



NEWSLETTER

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From Our President Murray Meisels, Ph.D.



MPC's recent achievements are notable. Last year we started a program in child psychoanalysis, led by Brenda Lovegrove Lepisto and Ira Schaer, which now has four students. Last month the Board approved a proposal to revamp the psychoanalytic psychotherapy program, and thanks to Mary Nowack and Peter Wood MPC will offer it next year. In addition, MPC now has a more attractive and sophisticated website by dint of the labors of Reena Liberman and Peter Wood. These achievements are the result of dedicated colleagues working hard to move MPC forward, large steps for our small organization.

Coming next--distance learning. There exists software, such as Skype, which allows people in different places to hear, see, and speak to one another. This means that students in different geographical locations could participate *live* in our courses. There are several psychotherapists in Grand Rapids who would take MPC courses but for the burden of travel. Using distance learning, we would eliminate that burden and reach all of Michigan and surrounding states. If anyone has experience with distance learning and would like to help out, please contact Reena Liberman at 734-741-1655, mliber@sbcglobal.net.

MPC is also planning to grandparent members in psychoanalytic psychotherapy. MPC bylaws state that MPC is charged to educate and certify in psychoanalysis and psychoanalytic psychotherapy. In our first year we grandparented and certified members in psychoanalysis, but we have never grandparented in psychotherapy. The Board voted

to do so at the last meeting. Once the procedures are worked out, MPC members who meet the criteria may apply and be granted a certificate.

I think this is long overdue. Surveys have repeatedly found that most psychoanalysts spend most of their clinical time doing psychoanalytic psychotherapy, child work, couples therapy, family therapy, supervision and other interventions, and that the median psychoanalyst has but one person in four- or five-times-a-week analysis. The psychoanalytic perspective is applied in our clinical work, whatever the mode of intervention, and a certificate in psychoanalytic psychotherapy provides recognition that the individual has met the educational requirements to do so.

The article on our website about the history of psychoanalysis in Michigan needs an update. In short, there are currently three Michigan psychoanalytic associations aside from the Michigan Psychoanalytic Institute. They are MPC, MSPP (the Michigan Society for Psychoanalytic Psychology) and MISIPS (the Michigan Society for Integrative Psychoanalytic Studies). There are now plans underway for MPC, MSPP, and MISIPS to hold one joint meeting each year starting in 2010-2011.

In closing, I will take a moment to reminisce. I was the first president of MPC, and now twenty years later I am again president. (Twenty years hence I will not repeat!) It has been a pleasure to watch former students and supervisees become experienced clinicians and assume leadership positions. It has been exciting to witness and participate in the evolution of our group; and the development of our newsletter, journal, monthly meetings, coursework, programs, and retreats. Throughout, we have remained a democratic organization and have

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MPC Newsletter Committee

Sheila Wasung, L.M.S.W., B.C.D.
Diane Drayson, A.M., B.C.D.

Contributing Writers

Teresa Bernardez, M.D.
Sander Breiner, M.D.
Julia Davies, Ph.D
Murray Meisels, Ph.D.

The MPC Newsletter

All material for **The MPC Newsletter** should be submitted as follows: (a) if shorter than one page, submit in typed, double spaced form (b) if longer than one page, submit a 3.5" IBM diskette and a printed copy.

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Letters to the Editor : up to 300 words long and may be edited for brevity. Articles in Microsoft Word preferred or a CD-IBM compatible disc is acceptable.

Submit materials, articles, or advertisements to:**Sheila Wasung, LMSW, BCD**

411 Oak Run Ct.

Royal Oak, MI 48073

Phone & Fax: (248) 589.1858 (please call prior to faxing)

E-mail: sheilamsw@sbcglobal.net

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I welcome your comments and feed back about our newsletter and hope you feel free to do so. Email me or phone me with your suggestions.

