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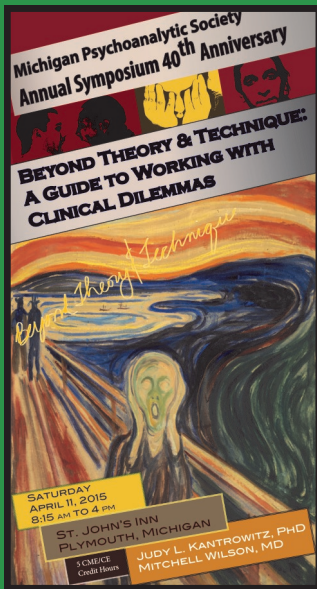
Newsletter of the Michigan Psychoanalytic Institute and Society

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March 2015 Volume 45 Number 1

Co-Editors: Linda Gold, L.M.S.W. and Erika Homann, Ph.D.

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“Beyond Theory and Technique: A Guide to Working with Clinical Dilemmas”

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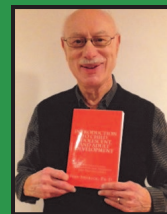


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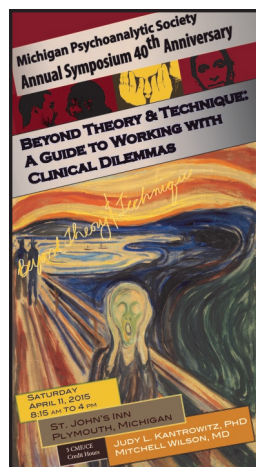
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The MPS 40th Annual Symposium

“Beyond Theory and Technique: A Guide to Working with Clinical Dilemmas” – April 11, 2015

Susan Orbach, Ph.D. & Susan Cutler, Ph.D.



Relationships have their challenges. As mental health professionals, we must immerse ourselves in the therapeutic relationship with our patients. The therapeutic partnership is founded upon what seems to be the natural human experience of two people talking. And yet, the complexity and ambiguity of these relational and intuitive components make it difficult to be certain that our intentions to help are, in fact, helping. There are many times when we as clinicians feel stuck, confused or uneasy about what we are experiencing with our patients. You can call these experiences enactments, impasses, resistances, negative therapeutic reactions, clinical challenges or transference-countertransference reactions. Sometimes the clinician may even come to feel ashamed, as if there is some imagined perfect therapist or analyst who would be eternally calm, perpetually sensitively attuned, phrase flawless interpretations, and so on. For any therapeutic relationship to be deeply meaningful to a patient, and to then be able to help in profoundly meaningful ways, we need to develop a “deep engagement, which is a prerequisite for a true and intimate emotional contact with the patient.” (Purcell, 2014).

Yet, how do we get there? How do we find our way even with patients who disturb us or de-center us? Does this mean that our innate abilities, theory, or technique have failed us? This Symposium highlights these topics with nationally-renowned presenters who will help to shed insight on these unsettling experiences. Judy L. Kantrowitz, Ph.D., of Brookline, MA has an international reputation for in-depth study of patient-analyst match and treatment outcomes, as well as methods for resolving clinical impasses. She will present in-depth clinical material about a patient who is facing a premature death from cancer, and who is grappling with ruminations that she caused her own disease. Mitchell Wilson, M.D., of Berkeley, California, is an expert on Lacan and the French School of Psychoanalysis, and he has written extensively on the analyst’s personality and its impact on treatment. He currently is working on the subject of ethics in the clinical encounter. Both of our presenters will

help and challenge us to reconsider the ways we listen and utilize technique in order to help patients heal from emotional suffering.

Come prepared to gain a better understanding of how clinical impasses and interferences occur. We will consider together how clinical theory is a major influence on

“Both of our presenters will help and challenge us to reconsider the ways we listen and utilize technique in order to help patients heal from emotional suffering.”

how you listen and work with your patients. Examining clinical dilemmas will allow us to see the role of the therapist or analyst’s personal desires and how these desires become embedded in the use of our theories of therapeutic action. Impasses, enactments, and clinical dilemmas are often fueled not only by the warded-off aspects of the patient, but also by what needs to be warded off by the analyst or therapist, as well. This Symposium promises to help us develop methods to access and to respond to these troubling self-experiences so that we can use these insights to further the clinical process. We look forward to seeing you on **Saturday, April 11, 2015 at The Inn at St. John’s in Plymouth, MI from 8:15 to 4 p.m.** ♦



Joshua Ehrlich, Ph.D.
MODERATOR



Mitchell Wilson, M.D.
“Never ‘Beyond Theory’:
The Exquisite Relevance of
Theory to Clinical Work”



Michael Shulman, Ph.D.
Discussant for Dr. Wilson



Judy Kantrowitz, Ph.D.
“A Patient Faces Death:
An Analyst Grieves”



Kehinde Ayeni, M.D.
Discussant for
Dr. Kantrowitz

MPS PRESIDENT'S COLUMN

Times Past and Future

Patricia Plopa, Ph.D.



As I write this article, it is a few days before the beginning of the New Year 2015, and it will be early 2015 at the time you read this. Going into a new year encourages one to be reflective about the year past and hopeful about the year to come. First, I want to extend my deep appreciation and gratitude to Kathleen Moore, Ph.D., who has shepherded and managed our MPI-MPS website for many years, often without much formal recognition. It is a major responsibility, especially for a volunteer, but Kathy assumed the work - usually with little fanfare - and did it well and faithfully. Kathy announced this past September that she was stepping down from this position, but agreed to help keep our website functioning until MPI and MPS found a suitable replacement. Hopefully, we should be able to do that as we go into 2015. Thank you, Kathy, for your hard work and professionalism. Some MPS website projects have temporarily been put on hold, such as expansion of webpages where MPS clinicians can describe their practices (e.g., clinical specialties, practice locations, insurance information, etc.). We hope to bring this to fruition soon in 2015.

We at the Society also promise to continue bringing you in the upcoming year excellent Saturday presentations by local and out-of-town speakers, including two panel presentations coming up soon. Our MPS 40th Annual Symposium this year is creative, informative, and clinically very useful: "Beyond Theory and Technique: A Guide to Working with Clinical Dilemmas". Please join us there on April 11th (see page 2 for more information).

I also want to welcome Kehinde Ayeni, M.D. as our new MPS President-elect. She was voted in this past October and will succeed me as MPS President at the end of June 2015. We are pleased to have her assume this position, and to now join our MPS Executive Council (Sally Rosenberg, D.O., Deborah Harms, Ph.D., Susan Flinders, Ph.D., Marc Rosen, Ph.D., Suzanne Thomas, L.M.S.W., and Robert MacDonell, M.A.). MPS will soon be sending out a survey to our membership to inform us about how our members think and feel about a number of issues involving member dues, and local and national priorities. Please respond, or if you are not an MPS member but are interested in joining, contact Suzanne Thomas, our Membership Chair, or myself.

Lastly, as I look back at this last year, I am aware of how quickly unexpected circumstances can affect personal and professional lives. I am struck, too, with the tumultuousness of current events, politically and culturally, na-

tionally and internationally. I realize that this can occur within our psychoanalytic circles and groups, too. Many issues continue to be discussed and debated about how psychoanalytic practice, ideas, applications to problems beyond the consulting room, and training should proceed. As we grapple with these issues, we should be reminded

"Let us be guided by an analytic perspective that values the individual and the complexity of human motivation and experience, a perspective that is open to thinking deeply about that which we are unaware of (our unconscious)."

of the best of our rich analytic heritage and values. Let us be guided by an analytic perspective that values the individual and the complexity of human motivation and experience, a perspective that is open to thinking deeply about that which we are unaware of (our unconscious). Let us strive for excellence, tolerate uncertainty and accept differences, and be willing to act to safeguard freedom of thought and association.

On behalf of the Society, I wish you all a good 2015! ♦

Michigan Psychoanalytic Institute Annual Open House Saturday, March 21st, 2015

Join other professionals, students and MPI/MPS members to learn about clinical training, research, and teaching opportunities at the Michigan Psychoanalytic Institute and Society.

11:30 a.m. Presentation of MPI/MPS programs and course offerings

12:30-1:30 p.m. Brunch and conversation with MPI/MPS members.

2:00 to 4:00 p.m. Presentation by Visiting Professor Ken Corbett, Ph.D.

