

PSYCHOANALYSIS

in Cleveland

www.pschoanalysiscleveland.org

Vol. 11 No. 3

The Newsletter of The Cleveland Psychoanalytic Center

February 2003

NEW JOINT VENTURES

A NEW ELECTIVE FOR PSYCHIATRY RESIDENTS

Arthur L. Rosenbaum, M.D.

A recent addition to the offerings of the Cleveland Psychoanalytic Center through the Katan Treatment Center is an elective program for fourth year residents in Psychiatry. Beginning September 2002 the Center expanded its role in teaching psychiatric residents about psychotherapy beyond the core curriculum and supervision by adding a community component. The new program utilizes the existing structure and meetings of the Katan Center. These include twice monthly meetings of the Intake Committee and twice monthly clinical conferences. At the Intake meetings, the handling of referrals made to the Katan phone line is reviewed. Evaluations and beginning and ongoing psychotherapies are reviewed and discussed in the conferences. Participating Center members bring their clinical experience to the study of clinical problems, their treatment and disposition. These Katan meetings have been viewed as an ongoing seminar on practice building, emphasizing patient care and the development of networks for facilitating referrals within the psychoanalytic community and the larger mental health community.

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NEOUCOM AND CPC

Patrick D. Enders, M.D.

Joseph Varley, M.D., Chairman and Residency Program Director of the Department of Psychiatry, North Eastern Ohio Universities College of Medicine (NEOUCOM), called me last spring about the possibility of having psychoanalysts participate in the teaching and supervising of his residents. About 10 years earlier I had worked with Dr. Varley, when he was at the Cleveland Clinic, and Dr. Denton Wyse and I had helped launch the citywide teaching of psychoanalytic psychiatry for the residents at the training programs at University Hospitals, MetroHealth and the Cleveland Clinic Foundation. I clearly remembered Dr. Varley's interest then in psychotherapy education and talking to patients in the midst of the "Decade of the Brain" and managed care. Dr. Varley subsequently left the Cleveland Clinic and moved to Akron, and eventually becoming chairman of the Department of Psychiatry at NEOUCOM.

An informal meeting with Dr. Varley, Dr. Sharon Erwin, Director of Psychotherapy Curriculum, NEOUCOM, Judith Pitlick, fellow member of the newly named Psychiatric Residency and Psychological Training Committee (formally known as the Liason Committee,) Betsey Kamm, Executive Director of the Cleveland Psychoanalytic Center (CPC), and myself

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A BETTY JOSEPH ENCORE

Sara S. Tucker, M.D.

Betty Joseph, internationally recognized Kleinian psychoanalyst from London, returns for her fifth consecutive year to the June Isquick Annual Visiting Scholar Program. The Program starts on Saturday morning, February 15, and continues through Monday afternoon, February 17, 2003.

As she has done in past years, Miss Joseph will offer two presentations for the public. The first, on Saturday afternoon, at 1:30 to 3:30 p.m., will be a paper entitled *On Thinking about Loving*. The second, on Sunday afternoon at 2:00 to 4:00 p.m., will be a supervision of a clinical case. Dr. Howard Levine of the Psychoanalytic Institute of New England will present clinical material and Miss Joseph will offer her commentary on it. Both events will take place in the Rainbow Babies and Childrens Hospital Amphitheater. Miss Joseph draws a wide audience from mental health, other health related fields, academia and law. There is no charge for these public events.

In addition to her public appearances, Miss Joseph will participate in a series of workshops and a class for psychoanalysts and analysts in training. Registrants include analysts from Chicago, Pittsburgh, Boston, Tucson, Cincinnati and Washington, D.C., as well as those from Cleveland.

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NEW ELECTIVE continued

The plan for the elective was conceived to enrich the education of psychiatric residents in the practice of psychotherapy. The Psychotherapy Practice Elective plan was presented to Robert Ronis, M.D., Director of Training, University Hospitals Department of Psychiatry and accepted by the Department for a trial year. The elective is offered one half-day/ week to one resident this year. Brian Anderson, M.D., has elected the program and is currently attending conferences and receives supervision. In his capacity as Chief Resident, he facilitates referrals of The Katan Center callers who require treatment services available in the psychiatric clinic at Hanna Pavilion. He participates in the conference discussions and adds his own experience in the treatment of outpatients.

Interested members of the Center are invited to participate in these meetings and the teaching program. The meetings take place at the Center each Monday, 9:30-11:00 AM. Contact me at (216) 321-2376 for more information. Continuing education credits are available.