About MPC

MPC is an interdisciplinary society for training and accreditation in psychoanalysis. There are two options for formal training for qualified individuals: a program in psychoanalysis and a program in psychoanalytic psychotherapy. The programs are based on the tripartite model of psychoanalytic education and feature (1) personal analysis or therapy, (2) supervision on treatment cases, and (3) coursework in theory and technique. Courses, monthly paper presentations, and special programs are offered in Ann Arbor, East Lansing, Detroit area and elsewhere.

The Objectives of MPC are:

- The study of psychoanalysis;
- The enhancement of public and scientific interest in psychoanalysis;
- The support of education and research programs in psychoanalysis;
- The establishment of standards and the certification of individuals qualified in psychoanalysis and psychoanalytic psychotherapy;
- The establishment of educational programs to train qualified individuals in psychoanalysis and psychoanalytic psychotherapy, and to award them a certificate upon graduation;
- The establishment of collaborative relations with other organizations with similar interests;
- The maintenance of a non-discriminatory policy regarding gender, race, age, religion, sexual orientation and ethnicity in membership and training.
- And additional objectives that the Council may pursue.

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**A CONVERSATION ABOUT
PSYCHOANALYTIC TRAINING**

Teresa Bernardez, M.D.

A commentary on the issue of Psychoanalytic Inquiry, Vol. 28 No. 3 July-August 2008

On Becoming a Psychoanalyst: Reflections on Contemporary Psychoanalytic Training Experience with a particular application to the present needs of our organization

In reading this interesting volume of Psychoanalytic Inquiry I selected the areas that could lead to a fertile discussion among analysts, supervisors, candidates and teachers, members and onlookers in our organization.

A number of European analysts collaborate in this volume and join American analysts in proposals for change in curriculum, assessment procedures, supervision and the case study. Some of these articles are of special interest to those who design curriculum ("Developing Learning Objectives for Psychoanalytic Education" by Cabaniss) others to case conference leaders ("Structuring Case Reports to Promote Debate" by Korner), several to the evaluation and assessment of applicants and candidates ("Difficulties Evaluating Psychoanalytic Competence" by Junkins, Tuckett and Zachrisson) some more specifically for psychoanalytic supervisors ("The Supervisory Process for Candidates and Supervisors" by Pegeron) and still others for candidates and their teachers ("Anxiety in Psychoanalytic Training" by Brodeck, "Shaming Psychoanalytic Candidates" by Buechler).

I would place special attention on these last articles and on the overall discussion of the issue by Otto Kernberg. These authors make it singularly important to focus on the functioning of the institution, upon which depends the climate of teaching and training. Brodeck, for instance, comments that "psychoanalytic training is always a quite personal experience but it usually takes place in a group process...embedded in larger social

contexts."p.332. Bedland reviewing the importance of regular discussion of problems in training and with curricula, states that "as long as there are no structures in which one can talk...(about these problems)...regressive behaviors will be favored and conformity will be implicitly rewarded" p. 334. Several authors point to the work of Kernberg, Rice and Miller, Turquet and others who have developed models to recognize and understand dysfunctional organizations. Kernberg in particular, observes in his discussion of the volume that "the idealization of psychoanalytic institutions and of themselves...is unconsciously expressed in the institutional group processes and in the remarkable absence of the application of psychoanalytic understanding of group and institutional processes to their own institutions"p.390. He cites authors who plead for regular reflection on the organization and its problems and on the participation of candidates as a group to point out problems in their institutional experience.

The last articles on the effects of these processes on candidates' experience, their anxieties, shame and inhibition of initiative, point to the importance of the climate of training in fostering candidates' growth, autonomy and creativity. We know how fears of exposure and criticism block those in training from presenting their work, and from writing for publication but several authors point out the responsibility of the institution in fearing their own exposure and not favoring their own self examination. Some of the articles point out to authoritarian attitudes and structures that impede the development of candidate's critical capacities and self-assertion but also to the possibility that such functioning has a destructive effect on the organization as a whole, favoring splits among groups or persons, secrecy, loss of members and fear of innovation.