Teachers and Supervisors, please tell your students about this important event!

RSVP to monicasimmons@ix.netcom.com
32841 Middlebelt Rd., Suite 411
Farmington Hills, MI 48334

MPI PRESIDENT'S COLUMN

My Journey Into Psychoanalysis

Aisha Abbasi, M.D.



As psychoanalytic clinicians, we are always trying to balance privacy and confidentiality with the need for advocacy for patients, and support for a treatment that is often under siege. One way to do this is for us to share our own stories with others. At the Michigan Psychoanalytic Foundation's Benefit, in the fall of 2014, our enormously generous donor, Jim Grosfeld, did just that. Not only has he contributed money to the Michigan Psychoanalytic Institute in many different and innovative ways, he has also shared with us, in his speech at the Benefit (see page 11), how his analytic treatment proved to be life changing for him. I would like to take this opportunity to share some of my own story with you.

When I started my psychoanalytic treatment, I was 30 years old, married, and had moved to this country from Pakistan about four years earlier. I had a three and a half year old child and was in the third year of my psychiatry residency. When I called my future analyst to make my first appointment, he asked why I thought I needed an analysis. I told him I had a male therapy patient whose sessions I could not end on time, and no amount of help from my supervisor was making a dent in this particular problem. He seemed interested in this but asked, "And any other reasons?" I said, "Well, yes, I am hoping to start analytic training as soon as I finish my residency, in a year's time. And I will be required to be in analysis six months prior to starting classes at the Institute." He agreed that was so. "Anything else?" he wondered. After a long pause, I replied that my father, who was only 64, had been very ill the last several months, in Pakistan, and I had a sense that he was dying. I was aware of feeling not only sad about this, but also depressed from time to time. I felt I needed help with this, and he agreed that sounded like a very good idea. Then he asked if I was aware of any other problems, from earlier in my life, that were difficult or painful for me. I responded, with absolute certitude, "Not at all. My childhood was a very happy one."

So began my journey into psychoanalysis. It was a complicated, and in some ways, an unusual journey. I first spent about 8 years in analysis, including a planned termination. My analyst shared with me that he thought we had more work to do, and I felt he was probably right, but I also felt I could manage well with what we had done. So we ended, with good hopes. And in many ways, I did very well after terminating. In other ways though, I was struggling.

These struggles became particularly prominent after my second child was born. I felt a need to be in analysis while raising a young baby. In trying to understand better what looking after a tiny infant evoked in me, and what infants really need, I learnt more about infantile parts of myself, my own feelings of hunger and neediness, which I had not wanted to explore deeply during the first 8 year phase of my analysis. I understood also that the patient whose sessions I could not finish on time, over a decade ago, had represented not only each of my parents in various ways, but most importantly, parts of myself that needed more time and attention, from significant others in my life, *and* from myself. I realized also that I had minimized, in my mind, the impact of the death of my analyst's wife, in the very early years of my analysis. I could now better feel how this event had felt terrifyingly similar to an event that occurred when I was 7: both events had breached the usual helpful boundary in my mind between fantasy and reality. Something *very real* had happened, which came too close to what I had *imagined*. And I froze up in certain ways. Now, years later, feelings that had been shut down because of this resurfaced, and could be worked with. After about 2 more years of analysis, I planned, and went through, my second termination.

Six years later, a sense of foreboding about a crisis brewing in my life, took me back into analysis, with the

"The crisis in my life, my strong sense of safety with my analyst, along with my increased ability to tolerate difficult emotional upheaval, allowed me to look at even deeper parts of my own mind."

same analyst, who, fortunately for me, was still alive and practicing. I consider this last phase, of about 2 ½ years, the most powerfully moving and transformative part of my analysis. My analyst and I had now known each other for about 19 years. We had both grown and changed during this time. And we both understood things we had not understood before. The crisis in my life, my strong sense of safety with my analyst, along with my increased ability to tolerate difficult emotional upheaval, allowed me to look at even deeper parts of my own mind. I regressed in a way I had not been able to before, which, frightening though it was, was also enormously helpful. I could now see and feel what I had never been able to before. I discovered that what I was most afraid of and disliked in others, were aspects of myself that I had

(See Abbasi page 7)

The 2015 Visiting Professor



This March, the Michigan Psychoanalytic Institute continues one of its most valuable and longstanding educational efforts with the **29th Annual Visiting Professor program.**

Suzanne Thomas, L.M.S.W.

The 2015 Visiting Professor of Psychoanalysis is Ken Corbett, Ph.D. Dr. Corbett is Assistant Professor of Psychology at the New York University Postdoctoral Program in Psychoanalysis and Psychotherapy. A graduate of Columbia University in clinical and developmental psychology, Dr. Corbett has a longstanding interest in gender studies and is currently working on the role of play in psychotherapeutic technique. Dr. Corbett is the author of the 2009 book, *Boyhoods*, and is now at work on *A Murder Over A Girl*, a nonfiction account of the murder of one boy by another boy. Dr. Corbett trained as a psychoanalyst in New York City where he now maintains a private practice.

As an example of Dr. Corbett's wide-ranging skills and interests, one of the papers he will present focuses on an area of our lives that has become ubiquitous, but is only now being studied in the profession: our online world and lives. The online world is now opening up new paths of relationships and sexual issues that sooner or later will enter our consulting rooms. Dr. Corbett is in the forefront of professionals studying this phenomenon and outlining the implications of this new world for psychoanalysis.

"It's almost a cliché to say we are honored to have a distinguished colleague agree to be a Visiting Professor," said Aisha Abbasi, M.D., President, MPI, "but in every case it happens to be true and this year is no exception. I urge my colleagues to take part in the program and benefit from Dr. Corbett's expertise."

Traditionally, the Visiting Professor delivers an original paper to members of the Society and the public at the MPI offices in Farmington Hills, and this year's presentation promises to be a highlight of Dr. Corbett's stay in Michigan. On Monday, March 16, from 7 to 9:30 p.m., Dr. Corbett's program, "A Murder Over a Girl," examines the murder of a fifteen-year-old boy by a classmate, provoked by transgender issues. The story of the murder and the trial reveals stories about adolescence, civil rights, culpability, mercy, addiction, neglect, neurobiological development, localism, a failing school system, sexuality, gender, homophobia, trans-phobia, race, class and trauma. During the trial, both boys were portrayed as bullies and this program considers such topics as the inversion of hate (who was the bully?) as it reflects beliefs about gender norms.

On Saturday, March 21, MPI will be sponsoring Dr. Corbett's paper, "Self Care and the Logic of Play," addressing Winnicott's idea of therapy as a form of playing in reality, at 2 p.m. at the Institute in Farmington Hills.

During his Visiting Professorship, Dr. Corbett will also present papers to a wide variety of professionals and students at venues throughout southeastern Michigan.

Venues for Dr. Corbett's presentations include Eastern Michigan University with St. Mary's Mercy, the Michigan State University Department of Psychiatry, the University of Michigan Department of Psychiatry, University of Detroit-Mercy Psychology Department, the Henry Ford Hospital Department of Psychiatry, the Madonna University Psychology Department and The Michigan Psychoanalytic Council. CE and CME credits are available. ♦

2015 Visiting Professor

Monday, March 16th

7:00—9:30 p.m. "A Murder Over a Girl"

A light dinner is provided at 7 p.m. Fee is \$40.00. Please pre-register by Monday, March 2nd by phone (248) 851-3380 or email monicasimmons@ix.netcom.com.

Saturday, March 21st

2:00—4:00 p.m.

"Self Care and the Logic of Play"

Following the MPI Open House

There is no charge.

2 CE/CME credit hours are available for each talk

These meetings will be held at the Farmington Hills location, 32841 Middlebelt Rd., Suite 411
Farmington Hills, MI 48334

The Sterba Committee Scholarship

This scholarship supports the psychoanalytic treatments of clinicians in the field of psychotherapy. *One additional scholarship has become available*, based on financial need, for someone in an already ongoing treatment. For further information, contact Dr. Richard Ruzumna at drrozumna@gmail.com or call Pat Wisdom at MPI at (248) 851-3380 for an application.

ARTICLES: Movies

A Review of Night of the Hunter

Jolyn Wagner, M.D.