NEOUCOM AND CPC cont.

was held at St. Thomas Hospital. Dr. Varley wants to expose his psychiatry residents to psychoanalysts "in the flesh." We share the opinion that residents need to learn and value spending time with patients, by talking to them, listening to them, and learning with them about who they are, what they are looking for, and what conflicts are standing in their way. By September 2002 a letter of understanding was drafted and agreed upon between the CPC and NEOUCOM, and on January 15, 2003 the first seminar was held on *Psychodynamic Psychiatry*, an introductory course for first and second year psychiatric residents.

Our collaborative effort to date has gone smoothly, which isn't surprising, given Dr. Varley's vision of his Residency program which he eloquently stated on the NEOUCOM, Psychiatry Residency Program website: "Psychiatry is experiencing a time of unparalleled gains in brain research and pharmaceutical innovation. Amidst this, our program also remains committed to helping residents establish a framework for understanding

the depth of the mind, thus illuminating the person: in the patient. Developing experience with the power of talking therapies to facilitate new learning and change is embraced as respectfully as the latest advancements in psychopharmacology and neuroscience."

BETTY JOSEPH ENCORE continued

A banquet at Gwinn Estates on Saturday evening is a traditional part of the program, and offers everyone the opportunity to talk informally with Miss Joseph and the out of town participants.

A breakfast with Miss Joseph at Glidden House, on Saturday morning will start the day's program and is open to all registrants.

As in past years, this program is the beneficiary of generous financial support from Mr. B. Scott Isquick.

? & A

GLAD YOU ASKED!

I understand that there is a new Director for the Katan Center. Who is the new Director and will anything be changing in the operations of the Katan Center?

The new Director for the Katan Center is David Falk, PhD. He is a licensed psychologist who is a graduate of the Adult Training Program at the Cleveland Psychoanalytic Center. His office is in Beachwood, Ohio. Arthur Rosenbaum, MD continues his involvement with the Katan Center serving as its Associate Director.

The Katan Center provides evaluations, psychotherapy and referral services to the community through its Intake and Referral Service 216-721-2777. Every call that comes in is reviewed and discussed at the biweekly Intake meetings and a plan for the case is formulated. This may involve continuing evaluation, psychotherapy, psychoanalysis, medication evaluation or referral to other agencies or individuals well known to the Intake staff. Members of the Cleveland Psychoanalytic Center receive referrals from the Katan Center by either participating in the Intake meetings or by letting the Katan Center know of their interests.

A wide range of conflicts and situations are presented to the Katan Center. Many of the people who call the Katan Center have been turned away from other agencies or they have no insurance. Others seek out our services since they are aware of the value of having a well-trained therapist who listens and helps. Some of our callers are given scholarships for psychotherapy through a grant from the Mayer - Haber Memorial Fund of the Cleveland Foundation. This enables many who could not afford therapy to receive it.

Further information about the Katan Center is available by contacting the clinician on-call at the Katan Center number above or by contacting Dr. Falk directly at 216-831-1014.

Save the date

April 9, 2003

a lecture co-sponsored by CPC and John Carroll University

**Machiavelli's
The Prince and the
Crisis of Perspective**

**by Professor Guiseppe
Mazzotta**

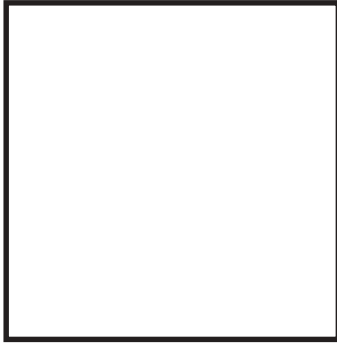
Respondents:

**Murray Goldstone, M.D.
Professor Pamela Mason**

This lecture will explore the aesthetic/moral language of *The Prince* to demonstrate how Machiavelli understood the relationship between power and art.

NOTES FROM NEW YORK

David Pincus, DMH



The Newsletter has asked me to tell our Cleveland community a little more about the group I am part of in Manhattan. Our group is called the *Neuroscience, Psychopharmacology and Psychoanalysis Study Group*, and the Psychoanalytic Research and Development Fund sponsors us, which generously allows us to travel to New York and study together. We meet on Saturday afternoon once a month, following the morning neuroscience meetings at the New York Psychoanalytic Institute. Often the guest speaker from the morning meetings joins us in the afternoon, and this was the case with this month's speaker, as Richard Lang, M.D., PhD., an emotion researcher from the University of Arizona, sat in.

