through an identification with her erotic object choice. The choice of erotic object does not influence gender identity but influences choice of the sex partner in a relationship which substitutes and compensates for a lost/unsatisfactory earlier one with the mother.

Brokeback Mountain is certainly about love, but I suggest it shows us the persistence of that love that will cause people to flaunt convention and opprobrium in their quest for an idealized, longed-for relationship of early childhood from the loss of which they never recovered.

References

Freud, S. (1923). The Ego and the Id. SE, 19, 3-66.

Book Review

Dale Boesky’s “Psychoanalytic Disagreements in Context”

By Warren S. Poland, M.D.

In this innovative contribution of historical importance, Boesky provides a breakthrough way for psychoanalysis to move beyond its present Babel of Pluralism. While valuing each of the various analytic points of view, Boesky shows that there can never be a simple Rosetta stone for translating one psychoanalytic point of view into another. However, he then moves beyond that limitation to develop brilliantly a methodology for comparison of analytic understandings, taking us from examination of what we think to that of how we think.

Boesky proposes and elucidates the promise of contextualization, clarifying an essential vocabulary and opening the way for appreciation, comparison and integration of various psychoanalytic understandings. While doing all of this, Boesky takes us beyond false battles, such as that of analysis as a scientific vs. a hermeneutic enterprise.

And what makes this major leap forward in our thinking all the more estimable is the uncommon clarity with which Boesky exposes the issues, their development, and the possibilities for resolution. The book is readable, indeed reading like an engaging conversation.

This work, respectful of diversity, expresses a rare passion for inquiry shaped by precision of thought. It is an essential reading for all analytic thinkers, having the capacity to move future analytic debate from parochial polemics to constructive discourse.

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Milestones

Lena Theodorou Ehrlich, Psy.D. was appointed Training and Supervising Analyst in Adult Psychoanalysis by the Board on Professional Standards of the American Psychoanalytic Association in June, 2007. Dr. Ehrlich received her doctorate at the University of Denver and completed her internship and postdoctoral training in clinical psychology at Cambridge Hospital at Harvard Medical School. She is a graduate of the Adult Psychoanalytic Training Program at the Michigan Psychoanalytic Institute and is certified in Adult Psychoanalysis by the American Psychoanalytic Association.

Dr. Ehrlich has been a member of the Michigan Psychoanalytic Institute faculty and has taught courses in the core curriculum, electives, and seminars for the Continuing Education Division. She is also an adjunct faculty member in the psychiatry department at U-M, where she supervises and teaches residents. In addition, she has been involved in committee and outreach work for MPI and MPS, having chaired the Liaison and Outreach Committee, the Task Force on Revamping the Website and having served as a member of several other committees. Dr. Ehrlich’s areas of professional interest include the development of psychoanalytic identity and practice, the analyst’s resistances to beginning and deepening the treatment, and the role of depression and mourning in the analytic process.

Dr. Ehrlich has a private practice in psychoanalysis, psychotherapy and supervision in Ann Arbor, where she lives with her husband, Dr. Joshua Ehrlich, and her teenage son, Alexi. Her older daughter, Anna, just began her first year of college in New York.

Julie Jaffee Nagel, Ph.D. was Certified in Adult Psychoanalysis by the Board on Professional Standards at the June Meetings of the American Psychoanalytic Association in Denver, Colorado. Dr. Nagel is in private practice in Ann Arbor and is on the faculties of MPI and the University of Michigan Department of Psychiatry. Trained as a pianist at The Juilliard School before making a career change to psychology and psychoanalysis, her work blends music and psychoanalysis. She has published and given presentations on performance anxiety and most recently on Donizetti’s Opera, "Lucia di Lammermoor" at the New Orleans/Birmingham Psychoanalytic Institute and at the ApsaA meetings in Denver. Her paper, "Melodies of the Mind: Mozart in 1778," was published in the Spring 2007 issue of American Imago and her article on Verdi’s “Otello” is in press at Psychoanalytic Quarterly. Dr. Nagel has received the Nathan Segel Award for two of her papers, and is on the Editorial Boards of American Imago, The American Psychoanalyst (TAP), and Medical Problems of Performing Artists. She was a member of the Apsa Program Committee for three years. She is Chair of the Ann Arbor Committee of MPI and is very involved in outreach activities. Dr. Nagel enjoys spending time with her husband, Louis, Professor of Piano at the University of Michigan, her daughter and son-in law, and playing with her two granddaughters who know the locations of all of the Fairy Doors in Ann Arbor.