These articles could be a good source for conversations of those active in teaching, supervising and introducing changes in curriculum, but they also could generate needed discussions

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Michigan Psychoanalytic Council's
Fall Conference with Darlene
Ehrenberg
Julia E. Davies, Ph.D.

The Michigan Psychoanalytic Council was pleased to present its Fall Conference with Darlene Ehrenberg, Ph.D. at the Sheraton Detroit-Novu Hotel on October 16th and 17th. The conference was successful, well-attended, and very well-organized by the Program Committee.

On Friday evening Dr. Ehrenberg discussed her paper: "Potential Impasse as Analytic Opportunity: Interactive Considerations," in which she presents her ideas about the importance of addressing feelings and enactments "in the room" when patient and analyst are stuck in an analytic impasse. On Saturday, Dr. Ehrenberg further elaborated upon her clinical and theoretical approach to working at the "intimate edge" of relatedness in the consulting room.

In both presentations Dr. Ehrenberg focused on her belief in the centrality of unconscious communication between patient and analyst. She evoked Freud's (1915) often-quoted idea that the unconscious of the patient can act directly on the unconscious of the analyst. Freud did not elaborate further on this idea at that time, and classical views of therapeutic action continued to emphasize the primacy of interpretation as a vehicle for analytic change. In classical models, the verbal content of the patient's utterances were the primary focus of analytic work, while the less-verbal aspects of interaction (enactments and unconscious communication) were not yet understood as meaningful.

Dr. Ehrenberg identified a gradual historical shift away from the classical view, beginning with Ferenczi, Rank, and Fromm-Reichman, who, each in their own way, introduced the beginnings of a two-person model of psychoanalysis. These analysts began to understand patient and analyst as embedded

(Ehrenberg, continued on page 6)

(President, continued)

welcomed all views in psychoanalysis. All members vote in elections, and different cadres of leaders have served over the years. We have not been dominated by a single in-group or a dogmatic viewpoint, but have been open to discussion, growth, and change. I am proud to be in MPC.

New Membership Chairperson

I would like to introduce and welcome our new membership chairperson : Laura Pierce, PhD of Haslett, Michigan. Laura is an MSU graduate and is currently doing her post-doc at the Women's Center (Sparrow Hospital) in Lansing. She will be the person with the nametags now! Beth Waiss

Upcoming Meetings

Escaping the Phantom's Ghostly Grasp: On Psychoanalysis as a Performance Art in the Spirit World

1/17/10

Ann Arbor City Club, Ann Arbor

Patrick B. Kavanaugh, Ph.D.

Who the Dickens is Miss Havisham?

University Club, East Lansing

2/21/10

Elizabeth A. Waiss, Psy.D

21st Century Living Color: Race, Representation, and Enactment in Psychoanalysis

3/14/10

Ann Arbor City Club, Ann Arbor

Jane Hassinger, L.M.S.W.

To Sleep, Perchance to Dream the Unworded: The Case of Andres

4/18/10

Providence Hospital, Southfield

Ellen F. Fries, L.M.S.W., Robert Hooberman, Ph.D. Discussant

Some of the Personal Psychological Dimensions of Healthcare Sander Breiner, M.D.

There are some well-known facts about healthcare by the scientific community that have been fully communicated to the general public. A significant number of individuals do not utilize this information. This results in significant physical pathology. This same segment of the population (along with their immediate relatives) are requesting more medical care. The same population group is requesting (even demanding) that this additional medical care be provided with little to no cost to them. In other words, they are expecting others to care for them; rather than they take better care of themselves. They want the support of the medical community. They want the support of the general population (i.e. their government). This is a description of a population segment that doesn't seem to be able to take care of themselves; and is almost demanding that the caretakers (medical community) and the authority figure (government) take care of them.