Our core group is about ten; some of the better-known members include Morty Ostow, Jaak Panksepp, David Olds, Bob Scharff, Peter Neubauer, Donald Klein, and Mark Solms.

Each month we take up a different topic, and while we read and discuss material that is based in theory and research, there is almost always a linkage to clinical material. This month's session was devoted to dreaming, and the Newsletter has asked that I describe a portion of our discussion.

The Freudian view of dreams as wish fulfillments has come under vigorous attack in the neurosciences, as the theory requires a high level (presumably cortical) 'organizer' for the dream material, and neuroscience has found that dreaming arises from the deepest and most primitive areas of brain. Are dreams mere 'bottom up' neurological noise, arising from the lower reaches of the brainstem? Are we, upon awakening, merely composing and giving meaning to the neural cacophony of "unmusical fingers wandering over the keys of the piano," a position offered by Wilhelm Wundt, the father of scientific psychology in 1899 and

also attributed to Immanuel Kant? This has been the most severe form of the dominant picture which has emerged in neuroscience over the last half century, beginning with Moruzzi and Magoun's appreciation of the reticular activating system in 1949, the discovery of REM sleep by Aserinsky and Kleitman in 1953, Dement and Kleitman's correlation of REM with dreaming in 1957, McCarley and Hobson's reciprocal interaction model in 1975, and Alan Hobson's work over the past twenty five years, with neuroimaging studies. We have heard for some time that Freud's dream theory is dead, and the illusion that dreams are constructed for the purpose of protecting sleep and expressing forbidden desires is a theory full of its own wishful thoughts. The hard truth, we have heard, is that dreams at the level of psychological function and experience are epiphenomenal or secondary to more basic purposes and processes. Given that dreams correlate primarily with REM sleep, and given that REM is a volley of neurons firing from way down in the brainstem, then dreams, it is said, cannot be driven by complex psychological motivations that are thought to reside much 'higher up' and forward in the cortical regions. These non-psychological purposes of REM (and by implication REM dreaming) are thought to be memory consolidation, a fresh acetylcholine bath (something like hard drive maintenance and garbage disposal), and synthesis (norepinephrine and serotonin utilization are virtually shut down during REM, allowing for their replenishment).

This neuroscience model for dreaming has been losing its footing for the last 10 years or so, and this month we sought to study the latest data. A good bit of shifting can be attributed to the fine work of Mark Solms, whose work has questioned the mantra that all dreams are from REM and that they are merely the nonsensical froth of brainstem volleys. First, we now know that dreaming and REM are not one and the same. People report dreams when awakened from NREM (slow wave sleep), and people with lesions to their brainstems still dream. Even more interesting is the finding that people with lesions to the 'ventromesial' portion of their frontal lobes suffer a complete loss of dreaming, even though they continue to have REM sleep.

Current research is seeking to specify in greater detail this ventromesial area. Could this

area be responsible for the type of dream organization that we find in psychoanalytic views of dreaming? There is much to be learned; though we do know that this area of the brain, and the networks surrounding it, are capable of supporting the complex psychological processes we clinicians tend to think exist in dream architecture. Furthermore, we know that important dopaminergic pathways travel through this area, and these pathways are responsible for what Jaak Panksepp has called the SEEKING system (many think that this system is the neurobiological correlate for Freud's 'drive'). And we know that this ventromesial area is precisely the target for many lobotomies, which have the effect of reducing 'drive'. There is a vast clinical literature in which it is anecdotally reported that patients who have lobotomies lose their ability to dream. But no one had paid careful attention to this observation until recently. If you have a lobotomy and lose much of your 'drive', do you lose dreaming because there are no wishes to be fulfilled? Is neuroscience beginning to find something, after all, in Freud's theory that dreams are wish fulfillments?

This is an interesting conjecture, and no longer an implausible one. There are plenty of other theories, and plenty of other research, which would challenge this conclusion. Data is coming from brain imaging, dream journals, EEG's and analytic couches. We do not have all the answers yet, but we do now know that the neuroscience story on dreaming for the last 30 years has been naïve and profoundly un-psychological. We are beginning to have the technology and the paradigms to ask better questions—and with better questions we can hope for answers that are more appreciative of the nuance and complexity of the human mind.

Each month our group attempts to tackle different areas where neuroscience and psychoanalysis can shed meaningful light upon each other. This past meeting on dreaming was particularly gratifying, and I doubt that we will easily put it down as we prepare for our next topic. This is our third year of study, and many writing and research projects are beginning to emerge from our collaborations. The converging disciplines have so much to offer to each other, and we have so much to learn.