On Sunday, October 26, the Reel Deal Film Discussion Series presented a special program featuring *Night of the Hunter*, the classic film directed by Charles Laughton. Elliot Wilhelm, the curator of the Detroit Film Theater, was the “director’s chair” discussant. He provided the audience a unique opportunity to explore the essence of this iconic movie. I was fortunate to discuss this cinematically provocative film from a psychoanalytic perspective and share in the discussion. The paper below is a slightly revised version of the comments that I provided in the program.

NIGHT OF THE HUNTER

Elliot Wilhelm’s rich exploration of *Night of the Hunter* permits us to take all that we have learned about this remarkable film and ask many questions. We are filled with thematic questions about the nature of evil and the origins of misogyny and sado-masochism. We are inspired to ask ourselves about the impact of directorial decisions: creative camera technique, editing style and lighting. We can ask why Charles Laughton refused to make another film and why he had to die before his box office flop ascended to its current status of masterpiece. I ask you to save THOSE questions and consider the one that keeps commanding my attention. My question is generated from the closing lines of the film, spoken by the film’s adult heroine, Rachel Cooper (played by silent film icon Lillian Gish), who offers us the reassuring comment that “children abide.”

But, is this reassuring? Do children truly “abide”? To abide (OED) means, “to accept or act in accordance, to endure without yielding, to suffer, to tolerate, to observe, obey.” Is that reassuring?

No one would argue that children are not indeed “stuck” within the system that raises them. But what is so good about this? Does John, the film’s intrepid protagonist, abide? John accepts his father’s demand that he hide the money and never reveal its location. He fulfills the oath that his father makes him swear and promises to uphold the role of absolute protector to young Pearl regardless of the danger to himself. He stands up to his relentlessly monstrous preacher-turned-stepfather (“DON’T HE NEVER SLEEP?” a weary John asks). Yes, by the OED definition, John certainly abides. What is the price of abiding? The film contains two pivotal scenes where John grabs his stomach in anguish, momentarily over-



whelmed by his efforts to abide. This occurs initially when John’s father is taken away by the police for execution, and again as the police capture the evil preacher and lead him away. To John, the events appear identical. There is no relief, only a repetition of the pain.

Night of the Hunter is an unflinching film. It DEMANDS that we see the world through the eyes of a child (John). We cannot escape from John’s perspective. This movie compels us to understand that children MAY ABIDE, but that without a strong adult presence (a Rachel Cooper), they do not SURVIVE. Adults who rejected this film in 1956 were perplexed and unsettled. *Night of the Hunter* is a film that reminds us that those who ignore the vulnerability of children are as dangerous as the monsters who prey upon them. John and his sister, Pearl, are repeatedly endangered by the evil Harry Powell. However, the peril grows with the neglect of their clueless mother, the judgmental calculations of neighbor Icy Spoons, and most dramatically with the failure to act by the drunken Uncle Birdie.

There are many reasons to be mesmerized by this movie. I was HAUNTED by it and then recalled Holly.

I first met Holly during my 6 month child psychiatry rotation in a residential inpatient psychiatric facility. Holly was 9, a slight girl with long blond hair and blue eyes (she could be John’s female version). Holly was a chatterbox with an engaging ability to connect with adult staff. She and her brother had been hospitalized for an array of fairly mild behavioral and somatic symptoms related to anxiety. So WHY were they there?

Holly and her brother lived with their father since his acquittal for the murder of their mother (on a “technicality”) when Holly was 3. Holly’s father was a strict disciplinarian, whose hobby was dressing mannequins in military uniforms. (Holly would show me their photographs).

Holly could not recall any memories of her mother. She seemed unaware of what had happened to her, although she did report a recurrent dream, which I feared may have been a memory. Holly described a “dream” of standing in her crib and the color red.

Holly and her father would often argue about chores, her grades etc. The last argument before her hospitalization had ended with her father yelling that she was “JUST LIKE HER MOTHER!” How should she abide with that?

Holly and I had our 3x week therapy sessions and occasional field trips to McDonald’s. I remember that the pictures that she drew were sunny and bright and that she talked about her routine and school work. She rarely mentioned her mother. At the time I worked with Holly,

I was also the mother of young children. I struggled with what my therapeutic role should be: therapist? protector? mother? It was unclear, but I did try to establish a safe relationship that did not promise more than I could provide, aware that it was not enough.



I don't know what happened to Holly, who was discharged to her father's custody after I returned to my adult residency. I have never forgotten her.

I wish I had seen *Night of the Hunter* then. It might have helped me validate the wisps of dread I experienced while working with Holly. I might have retreated less when confronted with her vulnerability. Clearly, Holly did not have a Rachel Cooper. Was it supposed to be me?

Certain filmmakers are gifted at capturing the affective experience of children. They intuit and express the sublime and the tragic, with a visceral punch. After I saw *Night of the Hunter*, I kept thinking that I would LOVE to introduce D.W. Winnicott to Charlie Chaplin, Jafar Panahi and Charles Laughton. Like Winnicott, these directors invite us into their worlds armed with authentic childhood tools. Their work challenges us to be more Winnicottian, especially when we defensively try to sit too tall in our grownup chairs.

Winnicott was right: there is no baby, only a mother and a baby. Rachel Cooper embodies that in *Night of the Hunter*. All children NEED consistent, caring and attentive adults in their lives. Period.

Night of the Hunter continues to generate compelling questions, like those regarding the fate of 40,000 Central American children who were all over the headlines last summer. What happened to them anyway? Do THEY abide? ♦

A Spirited Evening and Charity Dinner

Saturday April 18, 2015, 6 pm

**The Walnut Lake Preschool 2nd
Annual Spring Fundraiser will be
held at the Crofoot Ballroom
in Pontiac, MI**

**To purchase tickets or become a
sponsor, please call Cara at
313-610-7566**

**Please join us for an evening of
fun, food and fundraising for a
great cause!**

(Abbasi from page 4)

walled off in my mind. I found out, painfully, how good I had become, growing up, at protecting myself by splitting off and not being in touch with unpleasant feelings and realities. I felt, more than ever before, my highly idealized views and expectations of myself and others, including my analyst. My current life crisis was difficult for me to deal with, not only because of the multiple fears and anxieties it evoked in me, but also because I had left analysis, each time, with a fantasy that now I had conquered life, as though nothing painful could ever happen in my life again, or if it did, I could handle it effortlessly. What a shock, and a relief, to discover this about myself, and to grapple with the idea that life is always full of uncertainties, and that the tough times, which occur repeatedly, cannot be dealt with *without* feeling enormously shaken and stirred. And that the point of analysis was not to *not* have these feelings: it was simply to learn to tolerate them as part of the human condition.

So, 12½ years of treatment spread over 21 years, with the same analyst: my comings and goings in treatment had many meanings, including, but not limited to, repetitions of separations and reuniting with significant others, during my childhood years. This was an unusual way, perhaps, of being in analysis, but a life changing treatment, which has helped me live a freer, happier life, rooted in reality and courage, and facing facts clearly. An analysis, that by extension, has also helped my close and extended family, in many, many ways. *And this is why I remain a psychoanalyst*, loving my work, and hoping, day after day, to provide genuine and caring help to my patients.

Conclusion: Has psychoanalysis helped you?

Would you like to share your story with us, either through this Newsletter, or in some other format? If so, please feel free to contact either me, at (248) 910-0315 (or abbasimd@sbeglobal.net) or anyone else at MPI you feel comfortable reaching out to. Recounting your story may help a person who is feeling reluctant, afraid, or ashamed to start treatment to reach out for help.

If you feel psychoanalysis helped you in some way, and you do not wish to share this experience publicly, but would like to help the profession in other ways (e.g. volunteering with us), I would still love to hear from you. And if you would simply like to contribute to MPF/MPI, please call our Administrative Director, Ms. Jean Lewis, at (248)851-3380, to make a donation via check or credit card. Every contribution helps, and is deeply appreciated. ♦

FEATURED: MPI Training Programs in Psychotherapy and Psychoanalysis

The MPI Psychoanalytic Psychotherapy Fellowship

The Psychoanalytic Psychotherapy Fellowship is a program designed for clinicians who wish to gain more exposure to psychoanalytic approaches to clinical work. There are two separate groups, one in Ann Arbor and one in Farmington Hills. Participants include psychiatric residents and fellows, graduate students in social work and clinical psychology, and clinicians in practice. The format is simple: experienced psychoanalysts present detailed clinical material to the group for discussion. It is designed to be relaxed and informal. Participants ask questions, offer their own ideas, and work with the instructor to understand the important theoretical and clinical issues at hand. Most instructors assign some reading as a way to frame the particular issues they are focusing on. Each year the program includes a variety of clinical presentations, including, for example, the beginning of treatment, therapy with children and adolescents, treatment with a traumatized adult, and psychodynamic approaches to forensic evaluations. ♦

Where and When

Ann Arbor: Thursdays 7:30-9:00 p.m.

