

Joys of Medical Student Teaching: From Admissions to Fourth-Year Electives

Janis Cutler

Medical students are our future medical colleagues and referral sources, as well as potential psychiatric colleagues and even psychoanalytic candidates. Uniformly bright and idealistic, many of them are (perhaps surprisingly) receptive to psychoanalytic concepts, which are relevant to the doctor-patient relationship of medical practice, irrespective of specialty. Three psychoanalysts describe the satisfaction they have derived from working with medical students across the educational timeline, from sitting on a medical school admission committee, to lecturing first- and second-year students, to supervising a fourth-year reading elective. Finally, a freshly graduated student offers his perspective on the significance of exposure to psychoanalysts and psychoanalysis during medical school.

We hope you enjoy these accounts and that they inspire you to volunteer at your local medical school.

ADMISSIONS

I served on my local medical school's Admissions Committee for over 15 years. I met some truly fascinating and dedicated people and, as a psychoanalyst, I was able to offer a somewhat different perspective on evaluating potential students. The so-called straight arrow students with very high GPA and impressive MCAT scores are usually easy to select for admission; the unconventional student is more of a challenge. Sometimes these applicants were picked for me to interview. The question always in the interviewer's mind is whether this applicant really wants to pursue medicine and is it for the "right" reasons. For example, an applicant's younger sibling had died of a chronic

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When I talked with her, I found her to be outstanding—dedicated, idealistic, but also realistic—and I felt she could be a real asset to the class.

The students who were most interesting were not usually the ones who wanted to be doctors as far back as nursery school but those who approached medicine in more thoughtful and creative ways. One was a highly accomplished social scientist; another, a lawyer working in the inner city. There were a few who were interested in psychoanalysis—mostly it was how the mind influenced the body.

It was an experience I highly recommend. I learned a lot and developed relationships with some students who are now candidates in our institution.

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FIRST-YEAR MEDICAL STUDENTS

I just returned to my office after delivering a two-hour lecture on the toddler and preschool years as part of a series on the life cycle that I give to 230 first-year medical students. I'm coming off a high brought on by engaging these bright young adults, who are immersed in physiology and neuroscience, with "stories" about human development. I begin each class with a chapter of a case study of a couple in their late thirties who

illness; the applicant had become depressed, sought help and, after about six months of therapy with medication, was able to terminate and continue her pre-medical studies.

adopt a 20-month-old boy from a Russian orphanage. Students are encouraged to raise questions that I attempt to answer by lectures illustrated with clinical material, videos on child observation, and anecdotes about my own children and grandchildren.

Today in between lectures, one woman who was working part time as a nanny told me stories about the toddler she takes care of. Another introduced herself as the daughter



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of one of our psychoanalytic candidates whom I taught years ago as a psychiatric resident. One student brought her mother to class. They introduced themselves to me and the medical student offered that these were her favorite lectures and thanked me for giving them. After class, another student who was raised in South America wanted to talk about how child-rearing was different in his country. I introduced him to Erikson's work.

Teaching medical students has never been highly regarded as an educational activity by our institutes. I have been acknowledged numerous times for my efforts by the medical students, and I have found my experiences in psychoanalytically influencing three generations of physicians to be priceless.

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FROM SECOND-YEAR LECTURES TO FOURTH-YEAR ELECTIVES

Each year I stand in front of a hall of second-year medical students to teach them about unconscious conflict. As I look out, they're a mixed lot—future orthopedic surgeons, neurologists, radiologists. I have to be clear.

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I have to be engaging. I want to be convincing. I get two hours to interest them in the way that conflict paralyzes and talking frees. I try to get them to recognize these things within themselves without frightening them. I try to demonstrate that I'm a psychoanalyst who believes that mind and brain are one. I tell them stories about patients. I leave. And every now and then, I meet one of them years later who remembers my example of the college student who skipped a Saturday night party in order to study but got nothing done because of intrapsychic conflict. Or my example of the plumber who has to go behind the ceiling to really fix the leak.

Sometimes someone emerges from that mixed lot who was listening very closely and who wants to know more. This year, two medical students from that class elected to pursue in-depth studies of Freud. Both attended the Freud class at the institute, and one spent a month-long elective reading *The Interpretation of Dreams*. Their comprehension was remarkable; their enthusiasm was infectious. Their proximity to medicine allowed them to easily cross back and forth between what they knew about neural science and a new world of psychoanalytic constructs. Their interest in psychiatry was enhanced by their foray into psychoanalysis and my annual trip to the medical students was richly rewarded.

Deborah L. Cabaniss, M.D.

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THE MEDICAL STUDENT PERSPECTIVE

Our third-year psychiatry clerkship included a psychoanalytic seminar series which reinforced theory and showed us the therapeutic process in action. These sessions, taught by practicing psychoanalysts, were exhilarating. For the first time, we could conceptualize psychotherapy as a *procedure* in relief against the somatic procedures of other medical disciplines.

One analyst presented verbatim process notes from different stages of an analysis. Others used videotaped patient interviews. One class focused on the case of a "difficult" older woman in need of a certain medical



intervention who had, instead, turned dangerously and intractably away from medical care. We watched a video interview in which she recalled her earliest memory and described details of her life. Slowly, our analyst teacher guiding us, we began to understand how to listen to autobiographical data and understand something about her character structure—having to contend, at every stage, with the fact that both the developmental memories and the contemporary character are interdependent and interactive. We came to a flexible but coherent working narrative, a kind of rudimentary psychodynamic formulation, to account for her present behavior and, most important, to suggest a way forward.

At the end of the rotation, having read MacKinnon and Michels's *The Psychiatric Interview in Clinical Practice* and just begun Nemiah's *Foundations*, I was hungry to read more. Deborah Cabaniss, who had delivered two dynamite narrative lectures on psychodynamic psychotherapy in our second year, agreed to supervise a one-month fourth-year reading elective. I was after foundations and not inclined to sacrifice depth for breadth; we decided to read *The Interpretation of Dreams* and, if time remained, *The Project for a Scientific Psychology*. In preparation for the month I would read Peter Gay's life of Freud. Dr. Cabaniss also arranged for me to sit in on the first-year candidates' weekly course in which we read *Studies in Hysteria*.

We met once or twice weekly. Our sessions on the dream book generally began with a surface exegesis of the chapter at hand, ensuring that general concepts and arguments were understood. We then sharpened the focus onto specific passages, specifics of the dream-work, the evolving theory, the interpretations of individual dreams. Throughout, Dr. Cabaniss taught me about the future trajectory of certain ideas and situated concepts in the text within contemporary analytic theory and practice. Toward the end of the month, she presented dreams and dream-thoughts of patients currently in analysis, and I was able to apply what I was learning. We talked critically of the text as text, the style of composition and the structure as a whole. I was even given some space to enjoy the dazzling theoretical genius of Freud. The elective was ultimately some admixture of literature, theory, psychology, psychiatry, neural science, and the history of ideas. It had an indelible impact on my own intrapsychic journey, and it remains among the most intellectually gratifying and important months of all my years in school.

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