FRIDA, A POSTER CHILD FOR FEMININE CONFLICT

Rachel M. Baker, M.D.

As part of the series of *Sunday Evening with the Friends*, a group of the Friends of the Cleveland Psychoanalytic Center met on January 19, 2003, in the Krent library to discuss the much acclaimed movie *Frida*, about the Mexican painter, Frida Kahlo.

Dr. Rachel Baker and Professor Diane Sweeney, art historian at Kent State University, led a lively discussion of the movie. Three major reactions were elicited to the movie: The feeling of intense emotional and physical pain Frida lived with; the addiction to pain killers, alcohol and sex to cope with the physical pain and the repeated disappointment in relationships; last, but not least, the sense of vitality, energy and color successfully conveyed by the film, correctly representing Frida's strength in her creative solution to all her emotional and physical injuries.

As we discussed the internal and environmental elements that contributed to Frida's life, Professor Sweeney filled us in with additional biographical data. The movie portrays well her cool, distant and disapproving mother and her warmly engaged father. The disappointment in mother must have pushed her very early into a very close relationship with father and identification with him. This, and his revealing comment when Frida appears dressed in his suit for a family portrait, "I always wanted a son," set the stage for her bisexual object choices. In this context we understand her lesbian affairs as both a search for a better mother and in competition with men. The latter is especially clear when she seduces Rivera's lover. Her father fixation gets expressed in her choice of the much older Rivera, whom she first encountered at age 12 in a voyeuristic, "primal scene" type setting. We wonder about her excitement and interruption of the scene between Rivera and his model, whether this mirrors an earlier experience at home. Witnessing such scenes between parents is usually interpreted by a small child in terms of a sado-masochistic interaction,

which might have contributed to her personality development in that direction. Her father being Jewish in a Catholic country, might have fed into a feeling of being an outsider, free to be different.

Father supplied her with the tools for sublimation. He was a photographer who taught her photography and painting, and who gave her his drawing pad when she was immobilized after her accident. What isn't shown in the movie is the fact that she had polio at age 6 that left her with one weaker, atrophied foot and leg which subsequently was the most injured in her adolescent accident, needing partial amputation for gangrene due to poor circulation. To further underline their common "fate neurosis," her father's plan to study medicine was interrupted by a head injury, after which he was sent by his family to make his fortune in Mexico, where he met his wife, learning photography from his father in law. Frida also planned to study medicine and had to change her plans after her accident, finding a career and a route to sublimation in her art.

Another important detail was the fact that in her accident she was impaled on an iron rod from a fence, which penetrated her pelvis through her vagina. This horrendous injury surely fed into a common female "castration anxiety," namely the fear of injury to the genitals through penetration; it also supplies one of the elements of "penis envy" – the girl sees having a penis as having a closed pelvis, not vulnerable to penetration and injury. The desertion of her boyfriend added further insult to injury. Frida is portrayed as very aggressive, taking on the traditionally masculine role on the dance floor, and demanding to be treated as an equal colleague by Rivera before agreeing to an affair. She then deals with his promiscuity by doing the same. It is only when her sister, who in their closeness might have taken the place of the emotionally missing mother, sleeps with Rivera, that it is one betrayal too many.

Added to all this was the loss of a much wanted pregnancy, which might have helped her shaky sense of worth. Professor Sweeney showed us a slide of Frida's painting following the miscarriage: Against a background of industrial Detroit, where this took place, there is a nude, bleeding Frida lying on a hospital bed and with strings connected to her is an empty

uterus, a fetus, a snail coming out of its home, a pelvic skeleton, a wilted orchid (a flower that usually symbolizes the external female genitals) and a piece of machinery. It is a portrayal of Frida's grief after her miscarriage: The preoccupation with the lost child, the emptiness it left behind, and the sense of injury and devaluation are strikingly portrayed.

The November 2002, cover photo of the Smithsonian magazine, shows a lovely, feminine Frida, meticulously groomed and dressed, as well as other photos of her over the years, Professor Sweeney illustrated the distortions in Frida's self portraits which accentuated heavy eyebrows meeting in a V-shape and a mustache she didn't have, possibly trying to portray herself as less feminine (= vulnerable?) than she actually looked. Her paintings were usually small, in contrast to Rivera's monumental productions, reminiscent of church votives; in part this was due to her physical limitations making it hard to stand in front of a larger canvas. Other slides showed her infatuation with Stalin, in an almost saint like image whose large, encircling hands will heal her collapsing spine. This continuing loyalty to Stalin, in spite of the accumulating evidence of his tyranny, as well as increasing sloppiness in her paintings and finally a totally messy, almost incoherent diary shown in the slides, could have been the result of her substance abuse. What was left out of the movie was her actual success in showing her art and selling it, as well as her political activism. Of the later professor Sweeney noted that on Frida's trip to Paris she carried with her large amounts of money to ransom several hundred prisoners taken in the Spanish civil war. Her politics were shared with Rivera, who in many ways was her soul mate.