Farmington Hills: Mondays 7:30-9:00 p.m.

Application Deadline: June 30, 2015

Contact:

Ann Arbor: Joshua Ehrlich, Ph.D. (734) 663-7839

Farmington Hills:

Rebecca Mair, Ph.D. (313) 821-0098

Victoria Schreiber, LMSW (248) 476-4515

Advanced Training in Adult Psychodynamic Psychotherapy (ATAPP)

ATAPP is a two year certificate-granting program, with an optional third year, designed to improve therapists' clinical skills and to demonstrate the usefulness of applying contemporary analytic thinking in a wide variety of situations. ATAPP welcomes social workers, psychologists (including interns), psychiatrists (including residents), psychiatric nurses, and other qualified professionals. This program may also be of interest to *non-mental health professionals* who wish to apply the psychodynamic perspective to their own field of work.

Curriculum

The ATAPP curriculum integrates theory with technique to explore how people think, make choices, adapt to inner conflicts, and relate to others. Courses are taught through the lens of multiple psychoanalytic perspectives with an eye towards treatment implications and application.

First year courses are divided into two tracks, which can be taken separately. The Developmental Sequence studies the continuities and discontinuities of developmental transitions that organize an individual's character and personality structure. The Assessment and Beginning Treatment Sequence provides an in-depth study of psychodynamic assessment and diagnosis and their importance in early therapeutic work. The complexities of the treatment relationship and how to engage the collaboration and curiosity of the patient are explored in a continuous case conference with the second year class. Each course attempts to address current controversies and includes rich clinical material.

CE and CME credits are available for all MPI classes

Second year courses focus on the application of psychodynamic therapy to specific clinical issues such as ethics, dreams, trauma, termination, couples work and addictions. Throughout the program there are opportunities for students to present their own clinical process material.

Supervision

Each clinician in the program is required to have weekly consultation with a supervisor from the MPI faculty to discuss patients in their practices. Times, locations and fees of consultations are arranged individually.

Treatment

It is strongly recommended that each program participant be involved in his/her own personal psychodynamic psychotherapy or psychoanalysis concurrent with the program, in order to increase the sensitivity of the participant to the workings of unconscious forces and to begin to free him/her from personality factors which might impede the development of psychotherapeutic competence.

Licensure

Each clinician in this program must be licensed and/or certified to practice psychotherapy in the State of Michigan and have professional liability insurance. ♦

Where and When

Ann Arbor/Farmington Hills as scheduled
Mondays from 6:45 — 9:45 p.m.

Application Deadline: June 30, 2015

Contact: ATAPP@mpi-mps.org or
(248) 851-3380

Training to Become a Psychoanalyst

The MPI Psychoanalytic Training Programs offer specialized advanced clinical training to eligible clinicians who wish to qualify as adult or child psychoanalysts. Those interested in **Child/Adolescent Analytic Training** can contact Mary Adams, L.M.S.W. (248) 865-1164. The program curriculum includes an integrated adult and child-adolescent focus. MPI is a member Institute of the American Psychoanalytic Association (APsaA).

Integrated Curriculum

Psychoanalysis is a rich, complex, and evolving field. The four year curriculum provides candidates with a thorough familiarity with psychoanalytic theories of motivation, development, and technique. The curriculum reflects an awareness of psychoanalysis as an evolving theory and practice. Contemporary theory and technique are studied in light of both historical development and current controversies. Child development courses, including child and adolescent clinical analytic case material, are an integral part of the curriculum. The goal of the seminars is to facilitate lively and creative discussion among candidates and faculty.

Supervised Psychoanalytic Treatment of Patients

Each candidate is expected to analyze three patients, at least one male and one female, at a frequency of four or five times per week, with a different supervisor for each patient. Candidates may obtain cases through MPI's Treatment Clinic or their private practice and usually begin this supervised work as early as the midpoint of their first year of training.

Personal Psychoanalysis

Coming to terms with their own emotional lives allows talented clinicians to take full advantage of their training and develop their full analytic capacities. Every candidate is required to undertake a personal analysis (preferably five, minimum four times per week) with a Training Analyst vetted by APsaA to analyze candidates. It is required that the candidate be in this analysis at least six to eight months before taking seminars, though a year or more is usual.

Where and When

*Farmington Hills: Tuesdays 9:00 a.m.—12:00 p.m.
Ann Arbor: Thursdays 9:00 a.m.—12:00 p.m.
Any candidate may choose to take seminars on a half-time schedule.*

Application Deadline: April 1, 2015

Contact: Jean Lewis (248) 851-3380

Admissions Eligibility

Experienced clinicians with degrees in psychiatry, clinical psychology, and clinical social work are eligible to apply. The Institute also accepts **academic candidates**, who take classes and undergo a personal analysis but do not see patients. Academic candidates generally seek to use the psychoanalytic training to enrich their own fields of study. MPI has been approved by SEVIS to recommend educational visas to full-time clinical and academic candidates.

Early Admission

Residents in psychiatry, psychology graduate students, and other mental health professionals interested in beginning psychoanalytic training but not yet ready for full training can participate in the Early Admissions program. It meets Saturdays from 9-10:30 a.m. in Farmington Hills. Contact Marvin Margolis, M.D., Ph.D., (248)626-6466, mmargolis@comcast.net.

Personal Suitability

MPI accepts applicants based on prior education and experience, interest in the workings of the human mind, and personal integrity, maturity, and the capacity to engage in and benefit from their own analyses. Applicants most suited to become psychoanalysts are psychologically-minded, empathic, tolerant, capable of academic rigor, and willing and able to learn through self-reflection.

Admissions Procedure

Suitability is determined by the Admissions Committee on the basis of the written application, letters of recommendation, transcripts of previous educational experience, and interviews by members of the faculty. ♦

Child Development and Clinical Issues Program

The child/adolescent psychodynamic psychotherapy educational program for mental health professionals (CDPIP) is currently undergoing comprehensive review and revision, under the new direction of Meryl Berlin, Ph.D. Dr. Berlin is a graduate adult, child, and adolescent psychoanalyst who has taught in this and other MPI programs, as well as in the psychoanalytic candidates' curriculum.

Many therapists have participated in the program since its inception in 1995 with the aim of furthering their competencies and knowledge base in psychotherapy for individuals throughout the life-span. Many have found continued educational opportunities and a professional community through availing themselves of offerings in the Institute's Continuing Education Division and attendance at Society Scientific Programs. **Contact:** Meryl Berlin, Ph.D. (734) 623-4447 or mberlinphd@gmail.com.

Partial scholarships are available for all MPI programs. Applications are due June 30, 2015

2014 MPF BENEFIT



The evening's honoree, James Grosfeld, and his wife, Nancy Grosfeld



A standing ovation for the Grosfelds



The Raffle Drawing: *from left to right*: Nancy Blake, Benefit Chair, Aisha Abbasi, MPI President and Nancy Grosfeld



The Grosfeld family and guests

Mr. Grosfeld's Speech

Good evening.

I'd like to say a few words to all of you who have taken time to attend tonight's dinner to support the Michigan Psychoanalytic Institute. I'd especially like to acknowledge the presence here tonight of our daughter Rachel, our son-in-law Mark, and our son Jason, as well as many of our dear friends. Thank you.

And special thanks to my very genuine, dynamic and amazing wife Nancy, with her infinite capacity to help every person and every animal she comes in contact with. Words really do fail me in recounting, especially in public, how blessed I am, as are our children and grandchildren, our friends and our community, to have been the recipients of Nancy's selfless and loving nature all these years.

Nancy and I are happy that Dr. Deedie Holtzman has joined us here tonight... Lastly a note of special thanks to Dr. Aisha Abbasi for her very kind words about me, and for taking the time to visit with me.