Meet the Candidates

Erika Homann, Ph.D. graduated from the University of Michigan Clinical Psychology Program in 1997, and after that worked in a number of settings, including the Detroit Psychiatric Institute, Hawthorn Center, and Starfish Family Services. She has a private practice in Ann Arbor and enjoys working with both adults and children, and has a special interest in foster children.

She has also taught and supervised for Madonna University’s Master’s in Clinical Psychology Program for several years. Dr. Homann lives in Ann Arbor and is married with two children, Julian (8 1/2) and Clara (6). When not doing the reading for her MPI classes, she likes to plan birthday parties and Halloween costumes, play chess, garden, and do word puzzles.

Lorrie Chopra, M.S. received her degree in Clinical Psychology from Madonna University in 2003. She has a B.S. in Nursing and a M.S. in Hospice. Ms. Chopra also has completed the one-year Psychoanalytic Psychotherapy Fellowship Program and is a graduate of the Child Psychoanalytic Psychotherapy Educational Program at the Michigan Psychoanalytic Institute. Ms. Chopra has been a staff therapist at the Treatment Clinic in Farmington Hills since 2004, has a private practice of psychoanalytic psychotherapy in Livonia, and teaches undergraduate courses in psychology at Madonna University. Additionally, she works extensively in the hospice field, conducting support groups for children who have experienced the death of a significant person in their life.

Ms. Chopra lives in Canton with her husband. She enjoys gardening, baking, and always looks forward to traveling with her husband.
Eva Waineo, M.D. is currently a third-year psychiatry resident at Wayne State University, where she has the roles of Outpatient Chief Resident and President of the Psychiatry Residency Association. She completed her medical education at Wayne State University and her undergraduate studies at the University of Michigan, with a major in English literature.

Dr. Waineo was accepted into the Michigan Psychoanalytic Institute Early Admission Program in January of 2007. She enjoys the depth of knowledge about the human mind that she is gaining from her studies. Her experience is unique, as her mother is a candidate at the MPI.

After completing her residency training, she plans to stay in the Detroit area and continue her clinical work in private practice. A part from working with patients, Dr. Waineo is interested in teaching younger colleagues and bringing more awareness of mental illness and different modalities of treatment to the community.

In her spare time, she enjoys spending time with her husband and family, as well as reading, drawing, and travelling.

Bruce Roth, D.O. lives in West Bloomfield with his wife, Stacie, and their four children. Stacie is a pediatric nurse currently working at Mott Children’s Hospital. The Roths have four beautiful children; the three youngest are adopted. Michael (10) is from St. Petersburg, Russia; Elijah (10) from Warren, MI; and Sara (7) from Hunan, China. They are looking forward to Eden, their oldest, having her Bat Mitzvah this December. He enjoys time together with family, getting to the lake, spending time with good friends, and, whenever possible, traveling.

After graduating from Osteopathic medical school in Des Moines, IA (89), Dr. Roth did a rotating internship at the Chicago College of Osteopathic medicine. He then completed his residency in adult psychiatry at University of Michigan Hospital and a child psychiatry fellowship at Hawthorn Center/WSU. He has been in private practice in Walled Lake since 1995. Dr. Roth completed the Child Psychoanalytic Psychotherapy Program at MPI in 2004 and is excited to start his adult psychoanalytic candidacy at MPI.

An Afternoon with Bud Lipson
By Charles Burch, Ph.D.

As I drove along Middlebelt Road on my way to Channing “Bud” Lipson’s home to have a conversation for this profile, I recalled the first occasion of visiting him. Thirteen years ago, when I was a candidate at MPI, Dr. Lipson invited all the candidates to a brunch at his home to discuss and exchange ideas about the experience of being a candidate. At that time, Dr. Lipson was the Chair of the Candidate Progression Committee, a position he held for 18 years. While I can’t remember what we discussed, I do know that he was as interested in hearing from us about our experiences as we were in hearing from him about getting the most out of our psychoanalytic education.

In recalling that brunch, I was reminded of my first learning experiences with Dr. Lipson years ago at the Detroit Psychiatric Institute where he was a consultant. He chaired a seminar in Emergency Psychiatry for the psychiatric residents, but those of us in other disciplines like psychology and social work were welcome to sit in and participate. In addition to observing how quickly Bud could develop a psychodynamic formulation to aid in understanding a complex clinical problem—and an urgent one—I was struck by the genuine respect he had for the clinical opinions of those present, while also offering his own views for consideration. The atmosphere he created, one of mutual respect, of struggling to understand complex clinical phenomena and of finding ways of helping someone in distress, was a model of teaching and learning that has led many of us to seek out Dr. Lipson as an analyst, supervisor, teacher and consultant over the course of his career.