SAVE THE DATE/ SCIENTIFIC MEETING

Sadomasochistic Perversion & the Analytic Situation

Arlene Kramer Richards, Ed.D.
New York

Patricia Martin, M.D., Discussant

March 21, 2003 - 8:15 PM
Rainbow Babies & Childrens Amphitheater

REMEMBERING

Charlie De Leon

Norman A. Clemens, M.D.

Charlie DeLeon was a little giant. I don't remember him as being especially tall, but he could build a towering phrase in an instant that would reverberate in your mind for a very long time. The last thing you could say about Charlie was that he was mealy-mouthed. He spoke in an incisive, measured, distinctive style and articulated his words with a carefully placed emphasis that packed a wallop. He was never mean about it; he just commanded your attention. His message was not lost on you.

As president of the Cleveland Psychoanalytic Center, I was asked to say something about Charlie on behalf of the psychoanalytic community. Charlie was a dedicated psychoanalyst and a fine teacher of psychoanalytically based therapy. He was one of my early mentors. I sometimes went to his home for supervision or consultation and recall being greeted graciously by Charlie and Sidney, his wife at the time. He quickly grasped the essence of the treatment relationship and came up with some ideas that would move the treatment along. Later he married Lois Wyche, with whom I had worked closely in providing the CWRU medical students with an experience in doing out-patient evaluations and crisis counseling – something they could really use as future physicians.

After the great battle between Dr. Bond and the other leaders of the Cleveland Psychoanalytic Institute in the late 1960's that led to the Institute's separation from the Department of Psychiatry, Charlie remained with the Bond faction and had little to do with the Institute or the Cleveland Psychoanalytic Society. I always viewed that as a loss. Yet he maintained his membership in the Society and the American Psychoanalytic Association right up until the end. And he went on teaching the rich body of psychoanalytic knowledge about human nature and how to help people change and heal themselves.

Charlie was also a community psychiatrist. He reached out to the world around him and enriched it. He knew the biopsychosocial model of psychiatry before the term was invented. He went out to Oberlin and did evaluations and helped with training for the Peace Corps. He also did evaluations and training for the Cleveland police force, a pioneering thing to do at the time. His work with the police was a model for a program of continuing education for clergy that Milton

Matz and I developed. This was in the heyday of community psychiatry, and we secured a five-year NIMH grant to support it. Dick Corradi, Marv Wasman and I even wrote a few papers about it. Charlie was an inspiration for that kind of work.

Most of all, Charlie taught us about prejudice. Growing up in the mountains of northeastern Pennsylvania, I had hardly ever met an African-American. What I knew about prejudice came from neighborhood relationships with the Catholics. Charlie opened my eyes about prejudice, the kind we aren't aware of. Charlie did indignation very well, but he never lost his dignity. He thought a lot about why black people and white people related to each other as they did, and he shared these insights in a thoughtful way that abjured hatred and self-pity. But he always got your attention and made you take a second look at what was going on within you and around you in interracial situations. Since we mostly white psychiatric residents were often treating African-American patients, there was plenty of opportunity to learn, and to be challenged to meet each other on a human-to-human basis while still respecting our differences.

Respect was the key word. Charlie's teaching wasn't limited to interracial situations. The inequality of the sexes, and of the doctor-patient relationship, also interested him. Charlie once told how a young, white, male physician repeatedly addressed his mother, Rose, a well-educated and dignified lady, by her first name, in a fashion that could only be described as patronizingly paternalistic. Finally, she sharply addressed him by his first name in return, and then firmly but gently taught him something about mutual respect between white male physician and African-American female patient. In so doing, Charlie gave us a glimpse of his roots.

We shall certainly miss Charlie DeLeon, but those of us who knew him will verify that his legacy endures.

MORE MEMORIES...

David Pincus, D.M.H.