There's no real downside for me in going public about the value of psychoanalytic treatment. I don't think it is a sign of weakness to seek help in dealing with difficult personal issues, issues that had been preventing me from living a better life. To be willing to confront these issues is often an elusive, frustrating, lengthy and painful experience. It's most certainly not a sign of weakness.

Tonight also gives me a public forum in which to express my thanks to all of you, and to the Institute. I didn't want to remain silent in the face of an opportunity to give public thanks to all of you who practice psychoanalysis, and to the Institute. Hopefully it will be of help in your future efforts to spread the "gift" of psychoanalysis. And lastly it gives me a public opportunity to express warm thanks and gratitude to my dear analyst, Dr. Alex Grinstein, who passed away in 2007 at 89 years of age.

On a fall day in 1974, decades ago, at a time when I had a number of painful personal and family issues, a friend recommended that I visit with Dr. Alex Grinstein. Dr. Grinstein was a man of great wisdom, sensitivity and flexibility. He took the hard cases, and mine wasn't easy. With unending optimism, intelligence and compassion, he helped me through a tough period of my life. To say that he had a profound influence on my life would be an understatement. Through his untiring efforts, and continued attention to what was going on, in the numerous roles I played, as a single man, as a parent, as a friend, and in my working life, he, and analysis, changed my life for the better. I remember him often, and want to take this opportunity



For a list of this year's Advertisers,



center: Dr. Lawrence Jackson, the 2013 honoree, and his wife Joye Jackson



Two of our hard-working office staff Pat Wisdom and Monica Simmons

in front of all of you, some whom knew him, many of whom know of him, and of his life's work, and how he lived his life, to thank Dr. Grinstein.

Third, through my analysis, my family and future generations of my family, can and will benefit from my experience. If I can live a better and more productive life as a husband, father and grandfather – and even as a private investor – that's a very good thing for my family. The benefit is enduring and as Dr. Grinstein was fond of saying: "from generation to generation, until the 7th generation". His optimism was so genuine and infectious, I often wonder why he stopped with the 7th generation!

"As Longfellow wrote, and as Dr. Grinstein often reassured me: 'Though the mills of God grind slowly, they grind exceedingly small.'"

Analysis has helped me understand how much my past has influenced my present, which in turn permits me to be more in control of my life. So

being your honoree was something I needed to do both for the sake of those I love and my own sake, and perhaps for those who need help but have not yet been able to get it.

Another way to say thank you is through making the same psychoanalytic experience I had, available to others who are not able to afford it. Thus began our family's involvement with MPI and its Foundation. The main program we have designed and chosen to support is related to the affordability factor, for those seeking psychoanalytic treatment. Our fund helps children, adolescents and adults who could not otherwise afford psychoanalytic treatment. The analyst agrees to a reduced fee, the patient contributes an affordable amount, and our fund contributes the difference for an average 7 year term of psychoanalysis. Again I give special thanks to Dr. Holtzman for her guidance and support in putting this program in place, as well as a second educational program our family supports.

In addition, Nancy and I are also supporters of the Walnut Lake Pre-School, a pre-school and developmental kindergarten for children ages 2 ½ - 6 who need an individualized early childhood experience in a therapeutic environment. This is a

(See Grosfeld page 14)

Jim Grosfeld: A Very, Very Human Being

Melvin Bornstein, M.D.

After hearing Jim's speech at the Michigan Psychoanalytic Foundation's Benefit and reading it several times later, I was deeply moved by his elegance in demonstrating the meaning of being a human being. To be able to use one's humanness is a continual struggle in reaching toward love and finding joy in life regardless of life's circumstances. Jim tells us that he found Alex Grinstein because he needed help to do more with his life. He began an analysis that set him on a journey toward freeing himself from the barriers that interfered with being able to stretch to take advantage of his potential in life.

It was the relationship that he developed with Alex that enabled him to weaken his inner barriers to embellish his life. Jim described "Dr. Grinstein as being a man of great wisdom, sensitivity and flexibility. He took hard cases, and mine wasn't easy. With unending optimism, intelligence and compassion, he helped me through a tough period of my life." When I heard this I knew that Jim was beginning to tell us about the enormous transformative power of an analysis. The foundation of any analysis is the human relationship where there is giving and taking that reaches the heart and souls of patient and analyst. This can only happen when there are deep emotions that flow back and forth going in the direction of greater capacity to be open and intimate with each other in the context of helping patients to be more creative and do more with themselves.

Jim goes on to emphasize that analysis involves hard work. Growth and development do not occur without effort and perseverance. Analysis enabled Jim, with Alex's help, to become aware of troublesome inner experiences that contributed to the barriers in his life, i.e.: he couldn't use these experiences to grow. They held him back because he was unable to understand them, think about them and bring them into the story of his life. They were like outlaws in his mind. Alex helped him not only to see them, but to use them to become part of his story of his

(See Bornstein page 14)

see page 14



Deanna Holtzman and Ronald Benson



Marcy Broder and Mel Bornstein



Jane Miller and Sylvia Delgado

Reports from the 2015 APsaA Winter Meetings in New York

"Stage Fright: Shame on You"

Julie Jaffee Nagel, Ph.D. presented in the **Shame Discussion Group**, Co-Chaired by Melvin Lansky, M.D. and Leon Wurmser, M.D. Using musicians as a "model" to explore the underlying dynamics and vicissitudes of stage fright (which can affect speakers, actors, writers, academics, analysts, CEOs, and numerous others), Dr. Nagel illustrated through case vignettes how intrapsychic and interpersonal dynamics are projected onto the audience-parent and can generate fears of being shamed, humiliated, or laughed at if a "perfect performance" is not produced. Moving beyond the "prison" of stage fright and composing new and less conflicted mental melodies were also discussed. A large group of attendees contributed to a vibrant discussion offering both clinical and personal examples regarding how stage fright is relevant both in and beyond consulting rooms.

"How Much Needs to Change in an Analysis? How do we get There?"

Aisha Abbasi, M.D. was one of three panelists for this panel chaired by Dr. Stanley Coen (New York). Clinical material was presented for discussion by Dr. Peter Goldberg (San Francisco). The panel was unusual in that it was structured somewhat like a study group. After presenting a background history of the patient, Dr. Goldberg presented process material, and interrupted himself from time to time to take comments from the panelists regarding how they were hearing the material, and what they might have said or done differently. Only one session was presented, thus allowing ample time for comments from the audience as well.

Also at these meetings, Dr. Abbasi became part of a newly formed **Study Group on The Erotic Transference** (under the auspices of APsaA's Committee on Psychoanalytic Education: COPE). The group is

chaired by Dr. Barbara Marcus and aims to study whether theoretical and technical discussion of the erotic transference has markedly decreased in psychoanalytic teaching because of a focus on pre-genital and pre-oedipal issues.

"Initiating Psychoanalysis: From Evaluation, to Recommendation, and Beyond"

Lena Ehrlich, Psy.D.

In its fourth year, this Discussion Group, co-chaired by **Aisha Abbasi, M.D.** and **Lena Ehrlich, Psy.D.**, was filled to capacity with new and returning participants. **Patricia Plopa, Ph.D.**, this year's presenter, offered a clinical summary and then read detailed process from the beginning of an analysis. Dr. Plopa's excellent material led to a rich and meaningful discussion of the factors (in the patient, the analyst and the analytic dyad) that facilitated the beginning of this particular analysis. The high attendance in this group is a heartening manifestation of the continuing interest in practicing clinical psychoanalysis.

The Termination Phase of Analysis

Rochelle Broder, Ph.D.

Chair: **Mayer Subrin, M.D.**

Co-Chair: **David Dietrich, Ph.D.**

Presenter: **Lynn Kuttner, Ph.D.**

Dr. Kuttner, a graduate of MPI, presented a compelling case of a patient whose termination phase could be characterized as 'comings and goings,' both of the patient and of the analyst. Occurring at the time of Dr. Kuttner's move to California, the termination appeared at first to be experienced as an abandonment, then as an opportunity for mastery on the part of the patient, who had already developed a sophisticated self-reflective capacity. Dr. Kuttner's skill as an analyst was evident both in her work with the vicissitudes of the patient's termination and with her own feelings about her move to California. At the

start of the session, Drs. Subrin and Dietrich distributed a handout entitled "20 questions on Termination" intended to help us focus on the "thread" of the termination process in the case. The questions probe the process toward termination, the developmental sequence, if any, possible resistances, changes in the transference relationships, counter-transferences evoked, "return of symptoms," and changes in technique that may arise. The discussion was lively.