When we settled in to talk in Bud’s cheery and comfortable study, we both acknowledged we didn’t know quite how to proceed with this profile project. Neither of us had any experience in doing this kind of work. I had written a few questions to serve as a guide but was unsure how useful they would be. Mostly we had a conversation that covered a good deal of ground with respect to Dr. Lipson’s views and experiences in and about psychoanalysis, spanning over fifty years. I will try to capture some of the highlights of our conversation in what follows. For convenience, I’ll frame it in a question and answer format, as Bud responded to a range of topics.

CB: Could you comment on some of the current struggles in our field, especially as reflected in the American Psychoanalytic Association?
CL: With respect to the question of Certification, it’s no secret that I have been opposed to it. I can understand there should be something by which we can be assured of maintaining certain standards for our graduate analysts, but I am more “pro” the independence of Institutes. I am not in favor of a lot of federalization of these matters, though it’s complicated, since any organization that grows in size almost invariably becomes more structural and begins to put more emphasis on the rules by which things are to be done. Certification does serve a purpose, although I’m not sure in looking over the past fifty years that it’s produced the intended results. The evidence...
for that is not convincing. For example, has certification resulted in improving the level of creativity or ethical behavior among our analysts? I don't see that this has happened. Some of the most creative analysts I've known or have read were not certified and this has been so over the course of time in psychoanalysis.

Of course, the certification question is linked with the issue of training analyst appointments. Some years ago I had a colleague who said he thought everyone who was graduated should be a training analyst. The problem there, as another colleague pointed out was, "Would you want him analyzing a candidate?" Did you ever hear Kubie's definition of a training analyst? A training analyst is one who pretends he doesn't know everything. I recall that during a Site Visit—not the most recent one, the one before that—one of the comments was that the screening process for Training Analyst selection was too daunting but that the quality of supervision of the candidates was excellent. This suggested to me that we're doing a fine job of preparing our analysts locally to become good analysts and supervisors but that we've made it very difficult to advance our analysts to training analyst positions.

As I think about it, the biggest problem is pretending there isn't a problem. We need to make some attempts to deal with this differently, more effectively.

CB: I wonder what you think makes for a competent and effective analyst?

CL: That's difficult to say. I'm unsure there's any way to judge that. Analysts that others were ready to dismiss have done some of the most creative and successful work I've seen over the years. I recall one individual who put off dealing with this differently, more effectively.

We don't hear enough of, "I might be wrong." I've been reading, am nearly finished with an excellent book by Jerome Groopman, M.D., How Doctors Think. Briefly, he described a serious problem: many doctors, trained in the finest of techniques, display a kind of thinking which leads them to make errors in diagnosis and other aspects of patient care. In other words, we can be led into finding what we expect, that there are fallacies in our thought process we need to pay attention to. Groopman advises that doctors have to learn to think outside the box in order to counter the effects of faulty thought processes in trying to figure out what's going on with a patient.

I think we can use this approach in educating analysts. I'm reminded of sitting in on Treatment Clinic meetings discussing the question of analyzeability of a patient being presented. To me, the question might more appropriately be: "Analyzable by whom?"

CB: With respect to psychoanalytic education, what are your thoughts about the curriculum or course work?

CL: I've been on the Curriculum Committee recently and I have reservations about a highly structured curriculum. We have had this plan of candidates coming in and going through the course work as a group, though that's been changing in the past few years with recent candidate groups being merged. I favor as much individualization as possible. I think we should aim to be flexible in our approach to course work. Some candidates may be prepared for some of our courses much earlier than they can take them in the schedule.

When I was in training at the Chicago Institute of Psychoanalysis, we had a combination of lectures and seminars. I think both are good. We shouldn't necessarily restrict ourselves to the seminar method only. I had some wonderful instructors in my training. Heinz Kohut gave excellent lectures and that's what he did, lectured. Someone asked him why he didn't ask the candidates to participate and he said they wouldn't have anything to add!

CB: Speaking of your training, how did you become interested in psychoanalysis and get started in the field?

CL: I didn't begin in psychiatry; I began with Internal Medicine. When I entered the army at Percy Jones Hospital in Battle Creek, MI, I was put in charge of an outpatient clinic where we were treating reservists who had been recalled to staff the hospitals as well as their families. Many of the illnesses or conditions we saw were emotionally determined, so I was frequently seeking psychiatric consultation. The two psychiatrists at Percy Jones who had a strong influence on me were Tom Petty and Viggo Jensen. They introduced me to unconscious motivation, dynamics, and Freud. At that point I became 'hooked' and, at my request, I was sent to Fort Sam Houston in Texas for four months psychiatric training headed by a Menninger graduate, and from there to Korea. In Korea, after having my books shipped over, I did a lot of reading in psychoanalysis, Freud and others. When I returned, I went to work at Detroit Receiving.