Charlie DeLeon, MD died on December 8, 2002, after suffering years from a vascular dementia that stole his mind and his life far too soon. He graduated from Howard Medical School in 1946, and had neurological and psychiatric residencies in Brooklyn, which he completed in 1951. When Charlie was a captain in the Air Force during the Korean War, he met Doug Bond, who was then chairman of psychiatry at Hanna Pavilion, and Bond persuaded Charlie to come to Cleveland. Charlie

graduated from the Cleveland Psychoanalytic Institute in 1964, became a practicing analyst, and a greatly appreciated professor in psychiatry and outside of it. For example, he taught adult psychopathology at SASS, and was found to be a marvelous teacher. He conveyed his concepts in pictures that his students could visualize and grasp, and his expressiveness and vigor brought the academic material, the clinical examples, and the students' curiosity and leaning to life. To be with Charlie was to be enlivened—I don't think there was any other way.

I will never forget Charlie, and all that he has meant to me. I met him in the late 1980's and he adopted me as a mentor and a friend. Doug Lenkoski introduced us, and I remember Doug telling me that Charlie's temperament was unusual for an analyst; that he was a character; that he would tell you what he felt, whatever that might be. And I was to find this out right off the bat—I remember Charlie telling me that he was offended that I'd said "I'll get it this time, you can get it next time", when paying for our first lunch together. He told me that he didn't need to be reminded of social contracts, and why would I think that he wouldn't have the decorum to take care of things properly. I was stunned, but immediately taken with the candor, directness, and warmth in the way that he challenged me. And he was right; my seemingly casual statement revealed a distrust of his profession, as I was to later think about it. Charlie had a keen and intuitive skill. His vigorousness might have been distasteful to some; others I can imagine would have been frightened. For me, I loved Charlie's candor, his passion, and we became good friends quickly. I came to appreciate his humor, his tenacity, and his humbleness. While Charlie always spoke his mind and encouraged the same in others, he was a great foe of arrogance and certainty. We know so little, and can only see so much. It was this attitude that carried through in his clinical work. He listened carefully and cared deeply for his patients.

I last saw Charlie this past spring, and he no longer knew me. He insisted, though, that I get a fork and share his lunch with him. There were seven scalloped potatoes, three to each of us, one a drifter. After we had eaten our respective three, I stuck my fork into the straggler and tried to get Charlie to put it into his mouth. He laughed heartily as I moved that potato towards him, he made some pseudo-menacing gesture in an attempt to fend me off, and he eventually refused. A couple of minutes later, as we stared vacantly around the room, Charlie put his fork into that potato and put it up to my mouth. I too made some gesture of refusal, but then accepted it. Charlie smiled broadly, from ear to ear, his warmth and playfulness still with him, our way of being together still intact.

I miss you Charlie, and I will never forget you.
You live on.....

HANNA PERKINS CENTER

HANNA PERKINS BEGINS RENOVATION OF MALVERN SCHOOL IN SHAKER HEIGHTS

Thomas F. Barrett, Ph.D.

Everyone at Hanna Perkins has continued to work through the grief that remains following the loss of the three beloved colleagues who died during the past several months – Marion Barnes in April, Erna Furman in August, and Robert Furman in September. Through these deaths we lost the combined experience of nearly 150 years of service to our organization. All three had been a part of Hanna Perkins from the first years of its existence. All three participated in our research projects, worked annually with parents of children in the school, and taught and supervised candidates in our training program in child analysis. As part of the founding core of our School and Clinic, they were all involved during the late 1950s in the planning and designing of the building that has been our University Circle home since 1961. For 40 years our Cornell Road location served us well, providing space for our Preschool, Kindergarten and Toddler Program, the latter of which was added to our programming in 1985. They were also involved and supportive when, as the decade of the 1990s came to a close, the Board of Trustees gave increasing consideration to relocating Hanna Perkins School.

In the fall of 2000, the Board learned of the availability of the Malvern School in Shaker Heights. Built in the late 1920s, Malvern was closed as a Shaker Heights public school in the early 1980s. Vacant for a number of years, it was purchased from the school district by the city and leased to Solomon Schechter, a Jewish day school. In anticipation of Solomon Schechter's plan to relocate in June 2002, the City undertook a process of study and consultation with architects, planners, and concerned citizens to determine the most desirable future use for the school building. While some encouraged redevelopment as

condominiums or housing, the decision was ultimately made to find another school as a viable occupant.