What is COI?

Dwarakanath G. Rao, M.D.

Co-Chair, COI

The COI (Committee on Institutes) is the part of the Board on Professional Standards responsible for developing and maintaining educational standards, and overseeing institute activities that bear on candidate training, faculty development, and training and supervising analyst appointment. COI accomplishes these tasks mainly through site visits, but frequently consults and trouble-shoots upon request. At the recent meeting of COI in January 2015, three site visit reports were presented, discussed, and approved, as were a number of TA/SA and TA-waiver appointments. Several problems that certain institutes face were discussed in detail. A common problem was the difficulty felt by some analysts in building a practice. Three new sub-committees were formed: one to study the problems of small institutes, for whom even small changes in faculty or candidate size create huge problems; the second to recommend curricular changes for teaching classes with students from diverse clinical and academic backgrounds, and the third to study the feasibility of streamlining site visits by using video-conferencing to join local meetings and classes. A much-awaited and convivial Dutch-treat dinner rounded out this long and absorbing day at COI. ♦



ACORN BEFORE OAK: Notes from the Child and Adolescent Program

In November 2014, Mary Adams, L.M.S.W. sat down with Ivan Sherick, Ph.D. to talk about his book, *Introduction to Child, Adolescent and Adult Development: A Psychoanalytic Perspective for Students and Professionals*. It is available from Amazon and on Kindle.



Adams: I thought this was an amazing book. It's clear and accessible yet sophisticated, and a valuable read for parents, laypeople and professionals alike. How did you get going on this?

Sherick: I decided to sit down and write as if I was talking to a supervisee about

the development of the mind because that is an essential way to understand people. Development of the mind involves the interaction between maturing inherent biological potentials, the environment, learning, and personal experiences.

Adams: One of the charming things it is that you write in the first person and so it makes it more intimate. The book is not just a conversation about the development throughout the lifecycle, but it's also a conversation about parenting, which is lovely. You're nonjudgmental and non-authoritarian, but yet give some guidelines and support.

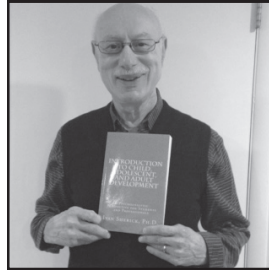
Sherick: I think if you write something about child or adolescent development, or for that matter adult development, you can't exclude the parents. Each stage a child goes through revives within the caregiver the stage that they went through at the same chronological age.

Adams: You open up new

contributions in the field. You also include recommended readings and a list of topics included in each chapter at the book's end. Overall you follow a normal developmental trajectory from birth to old age, but seamlessly within are such topics as infertility, helping children cope with divorce, homosexuality, just to name a few. How did you figure out how to put this together?

Sherick: Anna Freud inspired me in her book "Normality and Pathology", where she indicates you cannot understand pathology unless you understand it in terms of normality. So, although the focus is on normal development, often there are personal experiences that intrude and cause some stasis in development.

Adams: You also talked about sleep problems, separation, and toilet mastery; about which you say: "the aim of toilet mastery or toilet training is mastery not training", and you propose not to begin toilet mastery until the toddler is at least 2½ years old as sphincter control is likely not mature until at least that age. I raise this because I think it is an example of both the practical guidelines for parents, and



also of the thinking behind it that is woven throughout the book.

Sherick: I tried to be cognizant of the kinds of issues that parents would be concerned about and focused on as their child grows and matures. Many problems are not pathological

issues unless they are mishandled. Also, in adult development, there are common enough universal experiences that adults go through that I address, like the so-called "empty nest" syndrome, issues having to do with waning physical health, retirement, and grandparenthood.

Adams: I love the chapters on toddler and Oedipal.

Sherick: I particularly wanted to bring attention to the Oedipus Complex because, in my opinion, in contemporary psychoanalysis it's been deemphasized. I think that is a loss because it has great significance. For many of our adult patients this is still an issue. It may not be a conscious issue but nevertheless it can be a cause of many difficulties. Sexuality in general has been deemphasized in our field as we consider other things. It's not that everything is due to sexual conflict, but a lot is, and the baby need not be thrown out with the bathwater. Also, we need to appreciate how Latency prepares children for a resurgence of drives with puberty.

Adams: I was struck by how you talked about the loss and sadness that occurs for parents and adolescents as they both deal with separation.

Sherick: Object removal involves the finding of a love

interest for the adolescent that is non-incestuous. The adolescent has to become less engaged with the parental internal representation. The process takes place without conscious awareness. When it's achieved, the adolescent feels bereft because the comfort that they had from the internal representation is reduced. Then they seek restitution, again not necessarily conscious. Unfortunately, some may seek non-adaptive ways to make up for the loss, like via drugs, alcohol, or promiscuity. Their peer group gains in importance now that their parents are not so influential internally. If it's a delinquent group, it could lead to actions that are not in the best interest of the adolescent. However, many adolescents can be very active in social issues that can undo the loneliness. For some parents, it's hard to let go as they have a loss too. One of the aims of working with adolescents is to help restore the tie with their parents, so that they can be a source of support for them. Parents need to appreciate that their child now is more independent and they have to deal with loss of their

(See *Acorn* page 18)

(Grosfeld from page 11)

program very dear to Nancy's heart.

In closing, thanks once more to the Institute for honoring me this evening. However, it is actually the members of the Institute who could well be tonight's honorees. After years of study and training they are using their expertise and skills to change lives for the better—not quickly but over time. As Longfellow wrote, and as Dr. Grinstein often reassured me: "Though the mills of God grind slowly, they grind exceedingly small." It is you who deserve our praise, and it is my family's pleasure and honor to provide support to your most worthy endeavors. ♦

(Bornstein from page 11)

life from foreign objects that caused suffering and were outside of his story of his life. All of this resulted in Jim's improved ability to live with himself, be able to give to and love the people in his life, especially those who meant the most to him.

My reaction to his loving gift, which he tells us about, is a validation of his humanness. The gift is his creation of a program to use the money he contributed to enable more people to have an analysis, people who could make a valuable contribution to our community if their inner barriers are weakened by analysis. This is a beautiful example of giving back.

Thank you Jim for your openness, your honesty and your love. ♦

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MPI Candidates

Through a Different Lens: From the Academic Candidates

James South, Ph.D.

Last November, I was invited to Le Moyne College in Syracuse, NY to speak with a class of undergraduates who had been taking a class entitled “Freud and Philosophy.” The instructor of the course, Dr. Steven Affeldt, thought that students might benefit from discussing the texts of Freud they’d been reading with someone involved in psychoanalytic training. The class of twenty-five students and I talked for about ninety minutes. Some of the discussion centered on how contemporary analytic training had evolved over the years, while remaining rooted in Freud’s texts in significant ways. So, we talked briefly about object relations theory, the Oedipus and Persephone stories, and other similar developments.

Still, the heart of the discussion involved the very interesting question of what might cause someone to commit to talking with an analyst four to five times a week. Thanks to readings I had just done for Dr. John Porcerelli’s course on psychoanalytic research, I was able to provide some evidence about the benefits of psychoanalysis. But in this part of the conversation, I also was able to connect the philosophical ideal of the examined life with the intensive reflection that occurs during analysis. We talked about the non-transparency of our thoughts about ourselves, how often we dwell on the surface of our motivations, how blind we can be about patterns in our lives, and the kinds of meanings that our minds continually produce. As an example, with Thanksgiving only a week away at the time, we discussed the role of fantasy versus reality where holidays and other significant occasions are concerned. And perhaps most importantly, in the face of their questioning the value of a time-consuming treatment when other forms of symptomatic treatments exist, including psychopharmacology, we talked about the value, both philosophical and psychoanalytic, of cultivating a habit of self-reflection that can be character transformative.