Every individual or societal symptom is an expression of some normal early developmental human qualities. The normal expression of the preceding would be found in childhood. What are some examples of this less mature behavior? The following incomplete list may be more helpful in understanding the hidden psycho-dynamics of this large segment of society.

Weight: Being slightly underweight prolongs human life and reduces the amount and severity of various diseases that accompany aging. Being slightly overweight significantly increases the development of a variety of diseases. Moderate obesity (Body Mass Index 35) invariably produces pathology (e.g. diabetes). Pathologic obesity (BMI 40 plus) produces serious pathology, and significantly shortens life span.

Alcohol: Any drinking of alcohol for its toxic effect is injurious to the various systems of the body. The

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Member News and Notes

Karin Ahbel-Rappe, Ph.D., published in (2009). "After a long pause": How to read Dora as history. *Journal of the American Psychoanalytic Association*. 57(3)

Karen E. Baker, LMSW, has been elected President-Elect of the American Association for Psychoanalysis in Clinical Social Work.

Jerrold Brandell, Ph.D., has revised for (2010), *Theory and Practice in Clinical Social Work*. Thousand Oaks, CA: Sage Publications (28 chapters). He also presented "Psychoanalysis in the Halls of Social Work Academe: Can this Patient be Saved?" Invitational lecture given at the 11th National Conference of the American Association for Psychoanalysis in Clinical Social Work, February 27, 2009, New York, NY.

Marilyn Charles, Ph.D., has been developing three research projects, focusing on 1) the phenomenological study of psychosis, in particular recognizing the link between trauma and psychosis and the importance of the human connection in any treatment offering; 2) discriminating between creativity and 'craziness' in projective tests and 3) self-destructive uses of ECT. Through presenting her work nationally and internationally, and through developing roundtable conversations at APCS, she has been trying to build networks for greater collaboration amongst those involved in psychoanalytic training, research, teaching, and outreach.

Julia Davies, Ph.D., presented her paper "Considering Self-ful Desire," published in *Psychoanalytic Psychology* in August, 2009; Vol. 26, No. 3. 310-321. She also presented her paper: "Class, Culture, and Personal Authority" at the Division 39 Meetings in San Antonio, TX, April, 2009.

Alvin Curtis Spindler, M.D. and **Evangeline J. Spindler, M.D.** co-directed a well received course titled "Broken Bodies and Troubled Minds: The connection Between Stress and Physical Illness" at the 143rd Annual Scientific Meeting of the Michigan State Medical Society on October 22, 2009 at the Somerset Inn in Troy, Michigan.

(Conversation, continued)

Between teachers, students, analysts and candidates to become aware of the sources of inhibition, shame and excessive self criticism in our own institution.

Although these articles do not focus on teachers it is fair to assume that discouragement and inhibition in teachers may also be fostered by the same institutional dysfunctional patterns that affect candidates in training.

I join those who plead for an effort to begin our own communal self.

(Ehrenberg, continued)

in a process of mutual influence, much of which remained unconscious to both. Dr. Ehrenberg noted that even those classical analysts who focused on transference and countertransference as the crucible of therapeutic action, often failed to remark upon “what was actually happening” in the room.

She noted that even Searles, Guntrip, and Winnicott, who developed upon these earlier notions of a “two person psychology” and presented inspiring ideas about the importance of non-verbal interaction, rarely actually commented upon what occurred between patient and analyst.

Dr. Ehrenberg’s views about the usefulness of working at the intimate edge of interaction were initially controversial at the William Alanson White Institute where she did her analytic training and wrote her first paper on this subject in the 1970’s. Over the last several decades, however, her ideas have become woven into the fabric of our contemporary understanding of relational unconscious processes.