Accompanied by an architectural consultant, members of the HPC staff and board toured the school in December 2000. Impressions were favorable, particularly with regard to the Malvern location. Situated in the private school area of Shaker Heights, the school is only one block from a rapid transit line and is near major streets which connect with the I-271 and I-480 freeways. Moreover, Malvern's location in a neighborhood would facilitate the ability to establish and offer community outreach programs for preschoolers and their families, including a Parent-Child Resource Center, which could be developed. Such a facility could be open a few hours each day so parents could visit with their toddlers or preschoolers to check out age-appropriate books, toys, and games while visiting with Hanna Perkins staff and volunteers. Arts and crafts programs and classes and parent discussion groups on topics germane to preschool age development could be offered. Also, borrowing on the gardening and life-cycle aspects of the school's curriculum, a preschool community garden and a butterfly garden could be developed on the premises for community programming and access.

Extensive study and consideration proceeded and a survey was conducted that confirmed that though Hanna Perkins remains relatively unknown, those who have participated in HPC programming expressed a strongly favorable attitude. Many, including referring professionals, acknowledged that ease of access would increase if the Center would relocate to the eastern suburbs. This process supported the decision to respond when the city issued a Request for Proposals in mid-July of 2001.

Architectural consultants developed a satisfactory plan for renovation and reuse of this historic space, one consistent with the city's architectural and preservation guidelines and responsive to community requirements for maintaining green space, playground facilities, and access to the property. A proposal for use and maintenance of the facility was submitted by the September 21st deadline.

Including Miss Barnes and the Furmans, more than 30 members of the HPC staff and community supporters were in attendance on the evening in November 2001 when Hanna Perkins made its presentation to the Shaker City Council in support of our proposal to obtain and refurbish the Malvern Building. Led by Board President, Zachary Paris, the HPC contingent made an impressive presentation that documented carefully thought out plans that adhered to every guideline requirement established by the city and showed a commitment for renovation and use of the building that would preserve its historic integrity and continue its use as a school and a facility for children and their families. Shortly after, Hathaway Brown, the only other school that had submitted a proposal, withdrew their bid and on December 17th, at a meeting of the Shaker Heights City Council, the vote was unanimous to award the building to Hanna Perkins.

During the months that have followed, negotiations have culminated in a lease/purchase agreement. Hanna Perkins will own the building and have lease options on the four-acre property over the next 100 years. Architects fine-tuned the designs for the renovation and the renovation process began in December. The project proceeds on schedule for occupancy by mid-August, a date that will allow for starting the 2003-04 school year in our new facility.

By relocating to Malvern, the Hanna Perkins Center will realize a more than 50% increase in space. The current location of 17,000 sq. ft. has become too small, as illustrated by the need for the more than 20 full and part-time clinicians to struggle to share the 12 available offices. The Malvern building consists of more than 25,000 sq. ft. of useable space in an overall structure of 33,000 sq. ft.

The first floor northwest and west wings will house the school. Larger rooms will allow for an expanded census in the Preschool and Kindergarten (from 16 to 18 children in each room). The configuration of the space will enable each classroom to have adjacent parent waiting room areas and "quiet rooms" for children in need of individual attention. The space will include a teacher workroom, reception area, and offices for the Education Director and Director of Therapy who are responsible for school intake and oversight. The northeast corner includes two classrooms that will be converted into administrative office space and space for the development staff, respectively. The east wing of the first floor will be devoted to neighborhood and community programming, including a newly developed Parent-Child Resource Center. This wing, with separate entrances and exits, enjoys ease of access to the adjacent main parking area.

The gymnasium will be converted into a large meeting room/auditorium, bordered by a kitchen and lavatories. The stage will be maintained and concealed skylights will be uncovered to bring natural light into this area, which will serve as a venue for meetings and conferences. The grade level entrance at the south of the building will be aesthetically improved and used as the main entrance for the School and the Clinic. Ramps and an elevator will provide access from this entrance to the rest of the building.

The east and west wings of the second floor each contain three classrooms in their current configuration. Each room will be divided into a suite for three therapist offices, a waiting area and a lavatory. Six more offices will be created along the south side of the second floor. In all, 24 offices will result from this renovation. The three classrooms across the front (north) of the second floor will

provide space for a conference room, library, and Distance Learning Center. The latter will include fully upgradeable, state of the art audio and video-teleconferencing equipment. Care and attention will go into the selection of security, telephone, and computer networking services for the building.

90,000 sq. ft. of open green space will be maintained on the property. The open area behind the building will be the site for our community/butterfly garden. A playground on the northwest corner of the property will be maintained for neighborhood use and an enclosed playground for our school will be constructed along the building's west side.