While recognizing that some forms of psychic disturbance are better treated by other methods, I found the students intrigued by the idea that even, as they quaintly put it, “normal” people could benefit from psychoanalysis. In making my point, I used an example from my own life. While I was writing my dissertation in the mid-1990s, in my final year of graduate school, I found I kept locking myself out of my car. I had never done that before and once my dissertation was completed, I have never done it again. I asked the students if they thought such behavior could be merely accidental. At the time, I wasn’t

New Candidate



Carole Porcari, Ph.D. is a Clinical Psychologist with a private practice in Farmington Hills. She first earned her degree in Electrical Engineering from MSU in 1982 and worked as a computer programmer for 10 years at Unisys Corporation, until the demands and challenges of her young children led her to focus her energy at home. From these experiences and many more, Carole said she made the decision to return to school. She received her PhD in Clinical Psychology in 2009 from EMU and became fully licensed in 2011. Carole feels she not only found a career in psychology that she loves, but also a renewed enthusiasm for learning.

Her clinical and research interests include trauma, anxiety, depression, and pain management. In 2009, her research on videoconferencing assessment of PTSD in veterans was published in the *Journal of Telemedicine and Telecare* and she continues to collaborate with colleagues on research and papers. Carole’s graduate studies were primarily cognitive-behavioral in both conceptualization and intervention, but she began exploring psychodynamic components of her clinical work while on internship at the Detroit VA as well as her post-doctoral work at the Ann Arbor VA. She recently graduated from MPI’s ATAPP program and she’s excited to continue her studies at MPI as a candidate in the adult program. ♦

curious about this behavior—just annoyed. But as I have become more involved in reading analytic theory and as I have been going through my own analysis, questions about these kinds of “accidents” repeatedly arise. I let the students develop “theories” for why I might have had this series of accidents and by the end, I think I had them suitably curious. Of course, I can’t say why this happened, but that it was not accidental is something about which I am certain. Building on this example, I invited the students to reflect on similar instances in their lives, hoping to get them to be curious about themselves in ways that they might not otherwise be. In developing this habit of curiosity, of not-knowing something about oneself, I explained that analytic treatment is an ideal way to come to know oneself and satisfy the Socratic injunction to live an examined life.

After the class, the students, and others at Le Moyne attended a public lecture I gave on the contemporary philosopher Charles Taylor. Without going into details about that talk, I will say that the focus of it was a critique

(See *Academic* page 18)

Due to an unfortunate oversight in the September, 2014 issue, the wrong version of this report from the Spring APSaA meetings in Chicago was published. The correct version is printed here with apologies.

Teaching Analytic Case Writing

Susan Flinders, Ph.D.

While attending the meetings in Chicago, I found this workshop, given by Stephen Bernstein (Chair), **Melvin Bornstein**, Jonathon Palmer, Arthur Rosenbaum and Peggy Warren particularly inspirational. Each wrote papers demonstrating the importance of writing and how analysts must put themselves totally in the room with their patients, heart and soul. These papers also painted a picture of how writing helps us become the best analysts we can be. This workshop revealed to me, especially, how writing about the cases helped the writers get more in touch with their own feelings and potential counter-transferential experiences that were becoming alive in the treatments. This type of processing helped them to use their awareness of themselves such that they did not back away from the challenges of powerful affect and patients' resistances to embracing reality as they appear transferentially in the intimate analytic relationship. ♦

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Creative Corner

Linda E. Gold, L.M.S.W., is an Adult Analyst with the Michigan Psychoanalytic Institute. "A Child's Prayer" describes how the mind of a baby is created in a complex relation with the mind of her mother. In her poem "Intimations," Ms. Gold describes precious moments in her life, when she has experienced transcendence.

A Child's Prayer

Mother please hold me in your mind
or I may cease to be,
my soul a phantom which you weave
from unformed threads of me.

Mother create me from your thoughts
that I may come to be,
this self a canvas you create,
to be transformed by me.

INTIMATIONS

I have had intimations of the holy
like a melody tickling at the edge of my mind
or a symphony roaring in my ears.

When I married the man I loved I was shaken
and trembled as I walked down the aisle to meet him.

I knew the moment of my son's conception
and felt the quickening of life
as his soul arrived.

At my daughter's birth I screamed and cried
rejoicing at this gift,
a child born talking.

On a spring day we went to our garden,
drenched with perfect golden light.
This was a moment of radiance;
a gift of grace.

The night my brother was begun
I stood outside my parents' bedroom,
transfixed by his creation.

I have had intimations of the divine
Like a delicate spray rising from a fountain.
Or like the ocean's tide which pulls you down,
then pushes you breathless, back to the light. ♦

ARTICLES: Books

Living Beyond Terrorism: Israeli Stories of Hope and Healing by Zieva Dauber Konvisser



Reviewed by Loretta Polish, Ph.D.

Negotiating the tension between what we can and cannot control occupies a subliminal strata of our daily experience. When this fragile balance is overwhelmed by attacks on our minds and bodies, the resulting trauma challenges our coping mechanisms and requires a gradual rebuilding of our emotional responses and cognitive structures.

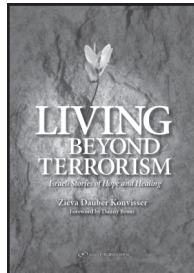
In “Living Beyond Terrorism: Israeli Stories of Hope and Healing” by Zieva Dauber Konvisser, Middle East conflicts provide fertile ground for the study of trauma. In this region conflicts are inflicting great suffering on the region’s populations. Residents of Gaza have endured widespread destruction and devastation, losing homes, schools, and any semblance of normal life. Israelis have been targets of politically motivated terrorist attacks in which Israeli Jews, Muslims, Arabs and Christians have been killed or seriously injured while walking down the street, traveling to work, or ordering lunch.

For her research Dr. Konvisser interviewed 35 Israeli survivors of terrorist attacks at various stages in their recovery, including Israeli Jews, Christians, Arabs and Druze. While Israeli Jews may have developed psychological insulations against ongoing threats to their existence, such as preparedness and an acceptance of terrorism as a part of daily life, Arab-Israelis must endure additional hardships. Konvisser says that the experience of Arab-Israelis, who are Israeli citizens, is “permeated by loss and homelessness.” Arab-Israelis face daily inconveniences and reminders of their social exclusion. While their life in Israel is more economically comfortable than in most Arab countries, Arab-Israelis struggle with conflicting loyalties and identities. Konvisser’s interviews are vivid, detailing the attack itself and its immediate aftermath, and the following days and years of debilitating injury and emotional struggle. The narratives are riveting. The story of Sarri, an American living in Israel at the time of the attacks, illustrates the journeys of these survivors.

Boarding the No. 14 Bus in Jerusalem, Sarri chose to sit next to a window, a decision which saved her life when a terrorist disguised as an Orthodox Jew detonated his explosives, killing 16 people. Sarri’s eardrums were blown out, her clavicle was broken, and pieces of glass

and metal lodged in her shoulder. Shortly after being released from the hospital, she was intent on walking the city, including the site of the attack, demonstrating her need to take control of her recovery. Later, in New York, she founded “Strength to Strength,” a non-profit that supports victims and families of terrorist attacks. When she speaks to groups about her experience, as she often does, pieces of shrapnel remain in her mouth.

Sarri credits her emotional recovery to several factors: her large support system, having been raised valuing service to the community, and a religious belief that everything happens for a reason. Additionally, she was able to maintain a sense of control of her life while tolerating the painful affects associated with trauma long enough to integrate them into her sense of self as simultaneously strong and vulnerable. Fueled by purpose and altruism, she was able to translate her experience into helping others endure similar experiences. In so doing, Sarri exemplifies how certain victims of terrorism, illness, or other forms of trauma, can not only survive but also move forward, surpassing their previous levels of functioning.



It is through this prism of posttraumatic growth that Konvisser explores the paradoxical aspects of growth uniquely possible following trauma, in which individuals are able to move, according to Konvisser, to “new purpose, contributing to society and turning tragedy into action.”

In the literature on posttraumatic growth cited in the book, these individuals share common strengths and abilities: confronting and integrating painful experience, adjusting expectations to new realities, and finding sustenance in core values and spiritual faith. They move forward to creating meaning through altruism and connectedness in the community, buoyed by a fundamental sense of optimism.

