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Faculty Advisor's Column

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FACULTY ADVISOR'S COLUMN

The season during which this issue of the Journal is being assembled is Autumn. It is a time of change, of growth, of new development.

For a small group of psychiatrists around the country, this period has an additional special meaning—it is recruitment season. For program directors and faculty it is this time every year that the mating ceremony known as the 'match' is prepared for. The mutual cueing and seductiveness, and indeed the ceremonies of courtship itself, are set in motion as faculty and soon-to-be medical school graduates begin their unique dance.

This encounter between the professional generations though is more than just an exercise in career building. As the regulator of who enters our field, it serves as the semipermeable membrane through which must pass the nutrients for our profession's growth. Who and how we choose those who will succeed us determines to a great extent the concept and direction of mental health care for decades to come.

Not long ago I was asked by an applicant what it is that we are looking for in those who apply to our program. This disarmingly straightforward question took me aback. While accustomed to detailed queries regarding on-call timetables and elective schedules, I had never actually been asked exactly what it is we value in an aspiring psychiatrist. A series of thoughts entered my mind.

On the surface we, like all medical specialties, evaluate medical school performance—both basic science and clinical. We look for intelligence, thoroughness, and a commitment to scientific ideals. When one adds to this list a measure of emotional stability and an interest in patient care, one has all the basic makings of a competent physician. However, this fourth-year student was not applying to a surgical or internal medicine residency, he wanted to be a psychiatrist.

I was therefore forced to regard this first strata on ideas as incomplete and was faced with the necessity of exploring the more challenging underlying question. What character abilities represent our psychiatric ideals? This led me to consider what it is that we ask our trainees to learn that is unique to psychiatry. The answer was apparent. In their role as psychiatric psychotherapists, we expect our students to be interested in and able to empathically enter, study, and exit the deepest and most conflictual layers of human (un)consciousness—their patients' and their own. At the same time, we ask them to accomplish this extraordinary undertaking with technical precision and artistic grace.

While representing something of an ideal, this accurately characterizes the special task that psychiatric physicians must be able to undertake with some of their patients. However, I had not yet succeeded in answering the question of what it is we try to identify in the candidate that would enable him to learn our difficult craft.

It seemed that the capability for sublimated curiosity best described this elusive trait. This relatively neutralized wish *to see*, borne from the childhood situation but evolved beyond constricted stereotyped gratification, energizes the creative inquisitive-

ness of our most successful colleagues. This talent encompasses both the derivative fascination with the unknown as well as the disciplined unobtrusiveness that permits patients their own affective journey of discovery. It is the prerequisite not only for intensive clinical work, but also for inspiring teaching. There, it enables the instructor to take pleasure in opening the eyes of his students without insisting that they see exactly the same as he.

To paraphrase Ernst Kris, we are looking for those with courageous vision tempered by scientific tact and enriched by empathic attunement.

This year's Editorial Board, under the leadership of John Matt Dorn, has continued our tradition of presenting papers from a wide range of clinical perspectives as well as including contributors from programs outside of Jefferson.

Sharon Riser traces the history of Munchausen's Syndrome and, through the study of the characteristic countertransference that emerges in working with these patients, describes many of the underlying conflicts that these patients act out on and with their bodies.

In an effort to define the character of Jefferson's Department of Psychiatry, John Matt Dorn set out to gather a recommended reading list from our faculty. While what is revealed is not easily pigeonholed, it does demonstrate a firm grounding in tradition as well as a flair for the innovative.

The catastrophe that the death of an adult child represents to the parent has, peculiarly, not been the focus of considerable psychiatric study. Allan Crandell, from the University of Vermont, addresses this area and clarifies the staging of grief, its clinical expression and common coping devices, as well as raises questions for further research. The physician's role in understanding and managing acute grief as it often presents in the Emergency Ward is the topic of Jeffrey Sarnoff's work. His study of the grieving experience leads to a number of detailed technical recommendations from how one calls the survivor to the issue of viewing the body. A team approach is advocated and follow-up referral is stressed.

The similarities and differences between the medical and psychiatric conceptualizations of alcoholism are demonstrated in this issue's Interdisciplinary Case Conference with the Department of Internal Medicine. This report focuses on the many physiologic, management, and ethical questions that are raised in the care of the chronic alcoholic patient.

The basic science approach to the physiology of anxiety is addressed in Peter DeMaria's paper. He reviews the relevant literature on opiate receptors and discusses their relationship to the endocrine system. The potential importance of these investigations for the pharmacologic approach to chronic pain and depression is discussed.

Robert Morrow describes the use of a patient's artwork as a part of the overall inpatient understanding and management of a psychotic individual. The patient's progress from mute negativism to collaborative optimism is facilitated by and demonstrated through his artwork and his ability to use it as a medium of communication.

Luz Colón-de Martí in her report on the comprehensive assessment of the sexually

abused child stresses the importance of evaluating both pre and post trauma pathology as they inevitably resonate in contributing to the presenting clinical picture. She suggests a staging of therapeutic interventions with attention to the child's overall emotional development. Henry Doenlen, in his paper on twins, demonstrates the neurosogenic power of magical thinking as well as the importance of parental unconscious fantasies on the development of pathology in a child. The special issues faced by twins and their implications for the transference are also discussed.

The Book Review section of our journal serves to bring to the attention of our readers important books in the field and how they are seen from the resident's point of view. In this issue, John Matt Dorn reviews a new book whose purpose is to focus attention on the often understudied question of differential therapeutics. Dr. Dorn indicates that this text is an important first step in a controversial area and is valuable reading for residents and faculty alike.

In the service of encouraging faculty-resident discussion of the papers presented in the Journal, the authors will be presenting their work at a forthcoming department-wide Wednesday Noon Conference. We look forward to a stimulating meeting.

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