As an aside, it is exciting to note that the empirical underpinnings of the “relational unconscious” have recently become a focus in neuroscience and developmental research. Results of neuroscience research strongly support the clinical evidence that the majority of thoughts and feelings remain unconscious, though they may nevertheless become enacted in

relationships. Current research in mother-infant interaction overwhelmingly demonstrates the centrality of unconscious mutual influence in all interpersonal interactions.

In addition, she highlighted the importance of reflecting upon what patient and analyst “do” as well as what they “say.” Dr. Ehrenberg referred to Winnicott’s famous clinical example of the patient who threw and broke a vase in Winnicott’s consulting room, and Winnicott pretended that the event had not occurred. The patient soon after became suicidal, which Dr. Ehrenberg understood as an escalation of her effort to evoke a reaction from Winnicott. It is clearly more effective (and less shaming), Dr. Ehrenberg suggests, to talk about events as they occur in the room.

Dr Ehrenberg also emphasized the importance of working from “who we are,” knowing ourselves and our issues, and finding our own voice. This notion has of course become a cornerstone of contemporary relational theory, as the irreducible subjectivity of the analyst (Renik, 1993) is understood not only as unavoidable, but as *necessary* for authentic relatedness to occur.

In conclusion, the conference was extraordinarily interesting, and generative of many meaningful discussions.

References:

- Freud, S. (1915), The Unconscious. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on the Metapsychology and Other Works, 159-215.
- Renik, O. (1993). Analytic Interaction: Conceptualizing Technique in Light of the Analyst's Irreducible Subjectivity. *Psychoanal Q.*, 62:553-571.

(Personal, continued)

younger the individual (particularly under 22 years of age), he or she is injuring the Central Nervous System. The younger the individual the more injury to the developing central nervous system. The more frequent and intense the toxic levels of alcohol the greater the injury to all the systems of the body. The secondary injuries of accidents is common.

Drugs: Any taking of nonprescription drugs is done for achieving its toxic effects. All of these effects are injurious for the various systems of the body. The younger the individual, the greater is the likely injury. The secondary injury of accidents is common.

Sex: Unprotected sex has significantly increased a variety of physically injurious diseases; usually with permanent effects. In addition, unplanned pregnancies produce a variety of social and medical problems.

Rhythm: Normal and regular patterns of eating, sleeping, and exercise are significantly important in preventing illness.

Cleanliness: Washing one's hands for at least 20 seconds before handling any food or utensil is a major preventative of disease transmission. Washing one's hands frequently during the day, particularly after handling something which is obviously contaminated (e.g. anus, shoes, saliva) is very important.

What is significant is that this list could continue. However, there is another set of factors that need to be considered. What is being referred to is a tendency for people to "accidentally" hurt themselves and others. In examining all accidents there is a very high incidence of unwise or ill considered behavior that led to the injuries. In a study I did in the early 1970s of the various causes of death nationally I was able to demonstrate statistically that the number one most significant factor in the cause of death in this country were the conscious and unconscious psychological factors.

They comprised approximately 35% of all deaths.

Conclusion: Universal healthcare for all people is laudable, and should be supported. But without the understanding of the preceding it will not succeed in producing a healthier society or reduce the enormous unnecessary expenditure of society's resources.

Save the Date

This year, MPC will be holding its retreat at the Maumee Bay Resort and Conference Center, in Maumee, Ohio - only an hour south of Ann Arbor. The retreat will be held **June 4-6, 2010**. We will have a reception Friday evening, meetings Saturday, our annual/banquet awarding of certificates on Saturday night, and a board meeting on Sunday morning. All members are welcome and encouraged to socialize and participate in the events of the retreat. Please consider coming, and feel free to bring your spouse and children: the resort is home to a nature preserve, as well as a golf course, biking trails, canoe rentals, indoor and outdoor swimming pools, hot tubs, saunas, racquetball courts, tennis courts, and more. Feel free to check out their website at <http://www.maumeebayresort.com>, and check out the attachment for a sample of what awaits you.

More specific information about the retreat, lodging, reservations, and events will follow.

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