The space surrounding the building will also make possible the installation of a geothermal heating and cooling system. To add a conventional air conditioning system to the building would require the extensive installation of ductwork, which would sap space and detract from the historical character of the building. Converting to a geothermal system affords many advantages. While such a system will cost more to install, it is estimated that the extra costs will be recovered through reduced utility expenses (a recovery taking less than eight years to achieve). Not only will it not be necessary to install extensive ductwork, but also the radiator system currently in the building will be removed, freeing space and facilitating soundproofing in the clinic offices on the second floor.

The future use of our Cornell Road facility remains undetermined. Currently, our plan is to maintain clinic space there to continue to provide psychotherapy and psychoanalytic services to those children and families who find that location most convenient. In particular, this involves our ongoing work as a liaison resource for the Cleveland School of the Arts. The facility also provides a convenient location for housing our liaison program with Case Western Reserve University, the Center for Psychoanalytic Child Development, which was formed as a result of the creation of the John A. Hadden, Jr. Chair in Psychoanalytic Child Development within the School of Medicine. We are also exploring possible space-sharing and program developments with our other University Circle colleagues with whom we have longstanding relationships, including the Cleveland Psychoanalytic Center, the

Mandel School of Applied Social Sciences, and the Cleveland Music School Settlement.

The sadness we feel over the loss of beloved and revered colleagues continues to reverberate throughout our organization and many "two-way feelings" are associated with a move to a new facility that will cause us to depart from the only Hanna Perkins most of us have ever known. We go forward, however, mindful of how we will use our new facility to carry on the legacy that our senior colleagues created and left for us.

Sunday Evening with the Friends
On Sunday, February 23, 2003

Rachel Baker, M.D.
will lead a discussion
of the movie

The Hours

currently playing at the
Cedar Lee Theater
For details and to RSVP
contact Dr. Baker at
(216) 464-2393

Save the Date
Saturday, October 25, 2003
Richard Kogan
returns
A lecture with piano demonstration
A fund raiser for the Friends of the
Cleveland Psychoanalytic Center
Watch your mail for more details!

**We appreciate any donations towards
defraying the cost of the newsletter.
Your donation is tax deductible.
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MEMBERS IN THE NEWS

Daniel W. Badal, M.D., had his book *Treating Chronic Depression, Psychotherapy and Medication*, published by Jason Aronson, Inc., Northvale, New Jersey, 2003.

As part of the collaboration of the Cleveland Psychoanalytic Center and the County library branches, **Rachel M. Baker M.D.** discussed *Bleu*, part of a French trilogy using the symbols of the French flag's colors, at the Mayfield branch library, on Sunday, January 12, 2003, and **Janet L. Sharp, M.A., LPCC**, discussed the Chinese film *The King of Masks*, at the Orange Public Library, on December 10, 2002. Dr. Baker discussed the film as a description of pathological mourning and resolution through finding love and creativity. Nothing in this film is as it seems to be: The color blue rather than indicating sadness as in English, in French it is used to describe fairy tales, violent fear or anger and finally not seeing

or not understanding, all of which applies to this movie. It also gave us a chance to discuss the concept of "altruistic surrender." Mrs. Sharp highlighted in her discussion the use of masks as metaphor, the culture's (theirs and ours) devaluing girls/women while worshipping female gods and adoring female impersonators. The discussion also led to the universal issue of the challenge of every parent to overcome disappointment in their aspirations for their children, with love and respect for them as separate individuals.

Norman A. Clemens, M.D., will be the guest lecturer for a symposium on *Providing Psychotherapy in the New Millennium* in Omaha, Nebraska, on February 7. His keynote address will be *Can We Talk? The Human Touch in the 21st Century*. The symposium is sponsored by the Center for Psychotherapy and Psychoanalysis, the

University of Nebraska, and Creighton University. The following day Dr. Clemens will lead a workshop on *Confronting Boundary Issues in Psychotherapy and Psychoanalysis*.

Dr. Clemens' bimonthly psychotherapy columns in the 2001 and 2002 volumes of the *Journal of Psychiatric Practice* are accessible on his APA election web site at <http://users.adelphia.net/naclemens/>.

Judith Pitlick, M.A., LPCC, was appointed Clinical Instructor in the department of Psychiatry, School of Medicine, CWRU.

The following members of the Cleveland Psychoanalytic Center made it to the *Top Docs* list in the August, 2002, **CLEVELAND Magazine: Pedro L. Delgado, M.D.**, trustee of the Cleveland Psychoanalytic Center; **A. Scott Dowling, M.D., Murray A. Goldstone, M.D., Arthur L. Rosenbaum, M.D.; and Sara S. Tucker, M.D.** These last four are all training and supervising psychoanalysts of the CPC.



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Please submit articles and
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