There was a wonderful attitude at Detroit Receiving under Tom Petty's direction. There were numerous analytic discussions; all analysts in the community were invited in for teaching, not just those representing one point of view. Subsequent to completing my analytic training, I joined MAP, one of the area's three local analytic societies. It was under this auspices that I had the opportunity to plan and administer analytically-based seminars for members of the larger therapeutic community. This was an outreach program in the spirit of Richard Sterba's approach to community relations. While this program was very successful, it was ultimately attenuated and finally discontinued as MPI developed the extension division with faculty that taught in both programs.

CB: Can you say whether there were other analytic thinkers that had a strong influence on you?

CL: Between the experiences I had in the army and those that were a result of the dis-accreditation of the first Institute, there were no heroes left, so I can't say that certain authors or analytic thinkers have particularly influenced me. Certain names from the past come to mind that have left a lasting impression. These would include Richard Sterba, Ernst Kris, Heinz Kohut, David Rapaport, as well as many contemporary authors.

CB: What do you think about the diversity of mental health disciplines that has emerged in analytic training over the past two decades?

CL: I like the diversity. You know, that's how it was from the
beginning. There were physicians, of course, but a lot of the early analysts came from wide ranging fields. I do think it’s good to have some candidates who are doctors; I don’t mean just medical doctors, though they do add something from their training, but individuals who have had the rigorous training that goes with attaining a doctoral degree.

C.B. I wish we could talk longer, but I have to get to Ann Arbor for my afternoon appointments.

Dr. Lipson and I walked out together, admiring a spectacular spring day and the azaleas that were coming into bloom in his front courtyard.

Member News


Julie Jaffee Nagel, Ph.D. presented her paper "Psychoanalytic Perspectives on Shame in Donizetti’s Lucia di Lammermoor" at the American Psychoanalytic Association Meetings in Denver in June, 2007. She was also the Reporter on the Panel "Unattainable Goals in Psychoanalysis" chaired by Owen Renik, M.D. On May 14, she gave a presentation on stage fright at the Ann Arbor Public Library. Her article on "Melodies of the Mind: Mozart in 1778" has been published in the current issue of American Imago, Vol. 64, no. 1. This is a special issue she organized on the topic of music and mind and is dedicated to the memory of Stuart Feder, M.D.


Patricia L. Gibbs, Ph.D. was the invited speaker at the Psychoanalytic Approaches to the Seriously Disturbed Patient Conference held in Montreal on April 19-20, 2007. The conference was sponsored by the McGill University Health Centre, the Montreal General Hospital Department of Psychiatry, and the Canadian Psychoanalytic Society, Quebec English Branch. Dr. Gibbs spoke with psychology interns and psychiatric residents on Thursday evening on, "The Relevance of Psychoanalysis to Psychiatry and Clinical Psychology." Friday morning Dr. Gibbs presented a modified version of her paper, "The Primacy of Psychoanalytic Intervention in Recovery from the Psychoses and Schizophrenias." Friday afternoon Dr. Gibbs led a discussion of the film Sylvia. She used the life and work of Sylvia Plath to discuss psychoanalytic treatment focusing on creativity as the essential mode of therapeutic action in working with psychotic patients. The paper will be published this summer.

Dwarakanath G. Rao, M.D. was an invited speaker at the 2nd Annual Mental Health Professional Educational Symposium, held on Friday, May 11, 2007, at the Department of Psychiatry & Behavioral Neurosciences, Wayne State University. This year’s topic was "Progress in Psychiatry: Science and Practice." Dr. Rao’s paper was entitled, "Modern Psychiatry and the Patient's Subjective Experience."

Merton A. Shill will present his paper "Intersubjectivity and the Ego" at the forthcoming Winter meeting of the American Psychoanalytic Association in January 2008.

Publication Notices


CALENDAR

October 27       WSU Oakland Campus
APT Annual Workshop
“Race, Culture, and Social Class in the Therapeutic Alliance”

November 10       Rock Financial Showcase
Michigan Psychoanalytic Foundation Benefit

November 17       Ann Arbor
SATA Clinical Presentation: “Unresolved Grief in a Traumatized and Suicidal Adolescent”

November 18       Ann Arbor
Reel Deal II - Notes on a Scandal

December 1        Farmington Hills
Annual Open House

December 8        Ann Arbor
“An Empty Mirror: Reflections on Representation”

January 12        Farmington Hills
“Intersubjectivity and the Ego”
Merton Shill, Ph.D.