The suggestion in this literature is that these strengths and abilities are mostly innate or ingrained. While psychotherapy is seen as important in recovery, it is seemingly of a supportive nature. However, psychotherapists and psychoanalysts also treat issues of posttraumatic growth in individuals lacking these positive inbred strengths, yet who are also able to surpass previous levels of functioning. In the field of Posttraumatic Growth as a discipline, it is the trauma itself that is seen as the catalyst for growth, while in the disciplines of Psychotherapy and Psychoanalysis, the treatment process is also seen as a catalyst for growth.

The descriptions by Konvisser of the preexisting

(See *Konvisser* page 18)

(*Konvisser from page 17*)

strengths in these narratives are descriptive rather than prescriptive. During psychoanalysis and psychoanalytic psychotherapy, these abilities, while never pedantically presented, often emerge as the individual's emotional structure strengthens. Dr. Konvisser brings respect and empathy to her research. Her achievement is impressive. A valuable, vividly realized contribution to the study of trauma, her narratives are inspiring, reminding us that even in the face of adversity our options remain open. ♦

Dr. Konvisser has a Ph.D. in Human Development from Fielding Graduate University. She is a member of the Association for Psychoanalytic Thought, an affiliate of the Michigan Psychoanalytic Society.

(*Acorn from page 13*)

dependent child. Many adolescents feel that the only way they can become independent is to sever the ties with their parents rather than to transform the ties to their parents.

Adams: You put the emphasis on the whole family and I think that is sometimes lost with labeling a client or patient.

Sherick: As psychoanalysts we want to empower people to resolve personal issues.

Adams: Yes, it goes back to "Are you managing behavior or are you mastering the behavior?" As you say, a consultation does not mean that psychoanalysis is going to be the recommendation in all instances. You note that most Institutes have low fee clinics which provide consultations, like the Michigan Psychoanalytic Institute.

Sherick: MPI is one of the first to have an integrated child and adult curriculum for training psychoanalysts. We are aware that when you treat an adult in psychoanalysis, to some large degree you're helping the child within the adult mature. ♦

(*Academic from page 15*)

of Taylor's notion of self-identity. Again, I used some psychoanalytically informed work to show how Taylor's account failed to do justice to the complexities of self-identity. A vigorous discussion followed the talk, with students taking part in the Q&A.

As I was flying back to Milwaukee, I was struck by how much my own thought has developed over the last two years as I have begun my own analysis and as I finish the mid-point of my second year of academic candidate training. The way I talked with the class and the work in the paper I presented both owed an important debt to my own cultivation of a habit of thinking about myself--and my relations with others. That habit is not one that I had developed through 20+years of being a professional philosopher, and that fact itself, is a matter for me to reflect upon further, both as a philosopher and an analytic candidate. ♦

NEWS AND ANNOUNCEMENTS

John H. Porcerelli, Ph.D., A.B.P.P., Professor of Family Medicine and Public Health Sciences, WSU School of Medicine, will be the 11th annual Paul Gray Visiting Scholar of the Baltimore-Washington Center for Psychotherapy and Psychoanalysis April 25 and 26, 2015.

Dwarakanath Rao, M.D. was appointed co-chair of the APsA Committee on Institutes (COI). COI is entrusted with supporting the educational and training mission of institutes through site visits, consultation, and assisting with implementing of standards for candidate education and faculty development.

Joshua Ehrlich, Ph.D. presented a paper, "Countertransference Challenges in Child Custody Evaluations," at the fall conference of the Association for Family and Conciliation Courts in San Antonio, Texas, on November 8, 2014.

Ivan Sherick, M.D.'s 2012 book *Introduction to Child, Adolescent, and Adult Development: A Psychoanalytic Perspective for Students and Professionals*, was reviewed by D. Roelke in *Psychoanalytic Quarterly*, vol. LXXXIII:3, p.747-752.

Dale Boesky, M.D.'s paper "What Does the Presentation of Case Material Tell Us About What Actually Happened in an Analysis and How Does It Do This?" (originally published in *IJP*, 94, p. 1163-1165) will be translated into German for the *German Annual of the International Journal of Psychoanalysis, Internationale Psychoanalyse*, vol. 10) in summer 2015

Anton Babushkin, D.S.W. completed his Ph.D. in Clinical Social Work in August of 2014 at Smith College. His dissertation focused on evaluating the effectiveness of various approaches to teaching clinical skills during graduate social work education.

Lena Theodorou Ehrlich, Psy.D. served as Visiting Faculty at the Florida Psychoanalytic Institute in Miami, Florida on October 17 and October 18, 2014. She led a Faculty Development seminar on initiating analysis for the FPI faculty, delivered a clinical paper on beginning and intensifying treatment at the Society meeting, and met and discussed training matters with the clinical candidates.

Julie Jaffee Nagel, Ph.D. was invited to do a Residency for music students at Lynn University in Boca Raton, Florida in February 2015. In March, Dr. Nagel will give a Keynote Address on Musicians' Wellness at the Music Teachers' National Association Conference in Las Vegas. She also will be a participant in a panel presentation and a workshop at this Conference. She will emphasize the importance of mental health and treatment for musicians, with an emphasis on the need to develop interdisciplinary programs in the University curriculum to address the psychology of performing.

Carol Levin, M.D. presented a paper “The Two Analyses of Mr. X: Constraint and Freedom in Analytic Voice” on a panel organized by Suzi Naiburg, Ph.D., L.C.S.W.: “Voice: In the Consulting Room, in Psychological Research, in Clinical Prose” for the 25th Annual IFPE conference in San Francisco.

Aisha Abbasi, M.D. was the presenter at two Discussion Groups at the January 2015 meetings of the American Psychoanalytic Association. The first was “Emerging Perspectives in Gender and Sexuality, with a Focus on Transparency”, and the second was “Facing the Facts: Self-Disclosure and the Analytic Relationship.” Dr. Abbasi also was a panelist for an online Panel/Debate on the topic of “Evaluation of Candidates: From Admission to Graduation”, organized by the International Psychoanalytic Association's Committee on Education and Outreach.

Merton Shill, Ph.D. has been appointed as a member of the IPA Committee for the World Health Organization until 2017. He presented his paper “Therapeutic Action and Pathogenesis: Analyzing Anxiety and Fostering Affect Tolerance” at the January 2015 Meetings of the American Psychoanalytic Association in New York.

Robert Cohen, Ph.D. was recently appointed to full professor of psychology at Madonna University. In November 2013, Dr. Cohen presented a case to Paul Wachtel as part of the Michigan Psychoanalytic Council's symposium, “Synergistic Convergences: Combining Psychoanalytic, Cognitive-Behavioral, Systemic, and Experiential Perspectives in a Coherent Clinical and Theoretical Model.” In April 2014, Dr. Cohen presented that case as part of a panel entitled, “Getting into the Act with Psychoanalytic Therapy” at the 30th Annual Confer-

ence of the Society for the Exploration of Psychotherapy Integration in Montreal, demonstrating the integration of psychoanalytic therapy with Acceptance and Commitment Therapy (ACT), a more dynamically compatible version of Cognitive Behavioral Therapy.

David R. Dietrich, Ph.D. presented a paper at Henry Ford Hospital (during their residency recruitment week) titled “Challenges in Treating ‘Soul Murder’ Patients with Psychotherapy: Reflections of An Analyst,” in January 2015.

Publications

Boesky, D. (2015). Greenberg: Action and the Analyst's Responsibility. A Discussion. *JAPA*, 63:1.

Cohen, R. (in press). Getting into the Act with Psychoanalytic Therapy: The Case of Daniel. *Pragmatic Case Studies in Psychotherapy: A Peer-reviewed e-Journal of Systematic Case Studies and Case Study Method Articles*.

Cutler, S.E. & Brakel, L.A.W. (2014). The Primary Processes: A Preliminary Exploration of A-Rational Mentation from an Evolutionary Viewpoint. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals, Special Issue: Psychoanalysis and Evolution: The Tentative Connection*, vol. 34:8, p. 792-809.

Sherick, I. (2014). Hysterical Identification in an Eleven Year-Old Girl. *The Psychoanalytic Review*, vol. 101:5, p. 675-700.

Shill, M.A. (in press). Review: *Relational Psychoanalysis (2011) vol. 5: Evolution of Process* [Aron, L. and Harris, A. (Eds.)]: *Psychoanalytic Social Work*.

Held, J. & South, J. (2014). *Philosophy and Terry Pratchett*. New York: Palgrave Macmillan. ♦



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